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). Operative cases will be discussed and distributed by the chief resident and fellow. It should be sent out no later than Sunday each week to all team members and attendings.

2. The Chief Resident runs one of the GI Surgery service while the MIS/Bariatric Fellow (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 emails” 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, (Rivera, Mukherjee, Catalano, Mohr, Swentek, Burruss). The general surgery attendings in bold will work with and follow the Chief Resident on the rotation schedule. As such, when the Chief Resident switches services these attendings will follow them.
   - GS2: Scharf, Yung, Srikureja

4. All consults for MIS/Bariatrics should be chief 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.

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

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

7. 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.

8. Satellite clinics are listed below. **One resident** will be assigned if there are **more than five patients** at that clinic and there is no disruption of patient care at the main campus. IF there are less than five patients scheduled for a clinic, no resident should go to that clinic. If a resident is assigned to a clinic that has fewer patients than originally scheduled, they are to notify the Chief Resident who will notify the attending for that clinic. Residents **do not go** to the Murrieta clinic.

**Transportation to satellite clinics:** Attendings may provide transportation to a Satellite clinic at their discretion. IF an attending has stated that they are unable to drive you in their vehicle, there will be a $20 Visa gift card to offset cost of gas to **Temecula clinic.** There is **NO REIMBURSEMENT** for Highland Spring and SACHS clinic. IF attending offers to carpool with resident to **Temecula clinic** and resident refuses offer, gas money is forfeited.
9. 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.

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

11. Remember that the Highland Springs Ambulatory Surgery Center is part of Loma Linda University Health, and residents should be assigned to cases there when they occur. All PGY levels may scrub into cases there.

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

13. There will be a weekly GI Surgery Service educational conference held Thursday 6-7AM, at the Surgical Hospital Conference room or CP21109. The team will be updated weekly. The Chief Resident and the MIS/Bariatric Fellow are responsible for presenting 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!

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