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Orientation for Team 3

1. Welcome Letter

Dear Residents,

Welcome to your Team 3 Rotation. I hope you have a good learning experience with us. Please don’t hesitate to contact your Chief Residents, Dr. Oyinkansola Oyefeso, Dr. Mohammed Alrowayshed & Dr. Brittany Anne Howson-Jan at macpedschiefs@gmail.com if you have any questions or concerns. Dr. MacNay is the Team 3 educational lead and Dr Hunter is the CTU Director. The CTU administrative support is Skye Levely at levelys@mcmaster.ca. The Team 3 educational lead administrative support is Kim Fitzhenry at fitzhen@mcmaster.ca. Please find included in this letter a brief orientation, a copy of your schedule, responsibilities, educational objectives and call responsibilities.

With respect to your first day, please arrive for handover at 7:45am sharp in room 3E26. Weekend handover is at 8:30am in room 3E26. Your attending for the month will meet you the first day, answer any questions you have and sign your learning contract. Below is a list of the Team 3 staff. (see page 11)

Additional resources for you to access during your rotation include the “Green Book” (resident’s survival guide). You should have received a copy of this from Dr. Hunter’s office. It is also available online at http://www.macpeds.com/general_pediatrics.html

A general review of expectations and resources is also available at: http://www.macpeds.com/resources_for_residents.html

https://www.macpeds.com/GenPedsComplexCareTeam3.html

You will be provided with a monthly schedule of teaching sessions and relevant rounds on your first day of your rotation. Please be prompt for each of these sessions. This can also be found at:

http://www.macpeds.com/mcmaster_ctu_teaching_schedule.html

For any further educational questions specific to this rotation, please don’t hesitate to contact Dr. MacNay through paging at McMaster ext. 76443 or by email at rmacnay@gmail.com.

Sincerely,

Ramsay MacNay
2. Introduction to the Division of General Pediatrics

The Division of General pediatrics is one of the largest divisions within the Department of Pediatrics. The division consists of 20 pediatricians. The pediatricians provide consulting services at McMaster Children's Hospital and St. Joseph's Healthcare Hamilton. All pediatricians are affiliated with McMaster University.

General pediatricians work in four teams – teams 1, 2 and 3 at McMaster and team 4 at St. Joseph’s Hospital. Teams 1 and 2 have up to forty general pediatric ward patients. Team 3 covers up to nine chronic complex pediatric patients. As well, pediatricians on team 1, 2 and 3 provide consults to the Emergency Department, new born nursery, surgical teams, as well as consult requests from the regional hospitals and regional community physicians.

At St. Joseph’s Healthcare, we are responsible for up to 18 Level II neonatal patients. In addition we attend deliveries, see consult requests from the newborn nursery and rarely from the emergency room.

The Division of General Pediatrics provides 24/7 on-call coverage at both hospitals. In addition to on-service and on-call work in these hospitals, our group has a commitment to the medical needs of the children within Hamilton and the surrounding regions. Care provided is based on the best available evidence in a family-centred environment.

Team 3 is covered by a core group of 4 pediatricians. In addition, team 3 has two nurse specialists, two respiratory therapists, and two fellows who are all specialized in caring for chronic complex children.

The Team 3 Staff:

Madan Roy

In 2004, Dr. Roy was recruited to McMaster Children's Hospital as Chief of the Division of General Pediatrics and Associate Professor, McMaster University, from his consulting pediatric practice in Brantford. Dr. Roy completed his medical training in India, his pediatric training in the U.K. and his neonatal sub-specialty training at McMaster Children's Hospital.

Dr. Roy is actively involved clinically, at both McMaster Children's Hospital and St. Joseph's Healthcare Hamilton, providing on-call coverage, inpatient and outpatient services. He is the lead pediatric care provider, along with his multidisciplinary team, to the chronic complex and mechanically dependent fragile children in Hamilton and the region. Dr. Roy is well recognized for his excellence in teaching pediatric residents, clerks and medical students.

Dr. Roy’s interests are in improving quality of care, enhancing optimum hospital utilization and patient flow, and in promoting community-tertiary centre partnerships. Towards this end, he is the McMaster General Pediatric’s lead for LHIN 4 and 3 and, as well, the lead instructor for the ACoRN course.

Under Dr. Roy’s leadership, the Division of General Pediatrics has grown to 20 members, and is the largest division within the Department of Pediatrics. Ward rounds and general pediatric inpatient care has been remodeled, a research lead created, and educational experience of learners advanced, all while still retaining a very strong community consulting focus in pediatrics. Dr. Roy is currently the Acting Deputy Chief of Pediatrics.
Audrey Lim, MD, FRCPC, MSc.

Dr. Audrey Lim is an Associate Professor at McMaster University. She completed her MD at McMaster University, followed by a residency in Pediatrics at McMaster University. Dr Lim received Fellowship training in Pediatric Critical Care Medicine at the Hospital for Sick Children, University of Toronto and at the BC Children's Hospital, University of British Columbia. Dr Lim also holds a Masters of Community Health Sciences from the University of Calgary.

Dr. Lim joined the Division of General Pediatrics at McMaster Children's Hospital in 2007. Clinically, Dr. Lim is a Consultant Pediatrician, providing service on the CTUs and runs an outpatient consultant practice. Her interests are in care of the chronic complex, technology-dependent children, education and clinical research.

In the fall of 2015, Dr. Lim and the McMaster team implemented a Complex Care Clinic at Niagara's Children's Centre - the first integrated tertiary-community complex care clinic in the region. This new clinic delivers care closer to home and minimizes the burden of travel for children and their families. This monthly clinic provides comprehensive, coordinated, family-centred care to children with medical complexity and technology dependency who are currently followed at McMaster Children's Hospital. (Visit McMaster Children's Hospital's website for more details about the Complex Care Clinic).

Dr. Frank O'Toole

Dr. Frank O'Toole is an Assistant Professor in the division of general pediatrics. He completed his medical training and his pediatric residency at McMaster University and joined the division in 1991. He is our division’s lead on palliative care in pediatric populations, and has special interests in management of chronic complex patients. He has been a medical consultant to the Children's Advocacy and Assessment Program since 1992. He also provides Consulting Pediatric Care to the community of Hamilton and surrounding regions.

Dr. Ramsay MacNay

Dr. MacNay is an Associate Clinical Professor of Pediatrics at McMaster University and a Consultant Pediatrician at McMaster Children's Hospital. Dr. MacNay completed his medical training at the University of Western Ontario and his pediatric residency at McMaster University. Dr. MacNay joined the Division of General Pediatrics in 2004.

Dr. MacNay is a recognized educator and co-directs pediatric education clinics within Hamilton’s Family Practice units. Dr. MacNay has been the recipient of the Pediatric Residency Preceptor award and the Pediatric Clerkship Teaching award three times each. He has been twice awarded the St. Joseph's Hospital Consultant of the Year.

Currently, Dr. MacNay is the Education Lead for the Pediatric Complex Care Team and Program Director of the Pediatric Complex Care Fellowship program at McMaster Children's Hospital. He also actively runs a practice within the community.
**Joanne Dix**

Joanne is a Clinical Nurse Specialist in pediatrics and the level 2 nursery. She graduated from Mohawk College with her nursing diploma and continued her education at McMaster University and D’Youville University in Buffalo, New York. Joanne has many years of experience in the NICU and neonatal follow-up. She has a strong commitment in the medical teaching of our children in preparation for hospital discharge.

**Ashley Inman**

Ashley Inman is a Pediatric Nurse Practitioner who joined the Complex Care team in 2014. She completed her undergraduate nursing studies at Western University, and graduate studies at The University of Toronto. Prior to starting with the Complex Care Team Ashley worked as a Registered Nurse in various roles at The Hospital for Sick Children with the Multi-organ Transplant team; and London Children’ Hospital in PICU, oncology, and community medical day care. She is involved in the advancement of quality improvement and nursing education with the RNAO pediatric nurses interest group, and University of Toronto NP preceptorship program. Her interests are in care of the chronic complex, pain management & palliative care, nutrition, and growth & development.

**Jodee Naylor**

Jodee is a Registered Respiratory Therapist with over 26 years of experience. She graduated from the University of Western Ontario then attended Fanshawe College where she graduated from the Respiratory Therapy program. She has worked in a variety of settings including acute and tertiary care centres and clinics with adult, pediatric and neonatal patient populations. She joined the Chronic Complex Care team in 2014 and enjoys working with the team and families of our technology dependent children.
Cindy Brennan

Cindy is Respiratory Therapist in Pediatrics working at McMaster for over 18 years. She Graduated from Fanshawe College and is currently in the process of obtaining her Certified Respiratory Educator (CRE) designation. She is also continuing her education at Western University in the Honors Specialization Psychology Program. Cindy comes with over 16 years of Pediatric and Neonatal acute care experience including previous membership on the Pediatric Transport team, Code Blue and PACE teams. She joined the chronic complex team 2 years ago, coordinating care, discharge planning, including follow up in General Pediatric, ENT, and Respirology Clinics and in the community for our Respiratory Technology Dependent Children. Cindy is also involved in many aspects of teaching both with families and Health Care Professionals in the care and technology for these children.

Anna Polanski

Lisa Talone B.A.Sc., RD

Lisa is a Registered Dietitian who has worked in Dietetics at Hamilton Health Sciences for over 20 years. She joined the General pediatrics team at McMaster in 2004. She completed her Nutrition degree at the University of Guelph and her Dietetic Internship at Hamilton Health Sciences with a primary focus in pediatric nutrition. She has worked in both the inpatient and outpatient settings and joined the Complex Care Team in 2017. She has a strong interest in optimizing the nutrition and overall health of patients’ with complex needs while maintaining patient and family centered care goals.
Dr. Khaled Alghamdi is Saudi and Jordanian board certified, a senior registrar and lecturer of pediatrics at Taibah University in Madinah, Saudi Arabia.

He is Editor-in-Chief of (Shifaa) Medical Magazine “which means (cure)”.  

Dr. Alghamdi is head of the (United Hands charity Association).

He was involved in the initiation of the (I’m Human) Campaign “a step towards more humanity in the medical field”

He has a special interest in Arabic poetry and writing.

Dr. Nora Alanazi is a clinical fellow in pediatric complex care. Nora was trained in King Abdulaziz Medical City (National Guards Health Affairs) and earned her Saudi and Arab Pediatrics board certifications in 2008. She continued to work there as a staff pediatrician in general pediatric polyclinics. During her time there, she established the well-baby clinics. She has special interests in multidisciplinary approach in healthcare as well as caring for patients with special needs.
### 3. Clinical Issues

**a) Inpatients:** Team 3 consists of three groups of patients. Ward 4C is a well-baby nursery ward. All infants are >35 weeks. Our team generally follows 2-6 of these infants who have been referred to us by their family physician or midwife for a variety of issues like jaundice, heart murmurs, and minor anomalies picked up antenatally (hydronephrosis etc.)

Chronic Complex Patients – There will be a maximum of nine children on Team 3 admitted to ward 3Y2. They will have multiple system illnesses (3 or more) and are expected to be admitted for at least 2 weeks. These children are often technology and mechanically dependent patients (tracheostomy, G-tube, home oxygen, feeding pumps etc.)

**b) Rounds:**
A most responsible team member must write a progress note on each patient each day. A team member is responsible for keeping patient issues current on the patient list. Lab results may be accessed on computers equipped via “Meditech” or through any computer using “Citrix”.

Residents must properly document in the chart. This includes daily notes, completing details of the face sheet and timely completion of consultations and discharges. Physicians responsible for follow up of more acute concerns should be contacted by phone, as dictated notes may not be available to the receiving physician in sufficient time.

If a discharge is anticipated over the weekend, the learner should ensure that the face sheet is completed and the discharge note dictated in advance as a courtesy to the on-call person who may not be as familiar with the patient.

**c) Call:**
Handover occurs at 4:30 p.m. in room 3E26. The call team consists of a senior resident, two junior residents and a clinical clerk. The senior resident will assign you patients to see as consults come in. All patients must be reviewed with the senior resident. If the senior resident is busy the cases will be reviewed with the attending or fellow on call. When the senior resident gets a consult they will “eyeball” the patient and write bridging orders. You should make an attempt to be with the senior during this time, as it is a good learning experience. Patient lists must be updated with new patients for the day team before morning handover. Post-call you are required to stay for teaching and are free to go home after the sessions end at 9:00 a.m.
Weekend call for the CC Fellow begins at 0830 for handover from the overnight team with residents and ends after 1630 with handover to the overnight on-call team. After morning handover, the fellow should touch base with the 8-hour attending pediatrician. The fellow will be responsible for any and all of Team 3 patients. This includes 3Y, 4C, and any intensive care co-managed patients. Upon completion of rounds for Team 3, the fellow should notify the SPR they are done and are available to see/review any new consults with the 8-hour staff.

d) Documentation/Admission Notes/Progress Notes/Orders:
Please see the “Green Book” for guidelines on this topic.

e) Patient Lists:
All team inpatients should be added to the daily Patient List. Ongoing or outstanding patient care issues should be added to the list AND relayed verbally during transfer of care, as required.

Information contained on these lists is confidential and therefore must be properly stored and carried. If the list is found off site or in non-confidential areas, you will not be permitted to carry a list.

f) Consultation Requests:
Team 3 provides consultations to NICU (Neonatal Intensive Care Unit), 4C Family Physicians, and Midwives, PCCU (Pediatric Critical Care Unit), Labour and Delivery, and General Pediatricians on Wards 3B, 3C, and 3Y. Consultations should be prioritized by illness severity. Consults after 1700h are handled by the on-call Senior Pediatric Resident (SPR) who will delegate the learners to patients. Any pending consultations and/or admissions not completed at the time of handover must be handed over to the SPR.

Each consult must contain:
- Patient’s name (stamp or sticker)
- Date and time (in 2400h clock) on each page
- LEGIBLE printed name, signature, training level and pager number
- Name of staff with whom case was discussed

All resident consultations must be reviewed with a staff or fellow.

g) PACE: (Pediatric Assessment of Critical Events)
PACE is the McMaster Children’s Hospital Medical Emergency Consultative Team whose goal is to detect patient’s clinical deterioration before leading to a Code Blue, cardiac arrest, or unplanned PCCU admission.

PACE can be activated in several ways:
- Vital sign triggers
- Healthcare provider (HCP) concern about the patient’s status
- Patient or family concern if RN or other HCP cannot be located

The Team should consider PACE consultation for children who have worsening medical status who may require transfer to the ICU.

PACE team consists of the PCCU Resident (Peds 1000 pager), PACE MD, (generally one of the pediatric Intensivists or PCCU Fellow), PCCU RN with additional training, pediatric RT and PCCU on-call resident.

Activate PACE by calling paging (ext. 76443). Provide patient’s ward and room location. Paging will activate the team members.
All non-emergent PACE therapies and recommendations should be discussed with the patient’s most responsible team. A member of the patient’s most responsible team (staff, resident, fellow) should be present during the PACE activation. If they are not, then the most responsible house staff should be paged immediately after the PACE team arrives.

h) Calling in Sick:
 Please contact your staff supervisor if you cannot come in to work by paging them directly, email communication is not acceptable. Please inform the CTU director of absences > 48 hours.

i) Evaluations:
The staff are encouraged to give midway evaluations. If they have not, please ask the staff for feedback midway through your rotation. You should arrange a time to meet your staff for a final face-to-face evaluation. It is preferred that during orientation you set a time near the end of the rotation to meet to discuss the final evaluation. The staff will also do one Mini-MAS/month and one Handover MAS/month. It is your responsibility that these are completed.

j) Contacts:

Dr. Ramsay MacNay CTU 3 Educational Lead
rmacnay@gmail.com

Kim Fitzhenry CTU3 Educational Administrative Assistant, 3A
fitzhen@mcmaster.ca

Dr. Andrea Hunter CTU Director
hunteaj@mcmaster.ca

Skye Levely CTU Administrative Assistant, 3A
levelys@mcmaster.ca

Chief Residents macpedchiefs@mcmaster.ca

4. Allied Health Contact Numbers:

Joanne Dix CNS Pager 1409
Ashley Inman APN Pager 4077
Lisa Skradski NP Pager 1586
Anna Polanski NP Pager 5193
Jodee Naylor RT Pager 1042
Cindy Brennan RT Pager 1164
Carol-Ann O’Toole SW Pager 6047
Lisa Talone RD Pager 1513
Khaled Alghamdi Complex Care Pager 6047
Clinical Fellow
Nora AlAnazi Complex Care Pager 6223
Clinical Fellow
Shada Shesha Complex Care Pager 6916
Clinical Fellow
5. CTU 3 Weekly Schedule

### Daily schedule for Complex Care Clinical Fellow

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tbody>
<tr>
<td>7:45 am</td>
<td><strong>Handover</strong></td>
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<tr>
<td>8:00 am</td>
<td>Gen Peds Rounds 4E20</td>
<td>Subspecialty Academic Half Day</td>
<td>TEAM 3 Teaching</td>
<td>Dept. of Pediatrics Grand Rounds MDCL 3020</td>
<td><strong>M&amp;M</strong></td>
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<tr>
<td>9:00 am</td>
<td><strong>See Patients</strong></td>
<td><strong>See Patients</strong></td>
<td><strong>See Patients</strong></td>
<td>*<strong>Academic Half Day (when applicable)</strong></td>
<td><strong>See Patients</strong></td>
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<tr>
<td>11:00 am</td>
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<td>MDR Rounds</td>
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<tr>
<td>12:30 am</td>
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<tr>
<td>1:00 pm</td>
<td><strong>See Patients</strong></td>
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<td><strong>See Patients</strong></td>
<td><strong>See Patients</strong></td>
<td><strong>See Patients</strong></td>
</tr>
<tr>
<td>2:00 pm</td>
<td><strong>Update Patient Lists</strong></td>
<td><strong>Update Patient Lists</strong></td>
<td><strong>Update Patient Lists</strong></td>
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<td>4:00 pm</td>
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Attending will be at Huddle between 9:45 – 10:00

**Once a month – M & M Rounds**

***Once a month you are expected to attend General Pediatrics Fellowship Academic Half Day on Thursday mornings (9-12)***

### Daily schedule for Pediatric Residents

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<tr>
<th>Time</th>
<th>Monday</th>
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<tr>
<td>7:45 am</td>
<td>Handover 3E26</td>
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<td>Handover 3E26</td>
</tr>
<tr>
<td>8:00 am</td>
<td>Gen Peds Grand Rounds 4E20</td>
<td>Pediatric Resident Teaching</td>
<td>TEAM 3 Teaching</td>
<td>Grand Rounds MDCL 3020</td>
<td>TEAM teaching 3H40/ <strong>M&amp;M</strong></td>
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<tr>
<td>9:00 am</td>
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<td>MDR Rounds</td>
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<td>1:00 pm</td>
<td><strong>SEE PATIENTS</strong></td>
<td><strong>SEE PATIENTS</strong></td>
<td><strong>AHD</strong></td>
<td><strong>See Patients</strong></td>
<td><strong>SEE PATIENTS</strong></td>
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<tr>
<td>2:00 pm</td>
<td>PICU Rounds</td>
<td>PICU Rounds</td>
<td><strong>AHD</strong></td>
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<td>3:00 pm</td>
<td>Specialty Teaching</td>
<td>Specialty Teaching</td>
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Attending will be at Huddle between 9:45 – 10:00

**Once a month – M & M Rounds**
### Daily schedule for Clinical Clerk on Chronic Complex Care

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<th>Time</th>
<th>Monday</th>
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</tr>
<tr>
<td>8:00 am</td>
<td>Gen Peds Grand Rounds 4E20</td>
<td>TEAM 3 Teaching</td>
<td>Grand Rounds</td>
<td>MDCL 3020</td>
<td>M&amp;M rounds**</td>
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<tr>
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<td>See Patients</td>
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<tr>
<td>1:00 pm</td>
<td>SEE PATIENTS</td>
<td>SEE PATIENTS</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>Team 3 Teaching</td>
</tr>
<tr>
<td>2:00 pm</td>
<td>&quot;</td>
<td>PICU Rounds</td>
<td>SEE PATIENTS</td>
<td>SEE PATIENTS</td>
<td>SEE PATIENTS</td>
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<tr>
<td>3:00 pm</td>
<td>Specialty</td>
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** Once a month M & M rounds
Teaching Sessions

It is expected that senior residents attend organized team teaching sessions from 8:00-9:00 a.m. Monday to Thursday with other residents. Please refer to the CTU teaching schedule for locations – this will be posted online.

Tuesdays from 08:00 to 09:00h – Teaching for all learners, except the third Tuesday which is for pediatric residents only.

Monday morning from 08:00-09:00h will be the Division of General Pediatric Rounds.

Wednesday morning from 08:00-9:00h and Friday afternoon 13:00-14:00 will be Team 3 teaching.

Wednesday is Academic Half Day for pediatric residents.

Thursdays from 08:00-09:00h – Pediatric Grand Rounds.

Fridays from 08:00-09:00h – Bedside teaching.

Fridays from 13:00 – 14:00h - Team 3 teaching

Informal teaching sessions will be encouraged once per week when time permits in the afternoons for topics determined by the resident. The following medical topics are likely to be encountered on this rotation:

- Tracheostomy care (Cindy Brennan or Jodee Naylor)
- Spasticity management (Dr. Madan Roy)
- Nutrition for children with medical complexity (Helena Pelletier and Lisa Talone)
- Demystify community services for children with complex needs (Ann Rush)
- G-tube care and complications – 30 min. (Julia Yole)
- Wound care – 30 min. (Stephanie Furtado)
- Reflux management (Ashley Inman)
- Palliative care/establishment of the POST (Dr. Frank O’Toole)
- Aspiration pneumonia management (Dr. Ramsay MacNay)
- Sialorrhea (Dr. Audrey Lim)

As the resident, please identify any of these topics plus any others you would like to discuss with your attending during the rotation. Your attending will prioritize them to be covered with your bedside teaching session. It is expected that the resident will pre-read around each topic. There will be a list of 8-10 articles of interest you will be able to get from your attending on the first day. Many will cover the issues above. Secondly, it is strongly suggested that you read and know the full Neonatal section of the “GREEN BOOK” (pages 92-134).

6. EXPECTATIONS OF FACULTY

Staff Weekday Handover: Staff for CTU 3 handover by phone with the on-call pediatrician at 07:45h.

Staff Weekend Handover: Staff are expected to handover in person on Ward 3C at 08:00h

Service Handover will occur on the Monday at the beginning of the 2/4-week rotation. Daily Schedule for Weekdays:

Staff are expected to be in hospital from 08:00h to 17:00h'
Staff attend or oversee rounds at 10:30h
Orientation:
All learners will receive a welcome email from the General Pediatric Administrative staff one week prior to their rotation starting.

Learners will be expected to arrive for handover at 07:45h at the start of their rotation. The attending will meet the senior resident at 09:00h to review objectives and sign the learning contract.

This would also be an opportune time to discuss the resident's vacations, half-day, make arrangements for Mini-MAS, and set time to discuss the mid-rotation and end-rotation evaluations.

Evaluations:
CTU 3 staff are expected to do mid-rotation feedback with each learner. If there are concerns with any of the residents' performance, the evaluation must be in writing. An evaluation is available on WebEval or contact Dr. Hunter, who can send you a form.

A Mini-MAS must be completed for each pediatric resident once per month.

A handover Mini-MAS will be completed for each pediatric resident once per month. The handover Mini-MAS is an observation of the evening handover by the Senior Residents. There is a provider and recipient form.


Teaching:
Bedside teaching will occur every Friday morning from 08:00h to 09:00h. This will focus on interesting clinical findings and physical exam technique. At least once per week, there should be informal teaching sessions for the resident in the afternoon where time permits. Topics should be resident driven. A list of suggested topics is listed above. In addition, a list of important articles (6-8) relevant to our patient population will be given to the resident. It is expected that they will review these articles in detail. All residents will attend teaching on Monday, Tuesday, Wednesday and Thursday mornings from 08:00h to 09:00h.

- It is highly recommended that rounds be conducted in a walk around fashion.
- The Senior Resident is to act as a Junior Attending with appropriate supervision.
- At minimum each patient should be seen by all learners at least once per week.

Rounding:
7. ORIENTATION CHECKLIST FOR PEDIATRIC RESIDENTS ON CTU 3

Welcome to Pediatrics
Review Goals and Objectives
Responsibilities 3B, 3C, 3Y2
Review Website and Reading List
Review contact list and pagers
Discuss confidentiality

**Daily schedule:** refer to green book/website
07:45 Handover
08:00 Teaching – Review teaching schedule for topic and location
09:00 "Pre Round" – see patients, check progress overnight, review labs, etc.
10:30 Team rounds with staff
13:00-15:00 Patient care – write notes, orders, arrange investigations, follow-up labs, Multidisciplinary rounds, etc.
15:00-16:00 Teaching – see teaching schedule for topic and location
16:00 Update Team Lists for evening handover, check labs, etc.
16:30 Handover

**Daily progress notes**
Outline chronic and active issues
Full "summary note" on Thursdays, anticipating weekend coverage
Arrange investigations as early as possible in morning, and follow results closely
Keep "Patient Problem List" updated
Update Team List of patients with active issues, management plans

**Discharge procedures**
Complete all discharges in the morning prior to rounds if possible
Check will staff before discharging any pediatric patient
Write discharge orders, scripts, follow-up appointment arrangements
Fill out "face sheet" with all possible diagnoses etc., give a copy to parents
Dictate discharge summary, write ID# on face sheet

**Other**
Arrange investigations as early as possible in morning and follow results closely
Computer passwords etc. Email Kim with Citrix username to get access to patient lists
Brief orientation to Meditech, PACS, etc.
Show them where Team Lists are on each computer. Review www.macpeds.com and also let house staff know about the general pediatric article on line.

**Tour**
Show each of the wards (3B, 3C, 3Y2)
White boards of patient lists
Charts
New forms: progress notes, orders, radiology reqs, etc.
Discharged charts (in drawers behind desk clerk)
Put contact person beside each patient with pager number – each day!
Hand over all your patients before leaving for half-day, post-call, etc.
Please arrive for handover on time and prepared with an updated patient list...
finish notes, dictations as necessary after handing over at 16:30h
Dictate discharge summaries promptly – charts disappear in less than 48 hours
Split up patients for optimal learning among the team members – assign a resident to supervise clerk patients too.

**We are all here to learn and have fun!**
8. PATIENT CARE/CHARTING

Admissions:
Write full admission orders (include MRP on call, transfer to care of Team 3 in morning. Ensure history and physical is documented on chart.

Charting:
Admission note should include complete history & physical, assessment & plan
Progress notes should be written daily on every patient
All complex patients admitted to the hospital and residing in hospital for over a week should have a summary of interval progress documented every Thursday by the resident or assigned learner. This should consist of a brief update of events of the week, significant physical findings, investigation results, and care provided during the preceding week. This will facilitate the provision of care over the weekend as well as help keep the numerous subspecialists involved with each such patient updated. Further this weekly summary will be a great help in dictating the final discharge summary.
Off-service notes (at the end of a month/rotation) are also helpful and expected.
All patient care meeting such as those conducted with parents or multidisciplinary meetings should be documented in the chart by the learner assigned to the case, with a summary of the discussion.

Patient Referrals:
All referrals to sub-specialists will take place with the explicit consent and request of the attending rather than a direct referral from the resident to the sub-specialist. The referral request will specify the question for which subspecialty input is required. Parents need to be aware of the request for a subspecialty consult, especially involving Mental Health/Adolescent Medicine. The urgency of the consult should be relayed to the sub-specialist being called. The MRP should be fully aware of the patient’s details, as should the resident/learner calling the sub-specialist.

Transferring Patients:
When transferring patients, please verbally notify the resident on the new service (staff to staff handover should also take place independently).
Dictate transfer summary and write a brief transfer summary in chart.
**Discharging Patients:**

Dictate a discharge summary for every pediatric patient. This should include dates of admission/discharge, admission/discharge diagnosis, discharge medications, follow-up plans, brief history & physical, pertinent investigation results and summary of course in hospital.

Complete face sheet prior to patient leaving hospital – this will be faxed to family physician’s office at the time of discharge. Face sheet completion prior to discharge is the responsibility of the learner. The face sheet will be completed in detail at the time of discharge. Information on this will include salient course in hospital, diagnosis at discharge and follow-up plan.

Complete any prescriptions, CCAC requests, and other forms prior to discharge.
Primary responsibilities will include management of chronic complex patients
Coordinate activities of own patients (test results, examining patients and discharging)
Bring any concerns to clinical fellow or staff on service at the time. The clinical fellow will be
responsible for running the daily clinical activities of the CC team. The Senior resident will
report directly to the fellow all clinical issues.

**Daily Schedule** (See page 12)

**Vacation**
Residents **CANNOT** take vacation during their 2 week rotation on CC team. If there are
questions regarding this, please contact Dr. Hunter.

**Discharge Planning**
Each morning patients ready for discharge will be discharged early by the resident if
discharge criteria are met.
Discharge planning begins at the time of admission and is an ongoing process.