

The World of Hospitals

For people with no medical background, the hospital environment can be both bewildering and intimidating. This primer will help you learn the ropes.

Who are all these people?

There is a hierarchy in hospitals and it can be mystifying at first. Just as the military is organized by rank, with corresponding authority and responsibilities, the hospital has its own ranking system. In large hospitals there will be a team of people responsible for your child's well-being during treatment.

In teaching hospitals, the hierarchy looks like this:

Attending Physician

Attending physicians are the doctors in charge of choosing an overall treatment plan for your child. "Attendings" are usually also professors; they teach residents and fellows in the hospital and students in any affiliated medical school. Attending physicians have spent four years in college, four years in medical school, and three years as a resident, although in pediatrics, the first year of residency is also the internship year. To specialize in pediatric oncology, a doctor must then be selected for a fellowship in pediatric oncology. After several years of treating children with cancer and doing research, the doctor may seek a position as attending physician. Attending physicians are the top dogs.

In some hospitals attending physicians treat all pediatric cancers, although at large cancer centers each attending physician is generally a specialist in one or more cancers, such as leukemias, brain tumors, bone cancers, neuroblastoma, and so on. Some attending physicians at research hospitals also oversee labs, where they do research with a team of researchers in their respective fields.

The attending physicians usually rotate the responsibility of being in charge of the daily well-being of patients who are hospitalized. This attending doctor (who does not necessarily treat patients with your child's particular cancer) will oversee your child's daily recovery while he or she is an in-patient, although your child's specialist or surgeon will also check on your child. During hospitalizations, a team (often including the fellow, resident, interns and students) supervised by the attending may visit your child on "rounds," the daily check-up on each patient's condition.

Fellow

Fellows are doctors who are working on becoming a specialist in pediatric oncology. Depending on the way your hospital works, a fellow may follow your child's case throughout treatment, or the fellows may rotate. Pediatric fellows have completed four years of college, four years of medical school, and three years as a resident.

The extent of a fellow's pediatric oncology experience is determined by the number of years he or she has been working directly with pediatric cancer patients. Many have a great amount of knowledge in the daily work of caring for children undergoing cancer treatment. Like the attendings, the fellows may rotate the responsibility for children who are currently hospitalized, and they will be an important source of information and support for daily issues when your child is in-patient.

Because the number of cases of neuroblastoma per institution per year is usually very small (most institutions see fewer than four new NB cases per year), a fellow may work many years in a large institution before becoming an expert in the disease. At research hospitals, fellows generally divide their time between clinical and research responsibilities, and are assigned to a specific research lab. A fellow specializing in neuroblastoma will probably be very knowledgeable about your child's treatment.

Resident

Residents are "junior" doctors who are receiving "hands-on" training. Residents are on duty on nights and weekends, and can handle most urgent items and prescribe medications, but big decisions are always made by an attending physician, or perhaps by a fellow in consultation with an attending.

Residents have spent four years in college and four years in medical school. When you see pediatric residents in the hospital, they are completing their three years of residency. At the end of their residency, they are eligible to pass a test and become board certified pediatricians, but they are not experts in pediatric oncology. They can be helpful, however. For example, if you have a concern on a Saturday night, a resident can probably get the right specialist on the case.

Intern

Pediatric interns are first-year residents usually not left in charge on their own, but who work with more experienced doctors and do not make treatment decisions. Interns have spent four years in college and four years in medical school. They are beginning their residency by learning about the practical aspects of medical practice. They are not specialists in pediatric oncology, so their knowledge is more general. They will rely on more experienced doctors for important issues.

Student

A medical student has not yet finished four years of medical school. They are not doctors yet (and are not addressed as “doctor”), and do not make treatment decisions. They are present in the hospital to learn, not to treat patients, which is why they accompany the attendings, fellows, and residents on “rounds” in hospitals affiliated with a medical school.

Physician Assistant (PA)

Physician’s Assistants are exactly what the name implies—they assist physicians in the diagnosis and treatment of patients. Physician assistants usually earn a bachelor’s or master’s degree in an accredited PA program. They are able to prescribe medications and perform procedures such as bone marrow biopsies under the supervision of a doctor. PAs in oncology clinics have additional training in oncology.

PAs in your hospital or clinic may wear white lab coats like doctors, so knowing what to call them can be confusing. If your PAs do not tell you how they want to be addressed, ask them. Some hospitals are very formal and refer to PAs as Mr. or Ms., but other institutions are less formal and PAs are referred to by their first names.

Nurse Practitioner (NP)

Pediatric nurse practitioners are registered nurses who have completed additional training and hold a master’s degree. Most hospitals have either PAs or NPs, but not both, as they are roughly equivalent.

NPs can examine and assess patients and determine whether they need to be seen by an attending or are able to proceed with treatment. NPs perform some duties that physicians usually perform, such as prescribing drugs, writing orders, and performing bone marrow aspirations.

In some hospitals NPs may be assigned to specific attendings. If NPs are assigned to the attending who treats neuroblastoma, they will probably be an important member of your medical team, providing you with invaluable support. For example, a neuroblastoma NP will likely know much more about neuroblastoma than a resident or intern.

Registered Nurse (RN)

Registered Nurses have a two or four year college degree and must pass an exam and be licensed by the state. RNs administer medication. Some oncology wards have

dedicated “chemo nurses” who have special training and administer all of the chemotherapy treatments for patients on that floor.

Charge Nurse (or similar title)

The Charge Nurse is the nursing supervisor for a particular shift on a particular floor of the hospital. The Charge Nurse is the person to see if you have a problem with a nurse, LPN, or nursing assistant, or with a specific nursing rule or practice. There may also be a separate charge nurse who supervises the nurses in the day clinic.

Licensed Practical Nurse (LPN)

Licensed Practical Nurses have a one year degree and perform bedside care. LPNs can change bandages, draw blood, remove IV's, and administer some medications.

Certified Nurse Assistant (CNA)

CNAs check vital signs (blood pressure, pulse, etc) and change bedding, but they cannot administer medications. CNAs are good people to become friends with—for example, they can get extra linens and supplies when you need them.

Social Worker (LSW or LCSW)

Licensed social workers usually have a master's degree in social work and are valuable resource people. Your social worker will help you with parking discounts and meal tickets for the cafeteria, and will suggest support groups if they are available at your hospital or clinic. They work closely with child psychologists to help support the well-being of the “whole” person. Social workers also can tell you about wish organizations, cancer camps, free flights for treatment, the Ronald McDonald House, and other financial resources.

Patient Advocate or Patient Representative

Most problems that you have in the hospital can be resolved simply, either by speaking directly with the offending party or the charge nurse. If you encounter problems that cannot be resolved through these channels, there are third parties you can contact to help. Many hospitals have a patient advocate or patient representative who can help resolve complaints if you cannot handle them yourself. The complaints can be anything from consistently poor service to hygiene concerns to billing errors. If your hospital does not have a patient advocate, you should speak to the social worker about your concerns. A social worker that cannot help may be able to provide information on independent patient advocacy organizations that can assist you. **See “Patients’ Rights & Responsibilities.”**

Child Life Therapist

Child life specialists have a bachelor's or master's degree in child development or some type of therapy. They use play therapy, arts and crafts, and other techniques to provide emotional and developmental support to children and families and help minimize the stress and anxiety of the health care experience.

Child life therapists can help you explain to your child the need for surgery, help your child learn about caring for a central line, and prepare your child for scans, test and other medical procedures. Child life professionals work to create "family centered care" in health care facilities. Some hospitals have volunteers who are supervised by the child life specialists. Individual volunteers may well become significant members of your support network by providing diversion for your child, time out for parents, a sympathetic ear, and in many cases, warm friendship.

In addition to these key players, there are a host of other support staff and specialists, such as psychologists, physical therapists, audiologists, radiologists, billing coordinators, secretaries, and other people working behind the scenes. Knowing "Who's Who" can help you pose your particular question to the right person. For example, if you ask the nurse how to get meal tickets for the cafeteria, she's not likely to know, but the social worker will.

Hospital and Clinic Routines

The amount of time required to treat high-risk neuroblastoma is staggering. Between inpatient (hospital) stays and outpatient visits to the clinic, it is not unusual to spend over 200 days in the course of the first year of treatment—and treatment often continues for two years or longer. You will quickly learn that hospitals and clinics have their own routines developed with the goal to provide consistent high-quality care. Learning the routines and preparing your child as well as you can, depending on the child's age, will reduce the stress of the "unknown" every time your child faces treatment and supportive care.

One more thing...

Hospitals are complex institutions and you will interact with many different professionals doing demanding work in an array of departments. You will be trying to find your way and understand the daunting science of cancer treatment at the same time that you may feel traumatized or angry about your child's diagnosis. While most of the medical professionals you meet will be among the most dedicated and compassionate people you know, it's likely you will also encounter some who are brisk, arrogant, thoughtless, or even downright rude.

Building a good relationship with medical staff and professionals is a necessary part of the treatment process. Naturally, and especially at first, you are under great stress and may not process information the way you normally would. You should feel free to ask questions and if something does not make sense, ask for further explanation. An important part of your job as a parent is to be an advocate for your child, and the most effective advocates are positive, determined, and respectful. An extra “thank you” or a smile often works magic.

As obvious as this all is, most of us can remember too many times when we were so offended, frustrated, or outraged with our child’s illness that we just wanted to punch the first person we saw in a white coat. As challenging as such times will be, try to be as calm and controlled as you can. Working with sick children every day is a very difficult job, and a seemingly rude or distracted medical profession may instead be affected by what happened in the sick room he or she just left.

However, if you do determine that someone has been unprofessional or incompetent, then don’t hesitate to tell the patient representative or appropriate supervisor. Sometimes, on further quiet reflection, you may realize that *you* were the one who crossed the line. In that case, a sincere “I’m sorry” will go a long way toward resolving the situation. Most pediatric professionals understand that you are coping with every parent’s worst nightmare. You are only human. Do your best to treat everyone in the hospital and clinic the way you would like to be treated, but be forgiving and kind to yourself as well!

Please contact editors@nbhope.org with any comments

| Health Care Team <i>Modify this chart and add appropriate contacts</i> | | |
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| Position | Name | Contact Information |
| Attending | | |
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| Fellow | | |
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| Resident | | |
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