

GI Surgical Oncology

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Chapter 1

Overview

1.1 Absences

Please notify Dr Hill, Dr Salo and Dr Squires before the beginning of the rotation if you will be away during the month. This includes vacations, meetings, interview trips, and other absences.

1.2 Communication

Please use Halo for messaging service attendings rather than SMS. Please check our status prior to messaging nights and weekends. If we are listed as unavailable, please contact another Surgical Oncology attending or the CMC “GI MIS Blue Surgery Attending Colorectal Onc” attending on call.

1.3 Inpatients

By in large, service attendings all wish to know about major changes in the status of our own patients. For most of the issues for which you would need to contact an attending at night, we would prefer that you HALO us directly rather than the on-call person. This desire is 24/7 (unless Halo says that attending is “off”).

1.4 ER admits

We would ask to use a combination of communication for ER admissions. All patients must be discussed with an attending. • If the patient is stable, does not need surgery, etc. then we would ask you to contact the attending on call

for GI MIS Blue Surgery Attending Colorectal Onc. Please contact them according to that attending's preferences (page, text, call, etc). • If the patient is unstable, may need surgery or will have ongoing and/or have intensive management needs the following day please HALO that patient's surgical oncology attending directly. The difference is that this patient is sick - we would like to know about all of our sick patients. If the Surg Onc attending is listed as "off" within Halo then please contact the GI MIS Blue Surgery Attending Colorectal Onc on-call attending.

1.5 Medical Records

Completing medical records in a timely fashion is critical for patient safety, billing, and compliance. Timeliness also demonstrates an understanding of how the world of surgery for which residents are being prepared functions.

1.6 Operative Logs

Completion of operative logs is critical for board certification of the individual resident but also has implications for the appropriate assignment of residents to surgical rotations AND impacts the ability of the residency to maintain accreditation and recruit resident candidates. Residents who find it difficult to find time to maintain operative logs may find themselves excused from the operating room to complete them. Residents are expected to complete operative logs within two weeks of the end of the rotation.

1.7 Case Assignment

The senior resident will be expected to make case assignments for junior residents and students. It is not necessary to split the month by attending - splitting by case is acceptable as well. We also expect that both residents know all the patients rather than just for one attending. This helps with nursing questions, etc.

1.8 Clinic

Clinic is an important part of a surgeon's education, where decisions are made regarding diagnostic workup, patient evaluation, and treatment planning. The expectation is that all residents on the service attend clinic once per week.

1.9 Work Hours

If the service workload jeopardizes your ability to abide by the work hour restrictions, you must notify an attending so that arrangements can be made. The

1.9. WORK HOURS

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service attendings are committed to abiding by work hour restrictions.

Chapter 2

Inpatient

Colorectal Surgery (Davis/Kasten) and GI Surgical Oncology (Hill/Salo/Squires) will cover Pineville and CMC. For efficiency, the services at each hospital will merge for patient care. Each patient will continue to have an attending surgeon, but rounding and inpatient care will be provided by the service.

2.1 Admissions

Admitting Provider: “CMC, GI SURGICAL ONCOLOGY”

List Attending Surgeon in addition

Patient List is CMC GI Surgical Oncology

2.2 Rounds

Attending rounds for both services (CR and SurgOnc) start at 6am in STICU or 11T. Dr Salo rounds M-Tu and Drs Squires and Hill round W/Th/F alternate weeks

2.3 Resident Halo teams:

CMC AH Colorectal Surgery 1st Call CMC LCI GI Surgical Oncology 1st Call Residents will be assigned to Halo teams by schedule. It is critical that you notify service attendings before the start of the month to adjust the resident Halo schedule. Each “shift” is 5:50am to 6pm. At 6pm the resident Halo Teams will be forwarded to the night team.

Please append a text block to the bottom of each progress note specifying the Halo Team for that patient to facilitate communication from nursing.

2.4 Attending Halo teams:

CMC AH Colorectal Surgery Attending CMC LCI GI Surgical Oncology Attending Monday through Thursday (24hr), please contact the attending surgeon for each patient. For Surgical Oncology, please use Halo. For Colorectal, please use phone.

Friday and Weekend: Halo “CMC GI MIS Blue Surgery Attending Colorectal Onc” for new admissions. Please keep Surgical Oncology attending informed of inpatient issues.

2.5 Consults

Established patients and directed should be discussed with the attending surgeon.

Unassigned Colorectal: “CMC AH Colorectal Surgery Attending”

Unassigned Surgical Oncology: “CMC LCI GI Surgical Oncology Attending”

In general, benign colorectal consults are staffed by Dr Davis. Colorectal malignancies are staffed as below. Esophageal and GE junction staffed by Dr Salo. Adenocarcinoma of distal stomach: Drs Salo/Squires. Gastric GIST: Drs Hill/Salo/Squires. Squires/Hill alternate weeks.

	Mon	Tues	Weds	Thu	Fri
CR Malig	JSH	MHS	MHSJSH	JCS	MHSJSH
GI Surg Onc	JSH	MHS	MHSJSH	JCS	MHSJSH

2.6 Conferences

- GI Tumor Planning Conference Monday 7-8am
- Resident Teaching Conference Tuesday 7-8am 5th floor LCI II. Please review the upcoming clinic schedule and choose a case to present.
- Bone and Soft Tissue Conference Friday 7-8am