



OR GUIDELINES

Before the case

- Check on the status of your start time, (it is helpful for students to contact one another as cases finish). Cases will start before or after the scheduled time, room changes may occur as well
- Arrive in the holding area before your case and introduce yourself to the patient (“Hello, I’m a medical student and I will be observing your surgery today”)
- Review the history & physical exam. You should already have reviewed the disease process, indications for surgery, operative approach, anatomy and common complications.

Once in the room

- Introduce yourself to the scrub and circulation nurses and write your name down for them. Ask if you can pull your gloves and gown for them.
- Help place compression boots on the patient *before* induction of anesthesia, and foley catheter if needed after induction

During the case

- Don’t take instruments off the nurse’s Mayo stand or accept instruments from the scrub nurse, this often leads to needle stick injuries. Allow the scrub nurse to directly hand instruments to the operating surgeon.
- Keep your hands on the draped portion of the patient. If you have to move, clasp your hands together just above your waist.
- Don’t reposition the lights without asking first
- When holding the laparoscope, keep in mind that you are the surgeon’s eyes - an unsteady camera can make the surgeon sea-sick. Always keep the action in the center of the field of view. Re-orient yourself often by looking at the body from the outside to see which way the camera is pointing. Track instruments with the camera as they enter the trochars.
- Feel free to ask thoughtful questions about the case or disease process

After the case

- Take the initiative to write the Brief-Operative Note
- Discuss the post-op orders with your resident so you are familiar with them



Surgery Clerkship Program

Department of Surgery

NYU Langone Medical Center

DO'S AND DON'TS

- DO** meet your patient pre-operatively and be familiar with his/her story
- DO** read up on the disease process/anatomy prior to surgery in a major surgery textbook (surgical recall does not count)
- DO** see your patient every day and write a SOAP note
- DO** ask intelligent questions on rounds and in the OR
- DO** come and observe major cases, especially interesting ones, even if you don't scrub in
- DO** a thorough history and physical (including assessment and plan) when you admit a patient to the service
- DO** make an effort to round in the afternoon with the team (on-call students)
- DO** attend your lectures
- DO** take down a dressing as soon as we enter the room to facilitate workrounds
- DO** have gauze and paper tape in your pockets for dressing changes on rounds
- DO NOT** discuss test/path results with patients before Attending/Chief Resident do
- DO NOT** tell attendings info that you have not discussed with the housestaff first
- DO NOT** chat with your colleagues while we are rounding
- DO NOT** scrub out of a major case to go to clinic (a different student should have been scrubbed in the first place!)
- DO NOT** plan to scrub in a major case for a few minutes if you have a conflicting appointment

Revised As of August 25, 2009