M3 Transplant Surgery Rotation

Synopsis

Where to report?

CSB Suite 409 Toni Doyle

When to report?

7:30 a.m.

Who's Who?

Attendings:

Prabhakar Baliga M.D. Chief

Charles Bratton M.D.

Kenneth Chavin M.D., Ph.D.

Angello Lin M.D.

John W. McGillicuddy M.D.

Ivaylo Mitsiev M.D.

P.R. Rajagopolan M.D.

Fellow:

Vinayak Rohan M.D.

Abdel Al Manasra M.D.

Chief Resident:

TBA

Physician Extenders:

Jennifer Ridgeway PA pager 12511 Leah Lifland PA pager 11683 Kathleen Graves pager 12036

Access Co-ordinator:

June Shi R.N. pager 11171

Administrative Support:

Michelle Weatherford phone 2-3368
Toni Doyle phone 2-8358
Tracey Washington phone 2-4003

What do we expect of you?

Morning rounds: M3 students are expected to attend morning rounds. Prerounding is not encouraged. Active participation on rounds is **strongly** encouraged. Chiefs will have different styles but they should all encourage participation. If you are not being encouraged to participate bring that to my attention.

Attending rounds: Held at various times depending on the clinical activities of the service but most commonly at 2 PM. You will be notified by group page each day as to the specific time and place. M3 students are expected to formally present the patients they are following. Attending's have various styles but it is

advisable that you be prepared to answer questions related to your patients. Rounds are your opportunity to interact with the attendings.

Clinics: A clinic schedule is attached. Over the course of your rotation you are encouraged to attend liver transplant clinic, kidney transplant clinic, liver resection clinic and vascular access clinic. Clinic is encouraged as a means of both learning and gaining exposure to the attendings. You are not expected to function independently but only to shadow and learn. It's not necessary that you attend the entire clinic.

Operating room: Scrubbing for cases is at the center of your surgery experience. Although we love to have students scrubbed for all of our cases, we understand that it's not always possible. Always let your Chief resident know when you are going to scrub an off-rotation case so that we're not wondering where you are. The operating room is a great place for close interaction with your attendings. You are expected to scrub on at least one liver transplant, one kidney transplant, one cadaveric donor procurement, one live donor nephrectomy and one vascular access procedure. Read for your cases. Make an effort to be in the OR as soon as the patient arrives so you can take advantage of all the learning opportunities (foley, IV, intubation, prepping, etc.)

Conferences: M3 students are expected to attend all transplant conferences with the understanding that sometimes absence is unavoidable. A conference schedule is attached. All general surgery conferences are also mandatory. It is advisable that you be prepared to answer simple questions relating to transplant and general surgery as well as rudimentary immunosuppression. Do not be afraid, we are an easy going group and only ask questions to stimulate thought and discussion. No one is out to embarrass you. Wrong answers are often just as useful as correct ones.

"White Charts": Updating the "white charts" is a painful and never ending task. Help the residents with this thankless task and they will love you for it. The "white charts" are NOT your responsibility so do not let updating them interfere with your education. Clinics, the operating room, conferences, etc. all take precedence over the "white charts". That being said, your willingness to help speaks loudly to your residents about your "team work" and they in turn speak loudly to us (the attendings). All that being said, updating the white charts if done correctly (i.e. critically evaluating the lab values) can be very educational. If you are feeling overly pressured to help or if it is interfering with your educational goals, please bring that to my attention.

Patients: M3 students are expected to "carry" 2 to 3 patients of their own choosing at all times. It is usually most educational if you follow patients whose case you participated in (scrubbed). However, it is certainly true that the transplant service is home to many patients who can teach you a lot even if they never visit the operating room. In my mind, carrying the patient means

familiarizing yourself with their history, performing a complete physical at admission, examining them daily, writing a daily progress note, knowing their medications and reading about the issues related to their illness. Formulating your own plan for them each day is a wonderful intellectual exercise that will help you learn to think like a resident. It's okay to ask for help with formulating your plan. You should strive to present these patients on rounds to your chief in the morning and to your attending when present. This is unquestionably the best way to make an impression on a daily basis. **You should strive to know more about these patients than anyone else does.** To that end, carrying more than 2 or 3 patients is discouraged. If you're not being encouraged to present let me know.

Where are the Clinics?

Rutledge Tower 9th floor (except Pediatric which is on 1st floor Ortho area)*

When are the Clinics?

Liver and Kidney

Monday and Thursday beginning @ 830 am

Vascular Access

Tuesday and Wednesday beginning @ 1 pm

Liver resection

Friday beginning @ 830 am

Pediatric*

Thursday beginning @ 1 pm

When and where are the Transplant conferences?

Transplant Journal club

Third Thursday of the month @ 415 pm in office conference room

Lunch Lecture

Tuesday @ 12 pm (location varies)

Friday morning conference*

Friday @ 7 am in office conference room

Optional (but highly encouraged)

Liver selection committee Wednesday @ 8 am Kidney selection committee Friday @ 8 am