**New Application: Pediatric Surgery**

**Review Committee for Surgery**

**ACGME**

**Oversight**

**Participating Sites**

1. Is the pediatric surgery program at a site classified as general hospital or children’s hospital? [PR I.B.1.a)] [ ]  YES [ ]  NO
2. Is there a Program Letter of Agreement (PLA) for each participating site providing a required assignment? [PR I.B.2.] [ ]  YES [ ]  NO
3. At each participating site, will there be one faculty member, designated by the program director, who is accountable for fellow education for that site? [PR I.B.3.a)] [ ]  YES [ ]  NO
4. Are participating sites geographically proximate, or able to provide for teleconferencing to ensure that all fellows are able to participate in joint conferences, as well as grand rounds, basic science and clinical conference lectures, journal club, and ongoing quality improvement and patient safety reviews, such as morbidity and mortality reviews? [PR I.B.5] [ ]  YES [ ]  NO

If “NO,” explain how an equivalent educational program of lectures and conferences will occur. (Limit response to 400 words)

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1. Describe how the program will engage in practices that focus on the recruitment and retention of a diverse and inclusive workforce of residents and faculty members. [PR I.C.] (Limit response to 400 words)

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**Resources**

1. Will the program’s educational and clinical resources be adequate to support the number of fellows appointed to the program? [PR I.D.1.b)] [ ]  YES [ ]  NO
2. Describe the facilities and staffing for a variety of services, including adequate inpatient surgical admissions, intensive care units for both infants and older children, and departments of emergency, pathology, and radiology in which infants and children can be managed 24 hours a day [PR I.D.1.b)] (Limit response to 400 words)

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1. Will the pediatric surgical service document a sufficient breadth and volume of procedures such that fellows will satisfy the defined minimum procedure requirements? [PR I.D.1.c)] [ ]  YES [ ]  NO

Explain if “NO.” (Limit response to 400 words)

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1. Will there be at least 1200 procedures performed by pediatric surgeons at the program’s approved sites annually? [PR I.D.1.d)] [ ]  YES [ ]  NO

Explain if “NO.” (Limit response to 400 words)

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1. Will the educational program ensure that it will not negatively affect the education of residents in the affiliated general surgery residency program? [PR I.E.1.a)] [ ]  YES [ ]  NO

Explain if “NO.” (Limit response to 400 words)

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1. Describe how the program will assess and incorporate, into its Annual Program Evaluation, the impact of other learners, including residents and fellows in both ACGME-accredited and non-accredited programs at the Sponsoring Institution and at all participating sites. [PR I.E.1.b)] (Limit response to 400 words)

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1. Describe the learners that will interact with the program’s fellows.

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| **Resident/Fellow (ACGME-accredited or non-accredited)** | **Number** | **Relationship to pediatric surgery fellows in the program** |
| Resident/fellow | # | Relationship to fellows |
| Resident/fellow | # | Relationship to fellows |
| Resident/fellow | # | Relationship to fellows |

**Personnel**

**Qualifications of the Program Director**

1. Will the program director demonstrate ongoing peer-reviewed scholarship that includes at least three peer-reviewed scholarly projects over the most recent five-year period, or other scholarship acceptable to the Review Committee? [PR II.A.3.d).(1).(a)] [ ]  YES [ ]  NO

Explain if “NO.”

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1. Will the program director have at least five years of practice after completion of a pediatric surgery fellowship? [PR II.A.3.e)] [ ]  YES [ ]  NO

Explain if “NO.”

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1. Will the program director have at least two years of prior experience in graduate medical education, as a site director, program director, associate program director in a general surgery program, or another position of responsibility in a residency/fellowship program? [PR II.A.3.f)]
 [ ]  YES [ ]  NO

Explain if “NO.”

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**Faculty**

1. In addition to the program director, will there be, for each approved fellowship position, at least one full-time faculty member whose major function is to support the program? [PR II.B.1.a)]
 [ ]  YES [ ]  NO
2. Will faculty appointments be for a period long enough to ensure continuity in the supervision and education of the fellows? [PR II.B.1.a).(1)] [ ]  YES [ ]  NO
3. To contribute to fellow education in the care of critically-ill children, will the faculty include the following?
	1. One individual who is board certified or board eligible in neonatal-perinatal medicine? [PR II.B.1.b).(1) and either [ ]  YES [ ]  NO
	2. One individual who is board certified or board eligible in pediatric critical care? [PR II.B.1.b).(2)] or, [ ]  YES [ ]  NO
	3. One individual who is board certified or board eligible in pediatric surgery and board certified or board eligible in critical care? [PR II.B.1.b).(3)] [ ]  YES [ ]  NO

**Program Coordinator**

1. Describe the administrative support available for program coordination. [PR II.C.1.] (Limit response to 400 words)

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**Educational Program**

1. Will program aims be made available to program applicants, fellows, and faculty members? [PR IV.A.1.a)] [ ]  YES [ ]  NO
2. Will competency-based goals and objectives for each educational experience be made available to the fellows and faculty members? [PR IV.A.2] [ ]  YES [ ]  NO

**ACGME Competencies**

**Professionalism**

1. Describe the learning activity, other than lecture, through which fellows will demonstrate a commitment to professionalism and an adherence to ethical principles. [PR IV.B.1.a)] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

1. Will the program ensure that fellows will be able to demonstrate competence in the pre-operative evaluation of patients, making provisional diagnoses, initiation of diagnostic procedures, formation of preliminary treatment plans, and provision of outpatient follow-up care of surgical patients? [PR IV.B.1.b).(1).(a)] [ ]  YES [ ]  NO
2. Will follow-up care include both short- and long-term evaluation and extended periodic longitudinal care, particularly with major congenital anomalies and neoplastic disorders? [PR IV.B.1.b).(1).(b)] [ ]  YES [ ]  NO
3. Indicate the settings and activities in which fellows will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Surgical peri-operative management, including:[PR IV.B.1.b).(2).(a).(i-v)] |
| Congenital, neoplastic, infectious, and other acquired conditions of the gastrointestinal system and other abdominal organs; diaphragm and thorax, exclusive of the heart; endocrine glands; head and neck; gonads and reproductive organs; integument; and blood and vascular system | Click here to enter text. | Click here to enter text. |
| Operative and non-operative traumatic conditions of the abdomen, chest, head and neck, and extremities, with sufficient experience in the management of children who have sustained injuries to multiple organs | Click here to enter text. | Click here to enter text. |
| Endoscopy of the airway and gastrointestinal tract, including laryngoscopy, bronchoscopy, esophagoscopy, gastroduodenoscopy, and lower intestinal endoscopy | Click here to enter text. | Click here to enter text. |
| Recognition and management of clotting and coagulation disorders | Click here to enter text. | Click here to enter text. |
| Advanced laparoscopic and thoracoscopic techniques | Click here to enter text. | Click here to enter text. |
| Care of the critically-ill infant or child, including [PR IV.B.1.b).(2).(a).(vi)(a-c)] |
| Cardiopulmonary resuscitation  | Click here to enter text. | Click here to enter text. |
| Management of patients on ventilators | Click here to enter text. | Click here to enter text. |
| Nutritional assessment and management | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will demonstrate knowledge of the following areas. Also indicate the method(s) that will be used to assess competence. [PR IV.B.1.c).(1)-(3)]

|  | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| The basic principles of cardiothoracic surgery, gynecology, neurological surgery, orthopaedic surgery, otolaryngology, anesthesia, urology, vascular surgery, transplant surgery, and the management of burns | Click here to enter text. | Click here to enter text. |
| The principles in the management of patients on ventilators and extracorporeal membrane oxygenation (ECMO) | Click here to enter text. | Click here to enter text. |
| Invasive and non-invasive monitoring techniques and interpretation | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Describe one learning activity in which fellows will 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 life-long learning. [PR IV.B.1.d)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Describe one learning activity in which fellows will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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**Systems-based Practice**

1. Describe the learning activity through which fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

1. Will fellows participate in formal pediatric surgery conferences, including quality improvement and/or patient safety conferences that are specialty-specific and interdisciplinary in nature? [PR IV.C.3] [ ]  YES [ ]  NO
2. Will fellows have completed advanced life support training specific to pediatric patients (e.g., Pediatric Advanced Life Support [PALS]) before beginning critical care rotations? [PR IV.C.4]
 [ ]  YES [ ]  NO
3. Will the program be structured to include a minimum of 20 months in general pediatric surgery? [PR IV.C.5.a)] [ ]  YES [ ]  NO
	1. Will this include a maximum of two months dedicated to pediatric critical care and/or neonatal intensive care? [PR IV.C.5.b).(1)] [ ]  YES [ ]  NO
	2. Will this include a maximum of two months of clinical rotations in cardiothoracic surgery, gynecology, neurological surgery, orthopaedic surgery, otolaryngology, anesthesia, vascular surgery, transplant surgery, urology, and the management of burns? [PR IV.C.5.b).(2)]
	 [ ]  YES [ ]  NO
4. Will the fellow(s)’ clinical care of surgical patients include demonstrable involvement in pre- and post-operative care and, when applicable, follow-up that corresponds to the patient's unique surgical problem(s), with longevity of follow-up directly correlated to what is known about the natural history of the disease process(es)? [PR IV.C.6.] [ ]  YES [ ]  NO
5. Will the fellows be provided with primary patient care responsibility, under the supervision of pediatric surgery faculty members, in the care of critically-ill surgical patients to allow them to acquire the requisite specialty-specific knowledge and skills, and to obtain competence in the pre-, intra-, and post-operative care of such patients? [PR IV.C.7.] [ ]  YES [ ]  NO
6. Will the program ensure that fellows will develop competence in the management of surgical, trauma, and other peri-operative patients who are receiving total parenteral nutrition (TPN), are on extracorporeal membrane oxygenation (ECMO), and are on fluids/vasopressors and ventilators, and must be involved in the integrated decision making around care? [PR IV.C.7.a)]
 [ ]  YES [ ]  NO
7. Will the fellow(s)’ critical care experience include the following?
	1. Documented care of 20 neonatal surgical patients [PR IV.C.7.b).(1)] [ ]  YES [ ]  NO
	2. One month in the neonatal intensive care unit [PR IV.C.7.b).(1)] [ ]  YES [ ]  NO
	3. Documented care of 10 critically-ill pediatric surgical patients [PR IV.C.7.b).(1)] [ ]  YES [ ]  NO
	4. One month in the pediatric intensive care unit [PR IV.C.7.b).(1)] [ ]  YES [ ]  NO
8. Will there be coordination of care and collegial relationships between pediatric surgeons, neonatologists, and critical care intensivists concerning the management of medical problems in these complex critically-ill patients? [PR IV.C.7.c)] [ ]  YES [ ]  NO
9. During the critical care experience, will the fellows have primary responsibility, including decision making and leadership, in the care of patients with primary surgical problems? [PR IV.V.7.d)] [ ]  YES [ ]  NO
10. Will faculty members for neonatology, pediatric critical care, and/or pediatric surgical critical care be required to attest to the experience gained by each fellow in meeting the critical care requirements at the end of each critical care rotation? [PR IV.C.7.e)] [ ]  YES [ ]  NO
11. Will fellows be required to document an appropriate breadth, volume, and balance of operative experience as primary surgeon? [PR IV.C.8] [ ]  YES [ ]  NO
12. Will fellows be required to document performance of a minimum of 800 major pediatric surgery procedures as Surgeon during the program and participate in a minimum of 50 Teaching Assistant cases? [PR IV.C.9.a)] [ ]  YES [ ]  NO
13. Will the program ensure that fellows do not share primary responsibility for the same patient with, or serve as teaching assistants for, a general surgery chief resident? [PR IV.C.10.] [ ]  YES [ ]  NO
14. Will fellows document at least one half-day of outpatient experience weekly, averaged over the 48 weeks of each year of clinical education? [PRIV.C.11.] [ ]  YES [ ]  NO
15. Will the program ensure that fellows provide care either in a consultative role or as a member of the primary patient care team, under appropriate supervision? [PR IV.C.12] [ ]  YES [ ]  NO
16. Will fellows demonstrate the ability to participate in multispecialty teams in the emergency department and with other specialists, such as neonatologists and intensivists? [PR IV.C.13]
 [ ]  YES [ ]  NO

**Scholarship**

**Program Responsibilities**

1. Describe how the program’s mission and aims will guide the scholarly activities of the program director, faculty members, and fellows. [PR IV.D.1.a)] (Limit response to 400 words)

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1. Describe how the program will provide fellows with an environment that emphasizes the scholarly attributes of self-instruction, teaching, basic sciences, skilled clinical analysis, sound surgical judgment, and research creativity. [PR IV.D.1.b).(1)] (Limit response to 400 words)

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**Fellow Scholarly Activity**

1. Describe the resources and program plan for fellows to be able to demonstrate knowledge of design, implementation, and interpretation of clinical research studies. [PR IV.D.3.a)] (Limit response to 400 words)

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**Evaluation**

1. Describe how the program will ensure that faculty members directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. [PR V.A.1.a)] (Limit response to 400 words)

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1. Will the program review and verify operative data with each fellow at least semi-annually? [PR V.A.1.a).(1)] [ ]  YES [ ]  NO
2. Will the program use multiple evaluators as a component of an objective performance evaluation? [PR V.A.1.c).(1)] [ ]  YES [ ]  NO

If YES, identify the types of evaluators that will be routinely included in the fellows’ performance evaluation.

[ ]  Faculty members (including the program director)

[ ]  Peers

[ ]  Residents and fellows in other specialties

[ ]  Self

[ ]  Patients and family members

[ ]  Other professional staff members (e.g., nursing, respiratory therapy, administration, etc.)

1. Will a fellow’s final evaluation: [PR V.A.2.a).(1)-(2).(d)]

[ ]  Become part of the fellow’s permanent record, maintained by the institution, and accessible for review by the fellow? [ ]  YES [ ]  NO

[ ]  Include Milestones evaluations and Case Logs as tools to ensure fellows are able to engage in autonomous practice? [ ]  YES [ ]  NO

[ ]  Include verification that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice? [ ]  YES [ ]  NO

[ ]  Include documentation of recommendations from the Clinical Competency Committee?
 [ ]  YES [ ]  NO

[ ]  Shared with the fellow upon completion of the program [ ]  YES [ ]  NO

**The Learning and Working Environment**

**Patient Safety, Quality Improvement, Supervision, and Accountability**

1. Will the program ensure that fellows demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes? [PR VI.A.1] [ ]  YES [ ]  NO
2. Describe the program’s plan to provide formal education for the promotion of patient safety-related goals, tools, and techniques. [PR VI.A.1.a).(2)] (Limit response to 400 words)

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1. Describe a learning activity where fellows participate as team members in patient safety activities such as root cause analyses, as well as formulation and implementation of actions. [PR VI.A.1.a).(2).(b)] (Limit response to 400 words)

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**Quality Improvement**

1. Will the program provide fellows and faculty members with data on quality metrics and benchmarks related to their patient populations? [PR VI.A.1.a).(3).(a)] [ ]  YES [ ]  NO

Explain if “NO”

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**Supervision**

1. Will the program review and document each fellow’s required level of supervision at least annually? [PR VI.A.2.a).(2).(a)] [ ]  YES [ ]  NO
2. Will the program’s supervision policy outline volume-based and experiential definitions of required competencies for the performance of procedures and participation in pediatric and neonatal critical care? [PR VI.A.2.a).(2).(b)] [ ]  YES [ ]  NO
3. Will faculty members have knowledge of each fellow’s prescribed level of supervision and evaluate each fellow’s supervision needs with each rotation? [PR VI.A.2.a).(2).(c)] [ ]  YES [ ]  NO
4. Will programs distribute these guidelines as a written chain of command to fellows and faculty members at least annually? [PR VI.A.2.a).(2).(d)] [ ]  YES [ ]  NO

**Professionalism**

1. Will the program’s learning objectives be accomplished without excessive reliance on fellows to fulfill non-physician obligations? [PR VI.B.2.a)] [ ]  YES [ ]  NO

Explain if “NO.”

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1. Describe the resources and processes developed to ensure that the educational environment is professional, equitable, respectful, and civil. Include a discussion of policies and procedures, resident education, faculty development, and reporting procedures in the event of an occurrence. [PR VI.B.5.]

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**Well-Being and Fatigue Mitigation**

1. Outline the policies and procedures that are in place to ensure coverage of care when a fellow is unable to attend work. [PR VI.C.2.a)]

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1. Describe the program’s plan to educate all faculty members and residents to recognize the signs of fatigue, sleep deprivation, and fatigue mitigation processes. [PR VI.D.1.] (Limit response to 400 words)

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**Teamwork**

1. Briefly describe the opportunities fellows will have to collaborate with surgical residents and faculty members, residents and fellows at various PG levels, medical students (when appropriate), other physicians outside of their specialties, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. [PR VI.E.2.c)-f)] (Limit response to 400 words)

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1. Will fellows assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion? [PR VI.E.2.g)] [ ]  YES [ ]  NO
2. If completing the tasks in the hours assigned is not possible, describe how fellows will learn and use the established methods for handing off remaining tasks to another member of the fellow team so that patient care is not compromised. [PR VI.E.2.g).(1)] (Limit response to 400 words)

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1. Will lines of authority be defined by the program, and ensure that all residents have a working knowledge of expected reporting relationships to maximize quality care and patient safety?
[PR VI.E.2.h)] [ ]  YES [ ]  NO

**Transitions of Care**

1. Will the program ensure that fellows are competent in communicating with team members in the hand-off process? [VI.E.3.c)] [ ]  YES [ ]  NO

**Maximum Frequency of In-House Night Float**

1. Describe fellow night float rotations, including: (a) the number of consecutive nights of night float; (b) the maximum number of consecutive weeks of night float per year; (c) the maximum number of months of night float per year; and (d) the frequency of night float rotations. [PR VI.F.6.a)-d)]

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**Institutional Data**

On the following pages, supply the operative data for the pediatric surgical service at each site to which the fellows rotate. The numbers should include all procedures performed at each site. Site names must correspond to those in ADS and the block diagram.

Provide data for the last two (2) complete academic years. NOTE: Each operation may have credit for only one procedure. Choose the most significant component. Each operation can have only one primary surgeon; teaching assistants can be counted concurrently, as appropriate.

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| **INCLUSIVE DATES:** | Click here to enter a date. To Click here to enter a date. |

| **OPERATIVE PROCEDURES** | **Site Name** | **Site Name** | **Site Name** |
| --- | --- | --- | --- |
| **Skin/Soft Tissue/Musculoskeletal** |
| Burn debridement or grafting | # | # | # |
| Complex wound closure | # | # | # |
| Breast | # | # | # |
| Pilonidal cyst excision | # | # | # |
| Major excision soft tissue tumor | # | # | # |
| Major soft tissue repair for trauma | # | # | # |
| Other (skin/soft tissue/musculoskeletal) | # | # | # |
| **Head and Neck** |
| Cleft lip/palate repair | # | # | # |
| Thyroidectomy (any) | # | # | # |
| Parathyroidectomy (any) | # | # | # |
| Brachial cleft cyst/sinus | # | # | # |
| Thyroglossal duct cyst/sinus | # | # | # |
| Cystic hygroma/lymphangioma | # | # | # |
| Dermoid/other cyst | # | # | # |
| Major tumor (head and neck) | # | # | # |
| Other (head and neck) | # | # | # |
| **Thoracic** |
| Tracheostomy | # | # | # |
| Laryngeal or tracheal resection and/or reconstruction | # | # | # |
| Repair chest wall deformity | # | # | # |
| Resection chest wall tumor | # | # | # |
| Excision mediastinal cyst | # | # | # |
| Excision mediastinal tumor | # | # | # |
| Pulmonary resection: open | # | # | # |
| Pulmonary resection: scope | # | # | # |
| Thoracotomy for trauma | # | # | # |
| Lung biopsy: open | # | # | # |
| Lung biopsy: scope | # | # | # |
| Decortication/pleurectomy/blebectomy: open | # | # | # |
| Decortication/pleurectomy/blebectomy: scope | # | # | # |
| Esophageal resection or replacement | # | # | # |
| Esophagomyotomy | # | # | # |
| Repair esophageal atresia/tracheoesophageal fistula | # | # | # |
| Thoracoscopy: other | # | # | # |
| Thoracotomy: other | # | # | # |
| Other (thoracic) | # | # | # |
| **Diaphragm** |
| Repair diaphragmatic hernia | # | # | # |
| Plication of diaphragm | # | # | # |
| Transthoracic and/or retroperitoneal exposure for scoliosis | # | # | # |
| Other (diaphragm) | # | # | # |
| **Cardiovascular** |
| Patent ductus arteriosus | # | # | # |
| Coarctation | # | # | # |
| Vascular ring | # | # | # |
| Any open heart procedure | # | # | # |
| Any closed heart procedure | # | # | # |
| Aortopexy | # | # | # |
| Renal artery reconstruction | # | # | # |
| Peripheral artery reconstruction | # | # | # |
| Construction or take down AV fistula/shunt | # | # | # |
| Surgical placement/removal central access line (any external or port) | # | # | # |
| Dialysis access insertion/removal | # | # | # |
| Cannulate/ECMO | # | # | # |
| Major vessel reconstruction | # | # | # |
| Vascular trauma | # | # | # |
| Vascular: post-operative exploration | # | # | # |
| Other (Cardiovascular) | # | # | # |
| **Abdominal** |
| Antireflux procedure: open | # | # | # |
| Antireflux procedure: scope | # | # | # |
| Pyloroplasty/gastric resection with or without vagotomy | # | # | # |
| Pyloroplasty/gastric resect with or without vagotomy: laparoscopic | # | # | # |
| Any gastrostomy/jejunostomy: open | # | # | # |
| Any gastrostomy/jejunostomy: scope | # | # | # |
| Pyloromyotomy: open | # | # | # |
| Pyloromyotomy: scope | # | # | # |
| Operation for malrotation | # | # | # |
| Duodenal atresia | # | # | # |
| Repair intestinal atresia, stenosis or web | # | # | # |
| Intestinal resection: open | # | # | # |
| Intestinal resection: scope | # | # | # |
| Intestinal resection/repair or ostomy for IBD | # | # | # |
| Intestinal resect/repair or ostomy for IBD: laparoscopic | # | # | # |
| Intestinal resection/repair or ostomy for trauma | # | # | # |
| Intestinal resect/repair or ostomy for trauma: laparoscopic | # | # | # |
| Bowel resection: open | # | # | # |
| Bowel resection: scope | # | # | # |
| Laparotomy or resection for intussusception-malrotation-volvulus | # | # | # |
| Ostomy for anorectal malformation: open | # | # | # |
| Ostomy for anorectal malformation: laparoscopic | # | # | # |
| Ostomy for Hirschsprung's: open | # | # | # |
| Ostomy for Hirschsprung's: laparoscopic | # | # | # |
| Ostomy for other: open | # | # | # |
| Ostomy for other: laparoscopic | # | # | # |
| Closure/revision any ostomy/fistula: open | # | # | # |
| Closure/revision any ostomy/fistula: scope | # | # | # |
| Appendectomy: open | # | # | # |
| Appendectomy: scope | # | # | # |
| Perineal procedure for imperforate anus | # | # | # |
| Pull through for Hirschsprung's: open | # | # | # |
| Pull through for Hirschsprung's: scope | # | # | # |
| Pull through for IBD or polyposis: open | # | # | # |
| Pull through for IBD or polyposis: scope | # | # | # |
| Exploratory lap with or without biopsy: open | # | # | # |
| Exploratory lap with or without biopsy: laparoscopic | # | # | # |
| Excision of omental/mesenteric cyst | # | # | # |
| Omphalocele (any surgical repair) | # | # | # |
| Gastroschisis (any surgical repair) | # | # | # |
| Resection urachal remnant | # | # | # |
| Resection omphalomesenteric duct/cyst | # | # | # |
| Excision neuroblastoma/adrenal/other retroperitoneal tumor | # | # | # |
| Excision sacrococcygeal teratoma | # | # | # |
| Diagnostic laparoscopy | # | # | # |
| Adrenal: open | # | # | # |
| Adrenal: scope | # | # | # |
| Other (abdominal) | # | # | # |
| **Hernia Repair** |
| Pediatric repair inguinal hernia > 6 months | # | # | # |
| Infant repair inguinal hernia < 6 months | # | # | # |
| Repair umbilical hernia | # | # | # |
| Repair ventral hernia | # | # | # |
| Repair femoral hernia | # | # | # |
| Hernia repair: scope | # | # | # |
| Other (hernia repair) | # | # | # |
| **Liver/Biliary** |
| Major hepatic resection/repair: tumor | # | # | # |
| Major hepatic resection/repair: trauma | # | # | # |
| Major hepatic resection/repair: other | # | # | # |
| Lysis of adhesions | # | # | # |
| Liver: biliary atresia | # | # | # |
| Liver biopsy: open | # | # | # |
| Liver harvest | # | # | # |
| Liver transplant | # | # | # |
| Cholecystectomy with or without common bile duct exploration: open  | # | # | # |
| Cholecystectomy with or without common bile duct exploration: scope | # | # | # |
| Portoenterostomy | # | # | # |
| Excision choledochal cyst | # | # | # |
| Portosystemic shunts or other operations for portal hypertension | # | # | # |
| Pancreatic resection for: trauma | # | # | # |
| Pancreatic resection for: hyperinsulinism | # | # | # |
| Pancreatic resection for: tumor | # | # | # |
| Pancreas: other | # | # | # |
| Operations for pseudocyst | # | # | # |
| Splenorrhaphy  | # | # | # |
| Splenectomy: open | # | # | # |
| Splenectomy: scope | # | # | # |
| Other (liver) | # | # | # |
| **Genitourinary** |
| Nephrectomy (total or partial): tumor | # | # | # |
| Nephrectomy (total or partial): trauma | # | # | # |
| Nephrectomy (total or partial/nephrorrhaphy) other | # | # | # |
| Nephrectomy (total or partial): other | # | # | # |
| Renal transplant | # | # | # |
| Renal: scope | # | # | # |
| Renal biopsy (open) | # | # | # |
| Cystectomy (total or partial) | # | # | # |
| Operation for nephro-uretero lithiasis | # | # | # |
| Enteric conduit (any) | # | # | # |
| Bladder augmentation or repair (any) | # | # | # |
| Pyeloplasty/UPJ reconstruction | # | # | # |
| Ureteral reconstruction/reimplantation | # | # | # |
| Reconstruct cloacal exstrophy | # | # | # |
| Circumcision (OR only) | # | # | # |
| Orchidopexy: open | # | # | # |
| Orchidopexy: scope | # | # | # |
| Orchiectomy | # | # | # |
| Operation for torsion testis or appendages | # | # | # |
| Operation for varicocele: open | # | # | # |
| Operation for varicocele: scope | # | # | # |
| Procedures for intersex (vaginal reconstruction, clitoroplasty, etc.) | # | # | # |
| Vaginal procedures: open | # | # | # |
| Oophorectomy (total or partial) | # | # | # |
| Hysterectomy/salpingectomy: open | # | # | # |
| Hysterectomy/salpingectomy: scope | # | # | # |
| Repair complex laceration vagina/perineum | # | # | # |
| Other (genitourinary) | # | # | # |
| **Endoscopic Procedures** |
| Diagnostic thoracoscopy | # | # | # |
| Cystoscopy/colposcopy | # | # | # |
| Laryngoscopy/bronchoscopy | # | # | # |
| Esophagoscopy | # | # | # |
| Esophagoscopy: gastroscopy | # | # | # |
| Removal foreign body esophagus or trachea | # | # | # |
| Esophageal dilatation | # | # | # |
| Colonoscopy | # | # | # |
| Sigmoidoscopy | # | # | # |
| Other endoscopy | # | # | # |
| **Trauma** | # | # | # |
| Non-operative trauma | # | # | # |
| **Total Operative Experience** | **#** | **#** | **#** |
| **Non-Operative Treatment of Major Or Multi System Trauma** | **#** | **#** | **#** |