



LOMA LINDA UNIVERSITY
HEALTH

Date: February 18, 2021

To: All Surgery GI Surgery Faculty and Residents

From: Jukes Namm, MD, FACS
Residency Program Director

RE: Chief Resident and Fellow Structure on GI Surgery 1 and 2

Based on our last ACGME resident survey, the impact of other learners on resident education is an ongoing issue in our residency program largely due to the rapid growth of our fellowship programs in the recent years. Although I believe that fellows can add tremendous value to resident education, it is important to ensure that the residents' experience is not diminished by the fellow's training. The ACGME has specific requirements regarding the interaction between a fellow and chief resident. We must continue to ensure that both the fellow and the chief residents have a robust clinical education with adequate exposure to ambulatory, inpatient, and operative experiences.

It is important to clarify the expected roles of each trainee in terms of administrative and clinical responsibilities as well as the structure of the two services. The following has been discussed and agreed upon by the leadership in the General Surgery Residency and the Advanced MIS/Bariatric Surgery Fellowship.

Summary:

1. Chief resident and fellow responsibilities and expectations need to be more clearly defined on the GI Surgery service
2. Bariatric case volume have been adequate for fellowship requirements but should be monitored
3. Case volume for esophagus, stomach, hernia, and complex laparoscopic cases are adequate for ACGME requirements but should be monitored
4. There are no "required" number of bariatric cases for general surgery residents by the ACGME
5. Residents should be encouraged to incorporate the Robotics Curriculum throughout training

A Seventh-day Adventist Institution

SCHOOL OF MEDICINE | Department of Surgery | Surgery Residency Program
11175 Campus Street, Coleman Pavilion, Suite 21108
Loma Linda, California 92354
(909) 558-4289 • fax (909) 558-4872 • www.llusurgery.org

Recommendations:

1. Two clearly defined and distinct services with assigned attendings:
 - a. GIS 1: Dr. Michelotti, Dr. Kannappan, Dr. Quigley, Dr. Hayton, Dr. Rosenthal
 - b. GIS 2: Dr. Scharf, Dr. Srikureja, Dr. Yung, Dr. Rivera
2. Operative cases are assigned based on the service assigned to the Chief resident and Fellow. The only exception are bariatric cases which the fellow will have priority regardless of the service until required case volume is achieved. When the fellow operates on a bariatric case from the other service, that patient will be managed on the fellow's service.
3. For non-anastomotic bariatric cases (i.e. sleeve gastrectomies), the Chief resident will perform a minimum of 3 of these cases while on the GI Surg 2 service. Any additional bariatric cases will be performed by the fellow if needed in order to meet case number requirements.
4. When an attending is operating in 2 rooms, the Chief resident or Fellow assigned to the service will assign the cases appropriately.
5. The Chief resident and the Fellow are responsible for rounding on their own service patients regardless of location (MC or SH) or attending (MIS or ACS) and will communicate directly with the attendings on their service. They will cross cover on days off and/or weekends.
6. The ACGME views the MIS Fellow as a trainee anywhere in the residency including the VA. Therefore, the fellow should not take a chief resident through a case. They can however take a PGY3 and/or intern through a case (TA). The only cases that the MIS Fellow should perform at the VA are bariatric cases, as per #2 above.
7. A quarterly survey will be sent out to the MIS fellow and the Chief residents regarding operative experience (quality and volume), patient care responsibilities, and administrative responsibilities (M&M, conference participation)
8. We will review the surveys and case logs for the MIS fellow and the Chief residents on a quarterly basis with a Fellowship Special Review including the GI Surgery attendings, program director, chair, and others who will decide how the fellowship is affecting the surgery resident experience.
9. Residents will be strongly encouraged to participate in the Robotics Curriculum and complete FLS so that they can make the most of their experience on GI Surgery with clearly defined expectations for case participation.

Please let me know if there are any questions or concerns. I think this will be mutually beneficial to all our trainees and maintain excellent patient care. This will be crucial to the future success of our residency and fellowship programs.

Thank you.

JPN