

CTU 3

Orientation Manual 2014-2015



Children's Hospital
McMaster

Table of Contents:	Page
1. Welcome Letter	3
2. Introduction to the Division of General Pediatrics	4
3. Clinical Issues	8
4. Allied Health Care Team Member Contact Information	10
5. CTU 3 Weekly Schedule	11
6. Expectations of Faculty	13
7. Orientation Check List	15
8. Charting Expectations	16
9. Role of the Senior Pediatric Resident	18



Orientation for Team 3

1. Welcome Letter

Dear Residents,

Welcome to your Team 3 Rotation. I hope you have a good learning experience with us. Please don't hesitate to contact your Chief Residents, Drs. Daisy Liu, Anne Moffatt and Joanna Stanisiz at macpedschiefs@gmail.com if you have any questions or concerns. Dr. MacNay is the Team 3 educational lead and Dr Ladhani is the CTU Director. The CTU administrative support is Skye Levely at levelys@mcmaster.ca. Please find included in this letter a brief orientation, a copy of your schedule, responsibilities, educational objectives and call responsibilities.

With respect to your first day, please show up for handover at **7:45am sharp in room 3E26**. Weekend handover is at 8:30am in the 3C conference room. Your attending for the month will meet you the first day, answer any questions you have and sign your learning contract. Below is a list of the Team 3 staff.

Additional resources for you to access during your rotation include the "Green Book" (resident's survival guide). You should have received a copy of this from Dr. Ladhani's office. If you have lost it, you can purchase one for \$10.00. Please contact Skye Levely at Ext 75639. It is also available online at http://www.macpeds.com/resources_for_residents.html

A general review of expectations and resources is also available at: http://www.macpeds.com/general_pediatrics.html

You will be provided with a monthly schedule of teaching sessions and relevant rounds on your first day of your rotation. Please be prompt for each of these sessions. This can also be found at:

http://www.macpeds.com/mcmaster_ctu_teaching_schedule.html

For any further educational questions specific to this rotation, please don't hesitate to contact Dr. MacNay through paging at McMaster ext. 75030 or by my email at rmacnay@gmail.com.

Sincerely,

Ramsay MacNay

2. Introduction to the Division of General Pediatrics

The Division of General pediatrics is the largest division within the Department of Pediatrics. The division consists of 20 pediatricians. The pediatricians provide consulting services at **McMaster Children's Hospital** and **St. Joseph's Healthcare Hamilton**. All pediatricians are affiliated with **McMaster University**.

General pediatricians work in four teams – teams 1, 2 and 3 at McMaster and team 4 at St. Joseph's Hospital. Teams 1 and 2 have up to forty general pediatric ward patients. Team 3 covers twelve Level II neonatal patients and up to six chronic complex pediatric patients. As well, pediatricians on team 1, 2 and 3 provide consults to the Emergency Department, new born nursery, surgical teams, as well as consult requests from the regional hospitals and regional community physicians.

At St. Joseph's Healthcare, we are responsible for up to 18 Level II neonatal patients. In addition we attend deliveries, see consult requests from the newborn nursery and rarely from the emergency room.

The Division of General Pediatrics provides 24/7 on-call coverage at both hospitals. In addition to on-service and on-call work in these hospitals, our group has a commitment to the medical needs of the children within Hamilton and the surrounding regions. Care provided is based on the best available evidence in a family-centred environment.

Team 3 is covered by a core group of 4 pediatricians. In addition, team 3 has a number of nurse specialists, a respiratory therapist, and a clinical associate who are all specialized in caring for chronic complex children.

The Team 3 Staff:

Madan Roy



In 2004, Dr. Roy was recruited to McMaster Children's Hospital as Chief of the Division of General Pediatrics and Associate Professor, McMaster University, from his consulting pediatric practice in Brantford. Dr. Roy completed his medical training in India, his pediatric training in the U.K. and his neonatal sub-specialty training at McMaster Children's Hospital.

Dr. Roy is actively involved clinically, at both McMaster Children's Hospital and St. Joseph's Healthcare Hamilton, providing on-call coverage, inpatient and outpatient services. He is the lead pediatric care provider, along with his multidisciplinary team, to the chronic complex and mechanically dependent fragile children in Hamilton and the region. Dr. Roy is well recognized for his excellence in teaching pediatric residents, clerks and medical students.

Dr. Roy's interests are in improving quality of care, enhancing optimum hospital utilization and patient flow, and in promoting community-tertiary centre partnerships. Towards this end, he is the McMaster General Pediatric's lead for LHIN 4 and 3 and, as well, the lead instructor for the ACoRN course.

Under Dr. Roy's leadership, the Division of General Pediatrics has grown to 20 members, and is the largest division within the Department of Pediatrics. Ward rounds and general pediatric inpatient care has been remodeled, a research lead created, and educational experience of learners advanced, all while still retaining a very strong community consulting focus in pediatrics. Dr. Roy is currently the Acting Deputy Chief of Pediatrics.

Audrey Lim, MD, FRCPC, MSc.



Dr. Audrey Lim is an Assistant Professor at McMaster University. She completed her MD at McMaster University followed by a residency in Pediatrics at McMaster University. Dr. Lim received Fellowship training in Pediatric Critical Care Medicine at the Hospital for Sick Children, University of Toronto and at the BC Children's Hospital, University of British Columbia. Dr. Lim also holds a Masters of Community Health Sciences from the University of Calgary.

Dr. Lim joined the Division of General Pediatrics at McMaster Children's Hospital in 2007. Clinically, Dr. Lim is a consultant Pediatrician providing service on the CTUs and runs an outpatient consultant practice. Her interests are in care of the chronic complex, technology-dependent children, education and clinical research.

Dr. Frank O'Toole



Dr. Frank O'Toole is an Assistant Professor in the division of general pediatrics. He completed his medical training and his pediatric residency at McMaster University and joined the division in 1991. He is our division's lead on palliative care in pediatric populations, and has special interests in management of chronic complex patients. He has been a medical consultant to the Children's Advocacy and Assessment Program since 1992. He also provides Consulting Pediatric Care to the community of Hamilton and surrounding regions.

Dr. Ramsay MacNay



Dr. MacNay is an Associate Clinical Professor at McMaster University. He completed his medical training at the University of Western Ontario and his pediatric residency at McMaster University. He joined our division in 2004. He is a recognized educator directing the senior pediatric resident clinic and co-directing pediatric education clinics within Hamilton's Family Practice units. Currently, he is the education lead on Team 3.

Joanne Dix



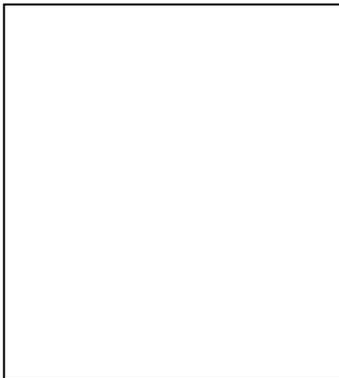
Joanne is a Clinical Nurse Specialist in pediatrics and the level 2 nursery. She graduated from Mohawk College with her nursing diploma and continued her education at McMaster University and D'Youville University in Buffalo, New York. Joanne has many years experience in the NICU and neonatal follow-up. She has a strong commitment in the medical teaching of our children in preparation for hospital discharge

Rose Francis-Clause



Rose-Francis Clause is a Pediatric Nurse Practitioner who works with medically fragile infants and children, commonly technology dependent. She obtained a Bachelor of Science in Nursing from University of Ottawa, a Masters of Health Sciences from McMaster University and an Acute Care Nurse Practitioner Diploma from University of Toronto. She is currently an assistant Clinical Professor with McMaster School of Nursing. Working with our large interdisciplinary team, her particular focus is on preparation for safe discharge home and continued support of families in the community after discharge to prevent readmission.

Jodee Naylor



Cindy Brennan



Cindy is Respiratory Therapist in Pediatrics working at McMaster for over 18 years. She Graduated from Fanshawe College and is currently in the process of obtaining her Certified Respiratory Educator (CRE) designation. She is also continuing her education at Western University in the Honors Specialization Psychology Program.

Cindy comes with over 16 years of Pediatric and Neonatal acute care experience including previous membership on the Pediatric Transport team, Code Blue and PACE teams. She joined the chronic complex team 2 years ago, coordinating care, discharge planning, including follow up in General Pediatric, ENT, and Respirology Clinics and in the community for our Respiratory Technology Dependent Children. Cindy is also involved in many aspects of teaching both with families and Health Care Professionals in the care and technology for these children.

Sharandeep Kaur



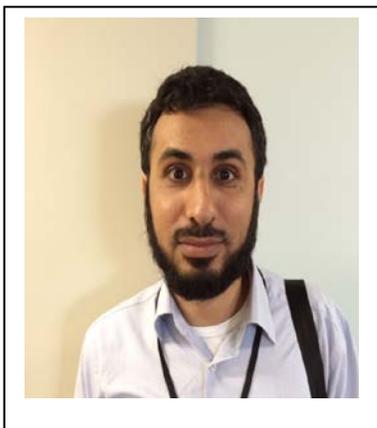
Sharandeep Kaur joined medical school in September 2001 in India and completed her pediatrics residency at Lady Hardinge Medical College, New Delhi, India from 2008 – 2011. She worked as a senior resident there from 2011 to June 2014. Dr. Kaur has now joined McMaster Children's Hospital as a Clinical fellow in the Level 2 Nursery.

Smita Roychoudhury



Smita Roychoudhury joined medical school, Calcutta National Medical College, Kolkata, India in August 2000 and pursued her residency in Pediatrics in Grant Medical college and Sir J. J. Group of Hospitals, Mumbai, India from 2007 – 2010. She has worked as a Lecturer at Wadia Maternity and Children's hospital, Mumbai, India from October 2010 until August 2011. Thereafter, she worked as a Neonatal and Pediatric Intensivist in Godrej Hospital, in Mumbai. She now has joined as a Clinical fellow in the Level 2 Nursery at McMaster Children's Hospital.

Yousef Al-Rohaimi



Yousef Al-Rohaimi received his Bachelor of Medicine and Surgery at the University of Dammam College of Medicine in Dammam, Saudi Arabia in 2005. He successfully completed his residency program in July 2006 at King Fahd University Hospital in Alkhbor, Saudi. After finishing the program he worked in a pediatric hospital as a specialist until he joined the College of Medicine in Majmaah University as an assistant professor in the pediatric department on July 1, 2013. Dr. Al-Rohaimi has now joined McMaster Children's Hospital as a Clinical Fellow in the Complex Care Unit.

3. Clinical Issues

a) Inpatients: Team 3 consists of three groups of patients.

Ward 4C is a well-baby nursery ward. All infants are >35 weeks. Our team generally follows 2-6 of these infants who have been referred to us by their family physician or midwife for a variety of issues like jaundice, heart murmurs, hypoglycemia, and minor anomalies picked up antenatally (hydronephrosis etc.)

Level 2 Nursery – This ward has 14 beds consisting of infants who require intensive care. These infants most often have multiple issues requiring subspecialist involvement. Issues include EVLBW or VLBW babies with chronic lung disease, short bowel syndrome, neurological disease (IVH, HIE), feeding issues, genetic syndromes and cardiac disease.

Chronic Complex Patients – There will be a maximum of six children on Team 3 admitted to wards 3B, 3C, or 3Y. They will have multiple system illnesses (3 or more) and are expected to be admitted for at least 2 weeks. These children are often technology and mechanically dependent patients (tracheostomy, G-tube, home oxygen, feeding pumps etc.)

b) Rounds:

A most responsible team member must write a progress note on each patient each day. A team member is responsible for keeping patient issues current on the patient list. Lab results may be accessed on computers equipped via “Meditech” or through any computer using “Citrix”.

Residents must properly document in the chart. This includes daily notes, completing details of the face sheet and timely completion of consultations and discharges. Physicians responsible for follow up of more acute concerns should be contacted by phone, as dictated notes may not be available to the receiving physician in sufficient time.

If a discharge is anticipated over the weekend, the learner should ensure that the face sheet is completed and the discharge note dictated in advance as a courtesy to the on-call person who may not be as familiar with the patient.

c) Call:

Handover occurs at 4:30 p.m. The call team consists of a senior resident, two junior residents and a clinical clerk. The senior resident will assign you patients to see as consults come in. All patients must be reviewed with the senior resident. If the senior resident is busy the cases will be reviewed with the attending. When the senior resident gets a consult they will “eyeball” the patient and write bridging orders. You should make an attempt to be with the senior during this time, as it is a good learning experience. Patient lists must be updated with new patients for the day team before morning handover. Post-call you are required to stay for teaching and are free to go home after the sessions end at 9:00 a.m.

d) Documentation/Admission Notes/Progress Notes/Orders:

Please see the “Green Book” for guidelines on this topic.

e) Patient Lists:

All team inpatients should be added to the daily Patient List. Ongoing or outstanding patient care issues should be added to the list AND relayed verbally during transfer of care, as required.

Information contained on these lists is confidential and therefore must be properly stored and carried. If the list is found off site or in non-confidential areas, you will not be permitted to carry a list.

f) Consultation Requests:

Team 3 provides consultations to NICU (Neonatal Intensive Care Unit), 4C Family Physicians, and Midwives, PCCU (Pediatric Critical Care Unit), Labour and Delivery, and General Pediatricians on Wards 3B, 3C, and 3Y. Consultations should be prioritized by illness severity. Consults after 1700h are handled by the on-call Senior Pediatric Resident (SPR) who will delegate the learners to patients. Any pending consultations and/or admissions not completed at the time of handover must be handed over to the SPR.

Each consult must contain:

- ↓ Patient's name (stamp or sticker)
- ↓ Date and time (in 2400h clock) on each page
- ↓ LEGIBLE printed name, signature, training level and pager number
- ↓ Name of staff with whom case was discussed

All resident consultations must be reviewed with a staff or fellow.

g) PACE: Pediatric Assessment of Critical Events)

PACE is the McMaster Children's Hospital Medical Emergency Consultative Team whose goal is to detect patient's clinical deterioration before leading to a Code Blue, cardiac arrest, or unplanned PCCU admission.

PACE can be activated in several ways:

- ↓ Vital sign triggers
- ↓ Healthcare provider (HCP) concern about the patient's status
- ↓ Patient or family concern if RN or other HCP cannot be located

The Team should consider PACE consultation for children who have worsening medical status who may require transfer to the ICU.

PACE team consists of the PCCU Resident (Peds 1000 pager), PACE MD, (generally one of the pediatric Intensivists or PCCU Fellow), PCCU RN with additional training, pediatric RT and PCCU on-call resident.

Activate PACE by calling paging (ext. 76443). Provide patient's ward and room location. Paging will activate the team members.

All non-emergent PACE therapies and recommendations should be discussed with the patient's most responsible team. A member of the patient's most responsible team (staff, resident, fellow) should be present during the PACE activation. If they are not, then the most responsible house staff should be paged immediately after the PACE team arrives.

h) Calling in Sick:

Please contact your staff supervisor if you cannot come in to work by paging them directly, email communication is not acceptable. Please inform the CTU director of absences > 48 hours.

i) Evaluations:

The staff are encouraged to give midway evaluations. If they have not, please ask the staff for feedback midway through your rotation. You should arrange a time to meet your staff for a final face-to-face evaluation. It is preferred that during orientation you set a time near the end of the rotation to meet to discuss the final evaluation. The staff will also do one Mini-MAS/month and one Handover MAS/month. It is your responsibility that these are completed.

j) Contacts:

Dr. Ramsay MacNay	CTU 3 Educational Lead rmacnay@gmail.com
Dr. Moyez Ladhani	CTU Director ladhanim@mcmaster.ca
Ms. Skye Levely	CTU Administrative Assistant, 3N11 levelys@mcmaster.ca
Chief Residents	macpedchiefs@mcmaster.ca

4. Allied Health Contact Numbers:

Joanne Dix	CNS	Pager 1409
Rose-Frances Clause	ACNP	Pager 1934
Jodee Naylor	RT	Pager 1042
Cindy Brennan	RT	Pager 1164
Clinical Nurse Specialist Clinical Associate		
Shari Gray	Pharmacist	Pager 1051
Aune Hjartarson	OT	Pager 1091
Julie Cornwell	OT	Pager 1555
Christine Kalata	Nutrition/Dietician	Pager 1214
Valerie Fines	Social Work	Pager 1230
Karla Schwarzer	Social Work	Pager 1112
Heidi Tigchelaar	Social Work	Pager 4179
Respiratory therapy Charge Nurse	Bed Management	

5. CTU 3 Weekly Schedule

Daily schedule for Pediatric Residents

	Monday	Tuesday	Wednesday	Thursday	Friday
7:45 am	Handover 3E26	Handover 3E26	Handover 3E26	Handover 3E26	Handover 3E26
8:00 am	Gen Peds Grand Rounds 4E20	Pediatric Resident Teaching	TEAM 3 Teaching	Grand Rounds MDCL 3020	TEAM teaching 3H40
9:00 am	See Patients	See Patients	See Patients	See Patients	See Patients
10:30 am	Rounds on L2N or Wards	Rounds on L2N or Wards	Rounds on L2N or Wards	Rounds on L2N or Wards	Rounds on L2N or Wards
12:30 am	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1:00 pm	SEE PATIENTS	SEE PATIENTS	AHD	MDR rounds	SEE PATIENTS
2:00 pm	"	"	AHD	SEE PATIENTS	"
3:00 pm	Specialty Teaching	"	AHD	Teaching Session	"
4:00 pm	Update Patient Lists	Update Patient Lists	AHD	Update Patient Lists	Update Patient Lists
4:30 pm	Handover 3E26	Handover 3E26	Handover 3E26	Handover 3E26	Handover 3E26

Attending will be at Huddle between 9:45 – 10:00

Daily schedule for Clinical Clerk on Chronic Complex Care

	Monday	Tuesday	Wednesday	Thursday	Friday
7:45 am	Handover 3E26	Handover 3E26	Handover 3E26	Handover 3E26	Handover 3E26
8:00 am	Gen Peds Grand Rounds 4E20		TEAM 3 Teaching	Grand Rounds MDCL 3020	M&M rounds**
9:00 am	See Patients	See Patients	See Patients	See Patients***	See Patients
11:00 am	"	"	MDR rounds	***	"
12:30 am	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1:00 pm	SEE PATIENTS	SEE PATIENTS	SEE PATIENTS	MDR rounds	Team 3 Teaching
2:00 pm	"	"	"	SEE PATIENTS	SEE PATIENTS
3:00 pm	Specialty Teaching	"	"	"	"
4:00 pm	Update Patient Lists	Update Patient Lists	Update Patient Lists	Update Patient Lists	Update Patient Lists
4:30 pm	Handover 3E26	Handover 3E26	Handover 3E26	Handover 3E26	Handover 3E26

** Once a month

***Once a month you are expected to attend General Pediatrics Fellowship Academic Half Day on Thursday mornings.

Daily schedule for Clinical Clerk on L2N

	Monday	Tuesday	Wednesday	Thursday	Friday
7:45 am	Handover 3E26	Handover 3E26	Handover 3E26	Handover 3E26	Handover 3E26
8:00 am	Gen Peds Grand Rounds 4E20	Pediatric Resident Teaching	TEAM 3 Teaching	Grand Rounds MDCL 3020	TEAM teaching 3H40
9:00 am	See Patients	See Patients	See Patients	See Patients***	See Patients
9:45 am	Huddle	Huddle	Huddle	Huddle***	Huddle
10:30 am	Rounds on L2N	Rounds on L2N	Rounds on L2N	Rounds on L2N***	Rounds on L2N
11:00 am			MDR rounds		
12:30 am	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1:00 pm	SEE PATIENTS	SEE PATIENTS	SEE PATIENTS	MDR rounds	Team 3 Teaching
2:00 pm	"	"	"	SEE PATIENTS	SEE PATIENTS
3:00 pm	Specialty Teaching	"	"	Teaching Session	"
4:00 pm	Update Patient Lists	Update Patient Lists	Update Patient Lists	Update Patient Lists	Update Patient Lists
4:30 pm	Handover 3E26	Handover 3E26	Handover 3E26	Handover 3E26	Handover 3E26

Attending will be at Huddle between 9:45 – 10:00

***Once a month you are expected to attend General Pediatrics Fellowship Academic half day on Thursday mornings.

Teaching Sessions

It is expected that senior residents attend organized team teaching sessions from 8:00-9:00 a.m. Monday to Thursday with other residents. Please refer to the CTU teaching schedule for locations – this will be posted online.

Tuesdays from 08:00 to 09:00h – Teaching for all learners, except the third Tuesday which is for pediatric residents only.

Monday morning from 08:00-09:00h will be the Division of General Pediatric Rounds.

Wednesday morning from 08:00-9:00h will be Team 3 teaching

Wednesday is Academic Half Day for pediatric residents.

Thursdays from 08:00-09:00h – Pediatric Grand Rounds.

Fridays from 08:00-09:00h – Bedside teaching.

Fridays from 13:00 - Team 3 teaching

Informal teaching sessions will be encouraged once per week when time permits in the afternoons for topics determined by the resident. The following medical topics are likely to be encountered on this rotation:

- Tracheostomy care (Cindy Brennan or Jodee Naylor)
- Spasticity management (Madan Roy)
- Nutrition for children with medical complexity (Helena and Lisa)
- Demystify community services for children with complex needs (Ann Rush)
- G-tube care and complications – 30 min. (Julia Pond)
- Wound care – 30 min. (Nancy Trapasso)
- Palliative care/establishment of the POST (Frank O'Toole)
- Reflux and aspiration pneumonia management
- Sialorrhea (Audrey Lim)

As the resident, please identify any of these topics plus any others you would like to discuss with your attending during the rotation. Your attending will prioritize them to be covered with your bedside teaching session. It is expected that the resident will pre-read around each topic. There will be a list of 8-10 articles of interest you will be able to get from your attending on the first day. Many will cover the issues above. Secondly, it is strongly suggested that you read and know the full Neonatal section of the “**GREEN BOOK**” (pages 84-136).

6. EXPECTATIONS OF FACULTY

Staff Weekday Handover: Staff for CTU 3 handover by phone with the on-call pediatrician at 07:45h.

Staff Weekend Handover: Staff are expected to handover in person on Ward 3C at 08:00h

Service Handover will occur on the Monday at the beginning of the 4-week rotation.

Daily Schedule for Weekdays:

Staff are expected to be in hospital from 08:00h to 17:00h

Staff attend NICU huddle at 09:45h

Staff attend or oversee rounds at 10:30h

Orientation:

All learners will receive a welcome email from the General Pediatric Administrative staff one week prior to their rotation starting.

Learners will be expected to arrive for handover at 07:45h at the start of their rotation.

The attending will meet the senior resident at 09:00h to review objectives and sign the learning contract.

This would also be an opportune time to discuss the resident's vacations, half-day, make arrangements for Mini-MAS, and set time to discuss the mid-rotation and end-rotation evaluations.

Evaluations:

CTU 3 staff are expected to do mid-rotation feedback with each learner. If there are concerns with any of the residents' performance, the evaluation must be in writing. An evaluation is available on WebEval or contact Dr. Ladhani/Shirley Ferguson, who can send you a form.

A Mini-MAS must be completed for each pediatric resident once per month.

A handover Mini-MAS will be completed for each pediatric resident once per month. The handover Mini-MAS is an observation of the evening handover by the Senior Residents. There is a provider and recipient form.

<http://www.macpeds.com/documents/Mini-MASPassportJune2014.pdf>

<http://www.macpeds.com/documents/FacultyGuidetoMini-MASJune2014.pdf>

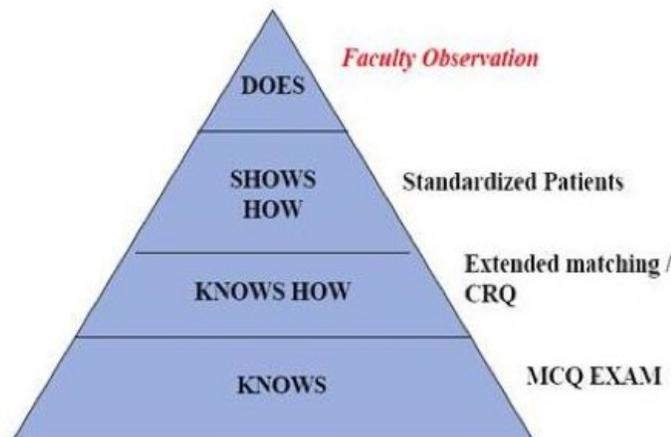
Teaching:

Bedside teaching will occur every Friday morning from 08:00h to 09:00h. This will focus on interesting clinical findings and physical exam technique. At least once per week, there should be informal teaching sessions for the resident in the afternoon where time permits. Topics should be resident driven. A list of suggested topics is listed above. In addition, a list of important articles (6-8) relevant to our patient population will be given to the resident. It is expected that they will review these articles in detail. All residents will attend teaching on Monday, Tuesday, Wednesday and Thursday mornings from 08:00h to 09:00h.

Rounding:

- It is highly recommended that rounds be conducted in a walk around fashion.
- The Senior Resident is to act as a Junior Attending with appropriate supervision.
- At minimum each patient should be seen by all learners at least once per week.

Miller's Assessment Pyramid



7. ORIENTATION CHECKLIST FOR PEDIATRIC RESIDENTS ON CTU 3

- Welcome to Pediatrics
- Review Goals and Objectives
- Responsibilities 3B, 3C, 3Y
- Review Website and Reading List
- Review contact list and pagers
- Discuss confidentiality

- Daily schedule:** refer to green book/website
- 07:45 Handover
- 08:00 Teaching – Review teaching schedule for topic and location
- 09:00 “Pre Round” – see patients, check progress overnight, review labs, etc.
- 10:30 Team rounds with staff
- 13:00-15:00 Patient care – write notes, orders, arrange investigations, follow-up labs, Multidisciplinary rounds, etc.
- 15:00-16:00 Teaching – see teaching schedule for topic and location
- 16:00 Update Team Lists for evening handover, check labs, etc.
- 16:30 Handover

- Daily progress notes**
- Outline chronic and active issues
- Full “summary note” on Thursdays, anticipating weekend coverage
- Arrange investigations as early as possible in morning, and follow results closely
- Keep “Patient Problem List” updated
- Update Team List of patients with **active** issues, management plans

- Discharge procedures**
- Complete all discharges in the morning prior to rounds if possible
- Check will staff before discharging any pediatric patient
- Write discharge orders, scripts, follow-up appointment arrangements
- Fill out “face sheet” with all possible diagnoses etc., give a copy to parents
- Dictate discharge summary, write ID# on face sheet

- Other**
- Arrange investigations as early as possible in morning and follow results closely
- Computer passwords etc. Email Skye with Citrix username to get access to patient lists
- Brief orientation to Meditech, PACS, etc.
- Show them where Team Lists are on each computer. Review www.macpeds.com and also let house staff know about the general pediatric article on line.

- Tour**
- Show each of the wards (3B, 3C, 3Y)
- White boards of patient lists
- Charts
- New forms: progress notes, orders, radiology reqs, etc.
- Discharged charts (in drawers behind desk clerk)

- Please emphasize:**
- Put contact person beside each patient with pager number – each day!
- Hand over all your patients before leaving for half-day, post-call, etc.
- Please arrive for handover on time and prepared with an updated patient list.... finish notes, dictations as necessary after handing over at 16:30h
- Dictate discharge summaries promptly – charts disappear in less than 48 hours
- Split up patients for optimal learning among the team members – assign a resident to supervise clerk patients too.

- We are all here to learn and have fun!**

8. PATIENT CARE/CHARTING

Admissions:

Write full admission orders (include MRP on call, transfer to care of Team 3 in morning. Ensure history and physical is documented on chart.

Charting:

- Admission note should include complete history & physical, assessment & plan
- Progress notes should be written daily on every patient
- all complex patients admitted to the hospital and residing in hospital for over a week should have a summary of interval progress documented every Thursday by the resident or assigned learner. This should consist of a brief update of events of the week, significant physical findings, investigation results, and care provided during the preceding week. This will facilitate the provision of care over the weekend as well as help keep the numerous sub-specialists involved with each such patient updated. Further this weekly summary will be a great help in dictating the final discharge summary.
- Off-service notes (at the end of a month/rotation) are also helpful and expected.
- All patient care meeting such as those conducted with parents or multidisciplinary meetings should be documented in the chart by the learner assigned to the case, with a summary of the discussion.

Patient Referrals:

- All referrals to sub-specialists will take place with the explicit consent and request of the attending rather than a direct referral from the resident to the sub-specialist. The referral request will specify the question for which subspecialty input is required. Parents need to be aware of the request for a subspecialty consult, especially involving Mental Health/ Adolescent Medicine. The urgency of the consult should be relayed to the sub-specialist being called. The MRP should be fully aware of the patient's details, as should the resident/ learner calling the sub-specialist.

Transferring Patients:

- When transferring patients, please verbally notify the resident on the new service (staff to staff handover should also take place independently).
- Dictate transfer summary and write a brief transfer summary in chart.

Discharging Patients:

- Dictate a discharge summary for every pediatric patient. This should include dates of admission/discharge, admission/discharge diagnosis, discharge medications, follow-up plans, brief history & physical, pertinent investigation results and summary of course in hospital.
- Complete face sheet prior to patient leaving hospital – this will be faxed to family physician's office at the time of discharge. Face sheet completion prior to discharge is the responsibility of the learner. The face sheet will be completed in detail at the time of discharge. Information on this will include salient course in hospital, diagnosis at discharge and follow-up plan.
- Complete any prescriptions, CCAC requests, and other forms prior to discharge.



9. ROLE OF THE SENIOR PEDIATRIC RESIDENT

- Primary responsibilities will include management of chronic complex patients
- Coordinate activities of own patients (test results, examining patients and discharging)
- Bring any concerns to clinical fellow or staff on service at the time. The clinical fellow will be responsible for running the daily clinical activities of the CC team. The Senior resident will report directly to the fellow all clinical issues.

Daily Schedule (See page 15)

Vacation

- Residents **CANNOT** take vacation during their 2 week rotation on CC team. If there are questions regarding this, please contact Dr. Ladhani. .

Discharge Planning

- Each morning patients ready for discharge will be discharged early by the resident if discharge criteria are met.
- Discharge planning begins at the time of admission and is an ongoing process.