Honors Advice – Surgery Clerkship

Texts and Questions:
I read First Aid for Surgery and Surgical Recall about 3 times each and focused especially on the main topics and the key subspecialties. I did not read any of the recommended textbooks as they tended to give too much detail for a first-time surgery student. I saw a lot of vascular surgery (blue team at St. Luke's, Pennsy, and on the green team in the SICU) so I made sure to read extensively on the GI and endocrine stuff. The PBLs were fairly helpful and my PBL resident leader Astrid Moises was excellent. I also made a point of looking over the PBLs again in the week before the exam. I only did one question book because I think they aren't all that helpful.

Rotations:
I had very good teaching experiences in the SICU and at St. Luke's. I know it is not possible but I think everyone would really benefit from 2 weeks in the SICU during their surgery rotation.

Other:
I had already taken medicine (although I should point out that I didn't do all that well on that exam) and much of the shelf deals with medical aspects of the surgical patient. On the whole, I think I learned more about medicine during the surgery rotation than I did during the medicine rotation.

~ October 2004

I really enjoyed the surgery rotation, and as you asked about my secret, I must say that much of it is the fortune of getting to work with great residents, especially Sam Kim and JJ Karmacharya on Surg Onc, and Ibrahim Abdullah for PBLs. Also, Mont Reid is Surgical Recall's daddy.

~ October 2004

There's no getting around it...the surgery clerkship is not easy. In fact, at times, it's downright exhausting. But, it's also the only chance that many of us will get to see some very common, very complicated, and very cool aspects of practicing medicine.

The most important thing to do for the surgery course is to go into it with the right attitude. Yes, you will be getting up at un-Godly hours. Yes, you will be in the hospital past 8pm once in awhile. Yes, you will not think you have enough time to read. Now that you've got all of those thoughts out in the open, don't obsess about them. It's only two months of your life.

What about books? I found NMS to be very useful for the exam but you have to be able to read the outline format. I've heard Lawrence was also very good but you also need the subspecialty book. Don't read both...just pick one and get to know it very well. The "all important" book for you to read is Surgical Recall. It's a must to carry in the white coat on O.R. days. Just read about the surgery you're about to go into and you'll be all set for the questions they ask you. Even more importantly, you'll have a clue about what's going on and will learn something and won't be just standing there feeling like you're wasting your time.
While you're in the O.R., ask questions. Most surgeons aren't going to make the room feel like the Four Season’s. Sometimes, it feels pretty intimidating to ask the attending something. But guess what, you're paying a lot of money to stand there holding the Richardson retractor so you should make sure you get some value out of it. Showing interest makes it clear to the attending and residents that you care and want to learn and they'll start giving you more teaching points and responsibility in the sterile field. You might even get to do some sewing!
Best of luck with the course!

~ September 2004

Surgery Secrets:
I remember reading “surgery secrets” from previous students, and am honored to share any advice I can with students just starting the rotation. First of all, I did surgery first, which I think worked very well for me as I was full of energy and excitement… all that adrenaline was key in making the most of this rotation. So, if you’re doing surgery first, realize that your “fear” can most definitely work to your advantage! Use that energy to get up early, stay up late, help the team out and do extra reading.

In the hospital: Be a dedicated member of your team. The more you put into your team, the more they will be amenable to taking time out to teach you. So, if that means running around like a lunatic with your intern to collect #’s on patients before evening rounds, or just offering an extra set of hands whenever needed, be there to help out. When a resident does make the effort to teach you, TAKE ADVANTAGE! I swear that no matter how many times I read something in Lawrence, seeing it once with a resident there to explain it to me made it REAL. And what’s real ends up sticking and coming back to you during the shelf exam and during your future rotations.

With regards to where to do your rotation, I would advise doing it at HUP. The residents are so smart and so good at explaining difficult concepts… you benefit just from being around them.

At home: Although everyone seems to run around with a copy of Surgical Recall, I found that it provided only a superficial picture of what I needed to know. Reading excerpts from one of the surgical textbooks (in the library), Lawrence or NMS is really the key to truly understanding what you’re seeing on the floors. Instead of reading a chapter in Recall 3 times until it sticks, read the topic once in Lawrence or Sabiston and it will MAKE SENSE to you… understanding rather than memorizing will take you a lot farther as far as the shelf exam goes.

Fridays: make the most of these didactic days. The teaching resident will be key to your understanding some essential topics. Try to get a decent night’s sleep the night before so that you can absorb as much as you can from Friday’s lectures/PBL sections.

Best of luck!!!! If you’re interested in surgery, you’re in for an amazing experience! If you can’t stand the idea of surgery, take this opportunity to learn how essential teamwork and diligence can be in the care of patients. No matter what you ultimately choose to do, you will no doubt walk away with an immense amount of respect for your fellow surgeon!

~ September 2004
I think I did well for one big reason. I remember the first week of the rotation feeling lost and overwhelmed, not sure of my role on the team or how to study or keep track of everything. The second week I decided my focus was going to be the patients, and everything else would hopefully fall in place. That meant following their admissions, surgeries, management, complications, etc... Every morning on rounds I presented 2 or 3 patients, but took notes on all the management decisions and made "scut lists" for all the patients, just like the intern. This allowed me to help out with various tasks throughout the day, making me useful to the team. This also allowed me to track how surgical patients are managed in "real time." Each night, I would go over the patient list, look at my notes, and anticipate tomorrow's activities. For me, this was much more high yield for the exam than reading texts. In fact, while I read through NMS, most of my learning was through clinical vignette books like Pretest, A&L, and the NMS Casebook (and Surgical Recall for clinical pearls). In the OR, I concentrated on helping the resident with all the pre-op prep and post-op paperwork. I was also friendly with all the nurses. This is huge, because if they like you, they watch your back and make sure you don't screw up! Hope this helps...

~ September 2004

First off- you WILL make it through surg 200 even if you are not going to be a future surgeon!! Certain days will be absolutely amazing while others will be somewhat miserable- but overall you will learn a lot about surgery and about yourself during this rotation.

To prepare for the shelf my advice is to start early... Study lots on the weekends and during EM but give yourself a break on the weeknights cause you will be too tired after being in the hospital for 12-15 hours. I read NMS, recall, and most of Lawrence and then did both pretest and appleton and lange in the last two weeks. If you are only going to read Lawrence and not NMS- make sure to also read Lawrence subspecialties or the subspecialities in NMS because a good portion of our test was on urol, neuro, and other non-abdomen things.

The clinics is all about attitude... always keep a smile on your face and never say "no" when asked to do something... Be able to laugh at yourself and don't beat yourself up for not knowing some random fact that you are pimped on... just make sure you know the answer in case you are asked a second time. If I could do it again I would be more proactive in the OR-don't shrug away from doing stitches or putting in a drain just b/c you messed up on your first try. With each attempt you really do get better and better. Try to pay close attention when someone shows you how to put in a Foley or do a dressing... the first time they are patient but won't be as nice if you have to ask for lots of help again the second time. Most importantly, try to make connections with your patients especially on gen surg where you have patients who are on the service for a while. I would go up to the floors on down-time between operations and just talk with one or two of the patients- about their grandkids, their hobbies, the news, whatever. Bringing a smile to a patient's face allowed me to leave the hospital knowing that I had made a difference to at least one person that day.

~ May 2004

“secrets.” I really don’t have any. I just did what I try to do for all of my rotations – be on time, be interested, and do a little reading on the patients/cases you are following. It's amazing how far just a little reading will get you (even in books like Surgical Recall - although many attendings seem to dislike it, they all seem to ask about the information contained in it).
I don't really have any "secrets" for doing well in the surgery course except for reading, doing practice questions, and above all, maintaining enthusiasm and a passion for the OR. During the course, I knew I had the opportunity to work with some incredibly skilled and dedicated surgeons and to see some truly amazing procedures which made me believe in that quote at the beginning of the Surgical Recall book: "In the operating room we can save more lives, cure more cancer, restore more function, and relieve more suffering than anywhere else in the hospital."

~ December 2003