

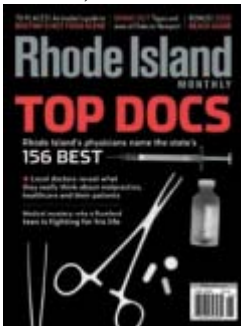
**RHODE ISLAND COLORECTAL  
CLINIC COLORECTAL SURGERY  
PROGRAM**



The Rhode Island Foundation for Colon and Rectal Diseases is a non-profit foundation established in 2004 to provide funding for education and research in colorectal maladies. The main objective of the foundation is to sponsor our ACGME approved Colon and Rectal Surgery Residency Program. This training program establishes an important cornerstone of colorectal care in New England, being one of four in the entire region.

**BACKGROUND**

The Rhode Island Colorectal Clinic, LLC ([www.ricolorectalclinic.com](http://www.ricolorectalclinic.com)) is the largest independent exclusive Colon and Rectal Surgery practice that covers the states of Rhode Island, Southern Massachusetts and northern Connecticut. The main office is



conveniently located in a central area in the city of Pawtucket with easy access within 5 to 10 miles to the participating affiliated institutions (Roger Williams Hospital, Miriam Hospital and Women and Infants Hospital). The corporation's devotion to clinical and academic teaching thought the years and to the General Surgery program from Brown University stimulated the creation of a non-profit foundation the "Rhode Island Foundation for Colon and Rectal Diseases" which fully sponsors the Colon and Rectal Surgery Residency Program. Also, the program has affiliation with Boston

University through the sponsoring institution the Roger Williams Hospital. As of 2008, the program has full accreditation until 2011 by the ACGME. The practice is run by 4 fellowship trained Colon and Rectal Surgeons in prestigious academic programs such Cleveland Clinic Florida, University of Southern California and New Jersey. During the year of training the colorectal resident will take exclusively colorectal call without any coverage of general, vascular or trauma services. The physicians in our practice had been consistently voted as Top Doctors in the state of Rhode Island.

R.I. Colorectal Clinic has well over 15 years of teaching experience having been teaching appointees for the Warren Alpert Brown University School of Medicine through the department of Surgery.

**FACULTY**

Jorge A. Lagares-Garcia, MD (Program Director)  
Adam A. Klipfel, MD (Program Coordinator)  
Steven Schechter, MD  
Matthew Vrees, MD  
Daniel Wroblewski, MD (Part Time)



**OBJECTIVES**

The primary objective is to train safe, competent and confident surgeons expert in the field of Colon and Rectal surgery. The secondary objective is to expose the colorectal resident to the widest available techniques of colorectal surgery for future application. Also our trainee will become a competent practice administrator, cost efficient, and having control of their future.

## **PARTICIPATING INSTITUTIONS**

### **ROGER WILLIAMS MEDICAL CENTER (www.rwmc.org )**

Roger Williams Medical Center is the sponsoring institution. This institution has Graduate Medical Education Committees and ACGME approved Internal Medicine and a Surgical Oncology Programs.



**CENTER**

### **THE MIRIAM HOSPITAL**

(<http://www.lifespan.org/partners/tmh/> )

An important part of the resident curriculum is also developed at the Miriam Hospital as an affiliated institution. Dr. Kathleen Hittner (CEO) has actively supported the creation and expansion of the colorectal field at the institution. The Miriam Hospital has GME and ACGME programs and residents from Brown University surgical and medical specialties.

### **RESIDENT EXPERIENCE**

#### **OUTPATIENT CLINIC**

1. R.I. COLORECTAL CLINIC, LLC
2. DANIEL WROBLESKI, MD, LTD
3. SOUTHERN NEW ENGLAND SURGERY

The outpatient clinic is distributed during the week depending on the rotation. It averages 16 hours/week of outpatient contact.

R.I. Colorectal Clinic, LLC and Daniel Wroblewski, MD, Ltd offers the colorectal resident an excellent opportunity to interact with patients in the outpatient basis. All clinics are done in the afternoon in the private office setting. History and physical skills, specifically applied abdominal and anorectal examination (anoscopy, rigid or flexible sigmoidoscopy), and



minor anorectal surgery under local anesthesia are stressed. Outpatient clinic procedures will be scheduled for follow-up and continuity of care with a goal of 100% compliance. The resident is expected to keep a log of the inpatient surgery and comply with follow-up in the outpatient setting. The office staff is also instructed to provide follow-up information regarding inpatients in the clinic in order to facilitate resident's continuity of care.

The colorectal trainee will complete the year well above the 90<sup>th</sup> percentile in exposure of diagnosis in anorectal disease.

Office-based practice management with continuous instruction on appropriate coding and billing activities is provided to the resident.

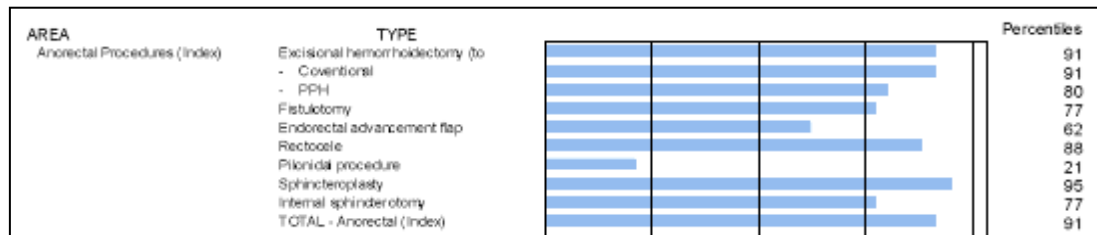
In June of 2007, Southern New England Surgery Center became the primary outpatient facility for endoscopy and anorectal surgery. The site is located in South Attleboro in Massachusetts, 5 minute drive from the outpatient office in Pawtucket. Certain complex anorectal reconstructions or advance endoscopy in high risk patients are performed in the hospital setting. There is weekly dedicated time for reading, involvement in conferences and teaching rounds and improve the knowledge about the approaches to evaluation and management of diseases affecting the anus, rectum and colon.

The following chart depicts the number of patients and procedures per office session, weekly working hours and total number of hours worked when called in the hospital and number of days off weekly of the past trainees.

	2005-2006	2006-2007	2007-2008	2008-2009
# pts/session	20	27	13	16
# proc/session	6.5	6.4	10.5	8
Hours/wk	48.9	60.5	56.9	60
Call hours/wk	2.3	2.5	4	
Days off/wk	1.8	1.5	1.1	

Extensive anorectal physiology experience is obtained at the outpatient laboratory at the Roger Williams Hospital placing our residents upon graduation over the 75<sup>th</sup> percentile in the country.

Details and the percentile in comparison to the remaining of the country in anorectal surgery for the 2007-2008 graduating year are shown below.



**INPATIENT EXPERIENCE**  
**PARTICIPATING INSTITUTIONS**

*ROGER WILLIAMS MEDICAL CENTER (www.rwmc.org )*

*THE MIRIAM HOSPITAL (http://www.lifespan.org/partners/tmh/ )*

*WOMEN AND INFANTS HOSPITAL*

The main inpatient clinical activity is developed at the Miriam Hospital that offers a wide variety of colon and rectal surgery and pathology. Patient rounds are made daily with the teaching staff. Interactions with the gastrointestinal pathologist, gastroenterologist and radiologist are mandated by comprehensive preoperative, operative and postoperative care of patients on the colorectal surgery service. Daily contact with surgical residents and medical students from Brown University is encouraged. Also, the resident is encouraged to cover all available cases at Roger Williams Hospital as well as Women and Infants Hospital.

In both institutions, the colorectal resident should demonstrate the ability for daily patient care in which, history and physical exam skills, especially for diseases of the colon and rectum are evaluated by the supervising attending physician. Review of previous investigations and studies, as well as application of medical knowledge are necessary prior to the time of the decision making. This process will stimulate the resident to have continuous improvement as well as giving the trainee a practice-based education based on their own patient care and personal experiences.

All patients on the service are visited in-house prior to surgery or seen by the resident in the outpatient setting. The trainee will participate as either the supervised surgeon or first assistant during the operation (endoscopy, anorectal or abdominal procedures).

Continuity of care is also implemented with assessment of the patient in recovery room and the nursing units until the patient is discharged. Constant interpersonal and communication skills with the patient, family members, primary attending physician, and surgical residents are expected and evaluated. Collegial and professional behavior towards the patient, health care providers and ancillary staff are necessary.

An important aspect of the colorectal training is provided by the enterostomal therapist, a nursing consultant at the Miriam Hospital. Through her guidance colorectal trainees will become familiar with the inpatient teaching and care for stoma and wounds.

The graphic below shows the percentile obtained with the 2007-2008 colorectal trainee

Abdominal Procedures (Index)	Small bowel resection					78
	Ileocolic resection					56
	Strictureplasty					25
	Segmented colectomy					51
	Low anterior resection (total)					57
	- Straight anastomosis					46
	- With colon pouch or coloplasty					80
	Abdominoperineal resection					37
	Transanal excision (total)					84
	- Conventional excision					18
	- TEM					92
	Proctocolectomy (total)					74
	- With ileostomy					87
	- With ileoanal reservoir					62
	Proctectomy/ileoanal reservoir					73
	Prolapse repair (total)					82
	- Abdominal					63
	- Perineal					78
	Pelvic exenteration					94
	Total pelvic dissections					68
	TOTAL - Abdominal (Index)					67

Daily reviews of radiological, pathology, anorectal physiology and laboratory testing are done with the appropriate consultant and the supervising attending staff in the inpatient and outpatient settings.

### **CONFERENCES**

Weekly conferences are given using the core curriculum for colon and rectal surgery, pathology, anorectal physiology and radiology.

Coding and practice management are instructed to the trainee, in order to provide him/her with a solid background for after training colorectal practice. Teleconferencing with the Lahey Clinic and U. Mass Worcester is done on monthly basis with great discussion topics, interaction with their faculty and also their visiting professors as well

Multiple visiting professors are invited with a personal interaction with the trainee.

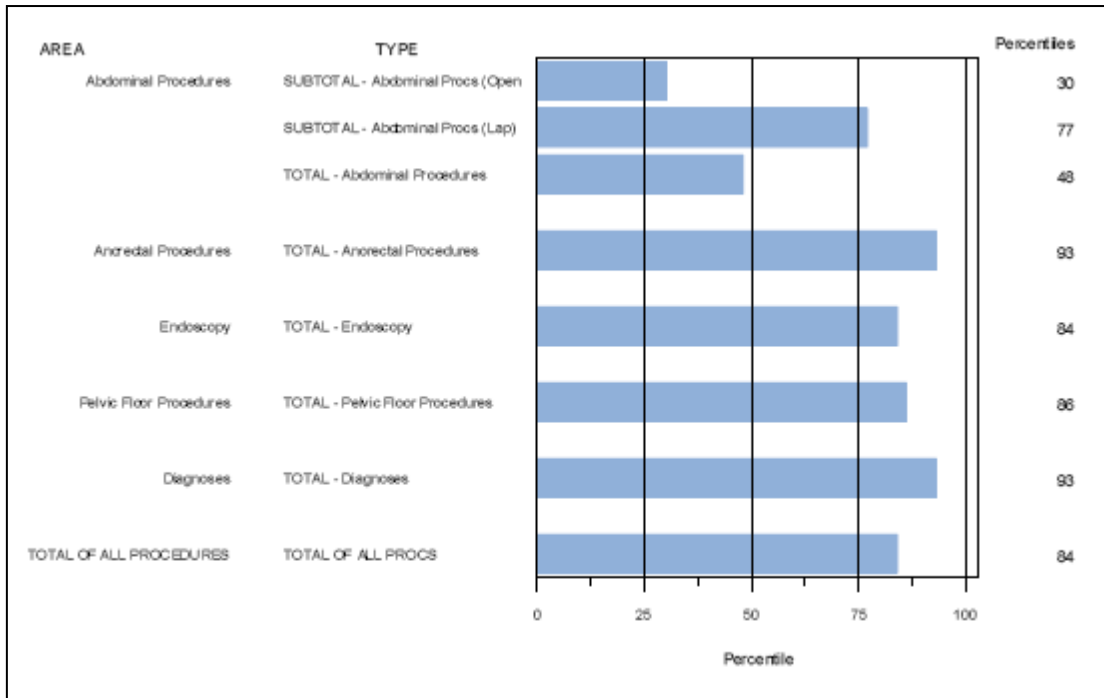
Among them we would like to mention Dr. Steven Wexner, Dr. Douglas Wong, Dr. Robert Madoff, Dr. Anthony Senagore and Dr. Julio Garcia-Aguilar.

On yearly basis a symposium is organized where the trainee is expected to participate and present to an audience of over 200 attendees. Multiple national and international speakers are invited offering the trainee the experience to have clinical discussions with them

Yearly attendance to the ASCRS, New England Society of Colon and Rectal Surgeons, Cleveland Clinic Florida or any other meeting in which research material has been presented is also mandatory. The colorectal resident is expected to have at least one peer review submission for publication.

### **CASELOG**

The graphic below represents the percentile in the country of cases performed by the last resident 2007-2008. Monitoring of the caselog is performed quarterly by the faculty in order to ensure compliance with all the categories required by the American Board of Colon and Rectal Surgery. Upon graduation, the resident has completed all requirements and categories within a year. Caselogs vary with years depending of the interest of the resident in certain pathologies and procedures. Minimally invasive techniques including laparoscopic colorectal surgery, transanal endoscopic microsurgery (TEMS) and the recent addition of robotic surgery, place the graduate in a unique situation in the job market for academic and private practice.



A full state of the art anorectal physiology laboratory is available to the resident. Hands on experience is obtained on weekly basis evaluating complex fecal incontinence, anorectal tumors and other being anorectal pathology.

## **ROBOTIC COLORECTAL SURGERY**

## **RESEARCH**

A prospective clinical database is used for research purposes. Also, basic sciences research is performed in conjunction with the Surgical Research Department at the Roger Williams Medical Center. One year funded research position is also available. The following are projects published and presented in the 2007-2008 year.

- o Lagares-Garcia JA, Vrees M. Pilonidal Disease. Sands D and Sands L, eds. Ambulatory Colorectal Surgery. Informa Healthcare: New York December 2008.
- o Optimal number of lymph node harvested: should it be location dependent? Abodeely A, Tsikitis L, Sciandra K, Goldstein L, Lagares J, Schechter S, Vrees M, Klipfel A. Dis Colon Rectum 2008 May; page 798
- o Epidemiologic changes in colorectal cancer after implementation of screening colonoscopy: a statewide evaluation. Fondran J, Fulton J, Klipfel A, Vrees M, Schechter S, Lagares-Garcia JA. Dis Colon Rectum 2008 May; page 810
- o Schechter S, Lagares-Garcia JA, Klipfel AA, Vrees M. Can internal anal sphincter repair improve fecal incontinence? Dis Colon Rectum 2007; 50:749-750.

- o Surgical morbidity after neoadjuvant bevacizumab, oxaliplatin, , 5-fluorouracil and radiation in locally advanced carcinoma of the rectum.  
Husain S, Pricolo V, Messaris E, Abodeely A, Akbari H, Cataldo T, Vrees M, Lagares-Garcia J, DiPetrillo T, Safran H. Dis Colon Rectum 2008 May; Page 770

## **PROGRAM GRADUATES**

Prior to the application to any colorectal surgery program, we always strongly recommend to contact prior graduates to obtain information about their experience during the year spent.

The following physicians trained under our supervision since 2005. Please feel free to contact them.



**Matthew J. Sherman, MD (2005-2006)**

Colon & Rectal Surgery  
Kaiser Permanente  
2121 ASN MOB2  
6650 Alton Parkway  
Irvine, CA 92618



**Dr. Hadi Najafian (2006-2007)**

West Valley Colon & Rectal Surgery Center  
10503 W. Thunderbird Blvd, Suite 114  
Sun City, AZ 85351  
(623) 875-7330



**John C. Fondran, MD (2007-2008)**

Summa Physicians Inc  
Akron City/St Thomas Hospitals  
550 East Market Street #103  
Akron, OH 44304  
Phone (330) 434-5978

<http://physiciansdirectory.summahealth.org/Search/PhysicianPro>

[file.aspx?ID=943#](http://physiciansdirectory.summahealth.org/Search/PhysicianPro)

## **CANDIDATES**

The minimum requirements are the completion of a 5-year ACGME general surgery residency program and eligibility for a medical license in the state of Rhode Island. International candidates are also accepted based on their experience and eligibility for medical licensing and training in the State of Rhode Island. We accept applications through the participate in the National Resident Matching Program ([www.nrmp.org](http://www.nrmp.org)) and the Electronic Residency Application System (<http://www.aamc.org/students/eras/start.htm>) .

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