Resident Expectations for General Surgery Residents at MUSC

1. Residents will be on time!

Grand rounds start at 7:00 AM, not 7:05 AM. M & M starts at 5 PM. Arriving late is rude and inconsiderate to the others who have sacrificed their time to be present. We ask you to be prompt unless delayed by a patient care emergency.

2. Residents will treat patients with dignity and respect!

Patients are not dudes, drunks, gals, alkys, nutcases, whackadoodles etc. At worst they are “difficult” or “challenging”. We expect that all patients will be referred to in a manner appropriate to the profession whether the patient is present at the time or not. This applies to any discussions of patients held in conferences, seminars, or private conversations. Patients are ladies or gentlemen, men or women, or male or female.

3. Residents are expected to read about their patients!

One cannot care for a patient if one does not fully understand the patient’s problems. If you see a patient with a disease process or symptom complex with which you are not completely familiar, it is your obligation as a physician to learn all you can about that entity so that you can competently care for the patient. Failure to do so is not only unacceptable for our residents, it is clear unprofessional behavior and a recipe for future successful malpractice claims. While the attendings are there to guide you and oversee patient care, they are not there to provide a knowledge base you, yourself, are not willing to pursue.

4. Residents are expected come to the OR prepared and on time!

The attendings enjoy operating with residents and are well aware that we often operate with residents who have never or rarely performed the procedure in which you will be participating. Operative technique is something that we are more than willing to teach in the operating room.
But, it is unacceptable to come to the operating room not knowing the details about the patient’s condition, even in those cases where the resident was not immediately involved in working up the patient (Patients seen in the attending clinics for example). This includes knowing how the patient presented, the patient’s medical history, a review of the patient’s workup including the results of all labs and X rays, and, if not a condition you are already very familiar with, a review of a textbook or the surgical literature about the patient’s condition, surgical techniques, potential complications etc. If at all possible, the resident should take the time to obtain a patient history and perform a physical examination on any patient upon whom they are going to operate. It is a poor surgeon, indeed, who would operate on a patient for whom they are not fully prepared to provide care. Surgeons care for patients, technicians hold hooks. Please come to the OR prepared to be a surgeon and not a technician, unless, of course, you want to be a technician! The attendings are more than willing to accommodate that desire. We like operating after all and don’t get nearly enough chance to do it.

In a related note: In general, the resident should be in the operating room before the attending and should take responsibility for positioning, prepping and draping the patient. The attendings know how to do it and will when necessary, but this is one of those signs of respect and courtesy most attendings value in a “good resident”.

5. Residents shall see consults in a timely fashion and with good cheer!

Surgery is a business. In order to be successful in practice, a surgeon must respond to consults in a timely, efficient, and cordial manner. When someone asks us to see a patient, it is because they have a question they need us to answer. It is not our role to question the reason for the consult or to question their knowledge base. So, we expect residents to respond promptly to consults and treat our referring physicians and their residents with the respect they deserve.

6. residents should not keep secrets from their attendings!

Ultimately, the attendings bear the legal, moral, and ethical responsibility to assure that patients are receiving the best possible care. We hate it when we discover that a patient has had some change in status of which we were not made aware. Essentially, whenever a new therapy is started, some new problem arises, or a patient’s condition deteriorates, we want to know about it. We hate surprises! How would you like it if your mother’s doctor didn’t know she had just had a run of V tach? We don’t like looking foolish in front of our patients, their families, or our consultants. A good resident makes their attending look good!
7. When taking time off, it is the resident’s responsibility to assure that coverage is available!

We know that residents occasionally need time off for vacations, meetings, illness, etc. But we also have a service to run. If time off is anticipated, it is the residents responsibility to be sure that the service is adequately covered. Do not expect the attendings to arrange coverage for you. That is your and the executive chief resident’s job!

8. Residents are expected to be familiar with, and follow, your service’s protocols and guidelines!

A lot of time is spent putting together patient care guidelines. But if no one follows them, that is time wasted. Guidelines and protocols are developed and agreed upon by the responsible attendings and are, in the attendings’ opinions, based on the best evidence available. So, know where to find them, and refer to them often. They will answer a lot of questions as to “what do you want me to do for a patient with XYZ”. And NOT following them may lead to us asking “why not”? There are times these guidelines may not apply, but we will ask you to justify not following them. Your input is always welcome to improve the care we provide. If you feel a guideline can be improved based on your reading, we are more than willing to listen. In fact, one of the benefits of working in a teaching hospital, is the fact that discussions between attending and residents about the best way to care for patients keeps everyone up to date and assures the best possible care.

9. Residents should never cause an attending to suffer the complaints of hospital staff due to the resident’s behavior!

We hate it when we get a complaint about a resident’s behavior from a nurse, respiratory therapist, physical therapist, security guard, floor sweeper, etc. Patient care is a team sport and these folks are members of our team. Just as we expect our patients to be treated with respect, we expect other hospital staff to be treated with respect as well. You don’t have to agree with everyone every time, but one can disagree and be courteous about it.
10. Residents are expected to develop and maintain a regular reading schedule!

There is basic information all residents should know. While it is important to read about your patients, it is equally important to prepare for patients you have not yet encountered. How can one diagnose a patient with chest pain at 2 AM without knowing the causes of chest pain and how to evaluate the various possibilities? It is also important to understand the “why” behind treatment options and diagnostic testing choices. One may try to remember that appendicitis presents with periumbilical pain migrating to the right lower quadrant, but an outstanding resident understands why. Residents should maintain a regular reading schedule to include broad based reading about various topics in surgery as well as reading specific to the service to which a resident is assigned. Examples would include a schedule by which a resident will read, study, and understand, the chapters from a standard textbook. In addition, a resident assigned to vascular surgery, for example, should read, study, and understand, the chapters on vascular surgery in standard textbooks at the beginning of their rotation so that that knowledge is available to them during their rotation. If a resident has already read and studied those chapters, they should review them and seek out other sources of information to increase their knowledge of vascular surgery. Nothing distinguishes a “good” resident from a “bad” resident more obviously than a failure to read and study surgery.

11. Residents will involve medical students!

It is an expectation of all of our residents that they be active educators of medical students. That is one of the consequences, and many would say rewards, of being a resident in a university hospital. Know the rules regarding the roles and responsibilities of medical students in the surgery department. They are available on the department’s website. Remember that our students are paying a lot of money for the privilege of being here. They are not here to work for you. You are being paid to work for them! When on call, it is expected that residents will involve students in whatever activities may be going on with the service. And they should be involved early, not just as an afterthought to do the H and P or to hold retractors in the OR.


Anytime a patient is seen and some decision made, this should be documented. It is all too common to find patients transferred to the ICU from the floor with absolutely no note from the residents as to what happened that prompted that transfer! If a physician wants to spent a lot of
time in court, one easy way to do that is failure to document patient encounters. EVERY significant patient interaction deserves a note in the chart.

13. Know your patient!

We expect the residents to know all the relevant details about a patient’s care and to remain up to date with results and findings as they become available. In addition, we have many consultants who see our patients. We also receive an enormous number of lab and x ray results daily. Each and every note from our consultants needs to be reviewed. Each and every lab result, x ray report, and report of other tests must be read, regardless of what we may have been told about the result. Patients expect that, when a test is ordered, we actually care about the result. Our consultants expect that, when they have given an opinion, we have acted on that opinion, or at least considered it.

Also, one can’t claim to know one’s patient if one hasn’t examined the patient. Labs and x rays are fine. But nothing replaces history and physical examination. In fact, a good physical examination can eliminate the need to order studies if the exam reveals the same answer one would get from the study. Residents are expected to have performed a pertinent physical examination on their patients as a routine part of rounds.

14. Keep and utilize lists!

When there is some task that needs to be accomplished, it can only be accomplished if someone remembers that it has to be done. We have too many patients to rely solely on memory to assure that all necessary tasks are completed. It is merely sensible to list what tasks need to be accomplished so that they can be prioritized, assigned, and efficiently completed.

In addition, we utilize checklists in a variety of settings. It has been shown clearly that, although it may seem silly at times, utilizing checklists dramatically improves patient care. So, whether you think it is silly or not, mandated check lists are not optional!
15. And finally, practice compassionate, cost effective, evidence based care.