How to be a Truly Excellent Junior Surgery Medical Student

Chris Freeman, M.D.
Where are we going today?

- Surgical H&P and Consultations
- Daily Progress Notes and Presentations
- Post-Operative Notes
- What should I be doing throughout the day?
Surgical H&P’s and Consultations

For this and all other clerkships, there should be no such thing as the undifferentiated patient. You should try and obtain as much information regarding your patient as possible before seeing them; a process otherwise known as a “chart biopsy”. This information may be gathered from EPIC and/or PACS/McKesson (radiology); you should start your note as you review this data. When you interview the patient you should confirm or deny any pertinent information you have reviewed and direct your questioning and physical examination in accordance with the information you have gathered thus far.
Surgical H&P’s and Consultations

**BROAD Differential Diagnosis**

- Chart
- Biopsy/PMHx
- Labs/Imaging
- Chief
- Complaint

Before patient encounter

Directed questioning and physical examination

During patient encounter

**Narrowed Differential Diagnosis**
Surgical H&P’s and Consultations

Narrowed Differential Diagnosis → Develop A/P

After patient encounter
Goal of patient encounter

1. Continue to develop and hone interview and physical examination skills.
2. Develop a differential diagnoses.
3. Develop a treatment plan.
4. Efficiency (<15-30min).
HPI

• O P Q R S T ↔ → ↑ ↓ ?
HPI

- ONSET
- PAIN LOCATION
- QUALITY
- RADIATION
- SEVERITY
- TIMING
- EXACERBATING FACTORS
- ALLEVIATING FACTORS
- PRIOR EPISODES
- ASSOCIATED SI/SX
- ? PT’S DIAGNOSIS
H&P and Consultation Form
Daily Progress Notes

- Use the appropriate template for your service, data should be from the previous 24 hours.
- Report a range of vitals.
- It’s all about the I/O’s – report UOP, NG, drains, etc. in chronological order by shift.

<table>
<thead>
<tr>
<th>Events/Procedures of the last 24 hours:</th>
<th>☐ No significant events</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physical Exam: (checked box denotes normal examination)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tmax: ______ Tcur: ______ HR: ______ BP: ______ / ______ RR: ______ SP02: ______ on ______</td>
</tr>
<tr>
<td>24 Hr I: ______ O: ______ IVF: ______ @ ______ mL/hr Diet: ______</td>
</tr>
<tr>
<td>Tube Feeds: ______ @ ______ mL/hr TPN: ______ @ ______ mL/hr</td>
</tr>
<tr>
<td>Urine: ______ / ______ / ______ NGT: ______ / ______ / ______ Bowel Movement: ______</td>
</tr>
<tr>
<td>Drains ( ): ______ / ______ / ______ Drains ( ): ______ / ______ / ______</td>
</tr>
<tr>
<td>Drains ( ): ______ / ______ / ______ Drains ( ): ______ / ______ / ______</td>
</tr>
</tbody>
</table>

Morning  Afternoon  Evening
Daily Progress Notes

- Focused physical examination.
- Report significant changes in laboratory values with previous value indicated in parentheses.
- Include updated microbiology.
- Include patient’s medications.
Daily Progress Notes

- Focused physical examination.
- Report significant changes in laboratory values with previous value indicated in parentheses.
- Include updated microbiology.
- Include patient’s medications.

Include Medications in this order:

1. Anticoagulation: SQH, heparin gtt, Lovenox, ASA, coumadin
2. GI ppx (H2B or PPI)
3. Cardiac related medications (β-blockers, anti-hypertensives, etc.)
4. Antibiotics (try to include day #, i.e. 2/7 and **know WHAT you’re treating**)
5. Other important home meds (synthroid, psych meds, etc.)
6. Pain medications
Daily Progress Notes

- Focused assessment and plan.
- While you should not sign the note, you can help your resident out by writing the date and the time.

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>Date of Adm:</th>
<th>Date(s) of Surgery:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysrhythmia</td>
<td>Fever</td>
<td>Anemia/Anemia due to blood loss</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Leukocytosis</td>
<td>DVT/PE</td>
</tr>
<tr>
<td>Hypotension</td>
<td>Pneumonia (bacterial)</td>
<td>Malnutrition</td>
</tr>
<tr>
<td>Atelectasis</td>
<td>Urinary Tract Infection</td>
<td>Fistula</td>
</tr>
<tr>
<td>Hypoxemia</td>
<td>Bacteremia</td>
<td>GI Bleed</td>
</tr>
<tr>
<td>Dehydration</td>
<td>Wound Infection/Cellulitis</td>
<td>SBO/ileus</td>
</tr>
<tr>
<td>Electrolyte Imbalance</td>
<td>Abscess</td>
<td>Altered Mental Status</td>
</tr>
<tr>
<td>Volume Overload</td>
<td>DM</td>
<td></td>
</tr>
<tr>
<td>Edema</td>
<td>Hyperglycemia</td>
<td></td>
</tr>
</tbody>
</table>

Other assessment and plan

Provider Signature: ____________________  Name: ____________________  (Circle One) MD DO NP PA-C  Pager: __________  Date: __________  Time: __________
Presentations

Presentations on morning rounds should proceed in the following order:

1. One liner about patient, including hospital day or post-operative day and diagnosis/procedure performed.
2. Subjective
3. Vitals
4. I/O’s
5. Physical Examination
6. Labs
7. Imaging
8. Medications
9. Assessment and Plan
Suggestions for a highly effective third year medical student on morning rounds:

1. See your patient and have your note prepared along with your presentation for morning rounds.
2. Gather computers/collect charts
3. Exam all patients and relay your information to the PA/intern writing the progress note.
4. Gather wound care supplies and help with dressing changes.
5. Your census is your friend.
Post-Op Checks

Post-operative checks are a formal means of assessing how a patient is doing following an operation and if necessary, to make appropriate changes in the patient’s post-operative care. This should be performed **4 to 6 hours following an operation.** A note should be written and will become a part of the medical record.
What should I be doing throughout the day?

It is all about the census.
What should I be doing throughout the night?

It is STILL all about the census.
Surgery Clerkship DON’Ts

- Use a clipboard, show up to conference in scrubs, wear your stethoscope around your neck
- Lie/make things up (lab values, H&P...)
- Leave the OR to ______ unless instructed to do so
- Ask to go to bed/leave/etc.
- Use cell phone or text on rounds
- Be afraid to offer a plan
- Blow off this rotation if you’re not interested in surgery...
Surgery Clerkship DOs

• Practice your presentations
• Pay attention during rounds, check the boxes
• Read for cases, know the anatomy
• Act interested
• Eat/pee before a long case
• Ask questions! Why?
Questions?

christopherMfreeman@gmail.com