Pediatric Hospital Medicine Fellowship

Program Description and Learning Objectives

April 2020
MCGILL PEDIATRIC HOSPITAL MEDICINE FELLOWSHIP

Administrative Information:

Academic affiliation: Division of General Pediatrics, McGill University
Type of Fellowship: Clinical Fellowship
Number of positions: Maximum 2 positions per year
Duration: 1 year

Fellowship Director: Dr. Catherine Nolin
Email: catherine.nolin@mcgill.ca
Fellowship Coordinator: Ms. Bobbie Carin
Email: peds.pgme@muhc.mcgill.ca

Eligibility: Candidates for this fellowship are required to have completed a fourth year of General Pediatrics residency in a Canadian program and should be expecting completion of their FRCPC Pediatrics certification prior to entry. They must also meet the eligibility requirements of McGill University.

Capacity in conversational French would be a strong asset due to the demographics of the Montreal Children’s Hospital’s (MCH) patient population (~40% French, ~30% English, ~30% Other languages). Candidates unfamiliar with the Montreal Children’s Hospital may consider completing a clinical rotation at the institution in order to become familiar with its learning and clinical environment.

Please note that Pediatrics residents who have obtained their MD in Quebec and/or who did residency training in Quebec in a contingent régulier or contingent particulier position are eligible to apply to this fellowship only via the “formation complémentaire” program.

Application Process: Applications should be submitted through the McGill University PGME website (https://mcgill.ca/pgme/admissions/prospective-fellows), with a deadline of September 1st of the previous academic year. For the logistical aspects of the application, candidates are asked to contact the McGill Postgraduate Medical Education Office directly (pgcoordinator.med@mcgill.ca). All completed application files will be reviewed. Selected candidates will be invited for interviews. The usual fellowship training start date at McGill University is July 1st.

Funding: Funding and tuition support for accepted candidates is available. Details can be found on the McGill Department of Pediatrics website: https://mcgill.ca/peds/education-training/pgme/funding

Training Sites:

- Montreal Children’s Hospital: 70 - 90%
- Jewish General Hospital (NICU, Newborn Nursery): 0 - 10%
- Royal Victoria Hospital (NICU, Newborn Nursery): 0 - 10%
- LaSalle Hospital (NICU, Newborn Nursery): 0 - 10%
- Hopital Cite de la Sante (Pediatric unit): 0 - 10%
Oversight Committee: General Pediatrics Fellowship Committee (which reports to the General Pediatrics Residency Training Committee):

- Chair: Administrative Director of the General Pediatrics fellowships
- Members: Directors of each of the General Pediatrics fellowships, Director of the General Pediatrics Residency Program, 1 - 2 General Pediatrics fellow representatives

Background:

Rationale: As a result of evolving treatments and advanced technology, the field of Pediatrics has changed dramatically over the past decade and has become a discipline focused much more on the care of children with complicated medical needs. This is reflected in the higher levels of complexity and acuity in the population of children admitted to pediatric hospitals or units. Pediatricians working in these hospitals (both academic and community institutions) need to be proficient in a variety of skills essential to the care of complex patients admitted for both acute and chronic conditions. They need to be comfortable in a variety of inpatient environments, such as the General Medical and Inpatient Wards, the Neonatal Intensive Care Unit, the Pediatric Intensive Care Unit, the Newborn Nursery, and the Emergency Department. They must also be effective teachers and supervisors for the range of learners on their teams as well as organizational leaders with a vision for efficiency and quality improvement.

Mission: Pediatrics residency programs are only four years in duration. They may not provide sufficient time to consolidate all the knowledge and to acquire the expertise required to function competently and autonomously in the range of hospital settings in which children receive care. The current McGill General Pediatrics fellowship programs do not meet the needs of Pediatrics graduates wishing to improve their proficiency specifically in the breadth of pediatric hospital medicine. The McGill Pediatric Complex Care fellowship provides training mainly in the outpatient management of children with complex medical needs. The McGill Academic Pediatrics fellowship provides some exposure to the inpatient medical wards but has more of an emphasis on scholarship. As such, the Pediatric Hospital Medicine fellowship will be unique in its range of inpatient experiences and its strengthening of procedural and acute/intensive care skills (through rotations at the “fellow” level in intensive care units and the Emergency Department), while also providing academic and leadership experiences. This program will be well-suited to a candidate looking to pursue a general pediatrics career involving the hospital care of patients of varying degrees of acuity and complexity, whether in urban or more remote regions.

The purpose of the Pediatric Hospital Medicine Fellowship is therefore to provide the trainee with the additional knowledge and skills required to launch a career as a hospitalist in either a community or academic pediatric centre. Graduates from this program will have the patient exposure and training to advance their clinical skills to the next level required for the management of children hospitalized in any inpatient context. This will include performing procedures, performing resuscitations and other acute and emergency care, leading multidisciplinary meetings, and coordinating discharge planning for complex patients. Fellows will be involved in scholarly experiences in order to become adept teachers. They will also be exposed to the administrative challenges facing pediatric institutions and the tools, metrics, and leadership skills required to face them.
Program Structure and Content:

Curriculum:

The fellow will be exposed to the full range of tertiary hospital pediatrics, along with opportunities in community settings. The majority of the clinical rotations will take place at the Montreal Children' Hospital. Elective clinical rotations may take place at McGill-affiliated centres such as the Royal Victoria Hospital/Glen (Newborn Nursery), Jewish General Hospital (Newborn Nursery), LaSalle Hospital (Newborn Nursery), and Cite de la Sante Hospital (Pediatric Unit).

During clinical rotations, the supervisory role of the fellow towards more junior trainees will vary depending on the nature of the rotation. However, it is expected that the fellow will be directly responsible for resident and medical student supervision in some capacity while on clinical rotations.

1. Clinical Rotations:

   Core Clinical Rotations (*Total = 22-24 weeks/5.5-6 blocks*):
   - Inpatient Wards (daytime fellow) - 6 weeks (3 x 2 weeks)
   - Inpatient Wards (overnight fellow) - 2 weeks
   - PICU (“fellow”) - 4 weeks (3 weeks daytime, 1 week overnight)
   - NICU (“fellow”) - 4 weeks (3 weeks daytime, 1 week overnight)
   - Emergency Department (ED) - 4 weeks
   - Medical Day Hospital (MDH) & Pediatric Consult service - 2-4 weeks

   Elective Clinical Rotations (*Total = up to 16 weeks/4 blocks*)
   - Fellow to choose from the following offerings:
     - Complex Care Service
     - Child Protection Service
     - Palliative Care Service
     - Acute Pain Service + Pediatric Sedation Service
     - Normal Newborn Nursery (JGH vs LaSalle vs Glen)
     - Newborn Transport
     - Community Hospital Pediatrics (Cite de la Sante)

   Specialized complex outpatient clinic exposure (*Total = 4 weeks/1 block*)
   - Neuromuscular (Friday, 2x/month)
   - Spina Bifida (Friday mornings – week 2&3 of calendar month)
   - Neurofibromatosis
   - Tracheoesophageal fistula (TEF) (Thursday afternoons)
   - Bone health
   - Bronchopulmonary dysplasia (BPD) (Thursday)
   - Infant respiratory clinic
   - Home enteral feeding (Friday)
   - Cleft palate
   - Congenital Diaphragmatic Hernia (CDH)
   - Complex Care Service consults (Tuesdays)
   - Pediatric resident continuity clinic
   - Asthma
2. **Research/Academic Rotations:**

Non-clinical/Academic rotations (**Total = 8 weeks/2 blocks**)
- Fellow to choose from the following options:
  - Quality Improvement Projects
  - Protocol Development
  - Research Project/Case Review
  - “Leadership” Block/Transition to practice/First-year-in-practice

Fellows in Pediatric Hospital Medicine will be expected to complete a scholarly project during their training. Topics can be tailored to the individual’s interests and career trajectory, and they will be matched with suitable supervisors. The Division of General Pediatrics has several active researchers available to support the fellows with their academic project, for example:

- **Dr. Patricia Li:** Focus on the organization and delivery of health services to children, including the disparities in outcomes among vulnerable children.
- **Dr. Evelyn Constantin:** Focus on the effect of obstructive sleep apnea (OSA) on cardiometabolic risk, neurocognitive deficits and quality of life, as well as the impact of sleep issues in children with chronic conditions.
- **Dr. Elisa Ruano Cea:** Focus on curricular development, program evaluation, “residents as teachers”, and faculty development related to competency-based medical education.
- **Dr. Hema Patel:** Focus on advocacy for children with medical complexity, and time management.
- **Dr. Nadine Korah:** Focus on quality improvement, patient safety, simulation training.
- **Dr. Mylene Dandavino:** Focus on medical education (curriculum development and assessment) and quality improvement.
- **Dr. Catherine Nolin:** Focus on the standardization of patient care through the creation of care pathways, enhanced workflow on the inpatient wards, and resource stewardship.
- **Dr. Sara Long Gagne:** Focus on system development for the care of children with intermediate complexity.

3. **Call Responsibilities:**

Up to 30 in-house nights per year or average of 2-3 calls per month
(variable distribution depending on rotation):
- 2 weeks (2 x 5 nights) night float on the inpatient unit
- 1 week (5 nights) night float in PICU
- 1 week (5 nights) night float in NICU
- Floating call when on academic block or elective rotation without call component (1-2 per block)
- 2-4 weeks Medical Day Hospital (MDH)/Pediatric Consults call (home call)
- 3 - 5 overnight shifts in Pediatric Emergency Department

The call responsibilities of the fellow will take into consideration their career path as well as the coverage needs of the institution during their training year. The fellow should expect to provide up to 30 in-house nights per academic year. During the training blocks where no in-house nights are provided, the fellow should expect to cover up to two weekend days per block. If a clinical rotation involves call coverage (e.g. PICU, NICU, ED, MDH, wards, child protection), the fellow will be expected to participate in that service’s call roster. In-house night calls during these rotations will count towards the yearly expectation. Some calls may be from home, such
as for the Medical Day Hospital and some elective rotations. Call responsibilities will respect the FMRQ Collective Agreement.

4. Sample schedule - year overview:

Given the significant amount of time available for elective rotations, efforts can be made to tailor the fellow’s schedule to their future career path and needs. Note that some of the clinical exposures may be arranged to run longitudinally, rather than by block, but a sample schedule is depicted below:

<table>
<thead>
<tr>
<th>Block</th>
<th>Rotation</th>
<th>Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Day Hospital (4 weeks)</td>
<td>Pediatric Consults (Home call)</td>
</tr>
<tr>
<td>2</td>
<td>Inpatient wards, daytime (2 weeks)</td>
<td>Inpatient ward weekend</td>
</tr>
<tr>
<td></td>
<td>Elective - e.g. Newborn Nursery (2 weeks)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Academic Rotation (Focus on scholarly project)</td>
<td>Float call on inpatient ward (Daytime or evening)</td>
</tr>
<tr>
<td>4</td>
<td>Emergency Department (4 weeks)</td>
<td>3-5 overnight shifts during rotation</td>
</tr>
<tr>
<td>5</td>
<td>Inpatient wards, daytime (2 weeks)</td>
<td>Inpatient wards night-coverage (10 nights)</td>
</tr>
<tr>
<td></td>
<td>Inpatient wards, nighttime (10 nights)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Elective - e.g. Complex Care (4 weeks)</td>
<td>Float call on inpatient ward (Daytime or evening)</td>
</tr>
<tr>
<td>7</td>
<td>PICU (3 weeks days, 5 nights)</td>
<td>PICU night-coverage (5 nights)</td>
</tr>
<tr>
<td>8</td>
<td>Specialized complex outpatient clinics</td>
<td>Float call on inpatient ward (Daytime or evening)</td>
</tr>
<tr>
<td>9</td>
<td>NICU (3 weeks days, 5 nights)</td>
<td>NICU night-coverage (5 nights)</td>
</tr>
<tr>
<td>10</td>
<td>Inpatient wards, daytime (2 weeks)</td>
<td>Inpatient ward weekend</td>
</tr>
<tr>
<td></td>
<td>Vacation (2 weeks)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Academic Rotation (Focus on scholarly project)</td>
<td>Float call on inpatient ward (Daytime or evening)</td>
</tr>
<tr>
<td>12</td>
<td>Elective - e.g. Community Hospital Pediatrics (4 weeks)</td>
<td>Call within elective site</td>
</tr>
<tr>
<td>13</td>
<td>Elective - Palliative Care (2 weeks)</td>
<td>Float call on inpatient ward (Daytime or evening)</td>
</tr>
<tr>
<td></td>
<td>Acute Pain Service/Sedation (2 weeks)</td>
<td></td>
</tr>
</tbody>
</table>
Teaching Responsibilities:

- The teaching responsibilities towards residents will vary depending on the clinical and academic context. During clinical rotations, fellows will take on a supervisory role commensurate with the context. Teaching related to this role may be more informal and longitudinal. Teaching around cases and topics pertinent to the clinical context would be appropriate.

- In addition to clinical teaching, fellows will also engage in the following:
  - Fellows will be expected to contribute to the "Fellow’s Teaching" intended for all residents rotating on the inpatient ward during a given block. This occurs on certain Thursdays of the block. Topics are meant to be relevant to hospital pediatrics and practical in nature.
  - Fellows will be required to present a relevant topic of their choice during one of the Division’s weekly Evidence Based Rounds. This constitutes a practical overview of an article or topic, followed by group discussion. The session lasts 1 hour.
  - Fellows will be encouraged to participate as examiners for the pediatric resident objective structured clinical examinations (OSCEs) which take place twice per year. This is meant as a formative assessment for residents.
  - Fellows may participate in the residents’ protected teaching curriculum during academic half-day.

Academic Sessions for Fellows:

- Conference schedule
  - Department of Pediatrics Medical Grand Rounds (weekly)
  - General Pediatrics Evidence-Based Rounds (weekly)
  - Can-Meds Subspecialty Resident/Fellows Teaching Rounds (monthly)
  - Inpatient Unit Quality Improvement and Patient Safety Rounds/QUIPS (monthly)
  - General Pediatrics Fellows Teaching (monthly)
    - Fellows’ academic teaching: Fellows will participate in teaching sessions tailored to their advanced level of training. They will be joined by the other fellows in General Pediatric Fellowship programs (Complex Care, Academic Pediatrics, Social Pediatrics)

- Other sessions and considerations
  - Fellows will be required to maintain valid PALS and NRP certification. Courses are available through McGill for those who may be due for re-certification.
  - Lean Six Sigma “Yellow Belt” training will be strongly encouraged. A one-day course is available at the MCH through the Bureau de la qualité et amélioration continue (BQAC). Further, “Lunch and Learn” workshops on various aspects of quality improvement are held routinely and may be of interest to the fellow.
  - There is a Simulation Day held for pediatric residents featuring hands-on procedure practice. Fellows may attend as participants if interested.
  - Fellows will also be expected to participate in local activities of the Canadian Child Health Scientist Program (CCHCSP). CCHCSP is a transdisciplinary
training program for the next generation of clinician-scientists in child and youth health research in Canada. Trainees engage in research training and a core curriculum that delivers a common multidisciplinary language of research, while imparting professional skills and values. Sessions are held once per month, on Wednesdays from 1-2pm. Topics covered in the CCHCSP curriculum include:

- Research Ethics and Integrity
- Research Design and Analytic Methods
- Intellectual Property, Commercialization, Contracts, Conflicts of Interest
- Mentoring/Supervising Research Trainees
- Oral and Written Communication Skills
- Tools of Research
- Management of People, Time and Resources
- Child Health Policy Development

Lectures and Readings for Fellows:

Reading materials provided throughout the training program, as applies to clinical rotation and/or context. Some examples include:

- Online Education in Palliative and End-of Life Care (https://phare-formation.com/formation/)
- “Teaching on the Run” series
- Complex Care for Children at Home (https://complexcareathomeforchildren.com)

Fellowship Objectives:

**CanMEDS Competencies for the Pediatric Hospital Medicine Fellow**

These competencies complement the Objectives of Training in Pediatrics published by the Royal College of Physicians and Surgeons of Canada in 2008.

**Medical Expert**

The fellow will:

- Provide evidence-based care aligned with current recommendations, and use best evidence to resolve clinical dilemmas
- Consolidate a broad knowledge of general pediatrics so as to allow for autonomous practice as a consultant pediatrician in an acute care setting
- Develop expertise in the assessment and management (including technical skills) of acute pediatric pathologies requiring hospital-based care
- Develop expertise in the assessment and management of pediatric patients with complex care needs, and in their care-coordination (in both inpatient and outpatient settings)
- Foster a lasting approach to clinical practice which promotes continuous self-directed learning and a quest for current, evidence-based care
**Communicator**
The fellow will:
- Strengthen documentation skills so as to clearly and effectively convey clinical impressions and plans
- Refine skills in effective communication with all interprofessional and interdisciplinary consultants so as to facilitate timely, quality care for patients
- Become an expert in effective, efficient, and patient-centered communication with patients and parents in a manner that motivates their trust, respects their point-of-view, and addresses their concerns
- Become an expert in communicating complex medical concepts, as well as management plans, to patients and families in terms adapted to their level of understanding and their needs
- Refine skills in effective communication across a diverse patient population (e.g. culture, socioeconomic status, marginalization) including medically fragile and socially vulnerable populations
- Refine proficiency in responding to questions from outside colleagues via telephone consultation
- Role-model effective communication with patients/families and colleagues for trainees

**Collaborator**
The fellow will:
- Work collaboratively with interprofessional and interdisciplinary healthcare teams within various hospital contexts in order to facilitate high-quality patient care
- Refine the ability to take on the role of “case-manager” in a multidisciplinary team for children with complex needs and problems
- Deepen skills in conflict negotiation and resolution
- Effectively support trainees in working as part of a multidisciplinary team
- Learn the various contributors to patients’ health so as to facilitate integrated services: CSSS (hospital, CLSC, CHSLD...), palliative care services, community organizations, youth protection (“Centre jeunesse”), schools, medical and/or adapted transportation, rehabilitation centers, etc.

**Leader**
The fellow will:
- Develop an understanding of management principles relating to independent practice and inpatient and ambulatory care services
- Demonstrate effective time management in clinical encounters and academic endeavours
- Prioritize efficiency in clinical practice and be mindful of resource utilization and stewardship
● Develop capacity in assuming leadership roles within organizations and interprofessional healthcare environments, learning skills such as: principles of change and change management, leading vs. managing, basic organization of the healthcare system, management of time and resources, practice management

● Develop an understanding of the existing mechanisms for Quality Assurance and the development of practice guidelines and protocols

● Refine skills in balancing career and family life

● Gain familiarity with hospital-based professional committees (e.g. Council of Physicians, Dentists and Pharmacists [CPDP]), as well as the responsibilities of various key leaders (e.g. Department Chair, Director of Professional Services)

**Health Advocate**

The fellow will:

● Demonstrate a family-centered approach to medical decision-making

● Display an advanced understanding of health advocacy at the institutional and community level while advocating for resources needed for pediatric patients

● Promote primary prevention in areas such as nutrition, regular practice of physical activity, and accident prevention through their own example and direct teaching to children and their parents

● Promote healthy use of the environment

**Scholar**

The fellow will:

● Contribute to the learning of peers and junior trainees as part of their training using effective teaching skills

● Demonstrate the ability to undertake a scholarly project from start to finish under supervision, including literature review, project design, data collection, analysis, and dissemination of results (as applicable)

● When facing clinical dilemmas, display autonomy in the performance of literature reviews and critically use the literature to inform practice

● Display effective knowledge translation with patients and families, and/or other players involved in patients’ care

● Develop academic skills to contribute to knowledge growth in pediatrics

● Advance skills and habits to assure the maintenance of competencies

**Professional**

The fellow will:

● Operate within the highest standards of professionalism

● Display professional behaviours and develop a practice ruled by clear ethical values in conformity with the regulations and social norms
- Ensure that interactions and documentations respect the principles of patient confidentiality
- Demonstrate tolerance for uncertainty and flexibility in clinical situations, resolving ethical dilemmas using the principles of medical ethics when they arise
- Support trainees in the evolution of attitudes and behaviours as they pertain to professionalism

**Assessment of Fellows’ Performance:**

In order to successfully complete the Pediatric Hospital Medicine Fellowship Program, the fellow must demonstrate:

- Satisfactory completion of all clinical rotations, including core and elective rotations
- Completion of a scholarly project
- Regular attendance and active participation at fellows’ protected teaching
- Regular attendance and active participation at CCHCSP
- Fulfilment of yearly call responsibilities
- Regular participation in department meetings (e.g. QUIPS rounds) and teaching activities (e.g. Evidence-based Rounds)

During each clinical rotation, fellows will receive regular feedback on their performance in order to guide their formative trajectory. Mid-way feedback, as well as final feedback at the end of the rotation, will be expected of supervising staff members.

Written evaluations will be provided for clinical and academic rotations using McGill University’s online One45 evaluation platform. In the cases where the fellow will have worked with multiple supervising staff over the course of a rotation, the final evaluation will be reflective of cumulative input. The One 45 system will also permit the fellows to complete formal evaluations of their rotations and of the teaching faculty.

Regular meetings every three months with the Fellowship Program Director will allow fellows to remain cognizant of their performance. This will facilitate an open dialogue to enhance the learning experience while providing tailored feedback. Since the General Pediatrics Fellowship Committee supervises and coordinates the training of fellows in the various General Pediatrics Fellowship Programs, it will also review trainee progress and performance throughout the year as well as at the end of the fellowship.

Upon successful completion of the fellowship, candidates will receive a certificate of completion from McGill University.