

Clinical Standard Operating Procedure (SOP)

COLLABORATIVE ARRANGEMENTS TO FACILITATE JOINT OPERATING, AND MENTORSHIP IN OPERATING ON CHILDREN

SETTING	Bristol Royal Hospital for Children and Paediatric Cardiac Services
FOR STAFF	Medical and Nursing Staff
PATIENTS	Paediatric cardiac patients and their families

STANDARD OPERATING PROCEDURE

1. Any practitioner may request assistance from another clinician when performing an intervention for a variety of reasons. Such requests should be viewed in a positive manner by all concerned as the additional expertise will help enhance decision making and maximise the learning from what are usually rare cases. The individual assisting will usually, but not always, be a fellow consultant though it is acknowledged that experienced trainees may be in a position to provide appropriate assistance.
2. It is acknowledged that there are;
 - a) Rare, complex and unusual cases that would benefit from the expertise of more than one consultant performing the intervention and that
 - b) Within the consultant body there are cases where one of the individuals has more/unique experience that would help a colleague achieve the optimal clinical outcome for the patient.
3. It remains the responsibility of the individual practitioner to decide whether to request assistance from a colleague though the JCC retains a prerogative to recommend joint operating. **There is, however, a small group of cases where joint operating is strongly recommended. This includes Norwood procedure, Taussig-Bing repair, Truncus Arteriosus/Interrupted Aortic Arch repair, complex pacing lead extractions, ductal stenting and complex stenting procedures.**
4. The primary practitioner will make arrangements with the assisting colleague in adequate time for appropriate arrangements to be made that both practitioners are available.
5. During the procedure it is acknowledged that there will be discussions between the practitioners with, on occasion, differing views. It is the responsibility of the primary practitioner to listen to any alternative suggestions though ultimately it is the prerogative and responsibility of the primary practitioner to make the final decision.
6. These guidelines similarly apply to a new/less experienced colleague. This should be considered to be mentorship and a less experienced colleague has the right to expect it. The complexity of case for which the colleague is initially mentored will vary with the experience of the individual and this will inevitably change as they gain experience.

RELATED DOCUMENTS

Access To Second Opinion And Referrals To Other Centres/Services.

AUTHORISING BODY

Cardiac Services Clinical Governance Group

SAFETY

QUERIES

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