

## 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?

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