

Welcome to your rotation in Plastic Surgery at HHS, and welcome to our team. We hope this will be a valuable learning experience for you.

Dr. Michael Cooper is the HGH CTU director and staff plastic surgeon at HHS hospitals. During your rotation, if you have any concerns or questions, please feel free to talk to him in person or contact him at mjimcooper@gmail.com.

The purpose of this document is to outline the structure of the rotation and to highlight what is expected of you.

LOGISTICS

SCHEDULE

- The Chief Resident will email the weekly schedule to the team usually on Sunday evening.
- You are required to participate in Morning Rounds regardless of what you have been scheduled to do that day. The exception is if you are working at the Juravinski Hospital that day.

The work day typically ends at 5 pm. Please do not go home without checking in with a senior resident. There may be issues/patients/consults going on that you are not aware of and your help may be needed. If the whole team works together to finish things up, everyone can get out at a reasonable hour.

DRESS CODE

- If you are assigned to the OR or Minor Procedures, wear scrubs. If you are assigned to clinic, wear clinic/dress clothes or a lab coat (if available) over your scrubs.

PATIENT LIST

- Our patient list is kept on a Google document and you will be given access prior to your rotation starting.
- All members of the team are responsible for keeping this list up to date
- **The list must be up to date by the end of the workday** for the resident on call.

ROUNDS

- The team meets for morning rounds on the Burn Trauma Unit (BTU) on the 3rd floor of HGH between 0700h-0715h. The Senior/Chief Resident leads rounds.
- You may be asked to print a copy of the patient list, record the vital signs and bloodwork of each patient, and photocopy this document for all team members. (This task is usually split among medical students and junior residents. You may assign medical students to do this task themselves, but please ensure they are taught how to do it.)

JCC ROUNDING

- Typically a resident will be assigned to the Juravinski Cancer Center (JCC) for the week. This resident will round on the JCC patients every morning before clinical duties at that site. They will hand over any updates from the inpatients to the team and day call resident in the morning.
- When at this site please ensure you give yourself adequate time to see all patients and arrive on time to your assigned clinical duty.

HANDOVER

- **It is the responsibility of the day call person to contact the evening resident to give handover.** This is very important because the HHS call schedule is split between HGH, JCC and MUMC residents so the evening resident may be unfamiliar with inpatients at the other sites.
- The JCC resident is responsible for handing over JCC patients to the resident on call that night.
- Consults received while on day or over night call should be completed by that resident and not handed over

BOOKING OR CASES

- Consults seen in the ER may require an OR, and are typically booked as a priority 3 (this implies that the patient must have their operation within 72 hours of booking the case).
- For these patients, inform them that they will be discharged home and at midnight they should fast and not eat or drink anything until they are called by the OR desk the following day.
- You must then drop off to the OR desk:
 1. **Signed consent**
 2. **Copy of the consult note**
 3. **Pre-operative orders.**
**Please ensure that the phone number of the patient's bradma is a current one that they can be reached at.
- Complete all pre-operative workup before sending the patient home, as there will not be an opportunity to do this the day of surgery (bloodwork, CXR, ECG).

CONSULTS

- If a consult seems unclear to you, tell the ER doctor that you're going to run it by your Senior Resident or Staff Person and that you'll get back to them.
 - E.g. Many things in the foot go to Orthopedics (tendon lacerations, FB)
 - Necrotizing fasciitis/soft tissue infections are distributed by location as per the Soft Tissue Guidelines (Plastics covers the upper extremity, Orthopedics does the lower extremity, Gen Sx covers the abdomen, Urology does the perineum, ENT does the head and neck).
- If you get a consult for a pressure wound or ulcer, ask the referring MD if the Wound Care Service has been involved.
 - In most cases, the Wound Care nurse should be the primary referral, and they will contact us if they think we need to be involved.
 - An exception is if the referring MD clearly thinks the wound requires debridement. However, typically the wound care nurse will make this assessment and recommend our involvement.
 - Please ask the nurse to have the following at the bedside for when the resident comes to do the debridement:
 - Plastics Tray
 - 4x4 gauze
 - saline, povidine
 - Kling x 2
 - Mepore tape
 - Scalpel blade x 2
 - 10 cc syringe

BURN UNIT

BURN TRAUMA UNIT (BTU) BASICS

- Our burn unit admits patients with thermal, chemical and electrical burns from a wide provincial catchment area.
- **Burn patients that are intubated are co-managed by the ICU team.** In this scenario, ICU manages the insertion of central lines, sedation, ventilatory settings, and bloodwork while Plastics manages the burns themselves (dressing orders, ORs, etc).
- In newly admitted critical burns, Plastics manages the IV fluids for at least the first 24 hours. This is because our staff have more expertise in managing the IVF resuscitation of critical burns. As critical burns become more stable, ICU typically takes over IVF.
- **All critical burns are given RL, not normal saline.** It is recommended you review the basic management of burn patients prior to your first evening on call.
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OUTPATIENT BURN CLINIC

- The Burn Unit has an Outpatient Burn Clinic that is run by the charge nurse of the unit.
- Every day there are a number of scheduled appointments. All follow-up appointments are seen and managed by the charge nurse. If the nurse has any new questions or concerns, she may call the resident on call for assistance.
- **All new patients to the clinic need to be seen by the resident covering day call.** The charge nurse will page you when the patient arrives, and typically informs the team during morning rounds if new patients are expected that day. New patients can be reviewed with a senior resident.
- For each patient, a consult/clinic note must be dictated and an admission to burn clinic form filled out which has orders for dressing changes (the form will be in the patient's chart).

BURN ROUNDS

- Every Tuesday at 3:30 in the Conference Room on the BTU, we have Burn Rounds which is a multidisciplinary meeting attended by Nursing, PT, OT, Dietician, SW. These rounds are typically run by Dr. Dal Cin, the Burn Unit Director.
- Burn patients are reviewed and a Resident will provide a short presentation which is typically a review of a burn topic or recent journal article. Each resident will be assigned a date to present at the beginning of the rotation. If you cannot decide a topic to present on, please discuss this with the Chief Resident.
- Attendance is mandatory (i.e. you will leave clinic, OR, same day surgery to attend).

RESIDENTS CLINIC

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- The ER physicians will often call you with patients who need follow-up only and they want to send them to the Plastic Surgery Residents Clinic.
- Appropriate referrals are **straightforward consults for acute issues** that need simple follow-up – such as a Boxer's fracture that has been reduced and splinted or a wound that has been I&D'd and needs reassessment.
 - Do not send patients with chronic problems to Residents Clinic (e.g. a four month history of wrist pain). Do not send patients that you think may need an OR (these should be seen in a timely fashion and OR plans arranged).

HAMILTON GENERAL HOSPITAL PLASTIC SURGERY

- **Always review the patient's X-Rays!** This can be done first thing in the morning if the consult comes in overnight:
 - Patients whose XRs show that they need surgery should not be sent to Resident's clinic, they should be dealt with in a more timely fashion.
 - If the consult comes midday, review the XR before accepting the patient to Resident's Clinic and discuss them with a Senior Resident or Staff if you are unsure about the management of the fracture.
 - If the consult comes overnight, take the patient's full name, unit # and a current phone number. Tell the ER physician that it is ok to send the patient to Residents Clinic, but ask them to inform the patient that you will review their XR the next morning and call them if they need to be seen sooner.
- Residents Clinic is also great forum to follow up on patients you have seen in ER and done a procedure on. You are encouraged to do this for your own learning.
- Residents Clinic is on Fridays at 1pm in the Out-Patient Clinic.
 - The patient must be informed that they need to call the Out Patient Department (x46266) during day time hours to arrange an appointment time. The physician seeking the referral should fax the cover sheet to 905-546-5106.
- Residents clinic is mandatory for all residents, unless you are post-call or you are the only assistant in the OR and staff requests that you stay.