

Pre- and Post-Intervention Survey

Internal Medicine Residency Program

Demographics

Age: _____

Gender:

- Male
- Female
- Other
- Prefer not to say

Ethnicity (Check all that apply):

- Asian/Pacific Islander
- Caucasian
- Black/African American
- Hispanic/Latino
- Native American
- Other: _____
- Prefer not to answer

Please indicate your PGY year:

- PGY1
- PGY2
- PGY3

Prior Experience

Have you received training in ambulatory preoperative assessment in the following settings?

- Undergraduate coursework
- Medical school
- Graduate school
- Residency
- Self-study
- None
- Other: _____

Have you received training in inpatient preoperative assessment in the following settings?

- Undergraduate coursework
- Medical school
- Graduate school
- Residency
- Self-study
- None
- Other: _____

Confidence Ratings (Use the same scale for all):

How confident are you in performing ambulatory preoperative assessment?

- Not at all confident
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

How confident are you in performing inpatient preoperative assessment?

- Not at all confident
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

How confident are you in applying the ACC/AHA guidelines for perioperative cardiovascular evaluation?

- Not at all confident
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

How confident are you in managing patients undergoing bariatric surgery preoperatively?

- Not at all confident
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

How confident are you in managing patients with chronic kidney disease preoperatively?

- Not at all confident
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

How confident are you in managing patients with liver disease preoperatively?

- Not at all confident
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

How confident are you in managing patients with obstructive sleep apnea (OSA) preoperatively?

- Not at all confident
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

How confident are you in managing patients with rheumatologic conditions (e.g., RA) preoperatively?

- Not at all confident
- Slightly confident
- Moderately confident
- Very confident
- Extremely confident

Knowledge Questions

Guidelines recommend utilizing risk calculators to estimate risk of major adverse cardiac events (MACE). What is the percentage cut off?

- <1%
- <3%
- <5%
- <10%

For patients who received bare metal stents, which of the following is a TRUE statement?

- They need DAPT for at least 4 weeks
- They need DAPT for at least 6 months
- No surgery should be done within one year of percutaneous coronary intervention

For patients who received drug-eluting stents, what is the recommended duration for dual anti-platelet therapy?

- They need DAPT for at least 4 weeks
- They need DAPT for at least 6 months
- No surgery should be done within one year of percutaneous coronary intervention

Which statement is true?

- Stop aspirin 48 hours before surgery
- Stop anti-epileptics 72 hours before surgery
- Stop ACEIs/ARBs the day of surgery if for hypertension
- Continue all medications before surgery

Which set of patients require stress dose steroids to prevent adrenal crisis during surgery?

- Patients who had chronic COPD/asthma with bursts of prednisone one year ago
- Patients receiving 20 mg of prednisone per day for 3 or more weeks within 6–12 months before surgery
- Patients with diabetes
- Patients with hyperthyroidism

Which of the following statements are true regarding insulin management prior to surgery for patients with type I diabetes? (Select all that apply)

Reduce basal insulin dose before surgery

Continue unchanged basal insulin

Stop basal insulin completely

Continue short acting insulin

Stop short acting insulin

Which statement regarding SGLT2 inhibitors is true? (Select all that apply)

Stop 3 days before surgery (canagliflozin, dapagliflozin, empagliflozin)

Stop 4 days before surgery for ertugliflozin

Do not stop these medications

Which rheumatologic agents are safe to continue before surgery? (Select all that apply)

Methotrexate

Hydroxychloroquine

Leflunomide

Sulfasalazine

Humira

Which statement regarding bridging is true? (Select all that apply)

Recommended for AFib with CHADS2 <4

Recommended for AFib with CHADS2 >4

Bridging regardless of CHADS2

Bridging not recommended due to bleeding risk

Bridging for mitral valves, recent stroke/VTE, severe thrombophilia

For patients on warfarin, you would check INR 7–10 days before the procedure. Which of the following is TRUE? (Select all that apply)

Hold 5 days before if INR 2–3

Hold 3 days before

Hold 1 day before

Do not hold warfarin

If INR >1.5 on day of surgery, give vitamin K

How do you restart warfarin after low-moderate bleeding risk procedure?

After 24–36 hours

After 12 hours

Do not restart

Which is true regarding DOACs and normal CrCl?

For high-risk procedures, stop 2 days before and restart 2–3 days later (dabigatran: stop 4 days before)

- For high-risk procedures, stop 1 day before (dabigatran: stop 3 days before)
- DOACs do not require interruption

What calculator(s) can be used to assess VTE risk in bariatric surgery patients? (Select all that apply)

- Rogers
- Caprini
- Well's
- PERC
- RCRI
- GUPTA

Open Feedback

Any feedback about the curriculum or preoperative medicine project?
