STARTER PACK FOR SURGICAL REGISTRARS

PERSONAL DETAILS

(please return this page to the Surgical Department when completed)

- Name …….
- Date of Birth ……..
- NIC number……..
- Address
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  ……
- Contact number ……..
- Emergency contact number……
- Please attach a brief CV along with this document

STARTER PACK FOR SURGICAL REGISTRARS – PART I

Welcome to the Department of Surgery Faculty of Medicine University of Kelaniya!

We are pleased that you selected our department for the first year of surgical training. This year is the most critical year that will shape your future career. All of us in the Department wish you the best for your future.

Our department is a busy general surgical unit that has developed different areas of expertise. There is a large turnover of patients and different activities take place in the department at a given time.

The coming year is going to be a tough time with hard work. All the trainees who worked with us faced the same challenge and it will be an investment for future. The final product you become will be a combined result of you personality and the training you get.

Getting started

Trainees in surgery have different levels of surgical experience based on the previous placements. However we expect you to start your training as a registrar from the level zero.

It's important as this is the first time that you are training under supervision to become a surgeon, a completely different aim than your previous jobs.

A few tips to get you started

- When you first walk in to the unit, no one knows you.
- It's very important that you introduce yourself to the new environment.
- No one knows your skills and competencies, be patient.
- Invest the first week in developing friendships with people around.
- Make people comfortable working with you.

Some observations on working with different consultants

- There are several consultants working in a university unit.
- This may increase the amount of work you have to carryout.
- There are many benefits that you will not get from a single person-training unit.
- Each surgeon is different from another.
- You get exposed to different surgical techniques, different approaches to handling problems and patients.
- It is similar to working in multiple units at the same time.
- It is always important to respect the seniority in the unit.
- Always communicate with your primary consultant
- It is prudent not discuss your personal views of one consultant with another person.

Structure of the unit

The unit has three main areas of focus/expertise. These are Upper GI/colorectal, Thyroid and Endocrine, HPB/Vascular and Transplant. The team in each area does primary care of a patient admitted under a unit. **However as a general rule the patient is a responsibility of all the members of the Department of Surgery**. It is best to inform the relevant team if you

notice a significant problem in a patient and intervene. The trainee attached under each division is expected to follow the activities of the division.
Casualty on calls are under individual consultant. **On the day of the on call, each trainee is expected to be on call irrespective of the division he is attached to.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Colorectal	Theatre	Clinic/ endoscopy	Ward rounds	Casualty	Endoscopy		
Endocrine	Ward rounds	Endoscopy	Theatre	Casualty	Clinic		
HPB	General clinic/ERCP	Theatre	HPB clinic	Casualty	LT clinic	MDT	

Your responsibilities

Ward rounds

Generally surgical ward rounds are fast, targeted on quick decision making and picking up critical patients spending more time on them. Most of the time a surgeon come to a decision after first few seconds. If you are not prepared for a round you will not be able to do a proper ward round with a consultant.

- Consultants ward rounds start at 8AM.
- You are expected to see patients before that and get ready.
- During a ward round going through the BHT becomes very unpleasant.
- It is always good trying to remember the results of important investigations.
- You are expected to see your patients' at least twice daily.
- The management does not stop from doing a round and documenting in the BHT.
- Remember to follow-up regularly.

Communication with the seniors

- Before taking major decisions you are expected to communicate with the seniors.
- It is always important to maintain your vertical line of communication.
- It is always better to communicate with the immediate senior, Senior Registrar first. In an emergency, in order to avoid delays, you may communicate directly with the consultants.

Communication over the phone

Providing Information a patient over the phone is an important skill that you have to master. You may be informing someone regarding a patient that the person on other end has not seen. He/she has to completely depend on your information to make a decision.

- Giving irrelevant information will make the call unnecessarily long,
- If you don't provide relevant information decision making becomes difficult.
- To overcome this before making a call analyze the situation around you and prepare yourself for the expected questions.

Working with juniors

- The house offices and senior house offices in the unit who will be guided by you.
- Remember that you will have to earn respect than demand it.
- Respect you get will depend on your attitudes towards patients, knowledge, skills etc.
- Overall they should be able to look up to you.

Working with other staff

- Remember that other members of staff e.g. nurses are always at the ground level with patients.
- Some of them are very experienced and worked in the unit for long time.
- Always respect them and listen to them when they comment.
- If there is an issue /disagreement it is better to bring the matter to the notice of the seniors than getting into a conflict.

Documentation

- BHT is a legal document.
- Whatever that is done to the patient needs to be documented in the BHT properly.
- During a busy ward round it may be difficult to make entries in the ticket, But make sure that the house officers have made the appropriate entries
- If a legal matter comes up there is no defense unless entries are made the ticket.
- Make sure that all patients are given a properly documented diagnosis card.

Getting ready for a routine list

There are a wide range of routine surgical procedures done in the unit. Some of these are highly complicated and require specialized preparation. Lots of planning is needed in some of these patients. In general try to make sure that case is well prepared and does not get postponed.

- ICU beds needs to be arranged prior to surgery
- Some of the specialized instruments that needs to be ready; discuss with the seniors and arrange, make sure theatre is properly informed – best to go to the theatre the day before and have a friendly discussion.
- Discuss with the consultant regarding order of the cases on the list beforehand.
- Make sure that sites are marked properly
- You are expected to read and be confident with the case
- During surgery actively participate in the surgery even while assisting.
- This is the best time you can have a close discussion with the consultant and clear your doubts.
- Operation notes have to be clearly and precisely recorded

Post-operative care

As a unit we are very concerned about the patients during the post operative period. Whether the patients recovers from surgery depends lot on the post operative management.

- A patient should be seen at least twice daily after a major surgery.
- Special attention should be given to the clinical assessment.
- Some of the investigations needs to be actively traced.
- Regularly discuss with the seniors especially in difficult situations

- Discuss with the seniors than making decisions on your own.

Managing a Surgical Casualty

The casualties are heavy and lots of critical trauma and other general surgical cases are admitted. It is the first time that you are directly exposed to patients as a decision maker and where you learn the first lessons in surgery. Patients are admitted to the PCU or ETU and transferred to the ward there after.

- You are expected to do a round in the PCU every 2 hourly and make decision.
- Always make safe decisions than dramatic decisions.
- Whenever you have a doubt it is better to admit than discharging a patient.
- You need to pick up the critical patients that needs special attention inform the seniors before taking a patient to theater.

Casualty theatre list

It is extremely busy. Most of the work is handled by the senior house officers. Most important is to arrange the theatre list to function smoothly. Theatre starts at 2 pm and 8am. You will be the person in charge of the list. You will learn your skills in managing a theatre list and initial surgical skills during a casualty list.

- Make sure the patients are there on time
- Make sure patients are well prepared
- Decide who will do what case.
- Decide when to take a senior opinion.
- Inform a senior about a difficult case before the patient is anaesthetized.
- Learn to communicate with other units in diplomatic manner

Referrals

This has to be done carefully. Do not write referrals to seniors in other units. It is best to ask from your immediate seniors before writing a referral.

- Do not transfer a patient to another ward before you inform a senior.
- Always write a referral from your own hand writing giving precise relevant information.
- Patients that belongs to other wards admitted to our unit as emergencies needs to be given full attention and problems sorted before the transfer.
- When a referral comes to you from another unit please give the immediate attention and try to sort the problem than trying to find faults on the process of referring. Whenever there is a surgical problem its best to takeover after informing the seniors.

Working with Radiology department/ Pathology department/ Microbiology department

Surgeons work very closely with the radiologists, pathologists, and the microbiologists. It is always good to build up close communication with these departments. It is prudent to discuss with Radiology & Pathology in prioritizing dates for patients etc.

- It is a good habit to discuss the critical imaging with the radiologist before planning on surgery.
- Pathologists will appreciate if all necessary clinical details are included in the request form. The specimen should be clearly labeled and marked
- Inform the microbiologists about critical patients needing advanced antibiotics.
- Get the opinion from the microbiologist before you start second line antibiotics.

Teaching

An additional advantage in working in a university unit is that you get the chance to teach. Teaching will improve your presentation skills organizing skills and it will give the opportunity for you to read around the topic.

Research

- As a surgeon you will not be a pure researcher.
- You will be a scientific practitioner.
- Everything we do is currently based on evidence.
- The Unit maintains databases on different areas.
- You **must do a research project during the year of training & publish it**
- Planning research needs lots of organized thinking,
- Overcoming problems faced during project itself will change the way you think. Writing an abstract is a different skill
- Making a presentation is a challenge and give you the confidence to talk.
- Finally writing a full paper makes you complete literature search, writing a discussion will teach you how to analyze previous publication,

Ethical conduct

- Ethical behavior is a mandatory quality in a doctor
- We expect ethical behavior from all trainees
- We will observe your behavior and strong actions will be taken fin case of unethical behavior

Utilization of free time

Working in a busy surgical unit is extremely stressful. At times you may feel that you are unable to handle the stress. It's a important skill that you have to master as a surgeon; to work under stressful environments. You should learn to manage the time effectively and time to time take breaks from work. The free time may be with your colleagues in the unit organizing leisure activities or may be with your family.

Different ways of learning

Learning is all about you. As learning must make a change in you.

- There are different ways you will learn during your appointment.
- Observation, self-reading, practice and self-realization, learning by direct teaching are some of these.
- Out of all these self reading is the most important habit that you need to develop.
- Material that you see during your practice should be the stimulus to read around it. This will be practice for the rest of you career.
- Direct teaching and learning from the seniors will be helpful to fill the gaps
- You will need to develop observational skills.
- Observe how others perform not only surgery but overall performance.
- Develop the habit of questioning than accepting on the face value.
- No one in the unit will find fault if you question.

STARTER PACK FOR SURGICAL REGISTRARS – PART II

Objectives during the training

Following are rough guidelines a registrar is expected to complete. The time period and the numbers are variable depends on the case availability and the competency of the trainee.

Endoscopy skills

One class on principles	

UGIE

Time	Objective	Signature
First month	Learn the types of scopes Learn the mechanics Setting up a scope for procedure Cleaning scopes Preparation of a patient for different procedures. Withdraw UGIE and Flexi under supervision Describe normal anatomy Describe a lesion	
First three months	UGIE – negotiate esophagus , pyloric intubation and negotiate D2 under supervision (minimum 30) Withdraw without supervision	
Three month onwards	Performing diagnostic endoscopy without supervision (minimum 50) Taking biopsies with supervision	
Last three months	Therapeutic procedures under supervision (variable)	

Flexi sigi

Time	Objective	Signature
First three months	Withdraw the scope under supervision Negotiate Recto sigmoid and splenic flexure under supervision (minimum 30) ST injection and RBL under supervision (20)	
Tree months onwards	Performing sigmoidoscopy alone	

Colonoscopy

Time	Objective	Signature
First three months	Withdraw scope (30) Understand and feel different loops Different ways to intubate splenic flexure, right colon	
Up to six months	Perform under supervision specially difficult areas	
Six months onwards	Colonoscopy under supervision (20)	

Laparoscopy procedures –

One theory session	
*6 hours practice to be completed at the lap trainer before performing surgery (college of surgeons/department surgery)	

Time	Objective	Signature
First month	Learn the mechanics of scopes. Setting up the lap system Different types of scopes Principles of ergonometrics Principles of instrument handling Pneumoperitoneum and specific complication	
Three to six months	Port insertion and placement (10) Gaining exposure for a surgery	
Six month* onwards	Dissection of gallbladder fossa (10)	
Last three* months	Appendicectomy under supervision (2 -5)	

Principles of instrument handling and tissue handling

At least one lab session on instruments and suturing	

Time	Objective	signature
First month (Under supervision)	Assist groin hernias (3) Wound toilets (15) Minor lumps (10) Suturing (15) Lateral sphincterotomy – under supervision (3) CTD –under supervision (3)	
Up to 3 months	Minor surgeries without supervision (Incision and drainage, CTD, lipoma, skin lumps) Groin hernia with assisting by a vs (3) Assist appendicectomy (10) Assist varicose veins (5) Hydrocelectomy with supervision (2)	

	Haemorrhoidectomy assist (3) Fistula assist (3) Tendon suturing (5) Circumcision assist (3)	
Up to 6 months	Hernia (3) Varicose vein with supervision (3) Hydrocele (3) Open midline lap with supervision (6) Appendicectomy under supervision (6) Assist bowel anastomosis (10) Assist right colon dissection(6) Assist left colon dissection (6) Assist rectal mobilization (6) Assist pancreas Kocherisation (6) Assist pancreatic transection (6) Liver mobilization (6) Assist Mastectomy (5) Thyroidectomy (5) Parathyroidectomy (1) Circumcision (3)	
6 -12 months	Small bowel anastomosis perform with supervision (6) Open transverse incision under supervision (6) Close abdomen under supervision (6) Assist oesophagial anastomosis (5) Thoracoscopy assist (5) Assist Pancreatic anastomosis (5) Assist Liver dissection (5) Assist Liver hilar dissection (5) Assist Distal pancreatectomy (5) Assist Hepatico jejunostomy (5) Assist Fundoplication (4) Thyroidectomy (20) Parathyroidectomy (2) Adrenalectomy (1)	

Training in long and short cases and part 2 exam

Basic structure and preparation for part 2	
Present and discuss short case (20)	
Present and discuss long case (10)	

Training / working in other units – to be completed in the first month

	Signature of supervisor
Department of radiology (2 days)	
Department of pathology (2 days)	
Department of microbiology (1 day)	
ICU and critical care (2 DAYS)	

Research

Write minimum one project proposal	
Minimum one presentation in a forum	
Minimum 2 case reports / one full paper	

Attending CME / scientific sessions

Guest lectures/ invited lectures (3)	
Workshops (2)	
Scientific conferences / sessions(2)	

Important contact numbers

General:

- **PGIM :** 0112696261
- **College of Surgeons:** 0112682290
- **NCTH :** 011295961
- **Surgery Department :** 0112956993
- **Ministry of Health :** 0112675449
- **NHSL :** 0112691111

Consultants

- **Prof Ranil Fernando :** 07147361511
- **Prof Rohan Siriwardana :** 0777250213
- **Dr. Sumudu Kumarage :** 0777300478
- **Dr. Baghya Gunathilleke :** 0773950047

Private Hospitals

- **Hemas (Wattala) :** 017888888
- **Leesons :** 0112961300
- **Browns :** 0115714714

Surgical materials

- **Ethicon Sutures: (Maksum)** 0772444228/0773777292
- **(Praba) :** 0773777287
- **(Risadin) :** 077377301

Vascular Clips (Lakshan): 0773974522