UPDATED: August 2009

ROTATION: SURGICAL CRITICAL CARE AND TRANSPLANTATION SURGERY

ROTATION DIRECTOR: Gerald Lipshutz, M.D.

SITE: UCLA Medical Center

LEVEL OF TRAINEE: R1

GOALS:

R1: To gain exposure in the care and management of patients with chronic liver disease, diabetes, renal failure, and small intestinal abnormalities amenable to transplantation.

DESCRIPTION OF ROTATION:

The UCLA Abdominal Transplant Programs are one of the largest in the world. The services perform roughly 200 liver, 300 kidney, 8-12 small intestine, and 15-20 pancreas transplants per year. In addition, the liver division also has a high volume hepatobiliary-pancreatic surgery component. The Transplantation Surgery Service consists of 1 month in the R1, 1 month in the R2, and 2 months in the R4 year. The R1 will have additional exposure to kidney transplantation on the Urology rotation.

LEVEL OF TRAINEE: R1

R1s on this service will be primarily responsible for managing the ward patients.

Responsibility:

1. Transplant residents are responsible for overseeing the care of pre- and post-transplant patients admitted to the Service as well as those patients admitted for other surgical procedures.
2. The resident and nurse practitioners on the service will work up all patients admitted that day.
3. Residents are to oversee medical students.
4. Residents must co-sign all orders/notes by students.
5. Daily notes are to be written on every patient by the House staff.
6. A history and physical examination is required on every patient that is admitted.
7. The operative consent is discussed with the patient by the Attending and/or transplant fellow. The patient’s signature is obtained by the house staff at the time of transplant.
8. Requisition slips for lab tests, x-rays, cholangiograms etc. must be completed by the house staff indicating the reason for the study.
9. House staff are expected to dictate all discharge summaries STAT.
10. The transplant fellow conducts morning rounds. House staff, including residents, is expected to be present for a prompt start at 6:30 am.
11. When time allows, residents should participate in the operating room but their primary responsibility is the management of the ward patients.
12. The resident is expected to attend the educational conferences of the division including morbidity and mortality conference and grand rounds (dates vary).
13. Residents are expected to not stay beyond 80 hours per week and are expected to follow the work hours regulations established by the RRC.
14. House staff are expected to ‘sign-out’ the status of each patient to the ICU resident at night and transplant fellow before leaving the hospital.

Major Objectives:

1. Demonstrate knowledge of the principles associated with managing patients with chronic liver disease.
2. Develop basic knowledge of pharmacologic immunosuppression used with organ transplantation.
3. Learn the indications for liver transplantation, small intestine transplantation, and pancreas transplantation.
4. Demonstrate knowledge in the management of patients having undergone abdominal organ transplantation and complex hepatobiliary surgery.

Typical Week:

<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident 7am-7pm</td>
<td>Ward</td>
<td></td>
<td></td>
<td>7-10:00am GS Conference</td>
<td>Ward</td>
<td></td>
<td>Ward</td>
</tr>
<tr>
<td>7pm-7am</td>
<td></td>
<td></td>
<td></td>
<td>Ward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ward</td>
<td></td>
<td></td>
<td>Ward and ICU</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Competency-based Goals and Objectives:

Educational Methodology: The resident will achieve the stated objectives using the following methods:

1. Direct involvement in patient care and management, under the supervision of faculty (transplant, pulmonary-critical care, and anesthesia).
2. Personal performance of procedures.
3. Attendance of lectures and conferences.

Monitoring of the accomplishment of these objectives will be performed using the following methods:

1. Assessment by the faculty-attending surgeons during resident/attending interaction in the course of the delivery of patient care.
2. End of rotation evaluation of resident performance to assess the resident’s demonstrated fund of knowledge with respect to the stated objectives.
3. Performance on the annual ABSITE examination, Clinical Management and Basic Science sections.

Patient care:

1. Participate in the pre- and post-operative surgical management of patients after organ transplantation.
2. Participate in the perioperative management of immunosuppressive drug therapy, including monitoring drug levels and treating potential toxicity.
3. Diagnose acute and chronic organ rejection using clinical signs and symptoms as well as serum chemistries and radiologic studies.
4. Recognize and manage postoperative surgical complications, including wound infection, anastomotic stenoses and leaks, and lymphocele formation in immunosuppressed patients.
5. Participate in the evaluation of potential candidates for living-related and cadaveric organ transplantation, including
   a. clinical suitability
   b. strength of social support
   c. expected graft and patient survival
6. Participate in the evaluation of patients suspected of organ rejection to include:
   a. laboratory and radiologic testing
   b. administration of immunosuppressive agents
   c. following patients for potential acute and chronic side effects

Medical Knowledge: R1

1. Understand causes and management concepts for chronic liver disease.
2. Understand the physiology of ascites and SBP.
UCLA General Surgery Residency Program
Rotation Educational Policy
Goals and Objectives

3. Understand the causes and treatment of hepatic encephalopathy.
4. Understand and utilize treatment principles for patients before and following liver transplantation.
5. Understand the concept of ARF and hepatorenal syndrome and the indications for use of renal replacement therapy in this patient population.
6. Understand and apply elements of nutritional assessment and understand indications for enteral and parenteral nutritional support.
7. Learn basic concepts in pharmacologic immunosuppression.
8. Understand and utilize management principles for patients following liver resection and major biliary procedures.

Professionalism:

1. Work within a multidisciplinary critical care team.
2. Participate in weekly multidisciplinary rounds.
3. Demonstrate respect, compassion, integrity, and kindness in relationships with patients, families, and colleagues.
4. Demonstrate sensitivity and responsiveness to gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities.
5. Understand concepts of patient confidentiality and informed consent.
6. Develop the ability to formulate constructive feedback in response to problems encountered in the workplace.

Systems-based Practice:

1. Understand and utilize indications for ward and ICU admission.
2. Understand and utilize criteria for transfer into and out of the ICU and hospital discharge.
3. Understand concepts related to transfer of patients from outside institutions.
4. Understand concepts of cost-efficiency in the ICU and ward.
5. Understand limitations of care and concepts of futility.

Practice-based Learning and Improvement:

1. Utilize the medical literature to hone practice indications and guidelines and critically evaluate current management.
2. Understand modern concepts of evidence grading and outcome assessment.

Interpersonal and Communication Skills:

1. Interact effectively and professionally with patients, families, physicians, nurses, and other members of the health-care team.
2. Practice compassionate end-of-life care.
3. Provide effective consultation to other physicians and health care professionals.
4. Maintain comprehensive, timely, and legible medical records.

GSL 8/2006