

Welcome to M.D. Anderson

As a rotating fellow or resident you will receive a folder outlining all the policies at M.D. Anderson. The folder will provide you with practical information about M.D. Anderson; patients care guidelines, learning objectives and expectations while you are on the service.

Philosophy

Our primary goal is to provide high quality, evidence-based, safe and courteous care to all patients in the care of the thoracic service. Each team member is a reflection of the thoracic surgery service. It is expected that we behave professionally at all times; even in times of stress. Rude behavior towards patients or other health care professionals/personnel will not be tolerated.

Tools of the Trade

Please obtain your computer passwords and ID's before you arrive (see Judy Corke). Direct any specific questions regarding the service to Jae Kim (pager 404-6268). Make sure that you get a sign-out from the outgoing fellow from your institution including computer training so that you are ready to start upon your arrival.

The call schedule is made in one month blocks. I will contact each fellow for weekend/vacation requests prior to making the call schedule. Once the call schedule is made, we will try to limit changing it. Obviously, we will make changes if illness or family emergencies arise. We strictly abide by the ACGME work hour policy. If you are at risk of violating the policy please let me know and we will make arrangements. I will keep close tabs on the cases that each fellow is doing to ensure that everyone is getting an appropriate experience.

Typical Day

Although each fellow will be assigned to two attendings and one mid-level, **all fellows should know about every patient on the service.** The attending assignment will change monthly. Signout rounds are held promptly at 6:45 (7:30 on Monday) in the 7th floor (elevator E) conference room #P7.3124. Prior to signout rounds, make rounds on your assigned patients. All patients must be seen, and notes written, PRIOR to morning signout. During rounds, you will also present information on the patients that you are operating on that day so that everyone can prepare for the patients. **After rounds, discuss the inpatients with your attending then confirm plans with your mid-level.** Each mid-level is typically assigned to 2-3 attendings, depending on the day. I cannot stress enough the importance of working well with the mid-levels.

Attending/ midlevel assignments:

Walsh/Rice – Jessica Richmond
Mehran/Hofstetter/Roth – Sonia Wilks
Vaporciyan/Swisher – Carla Baker

I will distribute the final schedule for the next day's cases by email the night before. Prior to entering the operating room, it is expected that you have reviewed the patient's history/imaging/PFTs etc. For the most part, you will be assigned to cases that are performed by your attendings.

Check in with your OR room before 7:15 a.m. either in person or by phone. OR delays are not tolerated and require extensive paperwork. You will generally perform a bronchoscopy or EGD depending on the case at approximately 7:30 a.m.

You will generally do the operation. After the case you will (1) enter the orders in ClinicStation – there are pathway order sets (2) enter the case into our database (also generates the operative note) (3) Dictation of the operative note will be up to the discretion of the attending. Ask you're attending if they would like you to dictate the note.

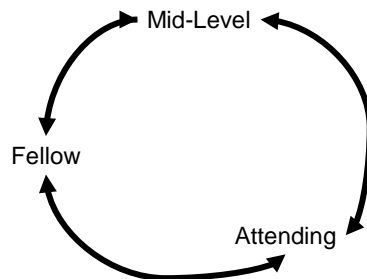
When you are out of the operating room, touch base with the mid-levels to see what you can do to help them out on the floor and to update them about the case. Update the list as well when you are done with your case. When you are done with your cases, touch base with the on-call person. The service list is maintained on a computer in resident call room, (6th floor, door combination 12354*.) You are responsible for adding all your attendings patients to the list by the evening. The on-call person is responsible for adding the next day's cases.

Communication Responsibilities

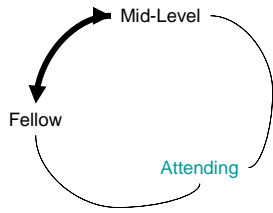
| | Communication Responsibilities | | | | |
|--------|--------------------------------|-----------|-----------|------------|----------------|
| | 6:45 am | 7:15 am | 7:25 am | 10 am-3 pm | 3 pm -6 pm |
| Fellow | Mid-Level | Attending | Mid-Level | Mid-Level | On call-Fellow |

INFORMATION CIRCLE

Make sure everyone is in the loop!

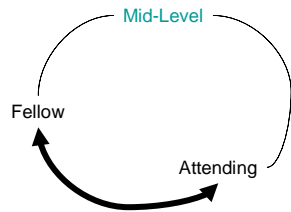


Morning sign-out (6:45)

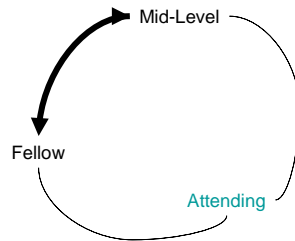


Morning Flow of Information

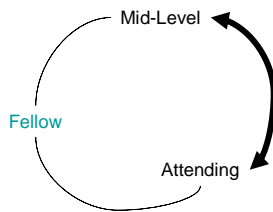
Call your attendings (7:15)



Call your mid-level (7:25)

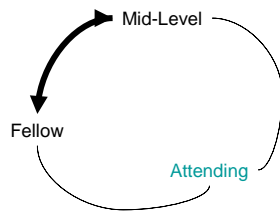


Mid-level rounds with attending

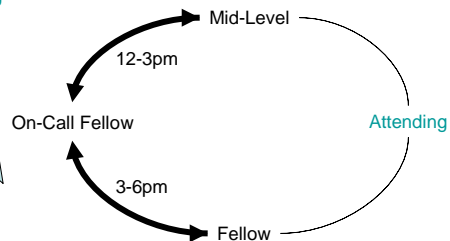


Afternoon Flow of Information

Sign out with mid-level between cases



Sign-out with the On-call Fellow



Clinic

Clinic assignments are on the call schedule. Office attire is required. Clinic starts at 8:00 a.m. at the Thoracic Center, 9th floor, elevator B. See the patients, dictate notes, and fill out the database for all cases you book for the OR. If more than one attending is at the clinic, stay with your assigned attending of the month.

On Call

Call is home call. Of course, you must come into the hospital and take care of clinical situations that require your presence. During the week, report all consults, admissions, and critical patient events to that patient's attending. Only call the on-call attending if the patient is new and does not already have an attending. Consults should be seen and notes dictated in a timely fashion. When you are on-call, try to get sign out from all the mid-levels between 12pm-3pm.

When a moonlighter is scheduled to be on call, the fellow scheduled to be on call the following day will carry the pager during the day and sign out to the moonlighter at 6pm. Add all overnight admission and consults to the service list by morning rounds.

On weekends, morning rounds are shared between the on call and post call fellow. Typically the post call fellow is done around noon and the on call fellow is present until the afternoon. There may be occasional Sundays with only one fellow, who will have to round all the patients him/herself.

Discharges

You are responsible for dictating ALL discharge summaries for patients on your service.

On weekends, you are also responsible for discharge paperwork.

- 1) Fill out the clinical service recs (located on forms anywhere)
- 2) Fill out the medication reconciliation form (located on clinic station)
- 3) Fill out scripts
- 4) Fill out the discharge portion on the database
- 5) Dictate discharge summary - sign as TPA.

Your mid-level will perform steps 1-4 during the week and leave a form in the resident call room to remind you to dictate the patients who have been discharged during that day.

Conferences

- Monday at 6:30 p.m. - Journal Club at Trevisio's Restaurant, 3rd Monday every month (see schedule)
- Tuesday at 12 noon - Esophageal conference, 19th floor, Faculty Center Towers, "Pickens"
- Tuesday at 4:30 p.m. - Multidisciplinary conference, 1st floor, Faculty Center Towers, "Pickens"
- Tuesday at 5:30 p.m. - Teaching conference, 19th floor, Faculty Center Towers, "Pickens" - 1st, 3rd, 4th Tues
- Tuesday at 5:30 p.m. - M&M conference, 19th floor, Faculty Center Towers, "Pickens"- 2nd Tues - Administrative fellow will assign you complications on patients you operated on.
- Wednesday at 6 a.m.- curriculum conference, 19th floor, Faculty Center Towers, "Pickens"

We have a unique work environment in our department. We have a tremendous case volume, pleasant attendings that are committed to our education and great working relationships with dedicated nurses and allied personnel. We hope that you enjoy your time at MD Anderson.

Jenifer Marks, M.D.
Administrative Fellow
Thoracic and Cardiovascular Surgery
Pager 713-606-1856