

V Internal regulations and general guidelines of a neurosurgical department and training programme

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Summary

It is strongly recommended that general guidelines and internal regulations be laid down in written form by the department. The guidelines regulate the general workflow and related trainee duties and responsibilities, education and research, special procedures for particular diseases and conditions (standards of care). Regarding general workflow of the department, the following items should be laid down once in written form: time table of department, working hours, admission procedures, medical records directives, responsibilities on wards and in the emergency unit, patient information, discharge procedures, outpatient consultations, call schedule and on-call duty plan, as well as week-end and holiday regulations for rounds on wards and ICU. Regarding education and research, the following items should be written down: conferences and teaching rounds, policies on presentations and publications, policies regarding meetings and courses, research leave and vacation plan. The written definition of standards of care is still considered optional in neurosurgery at the present time.

Keywords: Neurosurgical training programme; regulations and procedures; residency training; standards of care; quality management.

Introduction

It is strongly recommended that internal regulations and general guidelines of a department be laid down in written form. Defined procedures and punctuality are necessary for an efficient workflow and to ensure principal standards in patient care, last but not least also from a medico-legal point of view. Written procedures are the heart of any quality management system. Such “internal regulations” also facilitate daily life and collaboration among doctors, nurses, and other personnel. It is important that a new trainee receives a written hand-out when entering the programme.

This chapter has been designed as a possible guide for all those departments that have not yet developed such internal regulations. It is based on experiences of many years and simultaneously is a collection of good

examples seen over the years in different departments. The model presented here in the following sections can either be used as they are or be modified and adjusted to the local situation. Some references are given for further reading.

Internal regulations and guidelines of the department objectives of the training programme

The goal of a training programme is to bring the rising generation efficiently to the necessary level of competent patient care and conduction of scientific research to produce a small group of fine clinicians and scientists. The programme needs trainees who are interested in becoming outstanding clinicians and surgeons devoted to patient care, who are also interested in acquiring basic laboratory and/or clinical research skills that will allow them to contribute to new knowledge and future developments. The training programme emphasises a team approach in the major areas of our specialty. The programme expects outstanding performance from every trainee and in return we are committed to provide an outstanding educational environment for our trainees. The training programme constitutes essentially a contract between two generations of neurosurgeons. The younger generation helps to run the service and receives in exchange devoted formation by the older generation.

List of guidelines

The following items should be laid down once in written form and be revised from time to time. They should be handed to the resident when entering the programme.

- A) Workflow and related trainee duties and responsibilities
- 1) time table of department
 - 2) working hours
 - 3) admission procedures
 - 4) medical records directives
 - 5) responsibilities on wards and in the emergency unit
 - 6) patient information
 - 7) discharge procedures
 - 8) outpatient consultations
 - 9) call schedule and on-call duty plan
 - 10) weekend and holiday regulation for rounds on wards and ICU
- B) Education and research
- 1) conferences, teaching rounds and education
 - 2) presentations and publications
 - 3) policies regarding meetings and courses
 - 4) research leave
 - 5) vacation policies and plan
- C) Special management guidelines (standards of care, optional)

In the following examples are given for some of the items from the given table of contents. They can be modified and adjusted to the local situation. Local circumstances determine whether certain concepts can be implemented or not. For example, in our opinion the teaching effect of the educational conferences is optimal if an entire morning of the week is devoted completely to teaching, possibly in combination with ward rounds with the chairman. No elective procedures are planned for this weekday. Implementation of this concept is only possible if the operating theatres are shared with other disciplines to allow for an even utilisation of these resources. Not all items mentioned in the survey are covered.

Workflow and related trainee duties and responsibilities

1. Time Table of Department

Punctuality is critical for efficient functioning of the service

- a) *Morning rounds* [7, 9]: Monday to Friday, beginning at (07⁰⁰) hrs with the respective staff members/consultants.
- b) *Morning conference* [4]: Monday to Friday, beginning at (07⁴⁵) hrs in the conference room.^a A

short report of emergencies and admissions during the night is presented by the trainee on call, a status report on patients of the ICU and intermediate ward by the respective residents, particular occurrences and problems on the wards are reported by the ward residents.

- c) *Operating theatres*: OR begin at (08¹⁵) hrs according to the OP programme of the day. The surgeon or the assigned trainee must be present in the OR for positioning. Any changes in the OP programme must be made known to the anaesthesiologist and the responsible scrub nurse in due time.
- d) *Neuroradiological conference and/or OP conference* Monday to Friday at (14⁰⁰) hrs in conference room. All newly admitted patients are presented with previous radiological examinations etc., so that the patient management can be planned conclusively, if possible. All patients to be operated the following day are discussed regarding the surgical approach and details of the procedure.
- e) *Afternoon ward rounds* (if any)
- f) *Intensive care round*: Surgeons must see their patients on the ICU at least once per day and discuss the treatment protocol with the responsible colleagues.^b Notes are to be written on all neurosurgical ICU patients either by the surgeon or by the trainee.
- g) *Briefing of trainee on call*: Important information shall be transmitted to the trainee on call within the frame of a formal transfer. A list of all patients has to be generated to update the trainee on call on the status of all patient problems on the service.

Working hours^c

Admission procedures

- a) Patients are admitted either to the department in general or to one of the consultants/staff speci-

^a Most European departments have morning conferences where all staff members and trainees participate.

^b The personal care by the designated attending surgeon is a traditional concept in the USA. In Europe the personal care by the responsible surgeon is also the concept which meets best the expectations of the patients and relatives. Furthermore, specific knowledge of the details of the pathology and the surgical procedure is necessary for an appropriate assessment and management of surgical ICU patients.

^c There is no general standard for the working hours and changes are to be expected in the light of new European and national regulations. Still, it is advisable to define the working hours and also the dependence of working hours on specific needs of the patients and the department [5].