

Clerkship Elective Schedule

Orientation:

At the beginning of the rotation the student will page the senior resident (1645) and meet them on 3C. At that time they will receive a paediatric clerkship handbook.

Handover:

Handover is to take place from 0715-0745 hrs. It is therefore important to complete a succinct handover within the allotted 30 minutes. The senior residents should touch base with the charge nurses from 3B/3C/L2N to review potential discharges.

Discharge Rounds:

Discharge rounds will be a brief meeting with the attending paediatrician, and Senior Pediatric Residents. Patients that can go home will be identified at this time and discharges for these patients should occur promptly. Discharge planning should always be occurring and patients that could potentially go home should be discussed by the team the night before. This would then be the time to ensure that if those patients are ready that the patients are discharged.

See Patients:

During this time the team will see their assigned patients. The chart and nursing notes should be reviewed to identify any issues that have arisen over night. The patient should be seen and examined. All lab work and radiological procedures that are pending should be reviewed. The house staff should then come up with a plan for the day and be ready to present that patient during ward rounds. It is not necessary that full notes be written at this time, as there will be time allotted for that later in the day.

Ward Rounds:

During ward rounds the attending paediatrician, with/without Senior Resident, and house staff will round on patients for their team. These are work rounds. All efforts should be made to go bedside to bedside to ensure that all patients are rounded on. Some spontaneous teaching during rounds and at the bedside can occur during this time, however there is allotted time for that later in the day.

Team 1 will start on 3B then proceed to 3C

Team 2 will start on 3C then proceed to 3B

Team 3 will start on L2N then 4C then proceed to the wards

Case Based Teaching Team 1, Team 2, and Team 3:

There is allotted time for case based teaching. The residents on the team are responsible for this case based teaching. A Junior Resident should be assigned by the Senior Pediatric Resident in advance to present at the case based teaching. The Junior Resident should present the case in an interactive manner to the rest of the teams. After which the Senior Resident should lead a discussion on that topic. For team three the Nurse Practitioner may be involved in presenting the case and the staff Pediatrician will have to play a supervisory role. The attending pediatricians are to attend these rounds to provide input. Please note that the case based teaching times from 8:00-9:00 hrs are protected times for learners on the teams. All work is to stop at 8:00 hrs and all 3 teams are to meet at that time. If at all possible all pages to learners at this time should be avoided. Please note: patient care does take priority; patients waiting for ER consults etc should not be delayed to attend these rounds. Nurses and other health care professionals are welcome to attend these rounds.

Protected Teaching for Pediatric Residents:

On Tuesday morning there will be protected teaching for the pediatric resident **ONLY**. The rest of the team, at this time, will continue with discharge rounds and seeing patients. These sessions will CanMEDS based sessions.

Patient Care:

During this time residents will follow through with decisions made during ward rounds. They will finish charting on patients. This is also the time for them to get dictations done and to complete face sheets.

Teaching Sessions:

There are various teaching sessions throughout most days on the CTU. Please refer to the CTU teaching schedule for locations – this will be posted online as well as on the wards..

- Monday morning will be St Joes Grand Rounds; these will be teleconferenced to the McMaster Site in room 4E20. (8am-9am)
- Mondays from 15:00 to 16:00 – there will be either Bedside Teaching (see below) or Specialty teaching session. It is the goal during this time to get various specialties to come in and teach around patients that are on the ward.
- Bedside case teaching. All three teams are to meet at 15:00 hours on 3C. At this time the attendings will split the group up and do bedside teaching. The attendings will decide how to split the group up to get the maximum out of these sessions. Team 1 and 2 attendings are expected to be there and lead the session.
- Tuesdays from 08:00 to 09:00 – Pediatric Residents Only Teaching

- Tuesdays from 15:00 to 16:00 - There will be sub-speciality teaching for the first 3 Tuesdays of the month. There will be Radiology Rounds on the 4th Tuesday of the month located in Radiology.
- Wednesdays from 08:00 to 09:00 – Case-based teaching run by the teams and the 4th Wednesday of the month will be Peds. Cardiology teaching – “Heart to Heart”.
- Wednesday is Academic Half Day
- Thursdays from 08:00 to 09:00 – Pediatric Grand Rounds
- Thursdays from 15:00 to 16:00: The Thursday teaching will include lab teaching, asthma education, nutrition teaching and occasionally bedside teaching.
- Friday is for long cases. This would be the opportunity for the attending paediatricians to do at least one long case examination with the pediatric residents, if possible. All efforts should be made to ensure that this does occur. However, depending on how busy the teams are there is not a mandatory expectation.
- Nurses and other health care professionals are welcome to attend these rounds.

Evaluations:

Time is left in the schedule for evaluations. This would be the time to give residents mid-way evaluations, as well as end of rotation evaluations.

Handover 1630 hrs:

Handover will occur to the on-call team.

Orientation:

At the beginning of each month all three attendings should meet with the three teams to review the objectives, expectation and schedule of the rotation. The senior resident may have valuable input during this time.

Multi-Disciplinary Rounds:

Team 3 will occur on Thursdays. The L2N patients will be discussed from 1300-1330, and the complex chronic patients will be discussed from 1330-1400. Team 1 and 2 will occur on Tuesdays. Team 1 will be from 1300-1330; Team 2 will be from 1330-1400.

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