Cushing Service

Resident Orientation

2017

The Team

- ED Day and Night Resident
- Consult Resident
- SOW Attending
- Cushing A and Cushing B teams:
  - consist of a chief resident, intern, and PA

Surgeon of the Week, AKA "SOW"

- What is SOW?
  - The SOW is the surgeon covering the Cushing Service for a 7 day block (Thursday-Wednesday)
    - The SOW is day-time first call and overnight back-up
    - The Trauma/ESS surgeon is back-up for the day and overnight first call
  - The SOW is responsible for running SOW clinic (with the ACS fellow), held on Monday and Friday afternoons (12:00 start)
    - Residents should attend all SOW clinics

Where to be and When

- Morning report is every morning (except Wednesdays) at 7AM.
  - 12 floor conference room.
- Multidisciplinary Rounds (MDR): Mon-Fri 10AM beginning on 8A
  - These are rounds with nursing staff, PT, Nutrition, Geriatrics meant to discuss 8A/B Trauma patients
    - Most importantly overall plan, barriers to discharge, and nursing concerns
- Trauma M&M: every Tuesday at 3PM
  - Location may vary but typically in Homan's, check email to confirm

Where to be and When

- Codes: Tower and Shapiro Code Blue, SARTs, Code Alpha and Trauma in the ED
- Assigned OR cases
- SOW clinic every Monday and Friday noon-last patient

Where to Find Clinical Pathways?

- In AgileMD: Service Specific Details → Cushing
- In Epic: Resources → ellucid Policy Manager →Browse BWH Manuals → Trauma and Emergency General Surgery
- AgileMD is loaded with good resources!

Admitting

- Cushing A admits on EVEN days, Cushing B on ODD days (7am-7am)
- “Bounce backs” are patients that are re-admitted to the Cushing service.
  - If the chief resident for the team that previously had the patient is still on service, patient should be re-admitted to that team
  - Otherwise follow Odd/Even day admitting

Expectations

- Ensure adequate patient sign-out at all times
  - This includes sign out from overnight intern, Wednesday morning sign out, and weekend sign outs
  - There are a lot of moving parts on this service, excellent sign-out = patient safety

Pass Off/Sign Out

- Day intern should get signout from overnight intern every morning
  - If your team was NOT admitting overnight, signout should be at 5:45AM
  - If your team was admitting overnight, the overnight intern will join your table rounds with the chief at 6AM
- All transfers coming out of the SICU need to be approved by the chief resident.
  - You should ***always*** receive verbal sign out prior to a patient being transferred to the floor
- Sign Out emails are to be written every Friday, Sunday, and Tuesday night.

Expectations

- Discharge Summaries are important
  - Hospital courses need to be succinct
  - Patient Instructions should be thorough and include all appropriate follow-up information, instructions from consulting services

How to Write a Discharge Summary

Cushing Service Discharge Template

Hospital Course: This should be updated with pertinent information daily. Cushing attendings prefer paragraph format versus by systems.

Patient Instructions: This is the most important part of the discharge in terms of what the patient actually reads through

IF a "true" trauma patient: start with **.TRAUMAPT** This should include a list of the patient's injuries in terms that they will understand. You can use prepopulated references/attachments provided by Epic to better explain each injury.

IF the patient was also brought to the OR for any of their injuries, please list operations based on which service did the operation (this can be included in the consulting service summary, see below)

All other patients: start with **.NONTRAUMAPT** This should include any pertinent information regarding management of their primary problems.

IF patient was seen by consulting service(s): use **.CONSULTMD** Try to condense consulting services recommendations. Very important to include who and when to follow-up with as outpatient if needed, and phone number.

Also use this section to explain other pertinent information you wish to convey to patient, including:

- If patient is going home with drain, wound care
- Incidental findings
- Medication changes (meds to stop taking, changes in dosing, new meds prescribed)

Follow-up: This section is essentially a list of providers that a patient needs to follow-up with. Should mirror the information you placed in Patient Instructions.

For Trauma Follow-up:

If a patient had an operation with a Cushing attending, the patient should follow-up with that specific attending. Use **.CLINICFU**

If a patient did not have an operation with a Cushing attending but still needs Trauma follow-up appointment, should be made with SOW. Use **.CLINICFU**

If a patient sustained rib fractures, use **.CXRCLINIC** and be sure to request a CXR be ordered prior to patient's clinic appointment.

If a patient's primary injuries are being managed by consulting services, the patient typically does not need to follow-up with the Trauma Surgery clinic. Use **.NOFOLLOWUP**

When in doubt, ask your chief/attending about appropriate follow-up!

- This is available for review anytime on AgileMD:
  - Service Specific Details → Cushing → Important Discharge Information

How to Schedule Outpatient Appointments

- All follow-up appointment requests should go through the TBSCC "Patient Service Navigator", **Dana Schrimper**
- Email Requests to:
  - BWHTBSCCPTNAV@partners.org

    Include in Email:
    - Name, MRN, appointments needed and when
- Call Extension: 5-9476
- Cell Phone: 857-296-0308
- If a patient had an operation, they should follow-up with that specific surgeon.
- **Follow-up appointments should be made prior to the patient being discharged**

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