



SAPIENZA
UNIVERSITÀ DI ROMA

Surgical Student Survival Guide

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To facilitate learning a surgical topic, first break down each topic into the following categories and, in turn, master each category:

- 1. What is it?**
- 2. Incidence**
- 3. Risk factors**
- 4. Signs and symptoms**
- 5. Laboratory and radiologic tests**
- 6. Diagnostic criteria**
- 7. Differential diagnoses**
- 8. Medical and surgical treatment**
- 9. Postoperative care**
- 10. Complications**
- 11. Stages and prognosis**

Granted, it is hard to read after a full day in the O.R. For a change, go to sleep right away and wake up a few hours early the next day and read before going to the hospital. It sounds crazy, but it does work.

Remember—REPETITION is the key to learning for most adults.

APPEARANCE

Why is your appearance so important? The patient sees only the wound dressing, the skin closure, and you. You can wear whatever you want, but you must look clean. Do not wear religious or political buttons because this is not fair to your patients with different beliefs!

WHAT THE PERFECT SURGICAL STUDENT CARRIES IN HIS/HER LAB COAT

- Stethoscope
- Penlight
- Scissors
- iPhone with app for medications and a calculator
- List of commonly used telephone numbers (e.g., radiology)
- Pen/notepad/small notebook to write down pearls
- Sutures to practice tying
- Notebook or clipboard with patient's data (always write down chores with a box next to them so you can check off the box when the chore is completed)

- Interview your patient (e.g., problems, pain, wishes)
- Talk with your patient's nurse (e.g., "Were there any events during the last shift?")
- Examine patient (e.g., cor/pulm/abd/wound)
- Record vital signs (e.g., Tmax)
- Record input (e.g., IVF, PO)
- Record output (e.g., urine, drains)
- Check labs
- Check microbiology (e.g., culture reports, Gram stains)
- Check x-rays
- Check pathology reports.
- Know the patient's allergies
- Read chart
- Check medication
- Check nutrition
- Always check with the intern for chores, updates, or insider information before rounds

Your presentation on rounds should be like an iceberg. State important points about your patient (the tip of the iceberg visible above the ocean), but know everything else about your patient that your chief might ask about (that part of the iceberg under the ocean). Always include:

- Name
- Postoperative day s/p-procedure
- Concise overall assessment of how the patient is doing
- Vital signs/temp status/antibiotics day
- Input/output-urine, drains, PO intake, IVF
- Change in physical examination
- Any complaints (not yours—the patient's)
- Plan

Your presentation should be concise, with good eye contact (you should not simply read from a clipboard).

The intangible element of confidence cannot be overemphasized; if you do not know the answer to a question about a patient, however, the correct response should be **“I do not know, but I will find out.”**

Never lie or hedge on an answer because it will only serve to make the remainder of your surgical rotation less than desirable.

Furthermore, do your best to be **enthusiastic and motivated.**

Never, ever whine.

And remember to **be a team player.**

Never make your fellow students look bad! Residents pick up on this immediately and will slam you.

- Never whines
- Never pimps his residents or fellow students (or attendings)
- **Never complains**
- Is never hungry, thirsty, or tired
- **Is always enthusiastic**
- **Loves to do scut work and can never get enough**
- **Never makes a fellow student look bad**
- **Is always clean (a patient sees only you and the wound dressing)**
- **Is never late**
- Smiles a lot and has a good sense of humor
- **Makes things happen**
- Is not a “know-it-all”
- **Never corrects anyone during rounds unless it will affect patient care**
- Makes the intern/resident/chief look good at all times, if at all possible
- **Knows more about her patients than anyone else**
- Loves the O.R.
- Never wants to leave the hospital

- **Takes correction, direction, and instruction very well**
- Says “Sir” and “Ma’am” to the scrub nurses (and to the attending, unless corrected)
- Never asks questions he can look up for himself
- **Knows the patient’s disease, surgery, indication for surgery, and the anatomy before going to the O.R.**
- Is the first one to arrive at clinic and the last one to leave
- Always places x-rays up in the O.R.
- **Reads from a surgery text every day**
- **Is a team player**
- **Asks for feedback**
- Never has a chip on her shoulder
- Loves to suture
- **Is honest and always admits fault and errors**
- Knows when his patient is going to the O.R. (e.g., by calling)
- Is confident but not cocky
- Has a “Can-Do” attitude and can figure out things on her own

- **Is not afraid to get help when needed**
- **Never says “No” or “Maybe” to involvement in patient care**
- Treats everyone (e.g., nurses, fellow students) with respect
- **Always respects patients’ modesty (e.g., covers groin with a sheet as soon as possible in the trauma bay)**
- **Follows the chain of command**
- Praises others when appropriate
- Checks with the intern beforehand for information for rounds (test results/ surprises)
- RUNS for materials, lab values, test results, etc., during rounds before any house officer
- **Gives credit where credit is due**
- Dresses and undresses wounds on rounds
- Has a steel bladder, a cast-iron stomach, and a heart of gold
- Always writes the OP note without question
- Always checks with the intern after rounds for chores

- Always makes sure there is a medical student in every case
- **Always follows the patient to the recovery room**
- In the O.R., always asks permission to ask a question
- **Always reviews anatomy prior to going to the O.R.**
- Does what the intern asks (i.e., the chief will get feedback from the intern)

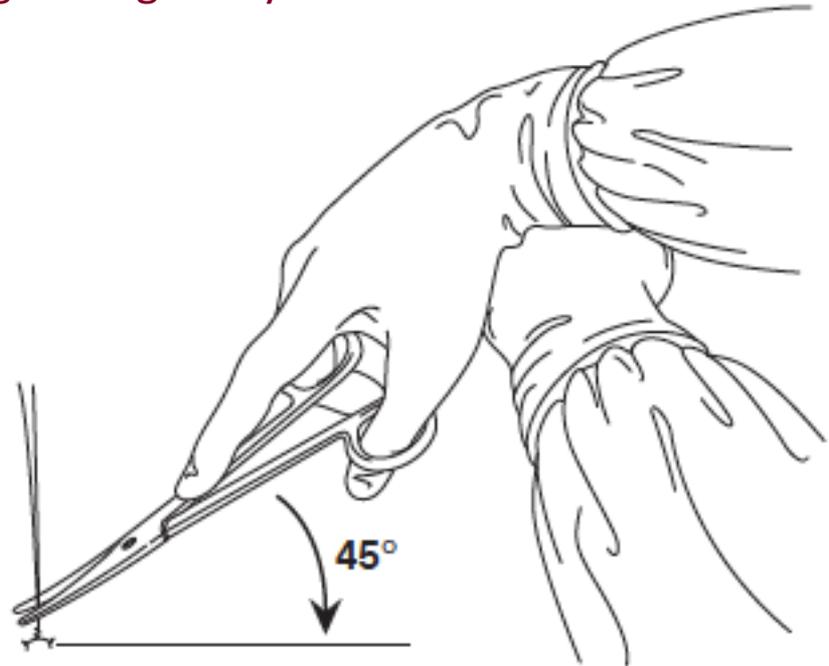
- Your job in the O.R. will be to **retract (water-skiing)** and answer questions posed by the attending physicians and residents. Retracting is basically idiot-proof. Many students emphasize anticipating the surgeon's next move, but stick to following the surgeon's request.
- More than 75% of the questions asked in the O.R. deal with anatomy; therefore, **read about the anatomy and pathophysiology** of the case, which will reduce the "I don't know."
- **Never argue with the scrub nurses**—they are always right. They are the selfless warriors of the operating suite's sterile field, and arguing with one will only make matters worse
- **Never touch or take instruments from the Mayo tray** (tray with instruments on it over the patient's feet) unless given explicit permission to do so.

- Each day as you approach the O.R. suite door, **STOP and ask yourself if you have on scrubs, shoe covers, a cap, and a mask** to avoid the embarrassing situation of being yelled at by the O.R. staff (a.k.a. the 3 strikes test: strike 1 no mask, strike 2 no headcover, strike 3 no shoe covers . . . any strikes and you are outta here—place a mental stop sign outside of the O.R. with the 3 strikes rule on it)!
- When entering the O.R., **first introduce yourself** to the scrub nurse and ask if you can get your gloves or gown.
- **If you have questions** in the O.R., first ask if you can ask a question because it may be a bad time and this way it will not appear as though you are pimping the resident/attending.
- **If you feel faint**, ask if you can sit down (try to eat prior to going to the O.R.). **If your feet swell** in the O.R., try wearing support hose socks. **If your back hurts**, try taking some ibuprofen (with a meal) prior to the case. Also, situps or abdominal crunches help to relieve back pain by strengthening the abdominal muscles.

- **What if I have to sneeze?** Back up STRAIGHT back; do not turn your head, as the sneeze exits through the sides of your mask!
- **What if I feel faint?** Do not be a hero—say, “I feel faint. May I sit down?” This is no big deal and is very common (Note: It helps to always eat before going to the O.R.)
- **What should I say when I first enter the O.R.?** Introduce yourself as a student; state that you have been invited to scrub and ask if you need to get out your gloves and/or gown
- **Should I wear my ID tag into the O.R.?** **Yes**
- **Can I wear nail polish?** Yes as long as it is not chipped
- **Can I wear my rings and my watch when scrubbed in the O.R.?** No
- **Can I wear earrings?** No
- **When scrubbed, is my back sterile?** No
- **When in the surgical gown, are my underarms sterile?** No; do not put your hands under your arms
- **How far down my gown is considered part of the sterile field?** Just to your waist
- **How far up my gown is considered sterile?** Up to the nipples

- How do I stand if I am waiting for the case to start? Hands together in front above your waist
- Can I button up a surgical gown (when I am not scrubbed!) with bare hands?
- Yes (Remember: the back of the gown is NOT sterile)
- How many pairs of gloves should I wear when scrubbed?
- 2 (2 layers)
- What is the normal order of sizes of gloves: small pair, then larger pair?
- No; usually the order is a larger size followed by a smaller size (e.g., men commonly wear a size #8 covered by a size #7.5; women commonly wear a size #7 covered by a size #6.5)
- What is a “scrub nurse” versus a “circulating nurse”?
- The scrub nurse is “scrubbed” and hands the surgeon sutures, instruments, and so forth; this person is often an Operating Room Technician (a.k.a. “Scrub Tech”) The circulating nurse “circulates” and gets everything needed before and during the procedure
- What items comprise the sterile field in the operating room?
- The instrument table, the Mayo tray, and the anterior drapes on the patient

- How do you remove blood with a laparotomy pad (“lap pad”)?
- Dab; do not wipe, because wiping removes platelet plugs
- Can you grab the skin with DeBakey pickups?
- NO; pickups for the skin must have teeth (e.g., Adson, rat-tooth) because it is “better to cut the skin than crush it”
- How should you cut the sutures after tying a knot?
 1. Rest the cutting hand on the noncutting hand
 2. Slip the scissors down to the knot and then cant the scissors at a 45-degree angle so you do not cut the knot itself





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