

# Foreword

Y2K may have been overrated in terms of its immediate disruptive impact on medical and surgical practice, but it also may have coincidentally marked an era of unprecedented change, especially in the domain of surgical specialty education. Whether one chooses to identify this with training in the beginning of the third year of medical school or the completion of the 7th or 8th year of super-specialty training, many of the same issues and concerns apply. The transition from a scientifically oriented student to a real doctor is fraught with hazard and consumes hundreds of hours. The transition into becoming a real doctor is fueled, in many respects, by what most patients expect their doctors to be. This marvelous, concise book is aimed precisely at helping you smoothly bridge the gap between student and practitioner.

We have witnessed a decline in surgical career choices, but now a reversal of that decline is occurring with a renewed growth of interest in careers in all surgical specialties. Studies on workforce, or old-fashioned manpower as it were, continue to show that there is a growing demand for surgical specialty services in America. Depending on where you live, it may be highly specialty oriented or nearer to “old-fashioned” general surgery.

While the most dramatic of these issues are best understood in the traditional format of systematic training in surgery in the United States, many of these concerns are international and apply irrespective of national boundaries. In fact, as an example, with a steadily important

portion of the American medical trainee population being educated overseas, a book such as this has a very special and renewed value. The core competencies mandated for training in all surgical specialties focus upon the following:

1. Patient Care
2. Medical Knowledge
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice

These competencies reflect not only the old order of wisdom, skill, and knowledge in patient care, but a new order related to communicating our understanding of the health system within which we work, especially the need for ongoing professionalism. In earlier years, professionalism was taught in a simple apprentice manner by observing other physicians who learned from *their* mentors across generations about the ethical, the courteous, the considerate, and the humane practice of medicine.

Because of many issues impacting surgical training, particularly the shortened duty hours, opportunities for this type of observed interaction are now significantly less frequent; the nature of the American health system and its scheme for reimbursement has compacted the formerly leisurely, warm and personal opportunity that should mark each patient contact. It is ironic and also appropriate that professionalism to some degree is now going to be taught in a classroom and/or read in a book. One could find few better aids to crossing such an important chasm than this particular manual. Indeed, there is not a single anecdote or truism noted in this treatise that I have not observed, for better or worse, and would have wished to teach so clearly.

It is no accident that this is the product of a lifetime of experiences from an ethical surgical practice located in a hospital and associated with a major, old but characteristically mid-American school of medicine. There is no need to comment on such an overtly practical content, but communication involves direct personal interface with patients and all other health-care professionals. This is a reminder that “thank you” can always close any kind of contact with any of your professional and personal colleagues to your advantage.

The life of a surgeon involves communication throughout an evermore modern health-care system which, on occasion, becomes disruptive in and of itself. The surgeon’s conduct in the operating room and in the office are special points of worthy attention, since they set the ambience for the conduct of the surgical team. There are now dramatic reports of the soothing role of teamwork in the surgical suite and those in which the stage is set for the highest quality surgical care with a minimum opportunity for adverse events for the patient’s safety and well-being.

The doctor’s office is another case in point, and the new surgeon should be reminded that timeliness is especially appreciated. If one does run late for very legitimate reasons, apologizing for your tardiness, and even offering to discount or eliminate the bill in the office always puts that kind of unpleasant interaction in a positive and generous light.

Despite the progressive growth of ambulatory surgery, the physician’s participation in hospital rounds will continue to characterize our specialty. Again, one needs to be reminded that patients do not always hear and/or remember what you have said, and it may be helpful to clarify and expand some of these discussions, especially when concerning prognosis or directions after surgery. We should do this with another family member present

and be certain to describe the nature of that discussion in the patient's chart.

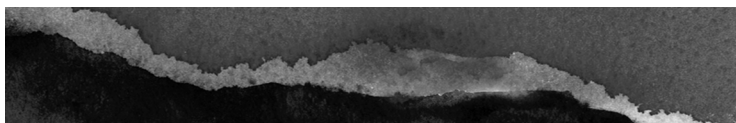
"Compliance" has become a dirty word within medicine, but it simply means what most of us for multiple generations have known and accepted: write in the chart in a legible, accurate, and timely way exactly what you have done, what you have said, and what you expect as a result of that interaction. As a matter of fact, it may also be helpful to indicate what progress you expect in the period before your next set of rounds.

It has long been my thought that physicians who speak well, often think well, and being called upon to speak clearly and with a minimum of medical jargon reflects favorably on the doctor and all of his or her contacts. This especially includes presentations at rounds and in quality improvement conferences, which now characterize teamwork as a mark of contemporary medicine. Indeed, there was an era in which the solo practitioner was the prototype American physician. Now you are part of a team from the moment you begin your internship, often until you conclude your practice 35 years later, with the legitimate and ethical lifestyle of a hopefully closely knit group practice, defining exactly what one can do. The availability of a physician is essential, and one must never be less than vigilant in ensuring that your patients who are ill have the opportunity to reach you or a qualified and informed individual legally and ethically associated with you. The most difficult part of the 80-hour duty week, literally now in its infancy, has not been contriving schedules, identifying nurse practitioners, and/or creating night floats, but in the actual "hand off" a patient from doctor A to doctor B to doctor C. Everyone is alert to these issues that have posed unanticipated and unforeseen consequences, and we are all working toward methods to make those evermore safe and efficient.

The balance within one's life is an important undertaking, and this means refreshing your professionally fatigued mind and body with relationships with family and friends that renew you to resume your active surgical practice.

The fact that this book has been developed by a person with a lifetime success in practice who has now moved toward a full-time teaching role for new generations—not just for surgical specialists such as himself, but for the newest and least experienced third-year medical students—adds a layer of freshness, vitality, and interest. This book can be useful and will be the sort of thing that stays close in your hand and at your side across your early years in practice.

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# Preface

*What lies behind us and what lies before us are small  
matters compared to what lies within us.*

—RALPH WALDO EMERSON

This book has been lovingly written to aid our young colleagues, who by their choice of pursuing training in surgery have, in fact, dedicated the rest of their lives to compassion, study, knowledge, and humanity. The purpose of this book is to inculcate the discipline necessary for them to successfully care for the surgical patient and to teach this discipline to others. This is not a medical book *per se*. The subject may at first elude the young intern or resident. The principles will ultimately intertwine their lives so tightly that they will rapidly and joyfully witness in themselves the metamorphosis of the classroom student into the polished surgeon. My best regards and hopes for an exciting and rewarding journey.

LARRY D. FLORMAN, M.D.

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