



Division of Pediatric Surgery Fellows' Curriculum

The pediatric surgery fellows (PSFs) are selected through the National Resident Matching Program (NRMP).

The duration of training is two years and both PSFs participate in the ABS In-Training Examination in February of each year.

SUPERVISORY LINE OF COMMAND

The Chief of Surgery also serves as Program Director and is responsible for overseeing all teaching conferences, establishing the standard of care for, and the smooth running of the pediatric surgical service. In his absence, the Associate Division Head assumes responsibility for the pediatric surgical service.

The next level of responsibility for the pediatric surgical service rests with the attending surgeons, followed by the 2nd year PSF. The 1st year PSF reports to the 2nd year PSF; both report directly to the Rounder (attending surgeon for the week), or to the patient's specific attending or to the attending on call (evenings and weekends).

The international fellow, rotating general surgery residents, nurse practitioner (NP) and physician's assistant (PA) report to the 2nd year PSF, or to the 1st year PSF when the 2nd year PSF is not available (OR, post call, etc). If neither the 1st nor the 2nd year PSF is available, then the international fellow, rotating general surgery residents, NP and PA will contact the Rounder or attending surgeon directly.

Morning work rounds for the surgical team are led by the 2nd year PSF and are attended by all fellows and residents (including the international fellow, rotating surgery residents and the 1st year PSF), 3 physician extenders (NP and PA), with the Rounder supervising the process. The time, flow and format of these rounds are at the discretion of the 2nd year PSF. Evening rounds are conducted by the 2nd or 1st year PSF and are attended by the night call team, and one NP and/or PA.

RESPONSIBILITIES OF PEDIATRIC SURGERY FELLOWS

1st year PSF

First month of training – General Pediatric Surgery Services:

- Attends orientation to the systems, programs and services of the division and the hospital
- Works under the direct supervision of the 2nd year PSF and attending surgeons
- Takes call as assigned
- Participates in bedside rounds and teaching conferences
- Learns overview of fluids and electrolytes, nutritional requirements, pre- and post-operative care, ECMO and cardiopulmonary resuscitation



Four-week rotation – Neonatal intensive care unit (NICU):

- Works under direct supervision of full-time neonatologists
- Takes call as assigned
- Participates in bedside rounds and teaching conferences
- Provides care to assigned patients
- Principal objectives of this rotation are for the PSFs to acquire more extensive exposure to, and to develop a deeper understanding of neonatal physiology and pathophysiology, congenital cardiac anomalies, intracranial bleeding, principles of respiratory care and ventilator management in the newborn, neonatal sepsis, bilirubin metabolism, fluids and electrolytes and nutritional needs of the neonate.

Two-week rotation – Pediatric Intensive Care Unit (PICU):

- Works under direct supervision of full-time Intensivists
- Takes call as assigned
- Participates in bedside rounds and teaching conferences
- Provides care to assigned patients
- Principal objectives of this rotation are for the PSFs to acquire more extensive exposure to, and to develop a deeper understanding of: 1) the pathophysiology of various pediatric disorders that may lead to hemodynamic instability, cardiac or respiratory failure; 2) the principles of respiratory care and ventilator management in the critically ill pediatric patient; 3) the approach to the evaluation and management of sepsis; 4) the approach to fluid management, nutrition and metabolism in the critically ill pediatric patient.

Two-week rotation – ENT Services:

- Acquires experience in rigid and flexible esophagoscopy and bronchoscopy
- Participates in common otorhinolaryngologic procedures

Four-week rotation – Pediatric Urology Services:

- Works under direct supervision of attending urologists
- Learns principles and management of common problems in urologic surgery
- Concentrates on management of renal transplant patients



Remainder of the 1st year (approximately eight months) – General Pediatric Surgery Services:

- Works under direct supervision of 2nd year PSF, Rounder, and other attending surgeons
- Takes call as assigned
- Participates in pre-, intra-, and post-operative care of patients
- Participates in bedside rounds, teaching conferences, morbidity and mortality conferences and service meetings
- Participates in outpatient follow-up care of surgical patients
- Learns basic areas fundamental to pediatric surgery including embryology, genetics, wound healing, blood disorders, immunology, transplantation, physiology and pathology of the circulatory, respiratory, gastrointestinal, genitourinary and endocrine systems

2nd year PSF – General Pediatric Surgery Services:

- Works under direct supervision of attending surgeons
- Fully responsible for “running the service”
- Supervises 1st year PSF, all rotating residents, international fellow, medical students, and other trainees (research fellows and moonlighters) who are involved in patient care in the Division of Pediatric Surgery
- Organizes surgical conferences: Morbidity and Mortality (M&M), Divisional Grand Rounds, Radiology Rounds, Joint Conference with Great Ormond Street Hospital in the United Kingdom
- Develops competence in pre-, intra-, and post-operative management of “index cases”
- Develops competence in complete care of critically ill infants and children, and management of patients with injuries to single or multiple organs
- Attains detailed knowledge of congenital, neoplastic, infectious, and other acquired conditions of the gastrointestinal tract, abdominal organs, blood and vascular system, diaphragm, thorax and endocrine organs, reproductive organs, and head and neck
- Participates in outpatient clinic as an integral component of the program – takes history and performs physical examination, makes appropriate provisional diagnosis, initiates diagnostic procedures and formulates preliminary treatment plans. Also provides follow-up care for post-operative patients