The Vanderbilt Pediatric Surgery Residency seeks exceptional candidates from a diverse background who are eager to pursue a career in academic Pediatric Surgery and to make unique and life-long contributions to our specialty. The Department of Pediatric Surgery promotes excellence in the comprehensive surgical care of children. Our highly-accomplished group of pediatric surgeons is committed to the practice and teaching of excellence in clinical care and to the discovery of innovative therapies through clinical outcomes and basic laboratory research. The education of Pediatric Surgery residents and categorical Surgery residents is fundamental to our mission. We also cherish teaching undergraduates, medical students, and nursing students on the wonders of Pediatric Surgery. Our nationally renowned Department of Pediatric Surgery and comprehensive hospital offer a stimulating environment and opportunity for the clinical and investigative training of academic Pediatric Surgeons. Our Pediatric Surgery residents develop a unique expertise in the clinical approach to the surgical problems of childhood, as well as a critical and analytical approach to the evidence-based practice of Pediatric Surgery.

The resident finishing the Pediatric Surgery Residency at Vanderbilt will be competent in the full spectrum of this broad specialty. Our faculty perform the full scope of Pediatric Surgical procedures, from routine to the most complex, and among all ages through early adulthood.

The Vanderbilt Department of Pediatric Surgery is historically one of the most well-rounded academic groups nationwide and produces a high volume of impactful manuscripts and scientific presentations annually. Our Department also has a strong history of securing extramural NIH funding. The Pediatric Surgery resident is encouraged to participate in any research endeavor s/he wishes during fellowship. Support for Pediatric Surgery resident-initiated research and travel to meetings is available through several resources (see research opportunities on back). The Pediatric Surgery resident at Vanderbilt should consider themselves an ambassador for our service and an advocate for the sick child, and in this role, to recruit top medical students into Surgery and Surgery residents into Pediatric Surgery. For the Pediatric Surgery resident interested in International Humanitarian work, the opportunity to rotate through Bethany Kids Hospital in Kijabe, Kenya during this two-year fellowship is available.

Altogether, our Department of Pediatric Surgery is comprised of diverse faculty who study unique aspects of our precious specialty, which makes training at the Monroe Carell Jr. Children’s Hospital at Vanderbilt special. The finishing resident is truly prepared for any career trajectory in Pediatric Surgery!
Message from the Chair of the Department of Pediatric Surgery

The Department of Pediatric Surgery at Vanderbilt operates within one of the largest, most respected, and fastest growing medical centers in the country. Our department serves one of the largest free-standing children’s hospitals in the country, the Monroe Carell Jr. Children’s Hospital at Vanderbilt. Our hospital faculty, surgeons, nurses, and staff provide care designed specifically for the needs of children and their families. Patients originate from the entire state of Tennessee, Kentucky, Alabama, and Virginia.

The Department of Pediatric Surgery is committed to providing and promoting excellence in surgical care. Our surgeons and nurses are specially trained to treat fetal patients, newborns, infants, toddlers, children and young adults.

We perform the full scope of Pediatric Surgery procedures, including minor office procedures, as well as inpatient and outpatient procedures. We strive for excellence in patient care, clinical basic laboratory research and the education of students, residents and fellows. We are committed to protecting our precious specialty through recruitment of the brightest and most accomplished trainees and actively seek fellows from diverse backgrounds and demographics.

Dr. Upperman showcasing the Ambulatory Surgery Center located in Murfreesboro, TN during COVID-19.
Monroe Carell Jr. Children’s Hospital at Vanderbilt
by the Numbers

Vanderbilt Children’s Hospital by the Numbers

- Total Inpatient Beds: 343
- Emergency Department Rooms: 42 (including 2 trauma bays and 7 fast track bays)
- Operating Rooms: 18 (onsite)
- Inpatient Discharges: 16,232
- Clinic Visits: 360,314
- ER Visits: 47,446
- The only Level 1-designated Trauma Unit and dedicated Burn Unit in the region
- The only Level 4-designated Neonatal Intensive Care Unit in the region
- More than 400 physicians trained in 30 pediatric and surgical specialties
- 10th Floor Expansion opened in June 2019 (Pediatric Heart Institute – 38 beds)
- 11th Floor Expansion opened in March 2020 (NICU, Cardiology and Transplant – 38 beds)

Other expansions

- 2020 opened Postpartum/NICU unit opening
- 2021 New Cath Lab coming
- The total footprint will be approximately 1 million square feet with 12 floors after the expansion of the four new floors

Research Opportunities

Pediatric Surgery clinical research programs offer a vast and diverse exposure to pediatric surgical research. The topics are broad and open to the resident and include:

- ongoing prospective clinical studies evaluating surgical treatments for common conditions such as Hernia Repair and Necrotizing Enterocolitis in infants
- biomedical informatics to enhance online patient care portal for optimal communication
- Wilms tumor, or nephroblastoma, a common renal malignancy of the embryonic kidney and how racial disparities affect the treatment and outcomes.
- assessment of Body Composition in Children with Cancer or while on ECMO
- truly any topic in Pediatric Surgery

Resources

- Surgical Outcomes Center for Kids (SOCKs) https://www.vumc.org/socks/home
- Vanderbilt Institute for Clinical and Translational Research (VICTR) https://victrvumc.org

Monroe Carell Jr. Children’s Hospital at Vanderbilt is a Level 1 Trauma Center

Vanderbilt Lifeflight air and ground medical transportation services complete an annual 7,402 adult and pediatric transports
Residents and Program Directors of the Department of Pediatric Surgery

Past Pediatric Surgery Residents:
2007-09, Barry R. Berch - University of Mississippi Medical Center
2008-10, Joshua B. Glenn - Navicent Health Children’s Hospital and Mercer University School of Medicine
2009-11, Thomas P. Rauth - Tristar Centennial Medical Center
2010-12, Colin A. Martin - University of Alabama School of Medicine, Children’s Hospital of Alabama
2011-13, Nathan M. Novotny - Beaumont Children’s, Oakland University
2012-14, Melissa E. Danko - Monroe Carell Jr. Children’s Hospital at Vanderbilt University Medical Center
2013-15, Brian T. Bucher - University of Utah School of Medicine, Children’s Hospital
2014-16, Syamal Dave Bhattacharya - Children’s Hospital at Erlanger, University of Tennessee
2015-17, Adam S. Brinkman - University of Wisconsin School of Medicine, Children’s Hospital
2016-18, Kyle Van Arendonk - Children’s Hospital of Wisconsin, Medical College of Wisconsin
2017-19, Margaret Gallagher - Brooke Army Medical Center
2018-20, Lauren A. Gillory - UT Southwestern Medical Center

Current Pediatric Surgery Residents:
2019-21, Laura Y. Martin - Chief Pediatric Surgery Resident
2020-22, Jacob K. Olson - Chief Pediatric Surgery Resident
2021-23, Laura Stafman - Junior Pediatric Surgery Resident
2022-24, Maren Shipe - Incoming Pediatric Surgery Resident

Program Directors
2007-11, Wallace “Skip” W. Neblett, Jr.
2011-18, Dai H. Chung
2018 - present Harold “Bo” N. Lovvorn, III

Pediatric Surgery Residency Curriculum, Conferences and Challenges

The Pediatric Surgery educational curriculum at Monroe Carell Jr. Children’s Hospital at Vanderbilt exhibits weekly conferences and seminars, which consist of unique didactic topics.

Conference meets from 7-9a.m. every Wednesday. Multidisciplinary conferences such as GI, Radiology, Trauma, Journal Club, Grand Rounds, M&M, and Pathology conferences are scheduled on a set monthly calendar.

The department holds a monthly Didactic conference on Thursday that follows a specific outline of topics fundamental to Pediatric Surgery. A weekly Tumor Board and quarterly institution wide M&M conferences are held, as well as a quarterly video conference that meets with Pediatric Surgery at St. Jude and Utrecht in the Netherlands to review complex cancer cases at each institution.
### Department of Pediatric Surgery Residents
#### Cases by Volume

<table>
<thead>
<tr>
<th>Required Cases During Two Year Fellowship</th>
<th>Fellowship Year 2016-2018</th>
<th>Number of Index Cases Required</th>
<th>Arendonk Year 1</th>
<th>Arendonk Year 2</th>
<th>Arendonk Total</th>
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<tbody>
<tr>
<td>Bronchoscopy/Eosophagoscopy</td>
<td>15</td>
<td>45</td>
<td>31</td>
<td>76</td>
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<tr>
<td>Esophageal Atesria/TE Fistula</td>
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<td>4</td>
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<tr>
<td>GE Reflux (Fundoplication)</td>
<td>15</td>
<td>28</td>
<td>15</td>
<td>43</td>
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<tr>
<td>Lung Resection</td>
<td>5</td>
<td>10</td>
<td>7</td>
<td>17</td>
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<tr>
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<td>6</td>
<td>14</td>
<td>10</td>
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<tr>
<td>Pyloric Stenosis</td>
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<tr>
<td>Malrotation/Intussusception</td>
<td>5</td>
<td>5</td>
<td>12</td>
<td>17</td>
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<tr>
<td>Intestinal atresia/duodenal atresia</td>
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<td>8</td>
<td>7</td>
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<tr>
<td>Appendectomy</td>
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<td>53</td>
<td>52</td>
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<td>3</td>
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<td>Inguinal hemia &lt; 6 months</td>
<td>15</td>
<td>16</td>
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<tr>
<td>Cryptorchid Testis (Orchiopexy)</td>
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<td>10</td>
<td>10</td>
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<tr>
<td>Adnexal operations</td>
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<tr>
<td>Kidney/Neuroblastoma Resection</td>
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<tr>
<td>Head/Neck</td>
<td>10</td>
<td>18</td>
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<tr>
<td>Neonatal cases</td>
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<td>60</td>
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<tr>
<td>Non-operative trauma</td>
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<th>Number of Index Cases Required</th>
<th>Gallagher Year 1</th>
<th>Gallagher Year 2</th>
<th>Gallagher Total</th>
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<td>Esophageal Atesria/TE Fistula</td>
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<td>Lung Resection</td>
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<td>Pyloric Stenosis</td>
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<tr>
<td>Intestinal atresia/duodenal atresia</td>
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<td>Appendectomy</td>
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<td>150</td>
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<tr>
<td>Hirschsprung (Pull Through)</td>
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<td>4</td>
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<tr>
<td>Anorectal Malformation</td>
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<td>3</td>
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<tr>
<td>Biliary Atesria/Choledochal Cyst</td>
<td>3</td>
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<td>Abdominal Wall Defect Closure</td>
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<td>Inguinal hemia &lt; 6 months</td>
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<td>Kidney/Neuroblastoma Resection</td>
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<tr>
<td>Head/Neck</td>
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<td>20</td>
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<tr>
<td>Neonatal cases</td>
<td>75</td>
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<td>166</td>
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<td>Tumors</td>
<td>25</td>
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<td>Non-operative trauma</td>
<td>90</td>
<td>97</td>
<td>38</td>
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<th>Fellowship Year 2018-2020</th>
<th>Number of Index Cases Required</th>
<th>Lauren Gillory Year 1</th>
<th>Lauren Gillory Year 2</th>
<th>Gillory Total</th>
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<td>94</td>
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<td>Thoracic</td>
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<td>Endoscopy</td>
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<tr>
<td>Operative trauma/critical care</td>
<td>20</td>
<td>31</td>
<td>19</td>
<td>50</td>
<td></td>
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<tr>
<td>Non-operative trauma/critical care</td>
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<td>97</td>
<td>42</td>
<td>139</td>
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<tr>
<td>NICU</td>
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<tr>
<td>PICU</td>
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<td>Oncology</td>
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<tr>
<td>Head &amp; Neck/Endocrine, GU, and ARM</td>
<td>50</td>
<td>36</td>
<td>30</td>
<td>66</td>
<td></td>
</tr>
</tbody>
</table>

### Didactic Conference
#### Academic Year 2021-2022

**TOPICS**
- Necrotizing Enterocolitis (NEC) & Spontaneous Intestinal Perforation (SIP)
- Anorectal malformations
- Thyroid disease
- Ovarian and testicular pathology
- Abdominal Wall Defects: What’s New?
- Branchial cleft & thyroglossal duct
- Pheo & adrenal cortical tumors & MEN
- Hepatobastoma
- Neuroblastoma
- Wilms Tumor
- Sarcomas & Teratoma
- ECMO & Vent management
- Fluids & electrolytes
Diversity, Equity, and Inclusion

Vanderbilt Pediatric Surgery fully endorses and is committed to growing diversity within our precious specialty. We pledge to increase diversity, emphasize equity, and promote an inclusive culture within the pipeline of learners pursuing or considering Pediatric Surgery. Partnering with the Office of Diversity Affairs, our Department has participated in numerous exercises to mitigate bias when considering applicants to Pediatric Surgery. We deeply value applicants who derive from unique backgrounds and aspire to exceptional careers. Our Department seeks to train Pediatric Surgeons from all races, ethnicities, genders and self-identity, sexual orientation, disabilities, geographic origins, and socioeconomic status.

For additional information, please visit: [Vanderbilt School Medicine Diversity Website](#) and [Section of Surgical Sciences Diversity and Inclusion Website](#).

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**Surgical Grand Rounds Faculty Presentations**

**Academic Year 2020-2021 (via Zoom)**

- **8/12/2020** - Operative Considerations and Outcomes in Conjoined Twins - James O’Neill
- **9/9/2020** - Growing An Advanced Minimally Invasive Program in Pediatric Surgery - Irving Zamora
- **10/14/2020** - ICU Liberation Movement - Kristina Betters
- **12/9/2020** - Disorders of Sexual Differentiation - Doug Clayton
- **1/13/2021** - Biliary Atresia for the PSITE - Harold “Bo” Lovvorn
- **2/10/2021** - Final results from the Necrotizing Enterocolitis Surgery Trial: Lessons for Investigators, Readers, and Reviewers - Martin Blakely
- **3/10/2021** - History of Pediatric Surgery at Vanderbilt - Harold Bo Lovvorn
- **4/14/2021** - New Guidelines Surviving Sepsis - Richard Wendorf
- **5/12/2021** - Gun Safety Initiatives at Vanderbilt and in TN - Pernima Unni
- **6/9/2021** - QI Presentations/Research - Dupree Hatch
- **7/14/2021** - Management of Chyle Leaks and Other IR Fun - Chris Baron

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**Annual Endowed Holcomb Lecture**

The George W. Holcomb, Jr. Lecture in Pediatric Surgery is presented by the Department of Pediatric Surgery in honor of George W. Holcomb, Jr., Clinical Professor of Surgery Emeritus (June 19th, 1922 – June 29th, 2019).

Dr. Holcomb served as resident in Surgery at Vanderbilt from 1946 to 1949 and subsequently completed his training in Pediatric Surgery at Boston Children’s Hospital in 1952.

This named lecture attracts sought after nationally renowned surgeons and surgeon scientists who consistently present innovative, cutting-edge procedures, methods and theory to surgical faculty and trainees.

**Past Holcomb Guest Lecturers**

- 1990 Judson G. Randolph, M.D.
- 1991 James A. O’Neill, Jr., M.D.
- 1992 Lester W. Martin, M.D.
- 1993 J. Alex Haller, Jr., M.D.
- 1994 Thomas M. Holder, M.D.
- 1995 Edwin Ide Smith, M.D.
- 1996 Alfred A. de Lorimier, M.D.
- 1997 R. Peter Altman, M.D.
- 1998 Eric W. Finkalsrud, M.D.
- 1999 Robert J. Touloukian, M.D.
- 2000 Moritz M. Ziegler, M.D.
- 2001 H. Beimann Othersen, M.D.
- 2005 George W. Holcomb, III, M.D.
- 2006 Jay L. Grosfeld, M.D.
- 2007 Bradley M. Rodgers, M.D.
- 2008 Thomas M. Krummel, M.D.
- 2009 Edward M. Barksdale, M.D.
- 2010 Brad W. Warner, M.D.
- 2011 George K. Gittes, M.D.
- 2012 Thomas F. Tracy, Jr., M.D.
- 2013 Kevin P. Lally, M.D.
- 2014 Alan W. Flake, M.D.
- 2015 Marshall Z. Schwartz, M.D.
- 2016 Frederick J. Rescorla, M.D.
- 2017 Anthony D. Sandler, M.D.
- 2018 Daniel von Allmen, MD
- 2019 Diana L. Farmer, MD
- 2020 Postponed Due to COVID-19
Virtual learning and remote socializing in 2020 did not deter the fun attitudes in our Department!

Virtual learning and distant socializing in 2020 provided unique growth opportunities for our Department and Pediatric Surgery team. Not a single educational conference was postponed nor gatherings to recognize special events and people on our team were cancelled. Sure, the virtual experience will never completely replace in-person learning or celebration, but when folks have good attitudes and simply wish to teach and enjoy the presence of others, then a rewarding experience will be found. And we had plenty!

Simply stated, our group refused to let COVID compromise our educational missions and celebration of one another!

Welcome reception (May 2020) for Laura Stafman (upper left panel) who will be our next Pediatric Surgery resident in August 2021!


Our annual fellow photo with the Program Director (Lovvorn) and Department Chair (Upperman). Bottom, L-R: Lauren Gillory and Laura Martin.

During COVID-19 training and innovation does not stop. Dr. Irving Zamora trains on a new de Vinci robot.
The Pediatric Surgery Boot Camp is hosted annually by and sponsored principally through the Association of Pediatric Surgery Training Program Directors (APSTPD), and seeks to smooth the transition for residents leaving an adult and entering a pediatric hospital setting.

While working in a children’s hospital is not new to the incoming Pediatric Surgery resident, the time between the last categorical rotation and this sudden full-time position as a “surgeon for children” can be lengthy. This gap in time, often several years, can result in the loss of both clinical knowledge related to children’s care and awareness of the cultural differences between adult and pediatric hospital environments.

While historically the Pediatric Surgery Boot Camp has been held in-person and over 2-3 days, the 2020 version was broadcast virtually to comply with North American recommendations for safe “professional” distancing and to mitigate any health risk to learners and faculty. As a result of this new virtual platform, the topics of greatest interest and import were presented to the resident in condensed but interactive sessions over one day.

Opportunities for resident participation were possible through polling, chat boards, and live discussion during Panel Sessions.
Residency training in pediatric surgical diseases at Vanderbilt has its origins dating back to 1925. The first patient evaluated in the newly opened Vanderbilt University Hospital emergency department (1925) was a child presenting with advanced appendicitis. Operative logs show that Barney Brooks, the first Chair of Surgery at Vanderbilt, and Alfred Blalock, his first Chief Resident, managed that child and the bulk of pediatric surgical conditions in that era.

Other giants in American Surgery while faculty at Vanderbilt also made original and significant contributions to Pediatric Surgery before board approval as its own specialty. Specifically, Rollin A. Daniel, Jr. reported in Annals of Surgery (1944) his first successful primary repair of esophageal atresia and tracheoesophageal fistula (EATEF) in a newborn. However, Cameron Haight of Ann Arbor, MI had reported a month earlier in Annals his successful repair of EATEF, preferring a left thoracotomy. Although these cases occurred independently and almost simultaneously in date, Haight was credited historically with this coincidental accomplishment, yet Daniel would popularize the right chest, retropleural approach. Similarly, James A. Kirtley, Jr. published the first successful portoenterostomy for the “uncorrectable” form of biliary atresia in the American Surgeon (1954) 5 years ahead of Morio Kasai’s description. Remarkably, Kirtley’s patient lived 39 years with her native liver, bearing 3 children, before dying during an attempt at liver transplantation.

H. William Scott, Jr., Chair of Surgery from 1952-1982, performed the first successful, complete repair of tetralogy of fallot in 1955. Scott had received three years of pediatric surgical training under Drs. Ladd and Gross at Boston Children’s Hospital, which set the stage for sustained emphasis in the surgical care of children at Vanderbilt and nationally across his illustrious career.

Dr. Scott influenced many Surgery residents at Vanderbilt to pursue Pediatric Surgery, including such titans as James A. O’Neill, Jr. and Wallace W. Neblett, Jr., who with George Holcomb, Jr. (also a trainee of Drs. Ladd and Gross) grew the Department of Pediatric Surgery. With this esteemed foundation and history, Lovvorn, O’Neill, and Neblett established in 2007 a comprehensive residency training program in Pediatric Surgery.