Ministry of Health of the Republic of Moldova
Public Institution State University of Medicine and Pharmacy “Nicolaе Testemitanu” of the Republic of Moldova

Approved
At the meeting of the Faculty Council Nr. 2
Minutes No. 3 of 25.02.2014
Dean of the Faculty of Medicine Nr. 2
PhD, associate professor

Approved
At the meeting of the Chair of Pediatric Surgery, Orthopedics and Anesthesiology
Minutes No. 28 of 19.03.2014
Head of the chair,
PhD, professor Academician, MD, Honorary Citizen

SYLLABUS FOR STUDENTS OF THE
FACULTY OF MEDICINE

Name of the course: **Pediatric Surgery**
Code of the course: **S. 09.0.076**
Type of course: **compulsory**

**Total number of hours – 70**
- lectures - 20 hours, practical lessons - 50 hours

Number of credits provided for the course: **3**

Lecturers teaching the course:
- Bernic J., PhD, professor,
- Jalbă A. DM, associate professor,
- Vera Dzero, DM, associate professor

Chisinau 2014
I. Aim of the discipline
The goal of the course of Pediatric Surgery provided for the V year students of the Faculty of Medicine is:

II. 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;

III. To provide future doctors with theoretical knowledge and practical skills;

IV. To learn diagnostic methods, medical tactics in several surgical pathologies;

V. To provide emergency to children with surgical diseases.

II. Objectives obtained in teaching the discipline
The main objective of the discipline of Pediatric Surgery is to provide each physician with necessary knowledge, irrespectively of specialty, to know and recognize congenital malformations and pediatric surgical diseases.

- At the level of knowledge and 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 performing surgery;
  - 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 level of application
  - 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 level of integration
- 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.

III. Provisional terms and conditions
The scope of the Pediatric Surgery course is to inform the students about classical notions and medical achievements in the field of surgical diseases of children.

IV. Main themes of the course

A. Lectures:

<table>
<thead>
<tr>
<th>Nr.</th>
<th>Theme</th>
<th>Hours</th>
</tr>
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</table>
Total hours | 20

**B. Practical lessons:**

<table>
<thead>
<tr>
<th>Nr.</th>
<th>Theme</th>
<th>Hours</th>
</tr>
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<tbody>
<tr>
<td>7.</td>
<td>Principles of pediatric orthopedics. Musculoskeletal system malformations.</td>
<td>5</td>
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</tbody>
</table>


### Total hours

50

### DETAILED 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.**


**Chronic osteomyelitis.** Evolution. Diagnosis. Differential diagnosis. Treatment.


**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


V. Recommended literature:
- A. compulsory:
- **B. additional:**

**VI. Teaching and learning methods**

Discipline of Pediatric Surgery is taught in a classical manner: lectures and practical lessons. Theoretical lectures will be given by the course owners. At practical lessons students discuss topics according to the study plan, solve clinical cases.

**VII. Suggestions for individual activity**

Working with informational resources:

1. Read the lecture material on the topic.
2. Familiarize with the list of additional informational resources (books, monographs, scientific articles) on the topic.
3. Select the source of additional information on the topic.
4. Formulate conclusions regarding the importance of the topic studied.

**VIII. Methods of assessment**

At the end of the course in Pediatric Surgery students’ knowledge is evaluated by written test, 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 of 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 mastering of 71-80% 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% of studied material;
- “3” and “4” (ECTS-FX) is given for mastering of 31-40% and 41-50% of 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 obtaining 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 at 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 of 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.

Methods of mark rounding

<table>
<thead>
<tr>
<th>The average of current and final marks</th>
<th>Final mark</th>
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<tbody>
<tr>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>5,1-5,5</td>
<td>5,5</td>
</tr>
<tr>
<td>5,6-6,0</td>
<td>6</td>
</tr>
</tbody>
</table>
Absence from examination without good reason shall be recorded as "absent" and is equivalent to 0 (zero). The student has the right to re-take the exam twice.

**IX. Languages of study: Romanian, English, Russian, French**