

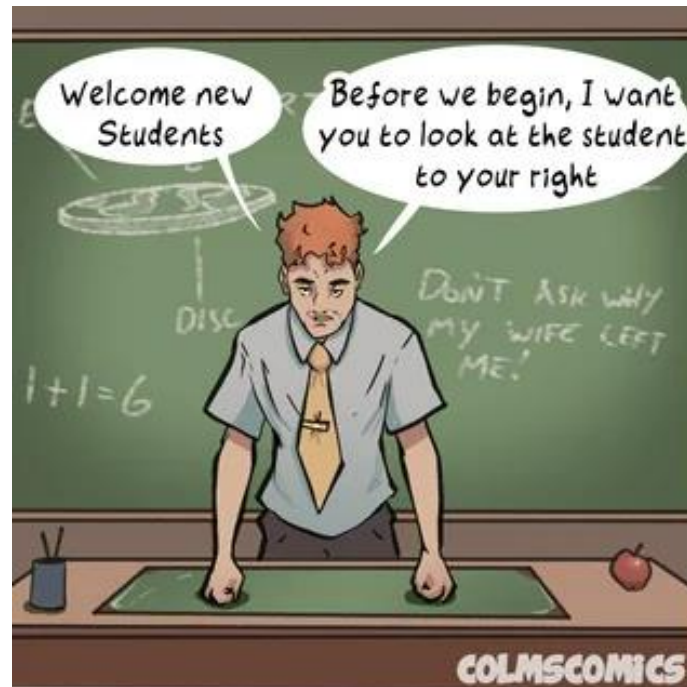


مستشفى الكندي
Al-Kindi Hospital

**WELCOMING & INTRODUCTION TO
SURGICAL RESIDENCY**

THE SACRIFICE

- *Steep learning curve*
- *Anxiety*
- *Long working hours*
- *Time spent away from family and friends*
- *Commitment to life long learning*



**"GO HELP THEM WITH
THE INDUCTION, YOU
CAN PLACE THE FOLEY."**



**"ALRIGHT, GO BACK TO YOUR
SURGEONS, SCRUB IN AND HELP
PREPARING THE OPERATION SITE."**



**"OKAY, DONE WITH
RETRACTOR HOLDING, HELP
ANESTHESIA WITH EXTUBATION
AND TRANSFER, COULD YOU?"**



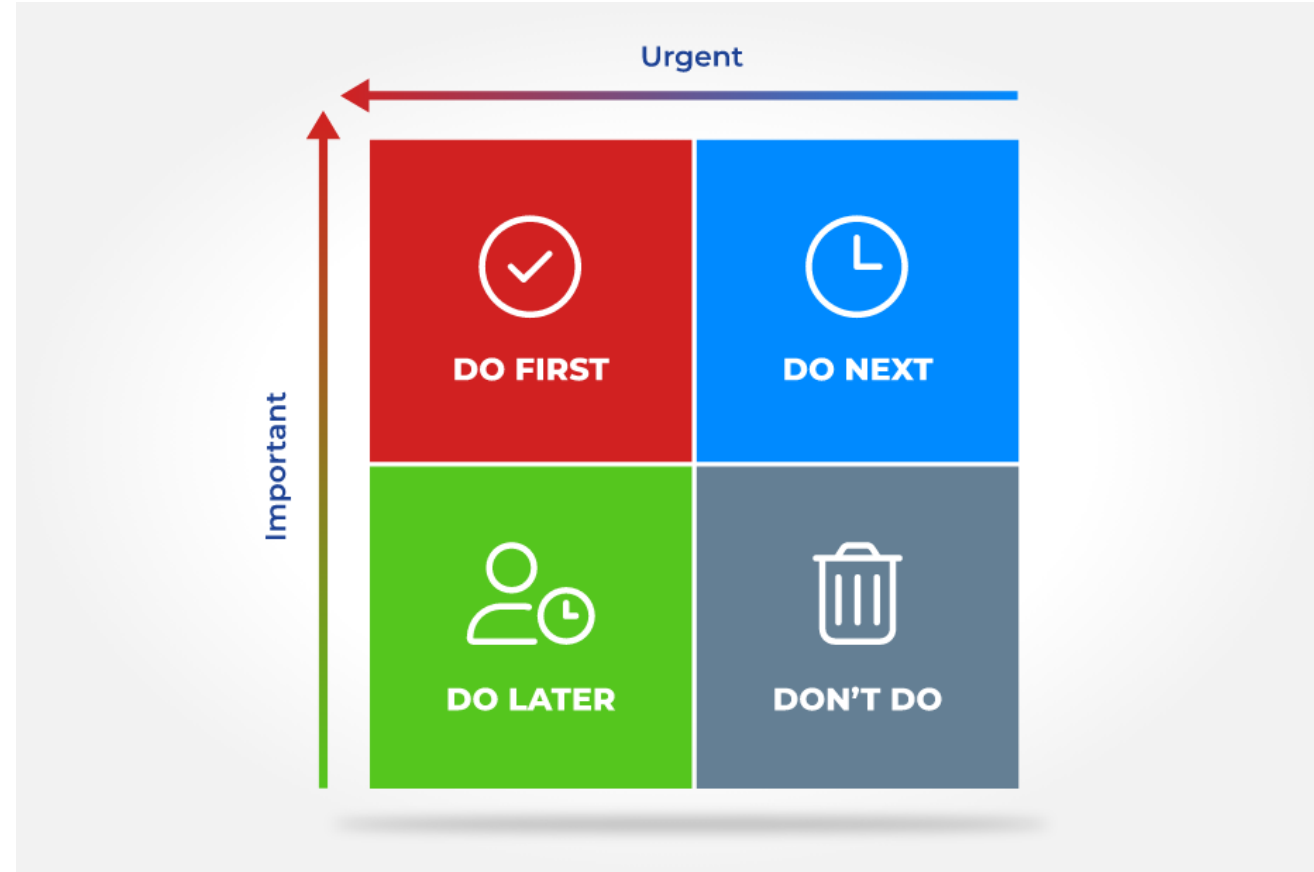
WHAT KIND OF
CYCLICAL HELL
IS THIS?!



ME-Y6

TIME MANAGEMENT MATRIX

Important	Urgent	Not Urgent
	I (MANAGE) <ul style="list-style-type: none"> • Crisis • Medical emergencies • Pressing problems • Deadline-driven projects • Last-minute preparations for scheduled activities 	II (FOCUS) <ul style="list-style-type: none"> • Preparation/planning • Prevention • Values clarification • Exercise • Relationship-building • True recreation/relaxation
	Quadrant of Necessity	Quadrant of Quality & Personal Leadership
Not Important	III (AVOID) <ul style="list-style-type: none"> • Interruptions, some calls • Some mail & reports • Some meetings • Many "pressing" matters • Many popular activities 	IV (AVOID) <ul style="list-style-type: none"> • Trivia, busywork • Junk mail • Some phone messages/email • Time wasters • Escape activities • Viewing mindless TV shows
	Quadrant of Deception	Quadrant of Waste



#WomenPhysiciansDay



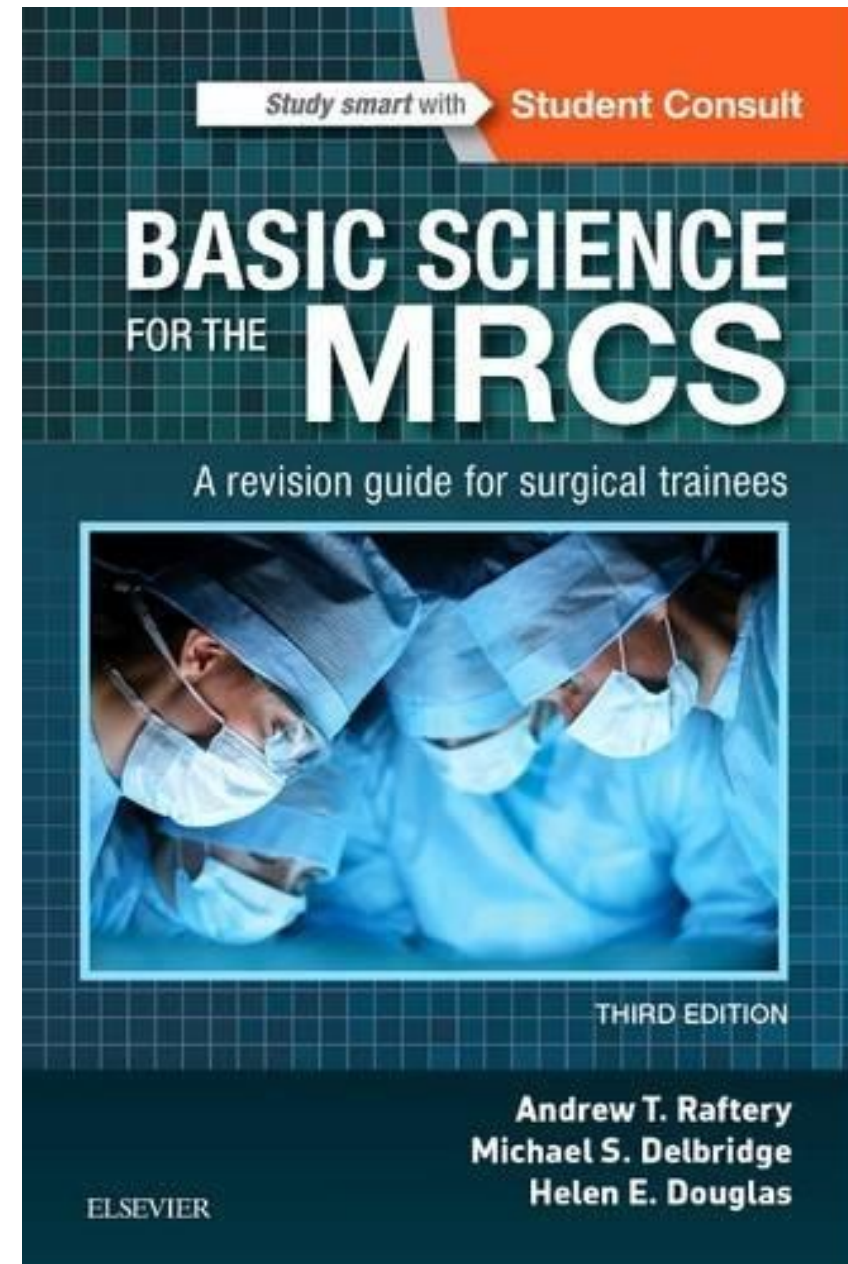
INTRODUCING THE

Egg Freezing for Surgical Residents Program



GOALS

- Basic sciences (Anatomy, Physiology, Surgical pathology & critical care)
- Scientific activities
- Logbook



Definition of Surgery

“Surgery is to know when to cut , what to cut & when to stop cutting”



ANATOMY

1. Anatomy: regional and applied by R.J. Last (Churchill Livingstone Pub).
2. Atlas Anatomy by Grant.
3. Atlas of Radiologic Anatomy by L. Wicke , Urban & Schwarzewberg .
4. Embryology by I. Langham (William & Wilkins Pub,).
5. Gray's Anatomy.
6. Anatomy by B. Anson & C. VAY. (Saunders).

PHYSIOLOGY & PATHOLOGY

1. Review of medical Physiology by W. Ganong (Lange Pub).
2. Medical Physiology by A. Guyton (W.B. Saunders).
3. Clinical Pharmacology by Lawrence.
4. Surgical Physiology by Lendingham and C. Mc Kay. (Churchill Livingstone Pub).
5. The Pharmacological basis of therapeutics by Goodman and Gilman
6. Walter and Israel General Pathology
7. Rosai & Ackerman's Surgical Pathology

LOGBOOK

eLogbook - the Pan-Surgical Electronic Logbook for the United Kingdom & Ireland

The Pan-Surgical Logbook has been developed to support surgeons of all grades and all Specialties in the United Kingdom and Ireland.

The eLogbook has been developed in close co-operation with the Specialty Associations to provide a whole of life service to surgeons of whatever specialty. It will build up a complete record of your work, it will inform appraisals, it can contain a record of your CPD and shortly it will be able to provide reports in support of re-validation and re-certification.



You should start your logbook as soon as possible - as soon as you start training in whatever capacity. At present, over 31,000 surgeons use the eLogbook and the logbook developers are committed to provide seamless integration to any future vehicle adopted by the official training body that requires training data for the purposes of assessing surgical training. As a mainstream tool, irrespective of your specialty, the future of the eLogbook is assured.

Users should also be reassured that data will not be released to any 3rd party without the user's prior expressed consent.

Scientific Activities

- Morbidity & Mortality meeting
- Case presentation
- Journal club
- Audit
- Conferences which you attended and participated in, are documented in this section.
- Attendee, presenter, moderator, and the name and signature of the trainer.

Serial	Event*	Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

*Grand Round, Morbidity & Mortality meeting, Journal Club, Case Presentation, Audit, Morning Endorsement, Clinicopathological meeting, Surgical Radiology meeting, Lectures, etc, & conferences attended.

Training Courses

- You have to document the courses you attended as BLS, ACLS, ATLS, Basic surgical skills, basics of laparoscopy, research methodology, Evidence Based Medicine, Presentation Skills, in addition to any other courses completed by the candidate.

Training Courses:

Serial	Date	Title	Venue	Trainer/Moderator's Name & Signature
1	BLS			
2	ACLS			
4	ITLS			
5	Basic Surgical Suturing			
6				
7				
8				
9				
10				
11				
12				
13				

Training Center(s) Hospital

Training Center(s) Hospital:

Center (hospital) Title:

Duration of training

1-	From	/	/	to	/	/
2-	From	/	/	to	/	/
3-	From	/	/	to	/	/
4-	From	/	/	to	/	/
5-	From	/	/	to	/	/

Rotations

1. مدة التدريب للحصول على الشهادة هي : خمس سنوات كطبيب مقيم جراحة عامة.
2. يشمل التدريب في الثلاث سنوات الأولى:
 - أ- سنة ونصف جراحة عامة
 - ب- ثلاث شهور حوادث وطوارئ
 - ت- ثلاث شهور عناية مركزة
 - ث- سنة كاملة للتدريب في الاختصاصات الجراحية الآتية: عظام – مسالك بولية – أوعية دموية – أطفال – تجميل وحروق – أورام – قلب وصدر - عصبية
3. يخصص التدريب في السنتين الرابعة والخامسة للجراحة العامة.

Rotations

Rotation Schedule:



Serial	Specialty	Hospital	Date		Trainer's Name & Signature
			From	To	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



Trainer's Name & Signature:

Surgical Procedures

- You need to document every procedure you participated in and the level of contribution, according to the following "Four Point Scale"

F1	Observed
F2	Assisted
F3	Did with assistance
F4	Did independently



Post-operative complications that are expected to be recorded

- ✓ Major wound infection and/or Wound dehiscence
- ✓ Deeply seated infection (i.e. subphrenic abscess)
- ✓ Postoperative hemorrhage
- ✓ Major Hematoma
- ✓ Arterial Thrombosis
- ✓ Deep vein thrombosis (DVT) and pulmonary embolism
- ✓ Other respiratory complications,
- ✓ Cardiac complications,
- ✓ Cerebral complications,
- ✓ Renal failure or other urinary complications,
- ✓ Anastomotic leakage,
- ✓ Prolonged intestinal ileus,
- ✓ Intestinal obstruction.

Surgical Procedures

[illegible]

Record of Practical Procedures

- A list of procedures of which the trainee should have practical experience as part of his surgical training. These procedures have been listed and a record must be kept in the logbook.
- During the period of surgical training, it is likely that trainees will not have performed all of the practical procedures listed.
- However, it is expected from the trainee, that, although a particular procedure may not have been performed by him, he should have a knowledge of the procedure, including the indications for its use and any possible complications that may result

Procedures Documentation

[illegible]

Consolidated Experience

- A list of procedures of which the trainee should have practical experience as part of his surgical training.
- These procedures have been listed and a record must be kept in the logbook.
- During the period of surgical training, it is likely that trainees will not have performed all of the practical procedures listed.
- However, it is expected from the trainee, that, although a particular procedure may not have been performed by him, he should have a knowledge of the procedure, including the indications for its use and any possible complications that may result.

Code	Procedure	Level of contribution			
		F1	F2	F3	F4
I	Neck & Salivary Gland Surgery				
I.1	Excision of <u>thyroglossal</u> cyst/Fistula				
I.2	Excision of branchial cyst				
I.3	Excision of branchial fistula				
I.4	Cervical lymph node biopsy				
I.5	Block dissection of the neck				
I.6	Excision of cervical rib				
I.7	Submandibular <u>sialoadenectomy</u>				
I.8	<u>Parotidectomy</u>				
2	Breast Surgery				
2.1	Drainage of breast abscess				
2.2	Breast lumpectomy				

Lectures- 1st year

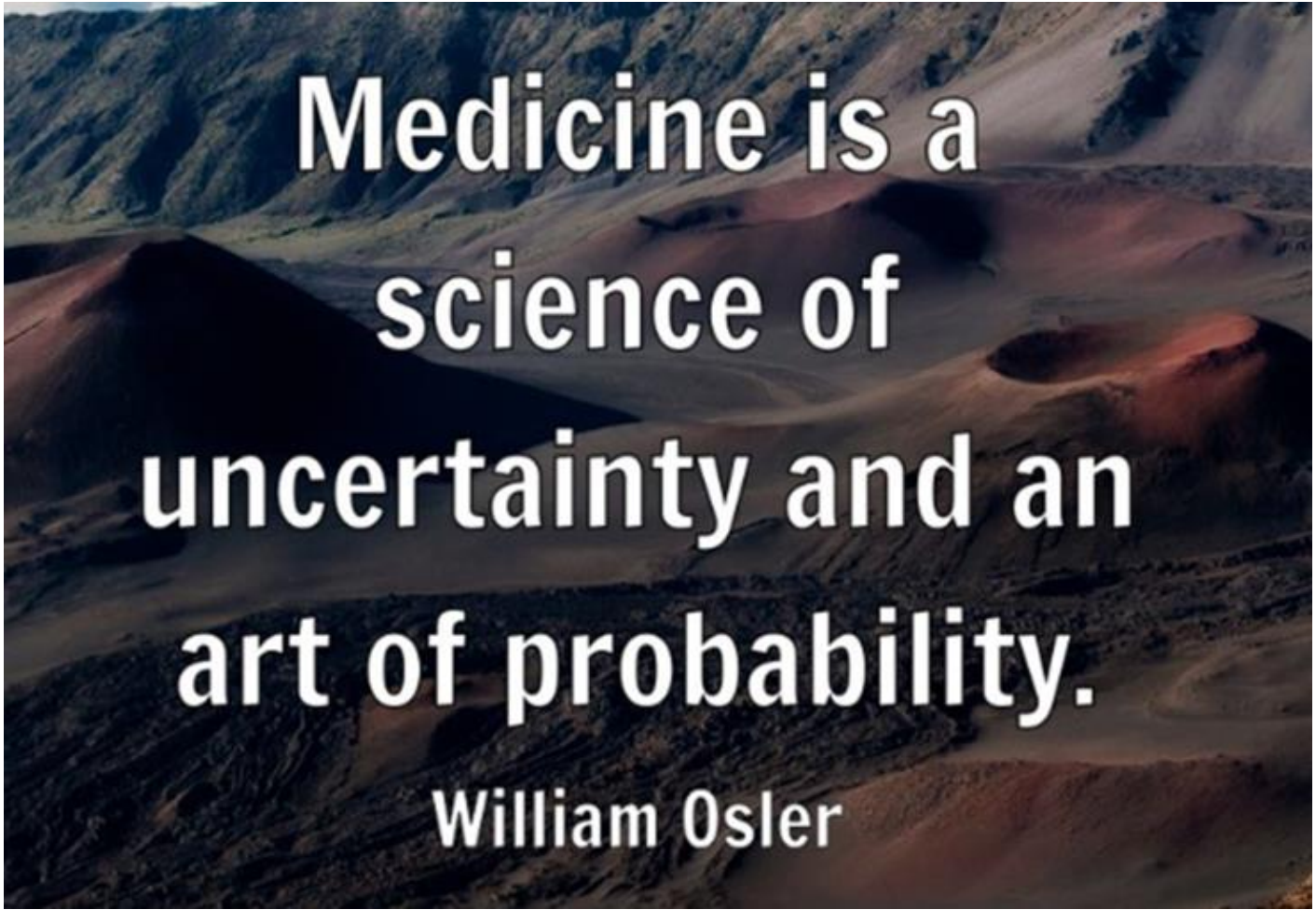
Fluid and electrolyte management of the surgical patients	Acute abdomen, causes and management
Wound healing	Types of abdominal wall incisions and closure
Wound management	Physiological monitoring of the surgical patient
Hemostasis, bleeding and transfusion	Basic ICU management and monitoring
Blood products	Brain death, diagnoses and management
Shock and treatment of all types of shock	Minimal invasive surgery techniques
Patient safety and preparing patients for surgery	General Surgical complications
Surgical infections and treatments	Systemic response to injury
Trauma and treatment of the acutely injured patient- General	Nutritional support and insufficiency syndromes
Burns and resuscitation of the burned	Suturing technique and suture material

Lectures- 2st year

1. Abdominal wall anatomy and related conditions
2. Hernias and types of repair
3. Basic thyroid anatomy and physiology
4. Parathyroid anatomy and physiology
5. GI tract anatomy and physiology
6. The appendix
7. Acute choelcystitis and biliary tract disease
8. Pancreatitis and acute inflammation of the pancreas
9. Acute presentation of the urological diseases
10. Traumatic chest injuries
11. Traumatic abdominal injuries
12. Traumatic neurosurgery and their presentations
13. Managing diabetic foot problems and management
14. Acute colonic diseases and management
15. Acute small intestinal diseases and management
16. Management and diagnosing upper GI bleeding
17. Management and diagnosing lower GI bleeding
18. Anorectal conditions
19. Acute lower limb ischemia and management
20. Pediatric emergencies and resuscitation
21. Acute scrotal conditions and management
22. Breast anatomy and emergencies of the breast, common diseases and treatment
23. Diagnosing and managing acute presentation of the stomach and duodenum
24. Basic anatomy of the liver and acute presentations of liver disease
25. Laparoscopic surgical procedures principles

Research

- Basic statistics
- Study design
- How to write a Paper?
- How to critique a paper?

The image shows a vast, arid desert landscape with rolling sand dunes and rugged, rocky hills in the background. The sky is a deep, hazy blue. Overlaid on this landscape is a quote in white, bold, sans-serif text. The quote reads: "Medicine is a science of uncertainty and an art of probability." Below the quote, the name "William Osler" is written in a smaller, white, sans-serif font.

**Medicine is a
science of
uncertainty and an
art of probability.**

William Osler



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Good Luck