



## Pediatric Surgery

### Program History

The training program in Pediatric Surgery at Women & Children's Hospital of Buffalo was established in 1957. It is one of the original 9 training programs in Pediatric Surgery and has graduated 47 accredited Pediatric Surgery fellows since its inception. Women & Children's Hospital of Buffalo (Kaleida Health) is an affiliated hospital of the State University of New York at Buffalo Medical Consortium. Women & Children's Hospital of Buffalo has for over 100 years, been the regional center for comprehensive, specialized pediatric and women's health services for the Western New York region and beyond.

Women & Children's Hospital admits 28,000 patients annually and sees more than 123,000 outpatients in its emergency room or one of the 45 subspecialty clinics. Women & Children's Hospital is the only freestanding children's hospital in New York State. Over 12,000 operations are performed at Children's yearly. All clinical education of the Pediatric Surgery residents occurs at the Women & Children's Hospital of Buffalo (WCHOB). WCHOB is the primary site for the University Consortium residencies in Pediatrics, Pediatric Surgery, and Obstetrics and Gynecology. Residents in Neurology, Family Practice, Neurosurgery, Internal Medicine, Radiology, Internal Medicine-Pediatrics, Orthopedics, and General Surgery also rotate at WCHOB.

### Program Description & Goals

The goal of the Pediatric Surgery Fellowship Program at the University at Buffalo is to provide training to pediatric surgeons who, upon completion of the program, will be qualified pediatric specialists. This is accomplished through providing both the experiences and environment where fellows can develop the surgical skills, medical knowledge, communication, clinical skills, and professional attitudes to become physicians committed to lifelong learning, medical system integration, and excellence in pediatric surgery. The department of Pediatric Surgery has developed a two year teaching curriculum with the philosophy to maximize the educational benefit of the pediatric surgical trainee, surgical residents and third/fourth year medical students. The teaching program emphasizes graded responsibility, self-directed learning, and exposure to a broad spectrum of clinical material. Constant interaction with the faculty allows opportunity for feedback and clinical instruction. Core faculty participates actively by giving didactic lecture and organizing teaching sessions. Fellows are encouraged to initiate self-learning by weekly presentations on topics pertinent to recent patients on the pediatric surgical service. This occurs within the context of a structured didactic teaching schedule which reflects a two year cycle of core material as defined by the American Board of Surgery and The Association of Pediatric Surgery Training Directors. The urban location of WCHOB results in a significant amount of "primary care" pediatric surgery. This provides a balance of "primary care" surgery with tertiary care pediatric surgery.

The department of Pediatric Surgery has developed a two year teaching curriculum with the philosophy to maximize the educational benefit of the pediatric surgical trainees, surgical residents, research fellows, and third/fourth year medical students. Each Thursday morning, weekly Grand Rounds are held, which include the presentation of surgical statistics for that week and a review of inpatient management.

Once a month, the trainee is expected to present patients that have sustained complications, errors in diagnosis, and deaths. The fellow is responsible for the organization and assignment of presentations by faculty, general surgery residents, and medical students for the weekly pediatric surgery conferences.

These conferences consist of didactic presentations and usually involve topics pertinent to patients with surgical problems being managed by the surgical service at the time. The department provides computer hardware, software and any audio visual aids needed for these presentations. The Department of Surgery at the University at Buffalo, State University of New York (SUNY), hosts weekly Surgical Grand Rounds. These are attended by the surgical faculty, residents, and medical students.

The Department of Pediatrics (SUNY) also holds weekly Grand Rounds. The fellow is encouraged to attend these conferences when the subject matter is pertinent. A multidisciplinary Tumor Board is held biweekly. At this conference, all surgical oncology patients are presented. The pediatric surgery fellow is responsible for the presentation of the surgical oncology patients. The Department of Pediatric Surgery sponsors each pediatric surgery resident's attendance to at least one major national meeting per year.

The pediatric surgery fellow is responsible for the direct patient management of all patients on the pediatric surgery service. He/she is assigned to coordinate all patient care activities for the pediatric surgery service, namely in-patient care, operating room case assignments, emergency room consultation, daily rounds, consultations, coverage of outpatient office hours, and attendance at conferences and teaching rounds. The surgical case load allows for the trainee to gain a well rounded experience. There are a sufficient number of ambulatory surgical cases, neonatal cases, as well as complex operative procedures.

Each morning and evening the pediatric chief surgery fellow leads rounds with the surgical residents and medical students. Shortly after morning rounds, the on-call attending surgeon reviews patient status and service planning for the day with the chief resident.

Operating room responsibilities for the day are assigned by the pediatric surgery chief fellow. Patient management plans selected by the pediatric surgery fellow are reviewed with the patient's attending surgeon prior to implementation. All inpatient consults are called into the pediatric surgery office. The chief fellow is notified as well as the appropriate attending surgeon.

The Pediatric Surgery Service is responsible for all ECMO cannulations and decannulations. These are coordinated by the pediatric surgery Chief Resident, surgical faculty, and the Critical Care Service. The Pediatric Surgical Service has outpatient office hours on Monday, Tuesday, Wednesday and Friday mornings. The pediatric surgery chief fellow may see patients along with the attending surgeons during each of these sessions. This experience allows the fellow the opportunity to follow long term patients, gaining an important perspective on their growth, development, and management of complex issues throughout the patient's care on an outpatient basis.

The pediatric surgery fellow is responsible for chart dictations on all patients they have seen during these office hours. They are responsible for determining a diagnosis, the initial diagnostic work-up, and outlining the treatment plan for all patients. While the attending surgeon always review the course of treatment and plans with the trainee, the pediatric surgery fellow is responsible for orchestrating the patient's care.

As the trainee progresses during his fellowship, the attending promotes more independent management of these surgical patients.

The emergency room at the Women & Children's Hospital of Buffalo sees 40,000 patients a year. Of these, 30% are trauma patients. On average, 900 trauma patients are admitted each year. Women & Children's Hospital of Buffalo is a Level I Regional Trauma Center and a Kiwanis Pediatric Trauma Center. Coverage for the emergency room is provided by the pediatric surgical faculty 24 hours a day, 7 days a week. The pediatric surgical fellow and the on-call surgical attending are responsible for the day to day management of this clinical service. Patients with major injuries are evaluated and managed by the pediatric surgical service. The pediatric surgery fellow is the team leader of the multidisciplinary trauma team. He or she is immediately contacted by the Trauma Team Beeper system ("Code 98") upon the anticipated arrival of a child with major injuries to the Women & Children's Hospital of Buffalo.

As the Regional Perinatal Center for critically ill newborns, the Neonatal division at the Women & Children's Hospital of Buffalo services the eight counties of Western New York and beyond. The 64-bed NICU admits over 740 babies each year and has an average daily census of 52. During the two year fellowship, the trainee will be fully integrated throughout the year to be an active participant in the care of the neonatal surgical patient. Pediatric Surgery Fellows are responsible for managing and writing orders on pediatric surgery patients in the NICU under the supervision of Pediatric Surgery faculty. To ensure optimum care, a consultation from a faculty member in neonatology or critical care is required for all pediatric surgery patients within 24 hours of entering the NICU. NICU team members will write orders in emergent situations for pediatric surgery patients. When this is required, the pediatric surgery fellow will be notified. In addition, The Pediatric Surgery Fellowship program requires fellows to complete a one month rotation in the Neonatal Intensive Care Unit during their first year of training (PGY6). The goal of the one month NICU rotation is to develop the ability of fellows to evaluate and manage critically ill infants with a broad range of medical and surgical problems. Fellows will be the primary caregivers for their patients, under the close supervision of Pediatric Surgery faculty; and an integral part of the team of fellows, nurse practitioners. The primary educational goals are to learn about neonatal resuscitation, neonatal respiratory insufficiency, fluid and electrolyte balance, nutrition and pain management.

The Pediatric Intensive Care Unit (ICU) at Women & Children's Hospital of Buffalo is a 28-bed multidisciplinary medical/surgical unit that serves 1,200 infants and children per year. As the only children's hospital and the only Pediatric ICU in Western New York, WCHOB cares for a broad spectrum of general pediatric injuries and illnesses and for all categories of sub-specialty disease. Pediatric Surgery Fellows are responsible for managing and writing orders on pediatric surgery patients in the PICU under the supervision of Pediatric Surgery faculty. To ensure optimum care, a consultation from a faculty member in neonatology or critical care is required for all pediatric surgery patients within 24 hours of entering the PICU. PICU team members will write orders in emergent situations for pediatric surgery patients. When this is required, the pediatric surgery fellow will be notified.

## Applying to the Program

Those interested in applying to be a Fellow in Pediatric Surgery should have completed requirements of the American Board of Surgery (5 years in an approved general surgical residency program in the US or Canada) by the time of the appointment. As a level 1 trauma center, ATLS is also required during the fellowship training.

The pediatric surgery program participates in the matching plan as organized by the National Residency Matching Program. We participate with the ERAS Fellowship Application System. Visit ERAS at <https://www.erasfellowshipdocuments.org>.