

# Pediatric Surgery Rotation

## 1. OVERVIEW

Children's Hospital of Central California, formerly known as Valley Children's Hospital, is a 255-bed tertiary care hospital located in Madera, California, just north of Fresno. This hospital offers comprehensive medical care for children under 18. The hospital features general and acute care for all children, neonatology, critical care, emergency care, surgical care and pediatric cardiac care with rehabilitation. These two 4-week blocks, PGY-3 rotation is designed to provide advanced experience in neonatal and pediatric surgery. Residents gain some experience on the Red/Gold services at Kern Medical Center, and are ready to learn detailed and advanced management of surgical illnesses in the pediatric population. Importantly, this prepares them for the Chief Residency when they assume more responsibility on the Red / Gold services.

During this rotation, the PGY-3 residents will participate in all aspects of pediatric and neonatal surgical care at the Children's Hospital of Central California. Housing is provided by the hospital. Residents will become familiar with pediatric and neonatal resuscitation, trauma care, and congenital and acquired surgical diseases of children. Residents are expected to participate in all pre- and post-operative care as well as operative care of all patients under their care. They must also provide a log of continuity of care to demonstrate completeness of the experience at this hospital.

The PGY-3 resident, if not scheduled to be on call, must return to Kern Medical Center every Wednesday afternoon to participate in all educational conferences weekly.

## 2. GOALS

The primary goal of this rotation is to engage residents in clinical and didactic learning experiences to broaden their understanding and skills in neonatal and pediatric surgery.

### a. Neonatology:

- i. Demonstrate the ability to provide competent surgical care to neonates through recognition of pathophysiologic conditions.
- ii. Be prepared to provide life-sustaining initial care and urgent operative intervention for neonates.
- iii. Demonstrate the ability to direct the patient care team and stabilize the neonate for definitive perioperative and operative repair of surgical lesions.

### b. Pediatric Surgery:

- i. Demonstrate an understanding of the anatomic and physiological differences between children and adults.
- ii. Demonstrate an understanding of the fundamentals of pediatric surgical disease, its diagnosis, and its surgical management. Demonstrate the ability to manage surgical conditions in the pediatric population.

### 3. OBJECTIVES

- a. **Patient Care:** By the completion of this rotation, the resident will:
  - i. Develop independent skills in assessing neonatal and pediatric patients and decision-making in such patients.
  - ii. Demonstrate and understand the knowledge and skills necessary to practice in a tertiary referral children's hospital
  - iii. Demonstrate knowledge of all components of neonatal and pediatric surgery and apply them appropriately to these patients.
  - iv. Demonstrate an understanding of the principles of pre- and post-operative management of neonatal and pediatric surgical patients.
  - v. Demonstrate an understanding of team approach to bariatric surgery.
  
- b. **Medical Knowledge:** By the completion of this rotation, the resident will:
  - i. Demonstrate and understand the medical knowledge necessary in the practice of neonatal and pediatric surgery.
  - ii. Demonstrate the basic and advanced knowledge in caring for neonatal and pediatric surgical patients.
  - iii. Demonstrate the ability to acquire medical knowledge and apply such knowledge to patient care.
  - iv. Demonstrate the ability to use information technology to increase medical knowledge base in neonatal and pediatric surgery.
  
- c. **Practice-based learning:** Resident is expected to
  - i. Be able to evaluate own performance,
  - ii. Incorporate feedback into improvement activities;
  - iii. Effectively use technology to manage information for patient care and self-improvement.
  
- d. **Interpersonal and communication skills:** Resident is expected to:
  - i. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
  - ii. Work effectively with others as a member of the OR team.
  
- e. **Professionalism:** Resident is expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Resident is expected to:

- i. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients that supercedes self-interest; accountability to patients, and a commitment to excellence and on-going professional development.
  - ii. Demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.
  - iii. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
- f. **Systems-based practice:** Resident is expected to:
- i. Practice cost-effective health care and demonstrate knowledge of resource allocation that does not compromise quality of care
  - ii. Advocate for quality patient care and assist patients in dealing with the complexities of the OR experience.

#### **4. CLINICAL EXPERIENCE**

The resident participates in all aspects of surgical care including preoperative visits, operative procedures and post-operative care including post operative office visits, under the direct supervision of the faculty. The resident is expected to participate in the faculty's office practice and in-hospital care including patients in the regular surgical wards and pediatric and neonatal intensive care units.

#### **5. DIDACTIC EXPERIENCE**

In addition to case-based readings, the resident is expected to participate in all didactic activities presented at the Children's Hospital of Central California. In addition, the resident, if not assigned to be on call, must return to the primary sponsoring institution, Kern Medical Center, every Wednesday afternoon to participate in all teaching activities including faculty lectures, board reviews, grandrounds and departmental M&M conferences. The resident is encouraged to present complications at this M&M meeting.

#### **6. RESPONSIBILITIES**

- a. **Decision making**  
Decisions are made directly under the supervision of the faculty staff
- b. **Planning**  
Planning for care is done on an ongoing basis with the faculty staff and pediatric surgical team.
- c. **Direct patient care**  
Patient care is performed directly under the supervision of the faculty staff.
- d. **Record keeping**  
Residents complete all pre-op History and Physical, progress notes discharge summaries and operative dictations on all patients, under direction of the faculty staff. Operating notes are written or dictated by

the faculty staff or by the resident under direct supervision by the faculty staff within 24 hours of the operation.

e. **Order writing**

Orders are generally written by the resident responsible for the care of the patient. Perioperative orders are written by the faculty staff or by the resident under direct supervision by the faculty staff.

f. **Ongoing patient management**

Patient management occurs in the medical office, in the hospital and in the outpatient surgery setting, all under the direct supervision of the faculty staff.

7. **SUPERVISION**

Residents are under direct and indirect supervision by the faculty staff at all times.

8. **SCHEDULE**

Resident schedules are Monday through Friday, 7:00 am to 5:00 pm with weekend calls as assigned. The CHCC is fully compliant with the ACGME 80-hour workweek rules and regulations. The resident will have a minimum of one full day off from clinical duty per week average over a 4-week period.

9. **DISTRIBUTION OF GOALS AND OBJECTIVES**

Goals and objectives of this rotation are distributed at the beginning of the residency year to each resident. Copies are sent by email to each resident assigned to this rotation prior to the beginning of the rotation. Additional copies can be obtained in the surgery residency coordinator's office. The goals and objectives can also be assessed via the KMC surgery website:

[www.kmcsurgery.org](http://www.kmcsurgery.org)

10. **METHODS OF IMPLEMENTATION**

Goals and objectives are implemented through one on one precepting, direct staff supervision, faculty and resident role modeling, case-based readings, daily rounds, and spontaneous and planned didactic sessions.

11. **VACATION**

Residents may schedule vacation with the approval from the associate program director, Dr. David Hodge.

12. **CALL RESPONSIBILITIES**

Residents will share calls with UCSF-Fresno surgical and ER residents rotating on this service. Calls will typically be no more than every third night and residents are expected to be able to leave the hospital by noon the next day after 24 hours of continuous duty.

Night call duties include initial assessment of emergency and trauma patients, history and physical examinations, provide consultation as requested, pre- and post-operative care and assist faculty in surgical procedures as needed.