

## Seattle Children's Hospital: Then and Now

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Pediatric Surgery remains primarily a clinical specialty with a two-year clinical fellowship. SCH has a highly competitive program. Every year over 75 candidates are evaluated for one SCH Fellowship position. Nationwide less than 50% of candidates match each year.

In the US and Canada there are now over 53 training programs. While this may sound encouraging for the applicant, in reality we are reaching a crossroads for pediatric surgery as a specialty. Depending upon one's point of view, either too many pediatric surgeons are being trained or we are facing a shortage of trainees. The concern is that as more training programs become available, issues of competency and experience become increasingly important. Some of the programs do reach requirements set by the [ACGME](#) Residency Review Committee (RRC) in order to have a program, but may see few of the important index cases. The trainees in these programs may not get adequate experience to competently practice on their own.

Job opportunities for our trainees are changing with positions in high volume centers becoming more scarce, while large parts of rural America may lack a pediatric surgeon altogether. States like Wyoming and Montana lack the pediatric surgeons required to do routine pediatric surgical cases such as hernias, appendectomies and pyloromyotomies. However, a pediatric surgeon in this situation may only see one Wilms tumor or esophageal atresia each year. It would be difficult for pediatric surgeons in this situation to remain competent in all aspects of pediatric surgery.

This leads to questions about how to mitigate these concerns. Should there be increased regionalization of care? Should better ways be found to expose general surgery trainees in rural surgery tracks to pediatric surgery so that they can do common or unexceptional cases? Those are two possible ways to approach this issue.

Discussions posing these questions are currently underway between the RRC, [American Board of Surgery \(ABS\)](#), [American Pediatric Surgical Association \(APSA\)](#) and the Association of Pediatric Surgery Training Program Directors (APSTPD). These bodies have been charged to look at manpower and training issues in order to provide trainees with the training they need to in order for them to provide competent pediatric surgical care for our young patients - regardless of where they may live.

**Seattle Children's Hospital Surgical Fellowships** Seattle Children's has several highly sought after surgical fellowships. You can learn more about them by following the links. They include:

- Pediatric General Surgery Fellowship - Program Director: [John Waldhausen, MD](#)  
<http://www.seattlechildrens.org/healthcare-professionals/education/gme/pediatric-surgery-fellowship/>
- Congenital Cardiac Surgery Fellowship - Program Director: [Lester Permut, MD](#)  
<http://www.seattlechildrens.org/healthcare-professionals/education/gme/congenital-cardiac-surgery/>
- Craniofacial Surgery Fellowship - Program Director: [Richard Hopper, MD](#)  
<http://www.seattlechildrens.org/healthcare-professionals/education/gme/craniofacial-surgery-fellowship/>

## Google Glass: Exploring New Technology for Surgeons and Patients

[Heather Evans, MD, MS, FACS](#) is Assistant Professor of Surgery at the University of Washington. Based at [Harborview Medical Center](#), Dr.

Evans serves as a trauma/general surgeon and surgical intensivist. Her research focuses on leveraging technology to improve early detection and treatment of healthcare

associated infections. In a guest blog for the [Association for Academic Surgery](#), she recalls her recent selection to be one of the first surgeons to use Google Glass, a lightweight, wearable computer with hands-free controls; "I first heard about Google Glass in February [2013], [when Google launched a clever marketing strategy: a contest called #ifihadglass](#). To my astonishment, [my entry in 140 characters](#) was one of about 8,000 selected and I became a Glass Explorer."

Read her entire blog post at <http://www.aasurg.org/blog/ok-glass-take-picture/>. Her experience with Google Glass has also been written about in the *Seattle Times* ([http://seattletimes.com/html/localnews/2022282502\\_googleglassurgeryxml.html](http://seattletimes.com/html/localnews/2022282502_googleglassurgeryxml.html)), and she will discuss the use of Google Glass in surgery next month in the [final session of UW Mini-Medical School](#).



Evans



Dr. Evans is on the forefront of these technologies, as she strongly believes that physicians need to lend their knowledge of current process of care to guide an honest evaluation of novel technologies. "It is our responsibility as surgeons to critically consider the positive impact of Glass through enhanced communication, documentation and decision support, while weighing the potential risks of implementation to security, privacy and clinical outcomes."