

# How to be an Excellent M3 Surgery Medical Student

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# Where are we going today?

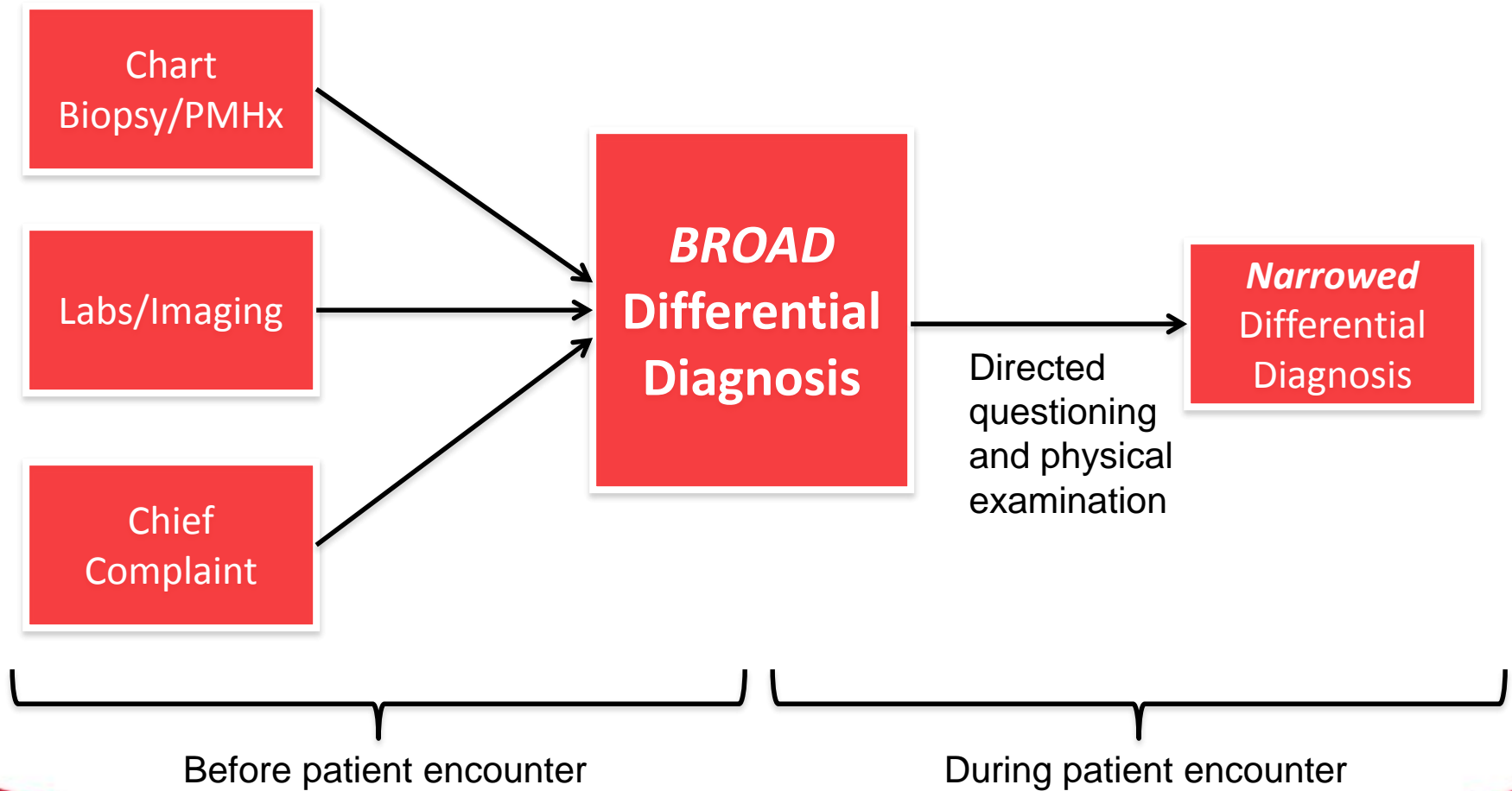
- Surgical H&P and Consultations
- Daily Progress Notes and Presentations
- Post-Operative Notes
- What should I be doing throughout the day?



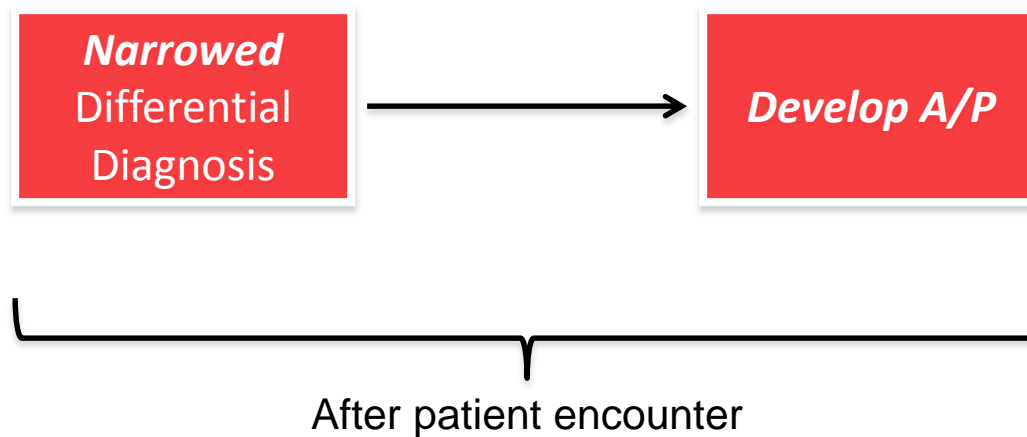
# Surgical H&P's and Consultations

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



# Surgical H&P's and Consultations



# 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



# Presentations and Notes

- Treat them as formal presentation
- For complex HPI, give 1-2 liner followed by chronologic events
- Okay to say “my differential is”
- Always think global about plan
- For surgical patients, think “what intervention if any does this patient need”

# Pre-Rounds

- Give yourself enough time
- Obtain sign-out from night team, read overnight notes, check-in w/ overnight nurse
- Check vitals, labs, cultures, imaging, consults
- SEE YOUR PATIENT
- ALWAYS attempt assessment/plan...and ask for feedback!
- Write/sign progress note

# AM Rounds Presentations

- Presentations on morning rounds should proceed in the following order:
  1. One liner about patient prior 24s
  2. Vitals
  3. I/O's
  4. Labs
  5. Imaging
  6. Medications
  7. Physical Examination
  8. Assessment and Plan

Name:  
Post-Op Day:

Age:  
Procedure:

Hosp Day:  
Indication:

Subjective:

Objective:

vitals: T<sub>max</sub>      T<sub>current</sub>      HR      -      BP      \_\_\_\_\_  
RR      O<sub>2</sub> Sat.      -      /      /

INs:

PO:  
IV fluid rate:  
TPN:

OUTs:


(shift) urine:      -      -  
BM:      -      -  
drain:      -      -

P.E.:

Gen:  
CV:  
Pulm  
Abdom:

Meds:

Labs:



Ca  
Mg  
PO<sub>4</sub>

A/P:

Neuro/pain:

CV:

Resp:

FEN/GI:

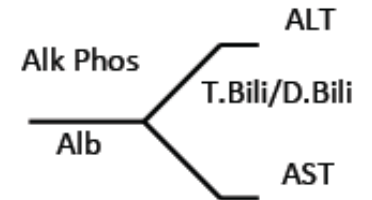
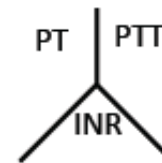
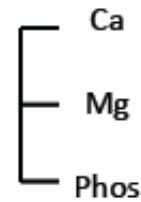
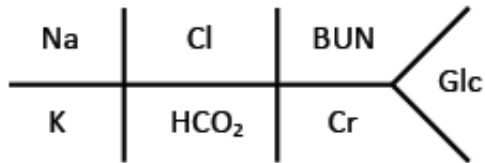
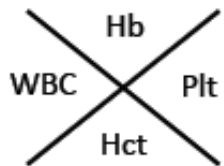
GU:

ID:

Prophylaxis:

Dispo:

# Progress Notes





Name:  
Post-Op Day:

Age:  
Procedure:

Hosp Day:  
Indication:

Subjective:

Objective:

vitals: T<sub>max</sub> 98.6 T<sub>current</sub> 98.2 HR 68 - 80 BP 125-147 / 82-95  
RR 16 O<sub>2</sub> Sat. 93% - 98% / 95% / 2L NC

INS: 2.79L  
PO: 1.79L  
IV fluid rate: 50ml/hr  
TPN:

OUTs: 1.5L  
(shift) urine: 250 - 350 - 500  
BM: - 1x -  
drain: 25 - 10 - 10

← Outs given per 8hr shift

Fluids, feeding tubes, TPN given as rates →

P.E.: Gen:  
CV:  
Pulm  
Abdom:

Meds:

Labs:

Ca  
Mg  
PO<sub>4</sub>

A/P:  
Neuro/pain:  
CV:  
Resp:  
FEN/GI:  
GU:  
ID:  
Prophylaxis:  
Dispo:

# 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 ( $\beta$ -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

# 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 to include in post-op note

## S:

- Pt is a \_\_yo M/F with (**diagnosis that required operation**) now s/p (**operation**).
- Intraoperative complications, issues with anesthesia, intubation, significant events since OR
- Current complaints from patient

## O:

- Operative I/Os: IVF, blood products, EBL, UOP
- VS, Physical Exam, don't forget about new tubes, lines, drains
- Labs, imaging **since coming out of the OR** (don't care about intra-op labs)

## A: Summarize patient as above

## P: Easy things to include:

- Wean oxygen, IS/pulm toilet, encourage ambulation, diet, pain control, wound care, when to resume important home meds (**look at the patient's post-op orders**).

# Post-Op Note Example

Patient JW is a 44 y/o WM with a PMHx of HTN and distal 1/3 rectal cancer s/p neoadjuvant chemoradiation who underwent a low-anterior resection and diverting loop ileostomy. Procedure was complicated by significant bleeding during ligation of the sigmoidal artery. Pain control was poor in the PACU requiring additional dilaudid and he was hypertensive with SBP's in the 190's requiring 20 mg of labetolol.



# Role on Rounds

- Surgical services are the most efficient teams in the hospital, be prepared and efficient
- See your patient and have your note prepared
- Gather computers rounds
- Okay to enter room ahead and take down dressing I needed

# What to do during the day

- While much can be gained from OR, even more from daily management
- Tasks = patient care and learning efficiency
  - “run the list” → listen when we do this, take notes just as we do, and follow up accordingly.
  - Take an active part in management of patients
- Be prepared for the OR
  - Read about the patient
  - Study anatomy
- Prepare for M4 when you’ll carry more responsibility

# 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.
- Mess up the census
- 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
- Help with floor stuff, census (but don't mess it up)
- Eat/pee before a long case
- Ask questions! Why?

# Dot phrases

- .hpcon
- .shortprog
- .systemap
- .dcsumm



**Questions?**

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