Name of the course:  Pediatric Surgery  
Course code:  S.09.0.076  
Course type:  Compulsory
Number of hours  - 70 hours
Including lectures  – 20 hours
Practical hours - 50 hours

Credits allocated:  3

The teaching staff:
Jana Bernic – PhD, professor
Alexandru Jalbă – DM, associate professor
Vera Dzero – DM, associate professor
Victoria Celac – DM, scientific researcher

CHISINAU 2011
The goal of the course Pediatric Surgery provided for the V year students of the Faculty of Medicine is:
- To study congenital malformations and developed surgical diseases in children, specific features of diagnostics and treatment; to learn particularities of anesthesia and intensive care in children;
- To provide future doctors with theoretical knowledge and practical skills;
- To learn diagnostic methods, medical tactics in several surgical pathologies;
- To provide emergency to children with surgical diseases.

**The main objective** of the discipline of Pediatric surgical diseases is to provide each physician with necessary knowledge, irrespectively of specialty, to know and recognize congenital malformations and pediatric surgical diseases.

**The objectives of learning Pediatric Surgery**

At the level of understanding:
- to recognize congenital malformations and developed surgical diseases in children;
- to know specific features of the onset and evolution of several surgical diseases in children;
- to understand methodology of examination and specific characteristics of children with surgical diseases;
- timing of surgery performing;
- the essential detail that should be emphasized is that the same disease in adults and children in no case should be treated identically;
- rehabilitation of children with surgical diseases.

At the application level:
- to take and to assess correctly anamnestic data;
- to perform the examination of a child with suspected surgical disease;
- to be able to make a presumptive diagnosis;
- to estimate the severity of a patient’s condition;
- to be able to provide emergency care in urgent cases.

Teaching Pediatric surgery is based on the main principle - from semiology to a detailed study of each disease.

At the integration level:
- to realize the importance of Pediatric Surgery in the context of Medicine;
- to regard creatively the problems of fundamental medicine;
- to deduct interrelations between Pediatric Surgery and other fundamental disciplines;
- to possess abilities to implement and integrate the received knowledge of Pediatric Surgery and fundamental disciplines;
- to be able to assess and self-appraise objectively the knowledge in the field.
The questions for lectures, seminars and the listed practical skills were approved at the meeting of the Department of Pediatric Surgery, Orthopedics and Anesthesiology Minutes Nr. 11 from 17.01.2011.

**Methods of assessment:**
At the end of the course in Pediatric Surgery students’ knowledge is assessed by written testing, oral test and practical skills assessment.

Students have 20 minutes to answer the test.

Students who have not worked off absences are not admitted to the exam in Pediatric Surgery.

The State License Exam in Pediatric Surgery consists in written test and oral test.

The knowledge assessment is done on the basis of a 10-point scale from 1 to 10 with decimals, as following:

- “10” or “excellent” (ECTS-A equivalent) is given for mastering of 91-100% of the studied material;
- “9” or “very well” (ECTS-B equivalent) is given for mastering of 81-90% of the studied material;
- “8” or “well” (ECTS-C equivalent) is given for 71-80% mastering of the studied material;
- “6” or “7” or “satisfactory” (ECTS-D equivalent) is given for mastering of 61-65% and 66-70% of the studied material respectively;
- “5” or “bad” (ECTS-E equivalent) is given for mastering of 51-60% studied material;
- “3” and “4” (ECTS-FX) is given for mastering of 31-40% and 41-50% studied material respectively;
- “1” and “2” or “unsatisfactory” (ECTS-F equivalent) is given for mastering of 0-30% of the studied material.

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

The student has the right to repeat a failed exam two times.

**The assessment scale**
The knowledge assessment is assessed using a 10-point scale, i.e. from “1” to “10” with decimals. The marks from “5” to “10” allow to obtain credits in conformity with the syllabus. The final mark results from the sum of the average annual marks and the final exam mark. The students who on the current evaluation have the average annual mark less than “5” are not admitted to the exam.

- “10” or “excellent” is given for deep and remarkable theoretical knowledge and practical skills mastered during the course, for creativity and abilities to apply them. The student masters 91-100% of the material included in the syllabus of the course.
- “9” or “very well” is given for demonstration of very good theoretical knowledge and practical skills mastered during the course, for very good abilities to apply obtained
knowledge with some inessential errors. The student masters 81-90% of the material included in the syllabus of the course.
- “8” or “well” is given for good theoretical knowledge and practical skills, for satisfactory abilities to apply obtained knowledge and practical skills with some uncertainty and inaccuracy concerning the details of the course, but student can correct them by answering to the additional questions. The student masters 71-80% of the material included in the syllabus of the course.
- “6” and “7” or “satisfactory” are given for basic theoretical knowledge and skills and for the ability to implement them in typical situations. The student’s answer lacks certainty and there are considerable gaps in the course knowledge. The student masters 61-65% and 66-70% of material included in the syllabus of the course respectively.
- “5” or “bad” is given for minimal knowledge and practical skills for the course, their application is very difficult. The student masters 51-60% of the material included in the syllabus of the course.
- “3” or “4” are given when the student fails to demonstrate minimal requirements needed to pass the exam and the additional work is needed to pass it. The student masters 31-40% and 41-50% of the material included in the syllabus of the course respectively.
- “1” or “2” or “unsatisfactory” are given for copying or failure to demonstrate minimal knowledge (0-30%) in the field. To pass the exam a hard work is needed.

The content of the course:

**A. Lectures**

<table>
<thead>
<tr>
<th>Nr.</th>
<th>Theme</th>
<th>Number of hours</th>
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</thead>
<tbody>
<tr>
<td>3.</td>
<td>Acute appendicitis in children. Peculiarities in infants, babies.</td>
<td>2</td>
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<tr>
<th>Nr.</th>
<th>Theme</th>
<th>Number of hours</th>
</tr>
</thead>
</table>

Total hours 20

### B. Practical course

<table>
<thead>
<tr>
<th>Nr.</th>
<th>Theme</th>
<th>Number of hours</th>
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<tbody>
<tr>
<td>1.</td>
<td>Specific characteristics of Pediatric surgery. The examination methods</td>
<td>5</td>
</tr>
<tr>
<td>---</td>
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<td></td>
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</tbody>
</table>

| Total hours | 50 |


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


**DETAIL SYLLABUS IN PEDIATRIC SURGERY**

**BRIEF HISTORY OF PEDIATRIC SURGERY**

**MODERN EXPLORATIONS IN SURGERY**

Characteristics of pediatric surgery.
Organization of pediatric surgical care in the Republic of Moldova.
Pediatric surgery department. Particularities of newborn care.
The role of preventive examination in revealing of surgical diseases. Deontology in pediatric surgery.

CERVICAL PATHOLOGY


BRONCHOPULMONARY MALFORMATIONS AND DISEASES IN CHILDREN


DIAPHRAGMATIC PATHOLOGY


Congenital diaphragmatic hernia in newborns.
ABDOMINAL WALL PATHOLOGY


_CONGENITAL DISEASES OF STOMACH


_CONGENITAL BOWEL OBSTRUCTION


LIVER DISEASES.

CONGENITAL MALFORMATIONS OF THE 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


QUESTIONS FOR STATE EXAM IN PEDIATRIC SURGERY

<table>
<thead>
<tr>
<th>Number</th>
<th>Condition</th>
<th>Definition</th>
<th>Etiology and Pathogenesis</th>
<th>Classification</th>
<th>Clinical Picture</th>
<th>Diagnosis</th>
<th>Differential Diagnosis</th>
<th>Treatment</th>
</tr>
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</table>

Chief of the Department of Pediatric Surgery,
Orthopedics and Anesthesiology,
Academician, MD, PhD, professor,
Honorary Citizen

Eva Gudumac