

A Medical Student Experience as an Acting Intern in Colorectal Surgery

Sidharth Misra.¹

The Experience

Embarking on this journey amidst the wintry Cleveland months, I had the honor of immersing myself in world-class medical practice to accomplish the daunting task of acquiring US clinical experience.¹ I got this opportunity through the structured application process that was put out by the Cleveland Clinic on their website.² I always wanted to expose myself to the medical practices in a high-income country so as to emulate the same in my clinical practice, ultimately benefiting my future patients. This experience also allowed me to enlighten my colleagues as I had prepared an elective rotation report for the sole purpose of broad dissemination of knowledge gained during my elective. Traveling from India to Cleveland, a journey spanning 28 hours, led me to 'The Cleveland Clinic,' a heavenly place renowned for its rich history and excellence.³ I was privileged to pursue my acting internship under the esteemed leadership of the 'Colorectal Surgery Department Chair', a famous name in the field of colorectal surgery. His persona, expertise and compassionate approach have left a lasting impression on me. The fellow to whom I reported on my first day had been an invaluable guide, providing an extraordinary learning experience that can only be described as surreal. [Figure 1](#) It was a 4-week period which seemed short enough, but I can still relive every moment of it which makes the rotation so special.

"Morning rounds at 6:15 am" was the first message I received from my fellow. A typical week generally consisted of days for OR (operating room), clinic, colonoscopy and dedicated teaching/learning didactic sessions. This structured learning schedule was important to strike a balance between the preoperative, intraoperative, and postoperative management of the patient.

On OR days, my responsibilities included assisting the surgical team, facilitating patient transportation, ensuring patient comfort on the surgical table, aiding in patient preparation, and attentively following my fellow's commands. The daily procedures ranged from complex colon surgeries like laparoscopic hemicolectomies, sigmoid colectomies, and abdominoperineal

resections to rectal surgeries such as hemorrhoidectomies, Martius flap repair, anorectal fistulotomy, and Botox injections.

Figure 1. A Picture with my Fellow in the Colorectal Operating Room at Cleveland Clinic.



Through discussions with my fellow post-surgery, I gained insights into surgical decision-making, technique selection, and crucial anatomical considerations. These mind stimulating conversations were important to breed the inner surgeon in me as an aspiring medical student/doctor. It also became clear to me that anticipating the next steps in a surgery and learning how to assist the primary surgeon are crucial to becoming a good surgeon. Additionally, I acquired skills in team coordination, understanding the balance between stepping back and taking an active role in the OR process. Scrubbing in for almost every case, I had the opportunity to appreciate anatomy, suture under my fellow's supervision, and even assist in laparoscopic surgeries by driving the camera—a true art in itself. Recognizing the significance of fostering positive relationships with the OR staff, I understood that successful surgery relies on a collaborative team effort.

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As a medical student, my clinic responsibilities entailed obtaining comprehensive patient histories and meticulously updating the electronic medical records. The art of crafting structured, and methodical clinic notes required substantial practice. In the beginning, my focus was to observe the art of patient interaction while ensuring I maintained pace. Prior to each clinic session, understanding the purpose of the patient's visit became paramount. The various reasons for patient visits included preoperative consultations to elucidate surgical details and postoperative progress, routine postoperative colonoscopy/sigmoidoscopy/pouchoscopy, or new visits entailing initial complaint discussions and subsequent steps. In addition, I had the privilege of learning from specialized wound ostomy care nurses. Their expertise lies in stoma care, including patient stoma marking prior to surgery, as well as providing pre- and post-operative counselling.⁴ Witnessing the seamless execution of such comprehensive care underscored the significance of well-defined roles and responsibilities. Moreover, it reinforced the understanding that effective task delegation is pivotal in maximizing productivity within a given timeframe.

Friday colonoscopies served as a satisfying culmination of the week, typically involving general screenings, post-diverticulitis evaluations, or follow-up colonoscopies/pouchoscopies. In my capacity as a medical student, my primary role was ensuring efficient patient turnover by assisting with patient transportation, obtaining consent alongside my fellow prior to the procedure, and significantly, developing a keen understanding of colonic anatomy and colonoscopy techniques. The importance of ergonomics struck me deeply, particularly upon learning about the prevalence of carpal tunnel syndrome amongst endoscopists due to extensive colonoscopy procedures.⁵ This revelation was reinforced by witnessing a senior colorectal surgeon wearing a

wrist brace. The entire experience taught me the importance of effective communication to help improve patient comfort and overall experience.

During my 4-week rotation, every Wednesday from 6:30 to 7:00 am, I had the opportunity to witness comprehensive presentations given by colorectal surgery fellows on important topics like ischemic colitis, anastomotic leaks, stricturoplasty, and key insights from complex cases. This was followed by surgery grand rounds at 7:30 am that featured a resident presenting a case, providing a detailed timeline and surgical details, followed by robust discussions on encountered complications, preventive measures, and valuable takeaways. The entire spectrum from junior residents to senior attendings would actively participate in these discussions, fostering a remarkable, non-judgemental, and an inclusive learning environment. This exemplifies why Cleveland Clinic has been at the forefront of innovation, research, and producing leaders in the field of medicine since its inception in 1921.⁶

Becoming a skilled surgeon requires keen observation and attentiveness with continuous analysis of the situation to actively contribute to the surgical team. It demands lifelong learning with each stage of surgical training marking a new chapter in one's professional development. Teamwork and supporting fellow team members are essential qualities for a successful surgeon, as the surgical process relies on effective collaboration. The beauty of surgery lies in the meticulous attention to detail, a skill cultivated through dedicated practice and self-reflection. Every moment of this unforgettable experience is vividly etched in my memory, and I am looking forward to the next phase of my life that is attaining a general surgery residency in the US.

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