

## **CURRICULUM VITAE**

**Dr Shailinder Jit Singh**

**Consultant (Attending) Paediatric Surgeon  
Co-Chairman Medical Staff Committee**

**MBBS, MS, DNB, MCh (Paed. Surg.),  
FRCS (Ireland), FRCS (England), FRCS (Paed.)  
FACS (USA), FAAP (USA), DM (Nottingham, UK), MBA (Warwick, UK) FISQua**

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## PERSONAL DETAILS

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**Nationality:**

- British
- Overseas Citizen of India
- Permanent Resident of the USA

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Nottingham NG9 3LW, United Kingdom.

## **RECENT POSTS**

Sep 2019 – present	Co-Chairman Medical Staff Committee	Nottingham University Hospitals Queen's Medical Centre
Sep 2019 – present	Consultant Paediatric Surgeon	Nottingham University Hospitals Nottingham (UK)
Sep 2018 - Aug 2019	Associate Professor and Chief of Pediatric Surgery	West Virginia University Hospital Morgantown, WV 26506
Feb 2018 - Sep 2018	Associate Professor and Interim Chief Pediatric Surgery	West Virginia University Hospital Morgantown, WV 26506
May 2017 - Feb 2018	Associate Professor of Pediatric Surgery and Attending Surgeon	West Virginia University Hospital Morgantown, WV 26506
Apr 2012 – May 2017	Consultant Paediatric Surgeon	Nottingham University Hospitals Nottingham (UK)
Jan. 2014 – May.2017	Chairman Medical Staff Committee	Nottingham University Hospitals Queen's Medical Centre
Jun 2001 - present	Head of Bastow Laboratory	University Hospital Queen's Medical Centre Nottingham

## **PREVIOUS POSTS**

Sep 2004 – Apr 2008	Program Director for Paediatric Surgery	University Hospital Queen's Medical Centre Nottingham
Dec 2007 - Jul 2009	Service Lead for Children's Surgery and Critical Care	University Hospital Queen's Medical Centre Nottingham
Jul 2009 - Jul 2010	Attending Pediatric Surgeon & Pediatric Urologist	Children's National Medical Centre, Washington DC (USA)
Aug 2010 - Apr 2012	Lead Clinician for Paediatric Surgery	University Hospital Queen's Medical Centre Nottingham
May 2012 - Jan. 2014	Service Lead for Children's Surgery and Critical Care	University Hospital Queen's Medical Centre Nottingham

## **SALIENT ACHIEVEMENTS IN VARIOUS POSTS**

### **A) ATTENDING PEDIATRIC SURGEON, INTERIM CHIEF OF PEDIATRIC SURGERY AND CHIEF OF PEDIATRIC SURGERY AT WVU**

#### ***Clinical***

I have been very busy clinically and have done some challenging cases that include Esophageal Atresia, Anorectal malformations, Intestinal atresia, and complicated necrotizing enterocolitis. I get very well with all the staff and residents. I get lots of notes of thanks from parents and children. The most challenging has been a child with pure esophageal atresia with a gap of more than four vertebral bodies between its two ends which I managed to join along with Dr Shorter. I applied a novel technique of circular myotomy of the upper pouch (a known technique with semicircular myotomy of the lower pouch (not described. This operation I did during my first week of joining. This case is being presented at 3<sup>rd</sup> International meeting in Pediatrics and Pediatric Surgery in Frankfurt in May 2018. We are in the process of writing it as a journal article.

#### ***Teaching***

##### **1) *New Forums for Teaching of Postgraduates of General Surgery, Pediatrics and Neonatology***

I have started two new academic meetings, one with Pediatrics and other with Neonatologist. They happen once a month. The meeting with Pediatrics involves Pediatric Surgical Department (entire staff, including Attending's, Residents) with Pediatric Residents and Pediatric Attendings. They happen on 4<sup>th</sup> Monday morning and last 45 minutes. The Pediatric Surgery team, led by me presents the case of the month, along with learning points and literature review. The meeting with neonatology happens again once a month on the first Thursday of every month. Her again The Pediatric Surgery team led by me presents some neonatal surgical topic. The purpose of these meetings is three-fold: 1) academic 2) building team approach and 3) disseminate important clinical teaching points for residents in Pediatrics, Residents and Fellows in Neonatology and General Surgical Residents posted in Pediatric Surgery.

##### **2) *Undergraduate Teaching***

I am actively involved in undergraduate teaching and deliver a 1-hour lecture on Fluid and Electrolytes to every batch of undergraduates. Students appreciate this. I got excellent official feedback. I scored higher than peer faculty average in all the five categories: Overall teaching, Professionalism, Approachability, enthusiasm, feedback

I have given an introductory lecture on pediatric Surgery which is available as an online recording to all undergraduates.

##### **3) *Surgical Resident Teaching***

I received Outstanding Attending Surgeon award for surgical resident teaching established in honor of Dr Bernard Zimmermann MD for 2017-2018

## **Research**

I have been very grateful to WVU to give me a grant of 40,000\$ for a pilot project on enteral feeding device and give me a dedicated day per week for research. I have been working in collaboration with the engineering department of WVU. The project seeks to design, fabricate, and test an enteral feeding tube system that can deliver nutritional and/or medicinal fluids in the gastrointestinal (GI) tract of patients who have suffered a partial or complete loss of intestinal motility. With the application of engineering principles and computational fluid dynamics to determine the size and spacing of the holes, we have been able to make some prototypes. These prototypes ensure equal distribution along the length of the feeding tubes so that the entire intestinal tract can be uniformly irrigated with nutrients and medicines. They have been tested in engineering labs. Successfully. Now, we are working with Applied Medical Technology (AMT) -a company based in Cleveland, Ohio, as potential commercialization partners to transition these tubes to the commercial sector. Once the licensing agreement is signed between AMT and WVU, I envision those manufacturing prototypes. They can be tried for trophic feeds in neonates after Gastroschisis closure and stomas for Necrotizing Enterocolitis (NEC). Animal experiments will be required to test them for feeds in volume above trophic feeds. For that, I am liaising with the animal laboratory at Allegheny General Hospital in Pittsburgh. Successful implementation of these ideas will save lives that cannot afford TPN (developing world), save livers (in the developed world, where prolonged TPN without trophic feeds damages the liver), lower the length of hospital stays for short-term TPN dependent patients.

## **B) SERVICE LEAD FOR CHILDREN'S SURGERY AND CRITICAL CARE AT NUH IN NOTTINGHAM (UK)**

### **1. Children's Trauma Services**

Nottingham Children's Hospital is part of Nottingham University Hospitals (NUH) NHS Trust. NUH was granted the status of East Midland Trauma Centre in April 2012. Trauma services from other parts of the region were brought into the QMC in phases over two years. The above development had significant implications for the Management of Trauma in children. As Lead Clinician for Paediatric Surgery at NUH, I led the development of children's trauma services at QMC. The challenge was to make this service excellent and cost neutral. I had an excellent experience from working in Children's National Medical Centre in Washington DC; The Children's Hospital at Westmead, Sydney; Post Graduate Institute of Medical Education and Research, Chandigarh (India) - the significant Children's Trauma Centers. I led from the front, energized, came up with clear and straightforward guidelines to have safe and clear pathways. This has improved the care of trauma in children at NUH. The trauma unit has regular morbidity and mortality meetings where all cases of the week are discussed with no blame and learning culture. This trauma team has become a model team and is invited to share their experiences in the trust leadership and team building programs. This is an example of creating a win-win situation where the interests of the individual and departments were aligned with the intuitional vision, which is to provide the best quality service to children with trauma. This model is being looked with interest with various big Children's trauma centers nationally and internationally.

### **2. Collaboration between hospitals**

I helped in achieving collaboration between Paediatric Surgical services at Derby Children's Hospital in Nottinghamshire (UK) and Nottingham University Hospitals (NUH) (the institution where I was Service lead). This was one of my achievements while I was 'Service Lead for Children's Surgery and Critical Care' at NUH in 2007-2009. Derby Children's Hospital did not have any Paediatric Surgeons at the site; the General Surgeons performed day-case children's Surgery. They needed help with the on-

call roster for Paediatric Surgery as well as elective work but could not attract a trained Paediatric Surgeon. The on-call cover was the only issue for NUH (a tertiary center for Paediatric Surgery). I could see the issues at both ends from each party's perspective. This was addressed with a joint appointment of a Consultant Paediatric Surgeon between Derby Children's Hospital and NUH. This new appointee started performing more complex surgical day cases and inpatient children's Surgery at Derby, joining on-call commitments at NUH and Derby, participating in weekly multidisciplinary meetings and teaching at NUH. This was complemented by all the Paediatric Surgeons from NUH helping the on-call roster for Paediatric Surgical emergencies at Derby. This win-win situation had a lot of stakeholders and required integrity, sincerity, and lot of political, communication, negotiating and persuasive skills.

### **3. Managing merger and Management of change**

There was a merger of Children's Surgical Services across City Hospital and Queen's Medical Centre (QMC) Campus in 2007-8. Both these campuses are part of Nottingham University Hospitals (NUH) Trust. I took the lead in coming up with a working arrangement of operating theatres and designed a schedule, which was agreeable with Management, all the consultants and theatre staff, and has been successfully working till today. I take great pride and ownership for this task. I had to lead from the front and had to sacrifice my comfortable operating timetable for the greater good of the institution. This was a great exercise on Management of change.

### **4. Managing issues of recruitment and retention of staff**

NUH had an issue of recruitment and retention of Consultants for Paediatric Intensive Care Unit (PICU), and the unit was functioning on only three full-time consultants. This had effects on its functional capacity. My Human resource management skills came handy; two new consultants were appointed. This paved the way for the establishment of a High Dependency Unit (HDU) - a long and cherished dream of NUH. A new HDU was commissioned for the first time in Children's Services at NUH. This landmark development eased pressure on PICU and helped general medical and surgical wards that used to cater to some HDU children with stretched resources.

## **C) HEAD BASTOW CLINICAL INVESTIGATIVE UNIT AT NOTTINGHAM UK**

### **1. Pathways for the Management of Constipation in Children**

I started the Bastow Clinical Investigative Unit in 2001 from scratch and have provided leadership since then. Bastow Clinical Investigative Unit provides state of the art upper, middle, and lower gastrointestinal investigations to the entire Trent region. Bastow Unit pioneered the pelvic ultrasound for constipation. Pelvic US has revolutionized the Management of constipation and helps in the functioning of one-stop specialized clinics at QMC. It also facilitated the Management of constipation in the Community Paediatric setting. We streamlined the pathways for the treatment of Chronic Idiopathic Constipation from primary to secondary to tertiary care so that only the children who genuinely need tertiary center treatment are followed up on it, and the rest get treatment with community pediatrics and GPs. These pathways are benefitting hundreds of children and their families. Many institutions in the UK are now adopting our algorithms of diagnostic test and pathways for constipation.



## **2. Establishing new Facilities Overseas**

I was instrumental in establishing the Gastrointestinal Physiology Unit with expertise for Anorectal Manometry and Biofeedback in IBN SINA hospital in Kuwait in February 2005, on an official invitation by the Ministry of Health in Kuwait.

### **D) PROGRAMME DIRECTOR OF PAEDIATRIC SURGERY**

I have been a Program Director for children's Surgery and involved in the selection of trainees from a pool of brilliant young training doctors, then providing and monitoring their training and supporting their training development needs. My salient achievement in that tenure was:

#### **1. Successful implementation European Working Time Directive (EWTD)**

The European Working Time Directive (EWTD) is a European Union (EU) initiative designed for reducing the working week to an average of 48 hours for doctors. There are further regulations relating to breaks and holiday allowance, such as 1) 11 hours rest a day and a right to a day off each week 2) A right to a rest break if the working day is longer than six hours 3) Four weeks paid leave each year. The directive was enshrined in UK law in 1998 and on 1 August 2009 it was fully applied to junior doctors. I joined as Program Director in 2004 when EWTD was being implemented for the trainee doctors in our department. One of the major challenges we faced then was the successful implementation of the EWTD. There were concerns that our department would not be able to cope with the loss of so many junior doctor hours in such a short period. At the end of my tenure in 2008, it was fully implemented. This was possible at no additional cost due to innovative working rosters.

## **ROLES OUTSIDE HEALTH SERVICE**

### **Associate Advisor of the Parliamentary and Health Service Ombudsman United Kingdom**

The Parliamentary and Health Service Ombudsman provides a high-quality, independent complaint handling service. As a clinical adviser, I work closely with casework staff across its Office to provide high-quality advice to inform their investigations of complaints about the NHS in England in the field of Paediatric Surgery and Paediatric Urology. The clinical advisers also have an active role in sharing the learning and providing reassurance on the standard of Ombudsman's advice to both the caseworker and the complainant.

### **Patient Information Leaflets**

Informed consent before an operation should be based on discussion and dialogue with a fully informed patient or carer rather than just a signature on a piece of paper by a layperson at the dictate of a health professional. I have produced eighteen illustrated patient information leaflets for EIDO Health Care UK. EIDO Healthcare was established in June 2000 in response to the growing need in the UK healthcare sector for improvements to the informed consent process. The Royal College of Surgeons has fully endorsed its informed consent patient information library. These leaflets explain routine surgical procedures, the risks, and benefits in language that children and their carers can understand. The NHS and various Children's Hospitals Internationally are currently using these leaflets. These leaflets have given me as much pleasure and satisfaction as my 27-peer reviewed scientific articles in indexed journals.

## **MEDICAL REGISTRATION, MEMBERSHIP AND FELLOWSHIPS**

### **Medical Registration**

- West Virginia Board of Medicine
- District of Columbia Health Board, Washington DC, USA
- Registration with Punjab Medical Council India
- Specialist Register of Paediatric Surgery with General Medical Council, London UK
- Permanent Registration General Medical Council, London, Registration No: 4369217 (Dated 12.12.1996)

### **Membership**

- American Association of Pediatric Surgeons
- American Academy of Pediatrics
- British Association of Paediatric Surgeons
- Nottingham Medico-Chirurgical Society

### **Fellowships**

- Fellow American College of Surgeons
- Fellow American Academy of Pediatrics
- Fellow of Royal College of Surgeons of Ireland, Dublin
- Fellow of Royal College of Surgeons in England, London
- Fellow International Society for Quality in Health Care

## ACADEMIC QUALIFICATIONS

Jan 2021	FISqua	International Society for Quality In Health Care
Feb 2009	MBA	Warwick University
Oct 2008	DM	Intercollegiate Board of Paediatric Surgery (Royal College of Surgeons of England, Glasgow, Edinburgh, and Ireland)
Mar 1998	FRCS (Paediatric Surgery)	Intercollegiate Board of Paediatric Surgery (Royal College of Surgeons of England, Glasgow, Edinburgh, and Ireland)
Feb 1997	FRCS (I)	Royal College of Surgeons of Ireland, Dublin
May 1993	MCh (Paediatric Surgery)	Postgraduate Institute of Medical Education and Research, Chandigarh, India
Nov 1990	DNB	National Board of Examinations, New Delhi, India
May 1990	MS	Postgraduate Institute of Medical Education and Research, Chandigarh, India
Nov 1985	MBBS	Government Medical College, Amritsar, Punjab, India

ECFMG (USA) CERTIFIED IN 1996 - ALL 4 Steps of USMLE passed

## ACADEMIC EXCELLENCE (AWARDS/DISTINCTIONS/MEDALS)

MBBS	Guru Nanak Dev University Amritsar, India	Best Graduate of Medical College of Amritsar for the Year 1985
Entrance test for admission to Medical School (A-Level)	Guru Nanak Dev University Amritsar, India	1 <sup>st</sup> in University
Pre-University (AS Level)	Guru Nanak Dev University Amritsar, India	1 <sup>st</sup> in University
Matriculation (GCSE)	Punjab School Education Board, India	1 <sup>st</sup> in District
Pfizer Gold Medalist		
1st place in	Surgery Medicine Biochemistry MBBS Final Professional Clinical Midwifery	2nd place in:  Pharmacology Forensic Medicine
		3rd place in  Physiology MBBS 1st Professional
Distinctions in:	Physiology Pharmacology Forensic Medicine	

***First Position in Intercollegiate Board of Paediatric Surgery Exam (Royal College of Surgeons of England, Glasgow, Edinburgh, and Ireland)***

## Full Employment History

Designation	Employer	Period
Consultant (Attending) Paediatric Surgeon	Nottingham University Hospital, Queen's Medical Centre, Nottingham, UK	Sep 2019 – present
Associate Professor and Chief Pediatric Surgery	West Virginia University Hospitals, Morgantown, West Virginia, USA	Sep 2018 - Aug 2019
Associate Professor and Interim Chief Pediatric Surgery	West Virginia University Hospitals, Morgantown, West Virginia, USA	Feb 2018 - Sep 2018
Associate Professor of Pediatric Surgery and Attending Surgeon	West Virginia University Hospitals, Morgantown, West Virginia, USA	May 2017 - Feb 2018
Consultant (Attending) Paediatric Surgeon	Nottingham University Hospital, Queen's Medical Centre, Nottingham, UK	Aug 2010 - May 2017
Attending Pediatric Urology and Pediatric Surgery	Children's National Medical Centre Washington, DC, USA	Aug 2009 – Jul 2010
Consultant (Attending) Paediatric Surgeon	Nottingham University Hospital, Queen's Medical Centre, Nottingham, UK	Jul 2002 - Jul 2009
Locum Consultant Paediatric Surgeon	Nottingham University Hospital, Queen's Medical Centre, Nottingham, UK	May 2001 - Jun 2002
Clinical Fellow in Paediatric Surgery and Paediatric Urology	The Children's Hospital at Westmead, Sydney, New South Wales, Australia	Jan 2000 - Apr 2001
Registrar (Chief Resident) - Paediatric Surgery and Paediatric Urology	The Children's Hospital at Westmead, Sydney, New South Wales, Australia	Jan 1999 - Jan 2000
Visiting Surgeon (Chief Resident)	IBN Sina Hospital, Kuwait	Sep 1998 – Nov 1998
Specialist Registrar (Chief Resident) Paediatric Surgery	Nottingham University Hospital, Queen's Medical Centre, Nottingham, UK	Feb 1997 - Aug 1998
Specialist Registrar (Chief Resident) Paediatric Urology	City Hospital, Nottingham, UK	Feb 1996 - Feb 1997
Specialist Registrar (Chief Resident) Paediatric Surgery	Nottingham University Hospital, Queen's Medical Centre, Nottingham, UK	Feb 1995 - Feb 1996

Senior SHO, Paediatric Surgery	Lewisham Children's Hospital, London UK	Jul 1994 - Feb 1995
Assistant Professor Paediatric Surgery and Paediatric Urology	Postgraduate Institute of Medical Education and Research, Chandigarh, India	Oct 1993 - Jun 1994
Senior Resident (Registrar/Chief Resident) Paediatric Surgery and Paediatric Urology	Postgraduate Institute of Medical Education and Paediatric Surgery Research, Chandigarh, India	Jul 1991 - Sep 1993
Senior Resident (Registrar/Chief Resident), General Surgery	Postgraduate Institute of Medical Education and Research Chandigarh, India	Aug. 1990 - June 1991
Medical Officer - Punjab Civil Medical Services	Department of Health and Family Welfare, Government of Punjab, India	Jan 1990 - Aug 1990
Resident (SHO) General Surgery	Postgraduate Institute of Medical Education and Research, Chandigarh, India	Jan 1987 - Dec 1989

## RESEARCH EXPERIENCE

### RESEARCH DEGREES

#### **Doctor of Medicine (DM)**

I passed a Doctorate of Medicine (DM) degree from Nottingham University in December 2008. My thesis is titled "Management Pathways for Chronic Idiopathic Constipation in Children."

#### **Master's in Surgery (MS)**

I completed a master's in surgery (MS) degree from the Post Graduate Institute for Medical Education and Research, Chandigarh, India. My thesis was on the role of Collagen and Fibronectin in Chronic Rheumatic Heart Disease.

### CO-SUPERVISOR FOR HONORS PROJECT

1. University of Sydney honors project for graduate medical students on "Endoscopic Incision of Ureteroceles."
2. University of Sydney honors project for graduate medical students on "Gastroschisis."
3. University of Sydney honors project for graduate medical students on "Duodenal Atresia."
4. University of Sydney honors project for undergraduate medical students on "Appendicular Abscess."
5. University of Sydney honors project for undergraduate medical students on "Pelvic Trauma in Children."

## RESEARCH FIELDS

### **Gastric Emptying**

We established and published, for the first time, a normal range for Gastric Emptying in Children with a Technetium (Tc) nuclear scan. Our project involved studying C13 octanoic acid for gastric emptying with Tc scans. An analysis carried out revealed that Tc scans and C13 octanoic acid give similar results. Thus, we have proven that C13 can be used instead of Tc nuclear scans for studying gastric emptying. Since C13 does not involve radiation, we can use it in many healthy children to establish the normal gastric emptying range on a larger cohort. The work mentioned above was presented in the Pacific Association of Paediatric Surgeons International Meeting in Taiwan (May 2006). It was published in the Journal of Paediatric Surgery in the same year.

### **Pelvic Ultrasound**

We use the Pelvic US to measure the rectal diameter in children. Values for rectal diameters in normal children had not been established before our research. There has been only one study where the rectal diameter has been studied in normal adults using Barium Enema. We are the pioneers in establishing the standard values of rectal diameter in children at various age groups by the Pelvic US with a project approved by the Ethics Committee. This work was presented at the Pacific Association of Pediatric Surgeons meeting in Vancouver in May 2005 and is published in the Journal of Pediatric Surgery. Based on our study, we can diagnose megarectum at the first clinical visit by the Pelvic US performed in the clinic. This test has become our standard first-line investigative test for childhood constipation since 2005. Not only do we diagnose megarectum, but we can also follow up its progress with serial scans and use it for biofeedback. We are sharing our practice by teaching doctors and nurse specialists from other units on the national and international level.

### **Anorectal Manometry**

I am proficient in doing anorectal manometry myself. I can use both water-perfused and solid-state manometry systems. We explored the possibility of doing Anorectal Manometry (ARM) and Rectal Biopsy (RB) under General Anesthesia (GA) by undertaking a research project with ethics approval. This project was completed in 2006. We have shown that ARM cannot be done under GA. Considering this finding, we have now started doing both ARM and RB under ketamine. This decreases the theatre time to do two procedures. This study has been presented in the Pacific Association of Pediatric Surgeons meeting in Taiwan in May 2006.

## **PUBLICATIONS**

### PAPERS

1. Successful Outcome in Perinatal Intravaginal Torsion of Testis in Neonate: Long-Term Outcome (2016) Kashif Chauhan, Gemma Bown, Brian W. Davies, Shailinder J. Singh *Int J Clin Pediatr.* 2016; 5(2):38-40
2. Successful Treatment of Recurrent Rectal Prolapse Using 3 Hirsch Sutures (2015). Kashif Chauhan K, Richard Gan R, Singh S, *BMJ Case Reports* 2015; doi: 10.1136/bcr-2015-211947
3. Spontaneous resolution of recurrent axillary cystic hygroma following acute infection (2015) Gan R, Kashif Chauhan K, Singh S *BMJ Case Reports* 2015; doi: 10.1136/bcr-2015-211383.
4. Diagnosis of button battery ingestion by 'halo' radiographic sign: an exception to the rule (2015) Gan RWC, Nasher O, Jackson PB, Singh S. *BMJ Case Rep.* 2015 6 July; doi: 10.1136/bcr-2015-209908

5. Management of Necrotising Appendicitis Associated with Widespread Necrotizing Enterocolitis of the Small and Large Bowel and Perforated Duodenal Ulcer" (2014) Gupta V; Zani A; Jackson P; Singh, SJ *BMJ Case Report 2015*; doi: 10.1136/bcr-2015-209808
6. Peristeen Transanal Irrigation System for Paediatric Faecal Incontinence: A Single Centre Experience (2014) Omar Nasher, Richard E. Hill, Riyad Peeraully, Ali Wright, and Shailinder J. Singh *International Journal of Pediatrics Volume 2014, Article ID 954315, 4 pages* <http://dx.doi.org/10.1155/2014/954315>
7. Experience of the MACE Procedure at a Regional Pediatric Surgical Unit: A 15-Year Retrospective Review (2014). Peeraully R, Lopes J, Wright A, Davies B, Stewart R, Singh S and More B. DOI: 10.1055/s-0033-1357502. *Eur J Pediatr Surg 2014*
8. Accidental Button Battery Ingestion Presenting as Croup (2014), Gohil, R, Culshaw, J, Jackson, PB, Singh, S, *The Journal of Laryngology & Otology 2014* 100006338
9. Management of paediatric blunt abdominal Trauma at a major trauma center: Is ultrasound a reliable indicator of injury? (2014), Muhammad Riyad Peeraully, Paul Berkeley Jackson, Shailinder Jit Singh. *J Ped Surg Spec 2014*; 8:24-29
10. Are we providing a satisfactory paediatric surgical outpatient service? (2013). Sharma P, Hanley A, Ogunbiyi S, Jackson P, Singh S. *Int J Surg.* 2013 Oct; 11(8):674. Doi: 10.1016/j.ijssu.2013.06.471. Epub 2013 Nov 1 PMID: 25292939
11. The combination of pure oesophageal atresia with an associated missed H-type tracheo-oesophageal fistula (2013) Patel RV; Greene O; Motiwale S; Singh S *BMJ Case Rep.* 2013 29 July; 2013. Pii: bcr2013200198. Doi: 10.1136/bcr-2013-200198.
12. Situs Inversus Totalis (SIT), Oesophageal Atresia (OA) and tracheo-oesophageal fistula (2013) Patel RV, Kumar H. More B, Singh S: *TOF BMJ Case Rep.* 2013 3 June; 2013. Pii: bcr2013009955. Doi: 10.1136/bcr-2013-009955.
13. Retrograde trans-mesoappendicular selective subserosal laparoscopic appendicectomy (2013) Nasher O, Patel RV, Singh SJ *J Ped Surg Case Reports.* Mar 2013, Volume 1, Issue 3, Pages 50–52 and *J Ped Surg Case Reports 1 (2013) 50e52*
14. Scrotal fixation in the Management of low undescended testes (2011) Sutton PA, Grene OJ, Adamson L, Singh SJ *Journal of Indian Association of Pediatric Surgeons 16 (4) p142-144*
15. Oblique Anastomosis in Soave Endoanal Pull through for Hirschsprung's Disease – a way of reducing strictures (2007) Paul A, Fraser N, Chhabra S, Yardley IE, Davies BW, Singh S *J Paediatric Surgery International.* 23(12): 1187-90, Dec
16. Validity of 13 C Octanoic Acid Breath test for Measurement of Solid Meal Gastric Emptying Time in Children (2006) Eradi B, Wright J, Gibbons N J, Blackshaw E, Perkins A C, Wakefield J, Sithole J, Singh S *J Journal of Pediatric Surgery, 41: p 2062-2065*
17. Preoperative Gastrograffin Bowel Lavage in Gastroschisis (2006) Cherian A, Hallows R M, Singh S J, McCallion W A, Stewart R *J Journal of Pediatric Surgery, 41:2, p 1683-1685*
18. Gastric Emptying of Solids in Children- A Preliminary Report (2006) Singh S J, Gibbons N, Blackshaw P E, Vincent M, Walker J, Perkins A C *Journal of Pediatric Surgery, 42:2, p 413-7*
19. Use of Pelvic Ultrasound in the Diagnosis of Megarectum in Children with Constipation (2005) Singh S J, Gibbons N J, Vincent M V, Sithole J, Nwokoma N J, Alagarswami K V *Journal of Pediatric Surgery 40:12,1941-4*
20. Mortality Due to Constipation (2004) Singh S J, Arbuckle S, Little D, Manglick M P, Cass D *Pediatric Surgery International 20: 889-891*

21. Mesenteric Lipoma -Causing Volvulus of the Intestine (2004) Cherian A, Singh S J, Broderick N, Zaitoun A M, Kapila L *Pediatric Surgery International* 20 869-871
22. Hirschsprung's Disease – The Australian Paediatric Surveillance Unit's Experience" (2003) Singh S J, Croaker G D et al. *Pediatric Surgery International* 19(4) 247-50
23. Gastroschisis Determinants of Neonatal Outcome (2003) Singh S J, Fraser A et al. *Pediatric Surgery International* 19(4) 260-5
24. Denis Browne's Thoracotomy-Revised (2002) Singh S J, Kapila L *Pediatric Surgery International* 18: 90-2
25. How to Test the Safety of Home Made Antegrade Colonic Washout Fluid? (2002) S J Singh, Cummins G, Manglick P, Smith G. *Pediatric Surgery International* 57: 34-8
26. Presacral Masses-Screening Pitfalls (2001) Singh S J, Rao P, Stockton V, Resurreccion L 3<sup>rd</sup>, Cummins G *Journal of Paediatric Surgery* 36: 1841-4
27. A New Technique to Avoid Anastomotic Stricture in Oesophageal Atresia (2001) Singh S J, Shun A *Pediatric Surgery International* 17: 575-7
28. Effectiveness of Primary Endoscopic Incision of Ureterocele (2001) S J Singh, Smith G *Pediatric Surgery International* 17: 528-31
29. Antenatal prediction of Hypertrophic Pyloric Stenosis (2001) S J Singh, Trudinger B, Lam A, Zang A L, Cass D *Pediatric Surgery International* 17: 560-2
30. Insertion of Implantable Venous Access Devices through Inferior Epigastric Vein (2001) Singh S J, Martin H C O *Journal of Pediatric Surgery* 36: 579-81
31. Gastroschisis-Reduction Under Analgesia in the Neonatal Unit (2001) R Kimble, S J Singh, D Cass *Journal of Pediatric Surgery* 36: 1672-4
32. Intra-operative Fiberoptic Bronchoscopy During Neonatal tracheo-oesophageal fistula ligation and oesophageal atresia repair (2001) DeGabriel C I, Cooper M G, S J Singh, J Pitkin *Anaesth. Intensive Care* 29
33. Midureter Strictures (2001) SJ Singh, A Watson, N Brodrick, J Sommers, CH Rance *Saudi J. Kidney Dis. Transplant* 12: 9-13
34. Blunt Abdominal Trauma in Children Review (2000) Rance C H, Singh S J, Kimble R. *The Journal of Paediatric and Child Health*, 36: 2-6
35. Driveway Motor Vehicle Injuries in Children (2000) Holland AJA, Liang RWY, Singh S J, Schell DN, Ross FI, Cass DT *The Medical Journal of Australia*, 173:192-5
36. Gastrointestinal Stromal Tumor - A Rare Cause of Neonatal Intestinal Obstruction (2000) Shenoy M U, Singh S J, Robson K, Stewart R J *Medical and Paediatric Oncology* 34: 70-1
37. Adverse Outcome in Congenital Diaphragmatic Hernia is Determined by Diaphragmatic Agenesis and not by Antenatal Diagnosis (1999) Singh S J, Cummins GE, Cohen R C, Cass D, Harvey J G, Martin H C O, Pitkin J, Shun A, Glasson M J. *Journal of Paediatric Surgery* 34:1740-2
38. Gastrointestinal Duplication: Management Pitfalls (1999) Al-Ramadan S, Singh S J, Safwat Helmi A. *Kuwait Medical Journal* 14: 125-9
39. Coeliac Axis Thrombosis Associated with the Combined Oral Contraceptive Pill – A Rare Case of Acute Abdomen (1998) Arul G S, Dolan G, Rance C H, Singh S J, Sommers J. *Pediatric Surgery International* 13: 285-7



40. Intractable Vaginal Discharge in a Schoolgirl - Gynecology Case Report (1997) Susan J W, Rance CH, Singh S J. *Journal of Obstetrics and Gynecology* 17: 498-9
41. A Case of Plastikophagia (1997) Battin M, Kennedy S, Singh S J *Post Graduate Medical Journal* 73: 243-4

### **CONTRIBUTING AUTHOR (BOOK CHAPTERS)**

1. Editor for the book titled "Suture techniques for staff and students in medicine and nursing" Published by Ethicon Products UK
2. Contributed Paediatric Urology section of the book titled "Multiple Choice Questions in Paediatric Surgery and Paediatric Anesthesia - Part 1". Edited by K Yadav FRACS. Published by Gulshan Graphics, Chandigarh, India, 1994. page 47-60
3. Author of four chapters for the book titled "Integrated Paediatrics" edited by Professor L Polony and Dr M Lakhanpal published by Churchill Livingstone, the book chapters have been completed, and the book is about to be published.
4. "Oesophageal Strictures" for the book titled "Neonatal Surgery" Editor Dr DK Gupta and co-author Miss Leela Kapila
5. "Paediatric Hernia and Hydrocele" for the book titled "Neonatal Surgery" Editor Dr D K Gupta and co-author Miss Leela Kapila and Mr A Williams

### **REVIEWER FOR JOURNALS**

1. Journal of Pediatric Surgery
  2. Archives of Diseases of Childhood
  3. The Journal of Pediatric and Child Health
  4. Journal of Urology
- \*All Indexed Journals*

### **PRESENTATIONS AT INTERNATIONAL CONFERENCES**

1. *"Effective, Simple and Inexpensive Dressing following Hypospadias Repair"* British Association of Paediatric Surgeons XLIV International Congress in Istanbul, Turkey. July 1997.
2. *"Mid-ureteric Strictures"* International Congress of Paediatric Surgery and Paediatrics, Cape Town, South Africa. February 1998
3. *"The Negative Appendix"* International Congress of Paediatric Surgery and Paediatrics, Cape Town, South Africa. February 1998
4. *"Modified Technique of Testicular Fixation in Orchidopexy"* International Congress of Paediatric Surgery and Paediatrics, Cape Town, South Africa. February 1998
5. *"Diaphragmatic Hernia- Recent Experience"* Pacific Association of Paediatric Surgeon's Meeting, Beijing, China. May 1999
6. *"Insertion of Implantable Venous Access Devices through Inferior Epigastric Vein"* XIIIth International Cystic Fibrosis Congress in Stockholm in Sweden. June 2000

7. *"Gastroschisis- Ward Reduction"* Pacific Association of Paediatric Surgeon's Meeting, Kyoto, Japan. April 2001
8. *"Hirschsprung's Disease – Recent trends (APSU)"* Pacific Association of Paediatric Surgeon's Meeting, Kyoto, Japan. April 2001
9. *"Gastroschisis Determinants of Neonatal Outcome"* Pacific Association of Paediatric Surgeon's Meeting, Kyoto, Japan. April 2001
10. *"Congenital Cystic Adenoid Malformation of Lung: A 38-year review"* British Association of Paediatric Surgeons XLVIII meeting London. July 2001
11. *"Gastroschisis -Advantages of trophic feeds"* British Association of Paediatric Surgeon's International meeting Cambridge (UK) July 2002
12. *"SCORPIO- The way forward to Paediatric Surgical Teaching in the Undergraduate Curriculum"* British Association of Paediatric Surgeon's International Meeting Cambridge (UK) July 2002
13. *"Gastroschisis- Should They be Operated in the Middle of the Night?"* 15th International Symposium of Paediatric Surgical Research, Graz, Austria. November 2002
14. *"Role of Pelvic Ultrasound in Children"* Pacific Association of Pediatric Surgeons (PAPS) 38th International Meeting, Vancouver, Canada. May 2005
15. *"Anorectal Myectomy-Should it be Performed?"* Pacific Association of Pediatric Surgeons (PAPS) 38th International Meeting, Vancouver, Canada. May 2005
16. *"Colonic Transit Studies- Are they Necessary?"* Pacific Association of Pediatric Surgeons (PAPS) 38th International Meeting, Vancouver, Canada. May 2005
17. *"Establishing Gastric Emptying in Normal Children"* British Association of Paediatric Surgeons International Meeting Dublin, Ireland. July 2005
18. *"Validity of 13 C Octanoic Acid Breath Test for Measurement of Solid Meal Gastric Emptying in Children"* Pacific Association of Pediatric Surgeons (PAPS) 39th International Meeting, Taipei, Taiwan. May 2006
19. *"Anorectal manometry: Comparison of Sevoflurane General Anesthesia with Ketamine Anesthesia"* Pacific Association of Pediatric Surgeons (PAPS) 39th International Meeting, Taipei, Taiwan. May 2006
20. *"Inter-observer Variability with Pelvic Ultrasound for measurement for Rectal Crescent Diameter in Children with Constipation"* British Association of Paediatric Surgeons International Meeting Edinburgh, UK. July 2007
21. *"Intra-observer Variability with Pelvic Ultrasound for Measurement for Rectal Crescent Diameter in Children with Constipation"* British Association of Paediatric Surgeons International Meeting Salamanca, Spain. July 2008
22. *"Single chest drain with Urokinase in Empyema: slow but sure"* L Adamson et al. with Singh SJ British Association of Paediatric Surgeons International Meeting Belfast 2011 Poster

23. *"Management of Paediatric Blunt Abdominal Trauma at a Major Trauma Centre"* Peeraully R, Jackson P and Singh S. *European Paediatric Surgery Association 2013 (Poster)*
24. *"An evaluation of the Internet presence of Paediatric Surgery Centres in the UK"* Lyons IS, Pickwell F, Jackson PB, Singh SJ, Williams A. *British Association of Paediatric Surgeons International Meeting 2013 (Oral)*
25. *"Laparoscopic assisted insertion of primary gastrostomy button at the time of cleft palate repair"* K Elmalik, N Thompson, M Alabdullah, D Colliver, S Singh, B Davies, R Stewart. (BAPS 2014)
26. *"How should we treat persistent umbilical lesions in children?"* K Elmalik, M Sayles, M Alabdullah, S Motiwale, R Stewart, B Davies, S Singh, D Colliver, D O'Neill. Presented at the European Paediatric Surgeons Association, Leipzig, Germany 2013. Submitted for publication *Pediatric Surgery International* (January 2014)
27. *"Management of Paediatric Blunt Abdominal Trauma at a Regional Trauma Centre"* Peeraully R, Jackson P and Singh S. Poster presentation at EUPSA 2013, Leipzig.
28. *"Experience of the Mace Procedure at a regional Paediatric Surgical Unit"* Peeraully R, Lopes J, Davies B, Stewart R, Motiwale S, Wright A, Singh S and More B. Poster presentation at EUPSA 2013, Leipzig.
29. *"Reversibility of the Mace Procedure: How long do you need one for?"* Peeraully R, Lopes J, Davies B, Stewart R, Motiwale S, Wright A, Singh S and More B. Poster presentation at EUPSA 2013, Leipzig.
30. *"The Peristeen Transanal Irrigation System for Paediatric patients with Faecal Incontinence: A Pilot Study"* Hill R, Peeraully R, Nasher O, Wright A, Singh S. Poster presentation by Richard Hill at BAPS 2013, Bournemouth.
31. *"Horner's syndrome following cannulation of the internal Jugular vein – a rare transient Phenomenon"* Lyons IS, Jackson PB, Elmalik K, Williams AR, Singh SJ BAPS 2013
32. *"An evaluation of the Internet presence of Paediatric Surgery Centres in UK"* Lyons IS, Pickwell F, Jackson PB, Singh SJ, Williams A. BAPS 2013
33. *"Surgical Management of Rectal Prolapse in Children: Injection Sclerotherapy and/or Thiersch Procedure."* Nasher O, Chauhan K, Gan RWC, Colliver DW, Singh SJ. 22nd International Meeting of the Pediatric Colorectal Club. Milan, Italy. (June 2015)
34. *"Transition in Paediatric Surgery: How many patients do we need to plan for?"* A Jones, S J Singh, AW Williams British Association of Paediatric Surgeon's Annual International Congress Meeting, Cardiff, UK. July 2015
35. *"Ward Rounds in Paediatric Surgery: An Audit on Nursing Participation on the Daily Ward Round."* Omar Nasher, Sofia Labbouz, Paul J Jackson, Shailinder S Singh. 4th World Congress of Clinical Safety. Vienna, Austria. Sept. 2015)
36. *"The Role of anorectal manometry in children with idiopathic chronic constipation and/or faecal Incontinence: Single institution experience."* Nasher O, Colliver DW, Bush D, Stewart RJ, Singh SJ. 28<sup>th</sup> International Symposium on Paediatric Surgical Research. Dublin, Ireland. Sept. 2015

37. *"The role of anorectal manometry in children with postoperative lower gastrointestinal problems following anorectal surgery: Single institution experience."* Nasher O, Colliver DW, Bush D, Stewart RJ, Singh SJ. 28<sup>th</sup> International Symposium on Paediatric Surgical Research. Dublin, Ireland. Sept. 2015
38. *"Successful Treatment of Recurrent Rectal Prolapse Using 3 Thiersch Sutures."* K Chauhan, SJ Singh, European Colorectal Congress Switzerland. December 2015
39. *"Management of Recurrent Enterocolitis following Soave's Pullthrough in a Child with Hirschsprung's Disease: Value of Botox Injections."* K Chauhan, SJ Singh, European Colorectal Congress Switzerland. December 2015
40. *Nothing is Permanent: reversal of the MCAE Procedure* R Peeraully, A Wright, D Colliver, R Stewart, B Davies, Shailinder Singh & Bharat More. British Association of Paediatric Surgeons International Meeting Amsterdam July 2016
41. *Spontaneous Resolution of Primary and Recurrent Cystic Hygroma following acute infection* K Chauhan, B Davies, S J Singh World Federation of Association of Pediatric Surgeons Washington DC. September 2016
42. *Surgical Management of rectal prolapse in children: Injection sclerotherapy, Thiersch Procedure or Both,* K Chauhan, B Davies, S J Singh, World Federation of Association of Pediatric Surgeons Washington DC. September 2016
43. *Successful Primary Repair of Long-Gap Esophageal Atresia in a Neonate Employing Circular Myotomy on upper pouch and Hemi-circular Myotomy of The Distal Esophageal Pouch; A Novel Approach,* Afridi FG, Shorter N, Vaughan R, Neptune S, Singh S. 3<sup>rd</sup> International Conference on Pediatrics and Pediatric Surgery 2018- Frankfurt, Germany May 2018

#### **PRESENTATIONS IN NATIONAL CONFERENCES**

1. *Singh S J: "Experience with Biliary Atresia"* Indian Association of Paediatric Surgeon's Midterm Conference in Bombay, India. November 1992.
2. *Singh S J: Video titled "Mysteries of Cystoscopy"* Trent Nephrourology Group Meeting, City Hospital Nottingham (UK). March 1996.
3. *Singh S J: "Mysteries of Cystoscopy"* Trent Regional Paediatric Society Meeting at Lincoln County Hospital, Lincoln (UK). May 1996.
4. *Singh S J: "Midureteric Strictures"* Trent Nephrourology Meeting, Nottingham (UK). October 1996.
5. *Singh S J: "Case of Urethral Duplication"* Trent Nephrourology Meeting, City Hospital, Hucknall Road, Nottingham (UK) May 1997
6. *Singh S J: "Gastroschisis: NCH Experience from 1990 to 1999"* Australian Association of Paediatric Surgeon's meeting at Broome, Western Australia. September 1999
7. *Singh S J: "Injuries to Vas Deferens Following Inguinal Herniorrhaphy and Orchidopexy"* Australian Association of Paediatric Surgeon's meeting at Broome, Western Australia. September 1999
8. *Singh S J: "Ureteroceles- NCH Experience"* Paediatric Urology meeting in Brisbane. November 1999

9. Singh S J: "*Antenatal Diagnosis of Hypertrophic Pyloric Stenosis*" Royal Australasian College of Surgeon's Annual Scientific Congress in Melbourne. May 2000
10. Singh S J: "*Excision Duodenoplasty for Congenital Duodenal Obstructions*" Royal Australasian College of Surgeon's Annual Scientific Congress in Melbourne. May 2000
11. Singh S J: "*Fate of Antenatal Hydronephrosis*" Paediatric Urology meeting in Adelaide. Nov 2000
12. Singh S J: "*Stents and Washout Curves*" Paediatric Urology meeting in Adelaide. November 2000
13. Singh S J: "*Gastroschisis –Recent Trends*", New South Wales Paediatric Surgeon's Meeting, Newcastle. November 2000
14. Singh S J: "*Mortality due to Constipation*" Royal Australasian College of Surgeon's Annual Scientific Congress in Melbourne. May 2000
15. Singh S J: "*Gastroschisis determinants of neonatal outcome*" Royal Australasian College of Surgeon's Annual Scientific Congress in Brisbane. March 2001
16. Singh S J: "*How to test the safety of homemade antegrade colonic washout fluid*" Royal Australasian College of Surgeon's Annual Scientific Congress in Brisbane. March 2001
17. Singh S J: "*Hirschsprung's Disease –APSU Experience*" Royal Australasian College of Surgeon's Annual Scientific Congress in Brisbane. March 2001
18. Singh S J: "*Duodenal atresia, Vascular Ring and Subglottic Stenosis*" Royal Australasian College of Surgeon's Annual Scientific Congress in Brisbane. March 2001
19. Singh S J: "*Gastroschisis-determinant of Neonatal Outcome*" Trent Regional Paediatric Society Meeting, Doncaster (UK) July 2001
20. Singh S J: "*Simulation and Clinical Skills Training- Luxury or Necessity?*" Debate at Simulation and Clinical Skills Conference, Nottingham (UK), March 2004
21. Singh S J: "*Gastroesophageal Reflux*" Tracheaoesophageal Fistula Society. Nottingham 2004
22. Singh S J: "*Paediatric Retrograde Selective Subserosal laparoscopic Appendectomy- a Novel technique*". *The Oxford Foundation Symposium Oxford 2012*
23. Singh S J: "*Management of Paediatric Blunt Abdominal Trauma at a Regional Trauma Centre*" Nems Annual Scientific Meeting Nottingham 2012
24. Jackson PB, Peeraully R, Halliday K and Singh SJ. "RTC: Blunt Abdominal Trauma" BAPS Trauma Symposium, Nottingham. (Presentation by Paul Jackson, 9 March 2012)
25. Nasher O, Patel RV, Singh JS. "*Paediatric retrograde selective subserosal laparoscopic appendectomy - novel technique.*" National Foundation Doctors' Conference. John Radcliffe Hospital, Oxford. (November 2012)

## **CLINICAL GOVERNANCE**

### EXPERIENCE WITH AUDITS AND DATABASES

#### **AUDIT ON HIRSCHSPRUNG'S DISEASE FOR AUSTRALIAN PAEDIATRIC SURVEILLANCE UNIT**

Hirschsprung's (HSCR) Disease was introduced in the Australian Paediatric Surveillance Unit (APSU) in 1996. The objectives were to collect data on demographics, incidence, clinical features, investigation, surgical treatment, family history and associated anomalies in HSCR. All children less than 15 years of age with HSCR (confirmed by biopsy) were entered into an Access database maintained at The Children's Hospital at Westmead in Sydney. Nationwide, 105 children with HSCR are recorded from 1997 to 2000. I took over the database in January 1999. The findings are being published in the journal titled "Paediatric Surgery International", an indexed journal.

#### **AUDIT ON GASTROSCHISIS FOR NEW SOUTH WALES AND QUEENSLAND (AUSTRALIA)**

A database was established at The Children's Hospital at Westmead in Sydney to collect data on a prospective and retrospective basis for eliciting information regarding the dependence of neonatal outcome in Gastroschisis upon 1) the mode of delivery, 2) place of birth, 3) time from birth to Surgery, 4) method of closure, 5) time from operation to commencement of first enteral feeds. The neonatal intensive care database from five major tertiary centers from New South Wales and Queensland contributed data on 181 neonates of Gastroschisis from 1990 to 2000. The results have been presented at the Pacific Association of Paediatric Surgeons International meeting in Japan, and they have been accepted for publication in the "Paediatric Surgery International" journal.

#### **STANDARDIZING PATHWAYS FOR THE MANAGEMENT OF CONSTIPATION**

The Special Clinic for Children with Constipation at the Queen's Medical Centre and Virtual Clinics in Community has been set up, and data collection forms are being finalized. These clinics are part of a new development plan for establishing uniform guidelines and a uniform policy of managing constipation in Nottinghamshire. We have developed clinical pathways involving General Practitioners, Community Paediatricians, and a Paediatric Gastroenterologists to streamline the care of children with constipation. The plan constitutes that General Practitioners will manage simple cases of constipation as per set protocols. Complex cases will be referred to the virtual clinics run by Community Paediatrics; a few will come directly to the special clinics depending upon the set criteria provided to GPs. Hence, most of the children can be managed in community pediatrics, and complex cases will be referred to the special clinics for further investigation (Bastow Laboratory) and Management. Upon completion, they will be referred to the Community Paediatricians and later to their GPs. We will audit the outcomes, and then this model can be applied to other subspecialties such as Enuresis Clinics, etc.

#### **THE WORLD HEALTH ORGANIZATION (WHO) SURGICAL SAFETY CHECKLIST**

The World Health Organization (WHO) Surgical Safety Checklist was introduced in 2010 within our Main Operating theatres. This is a one-page, safety checklist published in June 2008 by the WHO. The checklist calls for a 'time out' immediately before incision, confirming the patients' identity and the procedure to be performed. This should be accompanied by pre-anesthesia 'sign in' checks and post-procedure 'sign-out' checks. When this was introduced three years ago, the staff, including some surgeons took it as another form filling exercise. It is essential to ensure active, willful engagement of the whole multidisciplinary team for this introduction to be successful. As a surgical lead, I decided to win people's minds and hearts for this project. I led an objective audit done by staff that least believed in it. It lasted six months and revealed that guidelines reduced complications by 10%.

## OTHER AUDITS

1. Blunt Abdominal Trauma: an interactive case presentation and audit of outcome following regional guidelines 2007-2012P Jackson, R Peeraully, C Halliday, S Singh presented at BAPS National Trauma Meeting Nottingham March 2012
2. Are we providing a satisfactory Paediatric Surgical outpatient service? (Audit results of a patient survey) *P Sharma, A. Hanley, SO Ogunbiyi, P Jackson, S Singh presented at ASiT 2013*



## TEACHING EXPERIENCE & AWARDS

### UNDERGRADUATE TEACHING

Medical students at University Hospital and City Hospital (University of Nottingham), UK	Feb. 1995- Aug 1998
Medical students at The Children's Hospital at Westmead and City Hospital (University of Sydney-SCORPIOS Teachings) Sydney, Australia	Jan 1999 – May 2001
Medical students at University Hospital and City Hospital (University of Nottingham), UK SCORPIOS Teachings and Training sessions for Suturing.	May 2001 - Jul 2009
Medical students at CNMC Washington DC	Jul 2009 - Jul 2010
Medical students at University Hospital Nottingham	Jul 2010 - May 2017
Medical students at WVU Hospitals	May 2017 - Aug 2019

### POSTGRADUATE TEACHING

Postgraduates in General Surgery at Postgraduate Institute of Medical Education and Research (PIMER), Chandigarh, INDIA	Aug 1990 - Jun 1994
Postgraduates in Paediatric Surgery at PIMER, Chandigarh, INDIA	Jul 1993 - Jun 1994
Registrars and SHO in Paediatric Surgery at The Children's Hospital in Sydney	Jan 1999 - Apr 2001
Registrars, SHO and MRCP students University Hospital and City Hospital (University of Nottingham), UK	May 2001 - July 2009
Paediatric Surgical Fellows and Surgery Residents at CNMC Washington DC	Jul 2009 - Jul 2010
Pediatric Surgical Residents at NUH Nottingham	Jul 2010 - May 2017
Surgical Residents at WVU Hospitals	May 2017 - Aug 2019

## NURSING TEACHING

Undergraduates and Postgraduates in Paediatric and General Nursing Aug 1990 - Jun 1994  
at Postgraduate Institute of Medical Education and Research,  
Chandigarh, India

## REGULAR INSTRUCTOR FOR COURSES

Emergency Management of Severe Burns (EMSB) run by Australian New Zealand Burns  
Association on the pattern of ATLS (This course is run in UK and Holland)

Basic Skills Course for Junior Surgical Trainees run by Intercollegiate Board of Royal College of  
Surgeons of England, Glasgow, Edinburgh, and Ireland

CCrisp Course - a course on critical care for surgical patients run by the Royal College of Surgeons  
of England

War Surgeons of UK

## NEW COURSES INITIATED AND DEVELOPED

### **SCORPIO FOR UNDERGRADUATES**

SCORPIO stands for Structured Clinical Objective Referenced Problem-oriented Integrated Organized teaching methodology. It was developed at the University of New South Wales in Australia. It provides a medium for clinicians to teach clinical and procedural skills to small rotating groups of students. We used this system to teach Paediatric Surgery to undergraduates in Nottingham. The format of the session involves a brief introduction provided to the full student group outlining the subject area and teaching arrangement. Four to six groups of six to ten students (ideally fewer) rotate through four to six teaching stations. Each group remains at the station for thirty minutes and then moves on to the next teaching station. In each station, clinical and procedural skills such as catheterization or suturing are provided in an interactive method. The purpose is to teach salient fundamental concepts in pediatric Surgery to students so that irrespective of their future career they will never mismanage problems such as malrotation with volvulus and testicular torsion. They will also be well versed in some basic skills such as fluid and electrolyte management, suturing, and urethral catheterization, etc. Feedback has been very encouraging, and the results were presented in the British Association of Paediatric Surgeons International meeting in Cambridge in July 2002. This course has been running successfully.

### **TEACHING SUTURING SKILLS FOR UNDERGRADUATES**

I started a new course in 2002 to introduce the basic skills of suturing to undergraduates. Johnson and Johnson sponsored the course, and they provided the teaching materials in the form of instruments and sutures. The duration of the course was 2.5 hours. There were five instructors (Specialist Registrars from Paediatric Surgery and General Surgery); each instructor supervising a group of four students. The students were taught how to handle instruments, place simple and mattress sutures, tie reef knots (instruments and hand-held) and remove sutures. The purpose was two-fold: 1) to introduce undergraduates to the art of suturing so that they know the basic suturing skills when they become junior house officers and 2) to attract talent to surgical specialties. We ran three courses in the Medical School at the University Hospital; Queen's Medical Centre (QMC) and received very encouraging feedback. The Department of Paediatric Surgery and

Department of Surgery at the University Hospital QMC, Nottingham, prepared a simple handout. When the European Working Time Directive came into force, I could not get Specialist Registrars for faculty and had to abandon the course in 2003.

#### **TEACHING AWARD FOR UNDERGRADUATE TEACHING**

I am passionate about undergraduate teaching. I always give an introductory lecture on Paediatric Surgery and regularly give a regular tutorial on 'Fluid and Electrolyte imbalance and Acid-base disturbance' to undergraduates. I got regular good feedback and was awarded for my outstanding teaching by the University of Nottingham in 2012.

#### **TEACHING AWARD FOR POSTGRADUATE TEACHING (GENERAL SURGERY RESIDENTS AT WEST VIRGINIA UNIVERSITY HOSPITALS, MORGANTOWN, WEST VIRGINIA)**

I received the "Outstanding Attending Surgeon" Award established in honor of Bernard Zimmermann, MD. It was presented to me in June 2018 in West Virginia University Hospitals in recognition of outstanding contribution to resident education in 2017-2018.

#### **VISITING PROFESSORSHIP**

I was a visiting professor at the Cincinnati Children's Hospital in Ohio, USA. I visited the hospital in May 2004 for four days and gave a talk to the Department of Paediatric Surgery titled "How we manage Constipation in Children in Nottingham". The visit was beneficial, and I have established links with this center for British Paediatric Surgical Trainees to undergo paid fellowships in research or clinical areas.

#### **LECTURER IN OVERSEAS WORKSHOPS**

I delivered two lectures at the First Adriatic Seminar in Pediatric Surgery on Hirschsprung's Disease in Trieste (Italy) on 1-2 October 2004. The topics were "Manometry" and "Post-Operative Manometry". I was a member of the panel discussing "Diagnostics in Hirschsprung's Disease" and "Long Term Observation in Hirschsprung's Disease".

#### **EXAMINER**

- Member for Court of Examiners of Royal College of Surgeons of London (MRCS)
- Examiner for Intercollegiate Board of Paediatric Surgery (FRCS Paed Surg.). (Royal College of Surgeons of England, Glasgow, Edinburgh, and Ireland)
- Examiner for 'Doctorate of Medicine' for University of Leeds UK

#### **LECTURER IN NATIONAL MEETINGS**

Delivered lectures on Paediatric Trauma at a course titled "Trauma for War Surgery."

#### **ESTABLISHING CLINICAL FACILITIES OVERSEAS**

I was instrumental in establishing the Gastrointestinal Physiology Unit with expertise for Anorectal Manometry and Biofeedback in Kuwait in February 2005, on an official invitation by the Ministry of Health in Kuwait.

**TRAINING OF OVERSEAS TRAINEES**

I trained a Higher Paediatric Surgical Trainee from Trieste (Italy) in Anorectal manometry in March 2005. This trainee visited and stayed in Nottingham for one week and is establishing a facility in Italy.

**PATIENT INFORMATION LEAFLETS**

I have produced eighteen color illustrated patient information leaflets for EIDO Health Care UK. These leaflets are currently being used by the NHS and various Children's Hospitals Internationally. They are accessible on their website [www.eidohealthcare.com](http://www.eidohealthcare.com).

## **MANAGEMENT EXPERIENCE & QUALIFICATION**

### NOTTINGHAM (UK)

As head of the Bastow Clinical Investigative Unit, I was involved in setting up the unit in 2001, and since then I have been responsible for making sure that it runs smoothly on a day-to-day basis. I coordinated liaisons with the adult Gastrointestinal Physiology department. I was a Program Director for Paediatric Surgery, a position held from September 2004 until April 2008. I was responsible for the selection and training of higher surgical trainees in Paediatric Surgery. As part of the job, I coordinated rotations for Higher Paediatric Surgical Trainees and looked after their overseas placements, annual assessments, and appraisals. We had seven higher surgical trainees in Nottingham.

### SYDNEY (AUSTRALIA)

I have been Senior Registrar at the Children's Hospital at Westmead in Sydney. I was involved in the organization of rosters, postgraduate teaching (done daily), audit (done every month) and combined meetings with Radiology, Pathology, Oncology and Gastroenterology. There were regular management courses run by an experienced team, and I attended three courses on Appraisal and Assessment: Managing Conflict in the Workplace and Managing External Disaster. Each course was for one day. I was a member of the committee that set up the criteria of admission for the High Dependency Unit (HDU). I was also a representative for the Department of Surgery for the External Disaster Team of The Children's Hospital at Westmead in Sydney.

### CHANDIGARH (INDIA)

As Chief of Resident General Surgery and Paediatric Surgery at the Postgraduate Institute of Medical Education and Research, Chandigarh, India, I was responsible for the organization and Management of teaching sessions, rosters, assessments for junior doctors, audit, mortality, and morbidity meetings.

### MASTER'S IN BUSINESS ADMINISTRATION (MBA)

I joined an MBA course at the University of Warwick in July 2004. This program consisted of eight compulsory modules and five elective modules and a dissertation. The compulsory modules were Financial Accounting, Organizational Behavior, Market Analysis, Operations Management, Modelling and Analysis for Management, Information Management, Strategic Advantage, Strategy and Practice. I have passed the eight compulsory modules. The five elective modules which I chose and have completed are: Curing Illness and Creating Health, Management of Change, International Marketing, Corporate Governance and Service Management. I have completed my dissertation on "Clinical Excellence Awards" for NHS consultants and obtained the degree of MBA in February 2009.

## **ADMINISTRATIVE EXPERIENCE**

### INTERNATIONAL CONFERENCE

1. In charge of organizing - "Challenges in Paediatric Surgery" in Nottingham on 22 July 2002 (International meeting a day before the British Association's Annual International meeting in Cambridge (UK).
2. Member of Organizing Committee - "First International Seminar on Development of Paediatric Surgical Centers in Developing Countries". Organized at Post Graduate Institute of Medical Education and Research, Chandigarh, India (September 1993)

### NATIONAL CONFERENCE

Member of organizing Committee - " National Workshop on Surgical Management of Anorectal Malformation led by Professor Alberto Penna (USA) organized at Post Graduate Institute of Medical Education and Research, Chandigarh, India (November 1991.)

## **EDITORSHIP OF CONFERENCE PROCEEDINGS**

### INTERNATIONAL

I was the Editor of proceedings of "First International Seminar on Development of Paediatric Surgical Centers in Developing Countries" organized at Post Graduate Institute of Medical Education and Research, Chandigarh, India in September 1993.

### NATIONAL

Editor of proceedings of "National Workshop on Surgical Management of Anorectal Malformation" led by Professor Alberto Pena (USA) organized at Post Graduate Institute of Medical Education and Research, Chandigarh, India in November 1991

## **IT SKILLS**

1. PowerPoint, Word
3. Excel – Spreadsheets
4. Access database
5. SPSS - Statistical program
6. Reference Manager and Endnote-Citation programs
7. Online Medical Database search

## REFEREES

- 1. Mr Bharat More**  
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## APPENDICES

### APPENDIX 1: PARTICIPATION IN CONFERENCES/WORKSHOPS (NATIONAL AND INTERNATIONAL)

Conference/Workshop	Venue	Year
National Workshop on Surgical Management of Anorectal Malformation led by Prof. Alberto Pena (USA)	PGIMER Chandigarh, India	Nov 1991
1st National Workshop in Problems of Paediatric Urology-Surgery of Ureters led by Prof. Cohen (UK) and Prof. Prem Puri (Ireland)	AllMS, New Delhi, India	Jan 1992
Indian Association of Paediatric Surgeons (Midterm Conference)	Bombay, India	Nov 1992
First International Seminar on Development of Paediatric Surgical Centers in Developing Countries	PGIMER, Chandigarh, India	Sep 1993
Simpson Smith Symposium	Institute of Child Health Great Ormond Street, London, UK	June 1995
Oncology for the Paediatric Surgeon	St. James University Hospital, Leeds, UK	July 1995
British Association of Paediatric Surgeons XLII Annual International Conference	Octagon Centre, University of Sheffield, UK	July 1995
Paediatric Trauma Symposium (In association with Children's National Trauma Centre, Washington and Conquest Hospital, Hastings)	Children's Hospital Lewisham, London, UK	July 1995
BAPS Autumn Senior Registrar Training Meeting	Royal Hospital for Sick Children, Glasgow, UK	Sep 1995
Advanced Trauma Life Support Course (ATLS)	Queen's Medical Centre Nottingham (UK)	Jan 1996
Trent Nephrourology Meeting	City Hospital Nottingham, UK	Mar 1996
4th Leicester Paediatric Nephrourology Symposium	Leicester Royal Infirmary Leicester, UK	Mar 1996
BAPS Training Day for Registrars and Senior Registrars	Manchester Children's Hospital, Manchester, UK	Apr 1996
Recent Advances in Bladder Reconstruction	St. James University Hospital Leeds, UK	June 1996



<b>Conference/Workshop</b>	<b>Venue</b>	<b>Year</b>
British Association of Paediatric Surgeons Annual Conference	Jersey, UK	July 1996
BAPS Training Day for Registrars and Senior Registrars	Children's Hospital, Birmingham, UK	Oct 1996
Trent Nephrourology Meeting	City Hospital, Nottingham, UK	Oct 1996
II Annual Paediatric Laparoscopy Meeting	Postgraduate Education Centre Queen's Medical Centre Nottingham, UK	Nov 1996
BAPS Training Day for Registrars and Senior Registrars	Southampton General Hospital, Southampton UK	Mar 1997
Oncology for Paediatric Surgeons (UKCCSG)	Burwalls University of Bristol (UK)	Apr 1997
Trent Nephrourology Meeting	City Hospital, Nottingham, UK	May 1997
Paediatric Endoscopic Surgery Workshop	Leeds, UK	July 1997
British Association of Paediatric Surgeons Meeting, XLIV International Congress	Hilton Convention Centre Istanbul, Turkey	July 1997
Trent Nephrourology Meeting	City Hospital Nottingham	Oct 1997
Advanced Paediatric Life Support Course (APLS)	Queens Medical Centre, Nottingham (UK)	Nov 1997
BAPS Training Day for Registrars and Senior Registrars	Alder Hey Hospital for Children Liverpool, UK	Nov 1997
International Congress of Paediatric Surgery and Paediatrics	Cape Town, South Africa University of Cape Town	Feb 1998
Advanced Specialist Registrar Training Day	Sheffield, UK	Feb 1998
Using Evidence to Improve Clinical Practice and Patient Outcome	University of Nottingham Faculty of Medicine and Health Sciences Nottingham, UK	Mar 1998
Simpson Smith Symposium	Institute of Child Health Great Ormond Street, London UK	June 1998
6th Leicester Paediatric Urology Symposium	Grand Hotel Leicester, UK	June 1998

<b>Conference/Workshop</b>	<b>Venue</b>	<b>Year</b>
British Association of Paediatric Surgeons Annual International Conference	Bristol, UK	July 1998
How to search Medline	Sydney, Australia	May 1999
Ultrasound: The Surgeons Stethoscope-a Workshop on Paediatric Surgeon performed ultrasound	Sydney, Australia	May 1999
Pacific Association of Paediatric Surgeons Meeting	Beijing, China	May 1999
Training for External Disaster Teams	Sydney, Australia	May 1999
Improving your statistical know-how	Sydney, Australia	May 1999
Emergency Management of Severe Burns (Selected for the instructor course)	Sydney, Australia	June 1999
How to use PowerPoint	Sydney, Australia	Jul 1999
NSW Paediatric Surgery Group Meeting	Canberra, Australia	Jul 1999
Australian Association of Paediatric Surgeons Meeting	Broome, Western Australia	Sep 1999
Paediatric Urology Meeting	Brisbane, Australia	Nov 1999
Emergency Management of Severe Burns-Instructor course	Auckland, New Zealand	Dec 1999
Paediatric Trauma Conference	Sydney, Australia	Jan 2000
Emergency Management of Severe Burns-Instructor	Sydney, Australia	Mar 2000
Royal Australasian College of Surgeon's Annual Scientific Congress	Melbourne, Australia	May 2000
Emergency Management of Severe Burns (EMSB)- Instructor	Townsville, Australia	June 2000
Paediatric Trauma Conference for Nurses-Instructor	The Children's Hospital at Westmead Sydney, Australia	June 2000
XIIIth International Cystic Fibrosis Congress	Stockholm, Sweden	June 2000

<b>Conference/Workshop</b>	<b>Venue</b>	<b>Year</b>
Emergency Management of Severe Trauma (EMST)-Instructor's Course	Melbourne, Australia	Nov 2000
Paediatric Urology Club	Adelaide, Australia	Nov 2000
New South Wales Paediatric Surgeon's Meeting	Newcastle, Australia	Nov 2000
Advanced Reference Manager	The Children's Hospital at Westmead, Sydney	Feb 2001
Appraisal and Assessment, Managing External Disaster	The Children's Hospital at Westmead, Sydney	Mar 2001
Managing Conflict in the workplace	The Children's Hospital at Westmead, Sydney	Apr 2001
Basic Skills Course- Instructor	Sydney University	Feb 2001
Emergency Management of Severe Trauma (EMST)-Instructor	Westmead Hospital, Sydney	Mar 2001
Australian Association of Paediatric Surgeon's Annual Meeting	Brisbane (Australia)	Mar 2001
IPEG- Laparoscopic Course and Meeting	Brisbane (Australia)	Mar 2001
Pacific Association of Paediatric Surgeon's Meeting	Kyoto, Japan	Apr 2001
Trent Regional Paediatric Society Meeting	Doncaster (UK)	July 2001
British Association of Paediatric Surgeons Annual International Conference	London (UK)	July 2001
Advanced Trauma Life Support Course (ATLS)-Instructor	Nottingham (UK)	July 2001
Basic Surgical Skills Course -Instructor	Derby (UK)	Oct 2001
Advanced Paediatric Life Support Course	Nottingham (UK)	Nov 2001
Basic Surgical Skills Course -Instructor	Derby (UK)	Mar 2002
Simpson Smith Symposium and Memorial Lecture	London (UK)	May 2002
Program for Non-Clinical Professional Development of Specialist Registrars (Appraisal,	University Hospital Nottingham (UK)	Mar 2002

<b>Conference/Workshop</b>	<b>Venue</b>	<b>Year</b>
Mentoring, Coaching, dealing with conflict/confrontation, Acting as referee)		
CCrisp Instructor Course	Royal College of Surgeons in England, London	Dec 2001
Making Change Happen	University Hospital Nottingham (UK)	June 2002
Challenging the Boundaries Interpersonal Learning for Health and Social Care Professionals	Sheffield Hallam University Sheffield	July 2002
Challenges in Paediatric Surgery	City Hospital, Nottingham	July 2002
British Association of Paediatric Surgeon's International Meeting	Cambridge, UK	July 2002
15 <sup>th</sup> International Symposium of Paediatric Surgical Research	Graz, Austria.	Nov 2002
Anal Ultrasound-workshop	St. Marks Hospital, London	Nov 2002
Clinical Teachers meeting	Nottingham, UK	May 2003
British Association of Paediatric Surgeons Annual International Meeting	Estriol, Portugal	July 2003
Trent Paediatric Society Meeting	Nottingham UK	Oct 2003
Paediatric Advanced Laparoscopic Course	Strasbourg (France)	Nov 2003
American Association of Paediatric Surgeons Meeting	Beach Ponte Vedra Florida USA	May 2004
Equal Opportunity Course	Leicester (UK)	June 2004
First Adriatic Seminar in Pediatric Surgery	Trieste, Italy	Sep 2004
NECON-2004 (Neonatal Meeting)	PGIMER, Chandigarh, India	Oct 2004
New Surgical Curriculum Conference	Royal College of Surgeons of England LONDON	Oct 2004
Educational Supervision	University of Nottingham, UK	Nov 2004
Training Day EIDO Health Care	Nottingham	Nov 2004

<b>Conference/Workshop</b>	<b>Venue</b>	<b>Year</b>
Standing Together to Face the Future - (For Surgical Training)	Nottingham	Nov 2004
Educational Supervision	University of Nottingham	Nov 2004
Training the Trainer	Royal College of Surgeons of England	Apr 2004
New Examiner's Training Course	Royal College of Surgeons of England	Jan 2005
Pacific Association of Pediatric Surgeon's (PAPS) 38 <sup>th</sup> International Meeting	Vancouver, Canada	May 2005
British Association of Pediatric Surgeon's International Meeting	Dublin, Ireland	July 2005
Pacific Association of Pediatric Surgeon's (PAPS) 39 <sup>th</sup> International Meeting	Taipei, Taiwan	May 2006
British Association of Pediatric Surgeon's International Meeting	Edinburgh, UK	July 2007
British Association of Pediatric Surgeon's International Meeting	Salamanca, Spain	July 2008
American Academy of Pediatrics	Washington DC	Sept 2009
American Association of Pediatric Surgeons	Orlando (USA)	May 2010
British Association of Pediatric Surgeon's International Meeting	Belfast (N. Ireland)	July 2011
Advanced Paediatric Life Support Course	Nottingham	Nov. 2011
Advanced Trauma Life Support Course	Nottingham	Mar. 2012
EUPSA-BAPS Joint Congress	Rome (Italy)	June 2012
Challenges in Abdominal Wall Defects	Vienna (Austria)	April 2012
Paediatric Dietetics Course	London	Nov 2012
EUPSA	Leipzig	May 2013
BAPS	Edinburgh	July 2014
International Colorectal Meeting	Milan	June 2015
BAPS	Cardiff	July 2015
European Colorectal Congress	Switzerland.	Dec. 2015
BAPS	Amsterdam	July 2016

<b>Conference/Workshop</b>	<b>Venue</b>	<b>Year</b>
Indian Association of Paediatric Surgeons Meeting	Agra (India)	Sept. 2016
American Academy of Pediatrics (AAP)	San Francisco	Oct 2016
American Association of Pediatric Surgeons (APSA)	Florida	May 2017
3 <sup>rd</sup> International Conference on Pediatrics and Pediatric Surgery-2018	Frankfurt	May 2018
American Academy of Pediatrics	Florida	Nov 2018
WVU Statewide Trauma Audit	Morgantown WV USA	Feb 2019
4 <sup>th</sup> Annual Faculty Engagement Event	Morgantown WV USA	March 2019
British Association of Paediatric Surgeons Winter Meeting	Glasgow	Jan 2020
Thinking Critically: Interpreting Randomized Clinical Trials ( 2 AMA PRA Category 1 Credits)	Stanford Medicine Online	July 2020
Covid-19 Training for Health care Workers	Stanford University Online	July 2020
Partnering with the Public and Patients in Medical Research	Stanford University Online	August 2020
Exercising Leadership: Foundational principles	Harvard University Online	Aug. 2020
ACS Quality and Safety Conference (44 AMA PRA Category 1 Credits)	American College of Surgeons	August 2020
American Academy of Pediatrics National Meeting (Virtual) (41 AMA PRA Category 1 Credits)	Itasca, IL, USA	Oct 2020

## APPENDIX 2: DETAILS ABOUT INSTITUTIONS TRAINED AT

### **India**

The Postgraduate Institute of Medical Education & Research (PGIMER), Chandigarh is one of the most prestigious and busy teaching hospitals in India. It is a premier tertiary-care referral center with over 1000 beds, which caters to the whole of Northern India covering a population base of over 25 million people. It is an academic center, which is reputed for its emphasis on research and comprehensive patient care. It trains physicians to perform leadership roles all over the country. The selection is based on a national examination, and only six candidates are selected for Surgery out of over 2000 that sit for the entrance exam. While here, I learned my basic surgical skills and rotated through various surgical specialties.

As Chief Resident in General Surgery, it was my responsibility to teach junior doctors. My job description included conducting daily teaching rounds with them, organizing, and chairing academic deliberations such as Journal Club and weekly statistical sessions. All cases admitted within the last week were critically evaluated during these statistical sessions. This position is recognized by the Government of India to be a teaching position and is considered equal to that of a Lecturer.

As a Chief Resident in Paediatric Surgery, my responsibilities were like those of the Chief Resident in General Surgery. As Assistant Professor of Paediatric Surgery, my duties involved teaching advanced surgical skills to chief residents, pediatric surgery residents and to the general surgical residents rotating through the super-specialty of pediatric Surgery. I used to assess and judge the performance of the above higher surgical trainees and was involved in their selection and exit examination. Coordinating the teaching programs and duty rosters were also part of my work commitments.

### **United Kingdom**

, is an internationally recognized 1500 bed, tertiary-care referral center that is one of the largest hospitals in Western Europe. It has also recently been appointed a Level One trauma center.

It is famous for its gastrointestinal Surgery, especially its colorectal Surgery and cancer unit which combines state of the art surgical treatments supported by a robust concurrent research program. The Colon Cancer screening program at Nottingham is internationally acclaimed as a standard all over the world. It is a well-known center for Paediatric Surgery and Paediatric Urology training.

I started as Registrar in Paediatric Surgery at University Hospital, Queen's Medical Centre, Nottingham in February 1995 and continues till August 1995. My job as registrar of Surgery entailed independent and full responsibility for all aspects of ward management. There was a weekly commitment of 2 outpatient clinics, four operating room sessions and being on call with junior medical staff in a 1:4 Rota. While on call, I oversaw assessing the patients and making management decisions. I gathered extensive experience in all aspects of emergency and elective pediatric surgical procedures.

Academically, there were regular weekly postgraduate learning sessions, including audit meetings and journal clubs. I was responsible for teaching medical students from the University of Nottingham and conducted a weekly formal lecture for them on surgical topics. I taught Senior House Officers various surgical

procedures in the day stay surgery unit and main operating theatres. I was involved in the teaching of SHOs who are preparing for the FRCS examinations.

### **Kuwait**

Ibn Sina Hospital is a tertiary referral center for Paediatric Surgery for all of Kuwait. The Department of Paediatric Surgery has a Paediatric Intensive Care Unit with six beds, a Neonatal Intensive Care Unit with 15 beds and a General Paediatric Surgery Unit with 35 beds. The pediatric surgery unit is well supported by dedicated Paediatric Radiologists including Intervention Radiologists, Paediatric Anesthesiologists, and Neonatologists, Nuclear Medicine specialists, a GI physiology laboratory and Urodynamic laboratory. The hospital is visited every year by eminent visiting professors in Paediatric Surgery and Urology from all over the world, some notable ones being Dr James O'Neil, Dr. Howard Sneider, Mr Amir Azmy, Dr Paolo Kaiony, Mr Cohen, Dr PP Selly, Dr Raffael Gosalbez, Mr Azad Mathur, Mr Shailinder Singh and Dr Waleed Farhat.

Ibn Sina Hospital provides Paediatric Surgical services to 5 major Paediatric Hospitals in Kuwait, all of which have ample Neonatal Intensive care facilities. The neonatal Surgery for all these units is provided at Ibn Sina Hospital. There is a rapid turnover rate in neonatal Surgery. Neonates, once stable following their operations, are shifted early on to their referring neonatal center for their full surgical recovery. There is a specialized Paediatric Oncology unit in close vicinity of the hospital. Ibn Sina Hospital provides surgical oncology.

Currently, the hospital is performing on an average of 300 pediatric and neonatal surgeries per month, which includes neonatal surgeries, open and laparoscopic pediatric surgeries. The Department of Paediatric Surgery provides four outpatient clinics per week. On average, 100 children are seen each day in these clinics. The operative theatres are run over five days a week. The average number of children operated each year is 3000.

### **Australia**

The Children's Hospital at Westmead (Royal Alexandra Hospital for Children), Sydney is one of the world's newest centers for Paediatric care and the oldest children's hospital in New South Wales - established in 1880. It has 350 beds with 50 intensive care beds. It has the state's only burns unit for children. As a higher surgical trainee, I trained in all the aspects of burns management. As a teaching hospital of the University of Sydney, I was involved in the instruction of fifth-year medical students and graduate medical students. This is the first pediatric hospital in the world to have no X-ray film. X-ray information is stored on computer and viewed at terminals throughout the hospital. Pioneering work into gene therapy, Hirschsprung's disease and trauma are being carried out in this institution's research laboratories. I was exposed to and trained in the fields of laparoscopy, liver and renal transplants and intensive care.

The new graduate medical program (The University of Sydney Medical Program) has involved the pediatric surgical team at The Children's Hospital at Westmead in planning and teaching a comprehensive basic pediatric surgery curriculum, incorporating several educational innovations. Curriculum design has revolved around the principles of small group interactive teaching and is effectively continuing case-based teaching into the clinical years. I have gained experience in teaching small rotational group SCORPIO workshops. (\* SCORPIO - Structured Clinical Objective Referenced Problem-oriented Integrated Organized rotational workshops) in General Paediatric surgery. These intensive sessions involve coverage of important surgical topics in a "hands-on" interactive way with students. They are an exciting and highly successful innovation in pediatric Surgery and are very popular with students.



The Children's Hospital at Westmead has a separate Department of Surgical Research, headed by Professor Daniel T. Cass. This department is known for its work in the field of Lower Gastrointestinal problems, especially Constipation and Hirschsprung's Disease. It has been responsible for collecting data on all the Hirschsprung's patients in Australia since 1997. There is a good database involving more than 110 patients. Being a part of this department, I spent a good deal of time looking into bowel motility related problems. The hospital has a very well developed Paediatric Gastroenterology Unit with five Consultant Paediatric Gastroenterologists and a Professor of Paediatric Gastroenterology. I had my training in clinical investigations in gastroenterology in Sydney, which helped me in establishing the facilities at the University Hospital in Nottingham.

## **USA**

Children's National Medical Center (CNMC) in Washington, DC is the only exclusive provider of pediatric care in the Washington metropolitan area and is the only freestanding children's hospital between Philadelphia, Pittsburgh, Norfolk, and Atlanta. Serving the nation's children for more than 130 years, Children's National is a proven leader in the development and application of innovative new treatments for childhood illness and injury.

At CNMC, an internationally recognized team of pediatric healthcare professionals care for more than 360,000 patients each year, who come from throughout the region, nation, and world. Serving as an advocate for all children, Children's is the largest non-governmental provider of pediatric care in the District of Columbia, providing more than \$50 million in uncompensated care. Besides, Children's serves as the regional referral center for pediatric emergency, trauma, cancer, cardiac and critical care as well as neonatology, orthopedic Surgery, neurology, and neurosurgery. Children's National is proudly ranked consistently among the best pediatric hospitals in America by US News & World Report and the Leapfrog Group.

I worked as an Attending in the Department of Urology and Department of Surgery. In that role, I did two clinics in Urology per week and one operating list per week. I participated in the on-call roster for both Pediatric Urology and Pediatric Surgery. I was also surgeon of the day every Thursday, which means I provide emergency cover from 6 AM to 3:30 PM as Attending Pediatric Surgeon.

I started working as Attending Pediatric Surgeon at West Virginia University Hospitals since May 2017. This job involved clinical commitments, teaching (undergraduates and postgraduates) and research. The research involves collaboration with the engineering department at WVU to develop intestinal feeding tubes to feed into intestine without peristalsis. I became Chief of Pediatric Surgery in September 2018 and stayed at that position till August 2019 when I returned to the UK.