Abdominal Transplant Surgery Rotation Resident Expectations

Coverage Expectations:
- Daily/Nightly coverage of the OR in conjunction with the Transplant Surgical PA’s.
  - Resident gets first choice of cases with the exception of DCD procurements which will always be covered by a PA.
  - Communicate with the PA’s to ensure that all cases are covered – both elective and transplant cases.
  - Residents are expected to cover a case from the beginning to the end and work with PA in coverage.
- Two weekends of OR coverage/month (4 weekends over the course of the rotation)
- Track weekly work hours and communicate with the on-service attending to ensure that work hour restrictions are not violated.

Clinical Expectations:
- Coverage of cases in the OR is the resident’s first priority
  - This includes:
    - Pre-operative evaluation of the patient on the day of surgery
    - Understanding the indications/decision making that went into the case
    - Develop technical skills required to complete a vascular anastomosis
    - Verbal in-person sign-out to the SICU team or our APN team on completion of the procedure.
- Attend and participate in daily rounds (when not in the OR)
- Attend one half day clinic/week – first priority should be the Transplant Surgery clinic on Tuesday afternoons – LOC 2nd floor.
- Be available to help in-patient APN team with procedures and consults as needed.

Educational Expectations:
- Supervise the medical students on the service
- Attend Liver & Kidney Review Board meetings (when not in the OR)
  - Kidney – Weds 12:00pm – Mulcahy Large Conference Room
  - Liver – Fri 9:00am- Mulcahy Large Conference Room
- Attend Liver Tumor Radiology Review – Friday 7am – IR Work Room
- Attend and present cases at monthly Friday 12:00pm Transplant M&M’s & Journal Club meetings – 1st/2nd/4th Friday of the month – Mulcahy Large Conference Room
- Present cases at Weekly General Surgery M&M conference
LOYOLA UNIVERSITY MEDICAL CENTER
RESIDENCY PROGRAM IN GENERAL SURGERY
CLINICAL ROTATION DESCRIPTION

TRANSPANTATION

RESIDENT COMPLEMENT: PGY 4
ROTATION DURATION: 2 months

FACULTY: Chief: TBD
Raquel Garcia-Roca, MD
Kristina Lemon, MD
David Lee, MD
Reynold Soler-Lopez, MD

TARGET NUMBER OF OPERATIONS: 15 per month

GOALS (GENERAL COMPETENCIES - ACGME):

1. Patient Care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health.
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves the investigation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

REQUIRED CONFERENCES AND ROUNDS:

1. Mortality and Morbidity
2. Resident Conference
3. Grand Rounds
4. Saturday and Sunday rounds with on-call attending surgeon once a month if no coverage provided by APN, to be determined on month by month bases.
ROTATION-SPECIFIC GOALS:

GOAL #1: PATIENT CARE

ASSESSMENT

- Perform initial consultation for inpatients with general surgical and transplant related problems and develop differential diagnosis
- Demonstrate proficiency in all aspects of transplant patient management
- Prepare patients medically for transplant and general surgery; optimize nutritional and metabolic deficits
- Assess need and institute appropriate monitoring both pre- and post-operatively.
- Use appropriate support from pharmacologic agents
- Review of the work up for liver, pancreas and kidney transplantation and prepare for surgery, organ placement and anticipate possible difficulties.

DIAGNOSTIC STUDIES

- Interpret diagnostic imaging studies — acute abdominal X-rays, ultrasound, CT scans (chest, abdomen, pelvis and retroperitoneum), MRI and ERCP – assisted by attending surgeons, and radiologists
- Select and interpret appropriate pre- and post-operative diagnostic studies.

TREATMENT/MANAGEMENT

- Treat wound complications (infections, dehiscence, evisceration)
- Coordinate pre- and post-operative care of transplant patients in collaboration with Surgical APN on service.
- Manage psychosocial aspects of transplant patients. Utilize appropriate social agencies and support groups in transplant patient management
- Teach APN and students.
- Participate in departmental meetings
- Treat medical conditions associated with critical illness; direct complex ventilator-dependent patient management; manage cardiac arrhythmias
- Facilitate procedures and communication to the SICU team for all patients cared in that area under the transplant service.

PROCEDURES/OPERATIONS

- Open and close abdominal incisions of all kinds
- Assist/Perform laparotomy for acute abdomen, demonstrate systematic approach for determining etiology of disease, institute clinical management, assist junior residents to perform these uncomplicated procedures
- Assist/Perform complex laparotomy for diffuse peritonitis in septic patient
- Assist/Perform complex (sliding) and remedial hernia repair procedures
- Assist/Perform gastro-intestinal pancreatic, and biliary operations, create ostomies
- Assist/Perform appropriate re-operative laparotomy for a variety of gastrointestinal problems.
- Assist/Perform basic laparoscopic operations (cholecystectomy with cholangiography)
- Assist/Perform colostomies, colostomy closures, and bowel anastomoses of all types
• Assist/Perform kidney transplants
• Assist/Perform deceased donor organ procurements
• Assist/Perform vascular access procedures
• Assist in laparoscopic donor nephrectomy, possibly robotic
• Assist with pancreas transplantation
• Assist with Liver transplantation
• Assist with back table preparation of any organ.
• Assist in major hepatobiliary cases open and laparoscopic.
• Insert central venous access lines, execute simple endoscopic procedures, insert Swan-Ganz catheter; perform cardiovascular monitoring (calculate pressures, cardiac output, systemic vascular resistance, etc.)

PATIENT CARE WILL BE ASSESSED AND MEASURED BY:

— Direct observation on rounds, in the Operating Room, in multidisciplinary conferences (for patient care presentations) and in clinics
— Service Chief summary evaluations of clinical performance (GME Toolkit)

GOAL #2: MEDICAL KNOWLEDGE

ABDOMINAL SURGERY

• Summarize surgical procedures for repair of hernias, and uses of mesh in immunocompromised patients
• Describe pathophysiology and treatment of ascites in: malignancy, hepatic disease (cirrhosis, Budd-Chiari syndrome), chylous leak, pancreatic leak, cardiac disease, renal disease, bile leak

ALIMENTARY TRACT

• Describe pathophysiology of multisystem alimentary tract problems
• Explain the physiologic/therapeutic rationale for the following gastrointestinal operations hepatico(jejuno)stomy, gastrostomy, intestinal diversion due to obstruction, drainage of pancreatic cysts (internal vs. external), drainage of abdominal and retroperitoneal abscesses (percutaneous and operative)
• Detail the standard operative techniques and alternatives associated with the above operations.
• Explain indications/contraindications for diagnostic/therapeutic endoscopy of alimentary tract, treatment of portal hypertension and complications.
• Summarize preoperative, operative, and post-operative management of complex alimentary tract diseases including: re-operative abdomen, high output GI fistulas, splenomegaly in portal hypertension, upper GI bleeding in portal hypertension

LIVER AND BILIARY TRACT

• Compare morbidity, mortality and recovery for laparoscopic and open cholecystectomy.
• Assess management alternatives for common bile duct stones: open versus laparoscopic common bile duct exploration, ERCP
• Preoperative evaluation of liver tumors and indications for surgery. Describe surgical procedures and surgical anatomical landmarks for resection surgery.
LIVER, KIDNEY-PANCREAS TRANSPLANTATION

- Evaluate patients for liver, pancreas and kidney transplantation and determine who is a suitable candidate.
- Understand immunosuppression protocols and the drug toxicity associated with the different drugs.
- Outline and define the rejection cascade in kidney transplantation patients. Recognize complications in immunosuppressed patients.
- Medical and surgical knowledge will be assessed by daily queries and rounds in the operating room and the American Board of Surgery in training examination.
- Vascular access procedure options of ESRD patient including peritoneal dialysis access and management of possible complications.
- Surgical treatment of end stage liver disease, including management of portal hypertension and complications of ascites, including flood syndrome.

MEDICAL AND SURGICAL KNOWLEDGE WILL BE ASSESSED BY:

- Daily queries on rounds and in the Operating Room
- American Board of Surgery In-Training Examination (ABSITE)

GOAL #3: PRACTICE-BASED LEARNING & IMPROVEMENT — PGY 1-5

- Present cases concisely and clearly to peers, supervising surgeons and consultants.
- Use only approved abbreviations in the medical record.
- Search, evaluate, and critically review scientific evidence appropriate to the care of assigned patients. Data will be presented on teaching rounds, in the Operating Room, while discussing indications for procedures or during the patient care review conferences.
- Include evidence based references in M&M presentations and on rounds.
- Use information technology to access clinical information, including performing on-line searches to support self-directed learning.
- Attendance to service conferences:
  - Tumor Conference in radiology at 7 am every Friday
  - Kidney MBR on Wednesdays at noon (Transplant offices)
  - Liver MRB on Fridays at 9 am (Transplant offices)
- Attendance to surgical clinic in LOC 2nd floor Tuesday 1 pm

PRACTICE BASED LEARNING WILL BE ASSESSED AND MEASURED BY:

- Identify at least one evidence based publication per day for operations performed by the resident during the rotation (PGY 3) and discuss the publication with the attending surgeon.
- Evaluate M&M presentations of PGY3 and PGY5 residents for clarity and quality. Feedback will be provided immediately and during their semi-annual resident evaluations feedback sessions.

GOAL #4 INTERPERSONAL & COMMUNICATION SKILLS — PGY 1-5

- Discuss planned procedure with patient defining course of treatment and potential complications.
- Present patients on teaching rounds and during patient care review conferences.
- Assist students to prepare for patient presentations on rounds.
- Present surgical complications at M&M (PGY3).
- Assist students in preparing for the transplantation case presentation conference on Fridays.
COMMUNICATION SKILLS WILL BE ASSESSED AND MEASURED BY:
— Direct observation on rounds or in clinic. PGY3 residents will be observed discussing recommended treatment for several patients
— Direct observation of patient presentations during patient care review, rounds and conferences
— Evaluations by students on the service will be obtained regarding residents’ abilities to assist them with presentations, procedures and patient care management decisions

GOAL #5 PROFESSIONALISM — PGY 1-5

• Administer patient care conscientiously with highest standard of professional, ethical and moral conduct in all circumstances.
• Work with students, peers, superiors, nurses, health care professionals and other hospital staff colleagues in a courteous and thoughtful manner

PROFESSIONALISM WILL BE ASSESSED AND MEASURED BY:
— Direct observation by attending surgeons of postoperative or post procedural care plans and instructions as outlined by the resident with the patient and/or family members (at least one discussion per resident will be evaluated and feedback provided immediately. This exercise will occur weekly during the rotation for each resident.
— A 360-degree evaluation system (students, peers, faculty, nurses, and other health care providers) will be used to evaluate residents’ performances in all geographic locations and throughout the day and night.

GOAL #6 SYSTEMS-BASED PRACTICE — PGY 1-5

• Understand the impact of surgical disease on an individual patient
• Identify needs of the patient as soon as possible (in clinic, on wards, in SICU, the Operating Room) to recruit assistance for the patient from appropriate sources (e.g. primary care, social services, pastoral support, hospice care, support groups, etc.).

SYSTEMS BASED PRACTICE WILL BE ASSESSED AND MEASURED BY:
— A report of experience either in outpatient clinic, during a multidisciplinary planning conference, hospice or support group planning session that specifically addresses the role of surgeons
— A 360-degree evaluation (students, peers, faculty, nurses, other health care providers) will be used to evaluate residents’ performances in all geographic locations, and throughout the day and night.

RECOMMENDED READING:
Handbook of Kidney Transplantation by Danovich
Manual of Liver Transplant Medical Care by Abhinav Humar. 2002