



**COLLEGE OF MEDICINE**  
**DEPARTMENT OF SURGERY**  
**POLICY MANUAL**  
**2017- 2018**

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## **INTRODUCTION**

This policy manual provides the basic guidelines necessary for you to function effectively during your post-graduate training program in the Department of Surgery at the University of South Florida, Health Sciences Center. You are responsible for reading and complying with the policies of the Department.

Policy, as outlined here, is directed to residents in the General Surgery Program. ***Specialty residents in training within the Department of Surgery may be subject to additional regulations in their respective Divisions.***

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## **DEPARTMENT OF SURGERY** **HOUSE OFFICER RESPONSIBILITIES**

House officer responsibilities, while progressing through the General Surgery program, will include patient care and teaching. The house officer will be expected to participate in the teaching of medical students at the University of South Florida, Health Sciences Center, as well as nurses and paramedical personnel with whom s/he comes in contact.

Patient care is administered at Tampa General Hospital, James A. Haley Veterans' Administration Health Care Center, Bay Pines Veterans' Administration Health Care Center, Florida Hospital Tampa, and H. Lee Moffitt Cancer Center. Progressive and increased responsibility for patient care is given to the house officer as s/he advances through the program under the direction of senior house staff and faculty.

The Division of General Surgery within the Department of Surgery at the University of South Florida, Health Sciences Center, has the primary responsibility for teaching the residents general principles and techniques of surgery.

Within the Department of Surgery there are residencies in Plastic Surgery and Vascular Surgery as well as fellowships in Surgical Oncology, Colon Rectal Surgery (ACGME accredited), Bariatric Surgery, Transplant, and Surgical Critical Care (ACGME accredited). The General Surgery residents work closely with Departmental faculty within the other Divisions and subspecialties including Vascular surgery, Surgical Oncology, Department of Interdisciplinary Oncology, Transplant surgery, Pediatric Surgery, Plastic Surgery, Thoracic/Cardiovascular Surgery, Otolaryngology, Neurosurgery, and Orthopedic Surgery.

The first two years are an opportunity to administer pre- and post-operative care and to develop basic surgical techniques. In addition to general surgery experience, the first and second year residents rotate through Plastic Surgery, Surgical Intensive Care, Thoracic/Cardiovascular Surgery, Transplant, Trauma, Burns, Vascular Surgery, and Endoscopy.

The third and fourth years include rotations in Pediatric Surgery, Surgical Oncology, Transplant Surgery, Trauma, Cardiothoracic, and Vascular Surgery, as well as General Surgery experience. The fifth year allows the resident primary responsibility for the care of surgical patients. As the resident progresses through the training program s/he becomes increasingly responsible for pre-, intra and post-operative decision making.

The goals of the residency program at the University of South Florida are to produce a well-rounded competent general surgeon, fully trained in the principles and techniques required of a general surgeon. Certification by the American Board of Surgery is expected.

The Department of Surgery Residency Office is always available to assist you with your questions and problems. Please feel free to contact Dr. John Cha, Dr. Colleen Jakey, Dr. Donald Davis or Wendy McCrorey for direction.

**DEPARTMENT OF SURGERY FACULTY**  
**2017-2018**

**GENERAL SURGERY**

**Vic Velanovich, M.D., Director**

**Michael Albrink, M.D., Interim Chair**

John Cha, M.D.

David Ciesla, M.D.

Donald Davis, M.D.

John Paul Gonzalvo, D.O.

Michael Franz, M.D.

Mark Hartney, M.D.

Ashley Hodes, M.D.

Colleen Jakey, M.D.

Noor Kassira, M.D. (pediatric surgery)

Jorge Marcet, M.D.

Scott McGuirt, M.D.

Lisa Moudgill, M.D.

Christopher Murphy, M.D.

Michel Murr, M.D.

Charles Paidas, M.D. (pediatric surgery)

Steven Rakita, M.D.

Sowsan Rasheid, M.D.

Jaime Sanchez, M.D.

Christopher Snyder, M.D.

Richard Sontchi, M.D.

Andrew Taitano, M.D.

Terry Wright, M.D.

**VASCULAR SURGERY**

**Karl Illig, M.D., Director**

Paul Armstrong, D.O.

James Brooks, M.D.

Brad Johnson, M.D.

Neil Moudgill, M.D.

Peter Nelson, M.D.

Inkyong Parrack, M.D.

Mary Ottinger, M.D.

Murray Shames, M.D.

Ankur Shukla, M.D.

**PLASTIC SURGERY**

**David Smith, M.D., Director**

C. Wayne Cruse, M.D.

Deniz Dayicioglu, M.D.

**Michael Harrington, MD, Program Dir**

Nicholas Panetta, M.D.

Wyatt Payne, M.D.

Julian Pribaz, M.D.

Paul Smith, M.D.

**SURGICAL ONCOLOGY**

**Vernon K. Sondak, M.D., Director**

Daniel Anaya, M.D.

Charles E. Cox, M.D.

John Cox, M.D.

Sophie Dessureault, M.D.

Pamela Hodul, M.D.

G. Douglas Letson, M.D.

Mokenge Malafa, M.D.

Jose Pimiento, M.D.

Julian Sanchez, M.D.

**THORACIC/CARDIOVASCULAR SURGERY**

**Christiano Caldeira, M.D, Director**

Jacques Fontaine, M.D.

Robert Hooker, M.D.

George Makdisi, M.D.

Narendra Sastry, M.D.

Eric Toloza, M.D.

**DEPARTMENT OF SURGERY**

**House Staff**

**2017-2018**

**General Surgery**

**PGY-5**

Chipko, John  
Dimou, Francesca  
Dore, Leon-Chief  
Velez, Frank  
Zhang, Wei Wei  
Zoumberos, Melissa-Chief

**PGY-4**

Dosal, Steven  
Gordon, Andrew  
Laface Angela  
Litz, Cristen  
Rabach, Lauren  
Wang,Chloe

**PGY-3**

Boucher, Zachary  
Bustamante, Carlos  
Cohen, Lila  
Cousin, Evelena  
Lawrence, An  
McDonald, James

**PGY-2**

Barry, Tara  
DeSantis, Anthony  
Gonzalez, Candace  
Hernandez, Sergio  
Ogami, Takuya  
Olliff, Bailee  
Peterson, Pete  
Storms, Kerry

**PGY-1**

Bach, Gregory  
Black, Brian  
Bowers, Kyle  
Fernandez, Blake  
Hempel, Ross  
Medina, Jose  
Penafiel, Martha  
Rogers, Michael  
Sunderland, Michaelia  
Turtzo, Matthew

**Plastic Surgery**

**PGY-6**

Curtis, Heather  
Elston, Joshua  
Kuykendall, Lauren

**PGY5**

Huber, Katherine  
Triggs, Wilton  
Watt, Anthony

**PGY4**

Barnes, Connor  
Billington, Alicia  
Robertson, Ellen

**PGY-3**

King, Kathryn  
Soni, Sara  
Zimmerman, Amanda

**PGY-2**

Abbassi, Bahar  
Laun, Jake  
Weinstein, Brielle

**PGY-1**

Buller, Mitchell  
Girardot, Alexandra  
Ross, Jacqueline

**Vascular Surgery**

**PGY-5**

Green, Erin

**PGY-4**

Parkerson, Ross

**PGY-3**

Jones, Wes  
Fontenot, Danielle

**PGY2**

Arhuidese, Isibor  
Conant, Mark

**PGY-1**

Dargan, Chetan  
Jokisch, Christine

**PGY-4 Research**

*Year 2*

Bendure, Lindsey  
Kiriazov, Boris

*Year 1*

Bernardi, Karla  
Freyaldenhoven,Sam

**PGY-1 (Urol)**

Dahmen, Aaron  
Krishnan, Arvind  
Nicholson, Marilin

**DEPARTMENT OF SURGERY FELLOWS**  
**2017-2018**

**BARIATRIC SURGERY**

Golas, Adam  
Juaquito, Jorge

**COLON RECTAL SURGERY**

Johnson, Anna  
LeFave, Jean Paul

**SURGICAL ONCOLOGY**

PGY-7

DePeralta, Danielle  
Powers, Benjamin  
Shah, Parth  
Weitman, Evan

PGY-6

Ankey, Jacob  
Burke, Erin  
Miura, John  
Rothermel, Luke

**VASCULAR SURGERY**

PGY-7

Sohn, Allie

PGY-6

Yang, Kevin

## ACGME Six Competencies

### **General Competencies**

Residents must become competent in the following six areas at the level expected of a surgical practitioner. Training programs must define the specific knowledge, skills, and attitudes required and provide the educational experience for residents to demonstrate:

**1) Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Surgical residents must:

- demonstrate manual dexterity appropriate for their training level.
- be able to develop and execute patient care plans.

**2) Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Surgical residents are expected to critically evaluate and demonstrate knowledge of pertinent scientific information.

**3) Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care. Surgical residents are expected to:

- critique personal practice outcomes.
- demonstrate a recognition of the importance of lifelong learning in surgical practice.

**4) Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals. Surgical residents are expected to:

- communicate effectively with other health care professionals.
- counsel and educate patients and families.
- effectively document practice activities.

**5) Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Surgical residents are expected to:

- maintain high standards of ethical behavior.
- demonstrate a commitment to continuity of patient care.
- demonstrate sensitivity to age, gender and culture of patients and other health care professionals.

**6) Systems-Based Practice** as manifested by actions that demonstrate an awareness of and response to the larger context and system of health care and effectively call on system resources to provide optimal care. Surgical residents are expected to:

- practice high quality, cost effective patient care.
- demonstrate a knowledge of risk-benefit analysis.
- demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.



## **SURGICAL EDUCATION**

### **OVERALL EDUCATIONAL GOALS AND OBJECTIVES**

The following goals and objectives represent the fundamental surgical curriculum for all levels of training. These goals and objectives should be considered additive to the goals and objectives listed for individual rotations.

#### **PGY 1**

##### **Medical Knowledge**

1. Learn in-depth the fundamentals of basic science as they apply to the clinical practice of surgery. This includes General Surgery and burn, transplant, vascular, pediatric, and bariatric surgery.
  - The resident must prepare for and attend the weekly Educational Curriculum every Monday morning.
  - The resident should prepare for and participate in monthly Journal Club.
2. Develop technical skills appropriate to level of training.
  - The resident will attend all technical skills training sessions scheduled on Monday morning. The residents will demonstrate adequate proficiency in knot tying, central line placement, complete the central line course, and Fundamentals of Critical Care Support.
  - The resident will participate in assessment of medical knowledge by taking interim knowledge review exams and the annual ABSITE.

##### **Patient Care**

1. The resident should assume care of all patients on the hospital ward and be responsible for admission/discharge of all patients on the hospital wards
2. The resident should perform a complete and accurate history and physical examination on every new admission to the service.
3. The resident should make daily assessments and plans on every ward patient on the service and will have full knowledge of all medical problems and progress of all ward patients.
4. The resident should perform all invasive procedures on ward patients, with direct or indirect supervision as outlined in the supervision policy.
5. The resident should arrange for appropriate diagnostic and imaging tests on ward patients.
6. The resident should insure proper disposition and follow-up of all patients discharged from the hospital.

##### **Interpersonal and Communication Skills**

1. The resident should be able to clearly, accurately, and succinctly present pertinent information to faculty and senior residents regarding newly admitted patients.
2. The resident should keep the senior resident aware of all progress of all patients and will alert the senior resident of new problems on the service.
3. The resident should clearly, accurately, and respectfully communicate with nurses and other hospital employees.
4. The resident should clearly, accurately, and respectfully communicate with referring and consulting physicians, including residents.
5. The resident should clearly, accurately, and respectfully communicate with patients and appropriate members of their families about identified disease processes (including complications), the expected courses, operative findings, and operative procedures with assistance from upper level residents.
6. The resident should maintain clear, concise, accurate, and timely medical records including (but not limited to) admission history and physical examination notes, consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries.

7. The resident should be able to clearly and accurately teach medical students about the procedures performed on this rotation.

### **Practice-Based Learning and Improvement**

1. The resident will write an accurate, detailed, and legible preoperative assessment and counseling note on all patients for which he/she serves as surgeon of record.
2. The resident must enter all procedures and operative cases in which he/she is the surgeon of record the ACGME Resident Case Log System within 1 week.
3. The resident must dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon at James A Haley VA before leaving the operating room.
4. The resident must be prepared to present cases and complications at weekly Morbidity and Mortality Conference for cases in which he/she served as surgeon of record.

### **Systems-Based Practice**

1. The resident should be able to appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy, and physician extenders.
2. The resident should be able to summarize the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures.
3. The resident should be able to determine and convey to appropriate individuals the instruments and other materials necessary for all procedures.
4. The resident should be able to justify all diagnostic tests (including laboratory studies) ordered and document when needed.

### **Professionalism**

1. The resident must be honest with all individuals at all times in conveying issues of patient care.
2. The resident should place the needs of the patient above all the needs or desires of him/herself.
3. The resident should maintain high ethical behavior in all professional activities.
4. The resident should remain compliant with all required training designated by the institution.
5. The resident must demonstrate a commitment to the continuity of patient care through carrying out professional responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in his/her stead.
6. The resident must understand the institutional policy on duty hours and remain compliant with all duty hour regulations. Residents must enter the number of hours spent in the hospital into the New Innovations tracking system within a week.
7. The resident should be properly and professionally attired at all times while engaged in patient care.
8. The resident should be properly and professionally groomed at all times when engaged in patient care.
9. The resident should demonstrate sensitivity to issues of age, race, gender, and religion with patients, families, and members of the health care team.
10. The resident should at all times treat patients, families, and all members of the health care team with respect.
11. The resident should reliably be present in pre-arranged places at pre-arranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident must notify the appropriate supervisor if he or she will be unable to be present.
12. The resident must attend the following mandatory conferences:
  - Morbidity and Mortality, Monday 7:30 am
  - Grand Rounds, Monday 8:45 am
  - Resident Education and/or Simulation, Monday 10 am

## **PGY 2**

### **Medical Knowledge**

1. Learn in-depth the fundamentals of basic science as they apply to the clinical practice of surgery. This includes focused instruction in trauma and critical care, cardiothoracic surgery, and endoscopy.
  - The resident must prepare for and attend the weekly Educational Curriculum every Monday morning.
  - The resident should prepare for and participate in monthly Journal Club.
2. Develop technical skills appropriate to level of training.
  - The resident will attend all technical skills training conferences offered Monday morning. The resident will demonstrate adequate proficiency in basic open vascular skills, intermediate ultrasound skills, intermediate laparoscopic skills, intermediate open surgery skills, and basic endoscopy
3. The resident will participate in assessment of medical knowledge by taking interim knowledge review exams and the annual ABSITE.

### **Patient Care**

1. The resident should assume care of all patients on the service who are in the critical care units and be responsible for the evaluation and disposition of all consults generated by the emergency department or other hospital services.
2. The resident should perform a history and physical examination on every new patient admitted to the critical care unit and on every new patient admitted from the emergency department.
3. The resident should make daily assessment and plans on every patient in the critical care unit and every inpatient consult, and have full knowledge of all medical problems and progress of such patients.
4. The resident should perform all invasive procedures on patients in the critical care units.
5. The resident should assist in service organization, including daily care of patients on the hospital ward and in outpatient units.

### **Interpersonal and Communication Skills**

1. The resident should be able to clearly, accurately, and succinctly present pertinent information to faculty regarding newly admitted patients.
2. The resident should keep the senior residents aware of all progress of all critical care unit patients and will alert the senior residents of new problems on the service.
3. The resident should clearly, accurately, and respectfully communicate with nurses and other hospital employees.
4. The resident should clearly, accurately, and respectfully communicate with referring and consulting physicians, including residents.
5. The resident should clearly, accurately, and respectfully communicate with patients and appropriate members of their families about identified disease processes (including complications), the expected courses, operative findings, and operative procedures.
6. The resident should maintain clear, concise, accurate, and timely medical records including (but not limited to) admission history and physical examination notes, consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries.
7. The resident should be able to clearly and accurately teach medical students and junior residents about the procedures performed on this rotation when qualified to do so by hospital and program policy.

### **Practice-Based Learning and Improvement**

1. The resident will write an accurate, detailed, and legible preoperative assessment and counseling note on all patients for which he/she serves as surgeon of record.

2. The resident must document all procedures and operative cases in which he/she is the surgeon of record in the ACGME Resident Case Log System within 1 week.
3. The resident must dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon at the James A Haley VA before leaving the operating room.
4. The resident must be prepared to present cases and complications at the weekly Morbidity and Mortality Conference.

### **Systems-Based Practice**

1. The resident should be able to appropriately utilize in a timely and cost efficient manner ancillary services including social services, pastoral care, discharge planning, physical therapy, occupational therapy, nutrition services, pharmacy, and physician extenders.
2. The resident should be able to summarize the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures.
3. The resident should be able to determine and convey to appropriate individuals the instruments and other materials necessary for all procedures.
4. The resident should be able to justify all diagnostic tests (including laboratory studies) ordered.

### **Professionalism**

1. The resident must be honest with all individuals at all times in conveying issues of patient care.
2. The resident should place the needs of the patient above all the needs or desires of him/herself.
3. The resident should maintain high ethical behavior in all professional activities.
4. The resident should remain compliant with all required training designated by the institution.
5. The resident must demonstrate a commitment to the continuity of patient care through carrying out personal responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in his/her stead.
6. The resident must understand the institutional policy on duty hours and remain compliant with all duty hour regulations. Residents must enter the number of hours spent in the hospital into the New Innovations tracking system within 1 week.
7. The resident should be properly and professionally attired at all times while engaged in patient care.
8. The resident should be properly and professionally groomed at all times when engaged in patient care.
9. The resident should demonstrate sensitivity to issues of age, race, gender, and religion with patients, families, and members of the health care team.
10. The resident should at all times treat patients, families, and all members of the health care team with respect.
11. The resident should reliably be present in pre-arranged places at pre-arranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident must notify the appropriate supervisor if he or she will be unable to be present.
12. The resident must attend the following mandatory conferences:
  - *Morbidity and Mortality, Monday 7:30 am*
  - *Grand Rounds, Monday 8:45 am*
  - *Resident Education and/or Simulation, Monday 10 am*

## **PGY 3**

### **Medical Knowledge**

1. Learn in depth the following essential content areas of general surgery: alimentary tract, abdomen and its contents, surgical critical care, trauma, pediatric surgery, breast surgery and vascular surgery.

- The resident must prepare for and attend the Resident Education Session and *present quarterly as assigned.*
  - *The resident must prepare for and participate in monthly Journal Club Conference by reading assigned journal articles that are distributed before the conference.*
2. Develop technical skills appropriate to level of training.  
The resident will attend all technical skills training conferences as assigned on Monday, 10am. *The resident will demonstrate adequate proficiency in flexible endoscopy, percutaneous and sono-guided biopsy, advanced mechanical ventilation, and intermediate open vascular skills.*
  3. The resident will participate in assessment of medical knowledge by taking the annual ABSITE.

### **Patient Care**

1. The resident should assume direct responsibility for the care of all patients on the surgical service including consults.
2. The resident should directly supervise the PGY 1 and PGY2 and all medical students in the delivery of care to all patients on the service.
3. The resident should examine every patient admitted to the service.
4. The resident should make daily rounds and have full knowledge of medical problems of all patients on the service.
5. The resident should know the progress of every patient every day and personally examines patients with new problems.
6. The resident should know the medical problems and condition of each patient on the service who is to undergo a surgical procedure.
7. The resident should arrange for proper follow-up of all patients discharged from the service.

### **Interpersonal and Communication Skills**

1. The resident should be able to clearly, accurately, and succinctly present pertinent information to faculty regarding newly admitted patients.
2. The resident should keep the faculty aware of all progress of all critical care unit patients and will alert the faculty of new problems on the service.
3. The resident should clearly, accurately, and respectfully communicate with nurses and other hospital employees.
4. The resident should clearly, accurately, and respectfully communicate with referring and consulting physicians, including residents.
5. The resident should clearly, accurately, and respectfully communicate with patients and appropriate members of their families about identified disease processes (including complications), the expected courses, operative findings, and operative procedures.
6. The resident should maintain clear, concise, accurate, and timely medical records including (but not limited to) consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries.
7. The resident should be able to clearly and accurately teach medical students and junior residents about the procedures performed on this rotation when qualified to do so by hospital and program policy.

### **Practice-Based Learning and Improvement**

1. The resident will write an accurate, detailed, and legible preoperative assessment and counseling note on all patients for which he/she serves as surgeon of record.
2. The resident must enter all procedures and operative cases in which he/she is the surgeon of record into the ACGME Resident Case Log System within 1 week of completing the procedure or operation.

3. The resident must dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon at James A Haley VA before leaving the operating room.
4. The resident must be prepared to present cases and complications or deaths at weekly Morbidity and Mortality Conference.
5. The resident will present cases at the Faculty Case Conference as assigned.

### **Systems-Based Practice**

1. The resident should be able to appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy, and physician extenders.
2. The resident should be able to summarize the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures.
3. The resident should be able to determine and convey to appropriate individuals the instruments and other materials necessary for all procedures.
4. The resident should be able to justify all diagnostic tests (including laboratory studies) ordered.

### **Professionalism**

1. The resident must be honest with all individuals at all times in conveying issues of patient care.
2. The resident should place the needs of the patient above all the needs or desires of him/herself.
3. The resident should maintain high ethical behavior in all professional activities.
4. The resident should remain compliant with all required training designated by the institution.
5. The resident must demonstrate a commitment to the continuity of patient care through carrying out personal responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in his/her stead.
6. The resident must understand the institutional policy on duty hours and remain compliant with all duty hour regulations. Residents must enter the number of hours spent in the hospital into the New Innovations tracking system within 1 week.
7. The resident should be properly and professionally attired at all times while engaged in patient care.
8. The resident should be properly and professionally groomed at all times when engaged in patient care.
9. The resident should demonstrate sensitivity to issues of age, race, gender, and religion with patients, families, and members of the health care team.
10. The resident should at all times treat patients, families, and all members of the health care team with respect.
11. The resident should reliably be present in pre-arranged places at pre-arranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident must notify the appropriate supervisor if he or she will be unable to be present.
12. The resident will attend the following mandatory conferences:
  - *Morbidity and Mortality, Monday 7:30 am*
  - *Grand Rounds, Monday 8:45 am*
  - *Resident Education and/or Simulation, Monday 10 am*

## **PGY 4**

### **Medical knowledge**

1. Learn in depth the following essential content areas of general surgery: trauma, alimentary tract, and vascular surgery. Learn in depth the following additional areas: head and neck surgery, transplant, and cardiothoracic surgery.
  - The resident must prepare for and attend the weekly Resident Education Session and present quarterly as assigned.
  - The resident must prepare for and participate in monthly Journal Club Conference

- by reading assigned journal articles that are distributed before the conference.
- The resident will prepare for practice oral board examinations and receive feedback on preparation at each session bi-annually.
2. Develop technical skills appropriate to level of training.
    - The resident will attend all technical skills training conferences on Mondays. *The resident will demonstrate adequate proficiency in advanced open vascular skills, advanced laparoscopic skills, and ultrasound.*
  3. The resident will participate in assessment of medical knowledge by taking the annual ABSITE.

### **Patient Care**

1. The resident should assume directly responsibility for the care of all patients on the surgical service.
2. The resident should directly supervise junior residents and all medical students in the delivery of care to all patients on the service.
3. The resident should see every admission to the service.
4. The resident should have full knowledge of medical problems and progress of all patients.
5. The resident should personally examine patients experiencing new problems.
6. The resident should know every patient who is to undergo a surgical procedure on his/her service.
7. The resident should be immediately available to come into the hospital on the night his/her service is on call.

### **Interpersonal and Communication Skills**

1. The resident should ensure that the attending is aware of the progress of all patients on the service.
2. The resident should clearly, accurately, and respectfully communicate with nurses and other hospital employees.
3. The resident should clearly, accurately, and respectfully communicate with referring and consulting physicians, including residents.
4. The resident should clearly, accurately, and respectfully communicate with patients and appropriate members of their families about identified disease processes (including complications), the expected courses, operative findings, and operative procedures.
5. The resident should maintain clear, concise, accurate, and timely medical records including (but not limited to) consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries.
6. The resident should be able to clearly and accurately teach medical students and junior residents about the procedures performed on this rotation when qualified to do so by hospital and program policy.

### **Practice-Based Learning and Improvement**

1. The resident will write an accurate, detailed, and legible preoperative assessment and counseling note on all patients for which he/she serves as surgeon of record.
2. The resident must enter all procedures and operative cases in which he/she is the surgeon of record into the ACGME Resident Case Log System within 1 week.
3. The resident must dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon at the James A Haley VA before leaving the operating room.
4. The resident must be prepared to present cases and complications at weekly Morbidity and Mortality Conference.
5. The resident will presents cases at Faculty Case Conference as assigned

## **Systems-Based Practice**

1. The resident should be able to assess the risks and benefits of all options for treating patients with surgical illness.
2. The resident should be able to summarize the financial costs, potential complications, and long term expectations for planned procedures.
3. The resident should be able to determine the benefit of additional treatment by other services such as radiation therapy, interventional radiology, and medical oncology.
4. The resident should be able to determine and convey to appropriate individuals the instruments and other materials necessary for all procedures.

## **Professionalism**

1. The resident must be honest with all individuals at all times in conveying issues of patient care.
2. The resident should place the needs of the patient above all the needs or desires of him/herself.
3. The resident should maintain high ethical behavior in all professional activities.
4. The resident should remain compliant with all required training designated by the institution.
5. The resident must demonstrate a commitment to the continuity of patient care through carrying out personal responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in his/her stead.
6. The resident must understand the institutional policy on duty hours and remain compliant with all duty hour regulations. Residents must enter the number of hours spent in the hospital into the New Innovations tracking system within a week.
7. The resident should be properly and professionally attired at all times while engaged in patient care.
8. The resident should be properly and professionally groomed at all times when engaged in patient care.
9. The resident should demonstrate sensitivity to issues of age, race, gender, and religion with patients, families, and members of the health care team.
10. The resident should at all times treat patients, families, and all members of the health care team with respect.
11. The resident should reliably be present in pre-arranged places at pre-arranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident must notify the appropriate supervisor if he or she will be unable to be present.
12. The resident will attend the following mandatory conferences:
  - *Morbidity and Mortality, Monday 7:30 am*
  - *Grand Rounds, Monday 8:45 am*
  - *Resident Education and/or Simulation, Monday 10 am*

## **CHIEF RESIDENT**

### **Medical knowledge**

1. Learn in depth the following essential content areas of general surgery: surgical oncology, advanced laparoscopy, alimentary tract including advanced colorectal surgery, trauma and critical care.
  - The resident must prepare for and attend the weekly Resident Education Session and present quarterly as assigned.
  - The resident must prepare for and participate in monthly Journal Club Conference by reading assigned journal articles that are distributed before the conference.
  - The resident will prepare for practice oral board examinations and receive feedback on preparation at each session bi-annually.
2. Develop technical skills appropriate to level of training.



- The resident will attend all technical skills training conferences offered on Monday. *The resident will demonstrate adequate proficiency in advanced open exposure skills, advanced laparoscopic skills, and advanced ultrasound.*
- 3. The resident will participate in assessment of medical knowledge by taking the annual ABSITE.

### **Patient Care**

1. The resident should assume direct responsibility for the care of all patients on the surgical service.
2. The resident should directly supervise the PGY 3 and assist in supervision of junior residents and all medical students in the delivery of care to patients on the service.
3. The resident should see every admission to the service.
4. The resident should have full knowledge of medical problems and progress of all patients.
5. The resident should personally examine patients experiencing new problems.
6. The resident should know every patient who is to undergo a surgical procedure on his/her service.
7. The resident should be immediately available to come into the hospital on the night his/her service is on call.

### **Interpersonal and Communication Skills**

1. The resident should ensure that the attending is aware of the progress of all patients on the service.
2. The resident should clearly, accurately, and respectfully communicate with nurses and other hospital employees.
3. The resident should clearly, accurately, and respectfully communicate with referring and consulting physicians, including residents.
4. The resident should clearly, accurately, and respectfully communicate with patients and appropriate members of their families about identified disease processes (including complications), the expected courses, operative findings, and operative procedures.
5. The resident should maintain clear, concise, accurate, and timely medical records including (but not limited to) consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries.
6. The resident should be able to clearly and accurately teach medical students and junior residents about the procedures performed on this rotation when qualified to do so by hospital and program policy.

### **Practice-Based Learning and Improvement**

1. The resident will write an accurate, detailed, and legible preoperative assessment and counseling note on all patients for which he/she serves as surgeon of record.
2. The resident must enter all procedures and operative cases in which he/she is the surgeon of record into the ACGME Resident Case Log System within 1 week.
3. The resident must dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon at James A Haley VA before leaving the operating room.
4. The resident must be prepared to present cases and complications at weekly Morbidity and Mortality Conference.
5. The resident will present cases as assigned at Faculty Case Conference.

### **Systems-Based Practice**

1. The resident should be able to assess the risks and benefits of all options for treating patients with surgical illness.
2. The resident should be able to summarize the financial costs, potential complications, and long-term expectations for planned procedures.
3. The resident should be able to determine the benefit of additional treatment by other services such as radiation therapy, interventional radiology, and medical oncology.
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### **Professionalism**

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7. The resident should be properly and professionally attired at all times while engaged in patient care.
8. The resident should be properly and professionally groomed at all times when engaged in patient care.
9. The resident should demonstrate sensitivity to issues of age, race, gender, and religion with patients, families, and members of the health care team.
10. The resident should at all times treat patients, families, and all members of the health care team with respect.
11. The resident should reliably be present in pre-arranged places at pre-arranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident must notify the appropriate supervisor if he or she will be unable to be present.
12. The resident will attend the following mandatory conferences:
  - *Morbidity and Mortality, Monday 7:30 am*
  - *Grand Rounds, Monday 8:45 am*
  - *Resident Education and/or Simulation, Monday 10 am*

# Policy on Resident Supervision

## University of South Florida College of Medicine General Surgery Residency

### Policy Definitions:

1. Resident: A medical school graduate who is enrolled in the General Surgery Residency Program of the University of South Florida College of Medicine or who is temporarily assigned to the Program by another residency program in this institution or by an accredited residency program in another institution.
2. Post Graduate Year (PGY): The current year of clinical residency education in surgery for a given resident representing the number of such years satisfactorily completed plus one.
3. Attending Surgeon: Any licensed independent practitioner who has been granted privileges by the hospital to perform surgical procedures and who has an appointment to the teaching staff of the University of South Florida College of Medicine.
4. The Hospitals: The four hospitals that are affiliated with the Program are Tampa General Hospital, Moffitt Cancer Center, James A Haley VA and Bay Pines VAHCS.

Statement of Commitment: It is the policy of this residency program that each patient will have assigned one Attending Surgeon. That surgeon (or another Attending Surgeon acting as her/his designee) is primarily responsible for the care of the patient and has both an ethical and legal responsibility for the overall care of the patient. At all times and for all types of patients the participating residents will act under the supervision and direction of the Attending Surgeon. The University of South Florida's General Surgery Residency Program ("the Program") is committed to providing the opportunity for its residents to perform progressively more independent decision making and clinical activity. It is therefore necessary for the Program Director (on behalf of the Program) to assess the demonstrated capability of each resident.

Resident Evaluation: The Program Director, with the advice of members of the teaching faculty, is responsible for assigning the PGY level of each resident. The Program Director will make such determination based on written performance evaluations, formal faculty discussions, and personal observations regarding each resident. The Program Director will share such evaluations with each resident no less frequently than every six months and document same in the file of the resident. The manner in which corrective actions against residents are implemented is stated in the University of South Florida Graduate Medical Education Policies and Procedures. It is also incumbent on each Attending Surgeon to closely monitor the actions of each resident involved in the care of patients assigned to her/him and to inform the Program Director in an accurate and timely fashion of the capabilities of such residents. The method regularly used for doing so will be the Resident Evaluation submitted at the conclusion of each resident rotation. However, when an Attending Surgeon determines it is important or necessary to do so, (s)he may contact the Program Director directly to transmit her/his assessment of a resident's performance.

Method of the program communication with the hospital about the current level of responsibility and supervision due each particular resident: The Program Director will provide to the hospitals a listing of all residents in the Program as well as their currently assigned PGY level. This list will be provided at least once each academic year but may be submitted more frequently to reflect the addition of residents or the change in status of any given resident. In addition, the Scope of Practice assigned to each PGY level resident is provided to each hospital. A resident will not be advanced to the next PGY level unless they are competent in the tasks/procedures assigned to that PGY level in the Scope of Practice document.

Supervision: Residents may at any time seek the advice of fellow residents or Attending Surgeons.

Resident supervision may be provided as Direct Supervision, Indirect Supervision, or Oversight.

*Direct Supervision: the supervising physician is physically present with the resident and patient.*

*Indirect Supervision:*

- *With direct supervision immediately available: the supervising physician is physically within the hospital and is immediately available.*
- *With direct supervision available: the supervising physician is not physically present within the hospital but is immediately available by phone or electronic modalities and is readily available to provide direct supervision. Readily available is defined as being able to reach the bedside within one hour of being summoned.*

*Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered*

Residents at the PGY1 level may only perform patient care activities and procedures with either Direct Supervision or Indirect Supervision with direct supervision immediately available as defined above.

A. Activities and Procedures that PGY1 residents may complete with Indirect Supervision with direct supervision immediately available:

*Patient Management Competencies:*

1. *Evaluation and management of a patient admitted to hospital, including initial history and physical examination, formulation of a plan of therapy, and necessary orders for therapy and tests*
2. *Pre-operative evaluation and management, including history and physical examination, formulation of a plan of therapy, and specification of necessary tests*
3. *Evaluation and management of post-operative patients, including the conduct of monitoring, and orders for medications, testing, and other treatments*
4. *Transfer of patients between hospital units or hospitals*
5. *Discharge of patients from the hospital*
6. *Interpretation of laboratory results*

*Procedural Competencies:*

1. *Performance of basic venous access procedures, including establishing intravenous access*
2. *Placement and removal of nasogastric tubes and Foley catheters*
3. *Arterial puncture for blood gases*

B. Activities and Procedures that PGY1 residents may only complete with Direct Supervision:

*Patient Management Competencies:*

1. *Initial evaluation and management of patients in the urgent or emergent situation, including urgent consultations, trauma, and emergency department consultations (ATLS required).*
2. *Evaluation and management of post-operative complications, including hypotension, hypertension, oliguria, anuria, cardiac arrhythmias, hypoxemia, change in respiratory rate, change in neurologic status, and compartment syndromes.*
3. *Evaluation and management of critically-ill patients, either immediately post-operatively or in the intensive care unit, including the conduct of monitoring, and orders for medications, testing, and other treatments.*
4. *Management of patients in cardiac or respiratory arrest (ACLS required)*

*Procedural Competencies:*

1. *Perform advanced vascular access procedures, including central venous catheterization, temporary dialysis access, and arterial cannulation.*
2. *Repair of surgical incisions of the skin and soft tissues*
3. *Repair of skin and soft tissue lacerations*
4. *Excision of lesions of the skin and subcutaneous tissues*
5. *Tube thoracostomy*
6. *Paracentesis*

7. *Endotracheal intubation*
8. *Bedside debridement*

Residents may be supervised in their activities by more senior residents in the Program or the Attending Surgeon. However, the Attending Surgeon (or another Attending Surgeon acting as her/his designee) is ultimately responsible for the care of the patient and for appropriate resident supervision and must therefore be readily available at all times. On-call schedules for more senior residents and teaching staff will be structured to ensure that supervision is readily available to residents on duty and will be regularly published and available. Supervision of residents in clinical activity is mandatory in all settings including but not limited to the clinical office, Emergency Department, the operating room and other patient care areas. The Attending Surgeon or her/his attending surgeon designee must evaluate the hospitalized patients(s) for whom (s)he is caring at least three days each week and must evaluate intensive care unit patients at least daily.

Resident Obligation: The resident(s) must convey directly to the Attending Surgeon any substantial change in the condition or status of a patient under the care of that Attending Surgeon including admission, transfer to a hospital area providing a higher level of care, discharge and the development of any medical or surgical complications.

Emergency Situations: In emergency situations in which immediate care is necessary to preserve the life of a patient or prevent serious deterioration of a patient, any resident shall be permitted to carry out any medically necessary treatment that is within the scope of her/his self-assessed capability. The Attending Surgeon will be contacted and apprised of the situation as soon as possible. The resident will document in the patient's medical record the nature of the emergency, any interventions performed, and notification of the Attending Surgeon. Service specific lines of reporting and activities included within the scope of practice in each given PGY level are Attachments A and B to this policy.

**University of South Florida College of Medicine  
General Surgery Residency**

**Policy on Resident Supervision: Attachment A  
Service Specific Lines of Reporting  
July 2017**

NOTE: Individuals listed in parentheses may or may not be available to the preceding individual based on current rotation assignments and on-call schedules. However, at all times the status of their availability will be reflected in the on-call schedules.

**At Tampa General Hospital:**

Gold Service:	PGY1 → (PGY2) → (PGY4/5) → Attending Surgeon
Green Service:	PGY1 → (PGY4/5) → (Fellow) → Attending Surgeon
Pediatric Surgery:	PGY1 or PGY2 → (PGY3) → Attending Surgeon
Red (Trauma) Service:	PGY1 → (PGY2) → (PGY3) → (PGY4) → (PGY5) → Attending Surgeon
Vascular Surgery:	PGY1 → (PGY3) → (Fellow) → Attending Surgeon
Breast Surgery:	PGY3 → Attending Surgeon
Transplant Surgery:	PGY1 → (PGY4) → (Fellow) → Attending Surgeon
Burn Surgery:	PGY1 → (PGY5) → Attending Surgeon
APC:	PGY1 → (PGY3) → (PGY4/5) → Attending Surgeon

**At James A Haley VAHCS:**

VA1 Service:	PGY1 → (PGY3) → (PGY5) → Attending Surgeon
VA2 Service:	PGY1 → (PGY4) → Attending Surgeon
CT Surgery:	PGY4 → Attending Surgeon
SICU:	PGY2 → Attending Surgeon
APC:	PGY1 → (PGY2) → (PGY4) → Attending Surgeon

**At Bay Pines VAHCS:** PGY1 → (PGY2) → (PGY5) → Attending Surgeon

**At Moffitt Cancer Center:**

GI Surgery:	PGY1 → (PGY5) → (Fellow) → Attending Surgeon
Thoracic Surgery:	PGY2 → Attending Surgeon

**University of South Florida College of Medicine  
General Surgery Residency**

**Policy on Resident Supervision: Attachment B  
Scope of Practice**

General Statement: As stated above, at all times and for all types of patients, the participating residents will act under the supervision and direction of the Attending Surgeon. In addition, competency for independent performance of specific bedside procedures listed below will be achieved by satisfactory performance of a minimum number of the procedure under the listed level of supervision:

	<b>Bedside Procedure Name</b>	<b>Minimum number of procedures required to be competent</b>	<b>PGY level by which skill should be acquired</b>	<b>Level of Supervision</b>
1	incision and drainage	2	2	Oversight
2	simple laceration repair	3	2	Indirect Supervision
3	Focused Assessment with Sonography for Trauma	5	3	Direct Supervision
4	arterial catheter placement	3	3	Indirect Supervision
5	central venous catheter placement	5	3	Indirect Supervision
6	tube thoracostomy	3	3	Indirect Supervision
7	rigid proctoscopy	2	3	Indirect Supervision
8	PA catheter placement	3	3	Indirect Supervision
9	flexible bronchoscopy	3	3	Direct Supervision
10	complex laceration repair	2	3	Indirect Supervision
11	percutaneous tracheostomy	5	4	Direct Supervision
12	percutaneous endoscopic gastrostomy	5	4	Direct Supervision
13	endotracheal intubation	10	4	Direct Supervision
14	Diagnostic Peritoneal Lavage (DPL)	3	5	Direct Supervision
15	resuscitative thoracotomy	3	5	Direct Supervision

PGY1: Can bring patients into operating room for induction of anesthesia; can insert IV lines and Foley catheters; can write admission orders, pre and post-op orders, and notes; can dictate admission history and physical, write progress notes, orders, and prescriptions; can dictate discharge summaries; can write orders for restraints. They may provide in-hospital care, assist in surgery, and perform certain operations with direct supervision by a Chief Resident or Attending Surgeon as determined by the Attending Surgeon. May place arterial lines, central lines, chest tubes, and pulmonary artery catheters under the direct supervision of a qualified more senior resident.

Activities and Procedures that PGY1 residents may complete with Indirect Supervision with direct supervision immediately available:

*Patient Management Competencies:*

1. *Evaluation and management of a patient admitted to hospital, including initial history and physical examination, formulation of a plan of therapy, and necessary orders for therapy and tests*
2. *Pre-operative evaluation and management, including history and physical examination, formulation of a plan of therapy, and specification of necessary tests*
3. *Evaluation and management of post-operative patients, including the conduct of monitoring, and orders for medications, testing, and other treatments*
4. *Transfer of patients between hospital units or hospitals*
5. *Discharge of patients from the hospital*

6. *Interpretation of laboratory results*

*Procedural Competencies:*

1. *Performance of basic venous access procedures, including establishing intravenous access*
2. *Placement and removal of nasogastric tubes and Foley catheters*
3. *Arterial puncture for blood gases*

Activities and Procedures that they PGY1 residents may only complete with Direct Supervision:

*Patient Management Competencies:*

1. *Initial evaluation and management of patients in the urgent or emergent situation, including urgent consultations, trauma, and emergency department consultations (ATLS required).*
2. *Evaluation and management of post-operative complications, including hypotension, hypertension, oliguria, anuria, cardiac arrhythmias, hypoxemia, change in respiratory rate, change in neurologic status, and compartment syndromes.*
3. *Evaluation and management of critically-ill patients, either immediately post-operatively or in the intensive care unit, including the conduct of monitoring, and orders for medications, testing, and other treatments.*
4. *Management of patients in cardiac or respiratory arrest (ACLS required)*

*Procedural Competencies:*

1. *Perform advanced vascular access procedures, including central venous catheterization, temporary dialysis access, and arterial cannulation.*
2. *Repair of surgical incisions of the skin and soft tissues*
3. *Repair of skin and soft tissue lacerations*
4. *Excision of lesions of the skin and subcutaneous tissues*
5. *Tube thoracostomy*
6. *Paracentesis*
7. *Endotracheal intubation*
8. *Bedside debridement*

PGY2: Can participate in SICU activities and can function in the SICU under the indirect supervision of the SICU attending in both the intensive care units and non-intensive care units. Can evaluate and manage critically ill patients and emergency department patients. This will allow placement of arterial lines, central lines, chest tubes, pulmonary artery catheters; tube thoracostomy, paracentesis, endotracheal intubation, and other superficial procedures. Can perform endoscopy with direct supervision. Under supervision, may assist in surgery and perform certain operations with direct supervision by a Chief Resident or Attending Surgeon at the discretion of the Attending Surgeon. Under indirect supervision, can write orders for restraints. May complete History and Physical Exams, Consultation notes, progress notes, and operative notes with indirect supervision from more senior resident or Attending Surgeon.

PGY3: Can function as senior resident on selected services under the direction of a Chief Resident and/or Attending Surgeon. Can initiate surgical procedures. Under indirect supervision, can administer conscious sedation and write orders for restraints. Can function as senior resident on call and as senior resident in the SICU. Can participate in clinics under indirect supervision. Can evaluate trauma patients in the ER and supervise their resuscitation (ATLS certified). May assist in surgery and perform certain operations with direct supervision by a Chief Resident or Attending Surgeon at the discretion of the Attending Surgeon.

PGY4 and PGY5 (Chief Resident): Can function as senior resident and supervise routine ward activities and SICU activities. Can participate in clinics under indirect supervision and supervise the conduct of outpatient clinics. Can evaluate outpatients for emergency surgical procedures. Can initiate surgical procedures after discussion with responsible Attending Surgeon who has privileges to perform the anticipated procedure with direct supervision immediately available by the Attending Surgeon. May assist in surgery and perform certain operations with direct or indirect supervision (with direct supervision immediately available) by an Attending Surgeon at the discretion of the Attending Surgeon. Under indirect supervision, can administer conscious sedation and write orders for restraints. Can oversee medical record completion.



## Evaluation of Patients in the Emergency Department

PGY-1 residents must be directly supervised by a more senior ( $\geq$ PGY2) resident. PGY2 residents may evaluate patients in the ER under the indirect supervision of a senior ( $\geq$ PGY3) resident or Attending Surgeon. PGY4 and PGY5 residents may evaluate patients in the ED under the indirect supervision of the attending surgeon. If requested by the attending physician in the ED, the senior resident must consult with the Attending Surgeon on call prior to discharging a patient from the emergency room. The Attending Surgeon must be informed about all patients admitted to his/her service from the Emergency Department.

### Change in Patient Status

The responsible Attending Surgeon or his/her designee must be informed when a patient on his/her service has a clinically important change in status. This includes but is not limited to instability in vital signs, transfer to the intensive care unit, endotracheal intubation, end of life decisions, need for an invasive procedure/monitoring, and death.

### **ABSITE (INSERVICE EXAMINATION):**

Each resident is required to participate in the American Board of Surgery In-Service Training Examination (ABSITE) each academic year. The purpose of this examination is to allow the individual house officer to compare his own academic progress with his peers on a nationwide basis. Residents are expected to score above the 35<sup>th</sup> percentile for the appropriate year in training. The In-Service Training Examination is customarily given on the last Friday in January (date will be announced). The In-Service Training Examination plays a significant role in resident evaluation by the Department of Surgery. The examination will be used as an important method of determining the house officer's progress in the program. Emphasis is also placed on the In-Service Training Examination results when applying for fellowship. Residents scoring less than the 25<sup>th</sup> percentile will be required to participate in a remediation program of study.

### **ACCIDENTAL EXPOSURE:**

All individuals receiving accidental injury with possible exposure to disease (e.g. needle sticks) are to seek immediate and appropriate care at the institution at which the injury occurred. Please refer to the USF College of Medicine Policies and Procedures Manual for information.

### **ACLS CERTIFICATION:**

House staff is required to hold current ACLS certification during their term in a USF affiliated institution. House officers not holding certification by January 1 will be required by the University to take vacation leave to complete certification by March 1.

House Officers will be held responsible financially for new courses if attendance was based upon a lack of follow-through from a previous course.

### **APPOINTMENTS AND SALARIES:**

1. Appointments for first year post-graduate year positions will be made through the National Resident Matching Program.
2. When appointed to a five year post-graduate position, any resident planning to continue in the five year General Surgery program may expect to complete his/her training, provided that s/he continues to perform house officer duties at a level comparable to peers. In other words, there is no "pyramid" system in the University of South Florida, Health Sciences Center, Department of Surgery program. There is, of course, no guarantee that all residents will reach the senior year automatically. Contracts are renewed annually only if the resident's performance and progress is satisfactory. **Residents' progress in the program will be evaluated by faculty, the Chairman and the Program Director every 3-4 months. Contracts will only be renewed and residents only be advanced in the program after successful completion of the evaluation process.** Satisfactory completion of the training program shall be determined by the Program Director/Assistant Program Director within the requirements of the accrediting agency. There is no guarantee of salary or benefits beyond the contracted training period.
3. All contracts are renewed on an annual basis for salary change purposes.

4. The funding for resident salaries is provided by the hospitals where the residents are rotating. The funds are deposited into a grant account called the Common Pay Source. The University of South Florida administers the Common Pay Source, and residents are paid by the State of Florida.
5. Paychecks are issued bi-weekly. Residents are required to sign up for electronic payroll direct deposit, as a condition of employment, as mandated by the State of Florida.

### **BOARD CERTIFICATION:**

Residents completing five years of General Surgery are expected to apply for board certification through the American Board of Surgery within the required timeframe. Applications are due in May of the year graduates plan to sit for the qualifying examination. Case logs should be kept up to date as they are now transmitted directly to the American Board of Surgery in the May of the graduation year.

The Board has specific requirements of the types of cases that must be performed. These numbers are similar to that required by the ACGME but may vary slightly. Residents are responsible for making sure they meet the requirements as stated. The application and cases breakdown is available on the ABS website ([www.absurgery.org](http://www.absurgery.org)).

### **CAUSE FOR DISMISSAL:**

- 1) Failure to be present during duty hours or when on call.
- 2) Intoxication or imbibing of alcohol or illicit drugs while on duty or on call.
- 3) Conviction of a felony or violation of federal, state, or local narcotics law.
- 4) Falsification of medical records.
- 5) Repeated violation of Department rules after counseling.
- 6) Patient neglect resulting in injury or harm to the patient.
- 7) Performance of invasive procedures without appropriate authorization, except in definite life-threatening situations.
- 8) Failure to maintain academic standards and educational requirements of the Department.
- 9) Falsification of data on your application.
- 10) Performing operating room procedures without proper attending supervision.
- 11) Failure to give emergency help to all patients at all times throughout the hospital, regardless of whether or not that patient is on the service.
- 12) Recommendation by faculty evaluation process.
- 13) Repeated failure to answer pages during assigned duty hours.

## **CHIEF RESIDENT DUTIES:**

**The Chief Resident is directly responsible to the Program Director/Assistant Program Director in the Department of Surgery. His/her responsibilities also include the items listed below:**

- Assign coverage of operative cases to members of team (residents, students, physician extenders).
- Ensure that residents on their team work no greater than 80 hrs/week (averaged over 4 weeks).
- Ensure all residents have at least an average of one day off in seven.
- Make daily rounds at a time that allows morning rounds to be completed in time to make scheduled conferences and operations.
- Notify staff any deterioration in patient status and of any emergency surgery.
- Ensure that the residents staff all patients with the proper attendings.
- See that all residents read and follow the regulations in the Department of Surgery Policy Manual.
- Notify the Program Director of the Department when there are major Departmental problems.
- Responsible for all junior residents' actions and their relationships with patients.
- See all hospital consultations and make the appropriate disposition prior to staffing with attendings.
- Supervise all major operating of junior residents.
- Be readily available for consultation and patient care.
- Ensure regular attendance of all house staff and students attend all surgical department educational activities on Monday mornings, (Resident Curriculum Lectures, Surgical Grand Rounds, and Morbidity/Mortality Conferences) in addition to individual hospital conferences (GI, Trauma, Preoperative, Tumor board, Vascular etc).
- Responsibility for the supervision and education of medical students.
- Daily overall running of the team.

**1) Transfer of Patients (at TGH):**

All requests for acceptance of the patient must be directed to the Transfer Center, 844-7979. Accurate documentation is required when the patient is transferred from one service to another, so there is no doubt as to the responsibility of the patient.

**2) Early Discharge Planning:**

Begin within 24-48 hours of admission. There must be appropriate communication between the physician and Utilization Management, Nursing, Social Services, and Home Health Care. Write orders for discharge the afternoon prior to discharge, or early in the morning, whenever possible. Patients should be discharged by 11:00 am.

**3) Completion of Death Certificates:**

Death certificates must be signed within 72 hours of the patient's death. Call the Death Records Office (TGH), extension 7467, for information.

**4) Additional Chief Resident responsibilities extend to:**

- a) Disaster drill and true disasters. When a Code is announced, the Chief Resident will respond to the Command Center and assist in getting surgical house staff response, as necessary.
- b) Attendance is required at the Chief resident Meetings at the Tampa General Hospital, which are held the third Monday of every month. Pertinent information from this meeting should be shared with all surgery residents.

**Investigation, counseling, and appropriate action should be taken when misunderstandings or problems occur between a resident and other physicians, nurses, hospital personnel, or family members. Serious matters require consultation with the Program Director and/or Assistant Program Director**

**COMMITTEES:**

The Tampa General Hospital and James A. Haley Veterans' Hospitals have assigned house officers to various standing committees of the hospital. They will allow the selected house officer(s) the opportunity of actively participating in hospital affairs and provide a beneficial educational experience for him/her in the mechanics of hospital administration committees.

**DRESS CODE:**

All male house officers shall wear dress shirts and ties during duty hours. Turtleneck sweaters are NOT acceptable in place of a shirt and tie. The white full length clinical coat is to be worn in all patient contact areas, by both male and female house officers.

Appropriate shoes shall be worn by both male and female house officers while on duty. Flip flops and sandals are not acceptable during regular duty hours.

Each male and female house officer is expected to be neatly and appropriately groomed and attired while on duty.

University of South Florida identification badges are to be worn at all times. ID badges may also be issued at Tampa General Hospital, James A. Haley VA Hospital and Moffitt.

Scrub suits are provided at each hospital for wear in the operating room suite. Scrub suits are not to be worn outside the OR area except in emergencies or on trauma call.

## **DUTY HOURS:**

### **Resident Duty Hours and the Working Environment**

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

On call schedules are prepared by the chief residents and accessed by residents and staff through New Innovations ([www.new-innov.com](http://www.new-innov.com)) using your user ID password assigned.

**Residents are required to log their duty hours at least weekly into the New Innovations website. Duty hours must be entered by noon of Thursday of the following week. Compliance will be tracked and reported to the Program Director.**

#### **1. Faculty Supervision of Residents**

- a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
- b. Faculty schedules must be structured to provide residents with continuous supervision and consultations.
- c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
- d. The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the care of that patient. Although senior residents require less direction than junior residents, even the most senior must be supervised. A chain of command that emphasizes graded authority and increasing responsibility as experience is gained must be established. Judgments on this delegation of responsibility must be made by the attending surgeon who is ultimately responsible for the patient's care; such judgments shall be based on the attending surgeon's direct observation and knowledge of each resident's skills and ability.
- e. A fellow may not supervise chief residents.

#### **2. Duty Hours**

- a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Duty period of PGY1 residents must not exceed 16 hours in duration.
- d. Residents must be provided with 1 day in 7 free from all educational and clinical responsibility, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- e. Review your schedule in New Innovations prior to each rotation to ensure you have at least four days off per 4 weeks. If you do not, contact one of the administrative chiefs to correct.

- f. PGY1 and intermediate residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods. Intermediate residents must have at least 14 hours free of duty after 24 hours of in-house duty. Final years residents should have 8 hours off between duty periods but can return to duty with fewer than 8 hours off but must comply with 80 hour rule and 1 day off in 7 rule.

### 3. **Call**

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- a. In-house call for PGY2 and above must occur no more frequently than every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 4 additional hours are permitted for effective transitions. Residents may not attend continuity clinics after 24 hours of continuous duty.
- c. Residents must not be scheduled for more than six consecutive nights of night float.
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.
  - 1. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
  - 2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
  - 3. The program director and the faculty must monitor the demands of the at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

### **EDUCATION CONFERENCES:**

House staff is required to attend all scheduled conferences at their assigned hospital.

In order to maximize educational time in the new era of work hours restrictions the conference and lecture schedule has been altered so that all educational activity (M & M, Grand Rounds, Resident Lectures) takes place on Monday, 7:30am-12noon. Residents are excused from all clinical duties during this time, roll is taken and attendance is mandatory. These conferences constitute a major portion of the Department's teaching program. The attendance of the house staff at these conferences is interpreted as an index of their participation in the educational process of the Department. House staff is responsible for the attendance of their students at conferences.

Regular attendance is mandatory\* for all house staff and students at all Department of Surgery conferences to include: Grand Rounds, Specialty Conference, GI Conference, Trauma Conference, and Morbidity/Mortality Conference, Resident Curriculum Lectures and Teaching Conferences. Attendance will be monitored and will also be used in the overall evaluation process with regards to resident promotions.

### **Monday Morning Schedule**

7:30-8:30 am – Morbidity & Mortality Conference

8:45-9:45 am – Surgical Grand Rounds

10:00 am- 12noon – Resident Education

All Monday morning conferences take place at either Tampa General Hospital or the USF CAMLS Center.

### **Morbidity & Mortality Conference**

This weekly conference will cover complications and mortality occurring at the Tampa General Hospital, the James A. Haley Veterans' Hospital, H. Lee Moffitt Cancer Center, and Bay Pines VA Medical Center. In addition, unusual cases will be presented for more detailed discussion by the senior resident on each service.

All residents are to log their operative cases into the ACGME operative log for use at M&M; this must be completed by Thursday noon of the following week. Senior residents are also responsible for reporting any complications or deaths on his/her service to the Program Coordinator by 12:00 noon on Thursday. X-rays or autopsy findings should be available for review when appropriate.

**\*All residents are to attend M&M, even post-call and night rotation residents. Residents in this situation will be excused immediately following M&M.**

### **EVALUATIONS:**

#### **Faculty Evaluation of Residents:**

- 1) Residents will be evaluated by the faculty they work with at the end of each rotation. Service evaluations are internet based and include aspects of the 6 competencies (patient care, medical knowledge, practice based learning, interpersonal and communication skills, professionalism, and system based practice). Faculty evaluates residents through New Innovations software. The resident may review these evaluations through this website upon completion by the faculty.
- 2) The faculty meets as a group at least twice per year for a comprehensive review of all the residents' evaluations and a discussion of their performance. Each individual resident's operative experience as reflected by the ACGME case log will also be reviewed. The residents are informed of the results of the comprehensive evaluation every 6 months. This information is relayed in writing in a meeting with their faculty advisor and/or the program director.
- 3) Faculty evaluations and written examination will be used by the Faculty Program Director/Assistant Program Director of the Department in determining the progress of the resident through the training program.
- 4) The Chairman, or his designated alternate, will administer any necessary remediation or counseling. When indicated, individuals will be placed on probation or suspended.



### **Resident Evaluation of Faculty/Services/Program:**

Residents will have the opportunity to anonymously evaluate the program, rotations and faculty via New Innovations. The results of these evaluations are reviewed by the chairman and program director. Appropriate feedback is given to the individual faculty members as well as the surgical division chiefs. This information is used to alter the educational content of the program and its rotations as well as for making decisions in regards to resident allocation to certain services (the higher the educational content and the lower the non-educational work load of a particular rotation the more likely residents will be assigned to that particular rotation).

### **GRIEVANCE POLICY:**

The Department of Surgery follows the grievance policy published by the USF College of Medicine GME office. This policy is available for review in the Policy and Procedure manual located on the webpage ([www.hsc.usf.edu/housestaff](http://www.hsc.usf.edu/housestaff)) under "Housestaff Disciplinary and Appeal Procedures.

### **HAND-OFFS (Transition of Care):**

Per ACGME policy, the Department of Surgery ensures and monitors effective and structured hand-off processes to facilitate both continuity of care and patient safety. Appropriate communication with team members in the hand-over process is essential. To this end, face-to-face communication in standardized format (e.g. I-PASS, SBAR) is required. Attendings will intermittently proctor and continuously monitor/evaluate the hand-off process as well as residents' performance.

### **HARASSMENT:**

The University's College of Medicine maintains specific guidelines regarding all forms of harassment, which are consonant with the rules and policies of the University, as well as laws and rules of the State of Florida. Sexual harassment and all other forms of harassment are inconsistent with the role of a professional and are not tolerated by the University. Individuals with knowledge of harassment are encouraged to promptly report such activity to the Office of the Dean or the Associate Dean of Graduate Medical Education of the University's College of Medicine.

### **HOLIDAYS**

Residents at **Tampa General Hospital** will observe the following holidays:

New Year's Day  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Christmas Day

Residents at the **James A. Haley Veterans' Hospital and Bay Pines VA Medical Center** will observe the following holidays:

New Year's Day  
Martin Luther King Day  
President's Day  
Memorial Day  
Independence Day  
Labor Day  
Columbus Day  
Veterans' Day  
Thanksgiving Day  
Christmas Day

Residents at the **H. Lee Moffitt Cancer Center and Research Institute** will observe the following holidays:

New Year's Day  
Martin Luther King Day  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Christmas Day

**HOLIDAY HOURS ARE THE SAME AS SUNDAY HOURS.**

**LEAVE:**

**Absence from Clinical Duties:**

All activities that will require absence from clinical duties including vacations, meeting/course presentations and attendance, taking USMLE or other standardized tests, require that residents check with and get approval from service attendings and administrative chief residents prior to scheduling activity. Other resident absences such as vacations may take priority. Not getting prior approval for absence from clinical duties may result in your not being able to take the activity and loss of fees.

**Unexcused Absence:**

If a resident does not show up for assigned hours, including night call, without notifying his Chief Resident or Program Director, the absence will be considered unexcused. Unexcused time will be taken as leave from the resident's leave entitlement. If the unexcused absence is repeated, disciplinary action may be taken by the Program Director depending upon the severity and frequency of the infraction. Arrangements for "payback" to other residents who may be assigned to cover night call or assigned hours will be made at the discretion of the Program Director.

### **Vacations:**

- 1) Vacations will be assigned by the Administrative Chief Residents and approved by the Program Director.
- 2) Each house officer is entitled to 15 weekdays of vacation. **Vacation leave days MAY NOT be carried over from one appointment year to the next, and no payment for unused leave will be made upon terminating the training program.** In general, vacation leave is to be taken in increments of a full seven days (Monday-Sunday). The weekend before your vacation is **NOT** automatically included and travel plans should be made beginning on Monday unless otherwise approved by the Chairman, Program Director or Assistant Program Director of Surgery.
- 3) It is the responsibility of each resident to contact the senior resident on the service and service attending at least one month prior to the scheduled vacation to confirm the vacation and therefore allow the service to schedule accordingly.
- 4) There will be no compensation for unused leave. A written leave request form must be submitted to the Assistant Program Director. Once vacations are assigned, they will **NOT** be changed without prior approval of the Chairman.
- 5) The deadline for submission of vacation requests is **July 15**. Requested vacations are not guaranteed. Once vacations are assigned, they **WILL NOT** be changed. After July 15, vacations will be assigned.
- 6) A maximum of two (2) weeks vacation may be taken while assigned to any one hospital. Residents at the VA must make arrangements through the VA Surgical Office at least two months before the planned vacation.
- 7) No vacations will be approved during the following periods:
  - a. The month of July
  - b. The month of June
  - c. Christmas/New Year's Weeks (December 21-January 3)
  - d. Last week in January (ABSITE)
  - e. ACS Clinical Congress Meeting (first week of October)
- 8) House officers should take their vacation time evenly over the year. House officers should plan to take at least one week of vacation during each 1/3 (four months) of the year.

### **Sick Leave:**

Residents will each be allocated nine (9) working days of sick leave at the beginning of each appointment year. In addition, each resident contributes one (1) working day of sick leave to the Sick Leave Pool. Sick leave pool credits may be used by individuals who are required to discontinue work because of medical needs. Such use may be allowed only after exhaustion of accrued sick leave and all but five (5) weekdays of annual vacation leave, up to the maximum of 90 days per individual, with the pre-approval of the Program Director and the GME office. The use of the Sick Leave Pool is not available for uncomplicated maternity.

The non-pool sick leave days cannot be carried forward in the case of parental leave where accumulated sick leave days may be carried forward with the pre-approval of the Program Director and the GME office.

Sick leave is to be used in increments of not less than a full day for any health impairment that disables an employee from full and proper performance of duties (including illness caused or contributed by pregnancy when certified by a licensed physician). Sick leave may be used in half-day increments as needed for personal appointments with a physician, dentist, or other recognized health care practitioner.

In case of death in the immediate family, sick leave may be used in reasonable amounts as determined by the house officer's immediate supervisor. Immediate family includes spouse, parents, grandparents, brothers, sisters, children, or grandchildren of both house officer and spouse. A resident suffering a personal disability necessitating use of sick leave without prior approval must notify the supervisor as soon as possible.

**Unused sick leave will not be paid upon termination of training program for any cause.**

**Family and Medical Leave:**

Please refer to the University of South Florida College of Medicine House Officer Policies and Procedures Manual.

[http://health.usf.edu/medicine/gme/policies\\_procedures/staff.htm](http://health.usf.edu/medicine/gme/policies_procedures/staff.htm)

**Military and Child Care Leave:**

Please refer to the University of South Florida College of Medicine House Officer Policies and Procedures Manual.

[http://health.usf.edu/medicine/gme/policies\\_procedures/staff.htm](http://health.usf.edu/medicine/gme/policies_procedures/staff.htm)

**Administrative/Educational Leave:**

Compensated leave is allowed at the discretion of the responsible program for administrative or educational purposes.

**LIABILITY, PROFESSIONAL (MALPRACTICE COVERAGE):**

As a member of the University of South Florida Health Science Center you are provided professional liability protection by the **University of South Florida Health Sciences Center Insurance Trust Fund**, a self-insurance program created by the Florida Board of Regents for the benefit of the University of South Florida Health Sciences center, its students, faculty, and other employees. Proof of protection can be obtained by contacting the Office of Surgical Education or the **USF Trust Fund Office at (813) 974-8008**.

**LOG OF OPERATIONS:**

The log of operations is required for our residency accreditation and will prove to be invaluable in preparing your American Board of Surgery (ABS) application.

Each resident is responsible for keeping a record of all their own cases. All residents will be required to record their operative data utilizing the ACGME Resident Data Collection System, which is an Internet-based data collection system utilizing CPT codes. **Each case should be entered into the database on a timely basis and are due by Thursday of the following week. This will be tracked and reported to the Program Director.** The RRC can and does review each resident's case load on a regular basis and can cite the program for deficiencies. The ACGME case log will be used by the faculty to review each resident's operative experience during the semi-annual evaluation meetings. Residents will be counseled if deficiencies in case numbers are discovered. The cases in each chief resident's database is transmitted directly to the American Board of Surgery in early May and used as part of the ABS application.

The RRC (Residency Review Committee) requires a minimum number of cases (as chief resident, junior resident, and teaching assistant) in the following categories:

Skin and Soft Tissue/Breast	25
Head and Neck	24
Alimentary Tract	72
Abdomen	65
Liver	4
Pancreas	3
Vascular	44
Endocrine	8
Thoracic	15
Pediatric	20
Plastic	5
Trauma Surgery	10
Trauma non-operative (critical care)	20
Endoscopy	85
Upper	35
Colonoscopy	50
Basic Laparoscopic Procedures	60
Advanced Laparoscopic Procedures	25

Candidates graduating from this program must have the RRC required total of 750 cases as surgeon with a minimum of 150 cases during the chief year and 25 cases as a Teaching Assistant. Also required is a critical care log of at least 25 cases. Residents must have 250 cases logged by the end of their PGY2 year.

Timely and accurate records of the resident's and the Department's operative experience are important, not only for each resident's American Board of Surgery application at completion of residency, but also for the Program's accreditation.

ABS application will not be signed or supported by the Chairman until the resident's ACGME logs are updated and complete.

**MEDICAL STUDENTS, TEACHING OF (CLINICAL CLERKSHIP):**

**All house officers will be expected to participate in the education of medical students. This includes:**

- Teaching them the requisite patient care procedures.
- Instructing them in the development of logical approaches to clinical problems.
- Encouraging their reading in General Surgery texts and providing them with selected review articles on topics concerning their patients.
- Instructing and assisting the students in development of good patient care and treatment. Ensuring that the students attend all necessary conferences.
- Reviewing each of their "work-ups" and providing constructive criticism.
- Treating the medical students in a professional and courteous manner.

### **NEW INNOVATIONS SOFTWARE:**

New Innovations is the software that is in use by Graduate Medical Education at the University of South Florida. In addition to duty hours recording, the Surgery department uses this software for our assignment schedule, to maintain conference attendance, to register competence in bedside procedures, and to distribute each rotation's goals and objectives. Additionally, faculty and residents are to complete evaluations of performance and each rotation using this method. Each resident is expected to become familiar with this software and use it for the purposes listed.

### **NIGHT CALL:**

- 1) All call schedules are generated by the administrative chief residents and published in New Innovations.
- 2) All changes in the call schedule at any hospital must be authorized by the administrative chief residents and the service attendings and the Department of Surgery Program/Assistant Program Director.
- 3) At Tampa General Hospital, all call rooms are located on the fourth floor of the West Pavilion, Room J-402. Rooms are divided by Department, and rooms reserved by using the calendars on the individual call room doors. A lounge, computer labs, outside patio area and kitchen are provided for house staff. Your TGH ID badge is used to access this area. For further information, Colleen Stevens can be contacted at 844-7412. Entrances to the hospital are locked from 8:30 p.m. to 6:00 a.m. daily, with the exception of the East Pavilion entrance, near McDonalds which is open 24 hours.
- 4) Senior Residents must be readily available at all times for consultation and patient care at night and throughout the year.
- 5) When you are in the sleeping quarters, notify the operators of the telephone number at which you may be reached.

### **OUTSIDE EMPLOYMENT:**

House officers may not accept outside employment or engage in other outside activity which may interfere with the full and faithful performance of clinical responsibilities. Any employment outside the scope of this residency program must be individually and specifically approved by the Program Director. Violation of this policy may lead to disciplinary action up to and including termination of training.

PGY1 residents are not permitted to moonlight. Time spent by residents in Internal and External Moonlighting must be counted towards the 80 hour maximum weekly hour limit.

Outside employment malpractice insurance coverage is **not** provided by the Health Sciences Trust Fund and is the responsibility of the house officer.

### **PAGING:**

Surgical house staff are provided pagers at all hospitals. The pagers provide the primary means of communication. They should be "on" during duty hours.

House officers will be assigned pagers by the Office of Clinical Affairs. House officers will maintain the same pager for the duration of the residency training at the University of South Florida. At the end of the residency, pagers should be returned to the Office of Clinical Affairs. **Damaged or lost pagers will be the responsibility of the resident.**

Pagers will be assigned to the fellows by the Department of Surgery.

### **A Special Note:**

If you are covering the Emergency Room or are on call for emergencies (at any hospital), never leave your pager unattended or turned off. Should you need to go to the operating room or otherwise be unable to respond IMMEDIATELY to a page, leave your pager with another member of the surgical house staff who is free to "cover" for you.

All hospitals have back-up loudspeaker paging systems which may be utilized in the event of radio failure.

Not answering pages during assigned duty hours will be considered grounds for dismissal from the residency.

### **PATIENT CHARTS:**

- 1) It is the responsibility of the Surgical house staff to keep all dictation and chart work current. Major delinquencies are not acceptable. The operative note must be done at the completion of the procedure the day of surgery, before leaving the operating room for accuracy and for legal reasons.
- 2) The complete history and physical is to be dictated or written by the junior house officer within 4 hours of admission (in addition to the medical student). A co-signed student's note is not acceptable.
- 3) A senior house officer's note must be on every chart and shall contain a pertinent illness and physical examination.
- 4) Please be sure that each chart includes discharge instructions.
- 5) The discharge summary should be dictated on the basis of the problem list. It is to be dictated by the junior house officer assigned to the patient prior to the patient's departure. A note must be entered into the chart. No patient can be discharged from the hospital until the face sheet has been completed.
- 6) The discharge note includes a brief summary, the diagnosis, the discharge instructions and following. If the Department of Surgery is notified that you have an excessive amount of delinquent charts, you will be suspended from the operating room.
- 7) Each medical student's orders must be countersigned immediately by the house officer. The medical student will write orders only under the direct supervision of his/her house officer. The nursing staff has been instructed not to carry out orders written by medical students until they are appropriately countersigned by a M.D.
- 8) **Post-op check:** This note is to be written the evening of surgery 4-8 hours after the surgery was performed. It should briefly describe the patient's progress and condition since leaving the operating room including vital signs, In's and Out's, physical exam including mental status.
- 9) **Progress notes** should be made whenever appropriate. There is no set rule as to their frequency. An extremely ill patient may require hourly notes. All progress notes must include date, time entered, and signature. Each patient should have a minimum of one physician note per day. A medical student's note does not count as a physician's note.

- 10) **Operative notes** will be dictated immediately following operation. They should contain sufficient information concerning the pathology found as well as techniques used. Failure to dictate operative notes prior to midnight the day of surgery will result in the suspension of operative privileges for one week.
- 11) All written orders must include the date and time written.
- 12) Signatures must be legible.
- 13) All charts must include an accurate brief operative note. This note should be written in the operating room at the conclusion of the procedure. This is important because dictated operative notes do not get placed in their charts for several days after the procedure. This note should include the following:

**Brief OP Note:**

- A. Surgeon(s) names (attendings, residents and students).
- B. Procedure and findings.
- C. Anesthesia (medication used and name of anesthesiologist).
- D. Fluids and blood given during surgery.
- E. Estimated blood loss.
- F. Complications.
- G. Drains.
- H. A statement regarding the patient's condition and prognosis written when the patient reaches the recovery room.
- I. A diagram or sketch when appropriate.

**RESIDENT ASSISTANCE PROGRAM:**

The Resident Assistance Program (RAP) is a confidential evaluation, brief counseling and referral service designed to assist the resident and family members in finding help with a wide variety of problems. The RAP is intended to help the resident complete the Program in the healthiest condition possible, whether that health issue is mental, physical, or spiritual. This service is voluntary, completely confidential and provided as a benefit of the residency program. To access the program a resident calls 813/870-3344 (24 hours a day, seven days a week), a number reserved specifically for the Resident Assistance Program. The first three visits by the resident and/or his/her family members to the RAP are free of charge. The program is staffed by highly qualified professionals to help with any area of concern related to emotional difficulties, marital problems, alcohol or drug abuse, family matters, grief and loss or legal and financial concerns. The service is established through non-University providers to assure privacy and freedom from interaction with colleagues or supervisors.

**RESEARCH:**

House officers are encouraged to engage in a basic and clinical research. Basic research protocols must be approved by the Chairman of the Department of Surgery and the Research Committee. Residents wishing to be involved with basic science research need to inform the Department no later than one year prior to the date they anticipate to begin research. All residents are expected to obtain independent non-departmental funding for salary support during their time in the lab. Possible sources of funding include the mentor's grant or the resident's own grant such as those available from the American College of Surgeons and other organizations. Assistance in identifying and obtaining funding will be provided by the department if the resident notifies the department 12 months prior to entering the research year(s).

Residents will only be allowed to leave the clinical rotations and enter research if service needs/resident numbers are adequate. In the event that more residents are interested in pursuing research than



spots/funding are available, interested residents should submit a proposal (at least one year prior to entering the lab) and absolutely no later than the November prior to the beginning of the academic year. Residents will be selected to enter the lab after their proposals are evaluated by the Chairman and the Research and Educational Committee.

During the course of his/her residency, each house officer will be extended the opportunity to participate in one or more research projects.

### **TRAVEL TO MEETINGS:**

House officers may be sent to regular or national meetings at the discretion of the Chairman and the Division Directors.

It is the prerogative of the Chairman, Program Director and Division Directors to establish resident travel guidelines. Residents **must** submit a leave request and this must be approved by the Program Director and the Associate Dean, GME, 30 days prior to attending the meeting. Attendance to meetings is not guaranteed and in the case of conflicts, scheduled vacations and service coverage/commitments take priority. Residents will be reimbursed for their airfare, meals, registration fees, etc. (following established reimbursement guidelines located on GME webpage): [http://health.usf.edu/medicine/gme/directors\\_coordinators/edu\\_funds.htm](http://health.usf.edu/medicine/gme/directors_coordinators/edu_funds.htm)

### **USMLE STEP III:**

All residents must abide by the institutional policy of taking and passing USMLE Step III by March 1 of their PGY2 year. If taking the test will require absence from clinical duties, residents must check with and get approval from service attendings and administrative chief residents prior to scheduling exam. Other resident absences such as vacations may take priority. Not getting prior approval for absence from clinical duties may result in your not being able to take the exam and loss of fees. Residents are not permitted to take USMLE Step III in June or July.

**TAMPA GENERAL HOSPITAL  
2017-2018**

Site Director: John Cha, M.D.  
Contact Info: 813-844-7968 office

[jcha@health.usf.edu](mailto:jcha@health.usf.edu)  
pager 813-332-3198

Service	PGY Levels	Attendings	Specialty
Gold	PGY 5//4/2/1/1	Albrink Hodes Velanovich	General Surgery, Advanced laparoscopic, including endocrine hepatobiliary, and foregut surgery
Green	PGY 5/2/1	Marcet Rasheid Sanchez	Colorectal Surgery
Red	PGY 5/4/3/2/2/1/1	Ciesla Cha Davis Herron Ivey-Vacker	Trauma, Critical Care, and Acute Care Surgery
Pediatric Surgery	PGY 3/(2)	Kassira Paidas	Pediatric Surgery
Transplant	PGY 4/1	Bowers Alsina Huang Franco Pearson	Transplant surgery – kidney, liver, pancreas
Vascular	PGY 3/1	Shames Armstrong Illig Johnson Ottinger	Vascular incl endovascular surgery
Burn	PGY 1	Cruse Smith, D. Panetta	Burn and Plastic Surgery
TGH APC	PGY 3/1/1	Cha Ciesla	
Blue	PGY1	Murr Gonzalvo	Bariatrics

**James A Haley VAHCS  
2017-2018**

Site Director: Steven Rakita, M.D.  
Contact Info: 813-972-2000 x 6513 office

steven.rakita@va.gov  
pager 813-201-6400

VAH House Staff Coordinator: Sonia Rivera [sonia.rivera2@va.gov](mailto:sonia.rivera2@va.gov)  
813-972-2000 x1727 Room2C276a

Service	PGY Levels	Attendings	Specialty
VA 1	PGY 5/3/1	Rakita Hartney Jakey Moudgill, L Murphy Sontchi Wright	General Surgery, Endoscopy
VA 2	PGY 4/1	P. Armstrong Brooks Nelson Moudgill, N Parrack	Vascular Surgery incl endovascular
VA Chest	PGY 4	Sastry	Cardiothoracic Surgery
VA SICU	PGY 2/1	Hartney Sontchi	Surgical Critical Care
VA APC	PGY 1	Rakita Jakey	

**Moffitt Cancer Center  
2017-2018**

Site Director: Julian Sanchez, M.D.  
Contact Info: 813-745-6898

[Julian.sanchez@moffitt.org](mailto:Julian.sanchez@moffitt.org)

House Staff Coordinator: Cheryl Davidson  
Room 5136 813-745-1867

[Cheryl.davidson@moffitt.org](mailto:Cheryl.davidson@moffitt.org)

<b>Service</b>	<b>PGY Levels</b>	<b>Attendings</b>	<b>Specialty</b>
GI Oncology	PGY 5/1	Pimiento Malafa Hodul Dessureault Sanchez Anaya	Gastrointestinal Surgical Oncology and endocrine surgery
Thoracic	PGY 2	Fontaine Toloza	Thoracic Surgical Oncology

**Bay Pines VAHCS  
2017-2018**

Site Director: Edward Hong, M.D.  
Contact Info: 727-398-9385 office

edward.hong@va.gov

Surgical Office Coordinator: Tammi O'Neill  
727-298-9385 Room 2D158

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Service	PGY Levels	Attendings	Specialty
General, Thoracic, Vascular Surgery	PGY 5/2	Franz McGuirt Hemadeh Goodgame Taitano Johnson Shukla	General, Thoracic, Vascular Surgery incl endoscopy and advanced laparoscopic, thoracoscopic, and endovascular surgery