**A Surgery Intern Responsibilities**

There are 2 interns on the service and each will spend half of the rotation on Trauma (A) and U/C/MIS. The A service also has an R3 (pager 95550, phone 76454) and R4 (pager 95551, phone 76455) in house.

**Hours**
- **Monday**: 7pm – 6am
- **Tuesday**: 7pm – 10am (Must attend Wednesday morning conferences from 7-10am)
- **Wednesday**: 8pm – 6am
- **Thursday**: 5pm – 6am (Trauma conference from 5-6pm in 8th floor conference room; you may be asked by the A surgery R4 to help prepare a case or article for conference)
- **Friday**: 7pm – 6am
- **Saturday**: Off
- **Sunday**: 10am – 6am

Total is 80 hours/week. A interns are not permitted to stay late or arrive early and violate work hours.

When a nurse calls regarding a patient:
1. Go see patient
2. Assess patient and formulate a management plan
3. Always notify/discuss the plan with the appropriate senior resident or fellow
4. Document entire interaction in chart as follows:
   Called by nurse to see patient for “X”. Brief patient summary (one-liner). Patient evaluated and c/o “Y”. Document exam including vitals, labs/imaging, pertinent physical findings, etc.
   List management plan and document that the senior was notified. Date and time all notes.

**Trauma Intern**
- Receives 1st call re all patients on the trauma service via the 95549 virtual pager.
- Reports any concerns, problems, or questions directly to A service R4.
- Is not “covering” for the trauma service, but rather is a member of the team and should pick up work where the day team left off and complete it. This assures that day interns do not violate work hours. Should assist with pre-rounding until 6am by printing out GCQ, med lists, etc.
- Should proceed immediately to the ED for all code trauma pages.
- Responsible for dictating the initial trauma consultation after assessment in the RS (please update when signing the document with relevant lab and CT findings), this should be forwarded to the attending surgeon on call for addendum.
- Responsible for following up on all lab and CT results for new trauma patients and discussing abnormalities with A surgery R4.
- Responsible for writing admission orders for new trauma admits – please make sure they are written on the appropriate order set (e.g. L surgery vs. acute spinal cord injury vs. moderate-severe head injury).

**U/C/MIS Intern**
**For all services, the A R4 should be notified immediately of any emergent issues**
- For non-emergent issues, the senior resident or fellow covering the service should be notified and, at their discretion, the A R4 may become involved. Also, if the senior resident or fellow is unreachable, please contact the A R4.
- During signout you should:
  - Receive an updated patient list with any requested work and potential issues clearly stated
  - Get the name, pager, and phone number of the on call senior resident/fellow
  - Sign on to the virtual pager for the services (C – 90021, U/MIS – 90022)
- For the MIS service, a handout with explicit patient management instructions is on the surgery website (see below) and must be read in its entirety. Questions should be directed to the MIS fellow or Dr Mehran. [http://www.surgery.ucla.edu/resident/Documents/Overview%20thebariatricserviceforresidents.doc](http://www.surgery.ucla.edu/resident/Documents/Overview%20thebariatricserviceforresidents.doc)
- If simultaneous traumas arrive, you will receive a page asking you to proceed immediately to the ED.