

McGill University Pediatric Residency Program Community Pediatric Rotation

Rotation Site: CSSSG – Hôpital de Gatineau

Rotation Supervisor: Dr Dionne King

Revised June 2012

Description of the rotation

The community pediatric rotation in Gatineau will expose residents to secondary and tertiary care pediatrics in a primarily francophone community setting. They will work in various general and specialized pediatric clinics where patients are referred from community physicians, or where patients with complex problem lists are followed. Furthermore, there is also the opportunity to do one week of in-patient service where they will be responsible for their patients, as well as ER and in-patient consults from general practitioners and/or one week of advanced level-II NICU, where they will be responsible for their patients, in-patient consults from general practitioners covering the nursery, and consults for high-risk deliveries/case-room management of neonatal distress. In general, priority is given to the clinic setting for pediatric residents, and in particular, the more senior residents.

The supervisor for this rotation is Dr. Dionne King, CSSSG- Hôpital de Gatineau, 4th floor Pediatric Clinic, (819)-966-6165. Dr. King will meet with the resident at the mid-point of their rotation for formal feedback, and once again at the end of the rotation (the feedback will be a consensus of all supervisors involved). This is of course in addition to all formative feedback offered throughout the rotation by clinical supervisors. The resident will be expected to present one case or topic (along with discussion) during their rotation.

Learning Objectives (based on CanMEDS competencies)

Medical Expert:

By the end of this rotation, the resident will be able to:

- Assume primary responsibility in the diagnosis and management of pediatric problems encountered as a community consultant, under direct supervision from mentor (pediatrician)
- Develop additional exposure to specific problems through consultant general pediatric clinics (Asthma, Diabetes, Development, Youth Protection, ADHD, learning disabilities, behavioral problems etc.)
- Acquire an appreciation for pediatric practice outside the tertiary university-hospital setting

- Develop decision-making abilities and skills which are necessary in the absence of subspecialists immediately available
- Learn how to communicate effectively with subspecialists over the telephone to transmit accurate information, and develop skills to determine which patients can be co-managed with telephone support & which patients must be transferred
- Develop skills necessary to make appropriate decisions about patient transport to another centre (most appropriate mode of transport, personnel for transport, and medical issues related to condition of the patient)
- Learn about practice management and administration in the community setting

Communicator:

By the end of this rotation, the resident will be able to demonstrate effective interaction:

- parents and children in the clinical setting
- other members of pediatric team (pediatricians, nurses, respiratory therapists, physiotherapists, occupational therapists, dietitians, psychologists, social workers, secretarial staff)
- physicians and professionals requesting consultations and expert advice
- consultants (pediatric subspecialists) over the telephone

Scholar:

By the end of this rotation, the resident will demonstrate:

- Capacity for independent learning around cases
- Interactive & effective lecturing during presentation

Collaborator:

By the end of this rotation, the resident will:

- Function well and respectfully within the pediatric team

Professional:

By the end of this rotation, the resident will demonstrate:

- Honesty, integrity, ethics
- Responsibility & self-discipline

Advocate:

By the end of this rotation, the resident will demonstrate:

- Understanding of the need for pediatricians to advocate on behalf of children and their specific needs in the community that they care for

Manager:

By the end of this rotation, the resident will have experienced the pediatrician's role:

- within multidisciplinary team
- as a consultant rather than primary care provider

Pediatric Resident Rotation
McGill University – Faculty of Medicine
CSSSG – Hôpital de Gatineau

Residents will spend 4 weeks rotating through the various consultation clinics with the opportunity to rotate on the pediatric ward and/or level 2 NICU should the resident desire and space accommodate.

When doing clinics, the weekly schedule will consist of morning and afternoon clinics Monday through Friday with the opportunity to work with most members of the division of pediatrics.

If the resident spends 1 week on the wards or in the NICU, they are matched with one consultant pediatrician for the week. The day will consist of morning and afternoon rounds with teaching provided at the bedside as well as around cases and consultations. The resident will typically be one-to-one with the consultant pediatrician however, there may be 2 residents or students as part of the team.

Pediatric residents will be expected to cover on-call services throughout their rotation. They will be doing home call for a maximum of 9 calls per block as outlined in the current collective agreement. While on call, residents will be first call for the pediatric wards, the neonatal unit, the maternity as well as new consultations. They will always have a consultant pediatrician readily available for back up as needed.

Procedures

Residents may be exposed to a variety of procedures throughout their clinical experience. If they have not already had the chance to do so, they may be given the opportunity to learn:

Under supervision from MD or RN, will learn:

- venipuncture
- nasogastric tube insertion
- throat swab + nasopharyngeal aspirate

Under supervision from MD, will learn:

- lumbar puncture
- airway skills
- principles of neonatal resuscitation

Residents with special interests may request exposure to other clinical skills.

Teaching Sessions

Once a week, there will be invited speakers presenting to the pediatric group. Residents are expected to participate in these sessions.

Grand Rounds can be videoconferenced from the Montreal Children's Hospital every Wednesday morning from 8-9AM.

As well, there will be daily informal teaching sessions + bedside teaching between resident and mentor.

Pediatric Academic half-day will be presented via videoconference every Tuesday afternoon. Residents will be liberated from clinical responsibilities to attend these sessions.

Evaluations

Evaluations will respect the standards set forth by the McGill University.

Each resident will receive feedback halfway through the rotation, and once again at the end of the rotation. Evaluations will be based on feedback from the entire pediatric consultant team.

Resource People

Rotation supervisor: Dr. Dionne King (pager: 613-221-0085)

Faculty:

- Dr. Henriette Fortin
- Dr. Marie-Hélène Landreville
- Dr. Eve-Marie Bélanger
- Dr. Chantal Gagné
- Dr. Jean Lemonde
- Dr. Dionne King
- Dr. Sophie Bergeron
- Dr. Sarah Waterston
- Dr. Yohann Couture
- Dr. Mustapha Mourad
- Dr. Karine Clement

Administrative support

Marie-Elaine Pelchat

Important numbers:

- Hospital: 819-966-6100
- Pediatric Ward: 819-966-6384
- NICU: 819-966-6393

Clinic:

819-966-6165

All residents are provided with a pager and locker. Parking passes are available upon request. As well, all visiting trainees are provided with an apartment during their rotation (accommodations within walking distance of the hospital).