

**MacPeds**  
**DAY FLOAT ROTATION OBJECTIVES**

The Royal College of Physicians and Surgeons of Canada has outlined the expectations for pediatric trainees ([http://rcpsc.medical.org/residency/certification/objectives/pediat\\_e.pdf](http://rcpsc.medical.org/residency/certification/objectives/pediat_e.pdf)). This rotation will enable residents to *integrate* many of the specific objectives achieved in previous ward and subspecialty rotations. The day-float Senior will have a unique opportunity to build communication, collaboration and management skills while providing efficient and quality care to patients.

A focus on the CanMEDS competencies will guide the resident's personal objectives and the evaluations they will receive from attending physicians. The Day Float Senior should aim to excel as a **medical expert** by applying medical knowledge, clinical skills, and a professional approach in their provision of family-centered care. As part of the 'key and enabling competencies' of a medical expert, residents will:

General Objectives:

1. **Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care**
2. Demonstrate the ability to effectively and appropriately prioritize professional duties when faced with multiple patients
3. Demonstrate compassionate and patient-centered care
4. Demonstrate effective use of all CanMEDS competencies relevant to Pediatrics

CanMEDS Roles	CanMEDS Competencies
Medical Expert	Elicits relevant, concise and accurate history Conducts thorough physical examination Undertakes relevant investigations and consultations Generates differential diagnosis Proposes initial investigative and management plans
Communicator	Gathers history from the patient or family in an efficient and compassionate manner Provides clear information to the patient and family regarding the plan Communicates with members of the medical team in a timely way
Collaborator	Consults appropriately with other physicians and health care professionals Coordinates the care of patient with other members of team Deals with conflict appropriately
Manager	Works effectively by utilizing time appropriately and prioritizing patient problems
Health Advocate	Identifies the important determinants of health affecting patients
Scholar	Develops a personal education strategy Solicits and critically appraises sources of medical information to guide treatment Participates in learning of patients and house staff Seeks and incorporates feedback
Professional	Exhibits appropriate personal and interpersonal professional behaviours Understands medico-legal and ethical issues in the care of patients Delivers quality patient-centred care with integrity and compassion Seeks help when needed Provides end-evaluation of rotation

At the beginning of the rotation, each resident must develop personal learning objectives for the two-week block. These should be recorded by the resident on their learning contract and discussed with the two attendings on CTU.

Some of the over-arching Royal College objectives of pediatric training can be specifically addressed during this rotation. Residents will be evaluated on their ability to:

- perform a complete and appropriate assessment of a patient
- perform a focused, efficient, orderly physical examination, and record this information
- accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- convey relevant information and explanations accurately to patients and families, colleagues and other professionals
- participate effectively and appropriately in an interprofessional healthcare team
- work effectively with other health professionals to prevent, negotiate, and resolve interprofessional conflict
- facilitate the learning of patients, families, students, residents, and other health professionals, as appropriate.

We hope that this rotation will be a relevant experience that consolidates previous learning and challenges residents to see their potential as consultant pediatricians.

### **DAY FLOAT ROTATION GUIDELINES**

#### **General Responsibilities:**

1. Carry pager (#1645) between 9:15 to 17:15
2. Be available to all residents and clinical clerks to answer questions and provide assistance.
3. During the hours of approximately 09:15-1230h, try to manage all ER/4C/L2N/PICU transfers or consults independently (i.e. history & physical, admission/transfer note & dictation, review with staff) to allow the CTU teams to finish inpatient rounds. However, house-staff may be asked/required to see these consults/transfers during these hours if there are either a) several consults that need to be seen in a timely manner or b) the house staff-to-inpatient ratio allows for house staff to be excused without compromising inpatient rounds.
4. After CTU rounds are complete, the resident will:
  - a. Triage ER consults first to the admitting team house-staff, then as the next option to the non-admitting team house-staff.
  - b. The residents will triage ward consults and transfers first to the admitting team house-staff, then as the next option to the non-admitting team house staff.
  - c. The resident will triage L2N transfers and 4C consults to Team 3 house-staff.
5. The day float resident will review all cases with the house-staff in a timely manner.
6. The day float resident will review the cases with the appropriate attending +/- the appropriate team's senior resident if available.
7. The day float resident will call the appropriate attending if multiple patients have been referred to ensure optimum patient care and flow. Please see outline of priorities in the "role" section below to help guide how to triage multiple consults are referred at the same time.
8. The day float resident will collaborate with the admitting team senior when patients are admitted to the CTU. If not busy the day float resident should continue to manage that patient until evening handover. Patients admitted by the day float resident that have not been transferred to the ward will remain the responsibility of the day float resident.
9. The resident may assist with the care of the patients admitted overnight to "no bed" in the ER upon collaboration with the appropriate CTU senior.
10. When not busy, the day float will collaborate with the team senior to assist with discharges or procedures.

### **Handover**

1. Ensures adequate handover to the appropriate CTU senior resident of all patients admitted to teams through the day.
2. Updates the team lists in a timely manner such that the new admissions and consults are available at handover.

### **Education**

1. Should attend all ward teaching if not busy in the ER.
2. Should attend AHD on Wednesday afternoon, as this is a protected teaching time for the day float resident. The resident is expected to return to the ward after AHD for handover and completion of the shift.
3. Provides bedside and case based teaching to learners. If there is a teaching resident available, the day float resident will collaborate with the teaching resident.

### **Call**

The day float resident will be on call 09:15-17:15.

### **Vacation**

Day float will be scheduled in the master rotational schedule, residents will have an opportunity to review and request changes to the rotational schedule before it is finalized. After the schedule is locked in if the resident chooses to take a vacation, they must find a qualified replacement.

### **Administrative**

The day float senior resident should ensure efficient workings of the consult service. They should provide back up and support to the junior learners. They should demonstrate and teach time management to the junior learners. They need to provide support and back up to the CTU seniors when not busy.

## **ROLE**

The Day Float Senior role is challenging in that multiple demands must be managed at one time, as residents facilitate patient flow throughout the hospital. Guidelines have been developed to assist residents in determining the order in which tasks should be completed.

### **In order of priority, the Admitting Senior will attend to the following:**

1. Consultations and admissions of patients from the ED
2. Direct admissions from outlying hospitals.
3. Transfer from PCCU.
4. 4C consults
5. Level 2 admissions

Other roles might include:

6. Inpatient Pediatric Consults
7. Help with procedures when the CTU senior is busy
  - This should be in a supervisory role as much as possible, to ensure junior learners have the opportunity to do procedures.
8. Bedside teaching around cases and observation of learners
  - If teams are not busy, medical students or junior learners should be assigned to the consult and the day-float Senior can supervise and review the case
9. Help with discharges

## 10. Help with subspecialty admissions.

The Day Float Senior role does NOT involve the following:

- Assuming care for inpatients on the teams. If the CTU senior is away, the Day Float resident does not assume the role of CTU senior.

### **COMMUNICATION**

The Day Float Senior will be expected to hand over each patient admitted or transferred to the appropriate ward Senior and/or staff immediately after the admission/transfer is complete.

- The Day Float Senior is to communicate with the staff member for each team at the beginning of the week to determine logistics and expectations of handover for each admitted/transferred patient.
- When time allows, all handover of admissions/transfers will be done in person with the Ward Senior/staff at the bedside to optimize senior learning opportunity. When it is busy, case presentation may be done over the phone with the senior and/or staff.
- The Day Float Senior will add the admitted/transferred patient to the respective ward team list ASAP unless communication with the ward team dictates otherwise. This is NOT to be done at the end of the day, as admitted patients need to be on the list for evening handover.
- After the Day Float Senior has handed over the patient to the team (i.e. Ward Senior or staff) and the patient is on the ward, the responsibility of that patient's care transfers to the team.

On Wednesday afternoons (resident academic half-day), the Day Float Senior should communicate any pending admissions to the appropriate team staff. These admissions should be done in a timely fashion, as would be expected from an admitting or ward senior resident. These admissions are not meant to wait in the Emergency Department until the Night Float Senior is available to see the patients.

### **EVALUATION AND FEEDBACK**

Regular feedback for Day Float Seniors should be sought from attending MDs who have dealt directly with that resident during the rotation.

- The senior should be encouraged to ask for feedback (history, physical, assessment, differential, plan and management) regarding specific patients at the time of handover to the team.
- At least 7 encounter cards must be completed during the two weeks.
- ED and subspecialty staff should also provide feedback to the Admitting senior, and should communicate with the ward staff if they have any contributions to the final evaluation.

### **RESOURCES**

The balance between expediency and safe patient care is a challenge for all pediatricians. As they develop their skills in triaging workloads and effective communication, residents are more than welcome to seek guidance from ward attending MDs. We are open to receiving your questions, concerns or feedback at any point throughout your rotation.

## Emergency Department to Pediatrics Consults/SPR Role

### CanMEDS: Manager, Scholar

The SPR will take call first call from the Emergency Department and also any internal consults. Outlined are guidelines for the SPR:

1. The residents are informed that if they do receive calls from anywhere else i.e. outside hospitals, outside physicians, outside consultants, healthcare workers, or parents, that those calls should not be accepted and should be directed back to paging or the ER.
2. After receiving the call from the Emergency Department, it is the SPRs responsibility to go down to the ED in a timely manner as outlined in the attached flow chart. If the child is ill, the SPR should deal with the situation right away and should inform their attending that there is sick child in the ED and the steps being taken. The senior resident should also be aware that the pediatric emergency physicians can also be called upon to help in such a circumstance. Some tips when receiving calls from the ER:
  - a) The SPR is to return the page to ER physician within 5 minutes. When discussing the consult, the SPR should gather at least the following information:
    - a. Consult question/reason. (Reason could be "I think he needs admission.")
    - b. Patient name, age, location, Short HPI, Stable or not, vitals, any significant PE or lab findings.
    - c. If the SPR is not given all this information, they are to ask the ER MD for this information, prior to starting the consult.
3. If the child is stable then it is the SPRs responsibility to ensure that the child is seen in a timely manner as outlined in the attached flow sheet. Please call the learner to come to the ER with you (after rounds completed).
  - i. If the child needs admission, disposition plan and bridging orders should be written for the patient within 30 minutes. Bridging orders should include all anticipated monitoring and treatment required for the consulted patient over the next two hours. The full assessment can then be completed. This can start in the emergency room but should not delay the transfer of the child to the ward. Assessments should then be completed on the ward.
  - ii. If the SPR feels the child does not need admission they should contact their staff right away, who will assist them in discharge planning and collaboration with the ER staff on this.
  - iii. In instances where urgent patient care prevents the SPR from being able to present to the ER in the timeline described above, the SPR should tell the ER MD that they will be able to come down within x minutes of time, but will be sending the JPR. If both the JPR and SPR are busy, inform the ER MD that one or both residents will be down as soon as possible. The attending physician should also be informed.

4. If at any time there is a backlog in the ED, in that many consultations are building up, or the SPR is busy in another area, there should be no hesitation in contacting the attending pediatrician to ensure that our patients are receiving prompt and quality care in the ED.
5. If the SPR feels that a referral made from the ED is inappropriate, they should contact their attending physician and discuss this with them.

### **Eyeballing patients**

Upon arrival in the ER, the SPR should:

- 1) Assess if the patient is stable or not (reviewing the patient's vitals, brief history/examination).
- 2) Review the working differential diagnosis and treatment plan thus far.
- 3) Review bridging orders.
  - a. Remember that the bridging orders are brief orders, not full admission orders.
  - b. The SPR should also write "Admit-To" orders and any additional orders that are felt to be necessary. These should include an order that "SPR is to be paged when the patient arrives on the ward."

*If possible the above three steps should be done with the JPR.*

- 4) Determine the proper location for the patient (Step down vs. ward).
- 5) Check-in with bedside nurse and review orders.
- 6) The patient should not be moved from the ER during this process.

NOTE: Please remember that the time the SPR arrives on the ER is logged. Once the SPR arrives in the ER, the SPR must identify themselves to the bedside nurse and/or the PEM. The patient is taken off the ER MD tracker, and as such they are no longer following the patient.

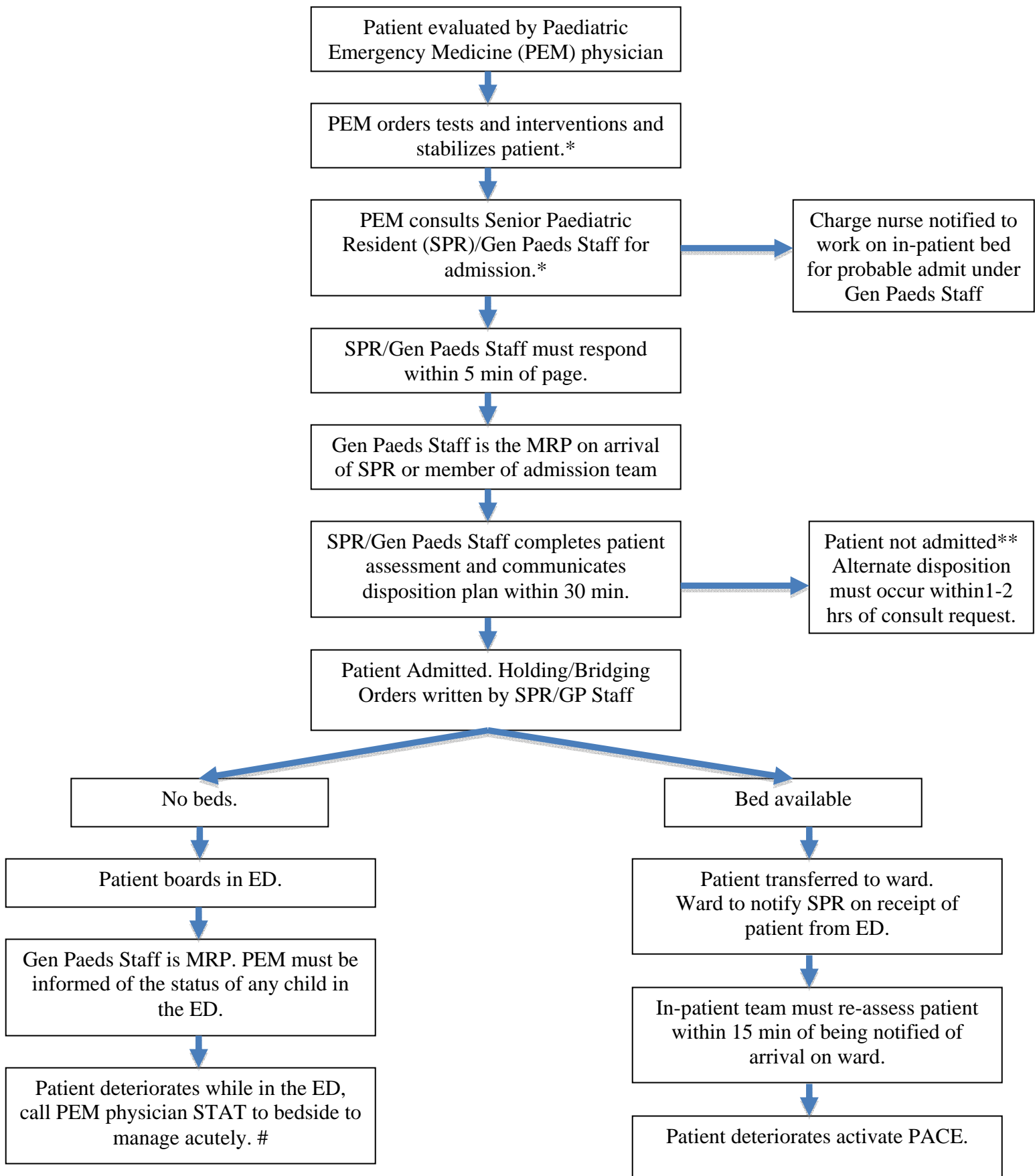
NOTE: If there is concern regarding the patient's condition, please engage the ER MD. The patient is not to be moved from the ER while this discussion is going on. If necessary, please contact the appropriate consultant attending for assistance.

Reviewing Consults with the Attending:

### **CanMEDS: Communication, Collaboration, Professional and Medical Expert**

- The SPR and attending should collaborate at the start of the day to review how the day float resident will function through the day.
- The SPR will be first call and will do a brief assessment of the referred patient.
- If the SPR feels a patient does not need an admission they will contact the attending, who will then come in to see the patient and collaborate with the ED physician if they do not feel an admission is warranted.
- If the patient needs admission, the SPR will write brief admitting orders. At which point if there is a bed the patient will go up to the ward where the full assessment and orders will be done.
- The attending is expected to review all the patients, in person, after each consult not clustered. You must contact the attending after each consult.
- The attending will determine the detail of review depending on the level of training of the SPR.
- The SPR will be reminded that if at any time they have concerns they should not hesitate to call the attending pediatrician.

## **Paediatric Emergency Patient Flow (inclusive of Consultant Response)**



\* PEM decision to admit may be made before all test results have returned.

\*\* Decision to not admit must be made and communicated by Gen Paeds Staff who has seen patient and/or discussed case with PEM.

# Request may be made by nursing staff or housestaff.