

## Accreditation Preparation!!

Accreditation will take place on **November 24<sup>th</sup>, 2022**. Please be prepared and on time to your session in Lecture Theatre D. The schedule will be distributed by email ahead of time and will be posted outside the Administrative Staff Office.

### Tips for Staff:

- Become familiar with the program, think about what various committees exist and their functions
  - RPC (residency program committee) makes major decisions about the program, evaluates all policies, procedures, rotation feedback, listens to resident concerns, approves all promotions
  - Competence committee- looks at the portfolio of each resident, including EPAs for residents in CBD, decides on promotion of the residents through the program
  - Curriculum Committee- oversees the organization, implementation and review of the academic curriculum of the Pediatrics Residency program to ensure postgraduate training meets the requirements of the Royal College of Physicians and Surgeons of Canada
  - CaRMS Committee-decides on the processes used for admission to our pediatric program and completes selection yearly
  - CBD- oversees the transition from a time based curriculum to Competency By Design
  - Wellness- plans events supporting resident and staff wellness

- Advocacy committee- to discuss and implement projects and events pertinent to our pediatric patients and their families
- How are decisions communicated to you from the RPC?
  - Monthly division meetings, this newsletter, emails, through elected resident representatives
- All of the policies and procedures for our pediatric program can be found on **One 45**, this includes the Safety policy, Fatigue Risk Management policy and others as well as the minutes of the most recent RPC meeting- go to the **handouts and links tab**.
- Think about what you would do if you have a learner who is having difficulty? What is the procedure?
  - Discuss concerns with the learner in a supportive manner. Speak with the program or assistant program director. Consider referring to the Office of Learner Well Being and Success for confidential support.
- What about professionalism concerns?
  - Discuss concerns with the learner in a supportive manner. Speak with the program or assistant program director. Document concerns in learner evaluation.
- Do you have opportunities to give and get feedback, both about the program and also about your contributions to it, through teaching etc.
  - Feedback is given about teaching on a regular basis through grouped reports, monthly division meetings give times to ask about the residency program or to raise concerns with the PD and Chair directly.
- How do we ensure adequate exposure to the full pediatric curriculum? How do we keep track of learner's exposure to various types of patients?

- All of the required competencies have been mapped to clinical experiences including rotations, AHD and other scheduled teaching sessions as well as through the SIM program and procedure days. Rotations experiences are also reviewed by the curriculum committee.
- Each resident's exposure is captured through their portfolio, which includes their EPA's, 360 evaluations, teaching evaluations and ITERs as well as relevant reflections that capture communicator and collaborator skills

## **Tips for Learners:**

- Do you have adequate support from leadership? Can you think of examples?
  - Biweekly meetings of the chief residents with assistant PD and the PD. Meetings with the PD and APD individually twice per year and with the whole group three- four times per year. Resident feedback is also a regular agenda item at RPC meetings where each PGY has elected representation
- What assessment tools are used to evaluate your learning? How is your promotion decided upon and communicated to you?
  - Regular evaluation of EPA's, ITERs, evaluation forms for dictations, clinics, teaching etc.
  - Progress is reviewed with Academic Advisors and the PD. Recommendation for promotion is made by the Competence Committee.
  - Competence Committee decisions are communicated in writing after they are ratified by the RPC

- Where do you find the Safety and Fatigue Risk Management and other Policies??
  - **One 45!!**
- Where do you get support if you have a concern with learning or professionalism?
  - You can ask your academic advisor, you can approach the PD or assistant PD, or Discipline Chair. The office of Learner Wellbeing and Success also provides confidential support to all residents.
- What are some ongoing quality improvement initiatives going on in the program?
  - Project on the changes in the 4<sup>th</sup> year curriculum to assess if they have been effective
  - Evaluations of each rotation are reviewed regularly at RPC meetings, strengths and identified areas for improvement are shared with leaders of that rotation
  - Annual academic half day survey and analysis

## **For Everyone:**

- Show up in person and on time!!
- **Be Honest**
- Don't be afraid to speak up!! There have been some fabulous changes made to our program, let's share them!!
- Talk about how changes are still being made in the program, how we evaluate them and change things again if they don't work for us!
- Talk about the strengths of our program and the areas that still need improvement

## Fatigue Risk Management

Fatigue Risk Management (FRM) is a set of ongoing fatigue prevention and mitigation practices, principles, and procedures integrated throughout all levels of the clinical and academic work environment. These are designed to monitor, ameliorate, and manage the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population they serve. FRM is a shared responsibility among all those in medical education including, institutions, educators, program directors and staff and postgraduate trainees.

This year we had a guest speaker present grand rounds about FRM in residency training. All of our residents have completed a self-learning module about strategies for FRM. The RPC has approved a FRM policy and Dr. Megan Burke has recently accepted the lead in developing a FRM plan for our program!

## Fond Farewell



We wish Dr. Jessica Nicoll and her family a fond farewell as she leaves our province and goes to the other coast of our beautiful country. We hope that she has enjoyed being a part of our Janeway Family. She will be missed!

# Competence by Design

## Focus on CBD

Our residents need **more observations** in order to obtain their milestones and EPA's. Therefore all residents should be collecting a **minimum of one** observation per day. We appreciated you taking the time to complete these evaluations!

### Focus on EPA #9 in Core

#### **Performing core pediatric procedures**

- This EPA includes determining which procedures are necessary and appropriate to the situation.
- Procedures include: accessing port-a-cath; cardiopulmonary resuscitation; chest tube; ear curettage; G-tube reinsertion; immunization (IM and subcut); intubation; IV insertion; lumbar puncture with/without injection in preschool/school age child; managing occlusion in long-term access line; nasogastric tube; nasopharyngeal swab; obtaining an EKG; phlebotomy; surfactant administration; throat swab; umbilical arterial line; umbilical venous line; urinary catheterization
- Some procedures may be observed in a simulation setting, including Pediatric Advanced Life Support (PALS) or Neonatal Resuscitation Program (NRP) and/or mock codes.
- This EPA does not include other commonly performed procedures that are present in the other stages of training (Foundations).

The **milestones** for this EPA are:

1. Obtain and document informed consent, explaining the risks and rationale for a proposed procedure
2. Gather and/or manage the availability of appropriate instruments and materials
3. Position the patient appropriately
4. Demonstrate aseptic technique: skin preparation; draping; establishing and respecting the sterile field; hand cleanse, mask, gown and glove
5. Select and provide sedation and local analgesia, as appropriate
6. Handle sharps safely
7. Perform the procedure in a skilful and safe manner
8. Monitor patient comfort and safety, and adjust the procedure as needed
9. Communicate effectively with patient and/or assistant(s) during the procedure
10. Work within personal limits, asking for assistance as needed
11. Establish and implement a plan for post-procedure care
12. Recognize and manage complications
13. Document the procedure and outcome

Each edition of J-files will be highlighting a different EPA as our residents move through the stages of training. For more information on CBD go to <https://www.royalcollege.ca/rcsite/cbd/competence-by-design-cbd-e> and for our curriculum maps and EPA's go to One 45 at <https://webeval.med.mun.ca/mun/>

## The Resident Retreat



The pediatric residents were lucky to attend our annual resident retreat on Friday, October 14<sup>th</sup> at the beautiful Dildo Boathouse Inn! Each year, this is an event where residents attend learning sessions centered around a CanMeds role, as well as participate in social and team-building events. Our theme this year was **Communication Transformation!**

Our retreat started with a session hosted by the **Newfoundland and Labrador Association of the Deaf (NLAD)**. We heard from several members of the Deaf community about their experiences with health care, and issues surrounding accessibility in health care. They spoke about how we can be better advocates for our Deaf and Hard of Hearing patients, and how we can integrate communication through sign language more seamlessly in our practice. They also shared some touching videos featuring the NL Deaf Choir!

Our next talk came from the **Association for New Canadians**. Here, we engaged in some great conversation as a residency group about our personal values, goals and culture. We learned about Anti-Racism, cross-cultural communication, cultural intelligence as well as some reflections on identity and community. We were eager to learn some theory behind cultural competency and how we can use this knowledge to communicate with our patients who are newcomers to our beautiful province.

Of course no retreat is complete without good food! We headed to the **Dildo Brewery** where we enjoyed live music, great food and local craft brews! Unfortunately, we did not see Jimmy Kimmel there, though the Hollywood



“Dildo” sign still stands. We then spent the night bonding over early-2000s pop tunes (we are millennials and Gen-Z’ers, after all) and learned that our new PGY1s can really hold their own on the karaoke front. Chief DJ Jilly Mac also reminded us that there is no better rapper in the Discipline of Pediatrics.

Saturday morning featured breakfast served by our PGY2s! Over treats and coffee, we heard from **MD financial** who were sponsors of this year’s retreat. We discussed financial topics such as debt repayment, investing, TFSA’s and RRSPs.



We ended our retreat with something a little different! Local improvisation comics Sarah and Jana drove to Dildo to host an **improv communication workshop** with us. Improvisational comedy is focused on empathy, supporting your teammates, quick thinking, and cooperation. You can read more on the role of Improv in Medicine from

the AAMC [here!](#) We had a lot of fun being silly and working together to create stories and scenes. Look out, Whose Line Is It Anyway!

We are very thankful to the Faculty for allowing us this time to work on our communication skills and bond as a group. Both the ANC and the NLAD graciously volunteered their time, but thanks to our faculty funding, we were able to make generous donations to these excellent community resources. We can’t wait for next year’s retreat!

- Abi, Connor, Jessa, Joanna, Michelle, Sara & Sophia (PGY2s)