

**MacPeds**  
**JUNIOR 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 junior-float resident will have a unique opportunity to build medical expert, communication, collaboration and management skills while providing efficient and quality care to patients.

General Objectives:

1. **The objectives for the junior float block are listed in the competency based medical education (CBME) booklet.**

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. This should be kept as part of their portfolio. Your program director can help you with the objectives.

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.

**JUNIOR FLOAT ROTATION GUIDELINES**

**General Responsibilities:**

- I. Pager: Carry the junior pager between 16:30 to 07:15
    - a. The JPR on call will carry the following pagers overnight:
      - Pager 5301 (Team 1) OR Pager 5302 (Team 2) as pre-determined on the call schedule
      - Pager 5303 (Team 3 – Level 2 nursery and complex care team)
      - Pager 5304 (Heme-Onc)
- \*\*If 2 JPRs are on call at night, then pager 5303 will be assigned to one resident and 5304 to the other (it is the JPR's responsibility to receive handover from the appropriate team). Off-service residents will NOT carry 5303 or 5304

- II. Be available to the senior resident for consults.
- III. Be available to “eye ball“ consults with the senior resident.
- IV. Be able to complete a history & physical, admission/transfer note & dictation.
- V. Review all consults with the senior residents in a timely manner if the senior resident is busy should review with the faculty on call.
- VI. Be responsible for calls from the wards and respond to them in a timely manner. If concerned about a patient, inform the senior resident or faculty on call promptly.
- VII. Provide support to the off service resident and clinical clerks if required.
- VIII. For issues on the hematology/oncology (H/O) ward, the H/O faculty or fellows are available for support and the resident should not hesitate to contact them if there are any concerns. If you need to contact the HO staff or fellow:

1. Page the staff on-call through Hospital Locating (x76443)
2. If no response after 15 minutes, then page the staff on-call again via locating
3. If no response after 5 minutes, then call the staff on-call via home or cell number (locating has access to these numbers).

All admissions must be reviewed with the H/O staff on call. The SPR is available for back up at any time.

#### **Handover**

1. Ensures adequate handover to the appropriate resident.
2. Updates the team lists in a timely manner such that the new admissions and consults are available at handover.

#### **Education**

1. The resident will get teaching informally by the senior resident.
2. The senior resident will also provide the Mac at Night curriculum throughout the float block.
3. The junior resident should provide teaching to the off-service residents and clerks on call.
4. The junior resident will also provide the Mac at Night curriculum to the off-service residents and clerks if the senior resident is unable to do so..

#### **Call**

The junior float resident will be on call 16:30-07:15 plus handover.

#### **Vacation**

Junior 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 it is the resident's responsibility to find a qualified replacement if they choose to take vacation during their scheduled float.

#### **EVALUATION AND FEEDBACK**

Regular feedback for Junior Float resident should be sought from the senior who has dealt directly with that resident during the rotation.

- The junior resident 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.
- The senior must complete an encounter card evaluation for the two weeks.
- The junior resident will also be required to complete an encounter card evaluation for the senior resident.
- The junior resident should seek out opportunities to complete mini-CEX evaluations as per their CBME passport.