

Transition to Independent Practice/Junior Consultant Role Pediatric Surgery Residency Training Program

During the last 3 to 6 months of the pediatric surgery training program the development of skills for successful **transition into independent practice** is important. This has been highlighted in the Future of Medical Education Postgraduate report (Recommendation #5). In order to assist with this objective, the pediatric surgery training program has developed a number of initiatives. This will assist with development of independent operating skills, decision-making skills in acute care situations and the ambulatory care setting, as well as triaging of calls from referring physicians in the Children's Hospital and the community. There will always be backup and availability from the staff pediatric surgeons for these activities.

1. Chief resident clinic:

- a. In the last six months of the pediatric surgery residency, the pediatric surgery resident will conduct their own clinic under the supervision of one of the staff pediatric surgeons at McMaster Children's Hospital. Referrals to this clinic will lead to patient assessments and the definition of a treatment plan whether this be operative or non-operative. This will assist the senior resident with the development of critical skills regarding when to perform or recommend surgery. Cases seen in this clinic may vary from very simple patients referred from the emergency department to more complex situations which involve arranging tests, organizing consults, timing the surgery and required resources (eg: ICU bed post-op). They would also see antenatal consults in that clinic. These will be reviewed and provide the opportunity for teaching by the staff pediatric surgeon responsible.
- b. The Senior resident will gain valuable experience regarding the follow-up of patients post operatively, including managing their complications or ongoing issues as they rehabilitate.
- c. Communicator skills will be further developed to carryout difficult or complex discussions with parents and improve the ability to communicate effectively with both the patients and their families.
- d. Manager role – This clinic will allow the development of time management skills - to ensure patients are seen promptly and that the clinic resources are managed effectively for instance - finishing on time etc.

2. Call as a staff pediatric surgeon
 - a. Outside calls from the community:
 - i. Historically and currently, these calls have always go to the staff pediatric surgeon on call and require a good knowledge of referral patterns as well as the geography and varied resources within various parts of LIHNs 3, 4, 6. In addition knowing when to see patients in the emergency department or in the subsequent ambulatory care clinics is important when in independent practice. This will develop further manager skills to decide about utilization of Emergency department resources versus the ambulatory care clinic
 - ii. Fosters the development of relationships with other Health Care Providers in the LIHNs and enhances development of communication amongst colleagues.
 - b. Trauma team leader role
 - i. The senior pediatric surgery resident will be responsible for accepting, triaging and running the trauma team when on-call. This will involve collaborating with the emergency department, the pediatric critical care unit as well as other pediatric specialties as needed. This again will lead to exposure and development of the manager and collaborator roles. Sharing Pediatric Trauma Guidelines will also develop communicator skills.

3. Independent operating room privileges for elective, urgent and emergent procedures
 - a. As a fully trained general surgeon, the senior pediatric surgery residents will transition into operating on typical pathologies that are taken care of by general surgeons in the community. A carefully developed list of procedures has been reviewed, defined, and approved by the chief of Surgery and the Credentials department at McMaster Children's hospital. There will always be a staff pediatric surgeon available but the pediatric surgery resident may operate independently in such cases as appendicitis or hernia repairs in children older than one year for instance. These operating room privileges will be reviewed frequently. This will include continuing quality improvement measures and quality assurance regarding indications, conduct of the procedure as well as complications. The senior pediatric surgery resident will keep the staff pediatric surgeon informed of developments as well as when a child is being taken to the operating room.