# MONTREAL CHILDREN'S HOSPITAL

# RESIDENT SURVIVAL GUIDE 2010-2011

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## *THE RESIDENTS' WELLNESS COMMITTEE*

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# GENERAL INFORMATION

## Description of the program

The McGill University Pediatric Residency Training program is fully accredited by the Royal College of Physicians and Surgeons of Canada, *Le Collège des médecins du Québec*, and complies to the requirements for admission of candidates to the certification process of the American Board of Pediatrics.

Our program provides full training in pediatrics, as outlined in the Objectives of Training and Specialty Training Requirements (see information by specialty http://rcpsc.medical.org/residency/accreditation/ssas/peds_e.html/ in English and http://crmcc.medical.org/residency/accreditation/ssas/peds_f.html/ in French). Note also that all rotations have rotation specific educational objectives of training.
There are no mandatory inter-university affiliations in the McGill University Residency Training Program in Pediatrics. However, given the fact that this is the only city in Canada with two great pediatric programs, residents are encouraged to take advantage of the training opportunities available at Hôpital Ste Justine (and vice-versa), should this be feasible and if they are functional in French.

## Training overview

Residents normally enter training in pediatrics directly from medical school. International Graduates (from the Gulf States) normally have at least one year of training in pediatrics in their home country prior to entry into the program (this time is not counted towards their training in Canada).

Training is divided into 3 core years of pediatrics, undertaken by all trainees, including those that will go on to specialize in one of the pediatric subspecialties, and those that will continue to train in the 2 advanced years of general pediatrics. Trainees in the fourth year either continue on in pediatrics in one of three advanced training streams: Academic Pediatrics, Consultant Pediatrics or Social Pediatrics or a join one of the different pediatrics specialty program. There is significant crossover between the skill sets and training in the advanced years of pediatrics but training is significantly individualized and adapted to the trainee's own career goals.

The three core years of training aim to give trainees a solid foundation in the breadth of pediatrics, including adequate exposure to general pediatrics, acute care pediatrics (NICU, PICU, and ER), subspecialties, and longitudinal care.
The first year of training is mostly devoted to provide exposure to general pediatrics. Residents acquire major experience to inpatient pediatrics, and rapidly become comfortable with acute care neonatology. They also get exposure to the care of the critically ill child through the pediatric intensive care and Emergency medicine rotations. Outpatient exposures include adolescent medicine, home care, developmental pediatrics, and community pediatrics. A pediatric surgery rotation rounds out the breadth of experiences for the first year. The general philosophy of the programming of this year is to have residents gain rapid comfort in the assessment and preliminary treatment of the ill child in preparation for the significant autonomous functioning that occurs starting in the

second year with the nightfloat rotation.

The second year of training continues with increased graded responsibility in the areas described above, but with significant elective time. For the elective time, priority is given to candidates' career choices, as this is the time when most will need to make decisions about fellowship programs for their fourth and fifth years. The nightfloat rotation (night duty on the general pediatrics wards) represents the first major rotation where residents' capacity for autonomous function is challenged. The general philosophy of the programming of this year is to provide subspecialty electives to aid the resident in career planning and to develop and exercise skills in autonomous function.

The third year of training includes three months as the senior on the general inpatient Clinical Teaching Units (CTUs). This experience could be characterized as the apex of the three core years of training. Residents function as the team leader for a diverse group of residents and students, under the tutelage of a staff physician, and consolidate their judgment, leadership, and teaching skills. In all of the environments where they rotate, the graded responsibility is appropriately increased to reflect their more senior level. The general philosophy of the programming of this year is to develop skills in executive function (leadership, decision making), teaching (and important part of the specialist's job), and excellence in clinical care.

The fourth and fifth year Academic Pediatrics program is aimed at creating the pediatric hospitalist with the skill set necessary for practice in the academic environment. As such it includes exposures to innovative clinical environments (Ambulatory Care, Outreach, and Clinical Teaching Units), and in addition, residents are expected to undertake major scholarly work, possibly including advanced degrees. The three academic areas identified where scholarly work can be undertaken are clinical or basic research, medical education, and health administration. The program is set up such that residents must choose one "major" and two "minors" in each of these three areas.

The fourth and fifth year Consultant Pediatrics program is aimed at creating the consultant paediatrician in a non-university centre. As such it includes significant exposures to round out residents' exposure to the breadth of pediatric problems, including acute care pediatrics and neonatology. It is also possible for a resident to spend time in a "minispecialization" block, where, for instance, they may develop some advanced knowledge in one subspecialty area if they will practice with a particular interest in that area.

Last, the fourth and fifth year Social Pediatrics program is offered for candidates wishing to develop a clinical and scholarly career focused on practicing within socially disadvantaged patients and their communities. The fourth and fifth year programs for each stream are designed to be sufficiently flexible to tailor the program to the candidate's individual needs.

The continuity clinics run throughout the residency in pediatrics and continue into the advanced years of training for residents who continue in one of the

Advanced Pediatrics Training streams.

As per Quebec governmental requirements, there are three mandatory months of rotations in non-university centers in the three core years of training. One of those months is the social pediatrics rotation, which is not rural, but includes exposures to pediatrics in various disadvantaged populations (homeless, multigenerational poverty, youth protection etc.) around Montreal. The other two months are completed in two of 4 rural sites (Gatineau, Ste-Hyacinthe, Val d'Or, or Iqaluit). Residents in the Advanced Pediatrics streams may undertake further training in rural non-university sites. The program views these exposures as an important part of training in that they help to provide perspective and exposure to another very important type of pediatric practice.

### Increasing Professional Responsibility

Graded responsibility is provided in all of the key CTU areas of the program, which are discussed separately below:

*General In-patient Pediatrics*: Junior residents have a clearly defined role as team members on the wards. They follow their own patients, and as they gain experience, begin assuming a teaching and reviewing role with the medical students. They are never on call alone on the general inpatient wards. PGYII residents have their first taste of significant autonomous function during their nightfloat rotation. The senior residents (PGYIII) consolidate their leadership and team management skills during their CTU months. Finally, for residents in the Advanced Academic Pediatrics streams there is a junior attending rotation where residents function in a quasi-attending role with a clinical supervisor available for back up. Each of these roles has a set of specific educational objectives.

*Medical Emergency*: Similar to the general inpatient wards, there is a progression in roles with specific teaching as well for junior and senior residents in the emergency room. As their training increases, residents are expected to assume a greater responsibility for patient flow in the emergency room, as well as an aggressive involvement in the critical cases. There are specific objectives for the different levels of core pediatrics trainees. The advanced trainees function as junior attendings in the ER, with staff back up.

*Neonatology*: As residents progress through neonatology rotations they are expected to take on a greater supervisory role over the medical students and short cycle residents. Residents rotate through neonatology in each of the 3 core years have a substantial change in role at these different times.

*PICU*: Due to the nature of the work in PICU the rotations in the PGYI and PGYII year involve increasing consolidation of knowledge, and thus graded responsibility based upon this, but residents do not function as team leaders in general in the PICU given the complexity of the patients there.

## Environment for Teaching and Learning

The McGill University Pediatric Residency Program applies the standards set forth in the American Association of Medical Colleges Residents' Compact in assuring the highest possible standards for the environment for teaching, learning, and patient care. We hold residents, faculty, and the learning environment to these standards.

The program and the program director have an explicit zero tolerance policy to harassment and intimidation in the residency education environment, and this is made clear to the new residents yearly. All residents have received a copy of the hospital's harassment policies and McGill universities harassment policies (as covered in the Student Rights and Responsibilities handbook from the University).

Residents are told that they need not tolerate intimidation and harassment and are invited to report any such occurrences immediately to the chief residents and/or the program director. There are essentially two official pathways to deal with harassment and intimidation in the program: the institutional pathway through the hospital's harassment committee, or the university pathway, through the Faculty of Medicine. Depending on the circumstance either pathway may be pursued. For instance for an incident involving a clinical supervisor, the university pathway may be the most appropriate; for an incident involving a hospital worker, the institutional pathway may be most appropriate.

Residents are strongly encouraged to report incidents of harassment and intimidation in the workplace to the program director, or to the chief residents if they feel this to be the most comfortable way. The chairman of the department (Dr. Harvey Guyda) is fully supportive of a zero tolerance policy to harassment and intimidation in the program.

## Hospital affiliations:

### *Montreal Children's Hospital*

This is where you will be spending the vast majority of your time.

1st – ER, amphitheatre for Grand Rounds, Café Vienne
2nd – Resident Continuity Clinic, Pediatric Test Centre (PTC), Café Vienne
3rd – Lounge, lockers, call rooms, cafeteria, radiology
4th – Administrative office, protected teaching, library, labs
5th – Offices
6th – Medical wards – blue = 6C1 and yellow = 6C2
7th – Surgical wards; psychiatry ward
8th – Heme-Onc wards
9th – 9C = NICU, 9D = PICU
10th – OR
11th - Anesthesia teaching offices
12, 13th – ID, microlab

*Jewish General Hospital*

This is where you will spend 1- 2 blocks to do NICU / maternity during your residency. The NICU is located on the fifth floor of the B wing.

*Royal Victoria Hospital*

This is where you will spend 1 - 2 blocks to do NICU / maternity during your residency. The NICU is located on the seventh floor of the Centennial © pavillion.

### Resident info

*Journals:* Complimentary subscriptions to *PREP, Pediatrics* (the journal of the American Association of Pediatrics), *Pediatrics in Review* and to *Pediatrics and Child Health* (the journal of the Canadian Pediatric Society) *Malpractice insurance:* The Hospital Association provides malpractice insurance for all residents. No additional coverage is required.

## THE CURRICULUM

The Montreal Children's Hospital pediatric residency program is a 5-year program fully accredited by the Royal College of Physicians and Surgeons of Canada and by the Collège des Médecins du Québec. The first 3 years comprise the core curriculum and the subsequent 2 years offer residents opportunities in subspecialty pediatrics, general consultant pediatrics, or general academic pediatrics. The academic calendar is divided into thirteen 4-week blocks. One block per year is used for annual vacation.

The first year of the program is designed to expose residents to the breadth of general pediatrics. Residents assume progressive amounts of responsibility over the year and acquire relevant skills in the assessment and practice of pediatrics. Schedule for PGY-1: In-patient wards (12), Neonatology/Perinatology (8), Emergency Medicine (6), Home Care (4), PICU (4), Pediatric Surgery (4), Anaesthesia (2), Community/Rural Pediatrics (4), Developmental Pediatrics (4). All CARMs residents rotate in rotations in regional, non-tertiary pediatric centres (Gatineau, Quebec) (4).

The second year is designed to encourage exposure and interest in subspecialty fields. Required rotations consolidate core pediatric skills and knowledge gained in the first year. Opportunities for electives in rural medicine (Baffin Island, Nunavut) and regional, non-tertiary pediatric centres (Val d'Or or Gatineau, Quebec) are available. Schedule for PGY-2: Emergency (4), Night float (4), NICU (4), PICU (4), Subspecialty electives (20-28), Social Pediatrics (4), Research (0-4)

The third year will provide significant supervisory roles for the pediatric resident. S/he will supervise the medical wards, assume senior resuscitation roles in the ED, and have the opportunity to round out exposure to subspecialty electives. Schedule for PGY-3: In-patient wards (12), NICU (8), Night float (2), Emergency (4), Subspecialty electives (12), Regional rotations (0-4), Research (0-4)

*Rotation Specific Objectives:*
All rotation specific objectives are found here:
www.mcgill.ca/peds/residencyprogram/rotation

## In-training assessments

*Monthly assessments:* Resident performance is evaluated by rotation supervisors every month. Written and verbal feedback is provided at the end of every rotation.

*ABP In-Training Exams:* All residents write the American Board of Pediatrics In-Training Exam each summer. Exam scores are available in the fall. The ABP distributes mean scores for each year of training and internal mean scores are calculated each year.

*OSCE:* Residents participate in one Objective Structured Clinical Exam per year. These exams may use simulated patients or parents to test specific residency objectives. Feedback on performance is provided individually to residents on the day of the exam.

*Observed H+Ps:* Each resident is assigned to a staff person to complete an observed history and physical examination. Cases are appropriate to the level of training. Feedback is given immediately after. Each year, the resident is assigned to a different staff person.

## Teaching and Rounds

All of the teaching sessions will start in September, with the exception of "Protected Teaching Time" on Tuesdays, which occurs year-round. Protected Teaching means that it is mandatory and occurs every Tuesday from 12h00 to 16h00 and every Wednesday from 8h00 to 9h00 (Grand Rounds). You must sign in to all protected teaching sessions and please fill out an evaluation form afterwards. All other rounds are not protected but you are strongly encouraged to attend.

## Tuesday: Protected Teaching Time

"Protected Teaching" is on Tuesdays in the fourth floor lecture hall (C-417) from 13h00 to 16h00 and is mandatory for all pediatric residents. These interesting talks are given by subspecialists and generalists, and are intended to cover a wide variety of topics important to pediatricians. The teaching will be broadcast via teleconference to all other teaching sites (RVH, JGH, Gatineau, Ste-Hyacinthe, Val D'Or) so you won't miss anything when you are working at one of these sites. You are required to attend even if you are not at the Children's. Here is a list of the people to contact when there is a problem with the videoconferencing at peripheral sites:

*Val D'Or*: Louise Cardinal (819) 825-6711 x 2416
*Gatineau*: Michele Turpin (819) 966-6187
*Ste-Hyacinthe*: Allen Grenon (450) 771-3333 x 3387

*All other sites in Montreal (MCH, JGH, RVH)*: Telehealth at the Children's (514) 412-4400 x 24294 or 24326 or 22719

### Tuesday: Chief of Service

Chief of Service rounds are on Tuesdays in the fourth floor lecture hall (C-417) from 12h00 to 13h00. During these rounds, one resident presents an interesting case each week. The format is to interactively review an approach to a clinical problem, focusing on the differential diagnosis and information gathering. The presenter usually uses the chalkboard as the description of the case evolves, and usually prepares a **few** powerpoint slides in advance to present at the conclusion of the case describing "an approach to" a specific symptom. All the residents take turns presenting; the schedule will be distributed at the end of the summer. Note that R1s do not present until after the winter holidays. We make every effort not to schedule you to present when you are not here (e.g., on vacation, post-call, etc.), but mistakes are sometimes made, so make sure you let the chief residents know beforehand if there is a problem. All residents should **review the presentation with** the chief residents **before the talk.** Staff and residents attend these talks. Please try to invite a staff member and/or fellow who might be able to contribute to the discussion. People usually bring their lunches to these presentations.

### Wednesday: Pediatric Grand Rounds

Pediatric Grand Rounds take place on Wednesday at 08h00 in the amphitheatre on the 1st floor (D-182). The speaker is often a visiting professor, or a member of the McGill faculty who presents recent findings of clinical and research importance. Flyers describing the topic are posted around the hospital, including the 4th floor (C-414).

### Friday: Ambulatory Pediatric Rounds

Ambulatory rounds are in Room E-303 (near the cafeteria) on Fridays from 12h00 to 13h00. These talks are presented by either subspecialists or generalists, and are geared toward topics of interest to general pediatricians.

## Other teaching activities throughout the year

Research Institute Rounds
Ambulatory Pediatric Rounds
Neonatal Rounds
ED Rounds
"Mock 99s"
Service-specific rounds: topics and journal clubs
Evening Journal Club: 4-6x/yr

*For PGY-1s only:*

Introductory Pediatric Seminar (summer lecture series)
Pediatric Advanced Life Support training
Neonatal Advanced Life Support Course

## CERTIFICATIONS

Residents who have satisfactorily completed 3 years of pediatrics residency are eligible for the American Board of Pediatrics Examinations.

Residents who will have completed 4 years of pediatrics residency within 54 months of commencing the program are eligible to write the Royal College Pediatrics Exams. Of note, candidates for the College des Medecins du Quebec certificates need to complete a fifth year of training in order to receive their certification. See below for more information about these certifications.

## BEING ON CALL

### General on-call duties of residents

According to the collective agreement between the Quebec Medical Residents' Federation and the Ministry of Health and Social Services for the Province of Quebec, residents may do a maximum of 6 in-house or 9 from-home calls in a 28 day period (for in-house calls, two of them can be on a weekend).
Residents in the first four years of training do in-house call. Junior resident call may include: junior on the ward, NICU, maternity, PICU or ER call. Senior resident call includes all of these except that seniors may also do call as ward seniors (nightfloats), or as senior residents overnight in the medical emergency department.

Every service to which residents provide call has a corresponding attending physician on call, usually from home except in the medical emergency room, which always has an ER physician in house. Junior residents are always supervised by a more senior resident on the medical wards and by a fellow or staff physician in the intensive care units (perinatology, neonatology, and PICU). In general, the more senior fellows and/or attendings are always available or present if there are any significant clinical issues. Explicit feedback is provided to the nightfloat resident by the chief resident during the nightfloat rotation.
Residents have no duties on their post-call days, with the exception of signing out their patients to the day team, and are thus typically released from duties by 9h30 on the morning that they are post call. The rule is thus "24 hours + sign-out". Residents are not expected to attend later teaching sessions or continuity clinics post call.

### R1 Call Requirements

6 calls every month including 4 weekdays and 2 weekends. If you are on a Clinical Training Unit (CTU aka "the wards") or in the ICU, the weekend calls will include a Saturday and a Sunday. If you are doing any other rotation, you are considered a float. You will still have to do 6 calls but weekends will not necessarily include both a Saturday and a Sunday.

*Exceptions:*

For a month with 2 weeks vacation:

- weekend before and after off
- required to do 2 weekdays and 1 weekend

For a month with 1 week vacation:

- weekend before and after off
- required to do 2 weekdays and 2 weekends

For a month with 1 week conference leave or study leave:

- Either the weekend before or the weekend after off
- Required to do 2 weekdays and 2 weekends

### Call on the Wards

There are 2 medical teams – blue and yellow. Everyday there is an "early" senior who ends at 17h00 and a "late senior" who ends at 20h00. At 20h00 a "night float" replaces the late senior until 8h00 the next day. The exception to this is on Sunday where the senior does a 24- hour shift.

As the "junior" resident on call, you should make yourself available to the nurses and medical students (i.e., introduce yourself to the nurses, write your beeper number down on the chalkboard). You will be responsible for trouble-shooting on the ward(s) and ideally you'll increasingly handle this by yourself as the year progresses. Of course, there's always a senior resident in-house to help you out if you have any questions or concerns. As the junior resident, you should ordinarily not call the PICU or staff physician without first discussing it with the senior resident.

Medical students are typically also on call every evening, one to each ward. They take admissions and may do some trouble-shooting also. They do not get post-call days off and hence stop receiving admissions at midnight, after which they may sleep in-house or go home. The junior pediatric and/or family medicine residents are also responsible for admissions, assigned by the senior resident.

Once your admission is done, page the senior resident to review. After the first 6 months, you might no longer need to review straightforward admissions (e.g., asthma, UTI), and in fact you might even be asked to review admissions done by the students.

The emergency room may call the senior resident with admissions until 04h00 (after that time, patients are held in the ER overnight). Hematology/oncology patients, however, are admitted at any time, without being held in the ER.

When you are able to go to your call room, it's a good idea to walk by the ward and make sure nothing is outstanding. Make sure your pager is on! The call-

rooms are located on the 2nd floor of the F-wing. The combination codes to the call rooms are included as an attachment to this handout. If you have any trouble getting a call room, notify the Security office at 2-4409 (B-128).

In the morning after a night on call, you should check the status of the patients on the wards. Review the clinical status and vital signs of new patients, and discuss with the nurses any issues that have arisen overnight. Sign-out rounds are held in the ward conference room. During these rounds, all new admissions are reviewed, as well as any overnight problems on the wards.

### Call on 9C (NICU)

Arrive at 17h00 to get sign-out. The neonatology staff is your first "back-up" to call for questions or concerns. Do NOT hesitate to call!

You are expected to be aware of the status of each patient, and examine/write notes on all patients with active issues.

Since no babies are born at the MCH (except the exceptional case in the ER), you may receive phone calls on the "transport phone" from referring hospitals wishing to transfer a baby to our hospital. You should write on a transport intake sheet any information the physician can give you regarding the baby's history, physical examination, present status, investigations, etc. Frequently, these physicians wish for your opinion/suggestions. It is best to advise the outside MD that you will call your staff on-call and get further suggestions and re-contact them (get their phone number!). If the baby is to be transferred to the MCH, you should inform the nurse in charge and the "transport team", who will go pick up the child (without you). The secretary on 9C will provide you with a handout with additional details when you do your NICU rotation.

Sign-out rounds in the NICU occur around 07h30 during the week, and at 08h00 on weekends. Sign-out in the morning involves not only handing over any overnight issues but also explaining how patients are managed by a systems approach. This is done at the nurse's station usually with the staff.

### Call on 9D (PICU)

You should arrive at 17h00 for sign-out rounds.

The 9D call involves taking care of the patients on the unit as well as doing consults on the wards or in the ER. In addition, you should respond to any "code pink" that is called. There is always a PICU fellow on home call. They come in to see all new consults and admissions. The secretary on 9D will provide you with a handout with additional details when you do your PICU rotation.

Sign-out rounds in the PICU occur at 08h00 during the week, and at 09h00 on weekends. Sign-out involves explaining any overnight issues and a complete

systems approach to how the patient is currently being managed. This is done at the bedside with the staff and the entire team.

### Food on call

We are given a cafeteria card which will pay for our meals while on call. You cannot use the card at the JGH although you are still entitled to a stipend for meals on call. Make sure you get your dinner early because the cafeteria closes at 6:15 pm. If you miss dinner (or you're just looking for a midnight snack), the resident lounge is stocked every day with hot meals and snacks.

### Back-up

Don't forget to ask the opinion of the nurses – they have seen a lot, and frequently have good insight. If at any time you feel overwhelmed there are several places to get help: there is always an in-house senior resident on the wards, and there are in-house residents on 9D and 9C who can offer advice and/or assistance. There are also residents and staff in the emergency room at all times. If a patient is acutely deteriorating, you can call a "code pink", and an overhead announcement will trigger the "STAT" assistance of a variety of people, including all available residents, respiratory therapists, and staff.

### Call at the JGH

Signout is usually at 5pm. There is usually a student with you. You will do walk-around rounds with the staff and the day team. You are responsible for the babies admitted to the unit as well as all babies born during the night who might need neonatal resuscitation and admission. Make sure to introduce yourself to the nurse in charge at the beginning of the night. Wear scrubs all night because you might be called stat to the OR for a cesarean. Make sure you're comfortable with NRP prior to starting your shift. The staff usually come in for any deliveries les than 30 weeks although don't hesitate to call them if you are uncomfortable with deliveries, especially at the beginning of your training! Contact Dr. Papageorgiou's secretary, Judy, to make any call requests: apo.papageorgiou@mcgill.ca.

### Call at the RVH

The Neonatal Intensive Care Unit at the Royal Victoria Hospital is a relatively busy unit that specializes in the care of premature neonates as well as newborns from high risk pregnancies. It has a capacity of approximately 25 to 30 newborns. The unit is located on C7, right across from the birthing center and the case rooms, making it easy for residents on call to attend to the imminent delivery.

The team usually consists of 2 residents (usually a pediatric junior and a pediatric senior, but sometimes there are family medicine residents), 3 medical students, occasionally a fellow and a staff. The day typically starts at 8h00, whereby the person on call signs out active issues and new admissions to the team. This lasts for approximately 30 minutes. The members of the team then go to examine

their assigned babies and gather information for the morning rounds around 9h30. These rounds last around 2 hours. During the day, one of the residents will be handed the spectra link, and will be the first responder to any incoming deliveries or consults from the case room. In terms of workload, it is extremely variable and unpredictable! Finally, the day ends at 17h00, when the team signs out their patients to the person on call.

In addition to the above schedule, there are rounds and teaching sessions that the pediatric resident is expected to attend. Mondays at 12h30 are the perinatal case rounds. Tuesday afternoons are protected teaching times, and the sessions are now being broadcasted at the RVH, so the resident does not need to transit to the MCH anymore. On Thursday mornings there usually are NRP mock codes with the team, and finally on Fridays at 8h00 there are joint NICU-obstetrics rounds, with various topics of discussion (you might be asked to present a topic). Of course, you are also granted time off for your the resident continuity clinic. Also, on the first Monday of the block you will have an extensive orientation session going through all the necessities of your rotation (scrubs, call room combination, TPN orders, discharge summaries etc...).

You are expected take 6 calls during your rotation at the RVH, including 2 weekend calls. The contact person for call schedules is Christine Prince. Please contact her at least 2 weeks in advance if you have any call requests, at christine.prince@muhc.mcgill.ca.

Finally, in order to get to the RVH, you have several options. If you choose to drive, you can use the RVH parking for an approximate fee of 60-70$ for the month. The parking office is situated on the 3rd floor, next to the cafeteria. If you already have a parking pass at the AMC next to the Children's Hospital, then you need to ask the parking office at the MCH to activate your parking ticket for the RVH, for that 1 month (at no additional cost). For those going by bus, you can take the 144 from Atwater Street and it will drop you in front of the RVH. Another inexpensive method of transportation is the MUHC shuttle bus, which transits from the RVH to the MCH almost every 30 minutes. You may find the shuttle schedule at the main entrance of the Children's Hospital.

## VACATION AND CONFERENCE LEAVE

**Vacations:** 4 weeks of paid vacation is permitted per year. An additional 5 days over the Christmas/New Year's period is granted. You can carry over up to 2 weeks of vacation to the next academic year if they are not used.

**Conference leave:** Up to 10 days of paid leave is permitted for attendance at approved medical conferences. $750/academic year of funding is available to each resident to attend medical conferences. Must provide original receipts. Funds are not carried over to the next academic year. You can carry over 5 conference days to the next academic year if they are not used.

**Study leave:** Up to 7 days of paid study days are given. Cannot carry these over to the next year.

**Sick/Personal days**: Up to 9 days of unpaid sick/personal days are permitted.

**Stat days**: if you work on a stat day (i.e. labour day), you are entitled to either 1) take a paid personal day in the future or 2) get paid 3 times the usual rate

**Wedding leave:** If you plan on tying the knot during residency, you are entitled to an additional 2 weeks off for wedding leave; 1 week paid and 1 week unpaid.

Remember to submit all of your requests at least one month in advance. Taking time off during core rotations is unusual (ICU, Wards) however possible and must be discussed with Dr. Gosselin. Also, you cannot be absent for more than 75% of a rotation. For example, you can only take off 5 days of 4 week rotation or 7.5 days of a 6 week rotation.

## ELECTIVES

There are 40 weeks of electives during core pediatrics training; mostly during years 2 and 3. Electives are for 6 weeks. Residents generally choose electives that are in their fields of interest and will guide them towards future career choices. It is possible to arrange one 4-week elective in the three core years of training outside of Quebec. Faculty of Medicine Rules state that electives outside of Quebec will only be considered if the resident has completed at least ½ of his or her program (Therefore, generally only approved for electives after January of 2nd year).

The Residents' Collective Agreement with the *Ministère des services santé-sociaux* currently does not provide for resident remuneration for electives outside of Quebec. Gulf State trainees should check with their sponsors to make sure that any electives they arrange outside of Quebec (either back home or elsewhere) will be remunerated. Residents must be in good standing in the program with solid performance in order to have electives outside of Quebec approved. Electives will be approved for a maximum of 1 to 2 resident at a time.

It is the resident's responsibility to speak to the Program Director about an elective and to have the proposed time of elective approved. The resident should contact the receiving university/department and see if the rotation request can be accommodated. The residency program secretariat will then require the name of the supervisor, the objectives of the rotation as well as a calendar of events/activities and proposed time of elective rotation. This should be submitted in the form of a letter from the proposed supervisor to the Pediatric Residency Program Director clearly outlining that the supervisor is willing to take on and evaluate the performance of the elective resident.

**There is three (3) month MINIMUM requirement for paperwork due at McGill and the CMQ prior to an elective. Therefore, we will not be able to consider requests for electives where the proposed rotation time is less than 3 months away.**

## WHAT TO STUDY

Studying is a challenge during residency. With long work days, sleepless nights on call, seeing family and friends, staying in shape and other extracurricular activities, it's nearly impossible to find time to sit down and read something. The main source of learning in residency is clinical encounters, bedside teaching, Tuesday afternoon teaching, and Grand Rounds, so pay attention! Here are a few tips on how and what to study during residency (for standardized board exams see sections on LMCC and USMLE):

1. Nelson's Textbook of Pediatrics ("Big Nelson").
2. Neonatology by Gomella. A must for your NICU rotation.
3. Harriet Lane and Sick Kids Handbooks are useful but not necessary to buy.
4. Each resident gets a free copy of the Red Book which is also available online through the McGill VPN. It's a great resource for Pediatric Infectious Diseases.
5. Before starting a rotation, review the Royal College objectives, and read the Pediatrics Secrets, Nelson Essentials of Pediatrics ("Baby Nelson") or PREP chapter on that specialty.
6. Read around your cases. This is probably the best way to learn something (besides actually teaching what you learned, which comes when you're night float as an R2). The best resources are: Nelson's (available on MD Consult at home through McGill VPN), UpToDate (available at any McGill computer). Try not to have too many sources. Stick to the one or two that work well for you.
7. In terms of general pediatrics reading, it generally doesn't stick if you're just reading a random topic. However, as members of the AAP, we get a monthly subscription to Pediatrics in Review, which has about 4-5 easy to read topic reviews and interesting mystery cases. Try to read this every month.
8. Try to organize study groups with fellow residents in your year. Choose 2 people to present a topic to the rest of the group once per month. It's a non stressful and fun way to keep up to date.

## EXAM TO WRITE

### MCCQEII

An OSCE type exam taken in October of R2 in either English or French. Consists of a series of OSCE stations focusing on mostly family, internal and emergency medicine, with a small amount of pediatrics and obs/gyn. Tests your ability to take a history, perform a physical exam, provide counseling or manage an emergency situation. There is a large bank of previous scenarios with answers available. Just ask the residents who have already taken it. Most residents study for about 2 weeks including one week of study leave, although many have done just fine without any study leave. They just started studying a bit earlier. Get together in study groups to go over the scenarios. Here's where to find more details: www.mcc.ca/en/exams/qe2.

**USMLE**

Required to gain a license to practice medicine in the US. A common evaluation system used by individual licensing authorities ("state medical boards") in order to evaluate one's qualification for licensure. Each State puts different weight on the importance of this exam. It is best to check with each individual State to which you are applying.

Step 1:

-What is the test format?

A day long multiple choice exam to test basic science knowledge.

-When do I write it?

Can be anytime although traditionally after second year of medical school

-How do I apply?

If you are a student or graduate from a Canadian or American Medical School: Apply through the National Board of Medical Examiners (NBME) (www.nbme.org)

If you are a student from a Medical School outside of Canada or the US: Apply through the Education Commission for Foreign Medical Graduates (ECFMG) (www.ecfmg.org)

-What should I study?

Generally, people do very well by using two main sources of material: a concise study guide (i.e. First Aid for the USMLE) and online questions with detailed answers (Kaplan's Qbank or usmleworld).

Step 2 CK:

-What is the test format?

A day long multiple choice exam of more clinical-type questions

-When do I write it?

Can by anytime although traditionally after 4th year of medical school at the same time as the MCCQE part I since it is very similar content.

-How do I apply?

Same way you apply for step 1

-What should I study?

Study for the MCCQE part I at the same time. If you have time, Toronto Notes are great. However, most people don't have time to read all of Toronto notes and do well by reading a study guide (First Aid for USMLE) with a more detailed resource on hand along with an online question bank (Kaplan's Qbank or usmleworld)

Step 2 CS:

-What is the test format?

Uses standardized patients to test medical students and graduates on their ability to gather information from patients, perform physical examinations, and communicate their findings to patients and colleagues.

-When do I write it?

In the US, it is written right before graduation from medical school. In Canada, most do it sometime during residency before applications for US fellowships go out (Fall of second year). Most try to write it at the same time as the MCCQE part 2 since they are very similar exams. You have to travel to one of 5 US cities to write this exam.

-How do I apply?

Same way you apply for step 1

-How should I study?

Study for the MCCQE part 2 at the same time if possible. There are many high-yield resources at the bookstore. Generally you don't need much time. Get together in groups and go over clinical scenarios together.

Step 3:

-What is the test format?

Combination of multiple choice questions and computer based case simulations

-When do I write it?

In the US, it is written after first year of residency. In Canada, it is written at some point before finishing residency.

-How do I apply?

Through the Federation of State Medical Boards (FSMB) regardless of whether you graduated from a Canadian, American or International Medical School ( HYPERLINK "http://www.fsmb.org" www.fsmb.org). When applying to sit for the exam, you will have select a state medical board (licensing authority) whose eligibility requirements you will use in applying for the exam.

## ROYAL COLLEGE EXAM

An examination taken in 4th year of training to be certified as a Fellow of the Royal College of Physicians and Surgeons of Canada. The Royal College is not a licensing body. It is an organization that ensures high standards of training for specialists in Canada. Exam usually taken in the Spring of R4. Comprised of a written component (150 MCQs and 60-75 short answer questions) and OSCE component (10 stations).

## AMERICAN BOARD OF PEDIATRICS EXAM

The ABP is an organization which, like the Royal College, is dedicated to promoting high level of practice and professionalism. Certification is voluntary in the US although nearly all American pediatricians seek certification. Exam taken after completion of 3 years of residency in pediatrics. Exam is offered in the fall

and consists of multiple choice questions. In order to become board certified, one must meet the following criteria: graduation from an accredited medical school in the US or Canada or a foreign medical school recognized by the WHO, complete 3 years of training in an accredited program, have verification of successful completion of residency training, possess a valid, unrestricted state license to practice medicine in the US, and successfully complete the exam. You don't need an unrestricted US license if you have a Canadian licence, although the Canadian license is only granted after 4-5 years of specialty training. So you can get your unrestricted US license after 3 years of training and write your ABP exam at the same time as your Royal College Exam and only have to study once! Here are a few tips from a resident who just recently went through the process:

A few tips for Canadians:

1. Start the process of applying for an unrestricted US license at least 3 months in advance since there are a lot of steps
2. It's a bit of a tedious process but it costs only $35
3. You do not have to be a US Citizen to apply for licensure
4. Either your USMLE or LMCC will do as "proof of passing score"
5. You can use your Canadian Social Insurance Number (because we don't have social security numbers)
6. YES, the check or money order HAS To be from a US BANK . . . this is the most irritating part. If you have a US account that is domiciled in the US that's OK, otherwise, you'll have to ask one of your friends/family from the US to send you a money order. . .
7. Even though you've never practiced in the US, you still have to submit a query to the "national practitioners data bank". You will likely have a few little problems filling in the online application form, so do it during daytime hours so you can call them up and they can tell you where you can put "XXXXXX" to leave sections blank that don't apply to you (without invalidating your form and erasing all your entries)
8. You CV has to be in Month-Year format for everything you do, so reformat it this way before you send it in (or they'll ask you to do it again)
9. Call them to make sure everything is OK about 2 weeks after you've sent stuff in. They won't call you if there's a problem with the application
10. McGill can fill in the form that certifies that their med school is "accredited" (if you did med school at McGill, that is). They'll charge you some nominal fee for the service
11. I know it seems like a pain, but it's totally worth it to spend the time now rather than re-study for the exam a year after your Royal College!

## FELLOWSHIP APPLICATIONS

### Canadian Fellowship Applications

Applying for a pediatric fellowship program in Canada has not always been a straightforward thing to do. As of 2010, the application system has been centralized under CaRMS. All Canadian and Quebec schools will participate in the same match system. There is one central online application but each school

might require slightly different documents (CV, references, personal statement) which are also submitted online. Documents are submitted in February-April. After all of the documents are submitted, you will be invited to interview. This is usually April-May. They usually offer you a number of days which you can choose from. After the interview process, you will be asked to rank the programs you interviewed in order of preference. The deadline is usually the first week of June. The schools will also rank the applicants. On match day, which is usually mid-June, you will be "matched" to a program. IMG residents will not apply through CaRMS. They will have to contact the programs on an individual basis to apply.

*A note about pediatric fellowships in Quebec*

In the province of Quebec, CaRMS-entry residents currently need to obtain a Pediatrics Subspecialty Training Card in order to obtain a fellowship position in the program of their choice. Due to a strong need for general paediatricians throughout the province, the government has been limiting the number of subspecialty training cards in order to urge residents to pursue a career in general, ambulatory paediatrics. For the July 2011 match, there are 8 fellowship positions available in the province to be shared between "sur-spécialités" and "sous-spécialités". This does not apply to residents applying to positions outside of the province or residents from other provinces applying to Quebec programs. The following "sous-spécialité" programs are considered as general pediatrics: adolescent medicine, developmental pediatrics, social pediatrics. Applications to these programs will not be competing for the 8 fellowship spots.

The four Quebec Pediatric training programs will enter the new Canadian matching process, issuing its own rank order list, separately from the CaRMS rank order list, but respecting the same deadline as the Canadian match (April 30, 2010 for the July 2011 match). The rank order list for Quebec pediatrics residents is determined by the four postgraduate associate deans and is based among other criteria on projected provincial recruitment needs per pediatric specialty area

Here is a general guide on how to apply for Canadian/Quebec Fellowships:

1. First, pick a subspecialty (or 2) that really interests you! For some, that process is easier than others. In helping you choose, think of what kind of medicine you would like to practice, and think of what kind of lifestyle you want. Do you have/want a family? Does shift work suit you better? Are you more procedure-orientated? Also, think of what is known as the "bread-and-butter" of every subspecialty, because that is what you'll be seeing on a day-to-day basis.
2. Once you've picked a subspecialty, choose a location. Do you stay at McGill or branch out to other schools/cities? There are advantages and disadvantages for every decision, and it's worth bouncing ideas off someone. Remember that not all schools in Canada offer every subspecialty, so check!
3. Of the major hospitals in Canada, Montreal (both the Children's and Ste-Justine), Toronto's Sick Kids and Vancouver's Children's Hospital offer most or all of the subspecialties. The other schools offer smaller lists, so again, go to their websites and check!

Here are the links for some of the bigger programs in Canada:

http://www.mcgill.ca/medicine/departments/
http://www.pediatrics.med.ubc.ca/DivisionsandCenters.htm
http://www.paeds.utoronto.ca/postgrad/subspec.htm
http://www.med.umontreal.ca/etudes/programme_formation/postdoctorales/programmes_formation.html

http://www.pediatrics.ualberta.ca/Education/Subspecialty/

4. Email program directors to let them know that you're interested. Ask them what the application process involves and what information would be useful to them in evaluating you as a candidate.
5. In general, most Canadian deadlines are around March, interviews are April/May and you will learn by June where you've matched. PLEASE CHECK FOR COMPLETE DETAILS ON EACH SCHOOL'S WEBSITE.

## American Fellowship Applications

*How can I legally work in the US if I am not a US citizen?*
If you are not a US citizen, you need a visa to work in the US.

*O-1 Visa:*
Most medical students and residents will not qualify, unfortunately.

Reserved for individuals who have extraordinary ability in the sciences, arts, education, business or athletics, or extraordinary achievements in the motion picture and television field. You need your US employer to file a "Petition for non-immigrant worker" with the U.S. Citizen and Immigration Services (USCIS).

*J-1 Visa:*
A temporary non immigrant, exchange type visa. Designed to "increase mutual understanding between the people of the United States and the people of other countries by educational and cultural exchanges". Can be extended for up to 7 years (more than enough time to complete your training) although you are expected to return to your home country for at least two years after the visa is complete. Also, you are classified as an exchange "student", therefore, working outside of your resident duties (i.e. moonlighting for extra money) is prohibited. In order to be eligible, you need to submit a "Statement of Need" issued by the Federal government. This is a letter to "confirm that qualified medical practitioners are needed in Canada and that the medical graduates who are pursuing postgraduate medical education in the United States sincerely intend to return to Canada and practice medicine in the field of medicine in which they will receive the training". This website has all the information you need: http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/postgrad-postdoc/index-eng.php.
The government of Quebec must approve to send you away to train in this area provided you return after your training. Make sure you contact the provincial representative to ask if you would qualify to train in the US for that particular specialty. Here is the contact information for each province: http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/postgrad-postdoc/prov-terr-cont-eng.php.

*H1B visa:*

Applies to persons in a specialty occupation which requires the theoretical and practical application of a body of highly specialized knowledge requiring completion of a specific course of higher education. Classified as an employment visa, not a student visa. Therefore, it allows you to take on extra employment such as moonlighting. This visa does not require you to return to Canada for 2 years after your training. It allows you to apply for a Green card and eventually, permanent residency in the US. You do not need a Statement of Need since you are not required to return to Canada. However, this visa is more difficult to get. You need your US employer to file a "Petition for non-immigrant worker" with the USCIS.
To get more information on all of the possible visa types available to work in the US, follow this link: http://travel.state.gov/visa/temp/types/types_1286.html.

*How and where do I apply for my fellowship program?*
Firstly, you have to decide which program you want to apply to. The FREIDA (Fellowship and Residency Electronic Interactive Database) is an online database of all of the American training programs in your field of interest http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.shtml. It will guide you in deciding which programs and hospitals you want to pursue and how to apply.
Next you will start the application process itself. There are a lot of acronyms used so here is a bit of a glossary:

NRMP
National Residency Matching Program. Aka "the match". This is the program that is responsible for the rank order list and matching residents to programs. Doesn't have anything to do with the applications. NRMP is used for both residency and fellowship programs. Here's where to find out more information: http://www.nrmp.org/fellow/index.html. The following programs participate in the NRMP match (years in brackets are the years the programs started participating in NRMP):

Neonatal-Perinatal Medicine (2008)
Pediatric Hematology/Oncology (2001)
Pediatric Specialties Fall Match (2009)
Pediatric Critical Care Medicine (2000)
Pediatric Emergency Medicine (1994)
Pediatric Rheumatology (2004)
Pediatric Specialities Spring Match (2009)
Pediatric Cardiology (1999)
Pediatric Gastroenterology (2007)
Pediatric Nephrology (2009)
Pediatric Pulmonology (2009)

SMS
Specialty Matching Service. Basically the NRMP but for fellowship (subspecialty) programs.

ERAS

Electronic Residency Application Service. An online standardized application program used by many, but not all programs. For example, US pediatric gastroenterology programs will ask applicants to apply via one online application through ERAS but some other programs ask that you send an individual application to each one you apply to. The following programs accept applications through ERAS:

Neonatal-Perinatal Medicine (Dec. Cycle)
Pediatric Critial Care Medicine (July Cycle)
Pediatric Emergency Medicine (July Cycle)
Pediatric Endocrinology (Dec. Cycle)
Pediatric Gastroenterology (Dec. Cycle)
Pediatric Hematology/Oncology (Dec. Cycle)
Pediatric Infectious Diseases (Dec. Cycle)
Pediatric Nephrology (Dec. Cycle)
Pediatric Rheumatology (July Cycle)

*When do I apply?*

The application timeline varies for every different program. The timeline for the 2011 NRMP match can be found here:

http://www.nrmp.org/fellow/schedule.html.

## GETTING INVOLVED

There are numerous ways you can get involved in residency. Residents provide a very important role in the hospital and we therefore have the right and the responsibility to be involved in running it.

### Residents' Wellness Committee

A group of residents that ensure and promote residents' well-being through organization of social, educational, humanitarian and physical activities. Examples: Skit Night, apple picking trip, outreach resources, survival guide, resident interview day.

### Residents' Training Committee

Each year elects a representative to sit on the Training Committee to be our voice in all issues regarding the training program.

### Residents' Outreach Project

A resident initiative to reach out to Refugee Claimants residing at the YMCA next to the hospital. The group provides an important role in advocating for their health and teaching them about their rights and how to utilize the health care system.

### Association of Residents of McGill (ARM) - Pediatric Representative

This resident is a voting member on the ARM and is present at monthly meetings to promote the interests of the pediatric residents at the MCH. There is a stipend for each meeting the resident is present at.

### Montreal Children's Hospital (MCH) Site Chief Resident

This resident represents all residents and fellows who complete rotations at the MCH. This resident manages the resources available at the MCH (including on-call rooms, the lounge, etc) and is an advocate for the residents with the Director of Professional Services.

### Montreal Children's Hospital (MCH) Pediatric Chief Resident

The Pediatric chief resident is responsible for organizing the teaching schedule, managing the on-call schedule and is on the admissions committee.

### Other ways to get involved

MCH Representative to the Canadian Pediatric Society
Numerous sub-committees within the CPS
AMQ/FMRQ representative
There are numerous administrative committees at the MCH that have physician representation (ex/ MCH CPR Committee, MCH Infection Control Committee).

## WELLNESS RESOURCES

Yes, residency is hard. The hours are long and the decisions we make are difficult. It's easy to feel inadequate and drained by the challenging profession we practice. This is completely normal. Everyone goes through it. It's important, however, to have people to talk to, friends to catch a movie with and activities to clear your mind. Consider us as a family. We're all in it together. Here is a list of resources to consult whenever you're going through a tough time.

**Internal Resources:**

1. Program Director: Dr. Richard Gosselin: 514-412-4475, 514-406-0992
2. Pediatric Chief residents: 514-406-2084 & 514-406-2077
   Dr. Gosselin and the Chiefs are excellent resources. Please don't hesitate to knock on their doors and sit down for a chat. They are there for you.
3. Mentors and other Physicians
4. Pastoral services

**External Resources:**

1. Quebec Federation of Medical Residents/Federation des Médecins Résidents du Quebec
   Mme Johanne Carrier is responsible for the FMRQ wellness committee of résidents. For issues of prévention, intimidation, and any concerns that may arise daily in the hospital, contact Johanne.carrier@fmrq.qc.ca. Phone number : (514) 282-0256 or 1-800-465-0215.
2. The Quebec Physicians' Health Program/Programme d'Aide aux Medecins du Quebec
   The QPHP was created in 1990. It stems from the will and determination of doctors to provide to their colleagues throughout the province reliable, expert and discreet help should they need it. The organization is also involved in prevention and awareness campaigns. Two major values are at the very core of their health program: confidentiality and discretion. Contact

info@pamq.org or www.pamq.org. Phone (514) 397-0888 or 1-800-387-4166.

3. Center for Suicide Prevention/Centre de Prevention du Suicide
   Services available 24 hours/day; 7 days/week. Contact: 1-866-APPELLE (1-866-277-3553)
4. Suicide Action Montreal. Contact: (514) 723-4000

**Services at McGill University**

1. Psychological Assistance: (514) 398-6019
2. McGill Counselling Services: (514) 398-7059
3. Sexual Harassment Response Centre: (514) 398-4911
4. McGill Health Services: (514) 398-6017
5. Dr. Armand Alamian: (514) 398-1781
6. Dr. Sarkis Meterissian: (514) 398-1458
7. Dre. Elaine Belanger: (514) 340-8253 local 4875

## HELPFUL TIPS FROM THE SENIORS

Here is a list of questions frequently asked by residents:

1. How important are my first second-year electives in helping me deciding what fellowship I want to pursue?

   Staff get to know you
   You learn if you like the field, the people on the team and whether or not you want to pursue it before fellowship applications in the fall of R2 (American apps can be as early as October-November of R2)
   You can get involved in a research project early on in your field of interest
   Allows you to identify mentors early on

2. Which conference(s) should I attend?

   If you have a specific field of interest, find out from staff members what conferences they would recommend for you. Otherwise, the Pediatric Academic Societies (PAS) (usually in May), Canadian Pediatric Society (CPS) (usually in June) and American Academy of Pediatrics (AAP) (usually in October) Conferences are very useful for first year residents. There are lectures, research presentations, and groups discussions on a variety of different topics in pediatrics and useful workshops for residents. You can also consider attending short (1-2 day) topic updates and teaching seminars. Juniors as well as Advanced Pediatrics residents (R4-R5) may be interested in attending the APQ (Association des Pédiatres du Québec) annual CME conference in May of each year, as well as Practical Problems in Pediatrics, a CME conference organized by the MCH in February of each year.

3. Who should my mentor be?

   You don't have to pick a mentor right away. Spend some time getting to know different staff members. A mentor should be someone who is easy to

talk to, someone you trust, someone with experience, someone who will make time for you and someone who you would like to be like when you become an attending. Some residents, but certainly not all, prefer choosing someone in their field of interest to answer their questions about fellowship applications, conferences and research. It might also be helpful to have more than one mentor to guide you through residency.

4. Is it too early to start thinking about fellowships?

   The purpose of your first year of residency is to get comfortable with general pediatric issues, managing critically ill patients on call and developing your leadership skills. It's not the time to start stressing about fellowships. Having said that, it's wise to learn what you like and what you're good at and at least start thinking about the direction in which you want to take your career. By late winter of R1, you'll be asked to choose your electives for your R2 year. That will be the time to tailor your training to help you decide what you want to do for fellowship. By late R1, early R2, you should be narrowing it down to a few options.

5. Is it necessary to do research in R1?

   As mentioned above, the purpose of R1 is to learn the basics of pediatric medicine. Take the time in R1 to get really good at it and refuel when you have a break. The second half of the R1 year might be a good time, however, to meet with Dr. Shuvo Ghosh and begin planning for you project in R2. Plan to prepare a presentation for the Residents' Research Competition in March. If you're not into research, you can take an epidemiology course at McGill during block 12 or 13.

6. When should I start thinking about my research project?

   Your research project should span a year or two of your residency. The research block is to be a time when you do a work-intensive part of your project, like chart reviews, or manuscript writeup. Therefore, start planning your project in the second half of R1 so that you can get started at the beginning of R2. Set goals for yourself. Try to meet with your supervisor regularly.

7. How do I choose my study days in R1?

   We are entitled to 7 study days each year. These days are meant to allow residents to study for exams (MCCQEII, USMLE) although R1's don't have any of these exams. They can be taken in large blocks or one at a time. Remember that it is hard to get these days off during core rotations (ICU, Wards). Submit your requests at least a month in advance including the exam or topic for which you are studying. You will not get any extra compensation if you decide to work instead of taking them off the way you would if you worked on a stat day.

8. How do the three satellite programs (Val D'Or, Ste-Hyacinthe, Gatineau) differ?

## Gatineau:

General pediatrics clinics every morning and afternoon with occasional specialty clinics (ADHD, Diabetes, Asthma). One weekend on call (Friday through Sunday) on the pediatric ward and 6 more evening calls. Calls are from home. Almost 100% francophone. Lodging provided in one of 3 apartments close to the hospital with other students or residents. Bring your own sheets and towels. You will have a washer and dryer. You work from 8:30 until about 5 every day. Really great exposure to general pediatrics. Very good library with internet access at the hospital. Poor internet connection from one of the apartments. Contact Dr. Dionne King for you call requests: Dionne_king@hotmail.com.

## Ste-Hyacinthe:

Apartment is provided. You need to bring a pillow, bed linens, towels, computer (often a tv and internet are provided). You will work in pediatric clinics in the hospital + community clinics; 6-9 days of wards where you are on call the same nights over 24 hours. Workload is slightly less than at the MCH. Internet and reading material are provided. It's a good idea to bring the MCH formulary for quick access to prescribing materials instead of looking up every med in the CPS. You should know how to access the McGill VPN in case you would like to access internet resources that are not purchased by this hospital. Six to 9 home calls (as per collective agreement); meals are provided for breakfast, lunch and supper on the days that you are on call only. If you have environmental allergies, ask in advance to have an apartment without pets.

Contact of person at the site: Barbara Martel at Sherbrooke (Sherbrooke University runs this site - 819-346-1110 ext 15570); Staff: Dr. Duscesne (450-771-3333 ext 3292 - pediatric floor -wards & clinics)

## Val D'Or:

There is a two-story building of apartments next to the hospital. One has a bedroom, and the washroom is shared, although one does have his own sink. The kitchen is down the hall and shared with everyone (up to 5) on that particular floor. There is also a room with a TV and a couch, with a DVD player. Bedding is provided. And food, although you have to pay for it, is sort of covered because they will give you a stipend cheque at the end of the month for the cost of transport and for food. Louise Cardinal is the contact person for the administration.

Getting the key initially is a bit confusing. Once one arrives at the hospital, he just has to go to the information/locating desk inside the main (not ER) entrance. The key deposit costs 10$ and it comes back at the end of the month.

Work consists of a mixture of ER consults, in-patient ward, and clinics. Usually, if there is a student, the student will do the initial admission/consult in the AM and then the resident reviews it while waiting for the staff. Then rounds, depending on the staff, happen together and are usually done by 11h00-12h00. Usually there are about five to ten babies in the prem and

about five kids on the wards. Often the admissions are more of the SSU variety (kids with UTI, bronchiolitis, pneumonia). The clinics are often very good community pediatric referrals from family physicians (FTT, constipation, enuresis, etc). There are usually one or two kids each Friday as well for chemotherapy, which is run in concert with either HSJ or us. One also covers the case room 24-7. There is also a chance to go to a local youth detention centre as well as go to Lac-Simon (Algonquin community) with Dr Woods.

Workload is relatively light, compared to the MCH. Most days one is finished by 16h00, and that includes a break for lunch since the hospital closes for about an hour. A presentation to the pediatric group is done towards the end of the rotation.

Several permutations of the call schedule are available. I decided to do it as they did, c-a-d, I took call for the whole week, which actually was relatively light.

Internet and books are available in the library on the first floor by the ER and one can access it whenever. WiFi is hard to come by but can be found at La Maison de Torrefacteur on 2ieme Av.

Helpful Tips - Probably the best way to go (if one doesnt have a car) is by bus. Maheux runs three buses daily from Gare Centrale. There are also several daily flights. The train is unbelievable and one of the coolest rides I have ever taken. The downside is that it is about 11 hours, doesnt go past Senneterre, and by the time it gets there, the only option is cab to Val-d'Or, whcih suffice to say was not cheap.

One does not need a car, but it is ideal. Most of the everyday life/needs can be found on 3ieme Av. There is an IGA, and by asking Mme Cardinal, there are gym passes for the Cegep A-T/UQAT campus available. The cross-country skiing is hands-down phenomenal, but demands transportation, as the ski-parc is near the airport. The movie theatre is not bad; there is Cine-Club each Monday night with art house films. The library is close by, as is a Tim Horton's, and it's actually quite nice. There is a super club for video rentals, but be prepared to walk. And there is a QMJHL team as well. The restaurant scene is small, but there are nice casse-croutes for the joy of hot fries in -30 weather.

The pediatric team there is lovely to work with and Dr Suzanne Malaab, who is the coordinator, is fantastic (she invited the student and me out to her house for dinner). Most are either from the MCH or HSJ, and I found it to be a clinically strong team.

9. Extra pearls of wisdom

   Make sure to talk to Josée Warda at the end of the year if you want to carry over unused conference or vacation time

   Learn the names of the nurses

   Keep an overnight bag in your locker (toothbrush, socks, scrubs, comfortable shoes)

Keep an umbrella in your locker

Maintain a roster of your RCC patients on OASIS to see when tests have been done and they've been to the ER

Try to exercise
Always double check medication doses

If someone tells you something about a patient that you are ultimately responsible for, make sure you check it for yourself, especially if the person is junior to you

## KEEPING TRACK OF YOUR PATIENTS ON OACIS

Here's how to build a roster of your RCC patients on OACIS and check your clinic appointments:

### How to create a list of your RCC patients on Oacis:

1. Login to Oacis
2. Select "Patient List" in the upper left corner
3. Select "Select Patient List" from dropdown menu
4. Select "Scheduled" from the list displayed under the "System patient lists" tab.
5. In the lower half of the window, under "Select Parameters", find your name in the drop-down menu. Your name will appear as "RCC/your name"
6. Under your name, select the date of your next clinic
7. Under the date, select the box in order to make this your default list. This will now take you to a list of all the patients in your RCC that you have already added. If you haven't added any to your list yet, the page will be blank. Click "OK".
8. In the upper left corner of the page, select "Patient List"
9. In the drop down menu, select "Patient Search"
10. Enter your patient's MRN number or search by patient name. Your patient's name will appear in the display window.
11. Click "add" to the right of the display window to add your patient to the "current patient list".
12. Continue adding patients to the "current patient list" until you have added all of your RCC patients.
13. Click "OK" in the bottom right corner.
14. You have now created a list of all of your RCC patients.

### How to see your booked appointments:

1. Login to Oacis
2. Select "Patient List" in top left corner
3. Select "Patient Search" in dropdown menu
4. Select "Scheduled" from the list displayed under the "System patient lists" tab
5. Make sure your name ("RCC/your name") is selected in the selection parameters section near the bottom of the window.
6. Select the date of your RCC under your name

7. This will display a list of your RCC patients including those that have been booked on the date you selected. If you haven't already created an RCC roster, only the patients booked on the date you selected will be displayed.

## HOW TO USE THE CRESCENDO DICTATION SYSTEM

Dial 58400
Site ID: 2#
License number: 295186#
Password: 1950#
Worktype ID: 2#
Site ID: 2#
MRN: just press # (do not enter a MRN)
Requisition #: this is found in OACIS and IntelViewer

## IMPORTANT CONTACTS

| | |
|---|---|
| **General** | |
| Admitting | 24317, 22316, 22317 |
| Emergency Room | 24499 |
| Home Care | 24420 |
| Medical Records | 22544 |
| Mrs. Fulvio | 24416 |
| OT/PT | 24407 |
| Pharmacy | 22215 |
| Blue Spectralink | 23581 |
| Yellow Spectralink | 23582 |
| Pediatric Teaching Office | 24475 |
| Chief's Office | 22376 |
| **Wards** | |
| 6C1 | 22105, 22104 |
| 6C2 | 22414, 22416 |
| 7C1 | 22391, 22430 |
| 7D | 22427, 22515 |
| 8D | 22423, 22424 |
| 9C | 22389, 22149 |
| 9D | 22855 |
| 10D | 22986, 22984 |
| OR | 23302, 23434 |
| **Clinics** | |
| Adolescent | 24481 |
| Allergy/Immunology | 24433, 24470 |

| | |
|---|---|
| Asthma | 24433 |
| Cardiology | 24421, 24423 |
| Dental | 24479 |
| Dermatology | 24439 |
| Diabetic | 24436 |
| ENT | 23256 |
| Endocrinology | 24315 |
| Gastroenterology | 24474 |
| Genetics | 24427 |
| Gynecology | 24483 |
| Hematology | 24434 |
| Infectious Diseases | 24485 |
| Neonatal F/U | 24302 |
| Nephrology | 24461 |
| Neurology | 24446 |
| Neurosurgery | 24492 |
| Ophthalmology | 24480 |
| Orthopedics | 24439 |
| Pediatric Consultation Centre | 24324 |
| Pediatric Surgery | 24489 |
| Plastic Surgery | 24439 |
| Respirology | 24444 |
| Rheumatology | 22621 |
| Urology | 24439 |
| **Laboratories** | |
| Biochemistry | 22347 |
| Blood Bank | 22366 |
| Hematology | |
| Standard | 22420 |
| Special | 22365 |
| Immunology | 22634 |
| Microbiology | 24313 |
| Nephrology | 24461 |
| Pathology | 24495 |
| Virology | 22594 |
| Pediatric Test Centre | 24431 |
| Respiratory Function | 24435, 22840 |
| **Radiology** | |
| Appointments | 22135 |
| CT | 22138 |
| MRI | 23966 |
| Ultrasound | 22129 |
| Nuclear Medicine | 24482 |