



# **SAN ANTONIO PEDIATRIC SURGERY ASSOCIATES**

## **PEDIATRIC SURGERY HOUSESTAFF ORIENTATION MANUAL**

**2011-2012**

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Welcome to the San Antonio Pediatric Surgery Associates surgery rotation. During this rotation, you will be exposed to a wide variety of pediatric surgical diseases, and you will have the opportunity to perform or assist with a large number of surgical procedures. The attending surgery staff is happy to have you on our service, and we hope that this exposure to pediatric surgery proves valuable to your surgical career.

If you have any questions or concerns during your rotation, you should feel free to contact any of us at 615-8757.

#### HOUSESTAFF OVERVIEW

The **senior general surgery resident (PGY-4)** rotating on the service will be designated as the Chief Resident for pediatric surgery. The Chief Resident will have responsibility for:

- Supervision of junior resident and medical student activities.
- Assignment and first priority of resident coverage to operating room procedures.
- Organizing the resident call roster.
- Organizing teaching labs for junior residents and medical students.
- Assuring effective resident-staff communication.

The **junior resident(s) (PGY-1, 2, and 3)** will assist the Chief Resident in the day-to-day functions of the service as well as participate in surgical procedures to which he or she is assigned. The junior resident(s) will also be expected to fill in for the responsibilities of the Chief Resident in their absence. The PGY-3 resident from UTHSCSA will be the senior resident for all pediatric surgery patients at University Hospital.

**UTHSCSA 3<sup>rd</sup> year medical students** are currently rotating on the pediatric surgery service as part of the "core" surgical experience. Students are expected to participate fully in the activities of the service, including pre-, intra-, and postoperative care of the pediatric surgery patients. Students should be assigned individual patients to follow; these should be of varied and challenging diagnoses, and the students should be encouraged to develop diagnostic and therapeutic plans on each of these assigned patients. "Scut" needs to be kept to a minimum.

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#### ATTENDING SURGERY STAFF:

Barry R. Cofer, M.D.

John J. Doski, M.D.

Frank M. Robertson, M.D.

Joseph N. Kidd, Jr., M.D.

Robert P. Thomas, M.D.

Colleen Fitzpatrick, M.D.

**office # 615-8757**

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#### NURSE PRACTITIONER:

Barbara Mariscal, R.N., P.N.P.

## HOSPITAL OVERVIEW

### SANTA ROSA CHILDREN'S HOSPITAL

Santa Rosa Children's Hospital is a component of the Santa Rosa Hospital - Downtown, and shares many of its facilities with the adult hospital. However, all of the nursing floors are dedicated entirely to pediatric patients. The major clinical areas of the Children's hospital are:

- **9<sup>th</sup> Floor Special Medicine (704-2453):** general pediatrics floor; occasionally will have surgical inpatients located here, but consultations from this floor are frequent.
- **8<sup>th</sup> Floor Hematology/Oncology (704-2561):** handles all patients with solid and hematologic malignancies. Many surgical oncology patients will be admitted to this floor.
- **8<sup>th</sup> Floor Hematology/Oncology clinic (704-2187):** outpatient area for oncology and hematology patients.
- **7<sup>th</sup> Floor Pediatric Intensive Care Unit (704-2293):** Staffed by PICU physicians, fellows, and pediatrics residents. PICU physicians serve as consultants for surgery patients, but ARE NOT the primary physicians. The PICU team should be consulted on every surgery patient, but all non-ventilator and hemodynamic management issues must be cleared by surgery.
- **7<sup>th</sup> Floor Pediatric Intermediate Care (704-2565):** multispecialty pediatrics floor which has capability for continuous centralized cardiopulmonary monitoring and higher nurse-to-patient ratio.
- **6<sup>th</sup> Floor Surgery (704-2180):** the majority of surgery patients will be admitted to this floor.
- **4<sup>th</sup> Floor Neonatal Intensive Care Unit (704-2474):** all newborn patients are admitted here. Patients formally on NICU service when in this unit.
- **3<sup>rd</sup> Floor General Pediatrics (704-2575):** general pediatrics floor.
- **2<sup>nd</sup> Floor Radiology (704-2371)**
- **2<sup>nd</sup> Floor Operating Room (704-2501), Preop Holding Area (704-2480), and Recovery Room (704-2508).**
- **1<sup>st</sup> Floor Children's Emergency Room (704-2190):** staffed by pediatric emergency medicine physicians and general pediatrics residents.
- **1<sup>st</sup> Floor Children's Outpatient Surgery, or "Kidstop" (704-2587):** located below the operating room. Outpatients and Same Day Admit patients first report here before being brought to the preop holding area, and outpatients are brought back here from the Recovery Room and prior to discharge.

### SANTA ROSA CHILDREN'S HOSPITAL - GENERAL RESPONSIBILITIES

There is one pediatric surgical service at Santa Rosa Children's Hospital, to which all SAPSA surgeons admit patients. **Although this is a teaching service, all significant clinical decisions concerning patient care should at all times be discussed with the appropriate attending surgeon.** It is expected that all surgery residents and medical students round as a team in the morning of each day on every patient, and that all housestaff have a detailed and current knowledge of the patients at all times. Breaking the service into separate fragments among the housestaff is not good for patient care and will not be accepted.

Santa Rosa is the primary hospital for all resident activities. Residents may participate at the other hospitals only if:

- Another resident is available at SRCH during the working day.
- There are no pressing clinical concerns at SRCH.
- There are no "uncovered" *major* cases at SRCH, without the consent of the surgeon who will go uncovered.
- All residents are up to date on patient matters, and there are no gaps in patient care.
- You are able to return at once to SRCH should you be called or needed.
- You are not in danger of exceeding the 80 hour work limit as outlined by the ACGME guidelines (16 hours for PGY-1 residents).

**Titanium Rib patients** - pediatric surgery residents will only assist in the care of those titanium rib patients who are under the care of a SAPSA attending surgeon.

**Pediatric transplant patients** - pediatric surgery residents will assist in the preoperative, operative, and postoperative care of pediatric transplant patients. The senior resident for the transplant service is the PGY-3 resident from UTHSCSA, and all patient care activities for these patients will be under the direction of surgeons from the UTHSCSA transplant team.

#### **METHODIST CHILDREN'S HOSPITAL**

A large volume of surgical procedures are performed at Methodist Children's Hospital, and the surgery residents and medical students are expected to participate in patient care here.

- 4<sup>th</sup> Floor general pediatrics (575-7541)
- 4 Tower and BMT (575-7131, 575-7130) - pediatric oncology unit.
- 3 Tower and 3 Tower IMC (575-7134) - general pediatric surgery floor, as well as pediatric surgery monitored unit.
- 3 IMC (575-7132) - general pediatrics monitored unit
- 2<sup>nd</sup> Floor Pediatric Intensive Care Unit (575-7120)
- 2<sup>nd</sup> Floor OR (575-7200), Holding (575-7218), Recovery (575-7219)
- 1<sup>st</sup> Floor NICU (575-4097)
- 1<sup>st</sup> Floor ER (575-7777)

#### **Methodist Children's Hospital - General Responsibilities**

While a large volume of surgery is performed here, the resident responsibility is less. While the majority of floor work is performed by our nurse practitioner, the surgery residents may be asked to assist with daily inpatient care as well as surgery. All clinical management decisions should be discussed with Mrs. Mariscal and/or the attending surgeon prior to implementation. Residents who assist with surgical procedures at this hospital are strongly encouraged to individually see their patients in the postoperative period. Residents will be expected to assist in making morning rounds on the weekends, but will not be responsible for fielding telephone calls from the floor nurses or from the ER.

### **METHODIST AMBULATORY SURGERY CENTER – MEDICAL CENTER**

A modest volume of outpatient pediatric surgery cases are performed here and surgery residents may participate in these cases when scheduled.

### **ST. LUKE'S BAPTIST HOSPITAL**

A modest volume of neonatal surgical cases are performed here, and residents may participate in these cases when scheduled.

### **UNIVERSITY HOSPITAL**

A modest volume of neonatal surgical cases are performed here. The senior resident that is responsible for these patients will be the PGY-3 resident who is rotating on the service. This resident (or their designee) will be expected to make daily rounds, see consults, and participate in every surgical case undertaken at UH by our service. The PGY-3 will NOT be required to see pediatric surgical patients who are being managed by the non-pediatric surgeons at UH. The resident from BAMC does not participate in the care of UH patients.

### **PATIENT CARE RESPONSIBILITIES**

The residents are expected to participate in the care of all pediatric surgery patients, and should take the initiative in their management consistent with the direction outlined by the responsible surgical staff.

### **Medical Records**

Patient records are important legal documents, and it is the residents' responsibility to help maintain them. This will include:

- Admission History and Physical Examination: required for all patients admitted to the hospital, and all patients undergoing outpatient procedures.
- Daily progress notes AFTER you have discussed the plans for the patient with the attending surgeon.
- Discharge Summary (dictated), as well as any discharge prescriptions.
- Consultation Notes (after you have discussed your findings and the overall plan with the responsible attending surgeon).
- All SAPSA surgeons dictate their own official operative note. A written note should always be placed in the progress notes at the completion of the procedure.
- Documentation of any change in the patient's status or change in plans.
- Please always ask for a copy of any dictation you perform be sent to our office as well as to the primary care or referring physician's office.

### **Daily Rounds**

Santa Rosa team rounds should be made daily in time to allow you to report to the operating room for the first cases. During rounds, you should obtain the information you need to make intelligent decisions concerning your patient's care, but try to avoid traumatic events such as dressing changes, pulling drains, etc. until later when the child and parents are awake. Residents who plan to participate in cases outside of Santa Rosa will be expected to first have made rounds at Santa Rosa, without exceptions.

Attending surgeons will expect a resident to accompany them when they see their individual patients. During these attending rounds, you should make clear what the attending surgeon wants in terms of a patient care plan so that no miscommunications occur. When discussing the patient's status, please be prepared to describe: urine output in cc's/kg/hr; total fluid intake in cc's/kg/day; and caloric input as kcal/kg/day.

Evening check out rounds should also be made by at least the resident on call or their substitute in order to make sure there are no significant changes that have occurred during the day. All postop patients for that day should have a formal postop note written documenting their condition, and all inpatient preop patients should have a formal preop note written that documents the child is prepared for the operating room. Weekend rounds may be made by the resident on call, but both morning and afternoon rounds will be expected.

At least once per week we will attempt to make formal "teaching rounds" with the residents and medical students. During these rounds, we will focus on the more interesting or challenging patients on the pediatric surgery service. In addition, the students may be asked to give a formal patient presentation. Please be prepared for these sessions.

### Physician orders

Orders should be written legibly and in a timely manner. Important points to remember when writing orders on pediatric patients include:

- Do not guess on fluid rates or electrolyte concentrations; always carefully calculate the amounts of fluids and electrolytes to be given using any of the readily available standard formulae based on weight or body surface area.
- **NEVER** guess on drug dosages for children. **ALWAYS** refer to any of the available formulary sources (such as the Harriet Lane Handbook) and calculate the dosage and interval of the drug for the patient's age and weight. If you still are unsure, then feel free to consult the pediatric pharmacists at any time.
- Medication orders must include the total dosage as well as the mg/kg dose that is being ordered. Fluid orders must include the total volume as well as the calculated cc/kg/day volume.
- TPN orders will be written by our service in consultation with the pharmacist or pediatric nutritionist.
- Do not write for routine daily labs or x-rays. You should only order tests such as these with good reason, and you will be asked to defend your decision to order them. You will find that the SAPSA pediatric surgeons generally rely less on laboratory tests than other surgeons. **Laboratory tests and xrays should never be a substitute for good clinical common sense.**
- Avoid verbal orders if possible, and always insist on a read back of your orders from the nurse.
- For unusual or complicated orders, or orders which may not be well understood, always seek out the patient's nurse or the charge nurse and discuss your (and your attending's) plan with them. Your orders are more likely to be honored if you include the nurse in your plans.

### **Call Responsibility**

The residents are currently responsible for making the resident call schedule, and it will be the residents' responsibility for assuring that there is appropriate housestaff coverage at all times.

- Resident call is not expected to be in-house, as long as the housestaff can demonstrate that they can respond appropriately to patient care needs when taking call from home.
- The residents may alter the call schedule if and only if the on-call attending surgeon, hospital operator, and emergency room are notified of the change.
- The on-call resident will be responsible for initial evaluation and disposition of emergency room and consult patients, as well as for fielding questions concerning patient care from other physicians and nurses; if the on-call resident expects to be unavailable for a lengthy period, then he or she will be expected to make arrangements for the other resident to be available.
- Medical students are not expected to take call, with the exception of the 4<sup>th</sup> year student on an elective rotation, but will be encouraged to participate in after-hours cases that are of special interest. Students are expected to make rounds on Saturday mornings with the on-call resident.

### **Staff Communications**

The best method of assuring quality patient care is to maintain good communications with the appropriate staff surgeon. In general, we will always have at least one staff surgeon who makes rounds on all of our patients on a daily basis. It is imperative that you pass on any clinical concerns, consultation requests, etc. to the appropriate surgeon who is at the hospital or on call for our service. You can always locate the appropriate surgeon by calling the office phone number at any time of the day or night.

### **OPERATING ROOM RESPONSIBILITIES**

The operative experience with San Antonio Pediatric Surgery Associates is one of the highlights of the rotation, and you will probably perform or participate in more operations than you are accustomed to in other rotations. There are certain important OR rules and responsibilities which you should adhere to:

- Be in the OR prior to the attending surgeon. Assure appropriate positioning, etc. of the patient.
- Know the patient's history; be familiar with the diagnostic history; review the patient's studies prior to the case.
- READ about the patient's disease state and the operative options available to you.
- REVIEW your anatomy and surgical technique.
- Do not be critical to the OR techs or nurses - remember, you are a guest in *their* operating theatre. Be respectful and tolerant. If you have a negative opinion, keep it to yourself; if you have something positive to say, share it with everyone.
- There are numerous advanced surgical procedures which may not be within the capabilities of 2<sup>nd</sup> to 4<sup>th</sup> year surgical residents and which you may not perform

the major portions of. However, you are encouraged to scrub on these cases anyway, as you will still learn a great deal from participating and assisting.

#### **PEDIATRIC SURGERY CLINIC**

SAPSA holds an outpatient clinic every Friday from 8:30 AM to approximately 10:30 AM. This clinic is held on the first floor of the Santa Rosa Children's Goldsberry outpatient facility next to the parking garage, and there should always be at least two residents in attendance. In addition, each of our surgeons holds an all day clinic at our Methodist Plaza office. Residents and students are welcome to participate in this clinic so as to gain an exposure to the private practice environment, and each resident should arrange to participate in at least one day of our individual clinics at Methodist Plaza.

#### **BENEFITS**

- **Parking** - you will be given a free parking pass on your first day. You may park in the covered lot or in the physician's parking area outside of the emergency room.
- **Meal tickets** - you will be provided meal tickets to be used in the 1<sup>st</sup> floor dining room when on call. You may also eat in the surgeon's lounge.
- **Call room** - The surgery resident office and call room is located on the 6<sup>th</sup> floor in the Children's hospital.
- **Library** - we have access to a very nice library located on the 5<sup>th</sup> floor of the outpatient facilities. Normal hours are 9:00 AM to 4:00 PM, but you may access the library after hours by calling security. Please make good use of the library resources. You may also access all of the SAPSA printed teaching materials by going to our division's page on the UTHSCSA Surgery department's web site.

#### **CONFERENCES**

- Monday morning teaching conferences at UTHSCSA should be attended as required by the department of surgery. Residents will occasionally be asked to present cases at the conferences.
- Wednesday Pediatric tumor board: 12:00, 5<sup>th</sup> floor of the outpatient building (4<sup>th</sup> Wednesday of each month)
- Attending teaching rounds - to be announced.

#### **RESIDENT EVALUATIONS**

Each resident will be informally evaluated midway through their rotation, and then formally upon completion of their rotation, and will have the opportunity to discuss their evaluation prior to leaving the service. The components of the evaluation are:

- Medical Knowledge
- Clinical Abilities
- Technical Abilities
- Practice Based Learning
- System Based Learning
- Interpersonal and Communications Skills
- Professionalism/Personal Qualities
- Leadership, Teaching Ability, and Academic Activity



## Acknowledgement Form

I have read and understand the SAPSA Pediatric Surgery Housestaff Orientation Manual, and I agree to follow the policies outlined within it.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Please print and sign this form, and return to Dr. Cofer or Dr. Doski personally or by fax to 615-8789.