

Pediatric Surgery Fellowship Program Seattle, Washington



Seattle Children's Hospital is the primary tertiary pediatric care center for our 5 state WWAMI region (Washington, Wyoming, Alaska, Montana and Idaho) and the major pediatric referral center for Seattle and King County. Children's Hospital serves a local population of over 3.6 million people. The surgical and medical services draw patients from this entire area and the Pacific Rim.

Children's has a long surgical tradition starting with Dr. Herb Coe, who along with Dr William Ladd, were the first surgeons in America to practice only pediatric surgery. The department has a rich history of leadership in the field with

Dr. Coe and Dr. Sandy Bill serving as Chair of the Surgical Section of the American Academy of Pediatrics and Dr. David Tapper serving as President of the American Pediatric Surgical Association.

The training program in pediatric surgery is one of the original pediatric surgical training programs accredited by the American Council on Graduate Medical Education/Residency Review Committee in 1975. The program has been continuously accredited since that time. Our pediatric surgery fellowship program is for two years, with one fellow graduating each year.

Goals and Objectives of the Program

The primary goals and mission of the Pediatric Surgical Residency Program are patient care, education and research. The educational goals on which the program is based includes:

- The ability to perform the full range of operative cases required for special competence in pediatric surgery.
- Direct management of all patients whose primary problem is surgical, coordinated in a continuous manner, including inpatient (wards and ICU) and outpatient follow-up.
- Basic science education in areas fundamental to pediatric surgery.
- Teaching continuity by a single attending overseeing individual patient care. All patients have an assigned attending responsible for the care of that patient and for supervision of the fellows and residents under strict ACGME guidelines. The fellows and residents are involved with all patients on the service whether privately referred or not.

- Assignment of graduated responsibilities within an organizational structure to enhance technical skills, teaching abilities, management expertise, and administrative leadership ability.
- Supervision by a committed team of attending physicians, consistently providing feedback to promote the growth of the residents.
- Integration of basic science and clinical investigative experience.

At the conclusion of the fellowship program, the pediatric surgical fellow will be able to operate independently on infants and children manifesting the broadest range of pediatric surgical problems. The fellow will be capable of caring for the complex critical care problems affecting neonates, infants and children; will be prepared academically to sit for the Board to attain special certification in Pediatric Surgery; and will be able to step with ease, ability and confidence from the last day of Children's training to a job as a teaching attending in pediatric surgery.

In order to accomplish these goals the surgical service does a large volume of index pediatric surgical cases. Children's is the major referral center in the Pacific Northwest for neonatal index cases such as TEF, gastroschisis, and CDH. Children's Hospital is the only provider of ECMO for the region and takes care of 20-25 infants and pediatric patients each year who require extra-corporeal support. CDH infants are primarily managed by the surgical service while the ICU team manages all other ECMO patients.

The oncology service is the primary provider of care for children with various cancers in the WWAMI region and is one of the largest pediatric bone marrow transplant centers in the world. The pediatric surgery service does a large volume of tumor cases including Wilms, neuroblastoma, rhabdomyosarcoma and others.

The pediatric surgical fellows receive strong training in minimally invasive procedures with experience in both routine and advanced operations in neonates and older children. A short list of procedures includes Nissen fundoplication, pyloromyotomy, splenectomy, nephrectomy, bowel resections and intestinal pull-through as well as many thoracoscopic procedures.

The surgical service does both liver and kidney transplant and is starting a new program in small bowel transplantation. The fellows are actively involved in the intra-operative and post-operative care of these patients as interest and time allows. Because Children's is the largest pediatric center in Washington, and a large provider of primary care for the city of Seattle and King County, the surgical service does a large volume of routine cases such as hernia, orchiopexy, intussusception, and other cases.

While operative training is an important aspect of the fellowship, it is critical for the fellows to be involved in the pre- and post-operative care of the infants and children. Fellows spend half a day in clinic each week and see both new and follow up patients, in particular those with congenital problems that need long-term pediatric surgical care such as Hirschsprung's and imperforate anus.



Surgical patients in general remain on the surgical service from surgery to discharge including infants and children in the ICUs. Under supervision of the attending surgical staff the pediatric surgical fellows are responsible for all aspects of care on the wards and in the ICUs including ventilator, pressor and nutritional management.

Conference and Lecture Schedule

In addition to clinical training, a series of didactic lectures and conferences helps prepare the pediatric surgical fellow for clinical practice. The current schedule is listed below:

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| Tuesday | |
| 12:30 pm | Tumor Board |
| Wednesday | |
| 8:00 am | Core Lecture Series |
| Thursday | |
| 9:00 am | Neonatology, M&M conferences on alternating weeks |
| 10:00 am | Fellow Conferences, Pathology, Radiology, Journal Club (5 th Thursday) |
| 11:00 am | Resident case conference |

All pediatric surgery fellows, general surgery residents and attending staff are expected to attend these conferences. Elective surgeries are not scheduled on Thursdays in order to allow the fellows and residents the opportunity to participate.

Faculty and Support Staff

There are currently 10 academic staff surgeons:

- Dr. Robert S. Sawin, Surgeon-in-Chief
- Dr. John H.T. Waldhausen, Program Director, Attending, and Division Chief
- Dr. Daniel J. Ledbetter, Attending
- Dr. Patrick J. Healey, Attending and Chief of Transplant
- Dr. Adam Goldin, Attending
- Dr. Patrick Javid, Attending
- Dr. Jeffrey Avansino, Attending
- Dr. George Drugas, Attending and Director of Surgical Quality Improvement
- Dr. John Meehan, Attending
- Dr. Kenneth Gow, Attending

There are 4 Pediatric Nurse Practitioners:

- Jenny Kreiss, ARNP
- Cathy Boellaard, ARNP
- Ronelle Caskey, ARNP
- Karen Boudour, ARNP

The service typically has four to five general surgery residents assigned to the service at any one time – 2 University of Washington interns, one University of Washington R3, and an R3 from Virginia Mason Medical Center and/or Madigan Army Hospital. The pediatric surgery fellow call is covered on various nights and weekends by UW senior level residents in the

lab in order to comply with the ACGME required 80-hour work week rule.

Off Service Rotations

The pediatric surgery fellows spend 3 months on rotations other than general pediatric surgery.

1st Year.

Neonatology: 2 weeks at the University of Washington Medical Center and 2 weeks at Seattle Children's Hospital.

Trauma/Burn: 4 weeks at Harborview Medical Center. Harborview is one of the UW teaching hospitals and is the Level 1 pediatric and adult trauma center for Seattle and King County. Children's Hospital is not a Level 1 trauma center.

2nd Year

Urology: The fellow spends one month on the urology service and the urology fellow comes to the pediatric surgery service.

Research

The training program is primarily clinical in nature. Fellows are expected to become involved in a clinical research project sometime during their two years of training. Almost all of these projects have resulted in a local or national presentation and a published paper. These projects are under the supervision of the surgical faculty.

Call, Vacation, Pay, Evaluations, Benefits

There is no mandatory in-house call since Children's Hospital is not a Level 1 trauma center. Arrangements are made with UW lab

residents to stay in compliance with the 80-hour work week.

An office is provided for the fellows in the same area as the attending staff, and is equipped with computers linked to the hospital's information systems and the Internet. There are pediatric surgical journals and texts in the office and in the nearby library.

Approved salaries for the academic year 2008-2009 are the following: 1st year fellow - \$57,012 and 2nd year fellow - \$59,676. Salaries are reviewed on an annual basis and adjusted accordingly.

Fellows receive 3 weeks of paid vacation each year and 17 days of sick leave. In addition, the first year fellow is sent to the American Pediatric Surgical Association (APSA) annual meeting, and the second year fellow generally attends the Surgical Section of the AAP at the department's expense. The first year fellow attends the minimally invasive surgery (MIS) fellow course that is taught at various institutions in the country.

Formal evaluations are conducted on a biannual basis. Evaluations are sought from faculty members in the department of surgery as well as other faculty. These evaluations are compiled and discussed with the fellow by the program director. Informal evaluations occur on an ongoing basis. An exit interview is conducted at the end of the fellowship and provides the faculty valuable feedback regarding the program. Fellows are required to take the American Board of Surgery annual in-service training examination for pediatric surgery.

Program Requirements

To be considered, candidates for the position of Fellow in Pediatric Surgery should have met the following requirements:

- Doctorate of Medicine
- Completion of chief residency in an approved general surgery residence
- Eligibility to take qualifying examination in General Surgery
- Passes American Board of Surgery In-training examination
- Advanced Trauma Life Support Certification
- Current Washington State Medical license

To Apply

Candidates applying for the 2011 Pediatric Surgery Fellowship program can submit their applications and related application documents through the Electronic Residency Application Service (ERAS), or request an application from the program coordinator.

The following materials are required to complete your application: 1) curriculum vitae, 2) brief personal statement, and 3) three letters of recommendation.

Candidates must be registered with the National Resident Matching program (NRMP). The NRMP website can be found at <http://www.nrmp.org>.

Individuals applying to our program must submit their materials through ERAS (Electronic Residency Application Service). The ERAS website can be found at <http://www.aamc.org/students/eras.htm>.

Application Deadline:

January 4, 2010 (for the program year beginning July 1, 2011)

For more information:

Contact: Caity Gerhardt
Pediatric Surgery Fellowship Coordinator
Email: caity.gerhardt@seattlechildrens.org.
Phone: (206) 987-1177

Interview Process

Personal interviews are by invitation only after your application and supporting documentation has been reviewed. Interviews are scheduled on Thursdays only. The maximum number of applicants scheduled per interview day is 8.

2010 Interview Dates:

February 4, 2010
February 11, 2010
February 25, 2010
March 4, 2010

Places to stay in Seattle when coming for an interview

- **University Inn** (University District)
1-800-733-3855
www.universityinnseattle.com
- **Silver Cloud Inn** (University District)
1-800-551-7207
www.scinns.com
- **Watertown Hotel**
1-866-944-4242
www.watertownseattle.com
- **Travelodge** (University of Washington)
1-800-578-7878
www.seattleuniversityhotel.com

