

ROLE OF MCMASTER GENERAL PEDIATRIC FELLOW

General Pediatric Fellow is expected to function as a junior consultant. This position of supervision and leadership is learned and earned. Triaging, time-management and communication are essential skills to be developed over the course of the fellowship. The staff pediatrician expects and relies on the fellow to have accurate and current information on patients under their care.

The McMaster Pediatric Residency Program provides a gradual approach to supervision. Clinical Clerks and Junior Pediatric Residents review patients directly with the Senior Pediatric Resident. The Senior Pediatric Resident (SPR) is then expected to present a concise summary of the patient to the General Pediatric Fellow or Supervising Staff. Depending on patient volume and/or acuity, the fellow may be required to review patients directly with junior housestaff and/or see the patient directly. The fellow must have an overview of all patient issues on the clinical teaching unit (CTU). The fellow is expected to assume and/or assist with the care of sicker children admitted to their team.

On nights and weekends with less available housestaff, the fellow is expected to take on the additional responsibility of ensuring that more junior team members provide optimal patient care. Patient transfers between subspecialists, NICU or PCCU require staff/fellow to staff/fellow handover. Residents will handover to residents. Residents review and confirm the need for subspecialist consultation with the fellow and/or staff.

General Pediatric Fellow will be expected to directly examine patients. Fellow will need to write and/or sign progress notes at sufficient intervals to ensure oversight of care provided by others, to summarize pertinent patient issues, and to be able to evaluate resident notes and professionalism. These skills remain integral to professionalism and the practice of medicine.

The General Pediatric Fellow will rotate through the various clinical settings including, but not limited to, inpatient pediatric medicine (5-6 months), suspected child abuse and neglect team (1-2 months), community and ambulatory pediatrics (1-2 months), clinical elective approved by fellowship director (2 months), academic research (1-2 months). The in-hospital on-call commitment will be four-five calls per month, with two off-call months per year.

Academically, General Pediatric Fellows are expected to attend and contribute to the ward teaching and education, including: Practice Parameter Rounds, Morbidity and Mortality Rounds, PICU (Mock Code) Rounds and ward teaching, when on service.