Pediatric Surgery Rotation – Overview for Med Students

Welcome to Pediatric Surgery. To give you the best opportunity to learn and experience what pediatric surgery is during your short rotation, here is a quick overview of our expectations and what you can expect from us.

Questions you should ask yourself before starting: What are your goals for this rotation? What is a pediatric surgery problem that interests you? Define 3 (concrete) things that you want to learn from this rotation.

Our goals for you: To help you learn the basics of pediatric surgery that every doctor should know. To be exposed to and learn the basic principles of diagnosis and management of neonates, infants, children and adolescents with common and/or important surgical problems.

You will be a member of the pediatric surgery team, which consists of 2 surgeons (Drs. Dzakovic and Langer), a nurse practitioner (Elissa Williams), a PGY-3 surgical resident, a PGY-1 surgery resident, and 3rd and 4th year medical students.

A typical week's schedule appears below. The students are expected to attend all teaching conferences in Surgery, and to attend clinic when not otherwise occupied with patient care, consults, or the operating room.

Operating Room and Clinic Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday
Office: AM – Langer	OR	Office: PM – Langer (every other week) at Oakbrook Terrace	AM = OR and Office: Dzakovic	OR

How can you do well in this rotation?

1. **Show up on time.**

This means being on the ward and prepared to start work at _________ am. (Yes it's early, but we have to ensure our patients are taken care of before the start of the OR at 7:30 am)

2. **Be prepared to contribute to the team.**

- You are a valuable part of the surgical team and can participate in a number of ways including patient care, learning, and teaching.
- Rounds: Show up on time and organize who will:

a) collect the vitals, I&O and nursing requests for patients you are following

On rounds:

- present your patient to the group. Please use the following format as a good starting point/example

"This is Allison, Postop day #2 from a lap appy for ruptured appendicitis
Tmax 38, Tcurrent 37.1, vitals stable: heart rate is: 80 -95, Urine output was 1.6cc/kg/hr for the past 24 hours.

IV fluids D5 NS + 20KCL @ ___ mL/hour
No emesis, no stools, decreasing abdominal pain and she has started to eat.

Zosyn day 3 of 7

Events last 24 hours: she has had diarrhea and some crampy pain. This seems to be getting worse. Otherwise her pain is improving and her appetite is returning to normal.

Exam: Pale, diaphoretic. Tender to light palpation and percussion over her incisions and right lower quadrant. Otherwise, non-distended and non-tender with her wounds clean and dry.

Assessment/Plan: Allison is still not back to a regular diet and having a lot of diarrhea and cramping. I think this is the expected course for a perforated appendicitis and would just keep going with the antibiotics. Given the diarrhea we should keep the IV fluids running today so she doesn't get dehydrated. I would like to check her CBC and CRP on post-op day 4 if she is improved. She isn't ready for discharge yet. "

- note what has to be done during the day (ex. Check NC's chest xray)
- after rounds are done ask your resident what you can do. It is helpful if you noticed what has been ordered/planned on rounds and can offer to do specific tasks (ex. I ordered Mr. S's CXR and will let you know what it shows by noon.) Then DO this. Making a list and checking things off helps. Ask for help if you need it.
- Be prepared to show up for evening rounds unless you are at clinic, post-call or still in lecture and then <u>let us know</u>.

3. Be prepared for the OR.

- show up on time.
- know what the case is, the patient's name and age, and why they are having it done (read the chart). Superstars find out the next day's cases and pre-read the anatomy and disease to be treated.
- write your name and glove size on the board, tell the circulating nurse if you are scrubbing, and take your pager off.
- pay attention & <u>ask questions</u>
- you are not a surgeon and won't be doing the case, but you should participate (do this by paying attention to what is going on and anticipating what you could do, ex. asking for scissors when ties are being placed)
- help transfer the patient

- write the post-op note (ask the resident for the "brief operative note")

Some people hate the OR/faint. If that is you, let us know and we can find cases that are in line with your interests or shorter.

Some people love the OR. If that's you, great. Come as often as possible, but remember that the other aspects of patient care/education should not be neglected.

4. Seeing patients in the ER

- Your resident will ask you to see consults that are stable. Do a complete history and physical exam (should take 20 – 30 minutes, not more, so budget your time appropriately) and then call your resident and formulate a plan for what investigations/interventions you think are appropriate
- Call sooner if: you are worried about a patient because they seem really sick/ unstable/ in lots of pain.
- If your residents are both in the OR, go there to tell them.

5. Seeing patients in the clinic

- In clinic let the surgeon or NP you are working with know you are there
- Read up on any cases you know are coming in (a good activity between patients or waiting for them to be roomed)
- Offer to see the patients: especially for new consults it is helpful if you do a brief history and physical exam (budget yourself around 10 minutes) and then present this to the attending. Ask if you should do the exam or wait until the surgeon comes and do it together.
- You may wear scrubs or professional clothes to clinic.
    - Clinic schedule is above

6. Be ready to learn.

- Patients are the best teachers, listen to their story, examine them, participate in their operation if possible and follow their post-op course.
- Your residents are here to help you learn. Ask them questions about patients you are seeing, the operation, decisions made on rounds, etc.
- Ask questions. Read around cases.

- Please bring the following list with you to help you know what topics to discuss with the surgeons and residents when you have some downtime.

Mandatory Topics:

-	Patient Contact	Discussed/didactic	Read about
Appendicitis			
Perioperative fluids			
Umbilical hernia			
Inguinal hernia and hydrocele			
Malrotation			
Hypertrophic pyloric stenosis			
Intussusception			

Optional Topics:	Patient Contact	Discussed	Read About
Gastroschisis			
Omphalocele			
Empyema			
Congenital lung lesions (CPAM)			
Achalasia			
Pectus excavatum/carinatum			
Esophageal atresia			
Tracheoesophageal fistula			
Foreign bodies of the trachea/esophagus			
Congenital diaphragmatic hernia			
Duodenal atresia/stenosis			
Pancreas divisum			
Intestinal atresia and meconium ileus			
Gastrointestinal duplication			
Imperforate anus			
Necrotizing enterocolitis			
Hirschsprung's disease			
Biliary atresia			
Choledochal cysts			
Cryptorchidism/undescended testicle			
Wilms tumor			
Neuroblastoma			
Hepatoblastoma			
Sacrococcygeal teratoma			
Ovarian tumors/Germ cell tumors			

Enjoy your rotation.

You will get the most out of this rotation if you show up with a good attitude. You don't need to be really smart to do well and enjoy it, just be willing to work as part of the team and learn.