

The following helps to explain some of the operational details on the GI Surgery rotation:

1. The weekly GI Surgery schedule is created by the GI Surgery PGY5 Chief Resident (Chief Resident). Operative cases will be discussed and distributed by the chief resident and MIS/Bariatric Fellow (Fellow). It should be sent out no later than Sunday each week to all team members (including NP and students) and attendings. If neither is available, please designate one of the resident members of the team to be in charge.
2. The Chief Resident runs one of the GI Surgery service while the Fellow runs the other. The chief resident and fellow are not expected to round or know patients on the other service except when cross covering for each other during the weekend, holidays, vacation, etc. It is not appropriate for a Chief Resident to be asked to "chief a patient" with the Fellow. "Service updates" regarding the daily status of patients should separately come from the two services (except when cross covering).
3. The services are currently split according to the following attendings:  
GS1: Michelotti, Kannappan, Quigley, Rosenthal, Hayton.  
GS2: Scharf, Yung, Srikureja, Rivera.
4. 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.
5. 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 Surgery service. Any additional bariatric cases will be performed by the Fellow regardless of the service.
6. When an attending is operating in 2 rooms, the Chief Resident or Fellow assigned to the service will assign the cases appropriately.
7. 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.
8. 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 #4 above.

9. All consults for MIS/Bariatrics should be chiefed directly with the Attending on call, day or night, 24/7. Please be sure ACS day and night float seniors are aware of this. If seen during daytime, either the Fellow or the Chief Resident (not both) depending on the call schedule, will see the patient prior to chiefing with the Attending.

10. After morning rounds, please update each attending on your service regarding their patient prior to 7:15 am first case start (or 9 am on Wed).

11. If you think a patient should be discharged, please notify the Attending before doing so. All Bariatric patients must receive education by either the Chief Resident or the Fellow prior to discharge. Residents will complete the DC orders and DC summary.

12. All OR cases should have a resident or Fellow assigned to them ahead of time. Depending on the complexity of the case, two attendings may scrub into a given case.

13. Satellite clinics are listed below. Residents are to be assigned if there are more than five patients at that clinic and there is no disruption of patient care at the main campus. Residents at this time are NOT ALLOWED to attend LLUH Murrieta clinic due to GME conditions.

- Dr Michelotti: (1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup> Mon pm) Highland Springs Medical Plaza, 81 S. Highland Springs Ave, Suite 301, Beaumont CA 92223
- Drs. Quigley/ Hayton/ Yung: (every Fri) LLUH SAC health system, 1455 E 3<sup>rd</sup> Street, San Bernardino, CA 92408

14. Dr. Rivera's clinic preops MUST be done by the Chief Resident. If the Chief Resident is in the OR, see if the ACS senior in ACS clinic can help out. If you cannot find a senior resident to help out, please page Dr. Rivera early in the week to notify him. That way he can adjust his VA schedule.

15. The Fellow and Chief Resident must attend at least one clinic session per week.

16. There are postoperative guidelines in the shared drive for Fundoplication, Bariatrics and GERD patients, and also for LINX and Stretta procedures.

17. There will be a weekly GI Surgery Service educational conference held Thursday 6-7 am, at the Surgical Hospital Conference room or CP21109 (via zoom during COVID restrictions). The team will be updated weekly. The Chief resident is in charge of giving one lecture per month on a pre-assigned topic, while the MIS/Bariatric Fellow will give

one lecture per month. Both the Chief Resident and Fellow are responsible for preparing M&M lists for discussion monthly.

Thank you for your active participation and welcome to our service!

Marcos Michelotti, MD

*Chief, Division of General and Minimally Invasive Surgery*

*Minimally Invasive, Bariatric & Robotic Surgery*

Department of Surgery, LOMA LINDA UNIVERSITY HEALTH