Pediatric Surgery Rotation Competency-Based Goals and Objectives

Name of Rotation	Pediatric Surgery Rotation
Duration	2 weeks
Location	Arnold Palmer Hospital for Children and Winnie Palmer Hospital for Women and Babies
Where to Go on Day 1	3rd floor surgeon lounge *Contact Dr. Velazco beforehand as meeting location subject to change 757-784-3250 Please Email Dr. Velazco 1 week prior to starting the rotation
Rotation Director	**Dr. Cristine Velazco MD**
Other Faculty	William Adamson MD, Brenna Fullerton MD, Marc Levy MD, Donald Plumley MD, Gabriel Ramos MD
Other Requirements	**None**
Last Revision	**6/2026**

Introduction

The pediatric surgery rotation was created to provide pediatric hospital medicine fellows thorough exposure to pediatric surgical care. Fellows will be expected to learn how to manage common pediatric surgical issues, how to troubleshoot pediatric surgical devices, and experience enough exposure to pediatric surgery to prepare them for consultation and co-management of patients in any hospital setting. After completion of this rotation fellows will have developed the skills necessary to work collaboratively with surgical teams.

Daytime Schedule and Tasks

- *Hours:* 6AM-6PM
- *Pre-rounds* ***(5–5:30 arrival): This time will vary based on how large the patient census is.***
- *Rounds:* **(7AM):** The patient list is run with the attending at 7am and rounds occur after this. The third-year surgical resident is considered the chief of the service and will assign patients to team members as appropriate. Fellows will be assigned patients with diagnoses appropriate for their learning such as appendicitis, spontaneous pneumothorax, cholecystitis, empyema, bowel obstruction, gastrostomy tubes,

abscesses, congenital diseases, etc. However, the fellow should expect the list to be divided evenly between the residents and fellow, and the senior resident is responsible for patient distribution and should be considered the leader for the fellow.

- *Patient Care/Follow-up*: Fellow expected to round with the team and follow up on their patients' care throughout the day. Fellows are expected to help with other floor tasks so that they may learn how to manage basic pediatric surgery patients. The Fellow should expect to spend time in the operating room, and is expected to scrub in when able, available, or asked to help.

- *Admissions/Transfers:* New consult requests typically come to the attending and then are divided amongst the team consisting of APPs, residents and any off-service rotating residents or fellows. Fellows will be expected to see general pediatric surgery consults or admissions as they come in throughout the day to help the team. All consults/admissions are discussed with the on-call attending. If the attending is in the operating room, the consult should be staffed by coming to the operating room to discuss if urgent or discussed after a case, if appropriate. Admission orders or case requests are placed subsequently, and fellow should call back primary team with recommendations, if pediatric surgery service is not the admitting team.

- *Documentation:* Fellows are expected to have progress notes done ideally before rounds but based on volume of list by 10am at the latest. They may be updated with current plans if needed. All notes are sent to the attending that rounded on patient. This may change date-to-day. Admission and consult notes are sent to the attending for attestation that the fellow staffed the patient with.

- *Communication:* Communication within the team is set by the surgery resident third year chief and APPs. Typically, this occurs a few times a day. Anything that needs to be followed up overnight should be signed out to the on-call resident. Please check with the on call attending about how they would like consults and admissions staffed. All consults/admissions must be discussed with an attending. Time of this is determined by urgency of consult. Assistance in urgency can always be discussed with senior resident or APP, if the fellow is unsure. Fellow may also always come into the operating room while on-call surgeon is operating and ask if it is any appropriate time to staff a consult. Residents, APPs and fellows will follow up communication with specialists, nurses and other ancillary staff, unless otherwise instructed.

- *Patient Hand-offs:* Fellows should sign out patients and any completed work to on call resident at the end of their shift each day. Specifically, any significant daytime events and anything that needs to be follow up with overnight. When appropriate, attending also should be notified of significant events, if not already aware.

- *Conferences and Education:* Fellows should attend all their required conferences. Fellow should be present at pediatric surgery morbidity and mortality conference, if it does not

interfere with their own Pediatric Hospitalist Fellowship conference schedule. Fellows should communicate with Dr. Velazco any commitments they have at beginning of the rotation.

- *Weekend Coverage*: The fellow will have either Saturday or Sunday off service when working with the surgery team. They may choose the day off they desire with approval of the senior resident and attending covering the weekend to ensure good coverage of patient care.

Team Organization

- Pediatric surgeons
- Third year surgery resident, consider chief of the service
- Surgery intern
- Surgical Advanced practice practitioners
- Depending on the month, fifth year surgery resident

Competency-Based Goals and Objectives for the Pediatric Hospital Medicine Fellow

The fellows' surgery rotation experience emphasizes medical knowledge, clinical assessment skills, independent decision-making ability, supervisory skills, team management and effective and efficient management of hospitalized children with surgical needs. It should have a focus on independent clinical decision-making and graduated autonomy and independence.

COMPETENCY 1. Patient Care. Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. The fellow should:

- Distinguish acute abdominal pain related to transient events like constipation, musculo-skeletal pain or gastroenteritis from pain that is likely to come from a serious surgical condition.
- Interpret clinical and laboratory tests to identify conditions that require surgical intervention. Tests include blood studies (CBC, ESR, Electrolytes, BUN, Creatinine, LFTs, amylase, lipase); occult blood in gastric fluid and stool; cultures (blood, stool, wound, urine, fluid from body cavities and abscesses); radiographic studies (KUB and upright abdominal films, barium enema, UGI and small bowel follow through).
- Evaluate and appropriately treat or refer signs and symptoms that may require surgery.
- Diagnose and manage common conditions which generally do not require surgical referral.
- Diagnose, provide initial stabilization, and refer appropriately conditions that usually require surgical evaluation.

- Demonstrate the ability to provide consultation, perform a history and physical examination, make informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and develop and carry out management plans
- Demonstrate ability to provide care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family
- Demonstrate the ability to recognize, evaluate, and manage patients with the following:
    - Children with multiple comorbidities
    - Children with special healthcare needs
    - Children with serious acute complications of common conditions
- Demonstrate competence and effective participation in team-based care of patients whose primary problem is surgical.
- Recognize and intervene in urgent and emergent medical situations
    - Appropriately assess changes in patient clinical status.
    - Create an independent plan for stabilization, further evaluation and/or definitive management in response to changes in clinical status.
- Perform or assist with the following procedures, as available:
    - Surgical Feeding Tube Placement
    - Hernia Repair
    - Appendectomy
    - Gall-Bladder Removal
    - Feeding Tube Replacement
    - Incision and Drainage
    - Wound Care
    - Chest tube removal

COMPETENCY 2. Medical Knowledge. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Apply an open-minded, analytical approach to acquiring new knowledge, access and critically evaluate current medical information and scientific evidence, and apply this knowledge to clinical problem-solving, clinical decision-making and critical thinking. The Fellow should:

- Understand the pediatrician's role and role of other health professionals in preventing injury, disease and dysfunction that require surgical intervention.
- Differentiate normal conditions from pathologic ones requiring surgical intervention.
- Know the common presentation, diagnosis, stabilization and surgical management of the following conditions:
    - Neck: cystic hygroma, branchial cleft remnants, thyroglossal duct cysts, torticollis, cervical lymphadenopathy
    - GI: esophageal atresia and tracheoesophageal fistula, GERD, pyloric stenosis, intestinal atresia, malrotation, NEC, meconium plug/ileus, intussusception, Hirschsprung's disease, Meckel's diverticulum, imperforate anus, appendicitis

    - Abdominal wall: omphalocele, gastroschisis, inguinal/epigastric/umbilical hernias, hydrocele, undescended testis, diastasis rectus, congenital diaphragmatic hernia
    - Chest: pectus excavatum and carinatum
    - Lungs: bronchogenic cyst, pulmonary sequestration, congenital lobar emphysema, congenital cystic adenomatoid malformation, decortication of empyema
    - Hepatobiliary: biliary atresia, choledochal cyst
    - Tumors: neuroblastoma, Wilm's, rhabdomyosarcoma, tumors of head, neck, extremities, genitourinary systems, liver, teratoma
    - Neurosurgery: hydrocephalus, craniosynostosis, brain abscess, A-V malformations, traumatic brain injury, intracranial tumors congenital meningomyeloceles, encephaloceles, tethered cord, etc.
- Demonstrate appropriate use of physical exam maneuvers to investigate patient complaints and demonstrate appropriate interpretation of exam findings.
- Demonstrate in-depth knowledge of medical conditions seen commonly in hospitalized children, including epidemiology, pathophysiology, signs/symptoms, diagnostics, therapeutics, complications and outcome/prognosis.
- Demonstrate ability to develop nuanced differential diagnoses for patients admitted to the service.
- Demonstrate understanding of indications for and interpretation of common testing, including:
    - Chest and abdominal radiographs
    - Non-contrast head CT
    - Bone and joint radiographs
    - Serum electrolytes, complete blood counts, transaminases and urinalysis
    - Bacterial cultures

COMPETENCY 3. Interpersonal Skills and Communication Skills. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows should:

- Talk to family members about sensitive issues that relate to a patient's illness, e.g., coping with the child's altered needs in his/her home setting.
- Communicate effectively with physicians, other health professionals, and health related agencies to create and sustain information exchange and team work for patient care.
- Work effectively as a member or a leader of a health care team, and collaborate productively with professional organizations.
- Maintain comprehensive, timely and legible medical records.

COMPETENCY 4. Practice-based Learning and Improvement. Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence,

and to continuously improve patient care based on constant self-evaluation and lifelong learning. Fellows should:

- Describe the epidemiology of common pediatric injuries and evidence-based strategies to prevent injury and improve outcome.
- Identify standardized guidelines for diagnosis and treatment of complex diseases and learn the rationale for adaptations that optimize treatment.
- Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing data acquisition if appropriate.
- Throughout a specialty rotation, take the initiative to evaluate your performance from the perspective of patients, staff, and colleagues; ask for input as needed to complete your self-audit.

COMPETENCY 5. Professionalism. Demonstrate a commitment to professionalism and an adherence to ethical principles. Have a responsible attitude toward their patients, their profession and society. Fellows should:

- Function as a pediatric consultant to surgical colleagues in the diagnosis and management of pediatric patients.
- Be honest and use integrity in your professional duties.
- Reflect on your own biases toward particular illnesses or patient groups, and take steps to assure that these biases don't interfere with the care you deliver.
- Be sensitive to the ethical and legal dilemmas faced by providers working with surgical subspecialty patients. Strive to understand how surgical specialists and the care team deals with these dilemmas and use such experiences to enhance your own understanding.

COMPETENCY 6. Systems-Based Practice. Demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. Fellows should:

- Describe the role of emergency response teams, emergency rooms, and medical professionals in reducing the extent of injury and counseling families about future injury prevention.
- Describe the role of case management in the care of children with complex surgical conditions and evidence that this can improve outcome.
- Describe the role of pediatricians as advocates for legislation of proven benefit for reducing injury (e.g., graduated driver's license).
- Clarify how documentation and billing/charges differ for consultations vs. referrals vs. on-going management of children treated by surgical subspecialists.
- Demonstrate sensitivity to the costs of clinical care in the surgical subspecialty setting, and take steps to minimize costs without compromising quality.