Stony Brook
Medicine

A Survival Guide and Summary of What Every Surgical Intern Should Know

Stony Brook Department of Surgery

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Welcome to the Stony Brook Medicine Department of Surgery and the beginning of your surgical internship. Your surgical training constitutes an extraordinary period in your life; one of tremendous personal and professional growth. You will make friendships and professional relationships which will long outlast your surgical training. You will both experience and witness major life events. You will save lives, lose sleep, age, see and do extraordinary things, and probably learn more during these years than any other period in your life. It is a privilege to be here, and it is our privilege to have you here.

Contained within this survival guide are some practical gems that have served generations of interns before you well. Let it not be said, "I wish someone had told me this at the beginning of my internship!"

The information presented here should not be misconstrued to reflect official policy, any particular attending or House Staff. It is just an offering of wisdom to help you navigate sometimes seemingly incomprehensible situations, and help you succeed in this coming year.

SOME INTRODUCTORY TRUISMS AND PHILOSOPHIES

1. ALWAYS CALL YOUR SENIOR (a.k.a. "FILL THE BOAT")

Senior residents, and ultimately attendings, are responsible for the patient care provided on their services. They are eager to know about existing and potential problems concerning patients. ***Always*** call your senior or chief with new problems, nagging doubts, or patients who "just don't look right." Get your questions answered and your doubts allayed. There should be no surprises on morning rounds. Don't be in a sinking boat alone. Fill the boat, starting with your senior resident. It is far worse to deal with the aftermath of not calling your senior, than to talk to a sleepy or grumpy chief in the middle of the night.

> A patient's hematocrit is 24; the intern decides to transfuse, and decides there is really no reason to trouble the senior. When the patient sees the blood hanging he panics, "Crap! I'm bleeding to death!" He calls his wife, "I'm bleeding to death! Come quickly!!" The hysterical wife pages the attending, demanding to know "Why aren't you doing anything? My husband is bleeding to death!" The attending has spoken with the senior who knew nothing about the transfusion and thus the attending knows nothing. He mutters unconvincingly, "Err, I'll check into it." Meanwhile, the patient is becoming short of breath because he has CHF and is becoming fluid overloaded by the transfusion. Later that night he requires emergent intubation for respiratory distress. The patient has a complication. His family loses trust in the attending. The attending thinks the chief is incompetent, and the intern is labeled as "dangerous." Everyone loses.

If your senior does not respond to your page, unless it was an FYI page, do not assume they got the page! Do not assume they are comfortable with the information, and have *chosen* not to respond. Page them again. **Hammer page them, if necessary. Call their cell phone, call their home phone (make sure you always have these on your signout list). Have the page operator page/call them until you speak with them in person.** If you find yourself starting central lines, a-lines, ordering STAT labs, starting drips, calling consults, your senior should already know about it.

As an aside, if you can't reach someone, the Page Operator is your best friend
Keep in mind, pagers are like cell phones, there are areas where they do not get reception. So if someone does not respond to pages, they are most likely not getting them.

2. ALWAYS ASK FOR HELP

Asking for help is never a sign of weakness. It demonstrates confidence and self-awareness. Ask for help if you don't know how to do something. Ask for clarification if you are not sure what your seniors want you to do or expect of you. You will not know everything—nobody does. That is why you are here. You will NEVER be faulted for asking. Always bump problems you cannot handle up the chain of command.

3. ANSWER YOUR PAGES PROMPTLY

You will be paged- ***a lot***. The sound of your pager going off may elicit a litany of curses and eventually cause PTSD. You should still answer all pages promptly. You will learn how to prioritize, but do not ignore pages.

When nurses cannot get a hold of you, they will document in their notes "Doctor X paged at 9pm. No response." Sometimes they will then page your senior/chief or (yikes!) your attending. Then you will get a lot more pages. Worse yet, the nurse may page no one else, and important information (e.g., low urine output, abnormal vitals, increased pain, etc.) falls through the cracks, and patients have bad outcomes.

Nurses are sometimes confused about whom to page. Even if you don't recognize the name of the patient, ALWAYS CALL BACK. It takes two minutes to help the nurse page the correct person, you receive fewer pages, they are extremely thankful, and you have helped patient care.

4. TELL IT LIKE IT IS: Get the right information and DON'T LIE!

Interns function as Information Managers. The team relies on you for timely and accurate data so that the right decisions can be made. Just because the I&O says that the urine output on a healthy 25 year old guy was 200 cc for 24 hours doesn't mean that's correct. Just because no nasogastric output was documented doesn't mean there isn't 800cc sitting in the canister. Clinical Assistants collect vitals, empty urinals and JP drains, and hoard the information in their pockets. Then they

go on break. Five minutes before end-of- shift at 7AM, they madly enter the numbers into the computer. It's your responsibility to know your patients, scrutinize the data, and check with nurses to make sure it's accurate. This is a vital part of getting ready for rounds, and also helps identify gaps in patient care that need to be addressed to ensure that our patients are safe and receiving good quality care.

Review all vitals, I/O's, labs and studies; if something does not make sense, is missing or looks wrong, call the nurse & verify or go see the patient yourself.

There is sometimes the temptation to fudge details you have missed, because once reminded, you feel stupid that you missed what is clearly a relevant piece of information. For example, the chief asks, "Did he pass gas?" You don't know, but mumble "Uh sure, yeah." If the chief takes your word for it, and proceeds to feed Mr. Ileus, you may end up with emesis on your face. Chiefs know you work hard and don't expect you to know everything. Just say, "I forgot to ask" or "I don't know." **Do NOT lie.** If you lie and the trust is broken, it is almost impossible to repair.

5. ENGAGE IN DAMAGE CONTROL

You will make errors and encounter complications. We all do. Good surgeons know how to avoid trouble, but also know what to do when they blunder into it. You must pay to play. When you make a mistake, don't make excuses, and above all, **don't lie about it**. Change the way you do things to avoid the mistake in the future. Accepting blame also means discussing what happened with your patients. Always ask your senior to be involved in any such discussion.

6. PLAY NICE WITH OTHERS

Every year, interns get into trouble with nurses and ancillary staff for behavior that they perceive as disrespectful. People will address you as "Doctor," then ask you to perform duties that are beneath your level of education, training and dignity. At times what you are asked to do is frustrating, demeaning and belittling. This can be especially and painfully obvious at the VA. **Remember that respect breeds respect.** So, rather than yell at the nurse who calls you at 03:00 to tell you that a patient wants to resume her birth control pills, just say, "I'll take care of it," and move on to the next page. Getting mad wastes your energy. Worse, you will soon acquire a reputation among the nurses for being a Big Pompous Ass. And there are those among the nursing staff who delight in calling Big Pompous Asses all night and torturing them with trivia. If you must do something to reclaim your sanity when paged with yet another ridiculous request,

reciprocate by creating more work for the perpetrator. Ask them for up-to-date vitals, orthostatics, and In's & Out's; make them work for that midnight Simethicone.

In contrast, if you treat everyone gently and correctly, someday, someone will remember who you are, and they will go out of their way to do nice things for you. They will feed you late at night, your STAT labs will get drawn super STAT, and people will smile at you and thank you. They might even throw you a farewell party at the end of your rotation (yes, it has happened).

Remember, most nurses have been here a lot longer than you and what they say about you to the faculty can carry a lot of weight. More importantly, they can really help you too. We all get angry and lose it sometimes. Just remember that **we are all working together as a team to deliver the <u>best</u> patient care possible**.

Good manners also extend to fellow interns and residents, perhaps more so than anyone else. The medical world is **small**—everyone knows everyone and institutional memories are long. **Remember that "please," and "thank you," always go a long way. Got it?**

7. BE A TEAM PLAYER

You are in the trenches with your fellow interns and residents. **So take care of each other**! You will carry each other through residency. Do NOT dump your work on others, and be willing to help each other even if it isn't your problem. Do NOT try to take cases away from a fellow intern or scut them out. Remember: we don't get much free time. Prioritize your colleagues – they will be much more willing to do you a favor if you have already done one for them.

8. OWN YOUR EDUCATION

While much of your time as an intern will be spent gathering information and passing it along to others, always remember that your primary reason for being here is to learn to be an outstanding physician and surgeon. Therefore, always keep in mind that you (yes, YOU) can use the information you gather to make decisions and formulate plans for your patients. In other words, synthesize those vitals with your physical exam, lab values and x-rays and all of a sudden, it is clear what is wrong with your patient and what you need to do. Then, when informing your chief about a patient's recent deterioration, instead of rambling off a load of digits and then pausing for a response, you can state what you think is going on and what you want to do about it. Also remember that what on the surface appears as "scut" is often an educational opportunity. Your practice in surgery begins now. A couple of examples:

> The trauma R1 follows up on radiology readings of CT scans. You can either ask the radiology resident to call you after they've read the scans to tell you their findings, or you can go to the reading room and read it with them. The former makes you a diligent intern; the latter makes you more adept at reading CTs than some radiologists.
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> In general, you do not need to examine all patients prior to rounds – the chief/senior resident will examine everyone on morning rounds. We know what we are looking for. This does not mean you cannot also examine the patient or change their dressings. You have to examine hundreds of patients before you develop trust in your own hands. Do

you know what an acute abdomen feels like? Distention? Peritonitis? Examine your patients; look at their wounds for yourself. How else can you expect to learn?

9. BE PUNCTUAL

Be on time particularly when it comes to M&M, resident/intern conferences, grand rounds, team/attending rounds, and the OR. You should **NEVER** arrive to a case or conference *after* your attendings.

10. BE PREPARED

You are expected to gather the vitals and In's & Out's prior to morning *and* afternoon team rounds, and make sure that they are correct, despite what GCQ spits out. You need to be prepared for afternoon rounds, i.e. follow up on what was ordered in the morning. You need to follow up on studies & consult recommendations prior to afternoon rounds. Did the patient eat okay? Did he urinate after the Foley was removed? Did he respond to fluid boluses? And so on. Prepare for afternoon rounds just like you prepare for morning rounds. If you changed diet orders on a patient at 7 am, by the time you round again at 4:30 pm, you should know whether the patient tolerated his or her diet. **You should know your patients better than anyone else on your service**. You are expected to know not only their post-op/hospital day, diet, and antibiotics, but also their current medications and labs. When you complete your morning tasks, go through each of your patients to check their medication lists, make sure they are on their home medications (if applicable), check if any new culture results are available, check the final radiology reads for radiographic studies that you've reviewed as a team (CXRs), and read consult notes from other services. ***Be organized:*** You do *not* need to memorize everything, but you should have your way of keep track of all patient information. Your system can be your own, as long as it works.

If you know ahead of time you will be operating, review the patient's history, labs and imaging. Know what operation you are doing, review the relevant anatomy and know how the operation is done.

11. DOCUMENT OFTEN, ACCURATELY & COMPLETELY

Always document any pertinent information about the patient in powerchart- updates, discussions, Always document that you have obtained consent for any surgical procedure (central line placement, chest tube, removal of tunneled catheters, etc.).

If you get called to see a patient who is not doing well (e.g. chest pain or respiratory distress), go see them. Then document what you found (vitals, exam, etc.) and any interventions you made (after discussing the problem with your senior/chief resident) and the outcome.

Important: Please dictate all discharge summaries and inpatient consultations, sign them and send the consultations to the appropriate attending for addendum in a timely fashion. Attendings' operative privileges get suspended if discharge summaries are delinquent. All consultations must include the name of the requesting physician.

When dictating discharge summaries, “resume all home meds, vicodin and colace” is not adequate. You must dictate *all* medications that the patient is discharged on.

12. SEE THE PATIENT

Go see the patient BEFORE calling your senior/chief—*unless the patient is coding*. You will learn more from trying to assess the situation and formulating your own plan and *then* corroborating your ideas with your seniors than by having them tell you what to do all the time. When you call your chief to report that the patient’s potassium is 6.7 and you have not seen the patient, requested a repeat lab draw, stopped the D5 1/2NS + 20KCl, or requested an EKG, the conversation will not go well.

Likewise, you should never refuse to see a patient when requested to do so by the nurse. Many times, the problem is not serious, but it can also be life-threatening. For instance, sedative requests for agitated patients from frustrated nurses are an invitation to disaster; your Ativan order will ensure that Mr. Hypoxemia will need to be intubated…if the nurse examines him frequently enough.

13. BE HELPFUL

If a nurse or consulting physician has paged you in error (i.e., you're the vascular intern & they want the consult resident or they want the trauma intern), please be helpful and direct them to the appropriate consult service/resident. To our medicine colleagues, all surgeons are the same. Why else do they address us all as, “Surgery, right?” They don't know that vascular surgeons don't do appendectomies, etc. Sometimes you will get asked by nurses about another service's patient or how to do something they are unfamiliar with. Instead of hanging up on them or dismissing them, try to help them resolve their problem. If you're nice to them, nurses will respect your need for sleep and try to avoid paging you.

14. BE EFFICIENT

Learn to prioritize and multi-task. Some things are not important, while others are life-and-death. For example, you should probably check the CXR on the patient with the decreasing O2 sats before you take the staples out of Mr. Bill's abdominal incision. It will take some time, but these things become clear. Also, it is important to take care of tasks early if they require follow-up. Ordering a CXR after writing all of your notes does not make much sense. Figure out how to arrange your work so that there are other tasks to do while waiting for results.

The following list is a reasonable order for conducting your scut. Group tasks together, so you don't have to go back to do things. In general, your priorities should be: 1. Discharges 2. Same day studies/consults, 3. Notes, routine patient care, dictations, etc.

When you write non-standard orders, make sure the nurses are informed and aware of what you wrote – talking to the nurse directly will often avoid pages an hour later to clarify your orders. Leave the dictations for later in the day; do not take up time during the active times to dictate. Unless you are truly unavailable, ask the nurse to execute the order and let them know that you'll be there to write it promptly. In between cases, you can call the nurses for orders that weren't put in, write your progress notes, dictate, call to make sure things are being done.

SCUT! SCUT! SCUT! The Art of Prioritizing

One of the most important skills you will develop this year is the ability to prioritize (life):

1. Consults
2. Radiology Studies
3. Discharges (goal to have patients discharged before 11 am)
4. Labs/other routine orders

Notes and Routine Orders: These need to be legible and accurate, as they are part of the medical record with your name on them. Some services write computerized notes. Ask what practice the team expects.

15. SIGN OUT

This is a **CRITICAL** part of medical care, especially given the new work hour restrictions. You should outline what is worrisome for each patient and clearly identify the on-call senior/chief. A good signout list should include: location of patient, patient's medical ID number, attending involved, diet, active issues, and what needs to be followed up.

ALL pt lists MUST be updated prior to Sign out

16. NIGHT TEAM

Learn to "tuck" patients in for the night. You should cruise by and see any patient that was worrisome during the day and all ICU patients must be seen at least once during the night, not just the ones the nurses call you about. You must make notes as to what happened so the sign out in the morning is complete and clear. The night team should be considered a continuation of the active care for all patients – you are not just "covering" or "putting out fires." The day team is not expected to have every last little thing done before leaving, so do not expect it from them yourselves (in other words, it does no good to sigh or complain when you have to follow up on studies or remove drains or write transfer orders). As the night team, you are expected to come in and work and provide excellent care.

17. NEVER REFUSE A CONSULT

All consults, requests for assistance, "oh, by the ways," "just wanted you to knows," "you don't really need to see him," "maybe you could just cruise by," or “heads- up” are actually requests. If you go see a patient that some medicine resident says is having rebound tenderness and you find a patient sitting up eating ravenously and asking to go home, consider it a victory.

You should *never* refuse to see a consult when asked by another service. "A consult is a cry for help." No matter how ridiculous you think the consult is, the requesting team is asking for your help. Do not underestimate their need for help or your ability to provide it, even as an intern.

19. EIGHTY HOURS

Remember that we are physicians with strong commitments to patients’ well being and not shift workers. Nevertheless, we have taken great steps to ensure compliance with the ACGME work hour restrictions. Compliance requires tremendous efficiency and detailed sign-outs to ensure excellence in continuity of care. You must keep track of your hours on a regular basis to ensure that this will remain an accredited program. And, you must stay within the restrictions.

However, this does not mean that you should leave at 18:00 when three trauma MVAs roll in at 17:45. You can stay to help stem the tide and tidy things up to a point; you'll just need to remind the chief to let you out a little earlier on a slower day. If you are in danger of violating your work hours, you MUST let the seniors know IMMEDIATELY. Only if you let them know can the problem be fixed.

Do not lie when you enter your hours- If there is a problem with work hours, we want to know about it so the issue can be addressed in a timely fashion.

20. MEDICAL STUDENTS

Like everywhere else, the students here present a spectrum of knowledge, motivation, and attitude. Some will astound you with their appallingly poor work ethic and disdain for you, their patients, and their fellow students. Others will function at a higher level than interns. Most surgical services do not have a structured or well-defined role for students. It’s to your advantage to incorporate them into your team, provide them with patients to follow, and communicate your expectations. Students can be a tremendous help in your daily work, but you MUST help them by making them feel like a part of the team, providing guidance and feedback and giving them meaningful and educational tasks (not just scut). The senior will set the tone; some will be very involved with the students and others not so. Either way you can make a big difference to their experience. Remember what it was like for you as a medical student. Assign tasks that are appropriate for medical students, but remember, You are ultimately responsible. Just because you have assigned pre-rounding responsibilities to the

doesn't mean that you don't need to review all the numbers too. Your protest, "I thought the student did it" will fall on disdainful ears.

Remember that the third portion of an academic career is teaching. You have a responsibility to teach what you can, and may be surprised to find how much you have learned. Make sure to give them structured feedback as needed throughout the rotation.

21. DRESS CODE

Remember that you are professionals- sloppy or inappropriate outfits make a poor impression on patients, their families, and our colleagues. OR Scrubs are not to be wore to and from the hospital- if you wish to wear a different pair of scrubs and are rounding then a white coat should be wore at all times.

Appropriate professional dress would be worn for all morning conferences and seminars- this includes a tie for men. The only exception to this rule is for the on call team

TYPICAL DAY FOR AN INTERN:

6:00 am Team rounds. The Chief or senior resident will examine the patient with you.

6:45 am Pre-op. Generally the whole team will go here at the end of rounds. If rounds are running behind, a few members might be sent down early to get things started.

7:00 am Breakfast**.** Just like you've been doing your whole life. This may be the only meal you get all day, so eat up!

7:30 am Do floor work – discharges and consults first. Finish daily progress notes. Go to OR or clinic when appropriate. Usually clinics don't start until 8:30 or 9AM so you will have some time to do floor work and eat.

9:00 am Follow-up on labs, studies, patient status, etc. Do not transfuse patients before checking with your chief resident/attending.

1:00 pm Pre-round for afternoon rounds. Know vitals, I/O's, labs since morning rounds. Follow up on any radiologic studies done that day. Get readings from attending radiologists-- they can also teach you how to interpret the images if you're nice and interested. Follow up on consults, if the patient has been seen, know the recs, if not, know why they haven't been seen yet.

6:00 pm Sign out

Morning Rounds: Morning rounds are all business; fast, effective team require good participation from all team members. SOME TIPS: Get the ICU stuff done on rounds. If you have a partner, one should present and one write orders. When your chief says to the patient, "Sure you can have Strawberry Quik with your meals," it probably means that you can place a

scut box saying "advance diet." Listen to your chief when they speak to patients about their plans but always confirm that is the intended plan. Make sure you keep a scut list--forgetting is easier than remembering, and the excuse "I forgot" works once—maybe. You can help to speed things along by making sure dressing change supplies are at the bedside, and so on. And when your senior begins examining the patient, don't just stand there like a bunch of construction workers – participate! Help get the patient positioned properly, strip the drain, and remove dressings on POD2. This speeds things along, and helps everyone get done in time for a nice breakfast, which keeps everyone on the team happy.

Afternoon Rounds: These generally occur once the chief is out of clinic/OR. Finish up floor work and update signout for night team. You lead rounds. Know if your patients moved rooms (which occur frequently). You know your patients best, and you are the one who has all the information. Do not save nasty surprises for rounds! If something exciting happens during the day, let your senior resident know. It is bad form to start PM rounds by saying, "Mr. Richards had several episodes of v. fib today and required urgent treatment by the code team." This information should be communicated in real time to your senior resident.

Evening Scut: There is usually work to be done after rounds. Some planning can keep this to a minimum. If you find out Mrs. Aftergut has no IV access, and you report this on rounds at 1800, you'll be the one waiting for that post central line CXR at 2100

Go to the OR: Remember this is a surgery residency, not medicine. Although it might be tempting to finish up all your work and surf on Facebook, you should use any extra time in the day to make yourself known in the operating room. If you have some free time, ask if you can scrub in – no one will tell you no. Aside from giving you a chance to see how cases are done, you can participate, see anatomy and pathology, and will generally be seen as a superstar.

Write Post-op Orders: This is a lost art. Back in the glory days of surgery residency, interns were expected to come to the OR and write all post-op orders. Few, if any, seniors will chastise you for not doing this nowadays, but considering the amount of extra help we have now for inpatient care, there is no reason it can't be done. It is a wonderful feeling to finish a long case and find that your intern has graciously printed out the orders and began filling out what they know. Aside from being a big help, it shows that you have already thought about what the patient's management plan will be.

THERE IS ALWAYS HELP AVAILABLE:

There will come a time when you are presented with a patient who will enthusiastically try to die on your watch. If you find yourself confronted with such a patient, don't be the hero. You are never left alone, call for help. Fill the boat. And, don't forget to call your own senior. Experience shows that surgery residents are true blue commandos and will come right in without question if you sound the alarm.

If you have any questions or concerns, please let us know.
We are happy to help.

Welcome, and enjoy the year!