

Cardiothoracic Surgery Rotation in Bakersfield

1. OVERVIEW

This is a 4-week block required PGY-4 rotation, and serves as a senior-level experience in cardiothoracic surgery, building upon the PGY-2 experience obtained at the San Diego UMC. This service functions at SJCH and BMH. A majority of time is devoted to cardiac surgery patients, although some experience in General Thoracic Surgery is also gained.

In addition to details of cardiothoracic surgery, this rotation serves as a senior experience in the care of critically ill patients. The cardiac surgery critical care unit is an unsurpassed laboratory for the study of hemodynamics and interventional circulatory support systems. The goal of this rotation is to educate the general surgical resident in advanced critical care interventions, in the changing techniques of cardiac surgery, and in an appreciation of how to evaluate and manage surgical patients with altered cardiac function.

Our Associate Program Director, Dr. Marvin Derrick, leads this service.

2. GOALS

Goals and objectives while on the cardiothoracic service include a broad understanding of the evaluation and management of patients with diseases of the heart, great vessels, chest, lungs and mediastinum. At the conclusion of the resident's experiences on this service, (s)he will demonstrate understanding, competence and skills at: anatomy of the heart and vessels, management of unstable cardiac patients, oxygenation & ventilation issues, congenital anomalies of the heart and chest, invasive monitoring, vasoactive medications, arrhythmia recognition/management, valve physiology, respiratory failure, acute and chronic venous thromboembolism, transfusions medicine, emergency cardiac catheterization and stents, and indication and use of endovascular surgery in cardiothoracic patients.

3. OBJECTIVES

- a. **Patient Care:** By the completion of this rotation, residents will:
 - i. Develop independent skills in assessing cardiothoracic surgery patients and decision-making in such patients.
 - ii. Demonstrate knowledge of all components of cardiothoracic surgery and apply them appropriately to these patients.
 - iii. Demonstrate an understanding of the principles of pre- and post-operative management of cardiothoracic surgical patients.
 - iv. Demonstrate an understanding of indications and treatment of cardiac and thoracic patients needing endovascular prosthesis.

- b. **Medical Knowledge:** By the completion of this rotation, residents will:

- i. Demonstrate and understand the medical knowledge necessary in the practice of cardiac and thoracic surgery.
 - ii. Demonstrate the basic physiology and advanced knowledge in caring for cardiac and thoracic surgical patients.
 - iii. Demonstrate the ability to acquire medical knowledge and apply such knowledge to patient care.
 - iv. Demonstrate the ability to use information technology to increase medical knowledge base in cardiac and thoracic surgery.
- c. **Practice-based learning:** Residents are expected to
 - i. Be able to evaluate own performance,
 - ii. Incorporate feedback into improvement activities;
 - iii. Effectively use technology to manage information for patient care and self-improvement.
- d. **Interpersonal and communication skills:** Residents are expected to:
 - i. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
 - ii. Work effectively with others as a member of the OR team.
- e. **Professionalism:** Residents are expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:
 - i. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients that supercedes self-interest; accountability to patients, and a commitment to excellence and on-going professional development.
 - ii. Demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.
 - iii. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
- f. **Systems-based practice:** Residents are expected to:
 - i. Practice cost-effective health care and demonstrate knowledge of resource allocation that does not compromise quality of care
 - ii. Advocate for quality patient care and assist patients in dealing with the complexities of the OR experience.

4. CLINICAL EXPERIENCE

The resident participates in all aspects of surgical care including preoperative visits, operative procedures and post-operative care including post operative office visits, under the direct supervision of the faculty. The resident is expected to participate in the faculty's office practice and in-hospital care including patients in the regular surgical wards and cardiac intensive care units.

5. DIDACTIC EXPERIENCE

Following a case-based reading approach, residents are expected to utilize resources for self-education which include textbooks, bound medical and surgical journals in the medical library, and on-line searching capabilities maintained throughout the institution.

In addition, the residents in this rotation must return to the primary sponsoring institution, Kern Medical Center, every Wednesday afternoon to participate in all teaching activities including faculty lectures, board reviews, grandrounds and departmental M&M conferences. Residents are encouraged to present complications at this M&M meeting.

6. RESPONSIBILITIES

a. Decision making

Decisions are made directly under the supervision of the faculty staff

b. Planning

Planning for care is done on an ongoing basis with the faculty staff and cardiothoracic surgical team, including the heart and lung transplant team.

c. Direct patient care

Patient care is performed directly under the supervision of the faculty staff

d. Record keeping

Residents complete all pre-op history and physical, progress notes discharge summaries and operative dictations on all patients, under direction of the faculty staff. Operating notes are written or dictated by the faculty staff or by the resident under direct supervision by the faculty staff within 24 hours of the operation.

e. Order writing

Orders are generally written by the resident responsible for the care of the patient. Perioperative orders are written by the faculty staff or by the resident under direct supervision by the faculty staff.

f. Ongoing patient management

Patient management occurs in the medical office, in the hospital and in the outpatient surgery setting, all under the direct supervision of the faculty staff.

7. SUPERVISION

Residents are under direct and indirect supervision by the faculty staff at all times

8. SCHEDULE

The work schedule is Monday through Friday, from 7 am to 5:00 pm. There is no weeknight call but rarely, the associate program director, Dr. Derrick, may call the resident in to assist in surgical cases. Weekend round may be necessary but the resident should have a minimum of one full day off from clinical duty per week average over a 4-week period. This rotation is fully compliant with the ACGME 80-hours workweek rules and regulations.

9. DISTRIBUTION OF GOALS AND OBJECTIVES

Goals and objectives of this rotation are distributed at the beginning of the residency year to each resident. Copies are sent by email to each resident assigned to this rotation prior to the beginning of the rotation. Additional copies can be obtained in the surgery residency coordinator's office. The goals and objectives can also be assessed via the KMC surgery website: www.kmcsurgery.org

10. METHODS OF IMPLEMENTATION

Goals and objectives are implemented through one on one precepting, faculty role modeling, reading materials, conferences as scheduled, and spontaneous and planned didactic sessions.

11. VACATION

Residents may schedule vacation during rotation but must obtain approval from the associate program director, Dr. Marvin Derrick.

12. CALL RESPONSIBILITIES

There is no night call responsibilities on this rotation but Dr. Derrick may occasionally ask the resident to assist in surgery after hour when he determines that there is extraordinary learning opportunity for the resident.