

BARIATRIC & MINIMALLY INVASIVE SURG GOALS & OBJECTIVES

GOALS

Through rotation on the MIS service, residents shall attain the following goals:

I. Patient Care

A. Preoperative Care Setting: outpatient clinic and inpatient service (primary and consultation)

Residents will evaluate and develop a plan of care for preoperative patients with Obesity. The plan shall include any intervention(s) that will successfully prepare a patient for surgery.

i) The resident will perform complete and detailed history and physical examinations of patients being considered for elective as well as urgent/emergent surgery. (All PGY)

ii) The resident will learn to obtain and interpret laboratory and radiologic tests for preoperative evaluation of elective bariatric surgery patients as well as bariatric emergencies. (PGY 2-5)

iii) The resident will demonstrate an understanding of the principles of preoperative patient selection and optimization (ie cardiopulmonary risk assessment; nutritional status; special considerations such as thrombophilias/bleeding disorders, steroid dependent patients, multiple comorbidities, etc...) (PGY 2-5)

iv) The resident will participate in the informed consent process for patients being scheduled for elective and urgent/emergent procedures or surgeries. The informed consent process includes identifying and reviewing with the patient the risks, benefits and alternatives of the planned intervention. (All PGY)

B. Operative Care Setting: 5N and 2W

The following are a list of essential common operations that the resident(s) can be expected to have exposure to by the completion of their bariatric/MIS rotation (Laparoscopic &/or Robotic):

Sleeve Gastrectomy (PGY 2-4)

Roux-en-Y Gastric Bypass (PGY 3-5)

BPD with Duodenal switch (PGY 3-5)

Revision Bariatric Surgery operations (PGY 4&5)

Gastric Band Removal (PGY 2-5)

Paraesophageal Hernia Repair (PGY 3-5)

Esophagogastroduodenoscopy (PGY 1 &2)
Cholecystectomy in patients with severe obesity (PGY 2&3)

The following are a list of the complex operations that the resident(s) can be expected to have exposure to by the completion of their bariatric/MIS rotation:

- ERCP Access in RNY gastric bypass patients (PGY 3-5)
- Acute Bariatric emergencies such as: marginal ulcer perforation, Internal hernia, intussusception (PGY 3-5)
- Enteral feeding access in bariatric patients (All PGY)

C. Postoperative Care Setting: inpatient floor, outpatient clinic

Residents shall develop and follow through with a plan of care for the post-operative surgical patient. This plan generally focuses on but is not limited to: pain control; fluid and electrolyte management; diet nuances; the identification and treatment of common post-operative complications including bleeding, infection, ileus, bowel obstruction, thromboembolism (among others); identification of discharge appropriate patients and coordination of care as they transition back to home following their surgery/procedure.

1. Inpatient floor

A) The resident team is expected to ensure morning rounds have occurred on the inpatient patient list (including the consult service) prior to the start of the day's activities (OR cases, clinic) (All PGY)

B) After rounds, the resident is expected to call the attending physician of record to review the plan of the day for each individual patient. Common issues to be discussed should include vital signs (including pain control), Is/Os, physical exam findings, daily labs, medication review, consultant recommendations. The daily plan will generally consist (among others) of identifying possible discharge appropriate patients, advancement of diet, repletion of electrolyte abnormalities, adjustment of medications, drain and tube management, need for diagnostic tests to be ordered or new consults to be called. (All PGY)

2. Out-patient clinic

A)When circumstance allows, residents will see patient on whom they performed surgery for their 1st outpatient post-operative follow up visit. This will provide for continuity of care that will allow the resident to gain an understanding of the anticipated normal recovery from the various essential common and complex operations as well as gain experience in identifying instances in which deviation from the norm is occurring as how

such instances are approached/managed (All PGY)

B) Residents will see bariatric patients who are in longitudinal surveillance of their disease following their surgical intervention. This experience will provide the resident with an initial exposure to the ongoing care of patients even after their operation is performed. (All PGY)

II. Medical Knowledge

Resident fund of knowledge as it relates to Bariatric Surgery will be expanded through a variety of means, some of which are structured and others of which require independent initiative from the residents who are rotating on the service. These include: 1) Conferences, 2) Assigned readings 3) TWIS quizzes.

1. Conferences

A) Residents are expected to attend weekly Wednesday morning morbidity and mortality conference. Complications from the surgical bariatric/MIS service are to be presented by the resident who was involved in the case in front of a group of their peers as well as the surgical faculty at large. This conference will give residents an opportunity to think critically about specific steps in the preoperative workup, operative conduct and/or post-operative care of patients who have experienced a complication and identify opportunities for alternative decisions in similar, future cases that may lead to improved outcomes. Evidenced based practice patterns should be emphasized when applicable.

2. Assigned Readings: Residents will cover various Obesity and Bariatric surgery topics, among others, as part of their assigned weekly reading curriculum through the program at large. Bariatric faculty all participate in leading didactic discussion(s) at Wednesday morning education conference at different points in the year when appropriate topics are the assigned topic for the week. Additionally, residents are encouraged to educate themselves upon the scientific information relating to bariatric and MIS surgery.

3. TWIS Quizzes: Residents are expected to complete TWIS quizzes that are outlined in the program curriculum. Areas of deficiency as defined by their performance on the TWIS quizzes should serve as the focus for future study plans.

III. Practice-based Learning

Residents are expected to engage in critical self-review as it relates to the cases in which they participate, whether it be in the operating room, on the wards or in the outpatient setting.

1. Morbidity & Mortality Conference – Discussion should center on an evidence based discussion of quality improvement. (All PGY)
2. Residents shall keep logs of their cases and track their operative proficiency as gauged by whether they assisted or were the surgeon junior or senior or teaching assistant. (All PGY)
3. Residents shall distribute operative cards to attendings with whom they have performed cases so that they can be filled out and placed into said resident's Clinical Competency Committee (CCC) folder. (All PGY)
4. Residents shall familiarize themselves with evidence based guidelines related to disease prevention, patient safety and quality (SCIP measures, DVT prophylaxis guidelines, screening colonoscopy guidelines, etc) as well as hospital specific matters related to safety and quality (NSQIP data, QITI data, pharmacy formularies for hospital acquired infections, isolation precaution measures) (PGY 2, 3, 4)

IV. Interpersonal and Communication Skills

- A. Residents will also be called upon to communicate the plan of patients admitted to the hospital to patients, their family and the entire healthcare team involved in the care of that particular patient. (All PGY)
- B. Residents shall learn to document their practice activities in such a manner that is clear, concise and in accordance with the standards of medico-legal documentation. (All PGY)
- C. Residents shall observe (PGY 1) and then participate in (PGY 2-5) the informed consent process for patients being scheduled for emergent/urgent procedures or surgery.
- D. Residents shall learn to give and receive detailed sign-out to facilitate continuity of care during handoffs. (All PGY)

V. Professionalism

- A) Residents will have opportunities to learn how to be honest and sincere with patients. Examples include discussing plans (PGY 1&2) to explaining surgical complications (PGY 3-5).
- B) Residents shall demonstrate a commitment to the continuity of care of a patient within the confines of the 80-hour duty restrictions. (All PGY)
- C) Residents shall learn to maintain patient confidentiality. (All PGY)
- D) Residents will learn the importance of accurate medical documentation. (All PGY)
- E) Residents will be expected to adhere to the hospital's code of professional conduct as it relates to appearance and dress. (All

PGY)

- F) Residents will be expected to be punctual and prepared for all cases, clinics and conferences that they are participating in on any given day. (All PGY)

VI. **Systems-based practice**

The rotation provides residents with inpatient and outpatient opportunities to grow within the systems based practice core competency.

- A) Residents will learn to practice high quality cost effective, evidence based patient care. This knowledge will be gained through participation in the conferences listed above in the medical knowledge. (All PGY)
- B) Residents will be educated about and held accountable for compliance with the surgical care improvement project (SCIP) standards as they relate to the perioperative care of surgical patients and include but are not limited to reducing surgical site infection(s) through the appropriate use and choice of perioperative antibiotics; eliminating or reducing catheter associated urinary infections by early removal of indwelling catheters from post-operative patients. (All PGY)
- G) Residents will be educated about the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) measures and outcomes and how they relate to the changing landscape of reimbursement patterns for individual providers and hospital systems at large. (PGY 2-5)