

Academic Support Network  
Student Suggestion Sheet  
Surgery

**Overview:** General surgery is the second longest clerkship of third year at 8 weeks. Many students find this to be to the most intense clerkship. Rounds are generally early in the morning, surgeries can last into the evening or night, and the personalities encountered can be interesting to say the least. A key to this clerkship is keeping up on sleep.

Different sites vary with exactly which surgical specialties you will be exposed to, but all sites will have general surgery. Be very familiar with intraabdominal pathology such as cholecystitis, colon cancer, and pancreatitis. As a student, you will be expected to follow your patients from admission through surgery and post-operative care. It is important to understand indications for surgery versus medical management.

When seeing consults (on the wards or in the ED) or in clinic, learning to take a detailed (but concise) surgical H and P is a must. If you can obtain a pertinent surgical H and P quickly, you'll impress your residents, plus it will mean less work for them. Key points not to be missed include the HPI (don't forget COLDREARS for pain – character, onset, location, duration, rating (1-10), exacerbations, alleviations, radiation, associated symptoms), past medical/surgical history, allergies, meds, fam hx, drugs/EtOH, occupation, and last time they ate (if they may be going to the OR).

In the operating room, the student is expected to assist with any aspect of the surgery requested by the attending. It is recommended that you familiarize yourself with how to scrub and sterile technique. There is a brief orientation at the beginning of the clerkship, but you can always speak with friends who have already completed the clerkship. When in the OR, try to pay as much attention to what is going on. If you are retracting, it is to assist the surgeon with their field of view, so try to notice if the surgeon cannot see where they are working. To learn to suture, speak to your residents. They are generally happy to let you close the skin and will teach you how to use the needle drivers and tie the knots.

It is not uncommon to become overwhelmed with what is going on in surgery. If you begin to feel sick or faint, don't be embarrassed. Just ask to step back and scrub out. The worst thing you can do is stay in the operating field until it is too late. Most surgeons and residents understand of this.

As mentioned above, intraabdominal pathology is the cornerstone of general surgery. Cholecystitis (acute and chronic), ulcer disease, appendicitis, diverticulitis, pancreatitis (acute and chronic), and intraabdominal neoplasms are important topics. However, you should also study cardiothoracic, endocrine, vascular, orthopedic, urologic, and colorectal surgery. All these can show up on the exam.

Grading, similar to all other clerkships, is 1/3 shelf exam and 2/3 resident/attending subjective scores. Many students find the most difficult part of this rotation is finding time to study. It is wise to have a book at the hospital so that when there is downtime, you can read a few pages. Also, reading on the occasional day off or when there is an early day is key. Don't wait until the last week to read. You never know when the service is going to become busier.

**Books:** At a minimum you should have a textbook and question book. The official recommended book is **Essentials of General Surgery** by Lawrence. This will cover all the important aspects of general surgery. It is written by surgeons involved in undergraduate medical education and directed specifically towards third year medical students. There is also a companion book, **Essentials of Surgical Specialties** by Lawrence, which is written in a similar manner and covers

urology, orthopedics, ENT, neurosurgery, etc. Using a review book in conjunction with Lawrence assures you to see almost every important general surgery topic. Review books used include:

**Review Books:**

- 1) First Aid Surgery – similar to other books in the First Aid series, this is a barebones outline of the important topics. If you don't already know the material this book may not sufficiently prepare you for the shelf exam. We strongly recommend not using this book as a primary source.
- 2) NMS Surgery Casebook – many students like the case format of this book. Again, probably not a good primary resource, but excellent as a supplement.
- 3) NMS Surgery – an extensive review of general surgery and surgical specialties, this book will prepare you well for the shelf exam. Dr. Norman Snow, the clerkship director, endorses this book. It is a commitment though. Start reading it early in the clerkship. Otherwise, you most likely will not have time to finish it.
- 4) Surgical Recall – an excellent book to carry in your white coat. This book has much of the practical information (names of OR instruments, types of sutures, how to insert/remove a chest tube). It also covers many of the questions you may be asked on the wards or in the OR by attendings and residents. This is NOT a primary source, but great to review when you have a spare minute between cases or before rounds.

**Question books:**

- 1) Appleton and Lange – many students find this to be close to the difficulty of the shelf exam. It is rather long; so don't save it for the last week. Again, use this as a supplement, not a primary learning source.
- 2) Pre-Test: Surgery – Written by Dr. Norman Snow (UIC Surgery Clerkship Director), this book is more difficult than the shelf exam. Use as a supplement, not a primary source.

**Clinical Tips:**

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- Be punctual. Surgeons don't like to show up and have to wait for the medical student.
- Ask appropriate questions when appropriate. On rounds or during clinic, don't be afraid to ask questions. However, in the OR with the patient is bleeding out is probably not an appropriate time to ask the attending about fluid management.
- Be a team player. Help to pre-op the patients, make sure the surgical site is signed, assist anesthesia with wheeling the patient to the OR, learn to place a Foley catheter, prep the patient, help transfer the patient to the bed post-op, walk the patient to the recovery room, and ALWAYS offer to put in an operative report (procedure, pre-op diagnosis, post-op diagnosis, attending, assistants, EBL, outputs/drains, anesthesia, specimens, findings, complications, condition). Residents and attendings will appreciate a proactive student who helps things move along in the OR.

**Exam Pointers:**

The test is 100 multiple-choice questions. Realize that this test is about diagnosing surgical conditions, not how to perform surgery. Don't expect to be asked procedural steps in a laparoscopic cholecystectomy, but rather "What is the best diagnostic tool for someone with acute onset of RUQ pain associated with fatty foods?" (Ultrasound)

As already mentioned, abdominal pathology is key. However, knowledge of other surgical topics including colorectal, cardiothoracic, endocrine, transplant, vascular, neurosurgery, orthopedics,

urology, ENT, etc. is important. Reading Lawrence and a review book and working through a question book will help you cover the majority of important information.

We hope that this sheet helps direct your studying. This sheet does not list everything you need to know and it is highly recommended that you follow up with your student advisor and your clerkship director for more specific advice regarding your situation and how you should approach the remaining exams.

Good luck!