

# Tips for General Surgery

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1. *(Pre) Rounding:* I would arrive at the time the junior resident wanted to start prepping the list. What this involved was recording down vitals and relevant lab values for every patient.
  - a. My top tip would be to get good at quickly filling out fishbone diagrams for lab values. Every place does it slightly differently, so I would recommend figuring out how the team does it beforehand or see an example on day 1 to follow.
  - b. I would always record Tmax, hemoglobin, WBC, platelets, any abnormal vital signs, drain outputs, any abnormal electrolytes, creatinine, and liver function tests. For CBC values, I would always provide the prior day's values in parentheses. For any abnormal labs, I would also provide the prior day's values. For drain outputs, I would record where the drain was and how much it outputted with the previous day value as well.
  - c. On rounds, I would write notes as we went along.
2. *Approach to consults:*
  - a. If the patient was stable, I would do a chart review of them and filling out my consult template. Some high yield things to look out for would be previous abdominal surgeries, history of IBD, medications, and prior admissions.
  - b. I would then go see the patient, get a history, and do an abdominal exam (if relevant). Important things to note on physical exam is general appearance (e.g., Jaundiced? Septic? Toxic appearing?), any peritonitis or involuntary guarding, location of tenderness.
  - c. I would dictate my note after seeing the patient and review. When reviewing patients, present them in a structured way, e.g., patient ID, reason for consult, SOAP. No need to mention every lab, just say "labs were significant for..."
3. *Approach to ward issues:*
  - a. In my downtime, I would update as many discharge summaries as possible.
  - b. I would also try to update the handoff summary as the day went along.
4. *Studying:*
  - a. Other than reading around patient cases, I would do Anki every day. I mainly used the AnKing v12 deck. I would also do UWorld Step 2CK questions.
  - b. I read all of Dr. Pestana's Surgery Notes and would read relevant sections in Surgical Recall.
  - c. I also used Toronto Notes, UpToDate, and AMBOSS for creating plans.
  - d. High-yield diseases: cholecystitis, biliary colic, appendicitis, diverticulitis, pancreatitis, small bowel obstruction, wound care, abscesses, fistulas.