

## Harbor-UCLA Division of Plastic Surgery Intern Guidelines

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Welcome to the Plastic Surgery service at Harbor-UCLA! We hope to provide an excellent opportunity for learning and patient care on a surgical service.

Please take time to review the information in the packet as it will greatly assist you and make your life easier during the rotation. You will be responsible for this information.

### Weekly Schedule

<u>Day</u>	<u>Morning</u>	<u>Afternoon</u>	<u>Attending</u>
Monday	OR (730 AM start)	OR (7 PM end)	Dr. Granzow
Tuesday	Clinic N-24 (8 AM)	Clinic N-24	Dr. Boyd
Wednesday	OR (9 AM start)	OR (7 PM end)	Dr. Boyd
Thursday	Craniofacial Clinic (8 AM every other week) <b>or</b> Surgery with OTO-HNS (730 AM)	Surgery with OTO-HNS as needed for free flap cancer reconstruction	Dr. Boyd (AM) Dr. Granzow (PM)
Friday	OR (730 AM start) Procedure Room 10 Every other Friday plus Clinic N-24 (8 AM)	Clinic N-24 Ward Rounds	Dr. Granzow

### Plastic Surgery Service

The Plastic Surgery Service at Harbor-UCLA is a busy service. However, with proper planning, coordination and commitment, 2 interns should more than easily be able to handle the appropriate responsibilities required. Interns are expected to work together to coordinate their assignments in an efficient manner. A significant and appropriate amount of independence in planning the day is assigned each intern. Tasks will be specifically delegated for interns unable to schedule and execute tasks independently.

## **REQUIRED DOCUMENTATION**

Harbor-UCLA Medical Center is a Los Angeles County Medical facility. The County has very specific documentation requirements and audits these requirements. This documentation must be timely, correct and up to date on ALL patients and charts.

1. Documentation must reflect that the patient was seen and evaluated by attending or senior resident prior to operative procedure.
2. Documentation must reflect that the risks, benefits and alternatives to surgery have been discussed with the patient prior to the procedure. This note must be present on a part of the chart, such as progress note, clinic note, H+P etc which is separate from the consent form.
3. If an attending is not present for a procedure, a note must be placed in the chart specifically documenting that the case was discussed with an attending and authorized by him.
4. All progress notes must specifically state that the patient care was discussed with the attending Dr. X. Verbage such as “seen under the supervision of”, “responsible attending” or “will d/w attending” are not acceptable.
5. All operative reports must be dictated within 24 hours of completion of the case.
6. The consent form must have alternatives to surgery, such as “medical management only” etc. listed in the appropriate section of the form. “No surgery” is not deemed an acceptable alternative by the County.
7. Admission note must be signed by attending within 24 hours of admission. Please bring the attending to see all new patients within 24 hours of admission.
8. Discharge summaries MUST include documentation that the attending, Dr. X, concurs with the discharge plan. This includes ticking the appropriate checkbox on the discharge summary sheet. Discharge summaries must be dictated within 24 hours after patient discharge.
9. Resident must document that he/she discussed the patient with attending within 4 hours of admission to the ICU. Resident must also insure that an attending sign the chart within 24 hours of a patient’s admission to the ICU.
10. Resident must insure that all H+Ps are co-signed by an attending.

## **Call Schedule**

Time management is a critical skill which must be maximized to be a good physician. All interns must learn to manage their time efficiently to maximize their ability to care for patients and still maintain a reasonable and healthy lifestyle and well being.

Responsibility for the in-house on-call schedule is shared between interns on the Plastic Surgery, Urology and Otolaryngology-Head and Neck Surgery services. The Plastic Surgery pager should be passed on to whichever intern is on call and functioning with them at all times.

Interns are expected to abide by the on-call hour limits. Please see the attached guidelines sheet for intern hours.

Interns are NOT to be on-call in-house on Mondays or Thursdays in order for both interns to be able to attend clinic. Please call or page Dr. Granzow directly if there are any problems with this. THERE WILL BE NO EXCEPTIONS unless cleared by Dr. Granzow.

Hours MUST be tracked DAILY and recorded on the template spreadsheet provided and emailed to Juanita or Dr. Granzow at 2 weeks into the rotation to insure compliance with weekly hourly maximums and to allow changes to be made as necessary. The hours template spreadsheet may be obtained from Juanita per email. A final hourly tabulation on the spreadsheet is due after the completion of the rotation to obtain a final evaluation for the rotation. Intern evaluations will not be submitted without submission of a completed hours spreadsheet for the month.

Interns who suspect that they might go over hours or that they might incur an hours violation should contact the Plastic Surgery attending immediately for a solution.

The faculty call schedule is typically posted over Juanita's desk in the Surgery Department office.

### **Hand Call Schedule**

Plastic Surgery takes hand injuries (not including fractures of the hand) every 3rd day. Orthopedics takes all hand fractures.

### **Facial Fractures**

Plastic Surgery rotates with ENT and Oral Surgery on an "every-third-day basis" on the same day as the hand on-call coverage. There is a list next to the admitting service in the Emergency Room that is checked off with the names of all patients as they come through the Emergency Room. The fracture is allocated to a particular service on the basis of when the consult is requested (not when the patient arrives). If any irregularities are found, contact Dr. Boyd **immediately**.

### **Consents**

In clinic or in surgery, ALL patients undergoing procedures must have a documentation of an informed consent discussion in a note at least 1-2 lines long on a portion of the medical record other than the consent form in addition to the consent form. Example to place this note are the H+P, clinic note or progress note pages. An example of such a note is:

Risks, benefits and alternatives to (procedure X) clearly discussed with patient including risks of (list the major or significant risks). Patient understands, questions answered and wishes to proceed.

All consents must be written out without using abbreviations (CT or MRI scan are the only exceptions).

### **Operating Room / Surgery**

The Plastic Surgery service has a busy OR schedule. At least 1 intern and often both interns, depending on the magnitude of the case, should scrub in all cases (within work hour guidelines).

These cases present a great learning opportunity and interns will be taught basics of surgery and suturing up to each individual's motivation and ability. Motivated individuals have a significant opportunity to learn a great deal in surgery, especially regarding surgical technique, on our service.

## **Clinic**

Clinic is in building N-24, Tuesdays and Fridays beginning at 8 AM. Please be on time. Every other Friday there is Procedure room in the morning in room 10 of the main OR complex in the hospital. On these days the clinic *should* have a lighter schedule. One intern should assist the Plastic Surgery Fellow in the OR and the other intern should go to clinic to assist in seeing patients to be presented to staff.

All patients being scheduled for surgery or undergoing procedures MUST have a 1-2 line risks and benefits note (see consents section) on the clinic note. NO EXCEPTIONS.

Photographs are an integral part of the medical record on the Plastic Surgery service. All patients must have photographic consents signed, witnessed and on the chart. If in doubt, get another one signed. It is recommended to take a photograph of the photo consent on the digital camera together with a patient's photos both to later identify the photos and also to keep the consent from being lost.

## **Hospital Ward / Floor**

All patients require a note every day. All ICU patients on our service or being consulted on by our service require daily notes unless told otherwise by the Plastic Surgery fellow.

Patients must be seen and notes written before daily morning rounds with the Plastic Surgery fellow. The note should be legible and signed so that the signatory is identifiable. Please see Dr. Granzow if there are difficulties with this.

Harbor-UCLA guidelines include:

1. Evidence in the chart that any admission or surgical case was seen or discussed with an attending and name of attending.
2. Evidence in the chart that the resident / fellow has had a preoperative discussion with the attending and a notation that the case was discussed, the attending concurs with the plan and the name of the attending is listed.
3. All progress notes require specific verbiage that the patient's case was discussed with an attending and must include name of attending
4. Discharge forms must have the box checked that case was discussed with an attending
5. Charts are periodically audited by the Department of Surgery and the Department of Health Services for compliance with the above items (see attached sheet)

## General Notes

*Breast reconstruction* – Breast reconstruction at Harbor-UCLA typically is performed with DIEP (Deep Inferior Epigastric Artery Perforator) or SIEA (Superficial Inferior Epigastric Artery) autologous tissue flaps using skin and fat from the patient's abdomen. These are the most advanced methods of breast reconstruction available and represent a significant advancement over the TRAM (Transverse Rectus Abdominis Myocutaneous) flaps used by most community surgeons. Please see accompanying article by Dr. Granzow et. al. describing these procedures.

### Attachments:

Department of Surgery Resident Supervision Monitoring Tool  
Photographic Consent Form  
Resident Duty Hours Memorandum (2 pages)  
Sample Facial Trauma ED Evaluation

## **Harbor-UCLA Medical Center Intern Responsibilities of the Plastic Surgery Service**

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1. All interns must have read thoroughly and understood the " Harbor-UCLA Division of Plastic Surgery Intern Guidelines" packet. Any questions may be directed to Dr. Boyd or Dr. Granzow. Duplicate copies may be obtained from the Division of Plastic Surgery secretary.
2. Interns are NOT to be on-call in-house on Mondays or Thursdays in order for both interns to be able to attend clinic on Tuesdays and Fridays. There are to be no exceptions unless cleared in writing by Dr. Boyd or Dr. Granzow.
3. It is the responsibility of the interns to insure that they are not on call for two consecutive days, even when changing from one rotation to another rotation.
4. Interns may only take vacation days / allowances while on the service if specifically cleared in writing by Dr. Boyd or Dr. Granzow. The timing of the one in seven days off must be cleared by the plastic surgery resident/fellow.
5. Interns are expected to abide by the on-call hour limits. Hours must be tracked daily and recorded electronically as per Department of Surgery guidelines.

Any suspected duty hours violations should be reported to the attending physicians immediately that corrective actions may be taken.

A mark of “incomplete” will be received by any intern that fails to complete the required hours sheet. Delinquency may affect the ability of the intern to complete their internship.

6. Interns must be punctual in the morning and round or pre-round as appropriate with the Plastic Surgery resident/fellow. Interns must check in with the Plastic Surgery resident/fellow prior to leaving the hospital every day.

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Intern Signature

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Intern name (printed)

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Date