

SPECIALITY TRAINING PROGRAM FOR ANAESTHESIOLOGY-REANIMATOLOGY

Title of the residency study program	State code
Pediatric Surgery	733A30091

Academic awarding institution	Language
Lithuanian University of Health Sciences, Medical Academy, Anaesthesiology and Intensive Care Clinics, A. Mickevičiaus g. 2, LT-44307 Kaunas, Lithuania	Lithuanian

Kind of studies	Cycle of studies	Level of qualification according to Lithuanian Qualification Structure (LKS)
University studies	Non-degree studies	7 th level

Mode of the studies and length in years	Volume of the program in ECTS credits	Total amount of student work	Formal teaching and practice hours	Independent self-direct learning hours
Full-time studies, 5 years	330	8800	7700	1100

Area of studies	Main field of the study program	Parallel study program (if available)
Biomedical sciences	Medicine	-

Professional qualification awarded
Pediatric surgeon

Study program director	Director's contact information
Professor dr. Vidmantas Barauskas	Office tel.: (+370 37) 326043

Institution of accreditation	Accreditation until
Centre for Quality Assessment in Higher Education	Year 2014

Aim of the residency study program
To prepare a doctor specialist, universally educated, honest, initiative, self-sufficient but responsible ethically, creative, interested in science innovations, upholding democracy, able to solve problems and work in a team, having pediatric surgeon professional qualification and able to apply acquired knowledge, skills and abilities in practical job. Rights, duties, competency, responsibility". To provide knowledge and skills in scientific research and public presentation of professional matters.

Program profile		
Disciplines/subject areas	Orientation of the program	Distinctive features of the residency study program
Program consists of obligatory and optional cycles including theory, practice and self-sustaining job. Plan for paediatric surgery cycles: Paediatric intensive care, anaesthesiology, knowledge of clinical, laboratory, diagnostic radiology, medical and surgical treatment, and prevention in congenital and acquired surgical diseases . Optional cycles are meant to inquire one particular field.	Applied orientation program, orientated to practical activity and developing abilities for scientific research work, providing paediatric surgeon professional qualification.	Unique pediatric surgery residency program is based on theoretical studies and practical and scientific job integration. Practical skills are obtained and theory course is realised with the help of University professors – residency base specialists. For the paediatric surgery residency study cycles the main residency base – LUHS Hospital Public Institution "Kaunas Clinics" is accredited. For the individual cycle Republican Siauliai Hospital is also accredited as Paediatric surgery residency program. There is an opportunity provided to accomplish part of the residency (up to one year) in accredited clinics abroad (for separate

		residency cycles studies). Program is prepared taking into account: <ol style="list-style-type: none"> 1. LR legislation; 2. LUHS valid documents; 3. Order by LR Minister of Health “About Lithuania Medicine Standard MN 61:1998 „Paediatric surgeon” Functions, duties, rights, competency and responsibility” ; 4. Requirements of European Council of Medical Specialists for preparation of Paediatric surgeon, Charter 2005/36/EB; 5. Cumming AD, Ross MT. The Tuning Project (medicine) – learning outcomes / competences for undergraduate medical education in Europe. Edinburgh: The University of Edinburgh, 2008. http://www.tuning-medicine.com ; 6. European Training Charter for Medical Specialists, UEMS 1995, Charter on training of Medical Specialists in the EU, Requirements for the Specialty Paediatric surgery. http://www.uemspaedsurg.org;
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Admission requirements	Recognition of previous learning
Master degree in medicine and medical doctor professional qualification are obligatory. Admission by the way of general competition. Competitive score structure of is given in the conditions for entrance to the LUHS residency programs. The main components of competitive score is the average assessment of all subjects, studied during integral studies, final exam assessment, clinical medicine practice assessment, student’s scientific activities assessment (appointed by Student Science Association (SMD)), motivational interview assessment. Motivational interview takes place according to the schedule set in advance. Motivation Committee is composed of academic paediatric surgery staff and residents representatives. Scientific activities in the field of paediatric surgery as well as qualities of human being are evaluated. Competition is public and takes place separately to every residential study program in two stages (main and additional). Second or additional stage can be organised if after the main admission free places are still available.	Results of previous studies are accepted individually, taking into account the developed competencies and goals of program that correspond to „Paediatric surgery“ residency study program, with the guidance of procedures set by LUHS Senate.

Access to further education
Degree providing third cycle doctoral studies.

Access to professional activities (employability)
Doctor with paediatric surgery speciality can do practical job in state as well as in private health care institutions, which have a licence to run paediatric surgery profile services, according to the licence obtained in Lithuania or abroad, can seek a scientific degree in doctoral studies, do pedagogical job. Paediatric surgeon licence is given by the State Health Care Accreditation Agency under the Ministry of Health of the Republic of Lithuania, after submitting diploma of completed medical studies program, internship certificate and certificate of completed residency.

Learning and teaching approaches	Methods of assessment (of learning achievements)
Various teaching and studying methods are applied: lectures, seminars, consultations, group discussions together with doctors-residents, every-day activity logbook writing. Residents introduce patients in every morning paediatric surgery department meeting, educational movie review, personal development plan	Participation in lectures, seminars, consulting activity and group discussion is marked in separate logbook. Oral test takes place at the end of each cycle. The questions cover all the themes analysed in the cycle. Resident contains 10 questions. Assessed under LUHS Study Regulation.

<p>and execution.</p>	
<p>Skills and competences are acquired via their job as residents in Pediatric Surgery, Emergency and outpatient department, Consulting Paediatric and neonatal intensive care unit and other departments; Taking part in every day Head of the Department led word-rounds, personal word-rounds, Multi-disciplinary team meetings and talking about patients. Residents have supervised responsibility for the care of in-patients. This includes day-to-day review of clinical conditions, note keeping, and the initial management of the acutely ill patient with referral to and liaison with clinical colleagues as necessary, taking night shifts in a mixed doctor paediatric surgeon supervision.</p>	<p>Continuous clinical work, diagnostic procedures, and appropriate performance / interpretation evaluation by every week reviewing of daily activity diary and tasks to guide and confirmed by residency supervisor stamp.</p> <p>Individual case studies and clinical evaluation during weekly visits, every week marked in a daily activity diary, and confirmed by residency supervisor stamp.</p> <p>Residency base staff (doctors and junior medical staff, other employees) reviews (written in free form or questionnaire-based) on the activities of a resident as physician working individually by the end of each cycle. Reviews recorded additionally to the daily activities diary.</p> <p>In the end of each cycle the practical skills of each resident is assessed. Patient self-testing is estimated by monitoring of resident supervisor; medical history filling by the patient's complaints and patient surgical status description, diagnosis formulation, performing a surgical operation by assisting of a resident supervisor. The final cycle assessment consists of an average of oral interview and practical skills assessment. The score will be recorded in a daily diary of activities and resident's credits booklet.</p> <p>Presentation preparation of literature review and clinical cases interpretation in the morning doctors' conference by individual schedule. Presentations are marked in daily activity diary and approved by resident supervisor every six months.</p> <p>Research work theme can be offered by the resident or the resident supervisor has to do. Preliminary scientific subject, the subject matter and methods are discussed and approved in a profiled clinic meeting. Research work and results are presented to Children's Surgery Clinic during the conference no later than one month before the final exam.</p> <p>Residency program concludes with the practical and theoretical examinations. Practical examination takes place 1-3 weeks before the theoretical exam. During practical exam all resident activities is considered when the resident is given a patient and he has to make diagnosis, rationale indications, and contraindications to surgery, know patient's preparation for the operation, the operation method of choice and so on before entering the operating room. In an operating room resident will perform his routine or emergency surgery. Examiners are composed of teachers from LUHS. Examination results are recorded in the special protocols. The theoretical exam is in written form. Resident has to respond to 10 questions. Answers are rated by grading system according to the prepared standard. Examiners are composed of teachers from LUHS. The final theoretical exam score is made by arithmetic average of ten questions evaluations. It is recorded in the special protocol; The ultimate evaluation mark consists of arithmetic average made by final two parts of the exam.</p>

General competencies (knowledge, abilities, values and attitudes)		Outcomes (results) of residency study program	
1.	Professional attributes	1.1	Be honest and honourable with patients, follow medicine ethics norms and requirements for good medicine practice, be critical toward others and himself/herself, be able to feel compassion for the patient, be creative and initiative.
2.	Professional activity	2.1	Have ability to evaluate the boundaries of his/her competencies in paediatric surgery, to act independently, if there is a need, seek for a help, solve problems and take decisions, communicate and work in a team with specialists from other fields, be able to organise work and to plan time properly.
3.	Doctor as an expert	3.1	Be able to choose and to apply the most optimal methods of treating the patient in paediatric surgery ward, constantly seek perfection in paediatric surgery while continuing lifelong learning, be able to apply theoretical knowledge in practice, to pass own knowledge and abilities to colleges that have less practice, abilities to plan and to do scientific research.
4.	Doctor in international contest	4.1	Recognize the multi and cultural diversity, to be able to work in an international environment, know at least one foreign language, be interested in scientific achievements of medical science, to participate in social community activities.

Subject-specific competences (knowledge, abilities, values and attitudes)		Aims (results) of residency study program	
4.	Patient and/or relatives consultation Consultation with a patient	4.1	To make a paediatric surgery patient's preparation plan, assess the main symptoms of disease, history, interpret research results, evaluate patient's physical condition and symptoms, make a diagnosis.
		4.2	Be able to explain to the patient and/or his relatives a goal and a meaning for the actions taken to the patient, to discuss further actions, to reassure and to motivate patient and/or his relatives, to understand legal aspects regarding informing patient and/or his relatives.
5.	Patient's diagnostics and formation of treatment plan Making a management plan	5.1	To recognise surgical conditions and to assess the severity of the disease, to make a plan for necessary diagnostic tests, be able to interpret test results, to perform primary (complaints, anamnesis, total examination) and secondary (interpreting tests' results and planning, performing and interpreting complementary tests' results) differential diagnostics on patients symptoms reasons; to make a relevant treatment plan for an individual patient, to discuss it with a patient and/or his relatives, be able to evaluate possible pharmaceutical mutual interactions and possible side effects as well as evaluate affectivity of prescribed treatment; to inform properly and objectively about possible complications, about treatment alternatives.
		5.2	Ability to communicate with patient and his/her relatives in case of critical condition; to gain confidence and written agreement from informed person, communicate in writing (filling up medical documents), communicate with aggressive patient.
6.	Medical emergencies and resuscitation	6.1	Be able to recognise conditions that need emergency medical treatment, provide first aid, provide intensive care according to the valid recommendations, provide aid in case of trauma, have abilities to treat conditions that require emergency assistance.
7.	Executing procedures, evaluation and interpretation of results Performing or requesting of appropriate investigations and interpretation of the results	7.1	Be able to perform procedures according to valid norms, according to his/her competencies.
		7.2	Be able to evaluate radiological, endoscopic, radioisotope, electrophysiological and other tests data.
8.	Surgical intervention	8.1	To be able to perform all areas of pediatric surgery surgical interventions provided in a pediatric surgeon norm independently.
9.	Participation in health preservation, promoting and encouraging a healthy lifestyle Health promotion, engagement in population health issues and effective work in health care system	9.1	Be able to assess risk for patient's health and apply proper and rational remedies to lower the risk, apply infection control precautions, assess professional activities risk for his/her own health and take precautions to avoid this risk.
		9.2	To participate in health programs on the level of population and of an individual.