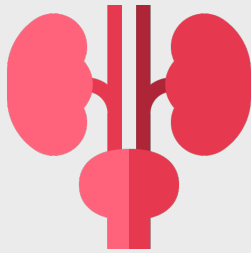


OPERATIVE NOTES

American Academy of Pediatrics - Section on Surgery Newsletter

Sections on Surgery and Urology



We are excited to announce a concurrent joint Section on Surgery and Section on Urology Masters Class symposia for the **2023 AAP-NCE meeting** in Washington D.C. The two topics chosen will highlight **GU trauma** including blunt and penetrating renal trauma and lower urinary tract and genital trauma, and **GU oncology** including testicular tumors and rhabdomyosarcoma.

Speakers at these interactive sessions will include both pediatric surgeons and pediatric urologists with collaborative expertise in these topics. These joint sessions will be held on **October 21, 2023 Saturday (3-4:30pm) and October 22, 2023, Sunday (9:30-11am).**

Submit your abstracts for the Fall AAP Meeting in DC!

Abstracts are submitted with the understanding that the data are **original** (i.e., not part of any other work previously presented or being considered for presentation at a national or international scientific meeting or organization where papers are chosen through a peer review process). Data that are published or electronically available in a peer-reviewed journal before the date of the AAP SOSu meeting are not permissible. However, any work submitted to a journal that will *not* be in print before the date of the AAP Section on Surgery meeting is acceptable. Data presented in a local city, county, or state presentation or at the authors' institution, such as at a host institution-sponsored local research day, citywide society meeting, or statewide meeting, may be submitted without penalty. Novel or preliminary data previously presented only in the context of an invited lecture are also permissible. In addition, abstracts submitted to, accepted for, and presented at, the ACS Surgical Forum in the same calendar year are permitted for duplicate submission to and presentation at the AAP SOSu without penalty.

The **Rosenkrantz award competition** is open to surgical residents and training fellows. It is the responsibility of the presenting author to secure the permission of his/her mentor (PI) to submit an abstract for the competition. Submission of a companion manuscript is strongly encouraged but **not** required for any competitors and will not be factored into the scoring. Abstracts on Advocacy will be eligible for a special \$500 award.

Abstract site open until April 14, 2023.

Link to submit [HERE](#)

Dr. H William Clatworthy's Important Role in Pediatric Surgery Fellowships

If you are reading this, you are either interested in or have trained at a pediatric surgical fellowship training program. This comprises a two-year period of intense acquisition of skill and judgment that results in a pediatric surgeon. Many of us take for granted how uniform the programs are in how they are structured and administered. However, there was a time when things were not this structured – far be it – it was during the early days of the field when many programs began sprouting up begun by well-intentioned surgeons hoping to continue the advancement of the field.

However, noting this variation in how the programs were run, it was **Dr. H William Clatworthy** who can be credited with establishing the fellowships as they are currently run to this day. Clatworthy who like Koop was a Gross trainee, started his own training site in Columbus, Oh and viewed the proliferation of training sites and surgeon with concern. He was worried that some training sites were below standards and thus unable to meet the educational needs and operative experience that was required. At his insistence, in 1966, the Section on Surgery formed a committee under his leadership to identify the standards and visit sites to determine which should continue.



Dr. H William Clatworthy

Few of us know what things were like more than a half century ago. At that time, there were few training options in the US and many surgeons sought training overseas in Europe. In 1966, an AAP booklet listed 18 US and 2 Canadian “fellowships” plus 17 US and 4 Canadian “residency” positions in pediatric surgery. Without a formal agreement on what constituted a training program and experience, any surgeon and/or hospital could declare themselves a “training program”. There was a wide variation in the operative experience, length of training, and emphasis. Also, with no mechanism of formal examination, there was no evidence of the quality of the graduates.



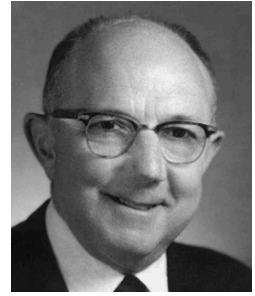
Dr. Judson Randolph

Per **Dr. Judson Randolph**, the “Clatworthy Committee” was “one of the most important efforts of the Surgical Section’s 25 years, second perhaps only to Coe’s initiatives.” In 1967, the committee produced a document that summarized standards for training the field entitled, “Special Requirements for Training in General Pediatric Surgery.” For Clatworthy, they were not “special” but were the “essential requirements for training.” If you look at the recommendations, you can see how little things have changed for five decades; a two-year fellowship after a full five-year residency in general surgery, and an environment with a diverse range of clinical conditions including index cases or as Clatworthy called, “*the good stuff*”. The recommendation was 18 months devoted to clinical pediatric surgery with graded responsibility with the other 6 months spent in other important areas. There was a mandate for clinical services in neonatology, pathology, radiology, and a training program in pediatrics – something that was not commonplace at the time.

The committee analyzed case logs to assure that the graduates had enough experience with index cases to enter independent practice and performed site visits to verify that the standards were being met.

By 1970, the group, with the backing for the Section on Surgery Chairs of that time, **Dr. Lawrence Pickett** of Yale and **Dr. Mark Ravitch** of Johns Hopkins Hospital, approved 12 US programs and gave provisional approval to 4 Canadian programs and identified 9 programs as failing to meet standards.

And while this alone was an important step for the fledgling specialty of pediatric surgery, it helped set the stage for bigger things. By demonstrating that the field of pediatric surgery required special skill, judgment, and years of training, it showed that the field deserved official recognition as a specialty of surgery, defined by the American Board of Surgery. Under Judson Randolph, the education committee continue to evaluate training programs and recommend them for approved to the ABS until 1977. At that point, management of the process was transitioned to the Residency Review Committee of the ACGME. By the early 1980's, training program directors organized the Association of Pediatric Surgical Training Program Directors. Their mission was to guide the development of a structure curriculum for trainees and oversee the application and selection process. The organization was formally incorporated in 1989 under the leadership of Jay Grosfeld and Don Cooney. Not long after, the matching process was turned over to the National Resident Matching Program.



Dr. Lawrence Pickett



Dr. Mark Ravitch

H William Clatworthy Jr, MD (1917-2000) was born in Denver, CO, He attended undergraduate school at Stanford University. In 1939, he graduated with a degree in Biology. Clatworthy moved east and attended medical school at Harvard University receiving his MD in 1943. This was followed by a 1 year internship at Boston Children's Hospital. He entered the military service during World War II and served as a Captain in the US Army Medical Corp from 1944 through 1946. After the war, he returned to the Children's Hospital in Boston to complete his residency in Pediatric Surgery from 1946 through 1948 under the direction of Drs. William E Ladd and Robert E Gross. He spent the next 2 years as a senior surgical fellow at the University of Minnesota in Dr. Owen Wangenstein's department. In 1950, he moved to Columbus, OH. He was appointed Assistant Professor of Surgery at Ohio State University College of Medicine in Dr. Robert M Zollinger's department. Clatworthy was the first children's surgeon in the state of Ohio. In 1952, he was promoted to Associate Professor and named Director of the Division of Pediatric Surgery and Surgeon-in-Chief of the Columbus Children's Hospital in 1954. He was promoted to Professor in 1960. During his career, he published more than 130 articles, advocated for children, was one of the early leaders of surgical oncology in the Children's Cancer Study Group. From 1974 to 1980, he was a member of the ACGME Residency Review Committee for Surgery and played a major role in establishing criteria for training children's surgeons. He served as President of APSA from 1972 to 1973. He was a recipient of the Denis Browne Gold Medal from BAPS and the **William E Ladd Medal** from the AAP in 1979.

AAP Section on Surgery Liaison to the AAP Council on Children and Disasters

Tony Escobar, Jr. MD, FAAP



**Tony Escobar,
MD, FAAP**

Pediatric Surgery has been at the forefront of pediatric disaster preparedness for the past several years, partnering with colleagues throughout the continuum of healthcare to highlight the specific and different needs of children during these catastrophic events. My own involvement with disaster preparedness has been at the invitation of colleagues much more knowledgeable and talented than myself but has also placed me in a unique position to serve as the SOSu's liaison to the AAP Council on Children and Disasters (COCD).

The [AAP Council on Children and Disasters](#) (COCD) was founded in 2019, as an evolution of the work conducted under the AAP Disaster Preparedness Advisory Council (DPAC). The formation of the COCD reflects an enduring commitment within the AAP of the importance of disaster preparedness and recovery in all aspects of pediatric care.

Through its mission, the COCD promotes community, professional, and family readiness to ensure the health and safety of all children during and after disasters, public health emergencies, and crises. The COCD is supported by a 12-member Executive Committee with a growing council membership representing varied professional specialties, lived experiences, and perspectives. The COCD is engaged in policy development, advocacy, and educational programming to help advance disaster preparedness on a national scale on key issues such as pediatric surge, medical countermeasures, and psychosocial support for children. The Council also produces a video series, [DisasterCast](#), featuring advice from pediatricians about caring for children impacted by disasters. This series, along with an extensive collection of AAP resources on disaster management are available on the AAP [patient care website](#). For questions or further information about the COCD, please feel free to reach out to AAP staff at DisasterReady@aap.org.

But what is Pediatric Surgery's role in disaster preparedness? In July 2019, the Assistant Secretary for Preparedness and Response (ASPR) issued a funding opportunity announcement aimed at the creation of centers of excellence (COEs) for comprehensive regional pediatric disaster management. There were two awards granted: our own Christopher Newton, MD, FACS, FAAP, PI (the University of California, San Francisco [UCSF], led by the UCSF Health System and UCSF Benioff Children's Hospital to establish the creation of the Western Region Alliance for Pediatric Emergency Management [WRAP-EM]) and Charles G. Macias, MD, MPH, FAAP and Deanna Dahl-Grove, MD, FAAP, Co-PIs (the University Hospitals of Cleveland, led by University Hospitals Rainbow Babies and Children's Hospital to establish the creation of the Eastern Great Lakes Pediatric Consortium for Disaster Response [EGLPCDR], now known as Region V for Kids). Dr Dahl-Grove is the current chair of the COCD. From these humble beginnings a nationwide collaboration grew culminating in ASPR support to create the Center for Pediatric Everyday Readiness-Regional Pediatric Pandemic Network (CPER) to support healthcare infrastructures that care for children to prepare and respond to global health threats, including

pandemics, by creating a network of 5 children's hospitals and their affiliated subject matter experts supported by WRAP-EM, Region V for Kids and the EMS for Children Innovation and Improvement Center (EIIC). The co-principal investigators from University of California San Francisco-Benioff Children's Hospital, San Francisco, CA (Benioff) and University Hospitals Rainbow Babies and Children's Hospital, Cleveland OH (Rainbow) are partnering with site principal investigators from three other children's hospitals: University of Louisville School of Medicine-Norton Children's Hospital, Louisville, KY (Norton), University of Utah, Primary Children's, Salt Lake City, UT (Primary Children's), and Saint Louis University-Cardinal Glennon Children's Hospital, St Louis, MO (Cardinal Glennon). This network of children's hospitals serves as a hub and spoke model to support efforts at pediatric readiness and disaster preparedness (including pandemics) by incorporating subject matter experts (SMEs) for focus areas (such as trauma, health care equities and rural consideration, analytics, etc.) to define best practices. CPER is led by our own Mary Fallat, MD, FACS, FAAP. SMEs from Pediatric Surgery include Mubeen Jafri, MD, FACS, FAAP, Deidre L Wyrick, MD, FACS, and myself, among others. Aaron Jensen, MD, FACS, FAAP and Mike Dingeldein, MD, FACS, FAAP are trauma partners with EIIC Trauma Domain.

Given this incredibly deep and rich collaborative history between COCD and SOSu, I suggested a joint symposium between our respective section and council. Dr Dahl-Grove enthusiastically agreed. I am delighted to announce that the Section on Surgery Program Committee Chairs (Jennifer Aldrink, MD, FACS, FAAP and Saleem Islam, MD, FACS, FAAP) approved to host a joint symposium between the SOSu and the COCD for 2024. The intent is to convene a panel to present the current regional and national initiatives that I discussed above. We cannot wait to share our learnings on creating systems to support children during disasters. See you at the American Academy of Pediatrics National Conference & Exhibition in 2024!

To help build a community, we would like to hear from you. Please send us any announcements that you would like other AAP Section on Surgery Members to know such as changes in your location of practice, hiring for open positions, or anything that you would like circulated.

Send your announcements to sosu@aap.org

SOSu Famous Figure: Alexander “Sandy” Bill, Jr. (1914-1996)



Alexander Bill, Jr. or “Sandy” Bill as most referred to him was born in Cambridge, MA, a product of Harvard College, Medical School and residencies at the Peter Brigham Hospital and The Children’s Hospital (1942). He co-authored Swenson’s seminal paper on Hirschsprung’s disease in 1948. He was recruited by Herbert Coe to join him in Seattle in 1948 where he served as Chief of Surgery from 1948 to 1976. During that time, he served as the first Pediatric Surgery Program director from when the program began in 1967 through 1979.

Bill was on the Board of the AAP Section on Surgery when he was chosen to serve out the second year of Robert Gross’ term as **AAP SOSu Chair (1960)** after Gross abruptly resigned the position, piqued when Kenneth Welch organized a multi-author textbook that he took as a threat to his own single-authored book. He was on the inaugural board of directors of PAPS in 1968 and served as its 3rd president.

New Subcommittee on Intermediate Care Unit seeking interested members to join



Dr. Tiffany Wright

Tiffany Wright, MD, FAAP, Assistant Professor of Surgery at the University of Louisville School of Medicine has been selected to form a new subcommittee of the Section on Critical Care focused on Intermediate Care Unit. The **Subcommittee on Intermediate Care Units** is designed as a way to start to build a community of physicians with a special interest in intermediate care. Following a

new policy statement, “**Guidance for Structuring a Pediatric Intermediate Care Unit**” published in May 2022 in Pediatrics, which she co-authored, it was decided that further work was needed to increase the numbers of IMCU’s. These units could provide more intensive monitoring and care for pediatric patient who are not critically ill but are too sick or have medical conditions too complex for a general hospital ward. The pediatric intermediate care unit is a relatively new concept that has its own unique challenges that are not well addressed in other sections of the AAP. The initial goals of the subcommittee are to help identify and share best practices and develop ideal quality metrics. As the subcommittee develops it will find additional ways to grow and meet other needs of the AAP community. Please consider joining this subcommittee. The ideal candidates for the executive committee would be individuals who currently practice in an intermediate care unit or have special interest/expertise in running an intermediate care unit.

If you would like to read more about **Pediatric Intermediate Care Units** - use this [link](#).

If you would like to download the **AAP Policy Statement on Pediatric Intermediate Care Units** - use this [link](#).

If you are interested in applying to the EC for any of the five open positions, please send your CV and a 1-page letter of interest to [Dr. Tiffany Wright](#) by **March 1st, 2023**.