McMaster Children Hospital

Pediatric Surgery

Anna Shawyer, 2013
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WARD:
Ward Rounds
  NICU/Level 2
    Fellows
    Time to be arranged by fellows
    Daily/regular notes including legible heading, date, time, signature
  Wards/PICU
    All team members (residents, medical students, including on weekends)
    Residents/POSTcall get VITALS/charts ready
    Daily notes including legible heading, date, time, signature
    Residents responsible for running the list with charge RN daily
    Meet 6:00-7am
      Weekend start time variable
    Residents will do all DC summaries and DC paper(facesheet) in chart
    MEET W FELLOW after to run the list, assess new or unwell patients together
      Fellows may choose to round with team as needed
Patient List (Excel)
  Off CITRIX
    Also keep MEDITECH up to date for staff
    Get Fellow to provide access
  Residents keep wards/PICU up to date; fellows do NICU/Level2
Multi-Disciplinary Rounds
  Monday 9am on the ward (3Y conference room)
  One team member must attend
Signover
  *the on call resident must signover to the team in the morning with any
    consults, admits, outstanding issues or concerns
Order entry
  Currently ONLY on paper
    EMERG XR require a requisition
    WARD XR – just a reason in the chart
Examining patients
  We ask only 1 person at a time so not to overwhelm the patient
  No food/beverage in patient rooms
Contact staff daily before OR/clinic to discuss their patients/arrange meeting
  Fellows – NICU/Level 2 patients
  Residents – ward patients
Trainees

Residents
PGY-1 peds
PGY-1 anesth
PGY-1 urology
PGY-1 Anesthesia
PGY-1/2 plastics
PGY-3 gensurg

**all residents have ½ day on WEDNESDAY (either morning or afternoon)**

**MAD days 4x per year and other varied mandatory activities**

Medical Students
Core, Elective, Selective, Horizontal elective, One-Day-Matters

**variable teaching schedules**

**do not take call with us – electives may stay late for cases on busier days PRN**

**CLINIC (more or less)**
2Q
Mondays  Dr Flageole am
         Dr Cameron pm
Tuesdays  Dr Walton pm
Thursdays Dr Fitzgerald pm
         Dr Bailey pm

Fellow Clinic last 6 months of 2nd year 2x per month

**variable**

**try to wear non-greens**
# ROUNDS:

<table>
<thead>
<tr>
<th>WHAT</th>
<th>WHEN</th>
<th>WHERE</th>
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<tbody>
<tr>
<td><strong>Grand Rounds</strong></td>
<td>Mondays</td>
<td>4E20</td>
</tr>
<tr>
<td><em>(see BC for assignment)</em></td>
<td></td>
<td></td>
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<tr>
<td><strong>Residents to d/w fellow early to ensure no repeats</strong></td>
<td></td>
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<tr>
<td><strong>Tumor Board</strong></td>
<td>1st Monday q month</td>
<td>3F clinic muster room</td>
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<tr>
<td><strong>Patient Rounds</strong></td>
<td>Thursdays</td>
<td>4E10</td>
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<tr>
<td><strong>Residents do ward/PICU</strong></td>
<td></td>
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<tr>
<td><strong>Fellows do NICU/Level2</strong></td>
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<tr>
<td><strong>Chapter Rounds</strong></td>
<td>1st Thursday</td>
<td>4E10</td>
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<tr>
<td><strong>Fellows present</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>follows reading list</strong></td>
<td></td>
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<tr>
<td><strong>M&amp;Ms</strong></td>
<td>2nd Thursday</td>
<td>4E10</td>
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<tr>
<td><strong>all team members present</strong></td>
<td></td>
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<tr>
<td><strong>Journal Club</strong></td>
<td>3rd Thursday</td>
<td>4E10</td>
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<tr>
<td><strong>Matches Chapter Rounds</strong></td>
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<td></td>
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<tr>
<td><strong>Fellows present</strong></td>
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<tr>
<td><strong>SRP</strong></td>
<td>4th Thursday</td>
<td>2S-27</td>
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<tr>
<td><strong>Residents present 2 cases</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fellows provide cases</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluation/Residency Committee meeting</strong></td>
<td>4th Thursday</td>
<td>2S27</td>
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<tr>
<td><strong>Ethics Seminar</strong></td>
<td>4x per year *5th Thursdays</td>
<td>4E10</td>
</tr>
<tr>
<td><strong>CANMEDS seminars</strong></td>
<td>Variable</td>
<td>Varies</td>
</tr>
<tr>
<td><strong>Globalcast MD webinars</strong></td>
<td></td>
<td>Varies</td>
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<tr>
<td><strong>MFM/NICU/PedSurg Rounds</strong></td>
<td>First Friday, q3months</td>
<td>4E20</td>
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<tr>
<td><strong>Neonatology Rounds</strong></td>
<td>3-4x per year</td>
<td>4E10</td>
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<tr>
<td><strong>Short Gut</strong></td>
<td>3rd/4th Wednesday each month</td>
<td>4E10</td>
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<tr>
<td><strong>Tubes and Lines talk</strong></td>
<td>8-9am</td>
<td>4E10</td>
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<tr>
<td><strong>Welcome powerpoint</strong></td>
<td>with each new batch residents</td>
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CALL:

1:3 home call
(ALL residents do 1:4 in-house call)
**please refer to PAIRO handbook
**will change with new contract currently under negotiation

On-Call

Doing first call
May happen few times per month
Wednesdays – often portions may be covered by fellow or staff directly

Liaising with staff
[1] Check with them re best method/preferences
[2] No DC home from emerg without talking to staff
[3] May admit stable patients without talking to staff overnight but see point [1]

Booking cases
Consent
May be signed by resident/fellow
Anesthesia
Must be talked to regarding case
Booking
CANNOT be done by resident
May be done over phone/message/in person
**need to talk to bedbooking if for emergency patient

Callrooms
On 3rd floor
Keys from information desk, admitting, security depending on day/time

Food on call
Coffee shop on Level 2 open 24h
Places across street
Cafeteria on level 1 limited hours

Consults
must be seen PROMPTLY to get patients out of emerg in a timely fashion
please keep the communication flowing with the ED staff

Call Schedule

Swapping call
Notify Admin Fellow, PAULETTE, LOCATING

Vacation request
Submit to Dr Cameron/Admin Fellow at least 4 weeks in advance in writing
No guarantees if service cannot be covered – submit early
**do not book flights until confirmed**
Refer to PAIRO
**will change with new contract currently under negotiation
LOGISTICS:

**POST GRAD to facilitate**

Computer Access

[1] Citrix
   **team account**
[3] Centricity (PACS)
[4] Clinical Connect
[5] Office computer

Dictation

   Number – everyone must have own
   All ORs and procedures
   All consults
   All discharges – residents will take care of these
   **write down number!!!**

Parking

   Parking office in garage for transponder

ID card and access

   PostGrad
   Issues – go to Security office to email for access
   Need: emerg, NICU, 3F clinic

Mask fit testing

   PostGrad

TB testing/Immunization

   PostGrad

Pager

   Communications on level 1
   Be sure to let them know if you are away to turn off your pager
OFFICE:

4E14
See Penny/Denise for a key

Secure your valuables
Do not leave food out!

We are responsible for changing garbage and general cleanliness
EDUCATION:

Textbooks
Grosfeld, Ashcroft etc
PDF versions on office desktop
Pediatric Surgery Handbook
See Dr Cameron for copy
Has schedules, phone numbers, protocols ETC
**PDF available – in “Welcome Email”

Available for 10$ from Pediatrics
**PDF available– in “Welcome Email”

Practice Exams
4x per year
   Oral x 1 hour
   Written x 2 hour

Courses
PENA
MIS Year 2
ST JUDE ONOCOLOGY Year 2
Capstone AFTER fellowship
GlobalCastMd webinars
   http://globalcastmd.com/

Conferences
CAPS – Sept/Oct, Abstracts due in April (?)
APSA – May, Abstracts due in Sept (?)
AAP – Oct, Abstracts due in Spring
IPEG, PAPs, RAPs, BAPs.....
RESEARCH:

Studies to randomize
- POINTS (Pyloric stenosis) - closed
- MOXIPEDIA (abdominal sepsis) – finished participation

Studies to collect data
- Intussusception – on office desktop

CAPsNET
- Gastroschisis
- CDH
  **data sheet on desktop/website

Julia is research coordinator
OR:

Level 2
[1] lounge for all OR personnel
[2] Fridges and microwaves available – BYO food/drink
[3] longterm lockers typically not available – day lockers available
[4] introduce self to OR team, put your name/rank on whiteboard, ensure your gloves are picked
[5] hats must be worn “beyond the red-line”
[6] no policies on shoes for surgical staff – but if not safe may be an issue if need to claim an injury – YOU MUST PROVIDE YOUR OWN SHOES
[7] Greens from scrubex machines
    **post grad for access and white coats PRN

Loupes – ask Dr Flageole to arrange for measurement
NUSS procedures – binder with specific post op orders in OR 8
Camera for pictures
    in OR 8 – do not leave unattended, do not erase photos without sharing
CASES:
Logging cases
**ACS – new, mandatory
Distribution
Case-by-Case depending on experience, time to finish fellowship, cases seen etc
**staff may prefer you to do smaller cases with them before index cases
RADIOLOGY:
No requisitions for Xrays – need reason on order sheet
Except in EMERG
Best to take reqs down to rads (level 2)
CT, US, GI rads, IR
Must be present for UGI/LGI/contrast studies
Must be present for air enemas for intussusception
Must call resident -> staff radiologist for tests at night other than plain films
CANMEDs EXPECTATIONS:

The expectations can be divided along the CANMedS competencies:

1- Medical Expert
   - Fellows should have in depth knowledge of all the patients on the service and be able to communicate this to the attending
   - Fellows are expected to review consults with the residents and present them to the staff in a clear and concise manner, and include a treatment plan.
   - Fellows should come to the operating room prepared; know the cases, the indications for surgery, the procedural details planned and the post-op care.
   - Fellows should demonstrate, at the beginning, a solid competency with routine cases before they can expect to do the more complex operations.

2- Manager
   - Please read the attached job description of a chief Resident

3- Professional
   - Fellows are expected to have a high standard of personal appearance, hygiene (corporal and dental), dress code.
   - Punctuality at rounds, in the OR, at clinic is expected.
   - Fellows are expected to think of the patients and the service as theirs and they must behave as such when interacting with other services.

4- Scholar

   - Fellows are expected to be well-prepared and take a leadership role at the various teaching venues such as chapter rounds, journal club etc.

5- Advocate

   - Fellows are expected to be their patients’ advocate and work hard at arranging tests, consults, discharge planning, involve allied health services such as child life and social work as is required.

6- Communicator:

   - Fellows are expected to communicate clearly, both verbally and in writing, specifically written notes in the medical record and dictations.