OVERVIEW

Pediatric General Surgery is dedicated to the care of infants, children and adolescents up to seventeen years of age who require surgical assessment and treatment for congenital and acquired conditions of the head and neck, chest, abdomen, skin and subcutaneous lesions. We provide service for children in all of Manitoba, Northwestern Ontario and Nunavut. The service is located in the Children's Hospital of Winnipeg, Health Sciences Centre.

INTRODUCTION

Location(s):

Children's Hospital, Health Sciences Centre

Preceptors:

Attending Surgeons

Dr. B. J. Hancock, Associate Professor Head, Section of Pediatric General Surgery

Dr. Melanie Morris, Assistant Professor Dr. Suyin Lum Min, Assistant Professor Dr. Nathan Wiseman, Associate Professor

Contact Person:

Karen Holmes, Program Administrator

Phone: 204-787-3154 kholmes@hsc.mb.ca

LEARNING OBJECTIVES (CanMEDS)

To obtain exposure to common and less common pediatric general surgery problems through the ambulatory care, day surgery, emergency room, and ward consultation services, and to participate in the operating room management of the patients.

Medical Expert

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills and professional attitudes in their provision of patient-centered care.

At the completion of the rotation you will be able to:

- Assess and manage children requiring an operation: pre-, intra-, post-op care.
- Assess and manage the child with abdominal pain.
- Assess and manage the child with 'lumps and bumps' especially inguinal and scrotal swellings.
- Gain experience with a variety of other pediatric surgical conditions.

Specific Skills

- Complete a focused and accurate surgical history and physical exam of a child.
- Determine the relevant investigations needed.
- Develop a differential diagnosis of the child's surgical condition.
- Understand the management plan for the child and write orders.
- Keep accurate notes and records.
- Demonstrate effective verbal and written communication skills.
- Work effectively as a member of the care team.
- Know how to become a first responder by taking first "on call" page.

Communicator

Physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

As Communicators, students will facilitate the doctor-patient relationship:

- Establish rapport, trust and a therapeutic relationship with patients and families.
- Listen effectively.
- Elicit relevant information and perspectives of patients, families, and the health care team.
- Convey relevant information and explanations to patients, families and the health care team.
- Convey effective oral and written information about a medical encounter.
- Maintain clear, accurate, appropriate, and timely records of clinical encounters and operative procedures
- Address challenging communication issues effectively
 - Obtain informed consent
 - Deliver bad news
 - o Disclose adverse events
 - o Discuss end-of-life care
 - o Discuss organ donations
- Addressing anger, confusion and misunderstanding using a patient centred approach

Collaborator

Physicians effectively work within a healthcare team to achieve optimal patient care.

As Collaborators, students will work effectively within the surgical team to achieve optimal patient care:

- Demonstrate a team approach to health care
- Participate effectively in an interprofessional and interdisciplinary health care team.
- Recognize and respect the diversity of roles, responsibilities, and competences of other health professionals in the management of the surgical patient.
- Work with others to assess, plan, provide, and integrate care of the surgical patient.

Leader

Physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

As Leaders, students will participate in the activities of the surgical service, making decisions, allocating resources, and contributing to the effectiveness of the health care team:

- Employ information technology appropriately for patient care.
- Allocate finite health care resources appropriately

Health Advocate

Physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities and populations.

As Health Advocates, students will responsibly use their expertise and influence to advance the health and well-being of individual patients, communities and populations:

- Concern for the best interest of patients
- Identifying health needs of individual patients, and advocate for the patient in cases where appropriate
- Promote and participate in patient safety

Scholar

Physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

As Scholars, students will demonstrate a lifelong commitment to learning:

- Demonstrate the ability for continuing self learning
- Discuss the principles of surgery and the application of basic sciences to surgical treatment.
- Demonstrate appropriate presentation skills, including formal and informal presentations.
- Critically evaluate medical information and its sources and apply this appropriately to clinical decisions
- Critically appraise the evidence in order to address a clinical question.
- Integrate critical appraisal conclusions into clinical care.

Professional

As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-Led regulation, and high personal standards of behaviour.

As Professionals, students are committed to health and well-being of individuals through ethical practice, profession-led regulation and high personal standards of behavior:

• Exhibit professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism.

- Demonstrate a commitment to delivering the highest quality care.
- Recognize and respond appropriately to ethical issues encountered in practice.
- Recognize and respect patient confidentiality, privacy and autonomy.
- Participation in peer review
- Manage conflicts of interest
- Maintain appropriate relations with patients.
- Demonstrate awareness of industry influence on medical training and practice
- Recognition of personal and clinical limitations

INFORMATION

These are locations, readings, evaluations, call responsibilities, etc.

Required Reading

Lawrence Essentials of Surgical Specialties, 2nd ed.

Chapters of particular relevance to this rotation include:

• Chapter 2 Pediatric Surgery: Surgical Diseases of Children

Lawrence Essentials of General Surgery, 3rd ed.

Chapters of particular relevance to this rotation include:

- Chapter 2 Preoperative Medical Evaluation of Surgical Patients
- Chapter 3 Fluid & Electrolytes
- Chapter 4 Nutrition
- Chapter 5 Surgical Bleeding & Blood Replacement
- Chapter 6 Shock
- Chapter 7 Wounds & Wound Healing
- Chapter 8 Surgical Infections
- Chapter 9 Trauma
- Chapter 10 Burns
- Chapter 11 Abdominal Wall, Including Hernia
- Chapter 12 Esophagus
- Chapter 13 Stomach & Duodenum
- Chapter 14 Small Intestine & Appendix
- Chapter 15 Colon, Rectum & Anus
- Chapter 16 Biliary Tract
- Chapter 17 Pancreas
- Chapter 18 Liver
- Chapter 20 Surgical Endocrinology
- Chapter 21 Spleen
- Chapter 26 Surgical Procedures, Techniques & Skills

Evaluations

- You will receive an orientation, mid-rotation interview and an exit interview plus written evaluation at the end of this rotation.
- Please arrange for an appointment with the Administrative Assistant (204)787-1246, in Dr. Hancock's office

 The evaluation information will be based upon the opinions from the attending pediatric surgeons, the senior surgical resident, the nurse practitioner and the head nurses. These persons will review your written work, your response to questions during the course of your rotation and their direct observations of your performance.

The student will present a list of the following at the time of the exit interview:

- List of patients (HSC number), gender, age, diagnosis, operation
- List of all skills done on the service: IV, suturing, tube insertion, other
- Please hand in the completed form to the Surgery Education Office.
- You are expected to keep a log of your clinical experience on this rotation and bring it to the exit interview. A listing of the patients (inpatients and clinic patients) and operations you participated in will suffice.

Call Responsibilities

- The pediatric surgery clerk is on call 1-in-4 and will provide a prompt response to calls from the surgical wards, the emergency department, consultation from the pediatric wards and from outside referring physicians.
 - o You will be the first responder.
 - o You must carry a functioning beeper
 - You will always have a back-up physician, either the resident or the attending surgeon.
 These people may be called through hospital paging or directly.
 - o If during the day you are very busy with first calls, ask your peers or residents to help out with the work.
- If during the day you are very busy with first calls, ask your peers or residents to help out with the work. The Nurse Practitioner on Pediatric General Surgery, is also available for assistance.
- Surgery call room = CK487B

First Day Instructions

- You will be given an orientation by one of the attending during the first day of the rotation.
- You should identify yourself to the head nurse of the surgical wards CK3 or designate on the first day of this rotation.
- Also ask for the orientation to the Complicated Appendectomy Care Map. Dress professionally at all times, particularly for the clinics.

Rounds with the resident normally begin at 0700 AM on ward CK3 or as otherwise agreed upon.

WARD ACTIVITIES

These are examples of schedules, expectations, rotation details, etc. All the details below are subject to change.

Expectations

- Clerks are to prioritize their activities in order of the following listing:
 - o Daily surgical seminar and other teaching sessions during the rotation
 - o On call duties

- o Clinics
- o OR case assignment
- Inpatient record keeping (e.g. progress notes)
- The OR case assignment is finalized by the resident and clerks during the previous sign-out round and cases should be distributed on an equitable basis.
- Please note that surgery takes place on most days and that at least 70% of the surgeries are on a Day Surgery basis.
- Clerks will be given an opportunity by the resident to be first assistant and to be involved in suturing and other surgical skills at the discretion of the operating surgeon.

Monday

0700-0745 Ward rounds, CK3 0745-1530 OR slate 0900-1200 Surgery clinic, Unit 1, OPD 1400-1600 Surgery clinic, Unit 3, OPD 1630-1730 Sign-out rounds, CK3

Tuesday

0700-0745 Ward rounds, CK3 0745-1530 OR slate 1600-1630 Sign-out rounds, CK3 1630-1830 Surgery clinic, Unit 3, OPD

Wednesday

0700-0745 Ward rounds, CK3
0745-0900 Surgery Grand Rounds (see Department postings)
1130-1230 Service Rounds (see below)
1200-1530 OR slate
1430-1630 Surgery clinic, Unit 3, OPD
1630-1700 Sign-out rounds, CK3

Thursday

0700-0745 Ward rounds, CK3 0745-1530 OR slate 0900-1200 Surgery clinic, Unit 2 1430-1630 Surgery clinic, Unit 3 1630-1700 Sign-out rounds, CK

Friday

0730-end Clerkship seminar series 0745-1530 OR slate 1400-1630 Surgery clinic, Unit 3, OPD 1630-1700 Sign-out rounds, CK3

Saturday & Sunday 0800-0900 Ward rounds, CK3

Clinic Schedule

- Assess and manage pediatric general surgery patients under the supervision of the attending pediatric general surgeons.
- Fellow your own assigned patients closely. You will be responsible for no more than five patients at a time. In most cases, the patients you admit will be become your patients.
- You should also be familiar with all the patients on the service. Normally there are ten to fifteen inpatients and numerous Day Surgery patients. Your involvement with the latter category is limited to their assessment and follow-up in the clinics and their surgical procedures.
- You will be responsible for the initial assessment of patients assigned to you, their history and physical, orders, OR and progress notes, laboratory results and participate in your patient's surgery.
- Please read the document "Perioperative Orders in Pediatric Surgery"
- As a clinical clerk, you will be responsible for obtaining a countersign for all your orders. The
 countersigns may be obtained from the resident or the attending surgeon at the time the order
 is written or you may need to contact these people directly in the operating room or through
 paging. Contact the patient's attending surgeon directly for a countersign, even if he/she is not
 on call and whenever there is no second call resident.
- Become familiar with the HSC computer system for looking up laboratory results.
- Become familiar with the Medication Reconciliation form for home medications.
- As a resident or clerk on a surgical service who may have a patient in PICU, you are encouraged
 to attend rounds if possible and to communicate any concerns or plans you may have to the
 PICU housestaff.
- Keep a list of your clinical experience. This list will be reviewed and discussed during the exit interview.

Service Rounds

These are normally held on Wednesday mornings, 11:30 12:30 pm. Dr. Lum Min organizes these rounds and will assist you in choosing a topic to present and will discuss a date for your presentation. The schedule is as follows:

- 1st Wednesday of the month House staff Topic Presentation, CH304
- 2nd Wednesday of the month Pathology Rounds, MS473
- 3rd Wednesday of the month Diagnostic Imaging Rounds, CS115 (telephone 74989)
- 4th Wednesday of the month House staff Topic Presentation, CH304
- 5th Wednesday of the month TBA

Joint Surgical-Emergency CME Rounds

These rounds will occur three times throughout the year during the 1130-1230 Service Round schedule. The dates and location will be announced.

Pediatric Trauma Rounds

These rounds are scheduled approximately 5 times per year. The dates and times will be distributed as they occur.