

California Hospital Medical Center
R2 & R3 Rotation Manual

Created by:
Michael Mederos, Eric Kuo, & Paul Winograd

Reviewed by:
Dr. Gudata Hinika
Dr. Olivier Urayeneza

Contacts:

Administrative staff

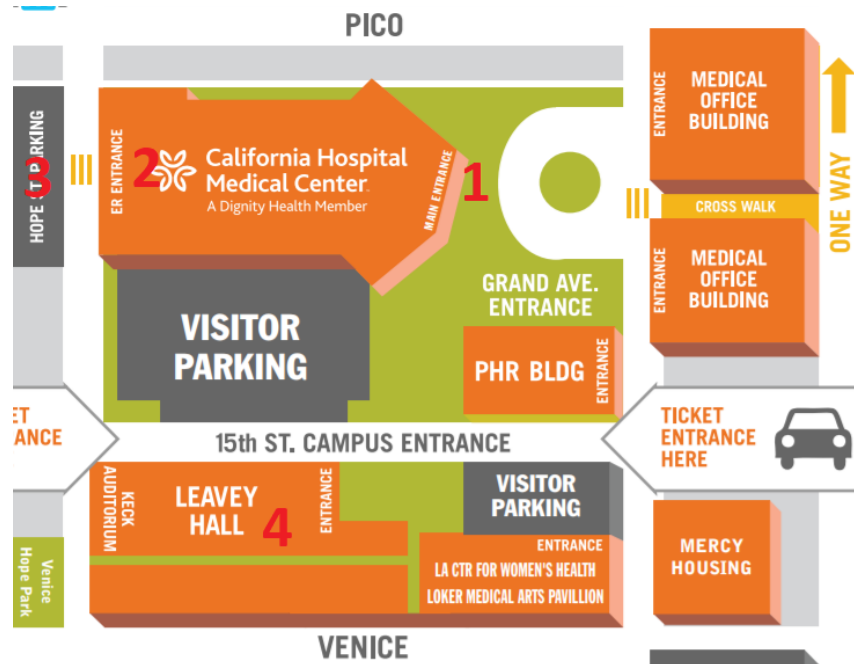
- Zuleima Garcia – GME coordinator (Zuleima.Garcia@DignityHealth.org), 213-742-5750
- Tina Dang – Cerner Training Specialist (Tina.Dang-Munson@DignityHealth.org)
- Laura Schneider – Trauma Director (Laura.Schneider@DignityHealth.org), 213-742-5602
- Danya Gutierrez – Trauma Coordinator (Danya.Gutierrez@DignityHealth.org), 213-742-6448

Acute Care Surgery Attendings

- Hinika, Gudata, MD – Trauma Director – Rotation Director, (310) 704-3018
- Urayeneza, Olivier, MD – Assistant Rotation Director, (269) 547-0500
- Hubbard, Bryan, MD – Chief of Surgery
- Contreras, Louie-Marc, MD
- Duarte, David, MD, (562) 413-8824
- Enriquez, Edgar, MD, (310) 435-4450
- Gaspard, Scott, MD, (323) 528-8619
- Guidry, Charles, MD
- McCloud, Anthony, MD
- Ocampo, Hermenegildo, MD
- Park, Jin, MD

Map and Parking:

1. **Main hospital entrance**
2. **ED entrance**
 - a. Dr. Hinika's office: from ED entrance, take immediate left prior to metal detectors, take elevator to second floor, first door on left
 - b. Resident office: door past Dr. Hinika's office, code 5602#, door on right in front of break room
 - c. ED South: from ED entrance, pass metal detectors, turn left
 - d. ED Main: from ED entrance, pass metal detectors, turn right
3. **Parking**
 - a. Employee parking: requires badge access
 - b. First day parking (not pictured): Joe's Auto Parks, 240 Venice Blvd, Los Angeles, CA 90015, \$3 per day with validation from GME office
4. **Leavey Hall**
 - a. GME Office
 - b. Call room, Leavey Hall, Room 412 – if used overnight, call housekeeping in AM to clean



Orientation:

Call Dr. Urayeneza prior to the start of your rotation to discuss expectations (see phone # above). Contact Zuleima Garcia and Tina Dang the week before your start date so your badge, scrub access, parking, and Cerner training will be set up. Orientation and Cerner training will be at 320 15th Street, Los Angeles, CA 90015 – Leavey Hall – 2nd floor – 214. After Cerner training you will meet up with the rest of the surgical team in the main hospital.

ACS Team and specific roles:

- **Trauma attending** – rounds on all trauma and ACS patients that day. In-house for 24 hours and responds to all traumas.
- **Trauma back-up** – staffs consults during the day and night (on call for 24 hours). Becomes de-facto trauma attending if the other trauma attending is operating.
- **R3** – runs the ACS service. First choice of OR cases. Assigns patients to medical students.
- **R2** – first line consult resident.

Resident Guidelines:

- **Residents are responsible for the ACS service.** The R2 and R3 should be aware of new developments, post-operative progress, and daily plans for these patients.
- **Residents should attend all Tier 1 Traumas when not in the OR.** Tier one traumas are the highest-level trauma and typically include unstable or low GCS trauma patients, high speed MVCs, and penetrating head/neck/chest/abdomen injuries. Both residents are given a trauma pager. In the resuscitation bay, the residents should participate in the primary and secondary survey and be ready to perform any urgent bedside procedures. After acute interventions, the patients will either go straight to the OR or go to CT. Admission orders are usually placed by the attending on call or the PA.
- **Residents evaluate all daytime ACS consults.** The PA is usually contacted for ER or inpatient consults. PA will call resident phone with consult information. R2/R3 will evaluate patients and staff consult with back up trauma attending on call.
- **Residents assign patients to medical students.** The students should carry at least three patients each. They should see their patients before pre-rounds with the residents. on the patients and formulate an assessment and plan for each of them. The students should formulate their own assessment and plans and run them by the resident on pre-rounds.

- **Residents should play an active role in medical student education.** Teaching sessions should be done with the medical students periodically. This can be done on pre-rounds or during a scheduled time during the week. You may assign topics of discussion or articles to each student who should then present them either during table rounds or during a scheduled education block.

Overnight call:

- The residents are expected to take 1 overnight weekend call every 2 weeks. During this call, the residents attend all tier one traumas and may see consults, depending on the PA on call. The call room is located in Leavey Hall, Rm 412 (there are keys in the NP/PA office). This call room is the back-up trauma attending call room and there are 2 bedrooms in the call room. The resident bedroom is located on the right side after entering the unit. Residents leave after table rounds on Saturday AM.
- There is flexibility regarding the call schedule. It is probably acceptable to take a Saturday day or Saturday night call instead of Friday night call. Dr. Hinika may formalize the schedule in the future.

Schedule notes:

- Wednesday: Go to CHMC after Grand Rounds. The residents are not expected to pre-round before UCLA Grand Rounds. The medical students pre-round independently and present the ACS service at table rounds.
- Friday: Dr. Hinika will often book 8+ cases in 2 to 3 ORs for the first three Fridays of the month.
- Saturday: Following a 24-hour Friday call, the resident should leave immediately after table rounds. The resident should submit preliminary notes to the Trauma attending if there are no medical students.
- **PA/NP** – the PA/NP is responsible for the trauma service, which is typically larger than the ACS service. New consults will be fielded by the PA/NP and typically forwarded to the resident to see and staff with the trauma back-up attending.
- **Family Medicine R1** – must be familiar with the entire list of ACS patients and the daily plans, writes daily progress notes for patients not being followed by a medical student, follows up with plans for the day, contact primary teams to convey recommendations, ensure procedures (GI, IR) and imaging (XR, CT, MRI, etc.) are performed.
- **Medical Students (variable number)** – arrive at 4 am to gather numbers for their patients and pre-round. Each student carries 3-4 patients and will present them during table rounds each morning. They should have an assessment and plan for each of their patients that should be reviewed by the residents.

Daily schedule

Signout	~5:45 AM	<ul style="list-style-type: none"> • Pick up the ACS patient list in the NP/PA office and obtain sign-out from overnight PA • Chart check patients
Work rounds	~6:00 – 7:00 AM	<ul style="list-style-type: none"> • R2/R3 leads rounds on all ACS patients
Table rounds	~7:00 AM – 8AM	<ul style="list-style-type: none"> • Serves as attending signout from post-call Trauma attending to on-call Trauma attending and the trauma team • Trauma service will usually be presented first (by the post-call attending) and then the ACS service is presented by the medical students and residents.
Walk rounds	After table rounds	<ul style="list-style-type: none"> • Walk rounds with attending, how these are run varies by attending, some like R2/R3 to be there, others will round without R2/R3.
OR		<ul style="list-style-type: none"> • R3 gets first pick of cases. • If there are scheduled cases and 2 residents present, 1 resident should leave table rounds to go to the OR.
Consults		<ul style="list-style-type: none"> • R2/3 are responsible for ACS consults during daytime hours • ACS consults are staffed with the backup trauma attending • PA will call R2/R3 phone with new ACS consults

Traumas		<ul style="list-style-type: none"> • If not in OR, at least one R2/R3 should be present at all Tier 1 traumas
Floor work		<ul style="list-style-type: none"> • Intern follows up with plans for the day, contact primary teams to convey recommendations, ensure procedures (GI, IR) and imaging (XR, CT, MRI, etc.) are performed. • Notes are written by intern and medical students, forwarded to on call trauma attendings
Teaching / PM Rounds	~3:00 or 4:00PM	<ul style="list-style-type: none"> • Get caught up on events of the day, check in on patients • Teaching with medical students