

PEDIATRIC HOSPITAL MEDICINE **CTU TRIAGE RESIDENT OBJECTIVES**

Medical Staff:	CTU attending physicians
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PREAMBLE:

The Clinical Teaching Unit – Triage (CTU-Triage) Rotation is designed to supplement skills and knowledge acquired on other rotations, including but not limited to: general pediatrics rotations, NICU, PICU and ER. This rotation will allow flexibility for specific skills/knowledge the residents' wish to acquire and/or consolidate.

1. The resident on CTU-Triage will help expedite day-time admissions (from ER or direct to the ward).
2. The CTU-Triage resident may provide added care to complex/unstable in-patients when the regular CTU team members are unable to do so in a timely manner (e.g. when they are otherwise busy with formal staff team rounds, or occupied with other sick patients and/or admissions and discharges).
3. The CTU-Triage resident *may* also help cover for an absent CTU resident, and provide teaching to team members as needed.
4. The CTU-Triage resident will start the day at 9am each weekday, coordinating with the CTU senior resident on triage upon their arrival for the start of their shift and take calls for new consults until evening handover is complete.
 - a. The CTU Triage will be scheduled for triage each weekday of the rotation.
 - b. The CTU preceptors will review any admissions/discharges/patient care decisions with the CTU-Triage, and at the end (preferably also at the mid-point) of the rotation will provide feedback and evaluation on, but not limited to: teaching skills, diagnosis and management of hospitalized children, with an emphasis on history and physical examination, problem solving, communication, collaboration and procedural skills.
 - c. The CTU-Triage resident will not have weekday post-call days.



ROTATION SPECIFIC OBJECTIVES:

Role	Key Competencies
Medical expert / clinical decision maker	The CTU-Triage resident will continue to demonstrate knowledge concerning: • Fluid and electrolyte requirements in the normal and abnormal state • Nutritional requirements in infancy, childhood and adolescence • Effect of disease on nutritional requirements • Effect of hospitalization on children and their families • Effect of growth and developmental stage on the presentation, treatment and outcome on common acute illnesses in children The CTU-Triage resident will be able to demonstrate the following skills: • Comprehensive and anticipatory continuing care of hospitalized patients • History and physical examination at the level of a transitioning senior resident (complex, multisystem issues) • Recognize and stabilize a critically ill child And continue to demonstrate the following technical / procedural skills • Intravenous access and blood drawing (where applicable) • Lumbar puncture CTU-Triage resident, using the relevant knowledge, skills and attitudes, will be able to assess, diagnose, and manage the following fundamental problems at the level of a transitioning senior resident: • Respiratory distress (e.g. asthma, bronchiolitis, pneumonia) • Seizures • Child maltreatment • Fever / sepsis • Dehydration / electrolyte imbalance • Care of the child with complex medical needs • Common infections (in the immunocompetent and immunocompromised host) • Growth faltering • DKA and acute complications of diabetes • Overdose and ingestions • Acute pain • Acute adolescent health issues • Functional neurological complaints • New/undifferentiated presentations of hematologic, oncologic, neurologic, renal, rheumatologic, pulmonary and gastrointestinal disorders
Communicator	• Must be able to perform a general pediatric consultation and



	concisely record the findings in written or dictated form • Must communicate effectively with patients / parents so as to deal with all concerns during a hospital admission • Must communicate in a timely fashion with other residents, staff, and most responsible physician regarding concerns, questions and management plans • Must present cases for consultation or admission to the consulting staff in an organized manner that summarizes the relevant history, physical findings and results of investigations including pertinent positives and negatives, and includes a working diagnosis, differential, and comprehensive management plan.
Collaborator	• Must work collaboratively with the bed manager and the attending physicians for the CTU and non-teaching PHM services to ensure patients are assigned to the most appropriate services • Must be able to work effectively and respectfully with other members of the multidisciplinary team
Leader	• Must be able to work efficiently and prioritize multiple competing consultations, including consideration of patient acuity as well as system pressures • Must be able to supervise and delegate responsibility for patient admissions to other CTU team learners to balance the number of competing priorities being addressed by one learner at a time • Must be able to anticipate needs of hospitalized patients in order to provide comprehensive and timely continuing care of all patients on the CTU
Health advocate	• Must be able to advocate for individual patients requiring diagnostic procedures, consultation, surgery, home care, and health-promoting resources
Scholar	• Must be able to critically appraise the literature and use an evidence based approach where possible in diagnosing, and managing patients • Must be able to effectively teach junior housestaff regarding the diagnosis, and management of hospitalized children
Professional	• Must act in an honest, compassionate, and ethical fashion • Must be present and timely in their assessments of patients • Must respond to pages promptly • Must recognize self-limitations and act upon them to optimize patient care.

EPAs mapped to the CTU Triage Rotation (depending on stage of training)

Foundations 5	Assessing, diagnosing, and managing patients with common pediatric problems
Core 3	Assessing patients with medical and/or psychosocial complexity
Core 4	Diagnosing and managing pediatric patients
Core 6	Assessing and managing patients with mental health issues
Core 11	Coordinating transitions of care for patients with medical or psychosocial complexity
Transition to Practice 1	Leading a general pediatric inpatient service

Optional EPAs (depending on stage of training)

Core 8	Recognizing and managing suspected child maltreatment and/or neglect
Core 9	Performing core pediatric procedures
Core 10	Leading discussions with patients, families and/or other health care professionals in emotionally charged situations
Core 14	Providing teaching and feedback