

UC San Diego Health

UC San Diego AAST ACS Fellowship Program Spotlight

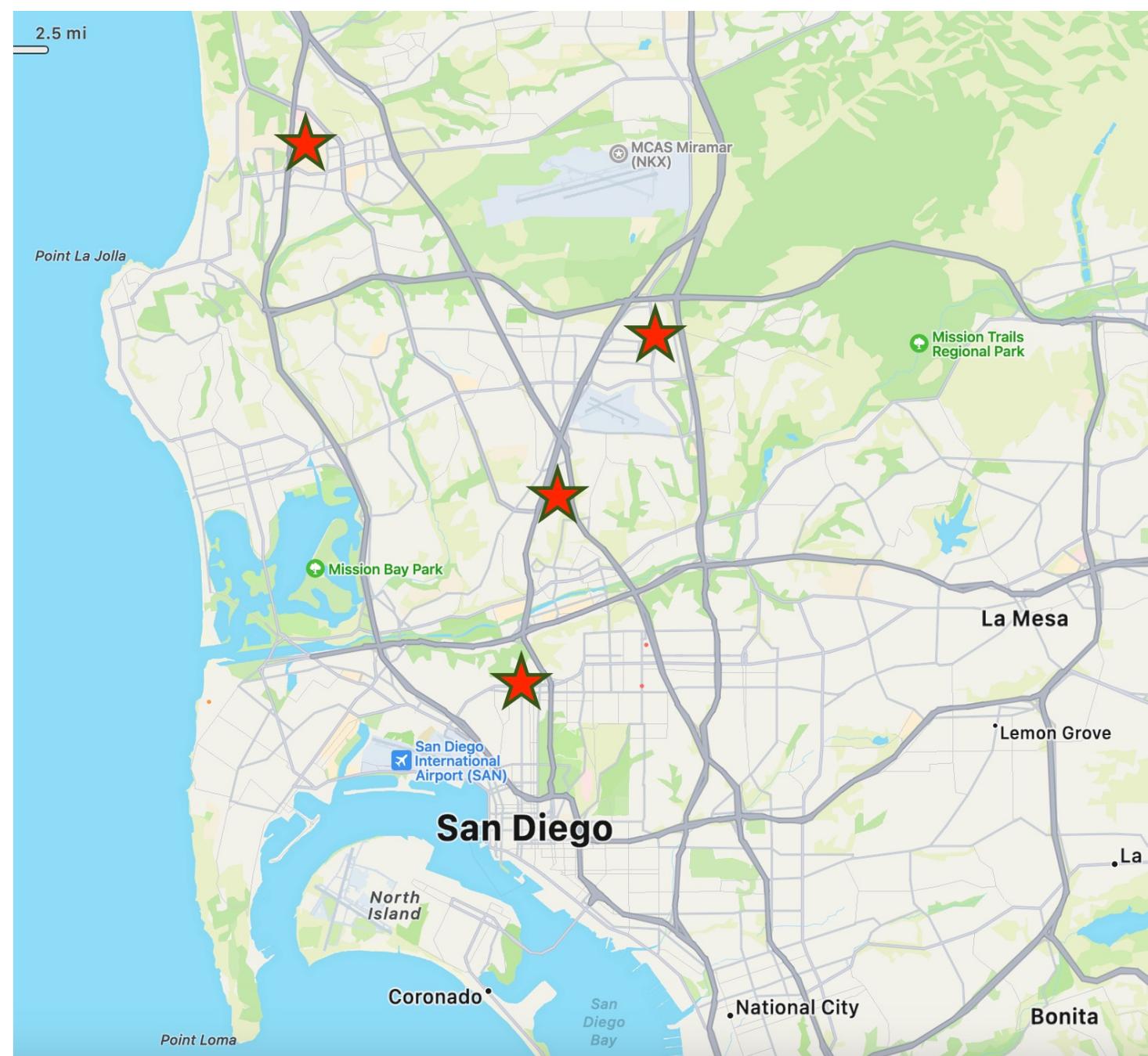
UC San Diego- Hillcrest Trauma Center



General Overview

Location

- UC San Diego Health
- Jacobs Medical Center
- Rady Children's Hospital
- Kaiser Permanente



Leadership

- Laura Haines, MD
 - Surgical Critical Care Program Director
 - Since February 2020
 - ACS Program Director:
 - Since July 2021
- Jarrett Santorelli
 - Associate Program Director
 - Since July 2021
- Azniv Mattos
 - Program Coordinator
 - Since 2021



Faculty

ACS

- Jay Doucet
- Todd Costantini
- Jeanne Lee
- Leslie Kobayashi
- Allison Berndtson
- Laura Haines
- Jarrett Santorelli
- Jessica Weaver
- Laura Adams

Adjunct Faculty

- Matt Tadlock (Navy)
- Bruce Potenza (VA)
- Eric Olsen (Navy)

Pediatrics

- Romeo Ignacio

Cardiothoracic

- Patricia Thistlethwaite

Vascular

- Omar Al-Nouri

Hepatobiliary

- Gabe Schnickel

MIS/Robotics

- Daniel Klaristenfeld



Number of Fellows

- Annual NRMP Match Positions:
 - 3 Fellows
 - 2 AAST ASC Fellowship positions (2 year)
 - 1 Surgical Critical Care Fellowship position (1 year)
- First AAST ACS class enrolled in 2019, Graduating in 2021
 - Total number of graduates to date 4

Goal is to always have:

- 3 first year SCC Fellows
- 2 second year ACS Fellows

Burn Fellowship

- Available as a separate interview process



Day to Day Services

Emergency General Surgery

Rotations:

- Trauma
- Vascular (4 weeks)
- Hepatobiliary (4 weeks)
- Thoracic (4 weeks)

Electives:

- Burns
- Surgical Critical Care
- Pediatrics
- Research
- MIS-Robotic*



Day to Day

- Clinical Day
 - 6:45am Handover with all services, including faculty EGS/Trauma/SICU
 - 5pm Sign-out to on call faculty/fellow
- EGS:
 - Operative days Tuesday/Thursday
 - Wednesday afternoon follow-up clinic
 - Friday am new patient clinic
- Call
 - 2-3 Fridays a month on average
 - *restructuring for next year to increase to 3-4/month



Supervision - Call

- 1st and 2nd year on call fellow is always listed as the attending
 - Responsible for:
 - Trauma, SICU, EGS, transfer calls
 - Back up for OB emergencies/deliveries at night
- 1st year, SCC fellow
 - In-house call: Thursday, Saturday or Sunday
 - Back-up call M-Th
- 2nd year, ACS fellow
 - In-house call: Fridays
 - Occasional weekdays depending on service
 - Goal 3-4 calls per month

Supervision - Call

1st year: Level I supervision

- First to call, all consults & resident questions always on with faculty in-house

2nd year:

- *Phase I:*
 - 2-3 months, with faculty in-house (*credentialing/proctoring period*)
 - After credentialing is complete
 - Faculty meet and all must agree they are ready to advance
 - Fellow's take in-house call with attending back-up from home
 - Fellows touch base with faculty for all operative cases
 - Faculty will often come in to ensure adequate resources/trauma bay coverage ***
 - 3-6months: *Direct supervision for all complex EGS cases defined as those listed in the operative curriculum.*
- *Phase II: (~Month 4-9)*
 - *All complex general surgery/trauma operations, or any EGS operative curriculum case not done previously*
 - *Low acuity type IIA/B or III (ie appy, chole, ex laparoscopy, abscess/wounds, uncomplicated hernias, EUA)*
- *Phase III: (~Last 3 months)*
 - *Low to moderate complex EGS/Trauma – level II A/B, III ****
 - *All Complex/high acuity EGS/Trauma or curriculum cases not previously logged require direct supervision*

Supervision

- Elective surgical clinic concomitant with EGS faculty of the week
 - Elective surgical cases booked and done by the fellows
 - Division block time available
 - Faculty of the week available for level IIa/b supervision
 - Mostly level III after proctoring is complete



Additional Call

CT Surgery:

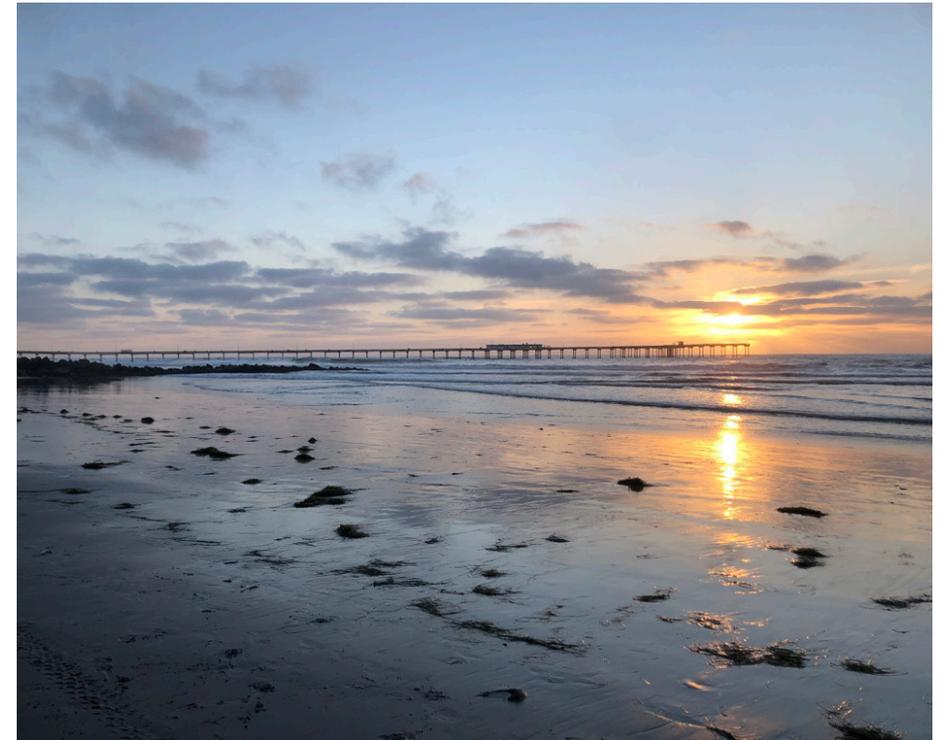
- Home call 2-3/week for all consults, inpatient clinical issues & operative needs. (Come into hospital ~1-2nights/week)
- Donor call all nights except 4 of their choosing.
- Get to participate in all operations, procurements, lung and heart transplants, ECMO canulations

Hepatobiliary:

- 1/week
- Split call with the senior resident for liver & kidney transplants
- Donor call all nights except 4 of their choosing.

Vascular:

- Home-call when the HC attending is on



Education and Conferences

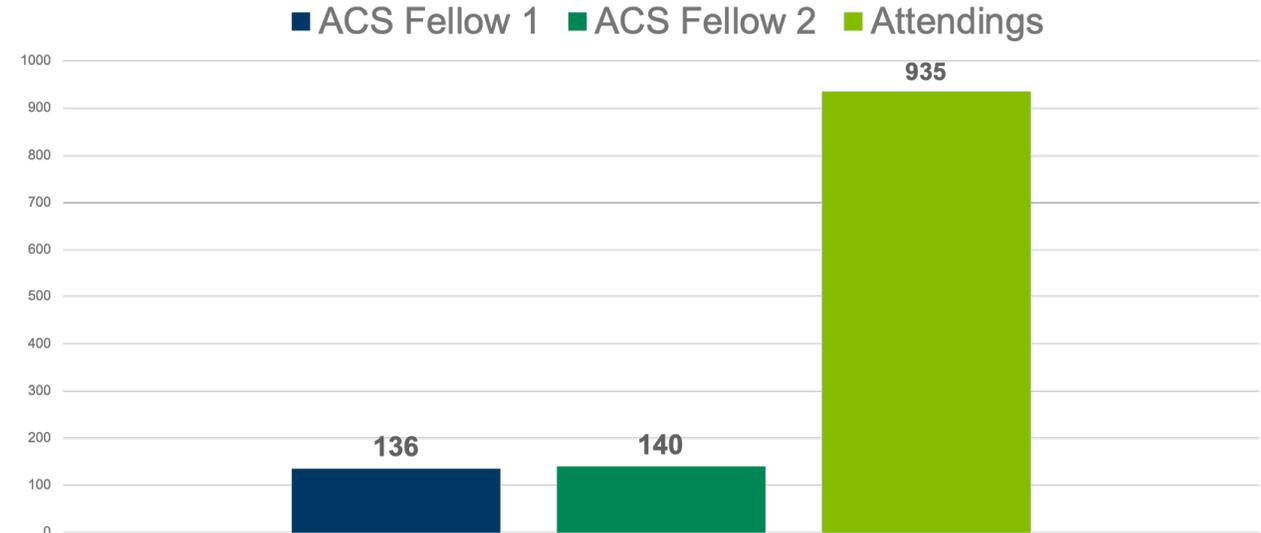
- Tuesdays:
 - Biweekly Division meeting, Trauma and EGS PI
 - Meet the Mentors
 - Monthly Radiology Case review
 - Monthly EM/Trauma conference
- Wednesday
 - Department of General Surgery MM/Grand Rounds
 - Ethics Rounds
- Thursday
 - Didactic/Case Review Conference: Trauma, EGS topics
- Thursday
 - Journal Club: SCC/EGS
 - Research Meeting
- Friday
 - Ortho/Trauma Conference



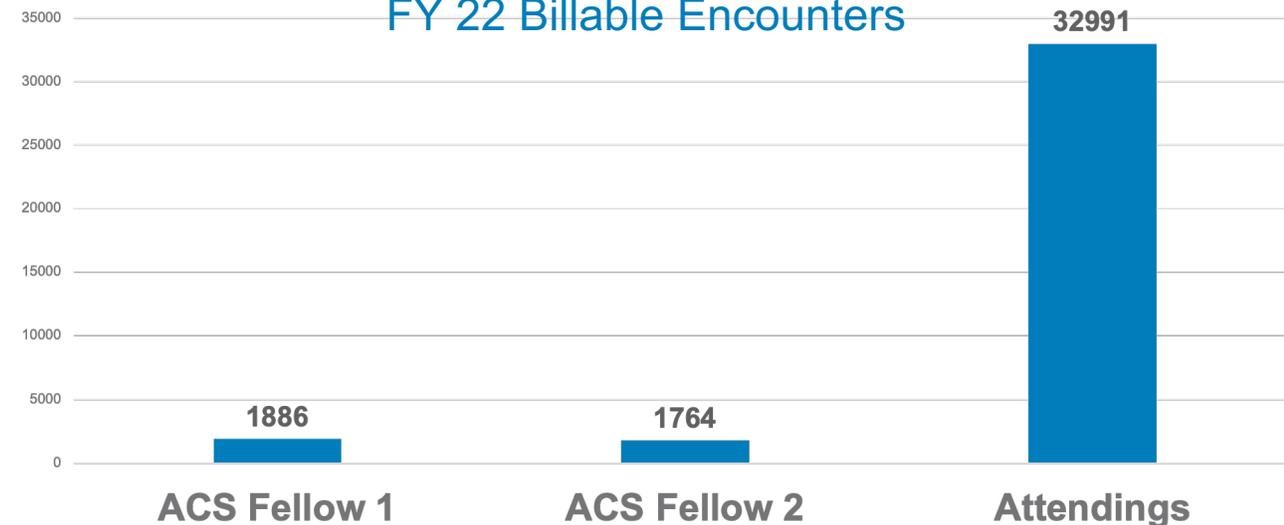
Funding Structure

- Salary & Benefits are paid by the division
- Clinical Instructors with full privileges
 - Fellow bills
 - Hospital visits
 - Critical care
 - Consults
 - Procedures/Cases
 - Elective practice
 - Out-patient visits
 - Elective surgical cases
- Potential for bi-annual bonus

FY 22 Total OR Cases billed as Primary Surgeon



FY 22 Billable Encounters



Fellows and Chiefs

- ...not a problem
- No service overlap
- No call overlap

Strengths of the program

- Strong core faculty with broad interests clinically and academically
- Strong support from subspecialty services, invested in the program
 - The vascular team has allowed fellows to pick up additional time on service.
- Elective surgical practice
- Independent call and autonomy
- Fellows and Chief residents are not assigned to service together



Struggles....or opportunities waiting to happen

- Need to make them take more call
- Strengthen the ultrasound/echo experience
- MIS/Robotics experience



What makes us unique

- Direct to OR resuscitation



- Heart, Lung, Liver, Kidney Transplant exposure and procurements

- Pediatric Elective

Rady Children's Hospital-San Diego®



- Trauma Center Separate from the ED



- Burn Experience



Educational Courses



ATLS[®]



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ADVANCED TRAUMA
OPERATIVE MANAGEMENT



BEST[™]

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SKILLS FOR TRAUMA

METMan[®] Patient Simulator
More innovation for more disciplines



Essential features, essential scenarios, essentially seamless. METMan is the perfect companion for patient simulation. Not only does METMan have the realistic, high-fidelity technology you expect, but what you don't expect: what features matter most. CAE Healthcare gives you the option to choose from the Prehospital or Hospital model so you get everything you want and everything you need - all in one place.

Learners can perfect intubation skills and perform needle decompression with the Prehospital model, while the Hospital model lets learners perform gastric lavage and subcutaneous IV injections. With METMan, CAE Healthcare ensures you get the perfect combination of features to meet your learning objectives.



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Thank you!

