

**CTU 4
ORIENTATION MANUAL
2017-2018**

Table of contents	Page
1. Welcome letter	3
2. Introduction to Division of General Pediatrics	4
3. Weekly schedule for learners for CTU 4	8
4. General expectations for learners for CTU 4	9
5. Roles of pediatric medical team at St. Joseph's Hospital	11
6. Faculty expectations for CTU 4	13
7. Orientation check list for staff	14
8. Rotation objectives	15

Dear Learners Rotating on Pediatrics at St. Joseph's Hospital,

Welcome to your pediatrics CTU team 4 rotation. I hope that you have a good learning experience with us. Don't hesitate to contact the pediatric Chief Residents at macpedschiefs@gmail.com if you have any questions or concerns. The CTU Director for team 4 is Dr. Babic at babicb@mcmaster.ca. The CTU administrative support is Rosy Evered at revered@stjosham.on.ca.

During your time here, you will likely have several Attending Pediatricians who will be guiding your learning. Your attending will meet you for orientation on your first day to discuss objectives, expectations and sign your learning contract. You should have received the "Green Book" (the pediatric survival guide) from your department. If you have not received one please contact your department coordinator. If you have lost it or need to buy one, please contact Rosy Evered, who can sell you one for \$10.00. The Green Book can also be found at:

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

Objectives, expectations and resources for the rotation can be found at:

<http://www.macpeds.com/generalPediatricsCTUSt.Josephs.html>

The green book and resources provided above should be reviewed prior to the start of the rotation as they contain information about the day-to-day running of the wards.

With respect to your first day at St. Joseph's please show up for handover at 8 am in 3OBS conference room. Weekend handover is at 8:00 am in the NICU. Lockers are available for you in the 3OBS staff lounge (across from the NICU, code 7272). You will also find fridges and microwave in there where you can store and heat your lunches. Please refrain from putting your things in the NICU handover room as space is limited.

Information about St. Joseph's Healthcare, getting your passcodes, resident lounge, showers, call rooms etc. can be found at:

<http://mystjoes/departments/RLMA/Shared%20Documents/ResidentOrientationHandbook%202013Final.pdf>

I would encourage you to spend 1 afternoon with the Breastfeeding & Newborn Assessment Clinic (BANA), Room D361, 3rd Flr, Dowling Wing, ext. 34998. Pediatric residents are expected to spend at 2 half days during their rotation in BANA clinic. Please contact BANA clinic nurse, Connie prior to your start to schedule these afternoons as space is limited. Connie can be emailed at

cbene@stjosham.on.ca

We hope you enjoy your stay with us. If there are any concerns or questions, please direct them to your attending or myself.

Sincerely,

Bojana Babic
CTU 4 Education Lead

Division of General Pediatrics

Introduction to the Division of General Pediatrics

The Division of General Pediatrics is the largest division within the Department of Pediatrics. The division consists of 21 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 twelve Level II neonatal patients and up to six chronic complex pediatric patients. As well, pediatricians on team 1, 2 and 3 provide consults to the Emergency Department, 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 patients. In addition we attend deliveries, see consult requests from newborn nursery, BANA clinic, and rarely from Emergency Department. In addition, we run an afternoon clinic on Tuesday and Thursday afternoons where we will see antenatal consults, as well as follow up late premature neonates, neonates with poor prenatal care and neonates discharged from our NICU with neonatal abstinence syndrome.

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 community. All the General Pediatricians provide follow up and consulting services to children within Hamilton and the surrounding regions. Care provided is based on the best available evidence in a family-centred environment.

CTU 4 is covered by the core group of pediatricians who rotate on CTU every 2 weeks, starting on Mondays. In addition, some CTU blocks and call are covered by other members of our division.

The core group:



Dr. Bojana Babic joined the Division of General Pediatrics in 2009. Dr. Babic completed her pediatric training at McMaster University and her fellowship in Pediatric Endocrinology and Metabolism at the Hospital for Sick Children in Toronto. Dr. Babic is interested in medical

education of health professionals. She has been the program director for the general pediatric fellowship since October 2011.



Dr. Samara Chitayat is an active member of the Division of General Pediatrics with a focus on neonatal care at St. Joseph's Healthcare. She also maintains a consultant general pediatric practice in downtown Hamilton. Dr. Chitayat is skilled in development follow-up, with experience in assessments for children with autism and global developmental delay, as well as follow-up of premature infants.



Dr. Kelly Fitzpatrick joined the Division in 1999 after completing her pediatric training at the Hospital for Sick Children in Toronto. Dr. Fitzpatrick has an interest in developmental and behavioural issues, in addition to providing care for children with complex medical needs.



Dr. Lucia Giglia joined the Division in 2003 after completing her Pediatric Residency training at McMaster University. Today, she plays an active role in the Department's research and education initiatives. Her investigative work focuses on several key areas including pediatric head injuries, neonatal outcomes, population health and clinical care. Dr. Giglia provides valuable direction and advice in her role as a Research Lead at McMaster Children's Hospital.



Dr. Andrew Latchman completed his pediatric residency training at McMaster University. He is currently serving as the medical director of the Neonatal Resuscitation Program, Pediatric Advanced Life Support training (PALS), the RSV clinic and the newborn screening program. Dr. Latchman is interested in medical education.



Dr. Sandi Seigel joined our Division in 1990. Since 2006, she has served as the Deputy Chief of General Pediatrics. Dr. Seigel's interests are in pediatric HIV and she currently works as the pediatrician in the SIS clinic seeing HIV positive children and infants of HIV positive mothers. Dr. Seigel is interested in immigrant and refugee health. She also has an interest in child welfare issues and has served as a member of the regional child welfare committee since 1999 and a member of the Child Advocacy and Assessment team.



Susan Alliston RN (EC), BScN, MSN, Nurse Practitioner- Pediatrics

Susan is a Neonatal Nurse Practitioner in the Level II Nursery. Prior to joining the St. Joseph's team in 2012 she worked for 23 years in the L3N NICU at McMaster Children's Hospital in Hamilton. Susan is an Assistant Clinical Professor in the McMaster School of Nursing. Her responsibilities include providing clinical service within her scope of practice in the Women & Infants Program, leadership, education and involvement in research projects within the Department of Pediatrics.

Other pediatricians covering CTU 4 and call:

Dr. Wendy Cheung
Dr. Kathy Gambarotto
Dr. Andrea Hunter
Dr. Moyez B. Ladhani
Dr. Audrey Lim
Dr. Ramsay MacNay
Dr. Frank O'Toole
Dr. Madan Roy
Dr. Iman Shbash
Dr. Gita Wahi

**Division of General Pediatrics
CTU 4 Weekly Schedule
St. Joseph's Healthcare**

Handover at 8 am: combined staff, NP and resident/fellow: occurs at 7:45 am on rounds days

	Monday	Tuesday	Wednesday	Thursday	Friday
8-9 am	DGP rounds			McMaster Peds grand rounds	?McMaster NICU rounds
9-10 am	See pts/discharges Staff touches base with BANA/3OBS/L&D re consults NP/SPR to meet at 9 to divide up supervisory responsibility	See pts/discharges Staff touches base with BANA/3OBS /L&D re consults NP/SPR to meet after handover to divide up supervisory responsibility	See pts/discharges Staff touches base with BANA/3OBS/L&D re consults NP/SPR to meet after handover to divide up supervisory responsibility	See pts/discharges Staff touches base with BANA/3OBS /L&D re consults NP/SPR to meet at 9 to divide up supervisory responsibility	See pts/ discharges Staff touches base with BANA/3OBS /L&D re consults NP/SPR to meet after handover to divide up supervisory responsibility
10-12	NICU rounds No non-urgent interruptions	NICU rounds No non-urgent interruptions	NICU rounds No non-urgent interruptions MDR rounds	NICU rounds No non-urgent interruptions	NICU rounds No non-urgent interruptions
12-1 pm	Lunch	lunch	Lunch	Lunch	Lunch
1-2 pm	finish notes/see consults	finish notes/see consults	Academic ½ day	finish notes/see consults	finish notes/see consults
2- 4 pm	Teaching (CBL/journal articles)/ quality assurance/ family Meetings)	Clinic: 1 learner attends with staff	Academic ½ day; may have family meetings	Clinic: 1 learner attends with staff	Teaching (CBL/journal articles)/ quality assurance family meetings
4-5 pm	Finish work, update list	Finish work, update list	Academic ½ day	Finish work, update list	Finish work, update list

- DGP rounds – Division of General Pediatrics’ Rounds – Videoconferenced LIVE to SJH Rm T2308 (library)
- Grand rounds – Department of Pediatrics Grand Rounds – Videoconferenced LIVE to SJH 3 obs conference room
- MDR – Multidisciplinary Rounds

Division of General Pediatrics CTU 4 Expectations

Handover:

Handover is to take place at 8:00 hrs together with staff/NP and residents. On the mornings when there are rounds (Monday and Thursday) handover should start at 7:45. Weekend handover is at 8:00 hrs.

Discharge Rounds:

Discharge planning should always be occurring and the team should discuss patients that could potentially go home the night before. Discharges for these patients should occur promptly after the handover if patients are ready. This is particularly important for the well babies on 3Obs and any anticipated discharges from the nursery.

See Patients:

During this time the team will see their assigned patients. The chart and nursing notes should be reviewed to identify any issues that have arisen over night. The patient should be seen and examined. All lab work and radiological procedures that are pending should be reviewed. The house staff should then come up with a plan for the day and be ready to present that patient during ward rounds. It is not necessary that full notes be written at this time, as there will be time allotted for that later in the day.

Ward Rounds:

During ward rounds the team will round on patients. These are work rounds. Some spontaneous teaching during rounds and at the bedside can occur during this time, however there is allotted time for that later in the day.

Patient Care:

During this time residents will follow through with decisions made during ward rounds. They will finish charting on patients. This is also the time for them to get dictations done and to complete face sheets.

Teaching Sessions:

There should be various informal teaching sessions during your time on CTU. The topics should be discussed and supervised by your attending and/or other senior staff rotating.

Evaluations:

Time is left in the schedule for evaluations. This would be the time to give residents mid-way evaluations, as well as end of rotation evaluations.

Handover 1700 hrs:

Handover will occur to the on-call team with residents, NP and staff together.

Orientation:

At the beginning of each month the attending should meet with their team members to review the objectives, expectation and schedule of the rotation. The senior resident may have valuable input during this time.

Writes daily notes; updates their patients on list
Sees babies in consultation on OBS/BANA as directed by SPR/fellow/attending
Attends deliveries when carrying NRT pager
Participates in teaching sessions and looks up topics and discusses with team as instructed by attending/SPR/fellow

Clinical clerks:

Reviews learning objectives at onset of rotation
Participates on ward rounds and is assigned patients by NP/SPR/fellow
Sees consultations as per direction of SPR/attending/fellow
Attend teaching sessions

CTU 4 FACULTY EXPECTATIONS

Staff Handover Weekdays and Weekends: Staff handover for Team 4 will occur at 0800 hrs. in person.

Service Handover: Will occur on Monday morning in person or via phone after Division of General Pediatric Rounds.

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 0800 hrs. at the start of their rotation.
- The attending will meet the senior resident at 0900 hrs. to review objectives and sign the learning contract.
- The attending will meet the junior resident and other learners at 0930 hrs. to review objectives and sign the learning contract.
- Orientation will be a shared responsibility of the faculty and SPR. Use the orientation checklist as a guide.

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

Evaluations:

- CTU staff are expected to do mid-rotation feedback with each learner informally after each week of service. If there are concerns with any of the residents' performance, the evaluation must be in writing.
- After each 1-week block, the staff is to give face-to-face feedback.
- It is resident's responsibility to use Mini-MAS once per week.
- Each attending will do one handover mini-CEX during a 2-week block. The handover mini CEX is an observation of the evening handover by the Senior and Junior Residents. There is a provider and recipient form.
 - .1. <http://www.macpeds.com/documents/HandoffEducationprovider.pdf>
 - .2. <http://www.macpeds.com/documents/Handoffcexreceptient.pdf>

Teaching:

- There are CBL cases developed for the CTU 4 rotation. These can be found on line at <http://www.macpeds.com/generalPediatricsCTUSt.Josephs.html>
- Please use these for the afternoon teachings as outlined in the weekly schedule. The staff pediatrician or SPR can use these as learning tools.
- A minimum of 4 cases need to be worked through by all learners in a 2-week period.

St. Joseph's Healthcare
PEDIATRIC ROTATION -Orientation Check List:

- Review objectives and evaluation process with learners.
- Ensure orientation packages have been reviewed by the learners. (Available from Rosy x36039). Remind learners that the green book is online at http://www.macpeds.com/resources_for_residents.html. They should have received a hard copy from their departments.
- Referring learners to the website: www.macpeds.com where objectives and evaluations are listed. Also informing them of the interesting articles posted under the education section. Advise them of the teaching schedule also on line.
- Going over daily routine with learners: handover at 0800hours, see patients by 10:00 hours, rounds 10:00-12:00 hours. Social worker will join rounds on Wednesdays.
- Letting learners know that in the afternoon they are to follow up on patients, write their notes, see new referrals from 3 Obstetrics and attend deliveries. In addition, one learner should attend the Tuesday and Thursday afternoon clinic. Also, remind learners to touch base with BANA clinic on first day of their rotation to schedule time in there (Pediatric residents are expected to spend at least 2 half-days per rotation in BANA clinic).
- Ensuring that when Residents leave for the day they sign over to the person carrying the pager.
- Showing the learners the NICU drug book and the guidelines book. Introducing the learners to the team that is involved: Charge Nurses, Social Workers and Pharmacy. Ensuring that the learners hook up with the NICU Charge Nurse to make sure that they do get NRP update at the beginning of the rotation.
- Letting the Residents know that the front cover sheet in the chart needs to be filled out. It is essential that Residents have their dictations done prior to the patients leaving so that they can be faxed to the family doctor.
- Take them on a physical tour of L2N, delivery room, the resuscitation room and ER. Show them how to review antenatals.
- Show the existing order-sets and ensure that they are familiar with the computer system for the St. Joseph's Healthcare.

ROTATION OBJECTIVES (For pediatric residents):

PREAMBLE

Team 4 Pediatrics at St. Joseph's Healthcare includes Level 2 Nursery and outpatient neonatal follow-up clinic. This rotation should give pediatric residents the opportunity to manage a wide variety of conditions in neonates, both in the acute environment of delivery rooms and L2N, as well as in the neonatal follow-up clinic.

The junior pediatric resident should be acquiring the knowledge and skills listed below and be able to manage these patients with supervision. The senior pediatric resident should demonstrate thorough knowledge of the range of medical conditions in neonates and is expected to function as a junior attending by the end of their rotation.

MEDICAL EXPERT

The pediatric resident should demonstrate accurate, relevant and nuanced history taking and physical exam skills that will enable them to develop relevant differential diagnoses and management plans for a variety of neonatal presentations. Specifically, pediatric resident should be able to:

1. Diagnose and manage a variety of medical conditions in well-baby nursery and Level 2 nursery, including but not limited to:
 - a. Hypoglycemia
 - b. Nutritional requirements of the newborn and premature infant
 - c. Jaundice
 - d. Sepsis
 - e. Respiratory distress in preterm and term baby
 - f. Neonatal abstinence syndrome
 - g. IUGR or dysmorphic neonate
 - h. Neonatal heart murmurs
 - i. Antenatal consults
 - j. Breastfeeding assessment
2. Demonstrate knowledge of universal screening programs (NBS, hearing, hyperbilirubinemia), as well as additional screening in premature neonates (ROP, HUS, AOP, Car seat trends)
3. Demonstrate good knowledge of NRP guidelines through real and mock resuscitations.
4. Understand the need for developmental surveillance of premature babies, babies born with minimal antenatal care, and babies exposed to multiple substances in utero.

COMMUNICATOR

1. The resident will demonstrate appropriate verbal and non-verbal communication skills enabling him/her to establish a therapeutic relationship with the family.

2. The resident will successfully mitigate most physical, cultural, psychological and social barriers to communication.
3. The resident will be able to clearly convey pertinent information with the health care team, both verbally and in the written form.

COLLABORATOR

1. The resident will work together with fellow residents, medical students and all the members of the multidisciplinary team to ensure sharing of responsibility and workload in a pleasant and collegial working environment.
2. The resident will work towards preventing, negotiating and resolving inter-professional conflict.

MANAGER

1. The resident will demonstrate ability to prioritize their assigned tasks (e.g. seeing discharges first).
2. Senior pediatric resident will function as a junior attending, ensuring the efficient flow of the rounds and division of daily duties. (expected by the end of the rotation)

HEALTH ADVOCATE

The resident should be able to:

- a. Give accurate information with respect to immunizations.
- b. Promote safety in the home and car seat.
- c. Promote developmental anticipatory guidance in NAS clinic patients

PROFESSIONAL

1. The resident will practice medicine ethically with integrity, honesty, commitment and compassion, always demonstrating respect for others, regardless of gender, culture and ethnicity.
2. The resident will be on time for handover and teaching, and will complete assigned tasks in a timely manner.