

# **Clinical Responsibilities and Rotations**

## **INTRODUCTION**

The Department of Pediatrics, Faculty of Medicine, Mansoura University trains 36 categorical pediatric residents in a three-year Pediatrics residency program. In the course of their three year program, while caring for and learning about children who range from the smallest newborn to the preadolescent, our residents receive balanced and comprehensive training in primary, subspecialty and critical care pediatrics.

## **PERIOD OF RESIDENCY TRAINING**

Period of residency training is a minimum of 3 years starting from the day of enrollment in the clinical rotations not including the period spent in military service for male nor that of post partum for female. The vacations covering the master degree examination for pediatrics (first and second parts) as well as the summer holiday, (1 week) for R2 and R3 residents, are included within the 3 year residency period.

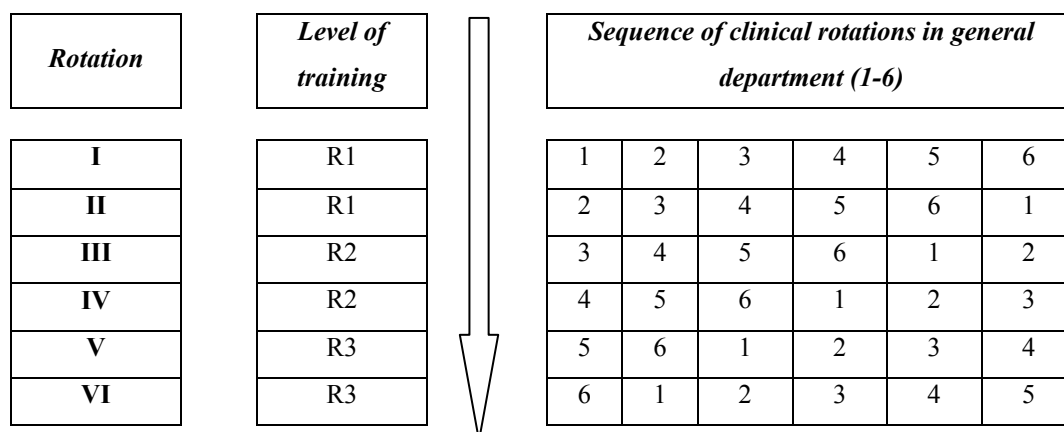
## **CLINICAL ROTATIONS**

A carefully planned program of clinical rotations provides resident with a comprehensive clinical experience in general pediatrics and an introduction to various pediatric subspecialties. Residents take on increasing responsibilities in patient care throughout their three years. Because peer interchange is a very important component of the learning process, the program is designed so as to recruit and retain a sufficient number of qualified residents to fulfill the need for peer interaction

among those training in pediatrics. At each level of training, a minimum of 10 residents are available to provide appropriate peer interaction including frequent and meaningful discussion during all phases of the training program. Residents are supervised by teaching staff in a way that will allow them to assume progressively increasing responsibilities for patient care according to their level of training, their ability and, their experience. Residency training is a full-time responsibility throughout the whole period of training with night duties not less than twice in week. Residents are taught that their obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week. The residents should not be relieved of duty until the proper care and welfare of the patients have been ensured.

**I. GENERAL PEDIATRICS (21 months)**

In keeping with commitment to general pediatrics, a minimum of 21 months of clinical training are devoted to inpatient and outpatient experience, and emergency and acute illness experience. This is attained through six clinical block rotations in general departments (1- 6) each lasting 15-16 weeks on average. The sequence of enrollment in these departments is determined according to the entry department in the first clinical rotation on in enrolment in the training program as follows:



**A) INPATIENT EXPERIENCE**

The inpatient care experience is designed to develop resident competency in managing patients admitted through outpatient clinics and emergency departments with diverse illnesses of such complexity and severity as to require in-hospital care but not care in a critical care unit. This is achieved most effectively through the six block rotations as follows:

1. Daily patient care: From 9 a.m. to 2 p.m., with a minimum of 4 days/week inpatient experience not including the times spent in emergency, outpatient clinics and week ends.
2. Night shifts and duties: With increasing level of training, resident will take on increasing responsibility as well as decreasing number of night shifts/week in inpatient general departments as follows.

<i>Training level</i>	<i>Number of shifts /week</i>	<i>Number of shifts /month</i>	<i>Inpatient night duties (days)</i>
R1	4-3	16	- Day of care in emergency. - Day of care prior to outpatient clinic service. - Day of care prior to emergency service. - Extra day for emergency training in 1 <sup>st</sup> rotation.
R2	3	13	- Day of care in emergency. - Day of care following the outpatient clinic service. - Day of care following the emergency service
R3	2	9	- Day of care in emergency. - Day of the outpatient clinic service.

The inpatient experience enable residents to develop:

- An understanding of which patients require in-hospital care and why, including medical and environmental considerations.
- Skills in determining which patients can be managed in a general inpatient setting and which require higher levels of care and expertise in a critical care unit.

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- Skills and competence in the evaluation, diagnosis, management of pediatric patients in the hospital setting.
- Skills in working with organized inpatient health care team including nursing and discharge planning.
- Skills in the appropriate utilization of consultants and selection of studies in the care of pediatric patients in the hospital setting.
- Opportunity for independent evaluation and development of a differential diagnosis, planning diagnostic studies, formulating and implementing therapeutic options, and planning for discharge of patients under their care.

### **B) OUTPATIENT CLINIC EXPERIENCE**

Residents have outpatient clinic one day per week with an average of 10 days per rotation constituting a total of 60 days (2 months) throughout the whole period of residency. The clinical service in outpatient clinic cover patients care from 9 am to 2 pm. All residents of various training levels are involved as scheduled below, with a minimum of two residents per clinic/day

Department	Clinic day	<i>0-5<sup>th</sup> w</i>	<i>6<sup>th</sup>-10<sup>th</sup> w</i>	<i>11<sup>th</sup>-15<sup>th</sup> w</i>
		Resident training level		
1	Saturday	R3, R1	R2, R1	R3, R2
2	Sunday	R3, R1	R2, R1	R3, R2
3	Monday	R3, R1	R2, R1	R3, R2
4	Tuesday	R3, R1	R2, R1	R3, R2
5	Wednesday	R3, R1	R2, R1	R3, R2
6	Thursday	R3, R1	R2, R1	R3, R2

The outpatient experience gives residents the opportunity to develop and understand the nature of general pediatric care including physical growth and development, health promotion and diagnosis and management of chronic and acute medical conditions. Patients initially

managed in emergency department and inpatient service are enrolled for follow up in outpatient clinics if indicated.

### **C) EMERGENCY EXPERIENCE**

The emergency experience enables residents to develop competence in managing unselected and unscheduled patients with acute illnesses of varying degrees of severity, from very minor to life-threatening. Residents with different levels of training (R1, R2, R3) are involved in the patient care in emergency department throughout a 24 hour responsibility. The 3 residents of each of the six general departments are involved one/week as scheduled below.

<i>Level Training</i>	<i>Shift</i>	<i>Hours/week</i>	<i>Rotations</i>		<i>Total time (hours)</i>
			<i>Number</i>	<i>weeks</i>	
<b>R1</b>	9 am to 3 pm	16	2	30	480
	11 pm to 9 am				
<b>R2</b>	3 pm to 7 pm	4	2	30	120
<b>R3</b>	7 pm to 11 pm	4	2	30	120
<b>Three years</b>					<b>720 hours</b>

The training experience spent in emergency department constitutes a total of 720 hours (one month) throughout the three years of the training period.

- The resident has to develop experience in development of *skills* in the following:

- Evaluation and care of patients with acute illnesses of varying degrees of severity.
- Resuscitation, stabilization, and triage of patients after initial evaluation.

- Interaction with other professionals involved in emergency care in emergency department including, specialists in surgery, radiology and relevant pediatric subspecialties.
  - The resident has to develop experience in diagnosis and management of the following *disorders*.
    - Acute major and minor medical problems as (respiratory infection, failure, cardiopulmonary arrest, SIDS, dehydration, coma, seizures, asthma, acute hemolysis, shock, and fever.
    - Acute surgical problems such as appendicitis, bowel obstruction, foreign body inhalation and ingestion.
    - Poisonings and drugs intoxication.
    - Admission planning including communication with senior staff members.

## **II. PEDIATRIC SUBSPECIALITIES**

### **A) SUBSPECIALTY EXPERIENCES**

Education in the various subspecialties of pediatrics is a vital part of our residency training program of general pediatricians. Through longitudinal experiences in general inpatient, emergency and outpatient settings, residents are exposed to the specialized knowledge and management policies of the major pediatric subspecialties. In each of the subspecialty units, with an adequate number, variety, and complexity of patients, residents are provided with an appropriately broad experience in the diagnosis and management of patients in different subspecialties. Our subspecialties include: Allergy & Immunology; Cardiology; Endocrinology & Diabetes; Gastroenterology & Hepatology; Genetics; Hematology & Oncology; Infectious disease & Nutrition; Intensive Care; Neonatology; Nephrology and Neurology.

Outpatient experiences are integrated into all subspecialty rotations to provide an opportunity for residents to develop skills needed to manage patients with complex illnesses in a primary care practice. In the setting of outpatient subspecialty clinics with appropriate supervision by a subspecialist, the resident functions as the physician of first contact. Moreover, the resident is given appropriate patient care responsibilities with an opportunity to evaluate and formulate management plans for subspecialty patients in inpatient hospital setting. Subspecialty staff members are directly involved in the supervision of residents and readily available for consultation on a continuing basis. The knowledge and clinical & technical skill that acquired within each rotation enable the resident to recognize and manage various medical problems in the field of each subspecialty; detailed descriptions for each are outlined in the instructional objectives.

## **B) SUBSPECIALTY CLINICAL ROTATIONS**

Throughout 3 years period of residency resident has to rotate along 11 subspecialty units, each of 15 weeks. Three residents with different training levels (R1-R3) are involved in each rotation. The residents attend a minimum of 10 outpatient clinics and an average of 35 night shift per clinical rotation in each subspecialty. While rotating in the following six subspecialties namely: Cardiology; Endocrinology & Diabetes; Infectious disease & Nutrition; Gastroenterology & Hepatology; Genetics; Allergy and Immunology (21 months), resident are provided with inpatient, outpatient and emergency experiences in departments 1 – 6 of general pediatrics respectively. In Hematology & Oncology; Intensive Care; Neonatology; Nephrology and Neurology clinical rotations (15 months) resident's training and experiences are completely devoted to these subspecialties. There is a particular sequence of rotations in different

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subspecialties that is determined primarily by the first clinical rotation to which the resident is going to be enrolled in as follows:

