



**THERE'S MORE TO IT THAN AVSS!**  
A RESIDENT'S GUIDE TO MAKING THE MOST OF YOUR  
SURGERY ROTATION

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## Objectives

- Become familiar with how you can be an active member of the team
  - on the ward
  - in the OR
  - in the ER
- Write a surgical progress note
- Write a post-operative note
- Complete a surgical consult

## You might have heard...

- ❑ It's not useful unless you're planning to go into surgery
- ❑ It's disorganized
- ❑ People expect you to know what to do without explaining it properly
- ❑ You don't spend any time taking care of patients
- ❑ All you do is retract
- ❑ All you do is write notes

*It doesn't have to be that way!*



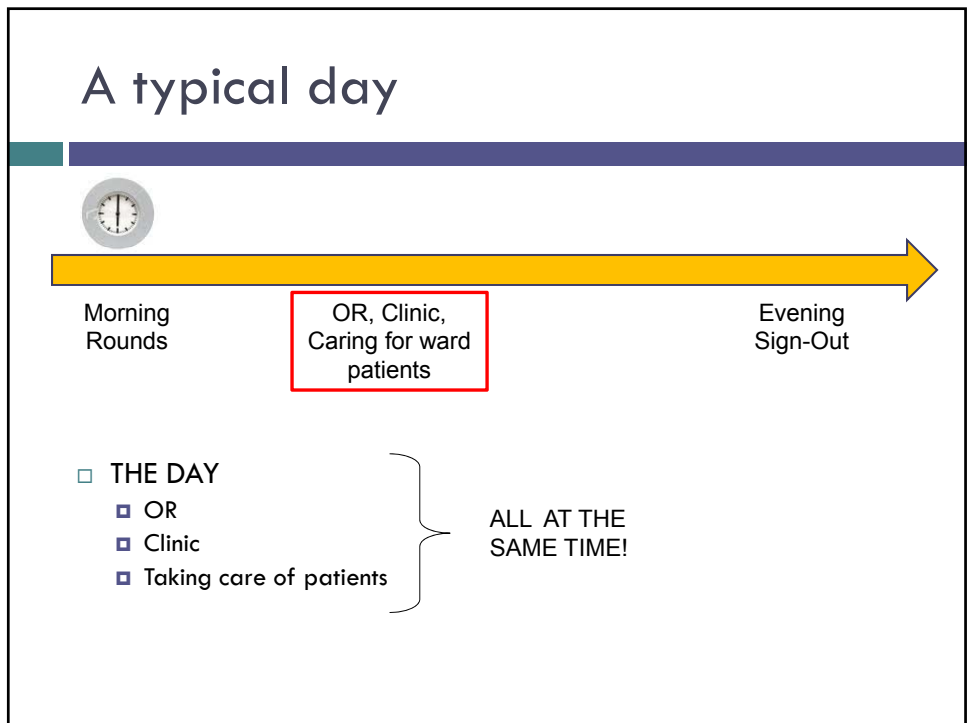
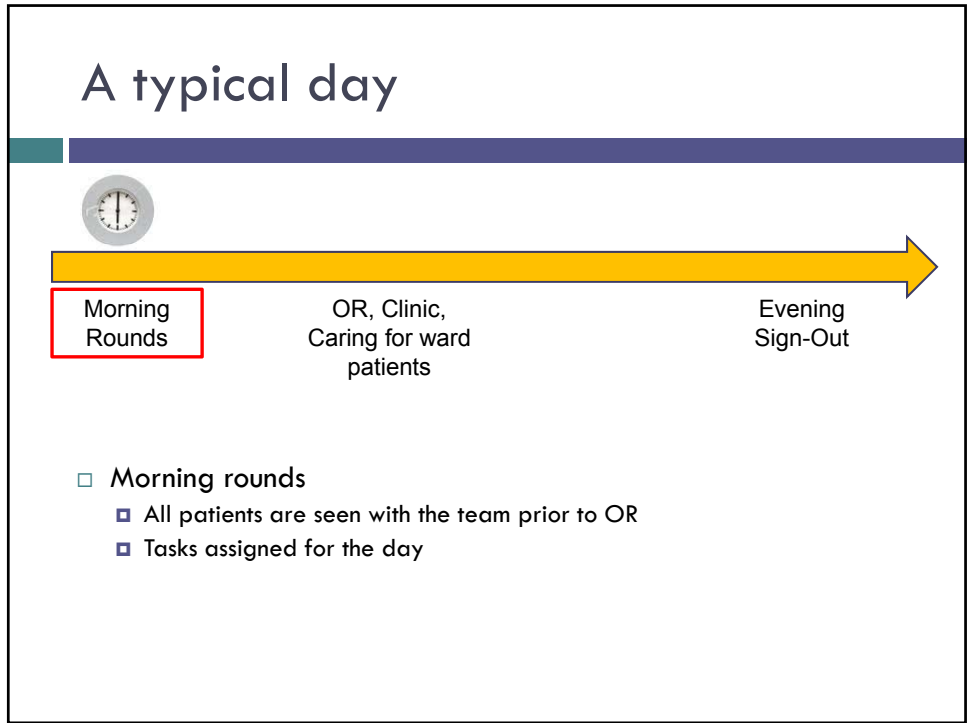


## Surgery vs Medicine Rotations

- Surgical rotations are fundamentally different from medical rotations
- You are not assigned 3-4 pts to care for individually
- Help care for the whole team
  
- Can feel...
  - Overwhelming
  - Like your role doesn't matter
  - Like you are not really given any responsibility
  - Like you're not really taking care of patients

## The real goal of this presentation

- Help you feel prepared
- Help you understand your important role on the team
- Highlight ways that you can directly contribute to patient care
- Identify potential pitfalls and how to avoid them
- Help you have a great experience



## A typical day



Morning  
Rounds

OR, Clinic,  
Caring for ward  
patients

Evening  
Sign-Out

- Evening sign-out
  - May repeat rounds
  - Run list to ensure all has been accomplished
  - Sign-over to on-call team

## Morning rounds

- Efficiency is important!
- May feel like a rush
- Are sometimes stressful for the whole team
- Roles
  - Senior resident talks to patients and examines them
  - Junior resident
    - Prepares charts and lists
    - Writes notes
    - Enters orders
    - Fills out referrals
    - Makes a scut list

## Helping on morning rounds

### What you *should* do

- Talk to the senior about how they would like rounds to run
- Talk to the other med students to assign roles
- Come in with the junior
- Help get the cart chart ready
- Help write patient notes
- Keep track of the orders/plan for the day on your own list

## Helping on morning rounds

### What you *can* do if you let your resident know

- Read the vitals out loud for the team
  - Fill out consults for home care, physio, etc.
  - Write orders to go with the notes
    - MAKE SURE THEY GET COSIGNED BY A RESIDENT**
- Don't be afraid to ask questions if you are unsure about ANYTHING you are writing in the chart!**

## Writing a good progress note

- A good note contains:
  - ▣ The date and your signature
  - ▣ An overall picture of how the patient is doing
  - ▣ The plan for the patient

## Structuring a good note: SOAP

- **One line description**
  - ▣ 39 yo female POD#3 for sigmoid resection
  - ▣ Pertinent previous issues: pneumonia, CT yesterday showed abscess...
- **Subjective** patient symptoms
  - ▣ Pain
  - ▣ GI function
  - ▣ Mobility
  - ▣ Symptoms of post-op complications
- **Objective** patient symptoms
  - ▣ Vitals
  - ▣ Urine output and drain outputs should be recorded
  - ▣ Abdominal exam
  - ▣ Wound exam
  - ▣ Physical findings (CVS/Resp and other systems)



## Structuring a good note: SOAP

- **Assessment**
  - ▣ E.g. Doing well, normal POD#....
  - ▣ E.g. ? Small bowel obstruction, ? GI bleed, inadequate analgesia....
- **Plan**
  - ▣ E.g. Advance diet to clear fluids, Call GI to scope, CT to rule out obstruction, Pain team to see to adjust analgesics
  - ▣ Should generally say WHAT and WHY
  - ▣ BRIEF

*Remember the midnight rule:*

- What would the on-call team need to know if this patient suddenly got sick at midnight

## Progress Note

- Use point form
- Look and listen for what the note should say
  - ▣ “Mr Smith your tummy feels soft today”
    - Abdomen soft, non-tender
  - ▣ “Mrs Jones, we’re going to let you have some sips of water today”
    - Progress diet to sips of CF (clear fluids)

## Non-helpful progress note

T 39, other VSS  
Abdomen tender  
No gas  
A/P Continue management  
CT

## Great progress note

Jan 5/2010, 7:10 am

86 yo ♀ POD#4 s/p R hemicolectomy  
Alert and oriented, looks well, out of bed  
Mild abdo pain, nausea this morning  
Fever 39.3 O/N, now T 37.5, BP 95/70, HR 80, RR 28  
U/O 300 cc/shift  
Tolerating sips of CF, Ø vomiting, Ø gas, Ø BM  
Abdo moderately distended, ↑ RLQ tenderness  
Wound clean + dry  
A/P Post-op ileus, ? abscess  
Sips of clear fluids for now, R/A if vomits  
Pan culture, CT abdo today

B.Haas, CC3

## The “day”

- Make sure you have a plan for the day when morning rounds finish
  - ▣ If you're not told, ask!
  - ▣ If there's something particular you want to see, ask!
    - “Would it be OK if I went to the Whipple? I've never seen one”
- You may be *needed* in a particular OR or on the floor
  - ▣ Be a team player
- Patient care comes first
  - ▣ You may be asked to complete certain tasks before OR or clinic, or during the day
  - ▣ You may have to multitask
  - ▣ If you're not sure how to prioritize, ask!
- Attend your supervisor's clinics and ORs when possible

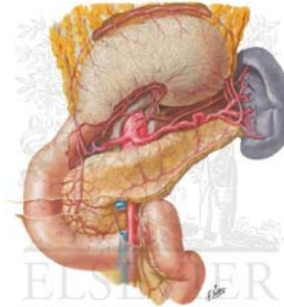
## In the OR

- At first, we all felt
  - ▣ In the way
  - ▣ Like we were doing the wrong thing
  - ▣ Like we had no idea WHAT to do
- Do not get discouraged



## The day before a case

- Get the OR list the night before
- Know the basics
  - ▣ Anatomy
  - ▣ The steps of the surgery
  - ▣ The indications for the surgery
- Review your knots
  - ▣ <http://www.covidien.com/imageServer.aspx?contentID=11850&contenttype=application/pdf>



## Right before a case...

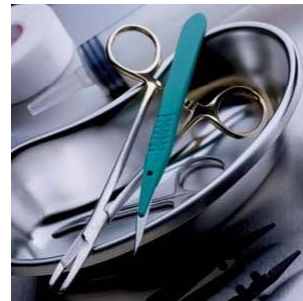
- Introduce yourself to the nurses and anesthesiologist
- Let the nurses know if you're new to the OR
- Review the patient chart
- Ask if you can scrub
  - ▣ Some cases you'll see more if you don't
- Get your gloves ready
- Always double glove and wear eye protection
- Help position the patient

## During a case...

- You may be asked to retract, suction, irrigate
  - ▣ Does not seem glamorous but these jobs are ESSENTIAL
- Watch the case and try to follow the steps
- Questions may or may not be appropriate
  - ▣ Difficult case
  - ▣ Complications e.g. bleeding
  - ▣ Watch for cues
  - ▣ If unsure, say “Is it OK if I ask a question?”
- You will probably be asked questions

## During a case...

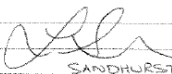
- If you contaminate yourself
  - ▣ Do not panic
  - ▣ It happens to everyone
  - ▣ Tell your attending that you need to change gloves
  - ▣ Do not try to hide it!



## After a case...


- Help move the patient to the stretcher
- Help write the post-operative note
- Go over the post-op orders with the resident
- The best time to ask questions
  - Make sure you leave the OR with all of your questions answered

## Post-op Note

OR Note  
 July 1, 2009  
 10:30 am  
Pre-Op Dx Appendicitis  
Post-Op Dx Perforated Appendicitis  
  
Procedure Laparoscopic Appendectomy  
Surgeon M. Jones  
Assistants B. Smith (R3), R. Klein (CC3)  
Anaesthetist H. Ford  
 GETA  
  
Findings Gangrenous appendix  
 ⊕ pus in pelvis  
  
Specimens 1) Appendix  
  
EBL Minimal  
  
 Pt extubated & transferred to PACU  
 in stable condition  
  
  
 SANDHURST (R4)

Preoperative diagnosis: what you knew before the case  
 Postoperative diagnosis: the problem actually found  
 Procedure: the surgery performed

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Surgeon: the attending

Assistants: the residents and you

Anesthetist/type of anesthetic

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 SANDHURST (R4)

Findings: specific issues relevant to the case


Specimen/Cultures: what was sent to the pathologist  
 Drains

Patient status  
 whether the patients was extubated at the end of the case and destination (PACU/ICU)

## Post-op Note

OR Note  
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 10:30 am  
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 Post-Op Dx Perforated Appendicitis  
 Procedure Laparoscopic Appendectomy  
 Surgeon M. Jones  
 Assistants B. Smith (R3), R. Klein (CC3)

**For your own learning, go over the note with your resident. Remember the midnight rule!**

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 Specimens: 1) Appendix  
 EBL Minimal  
 Pt extubated & transferred to PACU  
 in stable condition.  
  
 SANDHURST (R4)

## On Call/Consults

- You will probably be the first surgeon to see the patient

Scenario	Response
If the patient looks sick	CALL for help
If the patient has a low BP or a very high HR	CALL for help
If the problem the patient has seems more serious than what you were told	CALL for help
If you're not sure what's going on or are worried at all	CALL for help
If you're wondering whether you should call for help	CALL for help



## Taking pages

- You may get asked to answer pages when the resident is unavailable
  - ▣ OR
- Key points
  - ▣ Identify yourself when you answer
  - ▣ Patient's name and location
  - ▣ Who is calling (get a name, specialty)
  - ▣ Time of call
  - ▣ Urgency
- For anything other than routine pages, let your resident know

## Doing a good consult

- Briefly look at the chart first – get an idea of what the problem is
- Do a directed history
- Do a directed physical
  - ▣ Vitals, and how they are changing over time
  - ▣ General appearance
  - ▣ Chest exam
    - Important information
    - Good learning opportunity
  - ▣ Abdominal exam
- Review the bloodwork and imaging
- Come up with a differential
- Review with the resident and write your differential and plan together

## Keep in mind...

- Remember that the patient may have been referred incorrectly
  - ▣ Biliary colic
    - ? Angina or acute MI
  - ▣ Abdominal pain
    - ? UTI
    - ? Nephritis
    - ? Gynecological problem
    - ? Pneumonia
- Your opportunity to be a superstar!

## On call

- You will be involved in
  - ▣ Consults
  - ▣ OR
  - ▣ Floor issues
  - ▣ Trauma resuscitations (at St Mike's and Sunnybrook)
- Talk to your resident at the beginning of call regarding your role
- Good time for teaching
- Stick with the resident
  - ▣ Learn to negotiate and get things done in the hospital
  - ▣ Learn to deal with common floor issues
  - ▣ Learn to manage the sickest patients
  - ▣ Get free coffee

## Tips to ensure that you get the most out of your rotation



## Integrate yourself into the team

- ▣ You're an important part of the team
- ▣ Your role is essential to optimal patient care
- ▣ Your learning depends on being involved

## Don't only execute orders

- ▣ Ask for an explanation
- ▣ Run the list with the junior resident
- ▣ Ask for updates regarding results and decisions
- ▣ Have the resident explain management decisions
- ▣ Ask about surgical technique
- ▣ Be sensitive to the timing of questions
  - Morning rounds usually not a good time
  - Get tips from the resident about timing of OR questions

## Get to know your patients

- ▣ Take the time to introduce yourself
- ▣ Read the chart
- ▣ Get to know the nurses and other team members
- ▣ Go to multidisciplinary rounds



## Be proactive about patient care

- ▣ Follow up on questions asked in morning rounds
- ▣ Know the labs
- ▣ Make suggestions to help improve patient care
  - Social work
  - PT
  - Home meds

## Set goals for your rotation

- ▣ Set goals and tell your residents about them
  - ▣ Fluid management
  - ▣ Resuscitating sick patients
  - ▣ Working up common complaints (chest pain, dyspnea)
  - ▣ Common procedures (IVs, paracentesis, arterial lines)
  - ▣ Reading abdominal CT scans

## Focus on teamwork

- Do NOT worry about getting answers wrong
- Your evaluation is largely based on your
  - Enthusiasm
  - Ability to function as a team player
  - Initiative

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