

BARIATRIC & MINIMALLY INVASIVE SURGERY ROTATION

ATTENDINGS:

Lawrence Tabone, MD

Nova Szoka, MD

Salim Abunnaja, MD

Shintaro Chiba, MD

Bariatric Surgery APPs:

Megan Przybrowski

Courtney Brown

Rebekah Shephard

Kiley Iams

- Please email team your monthly schedule prior to starting rotation
- Contact the PA/NPs at the beginning of your rotation for help with order sets
- All attendings use the same order sets
- Please review the Inpatient Bariatric Surgery Service Workflow prior to starting the rotation

CONFERENCES/EDUCATIONAL:

In preparation for the rotation, you are expected to:

- _Watch the following videos for the commonly performed bariatric operations:
 - Sleeve Gastrectomy: <https://youtu.be/AndCyUUt378>
 - Gastric Bypass: <https://youtu.be/SxEckPB0e3M>
 - Duodenal switch: https://youtu.be/K6u9_meo-YI
 - Bariatric Surgery Complications: <https://youtu.be/Ndam7ywTfoc>
 - Simulated Laparoscopic Graham Patch Repair: <https://www.youtube.com/watch?v=sEFC0tJ0HxM&t=2s>
 - Simulated Hiatal Hernia Repair: A Stepwise Approach to Crural Closure: <https://www.youtube.com/watch?v=WvSHAYpapwo>
 - Laparoscopic hand-sewn bowel anastomosis simulation model: <https://www.youtube.com/watch?v=YZO2BvPbeqk>

- _You will be assigned a topic to review & present a 10 minute PowerPoint presentation at our monthly Bariatric Board meeting
- _You are expected to practice laparoscopic suturing and advanced laparoscopic skills in the sim lab prior / during the rotation.
- _Set up an account on learning.intuitive.com for the robotic simulator & complete simulator modules on suturing, energy device (vessel sealer), & the intro modules to the robot's controls

TYPICAL WEEKLY SCHEDULE:

- Monday/Tuesday/Wednesday: OR days
- If after Wednesday AM didactics, there are no OR cases, go to bariatric clinic (4th Floor POC)
- Thursdays (1st, 2nd, 4th): Endoscopy AM – Sim lab or clinic PM
 - Thursdays (3rd): OR day
 - Fridays (1st, 3rd): OR day
 - Fridays (2nd): Presentation at Bariatric Board Meeting (9 -11am) - Sim lab PM
 - Fridays (4th): Clinic

OR & Endoscopy days:

You are expected to review the charts prior to the procedure

- Preop H&P updates: check-in all patients.
- On Endoscopy days: do H&Ps and consents. Attendings will do the procedure notes. The discharge orders are held/pended by the Bariatric PA/NPs. No discharge summary is required

Useful EPIC dot phrases:

H&P validation: .szhpvalidation

H&P for EGD: .szegdhp

Post op D1 progress note: .szpod1

Post op D2 progress note: .sapostop

The main order set is: SURG: Bariatric Postop

Inpatient Bariatric Surgery Service Workflow

This workflow serves as a **guiding structure**, not rigid rules. If staffing is limited or key team members are unavailable, responsibilities may shift as needed to maintain patient safety and workflow efficiency.

1. Morning Rounds

Early morning patient rounds will be completed by the **Bariatric Surgery Fellow** and the **surgical resident**. They will write the Progress notes & initiate the orders.

2. Attending Updates

After rounds, the **fellow** will update each attending using their preferred communication method (text, call, or in-person discussion).

3. Bariatric Pager Handoff (7:00 AM)

At 7:00 AM, the **resident** hands off the inpatient bariatric pager to the designated **APP (NP/PA)**, providing a brief, focused sign-out on patient needs and active issues.

4. Floor Check (APP)

The APP carrying the pager will perform **informal rounds at some point later in the morning** which include:

- Briefly checking on patients “eyeballing”
- Placing routine daily orders not yet entered
- Communicating finalized plans with **daytime nursing staff**
- Connecting with **case managers/discharge planners if needed**
- Assisting with coordination of consults and addressing any patient concerns
- No need to write notes unless there is a significant update in a patient’s clinical status or change in the care plan

5. OR Coverage

Operating room coverage will be provided by the **fellow, resident**, and the **assigned APP** based on the daily OR schedule

6. Routine Discharges

Routine, non-complex discharges will be completed by the **APP**. All scripts will now be E-scripted by APPs. After-hours or weekend discharges will be handled by the team on duty.

6. Daytime Consults

Consults should be triaged and seen as soon as possible by **APP/resident/fellow** based on availability and urgency.

7. ICU Patients

ICU-level patients will be managed primarily by the **fellow and resident**.

8. Complex Discharges

Complex discharges (e.g., prolonged LOS, TPN, specialized wound care, long-term antibiotics) will be **finalized and executed by the fellow** for accuracy and safety.

APPs & Resident will support the process by:

- Communicating with CM/Discharge Planning
 - Arranging post-discharge needs
 - Preparing components required for discharge
- This ensures a smooth and safe discharge workflow led by the fellow.

9. Attending Communication

Any team member (fellow, resident, APP) would contact the attending directly for:

- Urgent clinical issues & consults or any concerns requiring attending involvement
- After doing so, the team member must **update the fellow and the team**, so communication remains clear and consistent.

10. Resident &/or Fellow will do afternoon rounds for post op checks “notes not required”

11. Bariatric On-Call Pager Coverage

- Pager coverage will be shared between the **APPs** and the **surgical resident**.
- The **APP** will carry the pager whenever the resident is in the operating room or involved in residency related educational activities.
- The **resident** will carry the pager when done with all OR cases and is free of educational responsibilities.
- If no resident is available on the service (vacations, day off, etc) the **APP** will carry the pager during their designated working hours
- If the resident is not available, the gold resident will cover the pager from sign out time (6:00 am) until it is handed off to the bariatrics APP at 7:00am and in the evening at 4:30 until sign-out to night team.

12. **The Fellow** will serve as the primary leader of the Bariatric service. the Fellow has the autonomy to redirect clinical workflow and assign tasks to the team members if needed to address shortages or urgent situations.

13. Team Communication: Epic Handoff Tool (Update each afternoon)

Daytime Service Pager: #2971: The pager hand out is at the Bariatric Workroom on the 4th floor of the POC at 7 am. Resident and APP can communicate if other accommodations need to be made for handoff outside of this designated location or time.

Additional housekeeping points:

APP schedule:

- Posted for viewing in Outlook calendar titled “Bari APP Schedule”
- Will be sent out monthly via e-mail to the team and newly onboarding resident the week prior to the new month
- A weekly schedule will also be sent, highlighting any schedule changes/vacations/notes for the team.

- Daily Assignments: The schedule will list the APPs available and where their primary assignment for the day will be.
 - **OR:** APP designated to assist in the OR
 - APP covers until approximately 4:30
 - Please plan accordingly if cases are to run beyond 5 pm and further bedside assistance is needed.
 - **Inpatient:** APP covering inpatient/floor duties
 - This will be the APP to contact/update on inpatient concerns/morning rounds
 - Will hold the pager/field pages while the resident and fellow are in the OR
 - Typically, this provider is also covering clinic, unless all providers are needed to cover an OR, then they may also be in the OR
 - **Clinic:** Provider(s) available to cover clinic
 - Located at the POC 4th floor