Ministry of Health of the Republic of Moldova
“Nicolae Testemitanu” State Medical and Pharmaceutical University

Approved
at the Medicine Faculty Council Meeting Nr.2,
Journal Nr. _______ from ________________

The Dean of the Faculty of Medicine Nr. 2,
Dr., university professor ______ Mihai Gavriliuc

Approved
at the Department of Pediatric Surgery,
Orthopedics and Anesthesiology Meeting
Journal Nr. 11 from 17.01.2011

Chief of the Department
Academician, MD, PhD, university professor,
Honor person _________________Eva Gudumac

SYLLABUS

Name of the course: Pediatric Surgery
Course code: S.09.0.076
Course type: Mandatory
Hours - 70
Including lectures – 20, practical hours - 50

Credits allocated: 3

Academics name which are responsible of:
Jana Bernic – Dr., university professor
Alexandru Jalbă – Dr., associate professor
Vera Dzero – Dr., associate professor
Victoria Celac – scientific researcher

CHISINAU 2011
The goal of the course of Pediatric Surgery designated for the Vth year students of the Faculty of Medicine is:

- studying of the congenital malformations and acquired surgical diseases in children, of the diagnostic and treatment peculiarities; learning of the particularities of the anesthesia and intensive care in children;
- formation in future doctors of the theoretical base, practical skills;
- learning of the diagnostic methods, medical tactics in several surgical pathologies;
- emergency care providing in a surgical sick child.

The main objective of the pediatric surgical diseases studying is to provide the necessary knowledge to every physician, irrespective of specialty, to know and recognize the congenital malformations and pediatric surgical diseases.

The objectives of formation in Pediatric Surgery
At the understanding level:

- to recognize the congenital malformations and acquired surgical diseases in children;
- to know the peculiarities of onset and evolution of several surgical diseases in children;
- to understand the examination methodology and peculiarities of children with different surgical diseases;
- the timing of surgery performing;
- the essential detail that worth to be underline is that the same disease in adult and children in no case should be address identically;
- the rehabilitation of children with surgical diseases.

At the application level:

- to collect and to assess correctly the anamnestic data;
- to perform the examination of a child with surgical disease suspected;
- to be able to establish the presumptive diagnosis;
- to estimate the patient condition severity;
- to be able to provide the emergency care in emergencies.

Teaching in pediatric surgery corresponds to the main principle - from semiology to the detailed studying of each disease.

At the integration level:
- to realize the importance of Pediatric Surgery in the context of Medicine;
- to address creatively the problems of fundamental medicine:
- to deduct the interrelations between Pediatric Surgery and other fundamental disciplines;
- to possess abilities to implement and integrate the received knowledge in the field of Pediatric Surgery with the fundamental disciplines;
- to be able to assess and self-appraise objectively the knowledge in the field.

The questions for the lectures, practical seminars ad the practical skills were approved.

Methods of assessment:
At the end of Pediatric Surgery course the students are attested by testing, oral interview and practical skills assessment.

The student have 20 minutes to answer the test.

At the exam on Pediatric Surgery are not admitted students which have not recuperated absences on practical hours.

The State License Exam on Pediatric Surgery consists of testing and oral interview.

The knowledge assessment is done from 1 to 10 without decimals, as following:
- “10” or “excellent” (ECTS-A equivalent) will be supplied for mastering of 91-100% of the textbook material;
- “9” or “very well” (ECTS-B equivalent) will be supplied for mastering of 81-90% of the textbook material;
- “8” or “well” (ECTS-C equivalent) will be provided for 71-80% mastering of the textbook material;
- “6” or “7” or “satisfactory” (ECTS-D equivalent) will be respectively supplied for 61-65% and 66-70% mastering of the textbook material;
- “5” or “bad” (ECTS-E equivalent) will be provide for 51-60% mastering of textbook material;
- “3” and “4” (ECTS-FX) will be supplied for 31-40% and respectively 41-50% mastering of textbook material;
- “1” and “2” or “unsatisfactory” (ECTS-F equivalent) will be provided for 0-30% mastering of the textbook material.

The absence at the Exam is registered as “absence” and qualified as “0”.

The student has 2 repeated attempted to pass the failed exam.

**The assessment scale**

The knowledge assessment is performed from “1” to “10” without decimals. The marks from “5” to “10” allow credits obtaining in conformity with the studying program. The final mark results from the sum of ponderate marks during the year and final exam mark, being rounded to integer numeral. The student who on the current evaluation have the mark less then “5” is not admitted to the exam.

- “10” or “excellent” is provided for the deep and remarkable theoretical and practical competences mastered during course, for the creativity and aptitudes of competences’ application, for the considerable independent training and good knowledge of the literature data in the field of pediatric surgery. The student masters 91-100% of material included in the syllabus of the course.
- “9” or “very well” is provided for a very good demonstration of the theoretical and practical competences mastered during course, for a very good abilities in obtained competences application with some inessential
errors. The student masters 81-90% of material included in the syllabus of the course.

- “8” or “well” is provided for good theoretical and practical competences, for the satisfactory abilities in competences application with some level of uncertainty and inaccuracy concerning the details of the course, but which the student could redress by answering to the additional questions. The student masters 71-80% of material included in the syllabus of the course.

- “6” and “7” or “satisfactory” are supplied for basic course competences and for the ability to implement them in typical situations. The student’s answer lack of certainty and considerable lacunas in the course knowledge are present. The student masters 61-65% and respectively 66-70% of material included in the syllabus of the course.

- “5” or “bad” is awarded for minimal competences in the field of course, the application of these competences is very difficult. The student masters 51-60% of material included in the syllabus of the course.

- “3” or “4” are provided when the student fails to demonstrate minimal requirements needed to pass the course and the additional work is needed to pass it. The student masters 31-40% and respectively 41-50% of material included in the syllabus of the course.

- “1” or “2” or “unsatisfactory” are awarded for copying or failure to demonstrate minimal knowledge (0-30%) in the field. To pass the exam a hard work is needed.
### Main course content:

**A. Lectures**

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<thead>
<tr>
<th>Nr.</th>
<th>Theme</th>
<th>Hours</th>
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newborns, infants, babies.  

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<tr>
<td>Total hours</td>
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### B. Practical course

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<th>Theme</th>
<th>Hours</th>
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<tr>
<td><strong>Total hours</strong></td>
<td><strong>50</strong></td>
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5. **Principles of pediatric orthopedics. Musculoskeletal system malformations.**

6. **Urinary system malformations.** Clinical signs of the urinary system diseases in children.


PLAN OF PRACTICAL SEMINARS ON PEDIATRIC SURGERY FOR VTH YEAR STUDENTS, GENERAL MEDICINE FACULTY


DETAIL STUDY PROGRAM ON PEDIATRIC SURGERY

BRIEF HISTORY OF PEDIATRIC SURGERY
MODERN EXPLORATIONS IN SURGERY
Peculiarities of pediatric surgery.
Organization of surgical assistance of children in Republic of Moldova.
Pediatric surgery department. Peculiarities of newborns assistance.
Preventive examination role in the surgical diseases revealing. Deontology in pediatric surgery.

CERVICAL PATHOLOGY


BRONCHOPULMONARY MALFORMATIONS AND DISEASES IN CHILDREN


DIAPHRAGMATIC PATHOLOGY


**Congenital diaphragmatic hernia in newborns.**

**ABDOMINAL WALL PATHOLOGY**


**Congenital pathology of the umbilical region.** Embryology. Pathologic anatomy.


**CONGENITAL DISEASES OF STOMACH**

CONGENITAL BOWEL OBSTRUCTION


LIVER DISEASES.

CONGENITAL MALFORMATIONS OF BILIARY TRACT.


ACUTE SURGICAL PATHOLOGY OF THE INTRAABDOMINAL ORGANS IN CHILDREN


DIGESTIVE HEMORRHAGE IN CHILDREN


OBSTETRICAL TRAUMAS

THORACO-ABDOMINAL TRAUMAS IN CHILDREN

Thoracic traumas.


SURGICAL INFECTION IN CHILDREN

Surgical sepsis. Definition. Classification. Stages. Clinical picture


Purulent inflammatory diseases of soft tissues.


Inflammatory diseases of bones and joints.


PURULENT INFLAMMATORY DISEASES OF THORACIC ORGANS


PEDIATRIC UROLOGY

SUPERIOR URINARY TRACT MALFORMATIONS (KIDNEY, PELVIS, URETER)

Kidney malformations (number, position, correlation, structure).

Number abnormalities: aplasia, hypoplasia, kidney duplication, accessory kidney.

Correlation abnormalities. Symmetric and asymmetric.


Bladder malformations.


Urethral malformations.


Genital malformations.


PEDIATRIC ORTHOPEDICS AND TRAUMATOLOGY

MUSCULOSKELETAL MALFORMATIONS


PEDiatric Traumatology


Pediatric Oncology


Chief of the Department of Pediatric Surgery, Orthopedics and Anesthesiology, Academician, MD, PhD, university professor, Honor person

Eva Gudumac