

Resident Orientation Manual

1. INTRODUCTION

This orientation packet has been developed to assist the resident while rotating on the UMMS/Shock Trauma/VA Plastic Surgery Service. This service is ONE SERVICE that spans three separate hospitals. Each hospital has its own clinics, operating room schedules, support staff and administration, but overlapping plastic surgery resident coverage; hence, there is potential for occasional conflict. It is the intent of this orientation to assist the resident with his/her responsibilities on any given day and simultaneously optimize the effectiveness of our service and your learning and operative experience.

THE BALTIMORE VETERANS ADMINISTRATION HOSPITAL

The Baltimore Veterans Hospital is a 250 acute bed hospital which opened in February, 1993. At present, the first year Plastic Surgery resident (PGY V) rotating at UMMS will be assigned to the Veterans Administrative Hospital. The resident's clinical responsibilities will be to run the Plastic Surgery Service under the guidance of Ronald Silverman, M.D.

THE UNIVERSITY OF MARYLAND HOSPITAL

The University of Maryland Hospital is a 750 acute bed hospital that services a large referral population. The Plastic Surgery Service receives over 1000 consults annually and approximately 1200 procedures yearly.

THE R ADAMS COWLEY SHOCK TRAUMA CENTER

The R Adams Cowley Shock Trauma Center is a 130 bed acute care hospital devoted to the care of the trauma victim. The center is named after its founder, R Adams Cowley, a pioneer in Traumatology. Dr. Cowley during WWII observed improved outcome in those patients who received dedicated and timely resuscitative care. In 1961, he opened a two-bed hospital unit devoted to the physiologic evaluation of patients in shock. Today, Shock Trauma admits over 5000 patients annually, and plastic surgery responds to approximately 500 consults each year. Of these patients, approximately 400 have maxillofacial fractures, and another 250 require management of soft-tissue wounds. Plastic Surgery works closely with Orthopedics, and annually performs approximately 90 free tissue transfers and 60 local flaps for limb salvage.

The Chief Resident and Junior Resident (PGY III or IV level) will be primarily responsible for the UMMS/STC Services.

2. UMMS/SHOCK TRAUMA/VA FACULTY AND STAFF

FACULTY

CLINICAL RESPONSIBILITY

Nelson H. Goldberg, M.D.
Office # (410) 328-2360
Beeper # (410) 460-7823
Administrator: Barbara Carson

Professor & Chair
Plastic Surgery
UMMS

Ronald Silverman, M.D.
Office # (410) 328-2360

Assistant Professor
Plastic Surgery
UMMS

Sheri Slezak, M.D.
Office # (410) 328-2360
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Associate Professor
Director, Core Curriculum

Administrator: Stacy Laumann

Eduardo D. Rodriguez, M.D., D.D.S
Office # (410) 328-3058
Beeper # (410) 283-8858

Assistant Professor
Chief, Plastic and Reconstructive Surgery
Shock Trauma Center

Michael R. Christy, M.D.
Office # (410)328-3058
Beeper # (410) 389-2125

Assistant Professor
Shock Trauma Center

3. TEAM CONCEPT

T.E.A.M. =====> T O G E T H E R E V E R Y O N E A C H I E V E S M O R E

Certainly, the TEAM concept should apply throughout the University of Maryland campus, but it is crucial to understand the meaning and relationship of TEAM at Shock Trauma. Specifically, the General Surgery TEAM of the day at Shock Trauma admits all patients to their service. Each General Surgery TEAM is composed of:

- Traumatology surgical attending
- Traumatology surgical fellow
- Rotating residents (Surgery, ER, etc) from UMMS and/or other local, regional, and national residency programs.

Generally, the patient remains on the TEAM service throughout their admission. Occasionally, transfers from the TEAM to Plastic Surgery occur, but it is the policy of Shock Trauma that both the trauma TEAM attending and the plastic attending coordinate the transfer. It is the responsibility of the TEAM to manage and supervise the overall care of all patients; therefore, recommendations are provided by the Plastic Surgery Service must be effectively communicated

and coordinated with the TEAM. This includes request for other consult services.

4. CONSULTS

The resident staff will in most instances be contacted first for consultations. Response to each consult should be as soon as possible, and if delay is anticipated, this should be communicated to the referrer. Remember, often the one delegated to call for that 3:00 AM consult is tired, very junior and with limited knowledge; however, it is important to remain courteous and prompt. Following the primary consult and prior to initiating care, the resident must discuss findings, diagnosis and proposed plan with the on call plastic surgery attending.

5. ROUNDS

AM rounds should be conducted by the entire resident staff and include all patients at the three hospitals. In general, AM rounds should be completed by 7:00 AM, giving the resident the opportunity to assist with pre-op preparation with the attending. The resident responsible for Shock Trauma (See Schedule) should be prepared to present the service to the attending of the day at 7:00 AM (This does not need to include the entire resident team).

PM rounds should be viewed as both working and teaching rounds for the more junior residents and medical students. In general, all patients should be evaluated. At the University of Maryland, the Service Attending for the month will often be attending the PM rounds.

All residents should see each patient daily. When an abnormal finding is discovered on rounds (AM or PM) this should be reported to the attending as soon as possible.

6. CONFERENCES UNIVERSITY OF MARYLAND

Plastic Surgery Grand Rounds

Time: Tuesdays 7:00 - 8:00 AM

Location: 8th Floor Plastic Surgery Conference Room

Topics:

- A. M&M for UMMS/STC/VA
-1st Tuesday of each month
-Chief Resident

- B. Attending presentations remaining Tuesdays

Hand Core-Curriculum

Time: Friday 7:30 - 8:30 AM (summer rotation only)

Location: Basement Orthopedic Conference Room
Topic: Hand core curriculum

SHOCK TRAUMA

Craniofacial Conference
Time: 5:30 PM 3rd Thursday each month
Location: T1R15
Topic: Interesting cases

7. OPERATING ROOM (SEE SCHEDULE)

The resident responsible for surgery on any given day (See Schedule) should be available preoperatively to assist the attending with preparing the case, e.g. marking for breast reduction. During the pre-op assessment the resident should be prepared to discuss the diagnosed problem, detailing the pathophysiology of the disease and options for management. Additionally, one of the plastic surgery residents should be in the operating room whenever a patient is present to assist the pre-op positioning and prepping, and post-op dressings and transfer.

8. SURGICAL POSTING

Emergency and/or elective surgical posting of any patient should be discussed with the Plastic Surgery attending responsible for that patient; at the University this is usually the attending of the month and at Shock Trauma this would be the attending of the day or Dr. Robertson. At Shock Trauma additional clearance must be obtained from the Trauma TEAM, and when indicated, from Neurosurgery and/or Ophthalmology.

9. ON CALL SCHEDULE

The residents should arrange their call schedule equitably and submit their schedule during the last week of each month to the Administrator at UMMS and Shock Trauma. In house call is not mandatory, but timely response to all ER/Trauma consults is required.

The attending call responsibility at Shock Trauma during the week begins at 8AM the day of call and continues to 8AM the following morning. On the weekend the attending is on call from 7PM Friday to 8AM Monday. The attending is expected to be available at Shock Trauma for cases the day of call.

Hand call at UMMS is split between Orthopedics and Plastic Surgery, and rotates on a weekly basis. Facial trauma at UMMS is divided in the same manner as Shock Trauma.

At Shock Trauma, facial trauma is equally distributed between Plastic Surgery, ENT and Oral Surgery; however, on any given day Plastic Surgery may be called to manage complex soft-tissue injuries with or without facial fractures. Obviously this situation has the potential for conflict with one of the other services; nevertheless, a request for consultation is at the discretion of the Trauma TEAM and our service should respond. In this situation the plastic resident should confirm with a senior member of the Trauma TEAM that our services are being requested outside the usual maxillofacial trauma call protocol, and if confirmed, respond promptly.

The Face Call Schedule is as follows:

Monday	Plastics
Tuesday	ENT
Wednesday	ENT
Thursday	OMFS
Friday	On Call Service
Saturday	On Call Service
Sunday	On Call Service

Plastic Surgery and Oral Surgery in that order, take call every other weekend.

11. VACATION/LEAVE

Every effort will be made to accommodate all vacation and/or leave requests; however, because there is potential for resident staff shortage on this campus, all requests must be submitted two weeks in advance for approval by both Dr. Goldberg and Dr. Robertson. Notification of vacations must also be approved through the Johns Hopkins Administrative office.