

THE LONG ISLAND COLLEGE HOSPITAL  
DEPARTMENT OF SURGERY  
Policy and Procedures

		Manual Code: SUR - 128
Subject:	Surgical Residents' Manual	
Effective:	1/10	Supersedes: 1988

**RESIDENT AND INTERNS MANUAL**

**Daily Schedule**

Monday-Wednesday	6:30 am	PGYI	Pre-Rounds
		PGYII	ICU Rounds
Monday-Wednesday	7:00 am	All Residents, PA's	Floor Rounds
	7:45 am	Assigned Residents, PA's	OR
Thursday	6:00am	Off-Call Team and On-Call Chief Resident	ICU/Floor Rounds
	7:00am	All Residents except On-Call-Chief	SUNY Conference
Friday	6:30 am	On Call PGYII	ICU Rounds
	7:00 am	On Call PGYI & II	Floor Rounds
	7:30am	All Residents, PA's	M&M Conference
	8:30 am	Assigned Residents, PA's	OR
Saturday & Sunday	8:00 am	On Call PGYI	Pre-Rounds
		On Call PGY II-V	ICU Rounds
	8:30 am	On Call All Residents	Floor Rounds
Tuesday & Thursday	1:00pm	All Residents	Clinic

Daily sign out rounds determined by Chief Resident

## Weekly Schedule

### CLINICS

Tuesday	1:00 pm	Breast, General Ano-Rectal	All Residents except those on call
Thursday	1:00 pm 1:00 pm	General Surgery Vascular Surgery	
Thursday	12:00 pm	Pediatric Surgery	Assigned Resident

### CONFERENCE

Friday	7:30 am	M&M Conference	All Residents, PA's
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## DEPARTMENTAL DUTY ROSTER

		Office Tel. #	Pager#
Antonio E. Alfonso, MD	Chairman	1200	917- 249-3432
Michael Bernstein, MDER/Consults/Clinic		1563	23272
Steven Herman, MD	Thoracic	2727	24624
Antonio E. Alfonso, MD	In-Patients	1200	917- 249-3432
Mark Song, MD	Vascular	1056	25152
Sandeep Sirsi, MD	Colorectal	2798	24474
Jonathan Wong, MD	Laparoscopic	2626	24450

**Note: Only documented emergencies can excuse a Resident from any Clinic**



## **RESIDENTS DUTIES – Long Island College Hospital Surgical Rotation**

### All Residents

- Interview and examine (with chart documentation) all patients he/she is assigned to operate on, before seeing them in the OR
- Follow all clinics and conferences on time
- Attend all clinics and conferences on time
- Scrub suits are not to be worn outside the OR
- Be courteous to colleagues, patients and all Hospital personnel at all times
- When performing breast and pelvic examination, a second qualified individual should be present in the room as a witness

### **PGYI**

- Assigned to either Team A or B
- Responsible for all the daily care of surgical floor patients
- A progress note must be written daily on each and every active patient
- PA's are for assistance, not primary responsibility
- History and physical exam must be written on all direct admissions
- Comprehensive (and concise) pre-op note must be written on all patients going to the OR
- Communication must be made with responsible Attending for each admission
- Post-Operative check with note must be made on all patients within twelve (12) hours of surgery
- Schedule all tests as indicated by Attending or Seniors
- Follow up on results of all tests

- Communicate all difficulties to senior personnel
- Discharges are to be noted in the orders twenty four (24) hours prior to discharge (i.e., “anticipate discharge in AM”, complete discharge papers)

## PGYII

- Responsible as a team for daily ICU and coverage of the Emergency Department
- ICU patients require daily progress notes and discussion with assigned Attending
- Emergency Department patients must be seen promptly and consult sheet written
- Proposed Emergency Department admissions are to be discussed with the appropriate Attending on call. Discussion should be done by Senior Resident
- History and physical, orders and plan of treatment should be written before patient goes to floor from ER
- Communicate all difficulties to senior personnel
- Code 0099 beeper indicates severe trauma in ER - **report immediately**

## PGYIII

- Responsible for evaluating all consults and providing appropriate follow-up. Duties may be assigned to PGYII, but the PGYIII is responsible
- Consults are to be seen on the day they are received and discussed with the Chief Resident
- The appropriate Attending on call must be notified of the consult after the patient is evaluated. Transfer the patient to the surgical service as indicated and continue communication with the responsible Attending
- Responsible for supervision of all PGYII activities in ICU and ER
- Communicate all difficulties to senior personnel
- Code 0099 on beeper indicates severe trauma in ER - **report immediately**

## PGYIV - PGYVII

- Administer all duties of assigned team, including conduct of daily morning and evening rounds
- Provide supervision for the care of all patients on your assigned team
- Serve as “Attending” to all service cases on your team. This indicates formulating and carrying out a plan of treatment with all appropriate chart documentation
- Assign Residents, PA’s, Medical Students to all operations
- Provide the Surgical Department Secretary a complete and accurate listing of all operations, morbidities and mortalities **by Tuesday morning** for the preceding week
- Conduct presentation and discussion of all morbidities and mortalities at the Friday 7:30 am weekly conference
- Evaluate, discuss, follow and serve as Attending for all consults seen by junior Residents both on the floor and in the ER
- Code 0099 on beeper indicates severe trauma in ER, report immediately

## Notes on Scheduling of Elective Cases through all Surgery Clinics

- 1 Scheduling decisions must be made in conjunction with the responsible Attending Surgeon
- 2 Booking Office, extension 4765, must be contacted for all cases
- 3 Entire admission packet (including Face sheet, PST’s form History and Physical and Consent) must be completed for all cases to be performed in major OR
- 4 For scheduling of Breast Biopsies requiring needle localization, the X-Ray Department, ext. 1604, must be contacted in addition to contacting the Booking Office.
- 5 The following guidelines should be used for determining which PST’s are required:

Age <40	CBC
Age >40	CBC, EKG, SMA-6, CXR
Age >60	CBC, EKG, SMA-6, CXR

Menstruating Females: Pregnancy Test (iFLMP unsure)

**Note: These are only guidelines, and additional pre-op tests should be requested as well when clinically indicated (e.g., SMA-18 for patients undergoing biliary tract surgery).**

