

Nemours Children's Hospital, Florida

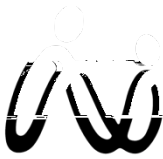


Pediatric Surgical

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Program Curriculum

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Program Objectives

- x Program Objectives:
 - o Practice evidence-based medicine
 - o Strengthen surgical skills
 - o Strengthen awareness of socioeconomic issues and its impact on patient care
 - o Acquire knowledge of pediatric surgical subspecialties for appropriate patient assessment, diagnosis, treatment and management
 - o Provide understanding of PA role within the operating room and pediatric surgical subspecialties
 - o Provide exposure to variety of pediatric surgical subspecialties
 - o Be able to identify medical and surgical emergencies that require urgent care
 - o Further strengthen knowledge of surgical procedures, indications, risks and benefits
 - o Develop, evaluate and carry out plan of care for pediatric surgical patients
 - o Engage in collaborative care management

- x Staff:
 - x Tamarah Westmoreland, MD, PhD—Program Director
 - x Anais Andara, PAC—Program Co-Director, Plastic & Craniofacial Surgery point of contact
 - x Ty Reutebuch, PAC —Program Co-Director, General Surgery point of contact
 - x Kait Maher, PAC —Orthopedic point of contact
 - x Yvette Simon, PAC —Emergency Medicine point of contact
 - x Camila Obregon, PAC —Urology point of contact
 - x Christine Willis, PAC —Otolaryngology point of contact
 - x Rebecca Tiller, PAC —NICU point of contact
 - x Jessica Allen, DNP, APRN, CPNP/PC—PICU point of contact

Pediatric General Surgery Objectives

- x Mandatory Reading(to be done prior to rotation starting)
 - o
 - x Comprehend and practice enterprise protocols:
 - o Appendicitis
 - o ERAS
 - o Pyloric stenosis
 - o Intussusception
 - o Lymphadenopathy
 - o Mediastinal pathway
 - x Patient Care
 - o Surgical PA residents on the pediatric surgery service should demonstrate the ability to:
 - f Evaluate preoperative patients and ensure they are cleared for surgery
 - f Manage the fluid, electrolyte and nutritional aspects of pediatric patient
 - f Participate in rounds
 - f Prioritize patient acuity
 - f Manage inpatient postoperative patients
 - f Manage inpatient emergencies
 - f Plan patient discharge
 - f Troubleshoot gastrostomy tube malfunction
 - f Provide ostomy and gastrostomy tube care
 - f Perform the following procedures:
 - x First assist in minimum of 10 laparoscopic cases
 - x Replace a gastrostomy tube
 - x Place a foley in female and male patient
 - x Place NGT
 - x Intra-op TAP block
 - x Intubate and extubate
- f Place NGT

Pediatric General Surgery Objectives

Pediatric Neurosurgery Objectives

Please be familiar with the following items by reading prior to rotation and then adding to your knowledge base as you come across them

- Neuroanatomy

x Neuro Exam—Knowledge of neuro-exam and how those findings are relevant

- o Pathologic exam findings to be familiar with

Pediatric Neurosurgery Objectives (Continued)

Plagiocephaly

Disc herniation

Scoliosis

Brain lesions

Head trauma

Dandy walker malformation

Herniating syndromes

KlippelFel syndrome

Arachnoid cyst

Pseudotumor cerebri

Pediatric Otolaryngology Objectives

- x Mandatory Reading(to be done prior to rotation starting)
 - o Primary Care Otolaryngology Edition [Oto-PrimaryCareWEB.pdf \(entnet.org\)](#)

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 - o SurgicalPA residents on the otolaryngology service should demonstrate the ability to
 - f Perform and complete a full head and neck examination
 - f Interpret polysomnogram
 - f Interpret audiogram
 - f Present consults to attending physician
 - f Plan discharge and follow up care
 - f Manage tracheostomy care and complications
 - f Understand and explain management of airway emergencies
 - f W œ()œ () o o PÁ%œ } Vœ œ •
 - x Microscopic otoscopy
 - x Cerumen removal
 - x Control of epistaxis
 - x Tracheostomy tube placement and management
 - x First assist in head and neck cases
 - x Suturing and suture removal

- x MedicalK v } Á o P
 - o SurgicalPA residents on the otolaryngology service should understand
 - f The practice guidelines for common ENT surgical procedures such as bilateral myringotomy with tube placement, adenoidectomy and tonsillectomy
 - f The pathophysiology, method of evaluation and surgical role for conductive vs sensorineural hearing loss
 - f The evaluation of neck masses and formulate a differential diagnosis
 - f Radiographic studies v] š } v] v š œ %œ š e vř đ @u'u 1 i9êÊ-Ō+ TÀ @} fhR

Pediatric Otolaryngology Objectives

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Pediatric Orthopedic Objectives

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Pediatric Emergency Medicine Objectives

- x Overall Educational Goals and Expectations
 - o Obtain knowledge and experience in the fundamentals of emergency medicine to develop the qualities and skills to function as a competent physician assistant
 - o Surgical PA residents will be expected to participate as a medical provider and will be responsible for initial evaluation and pres

Pediatric Emergency Medicine Objectives

(Continued)

x General Medical Knowledge and Objectives (disease/conditions and practice enterprise protocols per surgical subspecialties in Emergency Department [but not limited to]):

o General Surgery

f The pathophysiology, method of evaluation and management of common pediatric surgical diseases including appendicitis, pyloric stenosis, intussusception, cholecystitis, choledocholithiasis, foreign body ingestion, intestinal obstructions, malrotation, volvulus, pilonidal abscess, adenitis suppurativa, ovarian torsion/mass, pelvic mass causing hemodynamic instability

f Pediatric dosing of medications, correcting electrolyte imbalance, and dehydration resuscitation calculations for bolus and maintenance fluids

f Radiographic studies indications and interpretation

f Calculate and implement Pediatric Appendicitis Score

f Perform the following procedures:

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Pediatric Emergency Medicine Objectives

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- f* Perform the following procedures
 - x Hemodynamically stabilization of postsurgical tonsillar bleeds
 - x Removal of foreign body in ear/nose
 - x Ear lavage
 - x Management of epistaxis
- o Urology
 - f* Identify patient presentation for warranting surgical interventions and manage disease/conditions of the following, but not limited to:
 - x Renal stones—management based evaluation, size and location of stone
 - x Febrile and/or urinary tract infection (urinalysis with pyuria + bacteria)
 - x Proximal stones > 4cm due to increased pain and less likely to pass
 - x Testicular torsion, paraphimosis, phimosis
 - f* Procedures
 - x Insertion of foley in female/male patients
- o Orthopedic
 - f* Identify, evaluate and manage disease/conditions of the following however, not limited to: closed nondisplaced/displaced fractures, musculoskeletal pain, strain, sprain, tripping child with/without fever, osteomyelitis, septic arthritis
 - f* Procedures
 - x Familiarize types of splinting/casting for orthopedic extremity fracture
 - x Reduction of radial head subluxation
- o Plastic Surgery
 - f* Disease conditions
 - f* Burn debridement
 - f* Laceration repair, simple
 - f* Wound closure (be familiar with wound healing part I—Basic Science and part II—Clinical Applications provided by plastic surgery)
 - x Plastic surgery has simple instrumentation kit available in general surgery clinical node



Neonatal Intensive Care Objectives

The surgical PA resident will spend 2 weeks in the neonatal ICU during their general medicine rotation.

- x The resident will work alongside the providers in the NICU to gain knowledge of neonatal disease processes and their management.
- x The resident will assist in development of differential diagnoses of the neonate
- x The resident will assist in the development of treatment plans of the neonate.
- x The resident will begin to understand total parenteral nutrition
- x The resident will become familiar with neonatal developmental milestones
- x The resident will become proficient in neonatal physical examination.
- x The resident will become familiar with common surgical diagnoses related to the neonate including:
 - o Necrotizing enterocolitis
 - o Inguinal hernia
 - o Gastroschisis
 - o Omphalocele
 - o Hirschsprung disease
 - o Neonatal

Pediatric Intensive Care Objectives

- Obtain knowledge and experience in pediatric intensive care settings to allow for adequate assessment, management and treatment of critical patients
- Recognize and appropriately respond to acute/life-threatening events
- Effectively communicate amongst the patient care team, patients and families
- Be familiar with criteria for admission or transfer of PICU settings
- Understand the importance of psychosocial issues related to care of critically ill patients
- Understand the different monitoring techniques in pediatric critical care
- Read and interpret EKG
- Accurately calculate QTc using Bazett formula
- Demonstrate professional responsibility in working as a provider with other members involved in patient care team including the patients and families
- Demonstrate competence in airway skills
- Demonstrate the ability to
 - o Prioritize based on patient acuity
 - o Present a coherent assessment and appropriate treatment plan during rounds
 - o Plan discharge and follow-up care
 - o Manage electrolyte imbalances
 - o Interpret imaging and indicate when and what radiographic studies are needed
- Recognize and manage different types of shock
- Recognize and manage respiratory failure
- Recognize the need for and appropriateness of consultation and/or referral
- Obtain knowledge of sedation and pain management in the PICU setting
- Understand how Pleur evacs function
- Understand the indications, periop management and complications of common surgical admissions

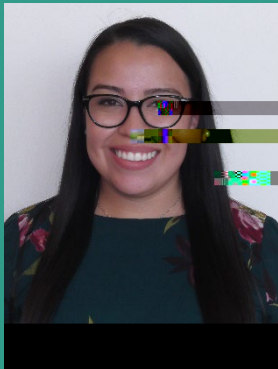




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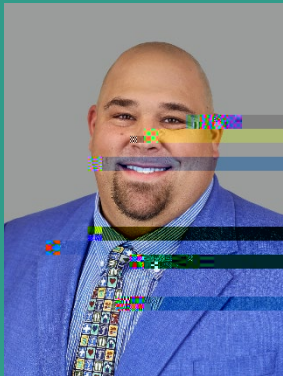
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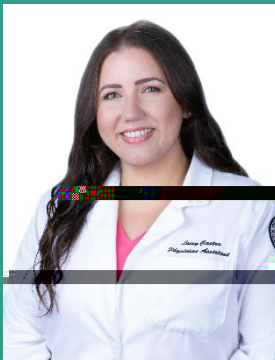
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