NB if you have not completed an OR Orientation / Scrub Session in Hamilton then you must arrange to do this before the rotation starts. Contact the OR Educator at MUMC: stec@hhsc.ca

There is a The Pediatric Surgery rotation is an opportunity to become familiar with the diagnosis, initial management, and perioperative care of surgical conditions in neonates, infants, and children up to the age of 18 years. During this first-year rotation, residents are under the direct supervision of the pediatric surgery fellows and staff, will take first call to assess emergency consultations, and will assist in the operating room. The focus is on gaining comfort with surgical problems, working with a team, and communicating with families.

This is a 2 week block with no vacation. Residents will take 3 days oncall: Friday the first week, and Thursday – Saturday the 2nd week.

Summary of Assessment Requirements – collect in your Educational Portfolio

Welcome to the Pediatric Surgery service! It is your responsibility to arrange an introductory orientation meeting with your Mentor during the first week of the rotation. KEEP THIS FORM WITH YOU.

Your name: .................................................................

Your faculty Mentor is: ........................................................

Dates of your rotation: ........................................................

Orientation with Mentor? DATE: ......................... Signature: ..............................

..........................................................................................................................

Arrange a meeting with your Mentor at the end of the rotation. These assessments should be completed and reviewed with your mentor.

☐ Two Mini-MAS (Physical Exam, and Communication with physicians - attached)
☐ Two completed dictations (print off a consult and discharge summary to review)

Review by Mentor: DATE: ......................... Signature: ..............................

Comments:

** There is no Final ITER for this 2 week rotation.
PEDIATRIC SURGERY OBJECTIVES 2017- 2018
Rotation Specific Objectives

MEDICAL EXPERT

The core knowledge objectives in surgery for pediatrics residents are:
1. Principles of pre-operative assessment.
2. Principles of indications for appropriate surgical referrals.
3. Principles of preoperative management, including fluids, steroids and antibiotics.
4. Principles of postoperative management including pain management.

A Pediatrics resident should have the necessary basic science and clinical knowledge to assess and appropriately refer children with the following surgical problems:
1. Hemias (umbilical, inguinal, incarcerated, and hydroceles).
2. Acute abdomen (appendicitis, trauma).
4. Bowel obstruction (pyloric stenosis, malrotation/volvulus, intussusception).
5. Abscess (perianal, subcutaneous).

[ from the RCPSC Specialty Training Requirements in Pediatrics 2008, p19-20]

In addition the senior Pediatrics resident should be able to:
1. Examine, diagnose, recognize indications for surgery, and initially manage children with these emergency surgical problems: trauma resuscitation, ingested foreign body, gastrointestinal bleeding, abdominal solid tumours, and empyema.
2. Recognize the presenting symptoms and resuscitate newborns with congenital GI abnormalities: diaphragmatic hernia, esophageal atresia, abdominal wall defects, and bowel obstruction (including Hirschsprung’s disease and imperforate anus).
3. Evaluate and decide when it is appropriate to refer electively refer children with common benign conditions: undescended testis, lymphadenopathy, neck cysts and sinuses, gastroesophageal reflux, chest wall deformities, ingrown toenails and functional constipation.
4. Understand the basic principles of surgical tubes and lines (g-tubes, broviacs, chest tubes).
5. Demonstrate aseptic technique, learn to recognize surgical anatomy and pathology, and gain some proficiency assisting with operative procedures including using the camera in laparoscopic surgery. The resident may have the opportunity to do some basic suturing and should know how to select appropriate sutures.

COMMUNICATOR

The pediatric resident must be able to obtain a relevant history from children of all ages, involve children in decision making as appropriate, share medical information with families, and recognize the ethical implications of communicating with interpreters and substitute decision makers including social workers and Children’s Aid.
The resident will convey pertinent clinical information succinctly to other physicians verbally, over the phone, in written and dictated notes, and to the team during signover and the weekly case conference.

**COLLABORATOR**

The resident will work closely in collaboration with other members of the surgical team, and will demonstrate the ability to coordinate care involving many different team members, including anesthesia, intensive care, diagnostic imaging, nursing, and laboratory facilities.

**MANAGER**

The resident will assess patients efficiently with attention to detail, and manage the multiple clinical demands of the ward, operating room, clinic and emergency department. The resident will supervise and direct junior residents and students.

**HEALTH ADVOCATE**

The resident will identify public health aspects of surgical conditions that are amenable to preventive efforts, and ways in which pediatricians can have an impact on reducing surgical complications to improve long-term outcomes. The resident will expedite investigation and management plans for patients.

**SCHOLAR**

The resident will demonstrate a curiosity and initiative in identifying the best evidence-based management of surgical conditions they see.

**PROFESSIONAL**

The resident will be punctual attending ward rounds, timely in completing dictated notes, and considerate of other team members when leaving their duties. Requests for vacation and time-off will be negotiated in a professional manner with the senior team members. The resident will demonstrate honesty and an awareness of their own limitations, seeking advice when necessary.
PGY1 residents are expected to perform at the middle level.

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<th>Developmental Milestones: Performing of the Physical Examination</th>
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Adapted from The American Board of Pediatrics: The Pediatrics Milestone Project
Please base this rating on your observation for this encounter not other scores

Please circle

1. Has this resident demonstrated professional behaviour? YES NO

If No explain

2. Comment Box

Evaluator Signature: ____________________

Resident Signature: ____________________
# MacPeds Mini MAS for Competency Based Medicine

**Resident:** ___________________________  **Evaluator:** ___________________________

**Date:** __________  **Rotation/Setting:** ___________________________  **Patient Problem:** _________________

## Developmental Milestones: Communication with Physicians & Other Health Professionals

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- Rigid rules-based recitation of facts. Often communicates from a template or prompt. Communication does not change based on context, audience, or situation. Not aware of the social purpose of the communication.

- Begins to understand the purpose of the communication and at times adjusts length to context, as appropriate. However, will often still err on the side of inclusion of excess details.

- Successfully tailors communication strategy and message to the audience, purpose, and context in most situations. Fully aware of the purpose of the communication; can efficiently tell a story and effectively make an argument. Beginning to improvise in unfamiliar situations.

- Uses the appropriate strategy for communication. Divils complex cases into succinct summaries tailored to audience, purpose, and context. Can improvise and has expanded strategies for dealing with difficult communication scenarios (e.g., an interprofessional conflict).

- Master of improvisation on any new or difficult communication scenario. Recognised as a highly effective public speaker. Intuitively develops strategies for tailoring message to context to gain maximum effect. Sought out as a role model for difficult conversations and mediator of disagreement.

### Adapted from The American Board of Pediatrics: The Pediatrics Milestone Project

Please base this rating on your observation for this encounter not other scores:

**Please circle**

1. Has this resident demonstrated professional behaviour?  **YES**  **NO**

If No explain


2. Comment Box


Evaluator Signature: ___________________________

Resident Signature: ___________________________