

## PEDIATRIC SURGERY

**ROTATION LIAISON:** Dr. Marc Levy, Dr. David Miller, Dr. Ross Morgan, Dr. Don Plumley  
**INSTITUTION:** Orlando Regional Medical Center  
**LEVEL(S):** PGY-4

### I. GENERAL INFORMATION

This rotation will allow the resident to:

- ✓ Understand embryology and normal development
- ✓ Participate in pre- and post-operative care
- ✓ Describe common acute pediatric surgical problems
- ✓ Participate in the evaluation and triage of pediatric trauma

### II. GOALS AND OBJECTIVES

- Basic operative skills:
  - ✓ Appendectomy
  - ✓ Hernia repair
  - ✓ Circumcision

#### PGY-1-5 Resident

##### Knowledge

- Describe common congenital anomalies
- Actively participate in care of the trauma patient
- Actively participate in the care of the critically ill child (ICU)

##### Skills

- Evaluation and management of pediatric “index” cases
- Advanced operative skills:
  - ✓ Congenital anomalies
  - ✓ Oncology cases

#### ACGME Core Competencies

- 1. Patient Care that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health.** Surgical residents must:
  - a. Demonstrate manual dexterity appropriate for their training level.
  - b. Be able to develop and execute patient care plans appropriate for the residents’ level.
- 2. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences, as well as the application of knowledge to patient care.** Surgical residents are expected to critically evaluate and demonstrate knowledge of pertinent scientific information.
- 3. Practice-based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care.** Surgical residents are expected to :
  - a. Critique personal practice outcomes.
  - b. Demonstrate recognition of the importance of lifelong learning in surgical practice.
- 4. Interpersonal and communication skills that results in the effective exchange of information and collaboration with patients, their families, and other health professionals.** Surgical residents are expected to:
  - a. Communicate effectively with other health care professional.
  - b. Counsel and educate patients and families.
  - c. Effectively document practice activities.

5. **Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds.** Surgical residents are expected to:
  - a. Maintain high standards of ethical behavior.
  - b. Demonstrate a commitment to continuity of patient care.
  - c. Demonstrate sensitivity to age, gender and culture of patients and other health care professionals.
6. **Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the large context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.** Surgical residents are expected to:
  - a. Practice high quality, cost effective patient care.
  - b. Demonstrate knowledge of risk-benefit analysis.
  - c. Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

### III. EVALUATION

A computerized evaluation will be completed by the faculty at the end of each rotation. Additionally, you are required to submit your evaluation of the rotation and faculty to the residency director.

### IV. CONTACTS

Rotation Liaison – Dr. Michael Cheatham  
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## SCORE CURRICULUM COMPONENTS

### **CATEGORY 23: PEDIATRIC SURGERY**

#### DISEASES/CONDITIONS

##### **BROAD**

- Umbilical hernia
- Inguinal hernia
- Malrotation
- Hypertrophic pyloric stenosis
- Intussusception
- Meckel's diverticulum

##### **FOCUSED**

- Gastroschisis
- Omphalocele
- Esophageal atresia
- Tracheoesophageal fistula
- Foreign bodies of the trachea/esophagus
- Congenital diaphragmatic hernia
- Duodenal atresia/stenosis
- Pancreas divisum
- Intestinal atresia and meconium ileus

- Imperforate anus
- Necrotizing enterocolitis
- Congenital agangliosis (Hirschsprung's disease)
- Biliary atresia
- Choledochal cysts
- Cryptorchidism
- Wilms tumor
- Neuroblastoma

## **OPERATIONS/PROCEDURES**

### **ESSENTIAL – COMMON**

- Inguinal hernia repair
- Umbilical hernia repair

### **ESSENTIAL – UNCOMMON**

- Pyloromyotomy
- Emergency operation for malrotation
- Emergency operation for intussusception

### **COMPLEX**

- Excise branchial cleft anomaly
- Excise thyroglossal duct cyst
- Orchiopexy
- Antireflux procedure – open
- Antireflux procedure – laparoscopic
- Repair intestinal atresia/stenosis
- Repair diaphragmatic hernia
- Repair omphalocele/gastroschisis
- Procedure for meconium ileus/necrotizing enterocolitis
- Excision Wilms tumor/neuroblastoma
- Operation for Hirschsprung's/imperforate anus
- Repair esophageal atresia/tracheoesophageal fistula
- Repair deformity chest wall