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!*
PLEASE DON'T WASTE THE DOCTOR'S TIME WITH QUESTIONS.
Surgery Orientation

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**
  - All patients are seen with the team prior to OR
  - Tasks assigned for the day

- **THE DAY**
  - OR
  - Clinic
  - Taking care of patients

  **ALL AT THE SAME TIME!**
A typical day

Morning Rounds OR, Clinic, Caring for ward patients

- 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 hemicolecotomy
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
  - [Link to PDF](http://www.covidien.com/imageServer.aspx?contentID=11850&contenttype=application/pdf)

Right before a case...

- Introduce yourself to the nurses and anesthetist
- 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

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

Post-op Note

OR Note
July 1, 2023
10:30 am

Pre-op Dx: Appendicitis
Post-op Dx: Perforated Appendicitis

Procedure: Laparoscopic Appendectomy
Surgeon: M. Jones
Assistants: B. Smith (RN), R. Klein (CCS)
Anesthesiast: M. Rond
OR TA

Findings: Gangrenous appendix
  Pus in peritones

Specimen: Appendix

EBL: Minimal

Pt extubated & transferred to PACU
In stable condition

Surgical RN: [Signature]
## Post-op Note

**OR Note**

July 1, 20XX  
10:30 a.m.

- **Pre-Ctx**: Appendicitis  
  - **Post-Ctx**: Perforated Appendicitis
- **Procedure**: Laparoscopic Appendectomy
- **Surgeon**: M. Jones  
  - **Assistant**: B. Smith (R3), R. Klein (CCS)
  - **Anesthetist**: N. Reed

### Findings
- Serosanguinous appendix
- 1 pus in pelvis
- **Specimens**: 1 Appendix
- **EBL**: Minimal
- Pt extubated & transferred to PACU, in stable condition

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**Post-op Note**

**OR Note**

July 1, 20XX  
10:30 a.m.

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  - **Post-Ctx**: Perforated Appendicitis
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  - **Anesthetist**: N. Reed

### Findings
- Serosanguinous appendix
- 1 pus in pelvis
- **Specimens**: 1 Appendix
- **EBL**: Minimal
- Pt extubated & transferred to PACU, in stable condition

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- **Findings**: specific issues relevant to the case
- **Specimen/Cultures**: what was sent to the pathologist
- **Drains**: whether the patient was extubated at the end of the case and destination (PACU/ICU)
Post-op Note

OR Note
July 1, 2007
10:30 am
Pre-Op Dx: Appendicitis
Post-Op Dx: Perforated Appendicitis
Procedure: Laparoscopic Appendectomy
Surgeon: M. Jones
Assistant: B. Smith (R3), R. Klein (CCS)

Specimens: 1) Appendix
EPL: Minimal
Pt. evaluated & transferred to PACU
in stable condition

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

On Call/Consults

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

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the patient looks sick</td>
<td>CALL for help</td>
</tr>
<tr>
<td>If the patient has a low BP or a very high HR</td>
<td>CALL for help</td>
</tr>
<tr>
<td>If the problem the patient has seems more serious than what you were told</td>
<td>CALL for help</td>
</tr>
<tr>
<td>If you’re not sure what’s going on or are worried at all</td>
<td>CALL for help</td>
</tr>
<tr>
<td>If you’re wondering whether you should call for help</td>
<td>CALL for help</td>
</tr>
</tbody>
</table>
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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