General Surgery Service

Patient Care

Goals and Objectives

Stomach/Duodenum and Bariatric

1) Interpret the results of clinical evaluations (history, physical examination) performed on patients being assessed for
    a) Obesity surgery
    b) Treatment of
        i) Adenocarcinoma of the stomach
        ii) GIST
        iii) Carcinoid
2) Optimize postoperative care of patients undergoing bariatric procedures by assessing patient risk, and focusing on
    a) Pulmonary hypertension, coronary artery disease, and right heart failure
    b) Sleep apnea and hypoxemia/hypoventilation syndrome
    c) Associated hepatobiliary disease
    d) VTE prophylaxis
    e) Infection prophylaxis
    f) Management of diabetes
3) Interpret the results of postoperative patient monitoring after bariatric procedures, focusing on
    a) Fluids and electrolytes
    b) Pain management
    c) Oxygenation (continuous pulse oximetry)
4) Interpret the results of postoperative monitoring to identify complications after bariatric procedures, including
    a) Anastomotic leak (of gastrojejunostomy, jejunojejunostomy, or gastric remnant staple line)
    b) Bleeding (intraluminal versus intraabdominal)
    c) Acute gastric obstruction (band)
    d) VTE
    e) Soft tissue and deep infection
    f) Pneumonia

Gallbladder

1) Interpret the results of clinical evaluations (history, physical examination) performed on patients being evaluated for
    a) biliary colic
    b) biliary dyskinesia
    c) choledocholithiasis
2) Optimize preoperative preparation of patients undergoing biliary procedures by assessing patient risk.
3) Interpret the results of postoperative monitoring to manage patient recovery after biliary procedures.
4) Interpret the results of postoperative monitoring to identify complications after biliary procedures, including:

    a) Bile leak

b) Biliary stricture
c) Wound infection and deep infection

Acute Abdomen

1) Interpret the results of clinical evaluations (history, physical examination) performed on patients with acute abdominal pain, being evaluated for
   a) Appendicitis
   b) Pancreatitis
   c) Cholecystitis
   d) Small bowel obstruction
   e) Mesenteric or colonic ischemia
   f) Acute hernia
   g) Perforated viscus
2) Identify the optimal imaging and laboratory assessment of patients being evaluated for the above conditions.
3) Optimize preoperative preparation of patients undergoing emergency procedures for the above conditions, including
   a) Correction of volume and electrolyte deficits
   b) Antimicrobial therapy
   c) Management of coagulopathy
4) Interpret the results of postoperative monitoring to manage patient recovery after emergency procedures for the above conditions
5) Interpret the results of postoperative monitoring to identify complications after emergency procedures for the above conditions including
   a) Intra-abdominal abscess after appendectomy, cholecystectomy, bowel resection
   b) Necrosis, pseudocyst formation or bleeding after pancreatectomy
   c) Ileus
   d) Anastomotic leak
   e) Bowel obstruction

Complex and/or Reoperative Surgery (including ventral hernia, enterocutaneous fistulas)

1) Interpret the results of clinical evaluations (history, physical examination) performed on patients being evaluated with the above conditions to prioritize initial management including
   a) Control of infection
   b) Volume and electrolyte resuscitation
   c) Nutritional support
2) Determine the optimal diagnostic approach to evaluate patients with the above clinical conditions to achieve the following goals
   a) Immediate need for assessment and control of infection
   b) Overall status assessment to identify
      i) the patient's tolerance for the treatment options
      ii) the timing of definitive treatment
3) Use the results of the diagnostic imaging studies to determine the treatment options for the above clinical conditions.
4) Interpret the results of postoperative monitoring to manage patient recovery after procedures for the above conditions
5) Interpret the results of postoperative monitoring to identify complications after procedures for the above conditions, including
   a) Intra-abdominal abscess
   b) Ileus
   c) Anastomotic leak
   d) Bowel obstruction

GERD, hiatial hernia, and achalasia surgical management and postoperative care

1) Interpret the results of clinical evaluations (history, physical examination) performed on patients being evaluated with the above conditions to prioritize initial management including
    a) Control of pain
    b) Volume and electrolyte resuscitation
    c) Nutritional support
2) Determine the optimal diagnostic approach to evaluate patients with the above clinical conditions to achieve the following goals
3) Use the results of the diagnostic imaging studies to determine the treatment options for the above clinical conditions.
4) Interpret the results of postoperative monitoring to manage patient recovery after procedures for the above conditions
5) Interpret the results of postoperative monitoring to identify complications after procedures for the above conditions, including

Responsibilities & expectations

1) See service and consult patients daily on rounds with the team to discuss status, formulate management plans and anticipate discharge planning
2) Review all patient imaging studies and reports with the team and a radiologist as appropriate, particularly studies performed at other facilities.
3) Use Apex for patient tracking and sign-out.
4) Promptly notify the service chief resident and/or attending of changes in patient status as directed by
    a) The rules of UCSF
    b) The rules of the Surgery Service Manual, including
        i) any change in the level of care.
        ii) any patient who vomits more than once within 12 hours
        iii) any patient who requires more than one fluid bolus within 12 hours
        iv) any drop in hematocrit >3 units
        v) any patient with abnormally changed vital signs. The most common error is hypotension (SBP<90) mis-attributed to an epidural, when in fact the patient is bleeding.

Medical knowledge

Goals & objectives

Bariatric

1) Understand the 1991 NIH consensus criteria for surgical management of morbid obesity
2) Understand the impact of the following comorbidities of obesity, including the impact on the risk of bariatric procedures
    a) pulmonary hypertension
    b) CHF
    c) coronary artery disease
    d) sleep apnea
    e) hypoxemia/hypoventilation syndrome
    f) asthma
    g) hyperlipidemia/hypercholesterolemia
    h) diabetes/insulin resistance
    i) venous stasis
    j) GERD
    k) DJD

3) Describe the benefits of bariatric surgery in terms of
    a) Weight loss
    b) Life expectancy
    c) Quality of life
    d) Resolution of cormorbidities

Gallbladder

1) Understand the prevalence and natural history of gallstones and the pathophysiology of gallstone formation.
2) Understand acalculous cholecystitis
3) Understand choledocholithiasis and the common complications including
    a) acute cholangitis
    b) biliary panceatitis
4) Differentiate choledocholithiasis and from cholelithiasis.
5) Be familiar with signs and symptoms of
    a) cholelithasis
    b) biliary colic
    c) acute cholecystitis
    d) chronic cholecystitis
6) Understand the following treatment options for gallstones including indications and contraindications
    a) ERCP
    b) Cholecystectomy versus Cholecystostomy

Acute Abdomen

1) Understand the pathophysiology of acute appendicitis
2) Understand the classic signs and symptoms of acute appendicitis
3) Contrast the signs and symptoms of classic appendicitis with the signs and symptoms of the most common conditions included in the differential diagnosis, including
    a) UTI
    b) Renal colic
    c) Gynecologic conditions (PID, TOA, ectopic pregnancy, endometriosis, ruptured luteal cyst)
    d) Mesenteric lymphadenitis
    e) Peptic ulcer disease
    f) Cecal diverticulitis or cancer
    g) Sigmoid diverticulitis
4) Understand the methods of diagnostic evaluation, including indications for
    a) CT scan
    b) Ultrasound
    c) MR
    d) diagnostic laparoscopy
5) Understand the complications of appendicitis
    a) perforation
    b) abscess formation
    c) pancreatitis
    d) fistula
    e) infertility
    f) phlegmon
    g) chronic appendicitis
6) Understand the following treatment options for appendicitis in terms of indications, contraindications, risks, benefits, possible complications
    a) antibiotics
    b) appendectomy

c) open vs lap
d) immediate vs delayed

Pancreatitis

1) Understand the etiologies of pancreatitis including
   a) alcoholic
   b) biliary
   c) iatrogenic
   d) other (hypertriglyceridemia, hypercalcemia, PAN, medications, viruses)
2) Understand the diagnostic evaluation of acute pancreatitis and prognositic scoring systems.
3) Understand the common complications
   a) SIRS
   b) pseudocyst
   c) pancreatic necrosis
   d) retroperitoneal abscess
4) Understand the initial management of patients with acute pancreatitis, with emphasis on
   a) fluid resuscitation
   b) nutrition
5) Understand indications for antibiotics
6) Understand monitoring for end-organ dysfunction/SIRS
7) Understand indications for surgery

Small bowel obstruction (SBO)

1) Understand the signs and symptoms of mechanical SBO
2) Understand the differences between
   a) SBO and adynamic ileus
   b) Complete SBO from partial
   c) Strangulated SBO from non-strangulated
3) Understand diagnostic evaluation of patients presenting with a SBO
4) Understand the serious complications of
   a) Mesenteric or colon ischemia
5) Be familiar with the signs and symptoms of ischemic and/or infarcted bowel
6) Understand the risk factors and clinical settings when mesenteric ischemia might occur

Acute hernia complications

1) Understand the findings that require emergency repair of a hernia

Perforated viscus

1) Understand the differential diagnosis of abdominal free air.

Complex and/or Reoperative Surgery (including ventral hernia, enterocutaneous fistulas)

1) Ventral Hernias
   a) Differentiate a simple from a complex ventral hernia
   b) Understand treatment options with respect to
      i) laparoscopic vs open
      ii) need for mesh reinforcement
      iii) type of mesh used: prosthetic versus biologic
      iv) separation of components

2) Enterocutaneous Fistulas
    a) Understand a fistula and the common causes
    b) identify risk factors and factors that prevent fistula resolution

Responsibilities & expectations

Prepare and present clinical patient histories at sign out and during hand offs.

Technical skills

Goals & objectives

1) Competently remove central lines
2) Competently remove drains

Responsibilities & expectations

1) Notify service chief of any complications when removing CVC or drains

Practice-based learning and improvement

Goals & objectives

1) Attend weekly service M&M conference .

Responsibilities & expectations

1) Meet with the fellowship director at least once during the roation.

Interpersonal & communication skills

Goals & objectives

1) Communicate effectively as a member of the multidisciplinary which rounds together
2) Communicate effectively with patients and families

Responsibilities & expectations

1) Establish appropriate role in the multidisciplinary team
2) Maintain appropriate lines of communication within the care team and across disciplines

Professionalism

Goals & objectives

1) Functions as a licensed independent practitioner.
2) Enhance the body of knowledge in advanced practice nursing through exchange of ideas and knowledge in professional organizations, conferences, research activities, and written publications

Responsibilities & expectations

1) Adhere to the UCSF Medical Center Mission
2) Demonstrate respect, compassion, and integrity
3) Provides patient centered care recognizing cultural diversity and the patient or designee as a full partner in decision making

Systems-based practice

Goals & objectives

1) Coordinate patient care including discharge and transfer within the health care system

Responsibilities & expectations

1) Become proficient in the process of patient transfer to a lower level of care
2) Become proficient in the management of a patient through the discharge process
   a) appropriate documentation of care for the primary physician
   b) appropriate referral to local specialists for follow-up management of health issues that developed during the UCSF treatment
3) Practice cost effective, evidence based health care and resource allocation that does not compromise quality of care