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**Ambulatory Pediatrics – ROTATION SPECIFIC OBJECTIVES**

**Pediatric Emergency Medicine Subspecialty Residency - University of Calgary**

**Structure**

For the 4 week rotation mandatory for emerg stream residents, a variety of clinics may be scheduled over the rotation. The list below is not comprehensive but a suggestion of clinics- a list of clinic contacts is found in a separate document (Rotation Contacts)

**CLINIC OPTIONS (not restricted to these)**

Cardiology – murmurs (eg. ACH cardiology or community clinic: Providence Cardiology <https://www.pedcardcalgary.ca> )

Neurology (general) – neuro exam

ENT clinic

Neonatal follow-up clinic

APTP clinic (ID)

Community peds (general) – well check-ups, gen peds issues; suggest 1 week maximum

ACH follow-up clinic

ACH Gynecology (Dr. Phillipa Brain)

Sports medicine (eg. Dr. Chris Lipp)

Hematology Clinic

Ophthalmology Clinic (Dr. Lisa Lagrou; currently RGH Urgent Eye Clinic not taking our fellows)

Peds Dermatology (Dr. Michele Ramien)

Allergy/ Immunology (<http://www.403allergy.ca> Dr. Hani Hadi – pediatric allergist/immunologist)

ACH Asthma Clinic, or CPAS (Community Pediatric Asthma Service)

**SPECIFIC CLINICS**

Previous fellow feedback

Asthma: great – recommend 1 or 2 days, Chris is a keen teacher and understands the objectives of the time in clinic!

Peds: limited use, not a lot of teaching and not really a ton of new learning. Perhaps useful in general if a fellow has never been to a gen peds clinic at any stage, but having been as a sr. med student was enough

ACH F/U: Teresa was great, the clinical work isn’t as important, but at least 1 clinic to understand what they can/can’t do and see and the clinic structure is useful

ENT: great medical and process learning from Dr. Brookes, he made it very easy to schedule and is great to work with, keen to teach and answer questions

Cardio: Good learning, intimidating environment, different cardiologists did different amounts of teaching, recommend general clinic days. Good for a few days

Community Pediatrics

Email a clinic and request to work with preceptors in the clinic for a 1 week rotation with your specific objectives in mind.

Neonatal follow-up Clinic

Contact: Leonora Hendson (AHS email)

We have clinics:

Wednesdays 8am-1pm

Thursdays 8am-3pm, clinic 8am-1pm, conference on patients 1-3pm Fridays (second, third, fourth Fridays of the month) 8am-3pm. Conference for Friday clinic is Tuesday mornings 8.30-10.30am.

ACH Asthma Clinic

Admin contact: [brenda.greig@ahs.ca](mailto:brenda.greig@ahs.ca)

Community Pediatric Asthma Service

A group of Certified Resp Educators who see patients in the community - they do history, assess control, spirometry, and asthma education.  Wouldn't see that many pt's in a half-day (3), but would get a bucket load of asthma education, and learn what we do "on the outside", so that perhaps advice for discharge from ER improves.

Call Terri or Kristen at (403) 943-9139 to coordinate an available clinic opportunity with a Certified Respiratory Educator.  CPAS hosts clinics all over Calgary and the Calgary Zone in private community physicians' offices and in a number of AHS facilities. Please arrange for this during your clinic days not when you are on service.  When you have a date arranged, please let Brenda Greig know so she can update the schedule.

**Objectives**

At the completion of training, the resident will have acquired the following competencies and will function effectively as:

**Medical Expert (Selected clinics – for all others, refer to specialty specific RSO documents):**

*Asthma Clinic:*

* Assessment and management of asthma patients including appropriate outpatient Asthma Action plan and administration of inhalers
* Understanding of pulmonary function testing

*Cardiology:*

* Assessment and management of:
* Murmurs
* Congestive heart failure
* Arrhythmias

*ENT*:

* Assessment and management of:
* Recurrent ear and tonsil infections
* Hearing impairment
* Rhinitis
* Snoring/ sleep apnea
* Neck masses

*General Pediatrics:*

* Assessment of common referrals to community pediatricians
* Knowledge of appropriate developmental milestones in children
* Knowledge of appropriate nutrition and growth in infants/ toddlers

*GI Clinic:*

* Assessment and management of:
* Constipation
* Chronic abdominal pain
* Allergic colitis or inflammatory bowel disease

*Gynecology:*

* Assessment and management of
* Pelvic pain
* Vaginal bleeding
* Sexually transmitted diseases
* Sexual assault

*Infectious Diseases:*

* Knowledge of antibiotic stewardship and appropriate antimicrobial choices for common acute care pediatrics infectious diseases

*Neurosurgery:*



* Knowledge of the anatomy and physiology of various shunt types
* Assessment and management of patients with suspected shunt malfunction

*Neonatal Follow-Up:*

* Recognize potential acute and chronic complications of prematurity
* Understand appropriate growth and development of neonates including special populations such as premature, brain injured, those with chronic lung disease, etc.

*Neurology:*

* Knowledge on age appropriate neurological exam
* Assessment and management of:
* Headaches
* Seizures

**Communicator:**

* Establish therapeutic relationships with patients/families
* Obtain and synthesize relevant history from patients/families/communities
* Listen effectively
* Discuss appropriate information with patients/families and the health care team

**Collaborator:**

* Consult effectively with other physicians and health care professionals
* Contribute effectively to other interdisciplinary team activities

**Leader:**

* Utilize resources effectively to balance patient care, learning needs, and outside activities
* Allocate finite health care resources wisely
* Work effectively and efficiently in a health care organization
* Utilize information technology to optimize patient care, life-long learning and other activities

**Health Advocate:**

* Identify the important determinants of health affecting patients.
* Contribute effectively to improved health of patients and communities.
* Understand various approaches to health care advocacy and policy change
* Recognize and respond to those issues where advocacy is appropriate.

**Scholar:**

* Develop, implement and monitor a personal continuing education strategy
* Critically appraise sources of medical information
* Facilitate learning of patients, medical trainees/students and other health professionals
* Contribute to development of new knowledge

**Professional:**

* Deliver highest quality care with integrity, honesty and compassion
* Exhibit appropriate personal and interpersonal professional behaviors
* Practice medicine ethically consistent with obligations of a physician