

Vascular Resident Orientation

Loma Linda VA Health Care System

Vascular Surgery Section





Goals

◎ Receive Structured Education

Clinical/Academic/System based

◎ Provide Excellent patient care

◎ Enhanced your operative skills



Competencies/Metrics/Assessment



⊙ Medical Knowledge:

Setting: Every Tuesday AM Mock oral board / Teaching rounds

Metric: Theoretic knowledge

Assessment tool: Questions from pool data set

⊙ Patient care /Operative skills:

Setting: OR /Cath lab/daily rounds

Metric : tech Skills/clinical management

Assessment tool: Standardized OR cases review forms

⊙ - Practice based learning:

Setting: -Academic M&M presentation /LLU resident conference presentations

Metric : Practice based learning

Assessment tool: Standardized Oral presentation review forms



⊙ **-System based practices:**

Metric: Performance on OP dictation within 24 hours/DC summary/Consults

Tools: delinquent reports

-

⊙ **Professionalism: A) Conduct:**

Develop leadership skills

Response time to see ED consult 20 minutes

Stay with operative patient until recovery room

See every consult

Round on every patient

Be punctual to all events

All cases dictated within 24 hours

B) Avoid misrepresentation of any form

C) Cultural proficiency

⊙ **Personal –communications skills: timely and effective listening, give and receive feedback/ Sign-off patients, relations with staff and ancillary personnel /Time off**



Resident Specific Core Knowledge



◎ Level: PGY II Core knowledge

- 1. Anatomy & imaging of the vascular tree
- 2. Clinical Evaluation vascular patient
 - Atherosclerotic risk factors/venous risk factors
 - Vascular PE/ABI/TCPo2 interpretation
- 3. Outpatient, Preoperative & Post operative management
 - Carotid occlusive (CEA/CAS)
 - Aneurysmal disease (IRAAA)
 - PAD (claudication-Critical limb ischemia)
 - Diabetic foot infection
 - Chronic Venous insufficiency/ DVT
 - Acute limb ischemia



Resident Specific Core knowledge



◎ Level: PGY IV Core knowledge

- 1. Same as PGY II plus
- 2. Vascular Emergencies
 - Vascular Trauma,
 - Acute mesenteric ischemia
 - Rupture AAA
 - Acute DVT/PE
- 3. Dialysis access



Source Readings

- ◎ PGY 2
 - Vascular section in Schwartz/Greenfield/ Sabiston
 - Rutherford Atlas
 - SCORE

- ◎ PGY 4
 - Vascular section in Cameron
 - Mastery of Surgery
 - SCORE

- ◎ All levels:
 - Resources:
 - Electronic library in Vascular folder
 - Sentinel papers in vascular surgery



Resident Specific Technical Skills Expectations



⊙ PGY 2

- -Division, ligation vessels techniques
- -Major amputations
- -Closure open surgical wounds
- -LE Fasciotomies

⊙ PGY 4

- Vascular anastomosis / Endarterectomy technique/Thromboembolectomy,
- Patch angioplasty, venous procedures, exposure arterial structures
- AV access, major vascular cases
- CEA
- Femoral vessel exposure.



Academic Educational Duties



◎ PGY 2

- Present cases at all case conferences
- Prepare for each case preoperatively

◎ PGY 4

- Prepare weekly M&Ms list & Peer review forms for Tuesday morning conference
 - Save them in Vascular resident folder => Vasc MM peer review
- M&M Prep session Tuesday morning conference
- Present cases at all case conferences
- Read for each operative case
- Power point presentations :
 - ◎ Please use VA format NO PATIENT INFORMATION
 - ◎ Save in vascular resident folder=>Presentation Personal folder



Vascular Section Weekly Schedule



MONDAY

6:00am- Preoperative planning conference-
Attending Teaching Rounds- (R4/R2/ medical students to present patients)
8:30am- Venous clinic
12:30pm Vascular surgery Clinic

TUESDAY

6:00 am Weekly MM preparation R4/R4 R2 Mock oral /Student presentation
6:45am- PAVE Multidisciplinary conference & Rounds
7:30 OR CASES First start
9:00am- Vascular access clinic (R4)

WEDNESDAY

6:30am- Fellows lectures at LLUMC
7:00am- Joint VA LLU Vascular conference
730 M&M at LLUMC or CVQI
8:45am- OR CASES First start
9:00am PAVE clinic
12:30pm POST OP clinic-PM

THURSDAY

6:00AM Attending Teaching Rounds-
6:45am- Joint Vascular VA-LLU Conference
7:30 OR CASES
08:30 Vascular Surgery Clinic

Friday

7:00am- Attending Teaching Rounds
7:30 OR CASES



Rules of engagement

Preoperative care:

Avoid First case delay by

24 hour H&P update note :

Document pertinent exam (carotid neuro all other
peripheral pulses and extremity motor/sensory exam)

Mark surgical site with surgeon's initials

Check consents /labs / medications

Know baseline KG weight

Safety Check List:

1. Know patients and indication for procedure
2. Baseline labs / EKG/renal protection protocols

Mark all peripheral signals in the OR prior of induction

Beta blocker/statin therapy unless contraindicated.(cardiac protection)

DOCUMENT CONTRAINDICATION

Allergies(contrast/Latex/Drugs)





Rules of engagement



Operative Care

All OR Dictations **MUST** be done immediately after the case.

All postoperative notes **MUST** be **DONE** on CPRS before patient leaves PACU or Cath lab

Postoperative Care:

Review postop orders

All patient should be on Betablockes and statins (unless contraindicated)

Document contraindication!!!!

DC foley within 24 hours if not document why!!!!

If SICU Admission: NOTIFY ATTENDING SICU of Status



Rules of engagement



Inpatient Care

- ⦿ All vascular notes (Consults /H&P) by PGYII MUST have an addendum from Vascular Resident reflecting the vascular problem, exam and plan.
- ⦿ All Vascular Inpatient notes before 1700 hours
- ⦿ Please review all orders when patients transfer level of care (e.g.ICU to ward) **DO NOT COPY & PASTE**

- ⦿ **PMR Consults:**

All Lower extremities revasc , amputations and open aortic procedures patient should be evaluated by PMR on POD 1

- ⦿ **Discharge Planning:**

Dictate Discharge summary (before 11 AM when they transfer to REHAB/Nursing Home here. (Please include indication of admission, procedure, complications if any, post procedure ABI, vascular exam and vascular medications.)

-Inpatient NP are in charge, except weekends.

-Weekend DC: NP to have anticipated orders clear for weekend resident



Rules of engagement



© **In-house Vascular Consults**

A consult needs to be placed by the requesting team electronically in order to be able to select this note.

Consults are to be staffed by attending within 24 hours.

The vascular resident must notify the attending.

Any non vascular resident (Float) have written the consult note, the vascular resident on call is responsible for its contents and must make an addendum.

© **Outpatient care :**

© Vascular outpatient notes should be completed within 2 hours of clinic end time



Rules of engagement



- ⊙ On call:
- ⊙ Must see emergent consults within 20 minutes and staff with attending/fellow if unable to meet 20 minutes resident **MUST PAGE** Attending on call
- ⊙ Non-emergent consults must be seen in a timely fashion and staffed
- ⊙ Sign off process must be clear



VA SECURITY



DO NOT have Identified information in any power point slides

DO not keep personal copies of any form (e.g. peer reviews) in your possession

DO NOT bring Peer review form to LLU M&M



*“...To care for him who shall
have borne the battle...”*