

How to be an excellent junior surgery medical student

Cutler Quillin, MD
Chris Freeman, MD
Alex Cortez, MD

Surgical H&P and Consultations

For this and all other clerkships, there should be no such thing as the undifferentiated patient. You should 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 the patient’s chart, LastWord, EMR, or AccessAnywhere; 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. It is important to remain unbiased when performing the chart review and focus on the patient’s chief complaint and your list of differential diagnoses. This will maximize the educational opportunities when seeing a new patient. Keep in mind that the goal of every patient encounter is to hone your interviewing skills, create a list of possible differential diagnosis and create a treatment plan.

Daily Progress Notes

If at University Hospital, you should write your morning note on the appropriate template for the service. The hospital day and post-operative day can never be the same – the day of admission is hospital day #1 and the day following an operation would be hospital day #2 and post-operative day #1. Data to be collected and recorded for the note should only be from the previous 24 hours. Vitals should be reported as a range; if the patient had a fever (>101.5°F), be sure to record the time of the fever.

The management of the surgical patient relies heavily upon fluid balance - what is going in and what coming out. Record the previous 24 hours total I/O’s. Record the rate and the type of IV fluids, the patient’s diet or tube feed rate and type. Output should be recorded by shift in chronological order, with particular attention being paid to the appearance and quantity of NG, JP, VAC output, etc. Report laboratory data collected only from that morning. If there is a significant change in a laboratory value, indicate the previous value in parentheses. Include any updated microbiology, culture results and pathology, as they are often updated daily. Be aware of the medications the patient is currently on and what medications they were taking at home, as these are often not written for post operatively; consider if restarting home medications is appropriate given your patient’s stage of recovery. Finally, while you should not sign the note, you can help your resident by writing the date, the time and the junior’s pager number on the note.

Presentations

Presentations on morning rounds should proceed in the following order, avoid insertion of excessive commentary or subjective information.

1. One liner about patient, including hospital day or post-operative day and diagnosis/procedure performed.
2. Subjective – how is the patient feeling, adequacy of pain control, passage of flatus or BM, nausea or vomiting, etc.
3. Vitals
4. I/O's
5. Labs
6. Medications
7. Physical Examination – keep focused
8. Assessment and Plan

Role on Rounds

“Nothing stops for morning rounds.” The surgical services are the most efficient teams in the hospital; each morning they see every patient on the service, develop a plan for the day, write the daily progress notes and enact the majority of the day's plans before going to the OR at 7:30 am. This degree of efficiency can only be achieved when each member of the team, from chief all the way down to medical student, plays his or her active role. Here are some suggestions that you as a third year medical student can employ to become a more active and productive member of the team on morning rounds:

1. See your patient and have your note prepared along with your presentation for morning rounds.
2. Ensure all the necessary patient charts on the surgical wards are collected for rounds.
3. Gather computers for the team to use and have them stationed outside the first patient's room.
4. If a patient is not yours or another medical student's, you should enter the room while the team is going over the numbers and obtain a quick subjective assessment and physical examination. Use this as an opportunity to further develop your physical examination skills. You can receive instant feedback on your findings when you bring them up to the chief/senior resident as they enter the room. You should then relay your findings to the PA or intern writing the daily progress note. Focus your exam on the pertinent positive and negative findings. For example is the patient effectively coughing/taking good tidal volumes? Is their abdomen distended, tender, or quiet? Are their extremities edematous? Are their IV sites clean and dry?
5. The surgery clerkship is one of the few services during your third year where you have the opportunity to learn wound care first hand. Pay attention to which patients require dressing changes and ensure that supplies are at the bedside for rounds. You should help with the dressing care for as many patients as possible on the service.

6. Refer to your census to figure out which patient you are seeing and who is next. Rounds move fast, try not to get left behind, if you do, refer again to your census to determine where the team is headed.

Post-Operative 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?

Whether or not you are interested in the field of surgery, this time is your opportunity to learn about the day-to-day management of the surgical patient, which will prove to be invaluable no matter the field of medicine you enter. While much can be gained from your time in the operating room, even more valuable knowledge about our field can be learned from the daily management of the surgical patient. Many of the tasks that we perform throughout the day do not require an MD, most simply involve following up on various tasks/information. We review all of these tasks several times a day when we "run the list." Listen when we do this, take notes just as we do, and follow up accordingly. Whether it is following up on laboratory results, imaging, or consultative service recommendations this is your opportunity to take an active part in the management of your patients. You should review your patient's vitals and I/O's throughout the day. If a change in the plan of care was made during rounds, follow up on that change to see if it was tolerated. You should be prepared to present this new information during afternoon or attending rounds. Finally, you should try and see as many surgical consults on your own as possible.

When you are in the operating room, you should maximize your learning experience by being prepared. Have the chief/senior resident assign you cases to scrub and read about the patient, disease process, procedure, relevant anatomy, indications for the operation and possible complications prior to going to the operating room. Seek out a preoperative H&P; this can often be found in EMR. Always meet your patient in the same day surgery unit before they go to the operating room. This will help you in managing the patients following their procedure.

As you begin to transition from a third, to a fourth year medical student, you will begin to carry more and more responsibility for your patient's care. You should use this time now to learn how to efficiently function in the hospital while the burden of patient care is not yours. Please remember, while your shelf and quiz grades are important, your clinical performance carries almost just as much weight.