

Orientation Document for Medical Students

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Welcome to the General Surgical team here at Sir Charles Gairdner Hospital. The Department is divided into four different teams, GS2 Colorectal, GS3 Upper GI, GS4 Breast, and GS5 Transplant. Each of the team have a high turnover of patients. It is not uncommon that some teams are taking care of more than 30 patients at any given time. Some of our patients are really sick as well.

As medical students, you are a valuable member of our team. Regardless of your level of your medical course, we expect you to turn up on time in professional attire and treat everyone with respect. We also have certain expectations of you. That ranges from history taking and examination for junior years, to discussing differential diagnosis, management and procedures skills for senior years.

Regardless of your level, you are expected to have write/type proper documentation on patient files. Please note that these are legal documents, and all of the documentation need to become countersigned by one of the qualified staff members. Please go through this orientation document as you are expected to do these from day 1. Poor quality of note taking can have significant impact on patient care. You are most likely to interact with senior members of the team during the ward round. You may leave a poor impression if your documentation or ward round performance is poor.

After the ward round, there are many high-yield learning opportunities available. This ranges from practising your history taking and examination skills on real patients, developing your presentation skills, practising diagnostic tests and management plans in mock OSCE stations, applying procedural skills on patients, attending clinics, observe surgical procedures etc...

Ward Round

You are expected to arrive 10 minutes before the start of each ward round every day. When you arrive at the ward, bring your smile alongside with the patient's medical files. You are expected to collect all the patient's medical files so that you don't have to run around to find them during the ward round. Surgical Ward are brief and succinct so that the consultants, fellows & registrars can attend Theatre team meeting on time. Your job as a student includes proper documentation as per the following example:

Inpatient progress note

Items in black fonts are mandatory for each entry, **Red should be written if you have time.**

1/4/2021	GeneralSurgery3 WardRound – Hodder, Johanssen, Wood, [other team member surname], [Your surname - student]
07:20	
	80 F D4 Post Anterior Resection
	D4 Tazocin (Good idea to revise your antibiotics)
	Issues: 1. AKI
	Subjective:
	Patient slept well. Nil pain overnight. Nil Nausea+Vomiting .
	Observation: RR 16, SaO2 >94% on RoomAir , HeartRate 80, BP 140/80, T 37.2
	Oral Intake: [x] mL or NilByMouth or TotalParentalNutrition Urine: [x] mL Drain 1: [x] mL, [colour] (What is the minimum urine output over 24 hours you would expect for an average 70kg patient if their kidneys are working properly?)
	Balance = [-100]mL
	BowelNotOpen since 30/3/2021 Type 7
	Chest reduced air entry bi-basally (Why? What are the common post-operation complications?); Abdo SoftNonTender
	Assessment/Impression/Diagnosis: D4 Post Anterior Resection, uncomplicated
	Plan: (This is the most important part that cannot be missed/incorrect, the team will tell you what to write. While the above sections can be written retrospectively, this Plan part should not)
	1. Continue physio therapy input with breathing exercise with thanks
	2. OccupationalTherapy input regarding cognition with thanks
	3. Hourly observation

	4. Continue IV Tazocin
	5. Will arrange ChestXR
	6. Send Urine MC&S
	7. Chase blood culture
	Your Surname, Student [your Signature]
	[A qualified staff's counter-signature]

All fluid are charted on the Fluid Therapy and Intravenous Additive Chart. As a student, you are expected to know how to properly prescribe fluid for surgical patients. This includes: What are the indications? What are the cautions and contraindications? What to give? What not to give? What is too much? What is not enough? IV fluid, if given incorrectly, will cause HARM to patients. If you spot an error, you need to VOICE OUT.

DATE	FLUID	VOLUME	RATE mLs/hr	DOCTOR Signature
	0.9% N. Saline + 40mmol KCl	1L	125mLs or 8 hours	
	5% Dextrose + 20mmol KCl	1L	125mLs or 8 hours	
	5% Dextrose + 20mmol KCl	1L	125mLs or 8 hours	

ADDITIVE AND DOSE	FLUID	VOLUME	RATE mLs/hr
Potassium chloride 10mmol	0.9% N. Saline	100mL	100mL or 1 hour
Magnesium sulfate 10mmol	0.9% N. Saline	100mL	100mL or 1 hour
Sodium dihydrogen phosphate 10mmol	0.9% N. Saline	100mL	100mL or 1 hour
Potassium dihydrogen phosphate 10mmol	0.9% N. Saline	250mL	100mL or 2.5 hour

After the ward round, the team will advise you what activities of high learning value is available.

Some of the high yield educational activity include:

- History taking and examination of patients in the Emergency Department with the admitting Surgical Admission Unit (SAU) registrar
- History taking and examination of patients independently on the ward, then presenting them to the team registrars or any team members (please review this set of GeekyMedics videos to brush up on your examination skills prior to the rotation: <https://www.youtube.com/playlist?list=PLECAB8AC760138082>)
- Being quizzed on how to interpret diagnostic tests and how to manage patients by any of the team members
- Insertion of IV cannula under aseptic techniques (please review this set of GeekyMedics videos before attempting any procedure on real patients: <https://www.youtube.com/playlist?list=PLwYICl63HBzk9-kb-i3uDQthQAz3JuRTW>)
- Taking bloods/venepuncture
- Going to surgical department clinics and sitting in with the consultants/fellows/registrar
- Observing or Scrubbing in for procedures (that you are interested in) in the operating theatres
- Going to teaching or tutorial sessions
- Attending multidisciplinary team meetings

The timetable for each team varies. Please consult your team regarding what is available on that day.

Please also ensure that you have gone through the learning materials provided by your university as those items are also assessable.

We look forward to seeing you around the ward.

The University of Western Australia Surgical Society produced a 46 pages online pocket guidebook for students on surgical rotations, called Slicing Through Surgery. This document was produced by some of the current surgical registrars/fellows and was reviewed by the professors within the UWA Surgical Division. You are encouraged to read it if you are interested in the surgical training pathway. <https://jdocs.surgeons.org/sites/jdocs/files/UWASS%20Slicing%20Through%20Surgery.pdf>

The University of Western Australia
Surgical Society



SLICING THROUGH SURGERY



Pocket Guidebook
for students and junior doctors
on surgical rotations
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