



CRITERIA FOR INDEPENDENT SENIOR IN- HOSPITAL CALL

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BACKGROUND

Senior resident overnight call carries several significant roles and responsibilities including resuscitation of newborns, assessment and admission of pediatric patients from the KGH Emergency Department, delegation of tasks to junior residents, and the management of unexpected issues that may arise in already admitted patients on the ward, in the PCCU, and the NICU.

The RPC Competence Committee is tasked with assessing resident readiness and ability to transition to Senior Call and to decide when a resident is ready to perform independent (un-buddied) overnight call.

In this document, the *Buddy* is the Senior resident and the *Transitioning Senior Resident*, is the resident who has not yet been given the responsibility of independent overnight call.

Requirements for Successful Transition

To begin the transitioning process to independent senior overnight On-Call the Transitioning Senior Resident must have successfully completed 2 of the following 3 rotations: Ward Senior, NICU Senior, PICU (CHEO).

To be allowed to take independent overnight senior call, the following criteria must be met:

1. The Transitioning Senior Resident must have successfully achieved the following EPAs:
 - a. F1 – Assessment and diagnosis of common acute problems of children/adolescents.
 - b. F2 – Assessment of children/adolescents with chronic problems and/or multiple comorbidities.
 - c. F4 – Resuscitation and initial stabilization of neonates.
 - d. F6 – Recognize deteriorating or unstable patients and initiate stabilization and management.

2. The Transitioning Senior Resident must be able to perform the following diagnostic and management procedures for pediatric patients:
 - a. lumbar puncture,
 - b. bag-mask ventilation,
 - c. NG tube insertion,
 - d. umbilical venous catheterization,
 - e. intraosseous insertion (may be demonstrated in simulation),
 - f. needle decompression of the chest (may be demonstrated in simulation).

3. The Transitioning Senior Resident must obtain enough feedback and assessment to inform the Competence Committee's decision to allow independent overnight call. Therefore, the Transitioning Senior Resident must obtain a *minimum* of:
 - a. One Multi-Source Feedback form per call shift.
 - b. One Buddy Call assessment form per call shift.
 - Use the EPA C1 Buddy Call Rubric on Elentra
 - These can be filled out by either the staff pediatrician / neonatologist or a Buddy Senior Resident who is at least one PGY level above the Transitioning Senior Resident; however, at least half must be completed by supervising on-call staff and at least 3 different staff must be represented.
 - c. Demonstrate ongoing updating of a procedure log.

Forms can be found here:

https://meds.queensu.ca/central/community/pgme_pediatrics:rotationsassessmentevaluation/printable_epa_forms

The Competence Committee will review the assessments and decide if the Transitioning Senior Resident can be un-buddied. If areas of weakness are identified and the committee does not think that the Transitioning Senior Resident is ready to be independent, specific feedback and a plan for improvement will be given to the resident in a timely manner.

Expectations of the On-Call *Buddy* and *Transitioning Senior*

The *Buddy* is the most senior pediatrics resident in house during the call shift. Usually, the *Buddy* is scheduled in place of the NICU junior resident. While the *Transitioning Senior* is meant to take on the role of the senior, the *Buddy* must be aware of all acutely unwell patients in the hospital including upcoming admissions and emergency room consultations.

The *Transitioning Senior* should be acting in the role of the senior pediatrics resident in house. That is, discussing patient issues with the attending staff as necessary and attending deliveries as required. The *Transitioning Senior*, however, should also be regularly updating the *Buddy* to ensure that the responsible senior resident in house is aware of all acutely unwell pediatric patients. The *Buddy* should assist the *Transitioning Senior* in assessment and management of critically ill patients.