

## UT Memphis Surgery Intern Guide

Welcome! We are glad you are here. Here are some of the "rules of the road" that may make your transition to residency easier. Your fellow residents are some of your best resources. Knowing the administrative staff for each location is also quite helpful.

### Rotations

The Regional Medical Center ("The Med") 545 -7100 <http://www.the-med.org/index.html>  
Calls into the med are 545-XXXX. Within the med 5- XXXX.

Health Information Management (HIM) (AKA medical records) on the 1st floor. Contact #s 58451, 57549, 57153. Most records can be signed electronically from any computer. If you have delinquent paper charts or dictations that you need the chart to complete you should call and ask them to pull the records before you show up.

Information Technology (IT) - Meditech support 56592, 58229, 56483; The computer system for orders, labs, radiology reports. You need a user ID and password. At orientation they will tell you where to go for a brief training session and to set your ID. If you are not at the Med for several months you may need to get your password reset when you return.

The Medplex is where all clinics are held and is situated on Madison Ave. but connected to the Med by walking past the burn center or the second-floor Critical Care Waiting area. The GI lab and non-trauma radiology are also in the Medplex.

Residents are issued meal cards to use in the cafeteria. They are generally handed out by your chief a few days into the month. It is wise to keep a few for the next month you are at the Med since you will likely not get them on the first of any month.

Parking passes and assignments will be done at orientation and the Med garage is the most central spot. It will be full at the beginning of the year, but spaces quickly become available, and surgery residents generally get first priority. The Pauline lot (next to the Coleman building) is not covered but is the next most central spot. There is a shuttle from the Med garage to the Med that some people choose to use. It is probably safer (but slower) than the solo walk in the dark up the hill. The Graduate Medical Education office in the basement of the 920 Madison building (Room C50) is where residents handle other parking issues that arise after orientation.

Surgery Office - the home base for the Surgery A floor docs, and Surgery B residents is on "hiC" (5th floor C across from C560). The computer in this room has the list for the Surgery B team and the Surgery A floor patients. It can get busy in the morning when both teams are updating their lists. The floor doc frequently uses this to check a.m. labs. It is nice to print out a few copies of the surgery B list so the students and resident on that team can get one as they show up in the morning. This room also has a couch that frequently serves as a napping spot for the floor doc who may not see the call room on a busy night.

Call Rooms- The floor doc room is across from the lowest number rooms on 5D- All the way around to the left once you are facing the patient rooms. The SICU call room is in the SICU area near the middle patient area. The SI doc takes the single room near the restroom. The burn call room has a key that you must get when you get check-out on the burn, endoscopy or neurosurg rotations. This call room also has a bathroom and shower in it, unlike the others listed above.

**Trauma (Teams A1, A2)** - Teams are 4 people. A chief (5th or 4th year), a TICU doc (4th or 3rd year), the desk doc (2nd year) and the SICU doc (intern). There is usually a Trauma fellow assigned to the upstairs ICU, and they are your immediate supervisor and the first line of help most of the time. Your pager will go off when a "shock trauma" is coming, and you go down to the trauma hall and help. Generally the intern is the scribe and completes the medical record (H&P) as it is called out by the rest of the team. You will likely have the opportunity to put in chest tubes, lines, NG, Foleys as necessary. If there are multiple traumas at the same time your involvement and responsibilities change. You should try to pay attention to the pattern as most things are done the same every time. The ICU responsibilities are to know the patients, take care of them, perform necessary procedures, communicate with consult services, and fill out the daily notes. Daily a.m. rounds involve the coming-on intern, the going-off intern, the fellow, and frequently (but not always) a faculty. Once rounds are done the person who was on call is free to go unless it is a clinic day. On Tuesday and Thursday the post call team goes to trauma clinic. The on-coming intern executes the plan that was developed on round and takes care of problems as they arise. Surgery B unit person (usually a 3rd or 4th year) will check out their patients to you when they leave daily (except Tuesday and Friday when Surgery B covers trauma call for the night). On Saturday afternoon until Monday you also cover Surgery B ICU patients and write notes for them for Sunday morning.

A call schedule is on the wall outside Ramona's (Dr. Fabian's assistant) office in Coleman. It is a repeating 2-week pattern.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
X- 24h call	Y- 24h call	X- 12h day Y- Clinic 9-12 Surgery B- 12 h night	X - 24h call	Y- 24h call X-Clinic 9-12	X- 12h am call Surg B- 12 h pm call	X- 24h call
Y- 24h call	X- 24h call	Y- 12h day X- Clinic 9-12 Surgery B- 12 h call (7pm-7am)	Y- 24h call	X- 24h call Y-clinic 9-12	y- 12h call Surg B- 12 h pm call	Y - 24h call

**Floor "floor-boy"** - A subset of Trauma that has three interns each month who are responsible for all of the trauma patients that are floor patients. The schedule is made by the three people on the rotation. It can be straight Q3 call or variations of Q2 with longer stretches off. The two interns (coming-on and going-off) round with the trauma chief +/- a faculty at 7am daily. Then the going off person is generally done for the day. The volume of patients can be quite large and turn-over is generally high. You get new patients from 4 sources: the desk doc (a new patient seen in CCA who is admitted to the trauma service), the TICU doc transfers a patient, the SICU doc transfers a patient, the trauma-stepdown (run by Nurse practioners and the fellow) transfers a patient. You will discharge many patients daily, interact with other services, facilitate d/c planning with case managers and social worker. You also execute whatever plans were made on rounds and write progress notes on all the patients to be ready for 7am rounds. When surgery B leaves for the day (except Tuesday and Friday when they are in-house) you are responsible for their patients overnight. On Saturday morning when surgery B is done, the floor person carries their pager until Monday morning. This means Saturday night you have to write extra floor notes for surgery B patients for Sunday morning. This is a month where

you can get some OR time. Most of the "work" of the floor boy is done during the day, so in the evenings, check the Trauma OR board for cases, as there are often "little" cases like Trachs, washouts, amputations, etc that you can get into.

**Surgery B** - The Team is 4 people. A chief (5th or 4th year), an ICU/bariatric doc (4th or 3rd year), the consult doc (2nd year) and the floor doc (intern). Generally there are several medical students on this team as well. This is the general surgery service for the Med. They also take trauma call Tuesday and Friday nights 7pm until 7am the following day. The intern takes care of the floor patients admitted to the Surgery B team. The 2nd year sees all of the consult patients. The medical students help with notes daily. Rounds are made with the team and various attendings at the discretion of the chief and attendings. Daily you are responsible for notes and carrying out the plan on the floor patients who are admitted to the service. You also do pre-ops on the out-patients you will operate on for the day. New patients come from ED admits seen by the 2nd year, admits from clinic, or day-surgery patients who are admitted post-op. On Tuesday and Friday between 5-7pm you begin trauma call and are responsible for the surgery A ICU patients. You generally help complete some of the Surgery A notes (labs, vitals, etc) before the Surgery A intern comes back, and you round on your own patients. You have breast clinic Monday afternoon and general +/- vascular clinic all day Friday on the 4th floor of the Medplex. As an intern, one way to get some OR time is to stake out a level-appropriate case (if one has not been assigned to you). When Surgery B is busy, it's easy to get lost getting floor work done and miss out on cases. So if cases haven't been claimed yet, ask if you can do the hernia, or the breast lump, etc and plan your work load accordingly.

Sun	Mon	Tue	Wed	Thur	Fri	Sat
Off	OR day	OR day	Rounds	OR day	Clinic	Rounds
	Breast Clinic		Conferences			
		Trauma Call 7pm to 7am	Post call (home)		Trauma Call 7pm to 7am	Post call (home)

**Endoscopy/Nutrition**- You have 3 different functions. First is endoscopy- take all surgical endoscopy consults, work up patients and perform EGD, PEG, Colonoscopy at the Med, VA and Methodist on various days. Secondly, nutrition - Round with the Nutrition support team that does TPN and Tube feeds for TICU and other patients in the hospital. Examine abdomens since frequently you are the only MD on the team. This team has a Pharm D attending, Pharm D fellow, Pharm D students, a nurse, a dietician, certain days Dr. Minard or other attending. Even on days when you are scoping all day you write notes on the nutrition patients you are following before you scope. Third, Burn call - This is one of the three docs assigned to the burn call. Roughly Q3 call that is determined by the 3 interns involved. If possible go on PM rounds with the burn service and find out whom to call for questions (fellow or attending). The schedule for the endoscopy and nutrition part is pretty consistent. Based on when you are on burn call for the weekend you also cover nutrition those days. If you have weekend (Sat or Sun) burn call, you also round on all the TPN patients and most of the tube feed patients and work-up any new nutrition consults. This will take you a long time the first day that you do it. Burn call (especially on Saturday or Sunday) is also a good time to get some OR time. Since, on the weekends, there is nothing to do once rounds are over, check the Trauma OR board for cases.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	NSS round	Medplex	Conferences	Rounds	Medplex	

	Va scopes	Scopes  Rounds if done early	Methodist scopes	VA scopes	scopes	
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**Burn** - This rotation is an intern only deal. There is a burn attending, burn fellow and you. The Burn, Endoscopy and Neurosurg interns rotate call roughly Q3. You do the day-to-day care of patients, procedures and evaluate new burns. During the day there is a lot of back-up and help. At night you are the only burn person on the facility. You always have the trauma chief or TI doc if you need help more quickly than calling in the Fellow or attending. The staff is excellent and not much will faze them. There is a burn OR that does plastics cases and burn cases. You scrub on burn cases and do split-thickness skin grafts (STSG) and some other stuff. As noted above the call schedule is made by the interns taking call for this rotation. It is best not to be post-call on OR days if you can help it. Ask the burn attending or fellow if there are particular days you should take call or not before making the schedule with the other interns. You will do a significant amount of line changes and some new stick, vent management, and wound care. Wednesday morning you go to conferences. Thursday morning is burn multidisciplinary rounds and plastic clinic so wear professional attire for that. There is a burn manual that is ~ 60 pages and easy to read, but it spells out exactly how the attending wants things done and can be helpful to anyone taking burn call. Just make a photocopy as one copy has to stay at the nurses' desk. Rumor has it a new attending will be hired so this rotation may change considerably.

**Neurosurgery** - Takes call with the Burn and endo person for burns ~Q3. As a Non-Neurosurg intern, not much is expected of you (this is different for neurosurg interns). You'll be asked to round on the Neurosurg floor patients (those admitted to Neurosurg and those admitted to trauma but still being followed by Neurosurg). Since categoricals will deal with Neurosurgery for the duration of our time here, it's good to see how they think and manage their patients, so round with them as much as you can. They will meet at some point in the mornings to review CT/MRI, and will give you lots of good input on how to read these (which will come in very handy when you're at the CCA desk). Their "command center" is on the 4th floor next to the SICU/NICU, and one can pick up a new list and generally find one of the neurosurg residents there. They will update the list, and the plan for the day for all the patients will be on the list when you pick it up for the day. The intern is encouraged to scrub in on as many neurosurg cases as he/she wants, but they don't expect you to be in all or even most of the cases. Clinic is Thursday @ the Medplex. Anything that needs to be scheduled for the OR will be done by the Neurosurgery residents. Again, a good chance for you to learn how to read spine films/CT/MRI.

**Thoracic** - This service covers thoracic consults for the Med. It is a one-person assignment that is usually a 2nd or 3rd year. (In the past, interns have sometimes been assigned to this rotation. There is a help sheet that gets passed along each month with checkout. It includes the clinic and conference schedules, responsibilities, and patients expected in clinic. If you do not receive this at checkout from the person on the previous month, call Thomas. He can send you a copy.)

The Veterans Affairs Medical Center (VA) - 523- 8990. To call into the VA (from outside) dial this number, then a 1 at the initial message then enter the extension. Pagers at the VA are accessed by dialing 577-7288 then using the 3-digit pin number assigned to the pager. There are additional computer training and HIPAA things to be done for this rotation. There is a surgery office on the 3rd floor and Dr. Weiman's assistant has all of the paperwork and important numbers you need to get setup. The charts are all computerized - all orders, results, notes, etc is on computer except the ICU flow sheets. There are drinks, snacks, and frozen meals in "Cafe 542" (door code) on the 1st floor (not ground

floor). You must pay for food in the cafeteria. There is a surgery library/residents lounge near the surgery offices/OR on the third floor. The call room is in the Surgery ICU on the 3rd floor and it has a bathroom and shower inside the room. There is also a call room between the E and F wings on the third floor, also complete w/ shower and bathroom.

**General Surgery** - Team is multiple residents: chief (5th or 4th year), several mid-level, and two or more interns. There are usually three students assigned here as well. The ICU patients and consults are generally done by 4 through 2nd year residents. The floor patients are split by the interns who write notes and take care of the day-to-day issues on the patients, round with the chief and team, and execute the plan for the day. Go to the OR as assigned cases by the chief. Go to clinic with the team. The call schedule is made by the chief and includes all the members of this team plus the ICU intern and sometimes other residents. The chief takes home call. When you are on call you are the only surgeon in the VA at night. You will call the chief for people you evaluate in the ED or other problems. The VA chief and Methodist "super-chief" split call every-other night, so make sure you know who to call with questions before everyone leaves for the day.

**ICU/Nutrition** - This is an intern only assignment that has two facets. You see all of the patients admitted to the Surgery ICU who have a surgical (surgery, ENT, Neurosurg, CT surg) primary team. Write notes on these people daily and present them on nutrition rounds and to Dr. Minard. You function as the critical care person and help with the management to a greater or less degree depending on the primary team. The nurses should contact the primary team for most issues. Sometimes they will ask you because you are there, but it is fine to direct them to call the primary team if it is an issue that they should be managing. You also round with the Nutrition team daily on these patients as well as floor patients who need TPN or tube feeds. You write all of the orders for this with the assistance of the team. This nutrition team has several Pharm D attendings, residents and students who are very helpful. They'll walk you through all of your responsibilities for this. Monday through Thursday you will present a critical care topic to Dr. Minard. Each day you decide on the topic for the following day then you will research it and present to her. Common topics include ventilator management, PA catheters, and pressors. As noted above you are in the call schedule with the general surgery team. The call is assigned by the chief and you are to check out new patients or problems to the chief by phone.

Methodist - There are Methodist transitional and Ortho prelim residents here that may not appear on the UT schedule (more people to divide the work and call). The medical education office is on the ground floor and Rhonda Yarborough (516-8255) can help you get IDs, parking and meal tickets. Parking is free in a gated, covered lot across from the main hospital entrance and is accessed by your ID. New meal tickets for the cafeteria are issued each month based on the number of call nights you have. Deborah Larkin is the computer person who will come to you and help you get set up. Her numbers are 516- 0069 and pager 418- 7502. Charts are paper but all of the labs, reports and films are computerized and accessible from home. There is an OR lounge on the third floor with breakfast items, coffee, and fruit. Call rooms are on 4-West and are accessible with a key obtained in the medical education office. The library is in the medical education office and offers a free copier if you use the code on the nearby bookshelf. There is a computer in the library that has the list for most services. Dr. Dilawari is the surgical director at Methodist and he runs several weekly conferences which residents (except transplant) attend. Monday is interesting cases presented by residents at 7am. This is in the 8th floor room between Thomas and East in the radiology area. Thursday morning at 7am is journal club held in the med-ed conference room. The articles are selected by one of the chiefs and available in Dr. Dilawari's box. You may be asked to present one of the articles by the chief and you should read them and be ready to discuss. Each attending has a dictation code that can usually be found on the list for the service.

“Super chief” - the 5th year assigned to Methodist. Takes home call that alternates with the VA chief. May be involved in cases with your team although not technically on your team.

**Service** - A resident run service for unfunded patients that has a different attending depending on the day. The chief (4th year) and 2-3 other residents are often on the surgery service team, including interns. Interns are responsible for the floor patients, rounding with the chief +/- attending daily and carrying out the plan. Operations as assigned by the chief. Call schedule done by super-chief has an intern, upper-level and some days a transplant person. On nights when there is no transplant person in-house the intern covers the transplant patients, as well. You call the in-house upper level with questions and problems, and if necessary they will call the super-chief or attending. For transplant you can call the fellow directly with questions as well. You will get the "Emery-house" pager as well — Codes are called "Dr. Emery house"...you are to go to the code and secure the airway and central IV access as needed. Usually there are multiple medicine doctors as well who will run the code.

**Surgical Oncology (Dilawari)** - Chief (4th year) and 2-3 other residents including interns. Interns are responsible for floor patients, and doing pre-ops on outpatients for the day. The chief will assign the cases. Some days Dr. Dilawari will operate at other hospitals and ask you to come with him. You should show up and find out where pre-op holding is and make sure all of the paperwork (H&P, consent, pre-op notes) are done before the case. Call is as described above in the service section. He will have you do level appropriate cases and expect you to dictate the operations.

**General Surgery (McDaniel/Fleming)** - 2-3 residents including interns. Round on the patients, discuss plans with the attending and operate with the attendings. The upper-level decides who goes to which cases. Dr. Fleming goes to Baptist East/Methodist Germantown certain days and takes residents with him. Again an intern on this rotation will take intern call as described in the service section.

**Bariatric (Madan and Tichansky)** - A mid level resident assists in bariatric and laparoscopic cases with Dr. Madan, Dr. Tichansky and the fellow. They take upper-level in house call on the call schedule.

**Cardiothoracics/Vascular** - A team of a 3rd or 4th year resident with one or two interns. Will see the patients for the CT attending and evaluate new consults. Scrub in on cases as assigned by the upper level. This service has a lot of patients and long hours. There are multiple attendings to communicate with daily regarding patients. Intern call as noted above.

**Transplant** - Two residents (1<sup>st</sup> - 3rd year) The upper level resident takes care of the liver patients and ICU and the junior resident takes care of the kidney/pancreas patients. This is fluid and may be adjusted depending on the number of patients. Transplant has a separate call schedule from the rest of the Methodist teams, and you only cover transplant patients while on call. You need loupes for this rotation. Notes on each patient daily, pre-op and participate in OR cases on the service (dialysis access [AV grafts/fistulas, permcaths, CAPD catheters], general surgery cases on transplant patients, and organ harvests or transplants). The daily notes are preprinted templates, so you fill in the numbers for labs, vitals, I/O, daily weights (very important for kidney txp patients). There is a way to print the list of meds from the computer, rather than having to hand write all of them out. Keep close tabs on which immunosuppressant/antibiotics the patient is on. You will round with the PharmD's, who will have all of this material in exhaustive detail. You should not have to round/write notes with Dr. Egidi on old kidney patients. There is a renal fellow who can take care of these things. Since the new transplant director has come in, residents are responsible for post op kidney patients only (or so I've heard). Notes on each patient daily, scheduled cases like AV access grafts or fistula and participate in harvest or transplants.

Methodist Le Bonheur - 572-3000 affiliated with Methodist so the same computer passwords will work. If you rotate here first the passwords you get here will work at Methodist. You can access the results for labs, vitals and films from home. Charts and orders are on paper. Francie English is the administrative contact at 287-3300 or francie.english@utmg.org. Park in the flat lot or garage across Dunlap from the main entrance. This can be accessed by your LeBonheur ID. There is a cafeteria food-allowance placed on your ID.

**Pediatric Surgery** - Team is one upper (3rd, 2nd year) and one intern with the fellows (usually three) and attendings. You also have a student most of the time. There is also a nurse practitioner and wound care nurse who round with the team. The nurse practitioner does not write notes but will help with discharges and getting social issues resolved with patients. The intern is responsible for the floor patients and should have notes written and take care of issues. The upper level has the Special Care Unit kids and the fellows cover the ICU kids. Rounds are twice a day, in the morning and just before you leave for the day. You should have all the numbers for your patients and be able to present efficiently. The 2nd year fellow is the liaison to the attending and runs rounds and clinic. At 7:30am you are expected to be in the OR to assist with the cases for the day. The cases are either assigned by the fellow or worked out between you and the other resident (i.e. you do the case they don't want to do). You should make sure the pre-op things are done and see the patient and family post-op in day surgery. Call is straight Q3 and there is always a fellow on call as well. It is all home call, but you will frequently have to come in to admit patients or take care of issues. Make sure you pay close attention on PM rounds to the special care unit kids because you will get calls about these kids and you don't know them as well as your own patients. You always have a fellow to call with questions, and the ICU should call the fellow directly with those patients. There are 5 different attendings, and they have various things they like. You will get a yellow book at the beginning of the rotation, and it has all the dictation codes for each attending and a lot of other helpful information. Clinic is 12:30pm on Tuesdays and Fridays, and you are expected to be there even if there are cases in the OR. In clinic you see pre-op patients and present them to a fellow or attending and then dictate a clinic note.

Baptist/St. Francis - at Baptist there is a Graduate Medical education office across from the main entrance to the hospital. Gina will get you computer passwords, IDs, parking and meal tickets. All record and information is on computer. The OR schedule can be found on the computer. Orders and notes are on paper charts. Health information management (HIM or medical records) is on the first floor. The OR lounge on the concourse (next to the OR) has breakfast items, drinks, and fruit. There is also a physician's dining room on the concourse level which can be accessed with your ID (follow the signs to the blood bank; it is directly across the hall from this). Sign in the book under "R" for residents, and you can eat breakfast and lunch free. A meal card is also provided for the cafeteria. Parking is in the garage across from the main hospital and is free.

**General surgery** -This team has four residents 5th year, 4th year, 2nd year and intern. One of the upper levels will go to St. Francis and do cases with various attendings. The other will stay at Baptist and be the chief. (This part varies from month to month depending on the chief.) The intern and chief work with Dr. Behrman. The 2nd year works with Dr. Voeller and Morisy. Daily you will write notes on floor patients and round with the chief. Take care of orders and discharges. You do the cases as assigned by the chief. Depending on the schedule of cases you may do cases with Morisy or Voeller as well. Certain days Morisy goes to the surgery center (on the campus) and does out-patient cases. He'll usually let you know the day before if he has cases and what they are (you won't see these on the computer). Dr. Pritchard does some breast cases at the Women's hospital (same campus) and you can find out about those on the computer. The 2nd year or intern can go and work with her for those cases. The attendings will see their patients daily and a good way to know what is going on is to review their notes and orders. You will get called about issues on Behrman, Voeller and Morisy patients and except for routine things you should run the plan by a chief or the attending.

You will likely get to do a lot of operating, but you are expected to know about the patient and the operation before you walk into the OR. There is an excellent library that is available to you and it has good surgical texts and atlases to help you prepare. There is no call schedule and you wear the pager all month (Le. 24-hr home call). The Chief and the other upper level generally alternate weekend and cover both hospitals. You and the mid-level should work out a schedule for weekend notes. You can also carry each other's pager so you can have a responsibility break.

### **Conferences / Education**

These are held on Wednesday mornings at the Coleman building. They are scheduled to resume July 19th this year. All residents and medical students are expected to attend each week. There is a sign-in sheet and your UT mail is delivered. Glenda Nau (Dr. Mangiante's assistant) sends an email weekly with the specific schedule and reading assignment. ***The exact schedule for this year is not finalized so the specific conferences may not be as described below.***

8:30 - Basic Science- This begins with a 10 question quiz from the basic science material and/or the ACS article (see below). There will be a weekly reading assignment (about 10 pages) from the O'Leary textbook. Some times the lectures will deviate from this material if the lecturer (generally Dr. Sellers) feels other information is more pertinent. The goal is to work our way through a general body of material that is relevant for the in-service exam. The reading schedule for the book is posted on the surgery home page <http://www.utmem.edu/surgery/> under the schedule tab on the left.

There is an American College of Surgeons (ACS) curriculum that is sent via email weekly on Wednesday. You are expected to read the attached article (about 8-15 pages) and email the responses to Dr. Sellers by the following Wednesday. The link is only active for a finite period of time so it has to be done in a timely manner. The answers to these questions are available on the ACS site. Being a member of ACS is free the intern year and a nominal fee (\$20) as a resident. The site <http://www.acssurgerv.com/> provides access to the weekly reading assignments as well as the ACS Surgery Principles and Practice (an on-line text) which you can access from most hospitals. This is an easily accessible resource when you need to know about a surgical topic and don't have a text or library near.

Teams - 5 teams of residents are randomly selected with an even mix of residents of different levels. The scores from basic science quizzes and participation points for completing the ACS questions are given. The team with the most point wins a trip to the ACS surgical conference. Again, the particulars of this may be changed so stay tuned for more details on this.

9:45 - Grand Rounds - Guest speaker, faculty or upper level residents cover a surgically relevant topic. Your only responsibility is to show up and enjoy. Everyone is welcome to attend this conference.

10:45 - Morbidity and Mortality - conference is for surgery department faculty and residents only. No students or guests. This is a review of operations performed by each service and discussion of interesting cases and critical learning points. Questions may be asked of residents of any level, not just the person presenting the case for discussion.

### **Pagers**

The pagers are specific to position and location. When you get check-out for a new rotation you (generally) get the pager that goes with that site and role. You will come to know the pager numbers for each position. The monthly

schedule list with resident locations and pager number is available in two places: outside the surgery office (Coleman building) and on the UT surgery page under the schedule tab on the left.

### **Evaluations**

Periodically, you will get an email from Dr. Mangiante which has a link to the evaluation software and you will get feedback from a rotation. It is not uncommon to go several months without getting one and then get several at a time. Twice a year you will get a summary document that compiles the input from these evaluations and a meeting of the attendings who discuss each resident.

### **Case Log**

If you do a procedure, or operation make sure you get a sticker, note the date, attending and your role. Roles are: Surgeon chief (SC), Surgeon junior (SJ), First assistant (FA), Teaching Assistant (T A). If you are unclear if you can/should log a case, ask one of the other residents. The person doing the operation typically dictates the operative report as well. Some private attendings will dictate no matter what. Make sure you are clear about who will dictate if you do the case. You will likely scrub many cases that you will not log because you are not the one operating or first assisting. It is very hard to reconstruct this retrospectively... get a sticker, put in a safe place and keep a log of cases. You also have to enter these on-line so that the program can track who has how many cases and adjust schedules accordingly. You will get a username and password for this. The computer system is not very intuitive and it takes a little getting used to learning the best way to search for procedure codes. This is ultimately very important because you must have a specified number of cases and particular types of cases to complete training.

### **In- Service Exam**

American Board of Surgery In-Service Training Exam (ABSITE) is the big test you will take at the end of January every year you are a surgery resident. There are all kinds of study material available, and the focus of most of our lectures is to prepare for this and boards. There are as many study strategies as people taking the test. One interesting thing is that it is scored as a percentile compared with the other residents of your level throughout the country. So getting 80% of the questions may land you on the 68th percentile compared to your peer or the 85th percentile depending on how everyone else does. It is recommended that you get study material of some kind and use it for several months in your free time. Some people will study year round and some people will only study the week before-- somewhere in the middle is probably reasonable. This is the universal thing used to compare people for fellowships along with board scores.

### **Mock Orals**

Held in early spring to simulate the Oral Boards Exam. Generally consists of 2-3 half-hour sessions with 2 attendings presenting 2-3 cases to a resident and then asking questions related to the case. Some years only upper levels participate, but in the past PGY1-5 residents have all participated at the discretion of the faculty. Cases and questions are generally level-appropriate.