



Pediatric Surgical Physician Assistant Fellowship Program

Nemours Children's Hospital, Florida



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Program Curriculum

- **Didactic Curriculum**

- Educational foundation
- Integrated within clinicals so it is specific to each specialty
- At minimum will include:
 - Attending M&M
 - Attending Surgical education meetings
 - Attending Surgical Grand Rounds
 - Mandatory Journal Article reading
 - Participation in patient rounds
 - Assist in cases in OR (for surgical clinicals)

- **Clinical Curriculum (52 weeks)**

- Vacation time: 4 weeks
- 1 Week Hospital Orientation
 - Suture Clinic (1-on-1)
 - OR orientation
 - Epic training
 - WBT
- General Surgery (13 weeks)
- Orthopedics (12 weeks)
- Plastic Surgery (4 weeks)
- Hospital Medicine (8 Weeks total)
 - 2-3 weeks in each: PICU/NICU/EM
- Urology (4 weeks)
- ENT (2 weeks)
- Electives (4 weeks)
 - CT surgery, neurosurgery, ophthalmology, or repeat of core rotation Evaluations
- Pre- and Post- Rotation evaluation
- End of program evaluation

Program Objectives

- **Program Objectives:**

- Practice evidence-based medicine
- Strengthen surgical skills
- Strengthen awareness of socioeconomic issues and its impact on patient care
- Acquire knowledge of pediatric surgical subspecialties for appropriate patient assessment, diagnosis, treatment and management
- Provide understanding of PA role within the operating room and pediatric surgical subspecialties
- Provide exposure to variety of pediatric surgical subspecialties
- Be able to identify medical and surgical emergencies that require urgent vs emergent care
- Further strengthen knowledge of surgical procedures, indications, risks, and benefits
- Develop, evaluate, and carry out plan of care for pediatric surgical patients
- Engage in collaborative care management

- **Staff:**

- Dr. Tamarah Westmoreland – Program Director
- Anais Andara PA-C – Program Co-Director, Plastic & Craniofacial Surgery point of contact
- Leisy Knight PA-C – Program Co-Director, General Surgery point of contact
- Kait Maher PA-C – Orthopedics point of contact
- Dr. Victoria Wurster Ovalle – Emergency Medicine point of contact
- Katherine Dziuba PA-C – Urology point of contact
- Christine Willis PA-C – ENT Point of contact
- Rebecca Tillery PA-C – NICU Point of contact
- Laura Mohr, MSN, APRN, CPNP-AC – PICU point of contact

Pediatric General Surgery Objectives

- Mandatory reading – to be done prior to rotation starting
 - Faser et al 2021- hypertrophic pyloric stenosis
 - Hirschl, Ron, et al – Fluid and electrolytes
- Comprehend and practice enterprise protocols:
 - Appendicitis
 - ERAS
 - Pyloric stenosis
 - Intussusception
 - Lymphadenopathy
 - Mediastinal Pathway
- Patient Care
 - PA surgical fellows on the pediatric surgery service should demonstrate the ability to:
 - Evaluate pre-operative patients & ensure they are cleared for surgery
 - Manage the fluid, electrolytes, and nutritional aspects of pediatric patient.
 - Participate in rounds
 - Prioritize patient acuity
 - Manage inpatient postoperative patients
 - Manage inpatient emergencies
 - Plan patient discharge
 - Troubleshoot gastrostomy tube malfunction
 - Provide ostomy and gastrostomy tube care
 - Perform the following procedures:
 - First assist in minimum of 10 laparoscopic cases
 - Replace a gastrostomy tube
 - Place a foley in female and male patient
 - Place NGT
 - Intra-op TAP block
 - Incision and drainage
 - Neonatal circumcision

- Medical knowledge
 - PA surgical fellows on the pediatric surgery service should understand:
 - The nutritional, fluid, and electrolyte requirements of children
 - The pathophysiology, method of evaluation, and management of common pediatric surgical diseases including pyloric stenosis, intestinal malrotation, intestinal atresia, esophageal atresia, abdominal wall defects, anorectal anomalies, congenital lung anomalies, thyroglossal duct cyst, Hirschsprung's disease, appendicitis, pectus excavatum/carinatum
 - Pediatric dosing of medications
 - Radiographic studies: indications and interpretation
 - Calculate and implement Pediatric Appendicitis Score
- Practice Based Learning and Improvement
 - PA surgical fellows on the pediatric surgery service should demonstrate the ability to:
 - Evaluate published literature in critically acclaimed journals and texts
 - Apply clinical trials data to patient management
 - Participate in academic and clinical discussions
 - Participate in teaching medical students and physician assistant students
 - Attend conferences, educational meetings, grand rounds, M&Ms (Morbidity & Mortality)
 - Present one pediatric surgical topic at education meeting
 - Interpersonal and Communications Skill
 - PA surgical fellows on the pediatric surgery service should demonstrate the ability to:
 - Communicate effectively with other health care professionals, patient and patient families.
 - Effectively and accurately record daily progress notes on each patient.
 - Dictate concise discharge summaries and immediate post operative notes in a timely manner
 - Professionalism
 - PA surgical fellows on the pediatric surgery service should:
 - Be receptive to feedback on performance
 - Be attentive to ethical issues
 - Be attentive to socioeconomical issues
 - Be involved in surgical decision making
 - Be sensitive to gender, age, race, and cultural issues
 - Demonstrate leadership

- Systems Based Practice
 - PA surgical fellows on the pediatric surgery service should demonstrate the ability to:
 - Understand and be able to explain the indications for studies and tests obtained on patients
 - Assist in tasks involved in planning patient discharge such as but not limited to: DME orders, setting up follow up appointments, ensuring medications are ordered

Pediatric Plastic and Craniofacial Objectives

- Mandatory reading – to be done prior to rotation starting
 - Wound healing part I – Basic Science
 - Wound healing part II – Clinical Applications
- Patient Care
 - PA surgical fellows on the Plastic and Craniofacial Surgery service should demonstrate the ability to:
 - Evaluate pre-operative patients & ensure readiness for surgery
 - Manage the fluid, electrolytes, and nutritional aspects of pediatric patient
 - Manage post operative patients on plastic surgery service
 - Prioritize patient acuity
 - Present patients during rounds
 - Prioritize clinical responsibilities
 - Plan discharge and follow up care
 - Troubleshoot wound vac malfunction
 - Adequately classify and manage craniofacial deformities
 - Adequately classify and manage pressure ulcers and burns
 - Properly consult other services
 - Treat and assess burned total body surface area using Lund and Browder chart
 - Perform the following procedures:
 - Burn debridement
 - Laceration repair, simple and complex
 - Wound closure
 - First assist split thickness skin graft
 - First assist in cleft lip repair
 - First assist in cleft palate repair

- First assist in posterior pharyngeal flap
 - Wound care
 - Infant ear molding
 - Excision of extra digits
- Medical Knowledge
 - The PA fellow on the Plastic and Craniofacial Surgery Service should understand:
 - Management of fluid, electrolytes, and nutritional aspects of post op patients
 - General Medicine principles (ex: soft tissue infection)
 - Plastic Surgery principles such as but not limited to skin graft, wound VAC, rotation, and free vascularized tissue flaps, z-plasty, cleft palates, cleft lips, velopharyngeal dysfunction, indications for cranioplasty
 - Pharmacologic principles such as but not limited to pediatric pain management, narcotic management, dosing of injectable anesthetics
 - Wound healing process, causes of wound delay, and care
 - Radiographic studies: indications and interpretation
- Practice Based Learning and Improvement
 - The PA fellow on the Plastic and Craniofacial Surgery Service should demonstrate the ability to:
 - Evaluate published literature in critically acclaimed journals and texts
 - Apply clinical trials data to patient management
 - Participate in academic and clinical discussions
 - Teach medical students and physician assistant students
 - Attend conferences educational meetings, grand rounds, M&Ms
- Interpersonal and Communication Skills
 - The PA fellow on the Plastic and Craniofacial Surgery Service should demonstrate the ability to:
 - Respectfully interact with patient and patient's family
 - Respectfully interact with hospital staff
 - Accurately dictate progress notes, history, and physicals, consult notes
- Professionalism
 - The PA fellow on the Plastic and Craniofacial Surgery Service should:
 - Be receptive to feedback on performance
 - Be attentive to ethical issues
 - Be attentive to socioeconomic issues
 - Be sensitive to gender, age, race, and cultural issues
 - Demonstrate initiative

- Systems Based Practice
 - The PA fellow on the Plastic and Craniofacial Surgery Service should:
 - Be aware of cost-effective care issues
 - Be sensitive to medical-legal issues
 - Have information technology/computer resources available

Pediatric Neurosurgery Objectives

Please be familiar with the following items by reading up prior to rotation and then adding to your knowledge base as you come across them.

- Neuroanatomy
- Neuro exam – Knowledge of neuro-exam and how those findings are relevant
 - Pathologic exam findings to be familiar with

Hoffman	Absent corneal reflex
Oppenheim	Absent oculovestibular reflex (calorics)
Babinski	Absent oculoccephalic reflex (doll's eye)
Clonus	Posturing
Horner's syndrome	Nystagmus
- Medications to be familiar with including use and dosage

3%NS	Clindamycin
Mannitol	Omnipaque
Steroids	Keppra
Ancef	
- Diagnostic Studies – Recommend be familiar with structures on imaging, when to order and why specific for neurosurgery:

CSF analysis	Shunt series Xray
MRI brain/spine	Ultrasound brain and spine
CT brain/spine	Flexion/extension Xray, MRI

- Common diagnoses – Knowledge of following subjects including pathology, presenting exam pertinent findings, history, diagnostic studies to order and findings to note, as well as treatment options

SIADH	Myelopathy
Hyponatremia	Seizures
Diabetes Insipidus	AVM
PRES	Subdural empyema
Cushing's triad	Cerebral abscess
Hydrocephalus	Coma
Chiari	Dermoid cyst
Craniosynostosis	Aqueductal stenosis
Brachial plexus injury	Encephalocele
Tethered cord	Craniopharyngioma
Spina bifida	Meningitis
Plagiocephaly	Dandy walker malformation
Disc herniation	Herniating syndromes
Scoliosis	Klippel-Feil syndrome
Brain lesions	Arachnoid cyst
Head trauma	Pseudotumor cerebri
IVH	Macrocephaly
Ventriculomegaly	Spinal stenosis
Selective dorsal rhizotomy for spasticity/cerebral palsy	

- Miscellaneous

ICP	Wound care
EVD	OR positioning
Shunt tap	Pins for cranial surgery
Assisting in the OR	Shunt programming – when how and why

Pediatric Otolaryngology Objectives

- Mandatory reading – to be done prior to rotation starting
 - Primary Care Otolaryngology 3rd Edition [Oto-Primary-Care-WEB.pdf](http://ento-Primary-Care-WEB.pdf) (entnet.org)
- Patient Care
 - PA surgical fellow on the otolaryngology service should demonstrate the ability to
 - Perform and complete a full head and neck examination
 - Interpret polysomnogram
 - Interpret audiogram
 - Present consults to attending physician
 - Plan discharge and follow up care
 - Manage tracheostomy care and complications

- Understand and explain management of airway emergencies
- Perform the following procedures:
 - Microscopic otoscopy
 - Cerumen removal
 - Control of epistaxis
 - Tracheostomy tube placement and management
 - First assist in head & neck cases
 - Suturing and suture removal
- Medical knowledge
 - PA surgical fellow on the otolaryngology service should understand
 - The practice guidelines for common ENT surgical procedures such as bilateral myringotomy with tube placement, adenoidectomy, and tonsillectomy
 - The pathophysiology, method of evaluation, and surgical role for conductive vs sensorineural hearing loss
 - The evaluation of neck masses and formulate a differential diagnosis
 - Radiographic studies: indications and interpretation
- Practice Based Learning and Improvement
 - PA surgical fellows on the otolaryngology service should demonstrate the ability to
 - Evaluate published literature in critically acclaimed journals and texts
 - Participate in academic and clinical discussions
 - Attend conferences, educational meetings, grand rounds, multidisciplinary team conferences
- Interpersonal and Communications Skill
 - PA surgical fellows on the otolaryngology service should demonstrate the ability to
 - Effectively communicate with patients and their families
 - Effectively communicate with hospital staff
 - Accurately record progress and consult notes
 - Dictate concise discharge summaries
- Professionalism
 - Be receptive to feedback on performance
 - Be attentive to ethical issues
 - Be attentive to socioeconomic issues
 - Be involved in surgical decision making
 - Be sensitive to gender, age, race, and cultural issues

- Systems Based Practice
 - PA surgical fellows on the otolaryngology service should demonstrate the ability to
 - Incorporate considerations of cost awareness in patient care as appropriate
 - Enhance patient safety by utilizing social work when appropriate
 - Participate in identifying system errors

Pediatric Urology Objectives

- Mandatory reading – to be done prior to rotation starting
 - Definitions, indications, and practice of urotherapy in children and adolescents: – A standardized document of the International Children’s Continence Society
 - Diagnosing Testicular torsion before urological Consultation and Imaging: Validation of the TWIST Score
 - Prospective Validation of clinical Score for Males Presenting with and Acute Scrotum
 - Evaluation and Treatment of Cryptorchidism: AUA Guidelines
 - The Acute Scrotum
- Patient Care
 - PA surgical residents on the Urology service should demonstrate the ability to:
 - Evaluate pre-operative patients & ensure readiness for surgery
 - Manage the most common pediatric urological complaints
 - Identify and manage the most common urological emergencies
 - Prioritize patient acuity
 - Prioritize clinical responsibilities
 - Plan discharge and follow up care
 - Perform a GU focused history & physical examination
 - Properly consult other services
 - Perform the following procedures:
 - First assist in circumcision/buried penis repair
 - First assist in orchiopexy (for testicular torsion and/or undescended testicles)
 - First assist in lysis of penile adhesions/skin bridges

- Medical Knowledge
 - The PA Resident on the Urology Service should understand:
 - Pharmacologic principles such as but not limited to pediatric pain management, narcotic management, dosing of injectable anesthetics and antibiotics
 - Radiographic studies: indications and interpretation including Ultrasound and VCUG
- Practice Based Learning and Improvement
 - The PA Resident on the Urology Service should demonstrate the ability to:
 - Evaluate published literature in critically acclaimed journals and texts
 - Apply clinical trials data to patient management
 - Participate in academic and clinical discussions
 - Teach medical students and physician assistant students
 - Attend all urology division conferences and surgical grand rounds
- Interpersonal and Communication Skills
 - The PA Resident on the Urology Service should demonstrate the ability to:
 - Respectfully interact with patient and patient's family
 - Respectfully interact with clinical and hospital staff
 - Accurately dictate progress notes, history, and physicals, consult notes
- Professionalism
 - The PA Resident on the Urology Service should:
 - Be receptive to feedback on performance
 - Be attentive to ethical issues
 - Be attentive to socioeconomic issues
 - Be sensitive to gender, age, race, and cultural issues
 - Demonstrate initiative
- Systems Based Practice
 - The PA Resident on the Urology Service should:
 - Be aware of cost-effective care issues
 - Be sensitive to medical-legal issues
 - Have information technology/computer resources available

Pediatric Orthopedics Objectives

- Acquire knowledge of pediatric orthopedic subspecialties to allow for appropriate assessment, diagnosis, treatment and management of the pediatric orthopedic patients in a busy children's hospital setting.
- Strengthen physical assessment skills essential for the care of the pediatric and adolescent orthopedic patient.
- Develop baseline understanding of indications and associated benefits, risks, and potential complications related to the diagnosis and treatment of specific orthopedic diagnoses and procedures using evidence-based medicine.
- Progressively increase responsibility in providing care to patients including assisting orthopedic procedures and managing inpatients.
- Evaluation and management of pediatric fractures.
- Develop skills for clinic and invasive procedures.
- Provide fundamental knowledge of the physician assistant first-assist role within the operating room.
- Experience the physician assistant collaborative role among the healthcare team and other medical disciplines within the hospital.
- Integrate a knowledge base necessary to educate patients and families.
- Learn how to critically review and apply pediatric orthopedic literature to clinical practice.
- Learn to describe and interpret Xray imaging
- Become familiar with caring for medically complex children including orthotics and ambulatory devices
- Learn to apply casts and splints
- Present surgical cases twice weekly to orthopedic team in collaboration with medical residents and fellows.

- Identify and describe pathologies as follows:
 - Idiopathic and Neuromuscular Scoliosis
 - Monteggia fracture
 - Galeazzi fracture
 - Nursemaid's Elbow
 - Developmental Hip Dysplasia
 - Slipped Capital Femoral Epiphysis
 - Legg-Calve-Perthes Disease
 - Genu valgum/varum
 - Blount's Disease
 - Osgood-Schlatter Disease (tibial apophysitis)
 - Cozen Phenomenon
 - Ligamentous tears of the knee
 - Pes Planovalgus (flat foot)
 - Congenital Talipes Equinovarus (club foot)
 - Tarsal Coalition

Pediatric Emergency Medicine Objectives

- Overall Educational Goals and Expectations:
 - Obtain knowledge and experience in the fundamentals of Emergency Medicine to develop the qualities and skills to function as a competent Physician Assistant
 - PA Surgical Fellows will be expected to participate as a medical provider and will be responsible for initial evaluation and presentation of patients to APP preceptor or ED attending
- Professionalism
 - PA surgical fellows are expected to be on time for assigned shifts and to notify clinical facilitator or shift preceptor of any planned or unexpected schedule changes, conflicts, or absences
 - Demonstrate respect towards all hospital staff, patients, and parents.
 - Respect and uphold Nemours policy pertaining to patient's privacy and confidentiality to maintain integrity and reflect compassion.

- Education Expectations
 - PA surgical fellows on the pediatric emergency medicine service should demonstrate the ability to:
 - Communicate effectively with patient/parent to determine purpose for visit to the Emergency Department
 - Perform appropriate focused history, review of systems (at least 10 systems), physical exam and identifying patient acuity level \
 - Present patients to preceptor with clear verbalization to reflect patient's subjective and objective findings differential diagnosis(es)
 - Collaborate with preceptor in ordering and interpreting imaging and laboratory test utilized ED order set in EPIC
 - Utilize ED Clinical Pathways and evidence-based practice guidelines to develop appropriate treatment plans
 - Effectively communicate diagnoses and plans with patients and families
 - Recognizing, communicating, and assist in manage surgical emergencies utilizing guidelines per ED and Specialty protocols, also including BLS and PALS
 - Plan patient discharge and discussed follow up recommendations and appropriate criteria for return to ED
 - Perform procedures with local anesthetics (i.e...topical, nerve blocks, sedatives) and/or under conscious sedation utilizing Ketamine
- General Medical Knowledge and Objectives per surgical subspecialty in Emergency Department (disease/conditions and practice enterprise protocols in per surgical specialties in emergency department but not limited to)
 - General Surgery
 - The pathophysiology, method of evaluation, and management of common pediatric surgical diseases including appendicitis, pyloric stenosis, intussusception, cholecystitis, choledocholithiasis, foreign body ingestion, intestinal obstructions, malrotation, volvulus, pilonidal abscess, Hidradenitis suppurativa, ovarian torsion/mass, pelvic mass causing hemodynamic instability
 - Pediatric dosing of medications, correcting electrolyte imbalance, and dehydration resuscitation calculations for bolus and maintenance fluids
 - Radiographic studies: indications and interpretation
 - Calculate and implement Pediatric Appendicitis Score

- Perform the following procedures:
 - Troubleshoot gastrostomy tube malfunction/replace gastrostomy tube
 - Reduce stoma prolapsed, apply stoma appliance provide ostomy and gastrostomy tube care/education to prevent unnecessary returns to the ED
 - Laceration repair utilizing
 - sutures, skin adhesive, and/or staples
 - Incision and drainage of abscess
 - Stabilize post circumcision bleeding
 - Broviac repair
 - Placement of nasogastric tube
 - Reduction of incarcerated hernias
- Gastroenterology
 - The pathophysiology, method of evaluation, and management of common pediatric surgical diseases: GI bleeding (hematochezia/hematemesis), Inflammatory bowel disease (IBD)
 - Foreign body ingestion
 - Crohn's disease complications
 - Acute pancreatitis
- Orthopedics
 - Identify, evaluate, and manage disease/conditions of the following however not limited to: Closed nondisplaced/displaced fractures, musculoskeletal pain, strain, sprains, limping child with/without fever, osteomyelitis, septic arthritis
 - Procedures
 - Familiarize type of Splinting/casting for orthopedic extremity fracture
 - Reduction of radial head subluxation
- Plastics
 - Disease/Conditions
 - Burn debridement
 - Laceration repair, simple
 - Wound closure (be familiar with wound healing part I Basic Science and part II Clinical applications provided by Plastic Surgery)
 - Plastics has simple instrumentation kit available in General Surgery clinical node

- Otolaryngology (ENT)
 - Identify, assess, and manage disease/conditions of the follow not limited to:
 - Otitis media/externa, foreign bodies in nasal/otic/airway, mastoiditis, bacterial vs viral pharyngitis, postsurgical tonsillar bleeds, deep space neck abscesses, neck hematomas, sudden hearing loss
 - Perform the following procedures:
 - hemodynamically stabilization of postsurgical tonsillar bleeds
 - Removal of foreign body in ear/nose
 - Ear lavage
 - Management of epistaxis

- Urology
 - Identify patient presentation for warranting surgical intervention, assess, and manage disease/conditions of the follow not limited to:
 - Renal stones - management based evaluation, size, and location of stone
 - Febrile and/or urinary tract infection (urinalysis with pyuria + bacteria)
 - proximal stones > 4cm due to increase pain and less likely to pass
 - Testicular torsion, paraphimosis, phimosis,
 - Procedures
 - Insertion of foley in female/male patients

Neonatal Intensive Care Objectives

- The Nemours Physician Assistant Surgical fellow will spend 2 weeks in the Neonatal ICU during their general medicine rotation.
 - The fellow will work alongside the providers in the NICU to gain knowledge of neonatal disease processes and their management.
 - The fellow will assist in development of differential diagnoses of the neonate.
 - The fellow will assist in the development of plans of the neonate.
 - The fellow will begin to understand total parenteral nutrition in the neonatal population.
 - The fellow will become familiar with neonatal developmental milestones.
 - The fellow will become proficient in neonatal physical examination.
-
- The fellow will become familiar with common surgical diagnoses related to the neonate including:
 - Necrotizing Enterocolitis
 - Inguinal hernia
 - Gastroschisis
 - Omphalocele
 - Hirschsprung Disease
 - Neonatal Intestinal Obstruction
 - Intestinal Atresia
 - Biliary Atresia
 - Esophageal Atresia
 - Tracho-Esophageal Fistula
 - Anorectal Malformations
 - Choledochal Cyst
 - Intestinal Failure/Short Gut Syndrome
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- The fellow will observe and understand the indications for bedside procedures performed in the NICU including:
 - Intubation
 - Central line placement
 - Suction rectal biopsy
 - Peritoneal drain placement
 - Other procedures as indicated

Pediatric Intensive Care Objectives

- Identify patients that may need intensive care.
- Become familiar with criteria for admission or transfer of PICU environment.
- Recognize and appropriately respond to acute life/limb threatening events.
- Understand the different monitoring techniques in pediatric critical care.
- Learn normal vital signs for different age ranges.
- Obtain knowledge in fluid management.
- Learn how to recognize different types of shock.
- Be able to recognize the need for and appropriateness of specialty consultation.
- Improve understanding of sedation and pain management in the PICU setting.
- Demonstrate professional responsibility in working as a provider with other members involved in patient care team.
- Effectively communicate amongst the patient care team, patients and their families.
- Understand the importance of psychosocial issues related to the care of critically ill patients.
- Learn strategies on how to effectively de-escalate an agitated parent/patient.
- Demonstrate the ability to
 - Prioritize based on patient acuity
 - Present a coherent assessment during rounds
 - Contribute to developing a treatment plan
 - Plan discharge and follow up care
 - Indicate when and what radiographic studies are needed
- Develop a better understanding of indications of invasive procedures such as arterial lines, central venous lines, chest tubes, lumbar puncture, intubation and extubation



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