

Surgery Pre-Rounding

Must Cover:

- Content of SOAP presentation- ask them to list these so you have an idea of where they are
- Where to find necessary information for pre-rounding, following a template
- Have them go through pre-rounding process with the practice patient
- Video Visits: https://www.youtube.com/watch?v=5kbKdwe_6CU&feature=emb_title
 - Depending on how much time you have, you can show this video
 - Please also be sure to put the link in the chat for students to access at a later time

General Session Outline:

5 min- introduce yourself, give them a quick outline of what you'll be doing

10 min- Log into Practice Environment (have them do this with you so that they can follow along in your explanations)

15 min- demonstrate useful tabs following a pre-rounding template (here) as a guide

30 min- students practice pre-rounding on a specific patient

15 min- Either in groups or as a larger group, practice translating pre-rounding into a presentation

Can use breakout rooms vs. larger group

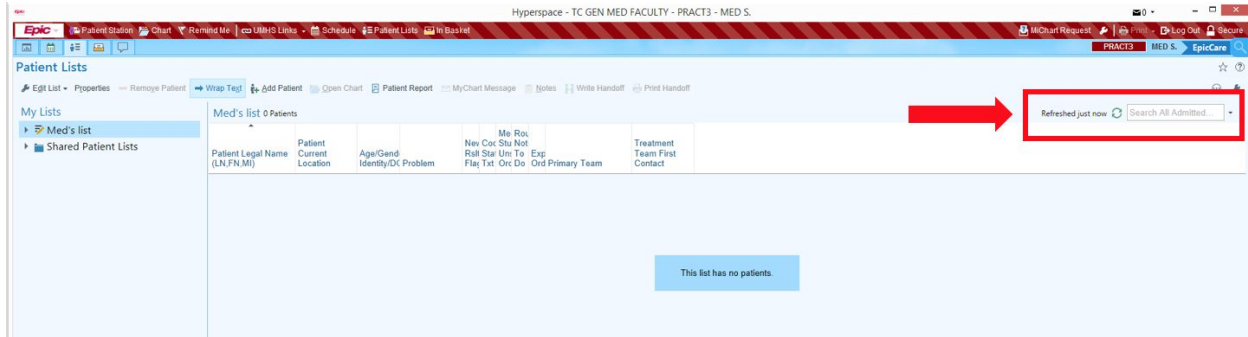
Login: try to have students use different usernames within the range listed below (it will still work if some students use the same log-in but I don't want it to crash if everyone uses the same username)

- **Track G:** MEDSTU81 → MEDSTU95 (ie: MEDSTU81 or MEDSTU82... MEDSTU95)
- **Track H1:** MEDSTU96 → MEDSTU105 (ie: MEDSTU96 or MEDSTU97... MEDSTU105)
- **Track H2:** MEDSTU106 → MEDSTU110 (ie: MEDSTU106 or MEDSTU107... MEDSTU110)
- **Track I:** MEDSTU111 → MEDSTU125 (ie: MEDSTU111 or MEDSTU112... MEDSTU125)
- Password is **train** for all logins

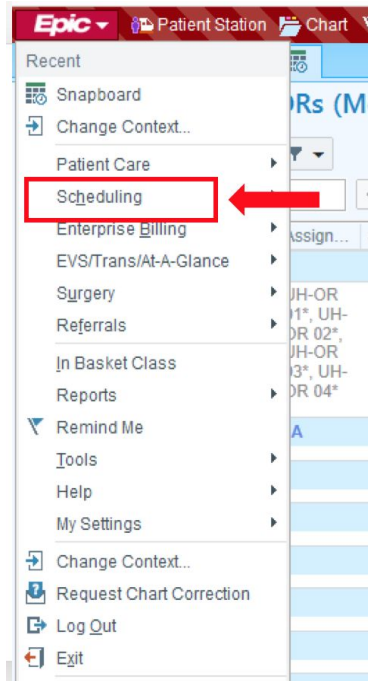
Context: TC GEN SURG MIS

Patient to use: Aruba, PostCamilla

- Be sure to go to "lists" and search all admitted patients (you must be in the current admission to view all the flowsheet data)



Snapboard: It would probably be good to show them how to access the snapboard. It's not super pretty in the practice environment, but good to show them. You can also make sure it is added to their toolbar in the real MiChart (See below: other things to cover if time)



Pre-Rounding: Feel free to add to this if you know any tricks that are not included!

1. Go through where to find each piece of information
2. Students will “pre-round”
 - After they have collected information, give them the sign out, physical exam
 - They should attempt an assessment and plan (although this is not the focus)

ONE LINER :

Patient XX is a XX year old man/woman who is postop day XX following (operation) for (diagnosis) by Dr. XX.

- Look at Operative Note for exact procedure

SUBJECTIVE:

- Overnight events
 - Nursing Notes
 - Sign Out: from residents, some rotations have a sign out page (IP Extended Handoff), some send an email
 - MAR- did they get meds for overnight events?
 - Talk to patient
 - Pain, BM/Passing gas, up to walk around at all?, etc

OBJECTIVE:

- Vitals: Adult IP Flowsheet, IP Vitals, IP Vitals Graph
- I/Os: IP Flowsheet, I/O
 - Mentions that some pts will have drains and/or NG tubes, so talk about how to report that x, back, x, back, x
- PE: obviously they have to see the patient
- Labs: Results review
- Imaging: Results review, Chart Review→ Radiology

ASSESSMENT:

- Remind them that this should be more than repeating the one liner!

PLAN:

- Make sure they know this is by SYSTEM
- Should know what meds the patient is getting (IP MAR)
- Ask them if they have access to Vahagn's Surgery Survival Guide: [LINK](#)
 - If no one has sent it, you can share the link:
<https://drive.google.com/file/d/13fmVmJBQLFVQXdzud97X-MvRLihRtPaB/view?usp=sharing>

INFO THEY WILL NOT FIND IN CHART

Sign Out:

- Pain 3/10
- Has not had a BM, but is passing gas

PE:

- If time, have them tell you which exam findings they would look for on the patient/which are relevant
- Findings (feel free to add or subtract as you see fit):
 - Gen: Sitting in bed.
 - HEENT: NCAT. MMM. OP clear.
 - Neck: Supple. No LAD.

Chest: CTAB. No w/r/r.

Heart: regular rate and rhythm, no murmurs.

Abd: Soft. ND. TTP in the RLQ and mildly in epigastrium. No rebound or guarding.

BS present. Horizontal 5 cm incision in RLQ is clean, dry and intact.

Ext: No edema. 2+ peripheral pulses.

Neuro: Awake, alert. No focal deficits noted.

Additional things you could cover if time allows:

- How to steal a template from other people
- Notes- how to start/share
- Wrench in specialty specific important tabs in MICHART (not the practice environment)
 - **Purpose:** this will allow students to make changes in their own MiChart (so that they stick) without breaking HIPAA
 - [INSTRUCTIONS](#)
- Answer as many questions as you want to about clerkship year in general, if you don't have time, let them know that they can contact their track advisors.