

Colorectal Surgery

Patient Care

Goals and Objectives

- 1) Interpret the results of clinical evaluations (history, physical examination) performed on patients with
 - a) Hemorrhoids
 - b) Perianal abscess/fistula
 - c) Anal fissure
 - d) Anal lesions
 - e) IBD
 - f) Colorectal cancer
- 2) Determine the optimal diagnostic approach to evaluate patients with the above conditions
- 3) Assess patient risk for operative treatment of ulcerative colitis or Crohn's disease or colorectal cancer focusing on the following
 - a) Cardiac risk
 - b) Pulmonary risk
 - c) Renal risk
 - d) Infection risk
 - e) Nutritional risk
- 4) Interpret results of postoperative monitoring and clinical assessment to manage patient recovery after operative procedures for colorectal surgery including detection and management of the following complications:
 - a) Surgical site infection
 - b) Anastomotic leak
 - c) DVT/PE
 - d) Steroid withdrawal/Addisonian crisis
 - e) Urinary retention
 - f) Post-operative ileus

Responsibilities and Expectations

- 1) Compose H&Ps, daily progress notes, and procedure notes.
- 2) Attend daily morning rounds and be prepared to present patients in an organized and succinct manner
- 3) Implement the clinical decisions made by the team during rounds.
 - a) Communicate with the admitting service
 - b) Arrange consultations
 - c) Communicate with the bedside RN
 - d) Review ongoing diagnostic studies in particular CT and endorectal ultrasound

- 4) Notify the service NP if unable to implement the clinical plan

Medical knowledge

Goals and objectives

Anorectal Pathology

- 1) Anatomy
 - a) Be familiar with following anatomy of the anal canal including the following :
 - i) Anal verge
 - ii) Intersphincteric groove
 - iii) Anal canal
 - iv) Dentate line
- 2) Hemorrhoids
 - a) Compare the different grades of hemorrhoids and contrast their management
 - b) Describe the treatment of thrombosed external hemorrhoids
- 3) Perirectal Abscess/Fistula
 - a) Explain the pathogenesis of perirectal abscess
 - b) Compare and contrast the different type of perirectal fistulas and their treatment
- 4) Fissures
 - a) Describe the cause of anal fissures
 - b) Demonstrate correct examination technique for patients with suspected fissure
 - c) List the treatment options, including indications for i. medical options ii. surgical options
- 5) Condyloma/Anal Dysplasia
 - a) Identify the population at risk for developing high grade anal dysplasia
 - b) Explain its cause and treatment options
- 6) Anal cancer
 - a) Describe the risk factors, presentation, diagnosis and treatment
 - b) Describe the common chemoradiation protocols
 - c) Describe the role of surgery

Inflammatory Bowel Disease

- 1) Compare the diagnostic modalities that can be used to assess patients being evaluated for inflammatory bowel disease
 - a) Non-invasive laboratory tests
 - b) Colonoscopy
 - c) CT
 - d) MRI
 - e) Endoanal ultrasound
- 2) Describe the perioperative management of steroids for the patient on long-term steroid treatment.

- 3) Ulcerative colitis
 - a) Describe the medical management
 - b) Classes of agents
 - i) Steroids
 - ii) Salicylates
 - iii) Immunomodulators/immunosuppressants (remicade, humera, etc)
 - c) Contrast the medical management of flares with maintenance therapy
 - d) Discuss the most common indications for surgical treatment
 - e) Describe the most common operations for ulcerative colitis
- 4) Crohn's Disease
 - a) Describe the different anatomic patterns of disease involvement and compare the different clinical behavior
 - b) Contrast the medical management of flares with maintenance therapy
 - c) Explain the staging system for Crohn's Disease
 - d) Discuss the most common indications for surgical treatment
 - e) Discuss the most common operations for Crohn's disease

Colorectal Cancer

- 1) Discuss the epidemiology of colorectal cancer in the US including
 - a) Incidence
 - b) Risk factors
- 2) Describe the staging system for colon and rectal cancers, focusing on the relationship to prognosis
- 3) Be familiar with vascular anatomy of the colon and rectum
- 4) Explain how the margins of resection (formal resections) of colon and rectal cancers are established
- 5) Compare the diagnostic modalities that can be used to evaluate patients needing surgery for colon or rectal cancer
 - a) Non-invasive laboratory tests
 - b) Colonoscopy
 - c) CT/MRI
 - d) Endoanal/rectal ultrasound
- 6) Describe and discuss the common operations performed for colon and rectal cancer, including the role of local resection for rectal cancer
- 7) Describe the most common systemic chemotherapeutic agents used for colorectal cancer, including
 - a) classification
 - b) basic mechanisms of action
 - c) common adverse effects
 - d) late complications
- 8) Define adjuvant and neo-adjuvant therapy and compare their roles

Intestinal stomas

- 1) Explain the difference between colostomy and ileostomy and compare the following
 - a) Technique of construction

- i) Loop vs end
 - ii) What is a Hartmann's pouch
- b) The dietary restrictions for a patient with an ileostomy vs a patient with a colostomy
- 2) Discuss the indications for intestinal diversion
- 3) Discuss the factors to be considered in determining when to restore intestinal continuity

Diverticulitis

- 1) Discuss the natural history of acute diverticulitis, including the following
 - a) Risk of recurrence
 - b) Percentage of patients who require urgent operation at the time of initial presentation
- 2) Define "complicated diverticulitis"
- 3) Discuss the post-treatment follow-up (monitoring) plans, including the need for and timing of any further imaging or procedures
- 4) Explain the rationale for offering surgical resection to patients whose symptoms resolved with medical management.
- 5) Explain how the surgeon determines
 - a) Diversion and drainage vs resection
 - b) Extent of resection
 - i) Proximal margin
 - ii) Distal margin
 - c) Diversion vs restoration of intestinal continuity
 - i) Hartmann's pouch
 - ii) Primary reanastomosis with loop ileostomy

Practice-Based Learning and Improvement

Goals and Objectives

- 1) Explain currently available evidence for the following patient care issues
 - a) Fast-track bowel recovery
 - b) Radiation therapy for rectal cancer
 - c) Chemotherapy for colon cancer
 - d) Results of ileoanal pouches for ulcerative colitis

Responsibilities and Expectations

- 1) Attend walk rounds daily
- 2) Attend M&M conference to review and analyze treatment outcomes and complications
- 3) Meet with the NP fellowship director at least once during the rotation to review goals and objectives

Interpersonal and Communication Skills

Goals and Objectives

- 1) Communicate effectively as a member of the multidisciplinary team which rounds together
- 2) Communicate effectively with patients and families
- 3) Work effectively as a member of a professional group
- 4) Consistently demonstrate sensitivity to patients from different cultures

Responsibilities and Expectations

- 1) Establish appropriate role in the multidisciplinary care team
- 2) Maintain appropriate lines of communication within the care team and across disciplines

Professionalism

Goals and Objectives

- 1) Enhance the body of knowledge in advanced practice nursing through exchange of ideas and knowledge in professional organizations, conferences, research activities, and written publications.
- 2) Functions as a licensed independent practitioner

Responsibilities and Expectations

- 1) Demonstrate respect, compassion, and integrity
- 2) Demonstrate a commitment to excellence and on-going professional development
- 3) Provides patient centered care recognizing cultural diversity and the patient or designee as a full partner in decision making

Systems-Based Practice

Goals and Objectives

- 1) Understand the pathways for colorectal surgery
- 2) Understand the importance of preventative care screenings

Responsibilities and Expectations

- 1) Practice cost effective, evidence based health care and resource allocation that does not compromise quality of care

- 2) Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care discharge planning and transition out of the intensive care unit.