TRANSITION TO SENIOR PEDIATRIC RESIDENT

McMaster Pediatrics

A graduated and formalized curriculum to transition residents to the role of senior pediatric resident.

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BACKGROUND

In the McMaster Pediatrics residency program, transition to senior resident takes place in PGY-2 after the resident has successfully completed their final Junior Pediatric (JPR) night float and their Pediatric intensive care (PICU) night float. Typically, the junior resident will complete three JPR night floats as a PGY-1 and one JPR night float as a PGY-2. The first senior resident (SPR) clinical duties assigned to a PGY-2 resident is the SPR night float. Night float rotations consist of 7 overnight shifts in a 14-day period. Daytime senior resident responsibilities do not begin until the PGY-3 year.

The SPR is traditionally the most senior in-house member of the General Pediatrics team after hours. Typically, PGY-2s are scheduled for their SPR night floats starting in the second half of the academic year. According to the department call schedule, some nights will have an in-house general pediatrics fellow scheduled in addition to the faculty. On average, they cover anywhere from 20-40% of the nights in a month.

The responsibilities of a senior resident are to manage their team which consists of a JPR, off service resident and a clerk. The team is supervised by a faculty who is usually at home but available by phone and able to come into hospital if needed. Clinical responsibilities include managing the Pediatric wards (Team 1, 2, 3, and 5), and completing consults (ER, in-patients, PICU transfers).

Previously, the McMaster Pediatrics program did not have a formalized 'Transition to SPR' curriculum. The resident is assumed to be ready for SPR duties once they have passed their PICU and JPR night floats.

Identified Concerns

- First SPR night float typically takes place during high volume winter season.
- No in-house support for their first SPR duties.
- Lack of experience and familiarity with non-medical expert role of SPR.
- High levels of anxiety before starting SPR night float.

NEW CURRICULUM

- PGY-2 final JPR night float rotation
  - Availability of a checklist with important discussion topics and responsibilities that define the role of the SPR that should be reviewed by the JPR & SPR before the float.
  - Take advantage of opportunities to allow JPR to trial some responsibilities when time permits.
- 1-week 'transition float' for PGY-2 residents
  - 5-day evening float before their first SPR night float.
  - PGY-2 resident will assume the role of SPR with support and coaching from an assigned PGY3/4 in house SPR.

PGY-2 JPR FLOAT GUIDE

Final JPR Float - Introduction to the role of SPR

The final JPR float as a PGY2 is a great opportunity to start to transition to a senior role with the support of an SPR in-house. Below is a check list of graduated skills, discussion topics, and opportunities to work towards as time permits and based on individual readiness during the final JPR float. Residents are encouraged to work through this checklist, which can be used as a starting point for their formal transition float later in PGY2.

- Independent management of ward issues
- Full assessments and management plans for new consults
- Taking consults from ER staff (*)
- Initial “eye-ball” assessment of a new consult (*)
- Reviewing consults directly with staff or fellow (*)
- Assigning and reviewing consults with clerks and OSRs (*)
- Lead a teaching session
- Suggested Discussion Topics:
    - How to orient a team of learners
    - What to carry in an “SPR Binder”
    - Time management
    - What to focus on in an SPR note
    - How to give constructive feedback to learners
    - How do you learn to trust your junior learners
    - How to balance ward issues with new ER consults
    - Safety on call (identifying and reporting)

(*) For these skills, a graduated approach may be: 1) observing the senior perform this task and discuss strategies to approach it afterwards, 2) perform this task while the senior is present (in person, on speakerphone, etc) and discuss feedback afterwards, and 3) perform independently.

From a JPR perspective...
By the time your fourth JPR rotation comes around, you're pretty good and confident at being a JPR - you can efficiently do and review consults, put in admission orders, manage the CTU wards pretty independently, know when a kid is sick and you should call your SPR/PACE, and heme/onc is way less scary than it was before. You don't need this float to learn how to be a JPR. Being a senior is a totally different skill set, so take this float as an opportunity to learn how to manage a team, support and teach the junior learners, and triage acuity when several things are going on at once.

Take advantage of your senior, pick their brain on how they deal with challenging learners or challenging staff, what to do when a consult seems inappropriate, how to make time for teaching when all you can think of is keeping your head above water, and how to make sure learning objectives are met for all team members.

From an SPR perspective…
There is nothing more rewarding than watching and facilitating a process where your JPR can confidently transition to SPR duties over the course of your float together (you'll feel like a proud parent). It's really important that we dedicate ourselves to helping our juniors take that next step with the comfort of us being in house to guide them along the way. Make sure that you check in with your JPR multiple times throughout the float to make sure that they are meeting their learning objectives.

As an SPR it's really important to have insight into the "style" of clinician and preceptor that you are and how that aligns with your JPR. Try not to be too "nit picky" about clinical decisions that reflect practitioner "style" rather than directly impacting patient care. There are often multiple ways to manage patients and if you feel you might have made a different decision it's important to understand your JPRs decision making process and then sharing your ideas as well, but recognizing that there's not one perfect way to do things (ie. to NPS swab or not, ordering CXR, blood work etc).

TRANSITION FLOAT GUIDE

Transition to SPR: PGY2 Transition Float

Transition float (TFLT) will consist of 5 shifts, Tuesday to Monday (excluding Saturday and Sunday) from 16:30 to 24:00. Shifts on Monday should aim to end at 22:00 as the PGY-2 resident will likely have early morning clinical duties. This float will be scheduled after the resident's fourth JPR float and before their first SPR float. For the week of TFLT, the resident will have no other clinical duties. The goal of this float is to establish a more structured process for the transition to senior resident, with the ability to identify and provide support and coaching for residents during their transition. There will still be an SPR in house during the TFLT shift. The role of the SPR will be to support the TFLT resident, directly observe and provide feedback in regards to assigning/reviewing/managing consults and managing a team.

Based on the objectives below, the SPR (with input from the supervising staff) will evaluate the TFLT resident on their readiness to function independently as a senior resident. This will be used to identify residents that may benefit from extra support to help optimize their success in the role of SPR.

Objectives for PGY2 Transition Float:

1) Demonstrate the ability to review a consult with a junior learner (clerk or off service resident) and support them in developing a differential diagnosis and management plan.

2) Demonstrate the ability to review a consult that was completed by a junior learner directly with staff.

3) Demonstrate the ability to gather relevant details from the consulting physician and perform an initial assessment in order to determine patient's illness severity.

4) Demonstrate the ability to appropriately assign patients to learners based on patient and learner factors and provide appropriate level of information to learner in order to perform the consult and provide learning opportunity

5) Demonstrate the ability to triage simultaneous consults based on their acuity and balance management of inpatient ward issues.

6) Demonstrate the ability to manage a team of junior learners including orienting the team members to the shift, discussing expectations of communication and patient safety, and reviewing learning goals.

Expectations of the TFLT Resident:

- The TFLT resident will carry 1645 and be responsible for all new consults during the time of their shift (taking call from ER, initial assessment of patient, assigning consult to JPR/OSR/clerk, reviewing consult with learner, finalizing management plans, and reviewing directly with staff)
- For the first 3-4 nights of the transition float, the TFLT resident will NOT be responsible for management of inpatient ward issues and should focus on ER consults
- For the final 1-2 nights of the transition float, the TFLT resident (if ready) will assume responsibility for inpatient ward issues, including leading evening handover (with support of the SPR)
- Complete a nightly assessment of your SPR using the MacPeds PDOT evaluation tool

Expectations of the SPR:

- During the TFLT shift, the SPR is expected to be present and support the TFLT resident, directly observe them, help with management plans as needed, and provide ongoing feedback
    1. If the TFLT resident is functioning at the level of an independent SPR (level 5 on the evaluation), then the SPR can independently complete consults to help with flow as needed, use time for teaching, and observe the junior team members. **However, the priority remains to observe and provide feedback and coaching to the TFLT resident and other junior learners.**
    2. If it is identified that the TFLT resident needs support (level 1-3 on the eval), the SPR should be with them for their entire shift to coach them and provide feedback so that they gain the skills necessary to be an independent and safe SPR overnight. Always feel comfortable asking your fellow or staff to be involved with observing and giving feedback to the transitioning junior (especially in circumstances where the ward issues are pulling you away from being able to coach the transitioning resident).
- The SPR will be expected to manage inpatient ward issues for the entirety of the shift (with the exception of nights 4-5, where the TFLT resident will begin to manage ward issues). They will still lead evening and morning handover. They will be the point of contact for the JPR and OSR for ward issues.
- The SPR will carry the 1645 pager from midnight-end of shift (*). The SPR should consider wearing their personal pager from 4:30-midnight (notify wards on your best contact information if needed)
    - At the end of the TFLT shift, ensure that new admissions are properly handed over so that you can handover to the day team in the morning.
- Evaluations: at the end of **each** TFLT shift, the SPR will evaluate the TFLT resident. It is extremely important to give constructive feedback with a clear action plan to help the TFLT resident understand how they can meet 'level 5' on the evaluation form at their next shift. There will be an electronic assessment form through the MacPeds PDOT tool. The evals will be reviewed by the academic coach. If there are any concerns, it will be discussed with the program director to offer additional support and opportunities to help optimize their success with their first SPR float.
- (*) To help ensure TFLT residents leave by midnight, it is recommended that 1645 is handed back to the SPR around 22:00. The SPR is expected to help finish up consults started by the TFLT resident to facilitate timely ending to the shift.

TRANSITION FLOAT ASSESSMENT TOOL

PGY2 Transition Float: Assessment Checklist

This form should be filled out by both SPRs that have supervised the PGY2 during their 1 week transition float.

	1 – I had to do	2 – I had to talk them through	3 – I had to prompt them from time to time	4 – I needed to be in the room just in case	5 – I did not need to be there
Ability to gather relevant details from the consulting physician and perform an initial assessment in order to determine patient's illness severity.					
Ability to appropriately assign patients to learners based on patient and learner factors and provide appropriate level of information to learner in order to perform the consult and provide learning opportunity.					
Ability to review a consult with a junior learner and support them in developing a differential diagnosis and management plan.					
Ability to review a consult completed by a junior learner directly with staff.					
Ability to triage simultaneous consults/patients based on acuity and illness severity.					
Ability to manage a team of junior learners including orienting the team members to the shift, discussing expectations of communication and patient safety, and reviewing learning goals.					

Was ward management incorporated into the shift? Yes or No (circle one)

Comments:

PGY2 Signature _____ SPR Signature _____ Date _____

1) Requires complete hands on guidance
2) Able to perform tasks, but requires constant direction
3) Demonstrates some independence, but requires intermittent direction
4) Independent but unaware of risks and still requires supervision for safe practice
5) Complete independence, understands risks, performs safely, practice ready

The assessment tool is to be completed after each shift by the SPR. JPR's should have a total of 5 completed by the end of their 1-week float. They will be reviewed by the academic coach.

Transition Float - Assessment of SPR

To be completed nightly by PGY2 on their transition float to evaluate the SPR they worked with.

	No	Developing	Achieved
The SPR directly observed me (transition float resident) throughout the majority of the shift (including: patient assessment, reviewing with junior leaner, reviewing with staff).			
The SPR provided helpful feedback to the transition float resident throughout the shift.			
The SPR created a supportive learning environment for the transition float resident during the shift.			
The SPR was available for troubleshooting challenging encounters and collaborative decision making throughout the shift.			

What is one thing that the SPR should continue to do on future shifts that contributed positively to your learning experience:

What is one thing the SPR can work on/do differently to improve the transition float experience and continue to grow an SPR:

Any other comments:

The assessment tool is to be completed after each shift by the JPR. They will be reviewed by the academic coach.

RELEVANT ARTICLES

1. Boschee E, Walton J, Foulds J, Forbes K. Perceptions of pediatric residents about the transition from junior to senior resident: A needs assessment survey. Poster session presented at: The 2019 International Conference on Residency Education; 2019 Sept 28; Ottawa, Ontario, Canada.
2. Khalife R, Gonsalves C, Code C, Halman S. Transitioning towards senior medical resident: identification of the required competencies using consensus methodology. CMEJ (2018), 9(3):e64-75.
3. Huda N, Faden L, Goldzzmidt M. Entrustment of the on-call senior medical resident role: implications for patient safety and colletive care. BMC Medical Education (2017), 17:121.