

## **Division of General Pediatrics Clerkship Elective**

### *Orientation:*

At the beginning of the rotation the student will page the team 3 resident (pager 5303) and meet them on 3C. At that time they will receive a paediatric clerkship handbook. If there are any questions or concerns page the chief residents or Dr. Latchman (pager 2555).

### *Handover:*

Handover is to take place from 0715-0745 hrs. It is therefore important to complete a succinct handover within the allotted 30 minutes.

### *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. Notes should also be written at this time.

### *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.

### *Resident Run Teaching:*

Time has been allotted for resident run teaching on Tuesday mornings 0800-0900 hrs. These will occur in MDCL 3020 and should begin promptly at 0800 hrs. The schedule for these sessions will be put out separately. These sessions will review guidelines and protocols of the CPS and the AAP.

### *Protected Teaching for Pediatric Residents:*

On Thursday morning there will be protected teaching for the pediatric residents and team 3 elective students *ONLY*, in 1A3. The rest of the team, at this time, will continue with discharge rounds and seeing patients. These sessions will include staff led case based teaching/bedside teaching, neonatal mock codes, and CANMEDS based sessions. The second Thursday of each month will be morbidity and mortality rounds and all learners should attend these.

### *Afternoon:*

Students will attend the afternoon teaching sessions which will include:  
Mondays a specialty teaching session will be held. It is the goal during this time to get various specialties to come in and teach around patients that are on the ward. Occasionally these will occur on Tuesday.  
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.

On Wednesday's, elective students will have the opportunity to participate in the paediatric half day. These sessions are protected teaching time and provide a high

quality review and discussion of pertinent paediatric diseases and issues. Only elective students participating in Team 3 electives will be allowed to attend academic half days.

On Thursday and Friday, the elective student will participate in General Pediatric clinics. These clinics are run by attendings and provide a longitudinal follow up of patients seen on call or on the ward, as well as new consults. These clinics will allow students to follow the natural course of pathology encountered in the hospital setting, providing experience with community follow up and management. These clinics are located in the 2Q area on the main floor of the hospital.