

PEDIATRIC RESIDENTS ON THE PEDIATRIC SURGERY ROTATION:

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Chief of Pediatric Surgery: Jeremy Aidlen, MD

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FACULTY:

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TEAM MEMBERS:

Deborah Perreault (Administrative Assistant): Office# 4-0028

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Katherine Bailey, NP (Nurse Practitioner): 508-254-6878 (cell)

Melanie Jung, NP (Nurse Practitioner): 410-310-4260 (cell)

GENERAL OBJECTIVES

1. Participate as an active team member on the pediatric surgical service.
2. Perform pediatric surgical consultations with goal of appreciating indications for surgical consultation in pediatric and neonatal patients.
3. Become knowledgeable about outpatient pediatric surgical practice including indications for referral.
4. Understand the team approach to the care of pediatric trauma.
5. Increase expertise on the warning signs and symptoms of child abuse.
6. Learn about nasogastric tubes, gastrostomy tubes (placement, assessment, exchange) and central lines (ports, broviacs, PICCs) and how to trouble-shoot them.
7. Participate in multidisciplinary conferences (radiology, tumor board, trauma, CPCs)
8. Provide and experience to pediatric residents tailored to individual learning interests and career goals.

COMPETENCY BASED OBJECTIVES

1. Demonstrates proficiency in taking a thorough epidemiological and family history relevant to establishing a diagnosis of a pediatric surgical process
2. Demonstrates proficiency in performing a comprehensive physical examination, with emphasis on findings that suggest surgical pathology, acute abdomen and acute testicle.
3. Performs comprehensive assessment and proposed evaluation and treatment of pediatric surgical consult patients in the Pediatric Surgical Clinic, and other Surgical Specialty Clinics.
4. Demonstrates an understanding of the pathogenesis and treatment of the following potentially serious pediatric surgical conditions:

1. Intestinal Obstruction, including Malrotation, intussusception, pyloric stenosis
 2. Abdominal Wall defects
 3. Soft Tissue Tumors
 4. Pediatric Trauma
 5. Pediatric GI Bleeding
 6. Newborn Surgical Emergencies
5. Demonstrates an understanding of the limitations of pediatric primary care practice and the criteria for pediatric surgical consultation
6. Demonstrates knowledge of the following specific areas:

Pain

- a) Assesses a pediatric patient's level of pain using standard scales.
- b) Discusses the risks associated with pain medication and can identify signs of over dosage in a pediatric surgical patient.
- c) Appropriately treats pain medication over-dosage.
- d) Discusses risks associated with anesthesia for surgical procedures and appropriate work-up for preoperative patients.

Wound Care

- a) Discusses general classifications of surgical wounds
- b) Discusses principles of wound management in pediatric surgical patients.

Pediatric Surgical Disease

Discusses the general principles of diagnosis and management (operative and nonoperative) of:

- a) Pediatric appendicitis, both acute and perforated
- b) Pyloric stenosis
- c) Inguinal hernias
- d) Umbilical/epigastric hernias
- e) Testicular torsion
- f) Intussusception
- g) Malrotation
- h) Esophageal and airway foreign bodies
- i) Lymphadenopathy in a child
- j) Undescended testis or testes
- k) GI bleeding in the newborn or pediatric age group patient
- l) Common gynecologic conditions in adolescents
- m) Tracheo-esophageal fistula
- n) Congenital diaphragmatic hernia
- o) Neonatal intestinal obstruction
- p) Gastroschisis / Omphalocele

- q) Pediatric solid tumors (Wilm's, neuroblastoma, liver tumors, etc.)
- r) Hirschsprung's disease
- s) Congenital ano-rectal malformations
- t) Surgical Newborn Jaundice
- u) Necrotizing enterocolitis

ROLE OF THE PEDIATRIC RESIDENT ON THE PEDIATRIC SURGICAL SERVICE

- Attend daily morning rounds, assume care of selected floor patients to present on rounds and participate in patient care discussions. Generally speaking, holding the consult pager is not expected, but participating in interesting consults is expected. Staying for resident sign out is generally not expected. Pediatric residents will be expected to be available through afternoon rounds (unless in clinic) and will be dismissed afterwards.
- Attend NICU rounds with the pediatric surgery attending when there are cases of interest.
- Attend surgery clinics and actively be involved in patient visits – assessments and presentations to attendings.
- Assist surgical residents with orders, specifically as they relate to pediatric medication dosing.
- Facilitate communication with consult patients on the Pediatric Hospitalist or Heme Onc teams.
- Be a contributing member of the team – particularly on busy days when the clinic, in-patient, ED consults and OR are busy! Primary team responsibilities (ordering, documentation) for inpatients and consults will be expected of the surgical residents, however, the pediatric residents may facilitate communication and orders when appropriate.
- Contribute to surgical resident education by giving at least 1 talk/month on a pediatric topic presented to the surgical team. Examples include:
 - o Lumps and bumps
 - o Viral illnesses
 - o Rashes
 - o Pediatric malignancies
 - o Other general pediatrics topics
- Participate in surgical consults:
 - o Be involved in discussions surrounding the final assessment of the patient, prior to or during the presentation to the surgical attending
 - o Take part in prenatal consults with the surgical attending
- Join the team for afternoon rounds and family discussions if not otherwise occupied in clinic.
- Participate in pediatric traumas if that is of interest. If so, please let them know your interest at the beginning of the rotation.

COMMUNICATION WITH THE SURGICAL TEAM

- Before starting the rotation: If possible, move your continuity clinic days to Tuesday.
- Please email Muriel.cleary@umassmemorial.org prior to starting your rotation to let us know to expect you on service.

- On the first day of the rotation: Exchange contact information with all the team members, including cell phone/pager numbers and email.
- Daily after morning rounds: be sure to check in with the Chief of the service to outline the plan for the morning (ie which clinics to attend, which cases to observe, what patient care items the team may need help with)
- Review the elective OR schedule at the beginning of each week with the surgical team.

OPERATING ROOM

- The OR schedule is available in EPIC and a schedule will be emailed to the team for the week.
- Cases that you should absolutely try to observe during your rotation:
 - o Appendectomy
 - o Gastrostomy tube placement
 - o Inguinal hernia repair
 - o NICU cases
 - o Any other interests you may have
- A significant portion of teaching occurs during cases in the OR so you are encouraged to attend.
- The pediatric resident is always welcome to scrub into the cases if interested in seeing the procedure more closely.
- There is also the potential for the pediatric resident to work with the pediatric anesthesiologist during the case.

PEDI SURGERY CLINIC DAYS

Monday AM / Thursday AM – Dr. Aidlen

Tuesday PM / Wednesday AM - Dr. Cleary

Once Monthly Wednesday PM– Dr. Hirsh

Thursday PM Feeding Clinic – Katherine Bailey NP

Post-Op Clinics – Monday AM/Fri Am-PM

*Please call Debbie or Mandy directly in the office to schedule follow-up appointments.

SURGICAL CONFERENCES:

- Pediatric Surgery Didactic Conference: 730am every Thursday
 - o Each intern, resident, medical student is expected to present a 15-20 minute talk on a topic of their choice. Attendings can help identify a good topic if there is uncertainty.
 - o Attendings will give the 4th talk of the month on a relevant topic
- Radiology conference: 8am every Thursday
 - o PGY4 should prepare a short narrative for patients being presented

- Pediatric Tumor Board: 3rd Thursday monthly 4-5pm
 - o Run by Hematology-Oncology service. Residents may be asked to present patients if they have undergone surgery.
 - Surgical CPC: 12-1pm on the 5th Wednesday of months with 5 Wednesdays in H5-381
 - o Chief resident will be asked to present on a case of their selection from that month. Attendings can help identify good patients for this – interesting from a Radiographic, Pathologic and Pediatric perspective.
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RECOMMENDED PEDIATRIC SURGERY REFERENCES:

- **Sabiston - Textbook of Surgery**, Pediatric Surgery Chapter
- **Principles of Pediatric Surgery** by *Oneil, Grosfeld, Fonkalsrud, & Coran*
- **Operative Pediatric Surgery** by *Ziegler, Azizkhan, and Weber*
- **Pediatric Surgery** by *Ashcraft, Murphy, Snyder, and Holcomb*
- Current articles in peer-reviewed journals (e. Journal of Pediatric Surgery)
- **Not A Textbook (NaT)** Resource from American Pediatric Surgical Association (APSA) – website www.pedsurglibrary.com. NaT Unbound Medicine App available for mobile devices as well.
- There is also a relatively new **UMass Pediatric Surgery Google Drive** created this year to share rotation information, textbook chapters, algorithms, protocols, student/resident/attending didactic presentations, references/journal articles and on-going research within the division.

Name: UMass Pediatric Surgery

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