OVERALL OBJECTIVES OF THE
MCMASTER CORE PEDIATRIC RESIDENCY PROGRAM

1. PHILOSOPHY

The McMaster Pediatric Residency Program is dedicated to providing excellence in patient care, education and scientific investigation. The primary objectives are that all trainees will emerge from the program with excellent clinical skills, the ability and desire to continue to learn throughout their career, maintain an advanced level of academic curiosity and actively contribute to the understanding and knowledge in their specific fields.

Although, most of the training takes place at McMaster Children’s Hospital some of the skills are acquired in institutions affiliated with the Children’s Hospital.

OBJECTIVES OF THE PEDIATRIC TRAINING PROGRAM:

1. To provide broad based clinical and academic training in pediatrics with the goal of creating a foundation required for the academically rigorous practice of general and sub-specialty pediatrics.

2. To focus on clinical experiences of a secondary and tertiary care nature in general and sub-specialty pediatrics as seen in both a large children’s academic health science’s centre and in community practice.

3. To ensure training in critical appraisal and research methodology in order to facilitate the application of evidence based medicine in clinical practice.

4. To emphasize development of teaching and research skills.

5. To provide graded responsibility and acquisition of leadership skills.

6. To fulfill the objectives of training required in pediatrics by The Royal College of Physicians and Surgeons including the seven CanMEDS roles.

7. To provide the environment, mentorship and experience, which will allow residents to achieve the goals outlined.
The academic year for the program is July 1- June 30. Most trainees complete one of two training paths

A. Three years of general pediatrics followed by two or three years of training in a pediatric sub-specialty.

B. Four years of general pediatrics leading to a career as a consultant pediatrician. This may also be followed by a fellowship in sub-specialty pediatrics.

It is expected that all trainees will proceed to the fellowship examinations at The Royal College of Physicians and Surgeons of Canada.

SITE:

The McMaster Children’s Hospital provides primary, secondary and tertiary care to the local community and tertiary care to our surrounding Central-West/South Ontario regions. There are very busy general pediatric wards where common pediatric problems are seen in large numbers. In addition all sub-specialties exist at McMaster Children’s Hospital, which ensure good patient volume and variety. The majority of residency training time is spent at McMaster Children’s Hospital but other hospitals or facilities are utilized which include.

A. St. Joseph’s Health Care located in Hamilton. St Joseph’s Health Care has General Pediatrics as well as Level 2 nursery and newborn delivery room experience.

B. Grand River Hospital in Kitchener Waterloo. Kitchener Waterloo is a community located approximately 1 hour from Hamilton. In this centre, residents in their first year of training, work collaboratively with solid general consultant pediatricians.

C. Many surrounding hospitals, providing primary and secondary level neonatal and pediatric care in the Waterloo and Niagara region are available on an elective basis. MacCare and Rural Ontario Medical Program (ROMP) electives are also available.
ELIGIBILITY:

Resident positions are available to Canadian Citizens or Landed Immigrants of Canada in their final year of medical school in North America. All applications are handled centrally through the Canadian Resident Matching Service (CaRMS).

Residents are also admitted into the program through various other avenues including International Medical Graduate (IMG).

PROGRAM CONTENT:

First Year (PGY1):
This year is designed to provide a broad basic exposure to General Pediatrics and is carefully supervised by senior residents and staff. Trainees have ample opportunity to learn and refine their fundamental pediatric clinical skills and begin to build a sound pediatric knowledge base. Included in the first year are the following experiences:

- General In-Patient Pediatrics (CTU)
- Pediatric Surgery
- Pediatric Neurology
- Pediatric Gastroenterology
- Neonatal Intensive Care
- Pediatric Endocrinology
- Allergy/Immunology
- Hospital Based Community Pediatrics
- Developmental Pediatrics
- Hematology/Oncology

Second Year (PGY2):
Pediatric Sub-Specialty experiences comprise most of this year. Elective time is also provided. Experiences include:

- Pediatric Cardiology
- Pediatric Nephrology
- Pediatric Endocrinology
- Pediatric Infectious Disease
- PICU
- Pediatric Hematology/Oncology
- Neonatal Intensive Care
- ER
- Social Pediatrics
- Electives

Third Year (PGY3):
This is a year in which the senior resident is expected to function in a supervisory role. He or she will have the responsibility of overseeing a team of junior trainees on in-patient
wards and in other sub-specialty rotations. Elective time is also provided. Experiences include:

Child Protection
Adolescent Medicine
Pediatric Genetics
PICU
In-Patient General Pediatrics (CTU)
Adolescent Medicine
Pediatric Neurology
Community Pediatrics
ER
Electives

Fourth Year (PGY4)
For the fourth year training, two options are offered:

1. Core Pediatrics. This year is largely self-designed and provides an opportunity for the resident to create a series of training experiences that will meet his or her objectives. PGY4’s act in the role of a Junior Consultant on rotations in the In-Patient General Pediatric Ward, Developmental Pediatrics, teaching Block, Child Psychiatry and Community Hospital based rotation at St Joseph’s Health Care. The rest of the time is spent on an elective basis. This allows the resident to personally acquire the necessary knowledge and skills in areas of perceived deficiency. The key element of the PGY4 year is teaching and executing a supervisory role.

2. Sub-Specialty Pediatrics: Credit for a fourth year of pediatric training may also be obtained by entering a pediatric sub-specialty program. The year can count towards Core Pediatric and Sub-Specialty certification.

ELECTIVES:

Elective time in the second, third and fourth years provides an opportunity to focus on specific areas of interest. A multitude of elective opportunities exist at McMaster Children’s Hospital. In addition, electives at other institutions can be arranged. All elective experiences must be approved in advance by the Program Director. International electives are also available but require approval by the Program Director and the Postgraduate office.

EVALUATION:
The PGY1, PGY2, PGY 3 and PGY4 Pediatric Residents are required to write the In-Training Examination of the American Board of Pediatrics at the beginning of each academic year. The feedback from this examination provides candidates with an assessment of their knowledge compared to individuals at the same level of training, with added information on personal areas of strength and weaknesses. Changes in the absolute test scores from one year to the next are informative and provide an objective assessment of academic progress through the program. In-Training Evaluation reports are completed at the end of each rotation. These evaluations are done on the WebEval system. Staff is expected to discuss evaluations with the trainee at the end of their rotations. Clinical skills assessments are done at least twice a year for all residents and they are a mandatory part of the program. During these sessions residents complete a history and physical examination while being observed by a faculty member and subsequently discuss their approach to the clinical problem under review. The Faculty member completes a written evaluation of this process and feedback is provided to the trainee.

Residents participate in a 10 station OSCE, a fifty-question MCQ and a twenty-question SAQ examination, twice a year. The feedback from this examination provides candidates with an assessment of their knowledge compared with individuals at the same level of training. It also provides the Program Director information on the resident’s strengths and weaknesses in specific domains across the spectrum of pediatrics.

The program also uses the Portfolio, Mini-Cex and Multi Source Feedback as evaluation tools.

An evaluative system of both the supervisor and the rotation exists. The residents are asked to evaluate each rotation and each clinical teacher at the end of every rotation. This information has an important role in modulating positive changes within the program.

RESIDENCY PROGRAM COMMITTEE:

This committee has an overall responsibility for the quality and function of the Resident Training Program. It meets monthly and generally has a full agenda. In addition to faculty members, resident membership includes two chief residents and three subsidiary residents representing the resident body. There are several sub-sections of the principal Committee that report to the Training Committee.

RESEARCH:

There are ample opportunities for residents to collaborate with McMaster Children’s Hospital investigators, or to begin projects of their own under appropriate supervision. The research sub-committee oversees the research projects of the residents and also mentors and guides residents to seek appropriate research supervisors. All residents are expected to complete at least one scholarly project during their four years of training.
Elective time may be spent on a closely supervised research project. Residents are expected to present at the resident research day and are highly encouraged to submit abstracts and presentations to various national and international meetings.

ON-CALL DUTIES:

The PAIRO agreement allows for the frequency of one in four night calls. The McMaster Children’s Hospital residency program has an established graded call schedule. The residency program also implements a float call system in the resident’s senior years.

ROUNDS & SEMINARS:

Clinical teaching in pediatrics is complimented by an extensive schedule of Rounds, Seminars, Lectures and Journal Clubs. There is a three hour block of protective teaching time every week in addition to weekly Grand Rounds and Ward Rounds and each division has it’s own well defined teaching schedule.