

PEDIATRIC SURGERY

Outline of the Rotation Syllabi

- I. Orientation Guide to the Service
 - A. Composition of the Service; Lines of Supervision
 - B. Roles and Responsibilities of each team member
 - C. Weekly Schedule
 - D. Policies

- II. Curriculum (including Core Competencies)
 - A. Objectives and Methods
 - B. Evaluation Tools
 - C. Reading

- III. Appendices
 - A. Standard Orders
 - B. Practice Guidelines for Common Procedures
 - C. Resident Manual
 1. Professional Behaviors
 - a. Dress
 - b. Punctuality
 - c. Courtesy
 - d. Accuracy
 - e. Thoroughness
 - f. Prompt Dictation
 - g. Communication
 - h. Documentation
 - i. Proactive Behavior

Pediatric Surgical Service

I. Orientation Guide to the Service

A. Composition of the Service: Lines of Supervision

1. The Pediatric Surgery Service at Doernbecher Children's Hospital (DCH) includes a senior resident (PGY-4), junior resident (PGY-2) or (PGY-3) and intern (PGY-1) as well as an occasional medical or PA student. Residents are supervised by four faculty members with direct responsibility for the patients on the service. The Pediatric Surgical Service at Emanuel Children's Hospital has two residents: a PGY-1 and PGY – 3.

2. Residents are responsible for day-to-day care of all pediatric surgery patients under supervision of the faculty. Residents are responsible for communicating to the individual directly senior to them about all admissions, consultations, and significant changes in the condition of all inpatients and of all outpatients who may call with problems. During the week (Monday through Friday) residents should communicate directly with the attending responsible for each patient; on weekends and at night, problems should be addressed with the on-call faculty member unless otherwise specifically directed.

B. Roles and Responsibilities of Each Team Member

1. Interns, or other primary call Residents, are responsible to sign out all patients on the service for whom they have responsibility to the covering intern or resident for that evening by 6:00 pm Monday through Friday and before noon on Saturdays, Sundays, or holidays. During weekdays and when they are on call, the interns or residents are responsible for care of ward patients and are first responders to the Emergency Room for evaluation of patients who present there. They are required to notify their senior resident and/or faculty surgeon of changes in the condition of patients.

2. Junior residents are responsible for supervising intern care of ward patients, for primary care of ICU patients, and for consults from other services. They answer calls from discharged patients while on call and during weekdays. They are responsible to keep their senior resident and/or attending surgeon notified of significant changes in patient condition.

3. Chief residents are responsible for overall smooth running of the service and must serve as a role model for appropriate professional behavior, leadership, surgical knowledge, and patient care.

For a list of specific responsibilities of each team member, see attached list.

C. Pediatric Surgery Weekly Schedule

1. MONDAY

715-1000 Grand Rounds and Resident Conference-all students and residents.
Old Library Auditorium.

0940-1700 Time to complete ward work, attend clinic, or perform
procedures/operations as appropriate.

1700 M&M Conference in 8th Floor Auditorium. (8B60)

2. TUESDAY

OR or clinic day.

3. WEDNESDAY

0900 Doernbecher attending rounds
Emanuel teaching conference and M/M

1100- Operating room, ward work, or clinic

1100-1200 (second Wednesday of the month) Division M&M

4. THURSDAY

0700 Emanuel Trauma Conference

0830- Operating room, clinic

5. FRIDAY

1130-1300 (second Friday of the month) DCH Pediatric Surgery, Radiology
& Pathology Conference

1300- Clinical work

D. Policies

1. All patients must have a history and physical examination both by a resident and an attending surgeon documented IN THEIR CHART or dictated within 24 hours of admission.

2. All patients must have daily progress notes that include the physical assessment, progress, and plan of care. A resident, not by a student, must write these daily notes.

3. All patients undergoing operations should have a pre-operative check that their evaluation, orders, consent, and laboratory work are completed and satisfactory for them to proceed with surgery.
4. All patients should have a brief written operative note documented in the medical record immediately after their operations. This note must be placed in the record before or while the patient is in the recovery room.
5. All inpatients undergoing surgery should have a post-operative check documented in their medical record on the evening of their operation.
6. Discharge summaries must be dictated within 24 hours of discharge. Discharge dictations should always include complete name and address of all referring physicians who should receive copies of the document.
7. Residents should report to the OR prepared with appropriate knowledge of the patients' clinical history, anatomy and physiology, relevant imaging studies, and operative strategies.
8. All operative reports must be dictated before the end of the day of surgery.
9. Appropriate professional dress and demeanor are expected at all times.
10. Residents are expected to attend required department and service conferences.
11. Residents are required to comply with ACGME mandated duty hours standards. Any indication that duty hour rules will be violated shall be brought to the attention of the Chief of the Service PRIOR to any violation occurring.
12. Residents are expected to report to a resident senior to them or to an Attending surgeon if they are so stressed or fatigued that they feel their ability to perform safe patient care may be compromised.

II. Curriculum (including core competencies)

A. Objectives and Methods

1. Table One: Core Competencies: Methods of Teaching and Evaluation
2. Table Two: Pediatric Surgical Service: Level-Specific Objectives and Evaluation Tools
3. Table Three: Pediatric Surgical Service: Common Objectives and Evaluation Tools for Residents

B. Evaluation Tools

1. Division of Pediatric Surgery Resident Evaluation
2. Pediatric Surgery Procedural Skills Performance Ratings

C. Readings

1. **Operative Pediatric Surgery**, Eds. Moritz Ziegler, Thomas R. Weber, Richard G. Azizkhan, McGraw-Hill, 2003

2. **Nelson Essentials of Pediatrics**, 4th Edition, Eds. Richard E. Behrman and Robert M. Kliegman, Elsevier 2002
3. **Pediatric Surgery**, 5th Edition, Eds. James A. O'Neill, Jr., Marc I. Rowe, Jay L. Grosfeld, Eric W. Fonkalsrud and Arnold G. Coran Elsevier, 1998

III. Appendices

- A. Resident manual (see attachment)

Instructions for Rotation on the Pediatric Surgery Services

Resident Responsibilities

1. **Senior Resident**
 - a. Rounds with team q AM and sees all service patients and consults.
 - b. Assigns resident coverage for operations.
 - c. Assigns resident coverage for clinics.
 - d. Discusses and develops plan for each patient with the attending q AM.
 - e. Coordinates care for each patient (inpatient, outpatient, consults, etc.) with appropriate delegation of responsibility.
 - f. Teaches students, junior residents.
 - g. Keeps and reports to the Chief of Service, the statistics of Morbidity and Mortality.

2. **Junior Resident**
 - a. Rounds on ICU patients as a priority.
 - b. After ICU rounds, helps interns on ward rounds.
 - c. Sees new consults and develops plan of care with senior resident and/or attending.
 - d. Manages the daily care of all ICU patients (including bedside procedures) with supervision of the senior resident and/or the attending in a coordinated fashion with the ICU services.
 - e. Develops plan for outpatient calls.

3. **Intern (Doernbecher only)**
 - a. Rounds on ward patients as a priority.
 - b. Discusses and develops plan of care of ward patients with the senior resident.
 - c. Keeps records of laboratory data daily and corrects abnormalities.
 - d. Obtains results of all diagnostic studies of ward patients.
 - e. Dictates summaries of ward discharges and deaths.
 - f. Directs medical students on daily ward rounds.
 - g. Attends discharge-planning rounds with nurses and case manager.
 - h. Leads multidisciplinary rounds.
 - i. Updates daily patient census.

4. **Nurse (Doernbecher only)**
 - a. Rounds on ward patients with the team.
 - b. Participates in the discussion and development of the inpatient plan of care.
 - c. Documents patient's daily physical assessment, progress, plans of care and discharge process (prescriptions, return visit, role of PCP, and wound care). These notes must be co-signed by a resident.
 - d. Communicates with the intern, attending, and resident regarding patient variations from the plan.
 - e. Obtains a complete history and physical assessment on admission and daily for assigned patients.
 - f. Participates in completing and dictating discharge summaries and plan of care for inpatients.
 - g. Develops plan of care for outpatient calls into the Pediatric Surgery office.
 - h. Attends clinic per schedule.

- i. Teaches house staff and medical students.
- j. Assists in meeting the 11:00 discharge time as mandated by hospital administration.
- k. Develops service protocols and practice guidelines.

5. **Medical Students; Physician Assistant Students**

- a. Rounds on ward patients with the team.
- b. Participates in the discussion and development of the inpatient plan of care.
- c. Documents daily physical assessment, progress, and plan of care on patients specifically assigned to them.
- d. Communicates with the intern and residents regarding patient variations from the plan.
- e. Attends all conferences and clinics and operations as directed by the chief resident.

In general, members of the resident team must know about all patients on the patient census and demonstrate command of the current patient status and on-going plan.

TABLE ONE: CORE COMPETENCIES: METHODS OF TEACHING AND EVALUATION

Competency	Method of Teaching	Method of Evaluation
Patient Care	Teaching rounds Didactic conferences <ul style="list-style-type: none"> • Service-based conference • Resident conference Care conferences	Performance evaluations (Faculty) 360° eval; nurses, peers Patient surveys Procedure evaluation
Medical Knowledge	Grand Rounds Weekly resident Conferences Self-directed reading Programmed reading	Performance evaluations (Faculty) Weekly resident conference Exams ABSITE exam
Practice-Based Learning And Improvement	M&M Conference Presentations Portfolios Didactic conferences	M&M Conference Presentations Portfolios: conference with Advisor
Interpersonal and Communication Skills	Workshops	360° eval; nurses, peers, Ward clerks Patient surveys
Professionalism	Workshops	360° eval; nurses, peers, Ward clerks Patient surveys
Systems-based Practice	CME presentations Workshops Didactic conference	360° eval; case manager

TABLE TWO: PEDIATRIC SURGICAL SERVICE: LEVEL-SPECIFIC OBJECTIVES AND EVALUATION TOOLS

In addition to COMMON OBJECTIVES:

Year	Domain	Objective	Evaluation Tool
PGY-1	Communication Skills	Demonstrate the ability to relay relevant clinical information up the chain of command in the resident and faculty architecture	Chief resident and faculty evaluations
PGY-2/3	Patient Care	1. Demonstrate ability to efficiently and accurately evaluate clinical consults 2. Demonstrate ability to plan and execute the evaluative stage of patient care including appropriate tests and therapeutic interventions	Chief resident and faculty evaluations
PGY-2/3	Communication Skills	1. Respond promptly and courteously to requests by the E.D. and other services 2. Relay relevant clinical information up the chain of command in the resident and faculty architecture	360° evaluations (E.D. staff, Pediatric chief residents) Chief resident and faculty evaluations
PGY-2/3	Systems-Based Practice	Demonstrate ability to coordinate patient care in an efficient, cost-effective, and clinically appropriate manner	360° evaluations (E.D., Pediatrics, ICU nurses) Chief resident and faculty evaluations
PGY-4	Patient Care	1. Plan, coordinate, and prioritize all patient care activities on the service 2. Accurately assess and supervise the skills of junior team members 3. Promote safe and effective patient care without excessive direction of the junior residents 4. Know details of patients on the service and delegate aspects of their care appropriately 5. Plan and supervise teaching rounds	Faculty evaluations 360° evaluations

Year	Domain	Objective	Evaluation Tool
PGY-4	Practice-Based Learning and Improvement	Analyze clinical and judgment limitations and adverse outcomes to enhance patient care	M&M presentations
PGY-4	Interpersonal and Communication Skills	Value and acknowledge the contributions of other team	360° evaluations (peers)
PGY-4	Interpersonal and Communication Skills	Communicate effectively with referring physicians, consulting services, attendings, support staff, patients and families to maintain harmonious functioning of the service	360° evaluations (patients, nurses)
PGY-4	Professionalism	Assume responsibility for service and resident performance	Faculty evaluations
PGY-4	Systems-Based Practice	Demonstrate ability to coordinate patient care in an efficient, cost-effective, and clinically appropriate manner	Faculty evaluations 360° evaluations (nurses, case managers, Department of Pediatrics, ICU)
PGY-4	Systems-Based Practice	Direct service activities to maximize learning of residents, interns, and medical students	360° evaluations (peers, students)

TABLE THREE: PEDIATRIC SURGICAL SERVICE: COMMON OBJECTIVES AND EVALUATION TOOLS FOR RESIDENTS

Domain	Objective	Evaluation Tool
Patient Care	Demonstrate a caring and respectful behavior towards patients and their families	360° evaluation (nurses, patients)
	Perform complete and accurate patient evaluations	Teaching rounds and chart review (chief resident and faculty assessments)
	Demonstrate knowledge of medical facts, patient preferences, and current scientific evidence to design a care plan	Teaching rounds and chart review (chief resident and faculty assessments)
	Demonstrate ability to counsel and educate patients and their families.	360° evaluation (patients)
	Show competence at performing training level appropriate procedures	Skills assessment (resident and faculty evaluations)
	Demonstrate ability to prioritize competing care needs of patients on the service	Resident and faculty evaluations
Medical Knowledge	Demonstrate an understanding of the anatomy and pathophysiology of diseases encountered on this service	Teaching rounds (chief resident and faculty evaluations)
	Demonstrate knowledge of the current relevant medical literature as the basis for clinical decision-making	Teaching rounds (chief resident and faculty evaluations)
Practice-Based Learning and Improvement	Perform self-analysis of decisions and performance and describe areas of deficiency and strategies for improvement	Teaching rounds (faculty evaluations)
	Demonstrate proficiency in use of the medical literature	Teaching rounds (faculty evaluations)
	Facilitate learning of students on the service	Performance evaluations by students
	Demonstrate overall clinical competence	Faculty evaluations

Domain	Objective	Evaluation Tool
Interpersonal and Communication Skills	Effectively communicate and coordinate care plans with patients, families, nurses, and other health care personnel	360° evaluations (patients, nurses, ward clerks, case managers, therapists)
	Teach students the basics of preoperative and postoperative care, writing orders and progress notes	Performance evaluations by students
	Write orders and notes in a coherent, legible fashion	Chart review (faculty); 360° evaluations (nurses, ward clerks)
	Respond promptly and courteously to requests of staff; answer pages promptly	360° evaluations (nurses, ward clerks)
Professionalism	<ol style="list-style-type: none"> 1. Demonstrate respect for others 2. Display tolerance of others' opinions 3. Display sensitivity to diversity 4. Accept responsibility for own actions 5. Place needs of patients and team above own self-interest 6. Teach and model responsible behavior 	360° evaluations (patients, nurses, ward clerks) Student evaluations Faculty evaluations
Systems-Based Practice	Work cooperatively with other disciplines to provide efficient and effective patient care	360° evaluations (nurses, case managers) Chief resident and faculty evaluations
	Demonstrate ability to use pathways and protocols	360° evaluations (nurses, case managers) Chief resident and faculty evaluations
	Demonstrate attention to cost-effective care in ordering tests and planning interventions	360° evaluations (nurses, case managers) Chief resident and faculty evaluations

DIVISION OF PEDIATRIC SURGERY RESIDENT EVALUATION

Resident: _____ Dates: _____
 Evaluated by: _____ Rotation Site: _____

Use the scale of 1-5 (1=poor, 5=excellent) to rate the following areas regarding the resident's performance. If not applicable or unobserved, please indicate by using "n/a."

Unsatisfactory	Marginal	Meets Satisfactory Level	Above Average Level	Exceptional Performance
1	2	3	4	5

MEDICAL KNOWLEDGE

<p>Anecdotal approach; Limited knowledge base; Fragmented fact; Unable to apply basic science knowledge to clinical care; No evidence of reading the syllabus</p>	1	2	3	4	5	<p>Evidence based approach to care; Extensive knowledge base; Well integrated knowledge base; Easily and consistently applies basic principals to clinical care; Firm grasp of syllabus material</p>
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PATIENT CARE

<p>Incomplete, inaccurate patient history; Incomplete, inaccurate examinations; Incomplete, inaccurate clinical data; Fails to synthesize clinical data to make decisions; Takes no responsibility for accomplishing goals in patient care; Care plans unfocused, poorly managed; Shotgun approach to test ordering; Rarely counsels or teaches patients; Requires step-by-step direction for procedures; Unprepared for operative cases; Deficient operative skills</p>	1	2	3	4	5	<p>Gathers accurate and complete patient information; Accurate and complete clinical data; Synthesizes all available information in clinical decisions; Innovative and resourceful in accomplishing goals in patient care; Focused, concise, and complete patient care plans; Well-justified selection of clinical test; Effectively counsels and educates patients; Requires minimal supervision for procedures; Well prepared for operative cases; Excellent operative skills</p>
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PRACTICE –BASED LEARNING

<p>Fails to perform self-evaluation; Resists or ignores feedback; Lacks critical analysis skills; Fails to use IT to enhance learning; Rarely teaches or shares knowledge; Lacks overall clinical competence as a specialist</p>	1	2	3	4	5	<p>Consistently evaluates own performance for improvement; Invites and embraces feedback; Critically reads and discussed literature; Effectively uses IT to enhance learning; Facilitates leaning of entire team; Has achieved overall clinical competence as a specialist</p>
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INTERPERSONAL & COMMUNICATION SKILLS

Poor listening and nonverbal skill; Writing is unfocused, illegible; Frequently unavailable to patients, nurses, peers; Does not earn respect of patient, peer; Frequently short, impatient; Disorganized presentations

1 2 3 4 5

Behavior sets standard for communication; Writing is clear, concise; Always available and cordial to all; Highly respected by all; Always listens, explains, values opinions of others; Presentations lucid and well organized

PROFESSIONALISM

Does not display respect for others; Lacks integrity, honesty; Insensitive to diversity; Shirks responsibility; Disregards need for self-assessment; Places self-interest above patients and society; Rigid, stubborn

1 2 3 4 5

Always demonstrates respect for others; Demonstrates integrity, honesty, consistency; Teaches/models responsible behavior; Willingly accepts responsibility for others; Total commitment to self assessment; Readily places needs of others above self-interest; Open-minded

SYSTEMS-BASED PRACTICE

Unable to access ancillary resources; Provincial in approach, interactions; Fails to use pathways, protocols; Causes excessive cost in patient care; Rarely concerned with patient interests; Unsupportive of staff, peers, team

1 2 3 4 5

Highly effective with ancillary resources; Always involves other appropriate services and resources; Consistently invokes pathways, protocols; Cost effective in care delivery; Considers, advocates for patient interests; Supports/involves entire team in patient care

Pediatric Surgery Procedural Skills Performance Ratings

Resident _____

- Training Level: PGY-1
 PGY-2
 PGY-3
 PGY-4
 PGY-5

Procedure

- Pediatric groin hernia repair (PGY-1, PGY-2)
- Appendectomy (PGY-1, PGY-2)
- Nissen fundoplication (PGY-4)
- Pyloromyotomy (PGY-1, PGY-2)
- Infant hernia repair (PGY-4)

Evaluation

On a 5 point scale in which 1=deficient and 5=outstanding, assess the resident on the following characteristics:

1. Knowledge of the Procedure	Showed little evidence of preparation 1 2	Adequate job 3	Confident and well-prepared 4 5
2. Technical Operative Skills	Fumbles; deficient knot-tying and instrument handling 1 2	Average operative skills 3	Technically gifted 4 5
3. Adaptability to Unexpected Events in the OR	Is unable to react quickly when the unexpected occurs 1 2	Can react appropriately to unexpected events 3	Handles bleeding, unexpected events with ease 4 5
4. Mastery of the Procedure	Shows little evidence of ability to take the initiative to perform the procedure 1 2	Knows the basics of the procedure, but would need some guidance to accomplish it 3	Could likely perform the procedure without guidance 4 5

Faculty _____ Date _____