

Surgery Clerkship Survival Guide: Des Moines

Overview

You will be assigned to two different surgery teams for 3 week blocks. Possibilities include: Surgical Oncology, Vascular Surgery, Colorectal Surgery or a General Surgery team at either IMMC or Broadlawns. Final grade: 50% resident and faculty evaluations, 40% shelf exam, 5% PBA exam, 5% other assignments.

Resources and Studying for the Shelf Exam

- Remember to study for the exam! Yes, you only need a 50% to pass, but you need a 50% to pass! Many questions are very “internal med-esque” in terms of make the diagnosis questions or what is the next best step questions. No anatomy or specifics on surgery procedure steps/techniques. Thus, studying for pimp questions during clinic and the OR will most times not be very high yield for the exam. Sometimes, but often no. So, don't forget to balance the two. It's OKAY to miss a whole day of pimp questions. Again- just as long as you're interested in learning and sometimes get a few pimp questions right. Try to balance it.
 - First and foremost, before you start the rotation read this really great 1 pager about the shelf exam: <https://www.medschooltutors.com/blog/know-thy-shelf-surgery-edition>.
 - The general rule is to choose 1-3 resources and stick with them for the exam. Unfortunately, there is not a great consensus on a “best” resource for this exam. Q banks include:
 - ✓ UWorld surgery questions AND internal med sections related to surgery exam topics such as GI and nutrition. This is probably the single most valuable resource for the exam.
 - ✓ Online MedEd: cheaper than buying UWorld, and some people prefer how it covers more of the topics generally than sifting through IM questions related to surgery on UWorld.
 - High yield quick-reference style resources:
 - ✓ Pestana's - highly recommended and a copy is provided. Recommend reading it once the first two weeks of the rotation and again before the test – it's a very quick read!
 - ✓ Case Files for Surgery
 - ✓ Online Med-Ed videos!! Free, to the point, high yield.
 - ✓ Surgical Recall: best for pre-clerkship and OR prep.
 - ✓ Required Online U-Wise cases- recommended to choose ones related to OR cases.
 - Good textbook references:
 - ✓ Surgery: A Case-Based Clinical Review- provided to you. Can be helpful for case prepping for the OR as well as studying for exam. Questions at the end are helpful (but there are a lot of them).
 - ✓ Step-Up to Medicine, IM Essentials – can be helpful because there is a decent amount of IM stuff on the shelf exam.

The OR

- Once you get to the OR: Most of the nurses and scrub techs are really nice! The best things to do are:
 - Make sure you go to the correct OR (check the screens right at the main desk in Level A)

- Introduce yourself to the scrub nurse, the scrub tech, (the anesthesiologist- sometimes they let you intubate/other cool procedures). Write your name and your resident's name on the board behind the door. Grab your and the resident's gown and gloves so everything is ready to go (list of glove sizes of the residents is in each OR on one of the cabinet doors or by the phone). Offer to open your gloves and gown for the scrub nurse. Ask them if you can help. Grab a step and let the scrub nurse know you are going to position it by the bed so once the surgery starts you won't have to ask anyone to grab it for you (you may need to kick it around to reposition it).
- Pre-scrub so when the time comes to actually scrub you can just use the gel, go in ahead of the surgeon and resident while they scrub, and get your gloves and gown on. This helps the scrub tech be ready to go when the surgeon is ready to go instead of everyone waiting for you to get scrubbed in afterwards.
- If the resident needs to shave parts of the patient, you can help by wearing the sticky mitts. Put the SCD's on the patient's legs and float their heel.
- Just make sure you are asking how you can help and aren't sitting there on your phone/studying without offering to help first. You go over most of this stuff during the orientation especially the part with Anita--make sure you actually pay attention/ask her questions-- don't be intimidated.
- During surgery: try to be helpful, but remember being helpful can also mean staying out of the way if you're not sure about things or if you need to watch how the flow works the first couple of times before stepping in to help.
 - Put the light covers on.
 - Help organize the wires/make sure none of the instruments fall to the floor in that first minute-bustle.
 - Whenever you see a resident or a surgeon suturing, grab the suture scissors. You will become very familiar with these and the retractors. For pro tips on how to cut suture/hold suture scissors etc. again, check out Surgical recall or a similar source (Anita during orientation).
 - By "grab the suture scissors" it means **ASK the scrub nurse** if you can get the suture scissors from their tray. Unless they say that you don't need to keep asking before you touch their tray- keep asking.
 - Follow the lead of your resident. Usually they will try to help you/tell you what you can do/where to stand etc.
 - Ask your residents good topics to study prior to cases you see on the schedule.

Prep for OR Cases

Obviously this is attending physician and resident dependent like anything else, but you most likely **WILL be asked lots of questions**. In general, know who the patient is (learning how to look up your surgeon's surgery and clinic schedules are key so you can plan ahead!), why they are getting surgery, if they had other options, why surgery was indicated, etiology, pathophys, treatment, prognosis of their disease. Try to review important anatomy for the surgery. Surgical recall and Medscape are two great resources to prep for this in the most time efficient manner (along with the anatomy resource of your choice- Netter's. Wiki.). Reviewing the attending physician's note is always a good idea.

- Surg/Onc Service Specifics: Dr. Kollmorgen is an excellent teacher but will expect a lot from you in return. Know your patient including how they were diagnosed, what stage cancer they have, and what role chemo/radiation/sentinel nodes might play in their care. Also review relevant anatomy. Grab a stool before each case unless you're really tall like he is. He will also often

round on his patients in the afternoon so always be prepared for that. He prefers a problem-based assessment & plan. You may work with a few other surgeons on this service, but they are all pretty straightforward to work with.

- Vascular Service Specifics: In general, this group of attending physicians will not question you very much, but your senior resident may fill this role. Know the indications for surgery, vascular disease risk factors, and of course, your vascular anatomy. For endovascular surgery (e.g. AAA repair, carotid stenting) you will probably not scrub in. You can still help transfer the patient and prepare the residents for the case, but bring some study material to these cases if you are not excused by your resident. In any case when you're not scrubbed in, offer to take your resident's pager and return pages for them.

You will not know everything. That's okay. You're not expected to know everything. You are expected to try, to show interest, and to help out. There are great attending physicians/residents on every rotation and sometimes a few not so great ones- surgery is no different. Just remember if someone crosses the line, make sure you talk with Dr. Craig. If someone is just acting out under the pressure or simply has a personality problem just keep reminding yourself that it's not you. Do not beat yourself up for things you didn't do because that will be unsustainable to get through the clerkship. Again, talk with Dr. Craig if you need any assistance or guidance.

Pre-Rounding / Working with Residents

- Especially if you haven't already had peds or internal med then making sure you leave yourself enough time to properly pre-round / chart round on your patients (1-3) will make life easier at the beginning of your rotation.
 - Use the example of the format for presentations that the surgery resident goes over with you during orientation. Ask your residents on the first day for specifics on how they prefer your presentations. Surgical Recall in general is a **GREAT resource** to look through before/in the beginning of your rotation. It has great examples of pimp questions, but also teaches you about rounding, presenting, important stuff to know in the OR. Highly recommend if you feel really lost.
 - On the first day you will likely shadow your residents so make sure to pay attention to what they like to ask patients and ask them how to check chest tubes/anything else you're confused about.
 - Know things like if the patient has a catheter and why, if the patient is on O2, at-home meds (especially baseline O2 use or at home warfarin dose). These can also be good topics to bring up in the plan. (should you remove the catheter, can you titrate the O2 to their baseline, how are you going to transition the patient to anticoagulation at home/do they need to be sent home with different meds).
 - Get your residents' numbers on the first day! Make sure to double check what time you are rounding with them (usually between 5:30-6). It may change day to day and you are expected to keep track of that.
 - On the first day of a new service, ask your residents what supplies you can stuff into your white coat pockets to help out. Also ask for the codes to the supply rooms on each floor so you can restock and grab supplies in a pinch while rounding.
- Trying to help your residents will lead to better evaluations, more time for them to teach you, and perks like them remembering to let you leave early if the schedule allows. Ways you can help include getting to the OR early and texting them when the patient arrives (so they can work

on notes/orders instead of being stuck waiting in the OR) and offering to go check on a patient/talking to the nurses when they get paged.

Bottom Line: You Can Do It!!! 😊

The surgery rotation can be intimidating and taxing but, it is doable. Regardless of whether you want to go into surgery or not, you will leave your 6 weeks tired but a much better medical student than when you started. Most people enjoy this rotation more than they anticipated!