

# **Request for Integrated Pediatrics (IP) Rotation**

## **Pediatric Postgraduate Education Program, McMaster University**

**Please note that this request must be submitted six (6) weeks in advance from your rotation start date. The resident is responsible for arranging the rotation. If not submitted within this time, it will be noted in the Professionalism section on your Academic Coach Progress Report (ACPR).**

### **Please submit:**

- 1 email containing all of the information below sent to Laura Klyne (lklyne@mcmaster.ca).
- Completed IP form
- Academic Coach signature or approval email attached to the request form
- Dr. Giglia's signature or approval email, if this is a research IP
- Document attached to the request form outlining the Goals and Objectives

If the rotation is within the MacCare/ROMP region, the resident is also responsible for completing the "Request for Elective" form through their website. Approval from MacCare/ROMP must also be given.

Residents are required to attend all mandatory program activities during their IP rotation, unless previously approved by the Program Director. These include AHD, protected teaching sessions (Tuesday morning, Grand Rounds), in-training examinations, call responsibilities etc.

The PGME office will complete the confirmation of registration/Letter of good standing, if needed. It is the resident's responsibility to ensure that all immunizations and mask fit testing information is current with the PGME office.

The resident can use IP for vacation. Please note this in the rotation section.

The resident can use IP to do clinics, however the resident is required to arrange them and the resident is also required to submit a schedule of clinics for approval with this completed form.

All IP rotations will need to be set up by the resident. Residents are required to let the program office know their exact IP rotation schedule and week-to-week schedules once this is known, and at least 6 weeks ahead of rotation.

**RESIDENT NAME:** \_\_\_\_\_ **Level:** \_\_\_\_\_ **Date of submission:** \_\_\_\_\_

- 1 week rotation
- 2 week rotation

**ROTATION IN:** \_\_\_\_\_

**DATE OF ROTATION from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**ROTATION SUPERVISOR:** First name \_\_\_\_\_ Last name \_\_\_\_\_

**SUPERVISOR'S EMAIL:** \_\_\_\_\_

**HOSPITAL/UNIVERSITY ADDRESS:** \_\_\_\_\_

**Approved by:**

**Academic Coach/Advisor**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(email approval is acceptable – please attach)**

**Dr. Giglia (If this is a research IP):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(email approval is acceptable – please attach)**

**Program Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(email approval is acceptable – please attach)**

**Please email completed request package to Pediatric Residency Program, HSC-3N48 or to**

**Laura Klyne at lklyne@mcmaster.ca**

*Updated May 8, 2018*