Welcome to ACCESS General Surgery

The Acute Care and Emergency Surgery Service (ACCESS) is a busy general surgery service. We work hard and see lots of patients, so there are lots of opportunities for great learning. We are responsible for all of the emergency and inpatient consults, and take care of all of the acute issues. To keep the team running smoothly, we need to make sure everyone is on the same page. Below is the schedule for the team, some administrative stuff, and the specific responsibilities of each of the team members.

Weekly Schedule:

Each week there is a different consultant on the team, so things may run a little bit differently. In general however:

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<td>Rounds</td>
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<td>Clinic</td>
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Daily routines:

As a team, we will round on all the patients twice a day. In the mornings we will round before the morning rounds/OR/clinic. We will meet with the staff on that week to do “handover” rounds with the team on call from the night before. At the end of the day, we do similar “handover” rounds for the night team on call, and will see all our patients a second time.

Powerchart lists:

Since there is a high turnover, it's extremely important that we keep on top of all of the patients. To do this, there are a few important lists on powerchart:

1. **ACCESS general surgery list**: This is the main list of all of our patients. This list is maintained by admitting, and we can’t take patients on or off this list.
2. **ACCESS consult list**: This is a list of all consults that we see. You can add patients to this list, but only the senior residents should be taking people off this list. If we put a patient on this list who later gets admitted to ACCESS, the patient can be taken off ONLY when they show up on the ACCESS general surgery list.
3. **To Dictate list**: All patients who require dictations will be put on this list. Once you dictate a patient, remove them from this list.

If you don’t have access to any of these lists, just ask one of us and we will proxy you.
Dictations:

The following things need dictations:

1. All discharges from ACCESS
2. All consults seen in the emergency department that are sent home
3. All patients seen in clinic
4. All procedures performed (central lines, chest tubes, sigmoidoscopy, etc.)
5. Some in-hospital consults (ask the senior resident if you’re not sure)

Dictations need to be done within 24 hours. Make sure that, for any consult you see in emerg that we send home, you copy **SOUTH END SURGICAL ASSOCIATES** for billing purposes.

ACCESS cards:

For all consults that we see, a card with patient information must be filled out. You will receive cards to hold on to, and competed cards should be returned to the junior or intermediate resident. The most important information obtained is the time the patient arrived, the time the consult to general surgery was made, and the time that we made a definitive decision about the patient.

Specific responsibilities:

* **Clinical Clerks:**
  - Printing team lists for all team members before rounds at the beginning and end of the day
  - Attempt to deal with all items on the “scut list”
  - Following up bloodwork/investigations ordered in the morning
  - Dictation of routine discharge summaries

* **Junior Resident:**
  - Management of floor issues
  - Following up bloodwork/investigations ordered in the morning
  - Ensure daily completion of all items on the “scut list”
  - Dictation of more complex discharge summaries
  - Attending weekly nursing rounds when the nurse practitioner is not available
  - Collection of ACCESS cards and weekly submission to Shelley

* **Intermediate Resident:**
  - Review of medications to ensure adequate prophylaxis/treatment
  - Dictation of more complex discharge summaries
  - Maintenance of M&Ms powerchart list
  - Collection of ACCESS cards and weekly submission to Shelley