



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

Paediatric Clerkship

MDCN 508

UNDERGRADUATE MEDICAL EDUCATION
Class of 2022
2021 - 2022 Academic Year

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First Day of Your Paediatrics Sub-Rotation?

Start Here: click your link below.

[ACH – CTU](#)

[ACH – Cardiology](#)

[ACH – Emergency Department](#)

[ACH – Endocrinology](#)

[ACH – Gastroenterology](#)

[ACH – Infectious Disease](#)

[ACH – Nephrology](#)

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[ACH – Rheumatology](#)

[Community Paediatrics](#)

[Medicine Hat](#)

[Lethbridge](#)

[Red Deer](#)

[Neonatology \(NICU\) – Alberta Children’s Hospital](#)

[Neonatology \(NICU\) – Foothills Medical Centre](#)

[Neonatology \(NICU\) – Peter Lougheed Centre](#)

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Welcome to Paediatrics!

We hope you will enjoy your rotation with us and that you will use the new skills and knowledge you acquire in whatever area of medicine you plan to focus your career. The faculty and house staff in Calgary, Okotoks, Red Deer, Lethbridge and Medicine Hat are excited about helping you to have a challenging, stimulating and worthwhile experience.

This core document is formatted in the following way:

- [One page of essential information](#) (please read this)
- A page (or two) for [each sub-rotation](#) (only read the [sub-rotations that apply to you](#))
- Appendices with [learning resources and helpful tips](#) about paediatrics (read if you want)

We, along with our Administrative Coordinators, are available to you at all times. We are committed to providing you with an outstanding educational experience. Please contact us with any questions, concerns or suggestions for improvement – we welcome your feedback!

Enjoy your rotation!

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Clerkship Director, Department of Paediatrics

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Essential Things to Know About Your Paediatric Clerkship

Objectives & Resources

1. Please refer to our [objectives and resources](#) pages. www.pupdoc.ca/en/canuc-paeds has additional resources.
2. Other learning resources (textbooks, internet sites, helpful hints, etc.) can be [found later in this document](#).

Schedules

1. Schedules for ACH CTU, ACH Emergency Department, PLC CTU and FMC NICU will be posted to [OSLER](#).

Mandatory Components

1. You must bring your [passport](#) to the final examination. All items are recommended to be signed but not required.
2. You need to have ONE completed assessment on [One45](#) for each sub-rotation PLC CTU requires two – one for each week). As each sub-rotation completes ITERs differently, please check your [sub-rotation's information page](#) for further directions.

NICU

1. Before day 1 in the NICU please complete the learning modules about hand hygiene (Hand Hygiene Interactive Module) and infection prevention and control (Infection Prevention and Control: Personal Protective Equipment and You). See how to access the learning modules in your [NICU sub-rotation section](#).
2. You are expected to wear scrubs in the NICU.

Examinations

1. You must do the on-line [formative examination](#) during weeks 1 & 2 in your four week block (If you do not complete this examination, you will NOT be allowed to write the summative examination when you have completed both the four week and two week blocks).
2. Please see the examination schedule that the UME distributes to find out the time of your summative examination.
3. You are expected to attend clinical duties on the Friday afternoon after the summative examination.
4. You will be excused from clinical duties at 21:00 the night before the summative examination.

Absences

1. Read our [absence policy](#) and see below for a quick outline.
2. If you have to leave work unexpectedly, talk to your preceptor and anyone else at your sub-rotation that needs to know you'll be absent before you leave (see [Absences – I'm Sick, What Do I Do?](#))
3. If you are attending Course 8, let your preceptor know at the beginning of the week. If you are post-call, you are excused from Course 8.
4. If you are sick, enter on OSLER, email Yuan Burton UME program coordinator (peds@ucalgary.ca) AND Henry Teng (Henry.Teng@ahs.ca) AND your preceptor (see [Absences – I'm Sick, What Do I Do?](#)). Please also refer to the [specific rotation page](#) in this core document to find out site specific instructions for absences. You may need to notify additional people.

Last Weekend of a Block

1. You MAY be scheduled to be on call the last weekend of the rotation (after the final exam). Do NOT make any plans for this weekend until you know your schedule.

Alberta Children's Hospital CTU

Where Do I Go on the First Day of the Sub-Rotation?

Please meet at 8:00 am at your respective team room (Red team is on unit 2, Green team on unit 3, Gold team on unit 4). You will be oriented to the location of these rooms and the CTU in general by reviewing the orientation podcast.

BEFORE THE ROTATION STARTS: Please review the podcast per below. You will find the orientation podcast on the Paeds course page in Osler under the title "Orientation to ACH CTU Rotation Podcast":

<https://osler.ucalgary.ca/courses?id=652>. Also, please read the [Expectations for Clerks on CTU Sub-Rotations document in the Appendix](#). Please note there is no in person orientation.

If you are scheduled for **nights** on the first week of your ACH CTU sub-rotation – many clerks ask "Is my first shift on Monday night or on Sunday night?" The answer is **Week 1 Clerks** start night shift on the Monday Night. **All other clerks** start on the Sunday night – [see below](#) on where to report for your first overnight call shift. Please note there is no in-person orientation. Please review the podcast as above. You will find the orientation podcast on the Paeds course page in Osler under the title [Orientation to ACH CTU Rotation Podcast](#).

If you are scheduled for the **admitting week**, come to the unit 4 team room (on unit 4 at ACH, on right side of hallway, before you arrive at unit clerk's desk) at 3:00 pm on Monday of your week. Then page the attending physician (pager number 05254) to let them know that you are there. Please review the orientation podcast prior to the rotation.

Orientation to Admitting Podcast ACH CTU <https://osler.ucalgary.ca/courses?id=697>.

There are 50 half lockers installed in Corridor AO-400 (basement level), please bring your own lock.

Important Contact Information

Subrotation Administrator: Tammy Fournier Tammy.Fournier@ahs.ca

Important pager numbers: Senior On-Call Resident/Admitting Physician – 05254

Red Team Attending – 14001 Green Team Attending – 01652 Gold Team Attending – 14003

Daily Schedule

The general daily CTU schedule is as below. A more detailed CTU calendar indicating rounds and scheduled teaching sessions for each week will be provided each week in the CTU team rooms.

TIME	EVENT	LOCATION
08:00 – 08:30	Handover	Team Rooms (Red Unit 2, Green Unit 3, Gold Unit 4)
08:30 – 09:30	Pre-round assessments	ward/unit
09:30 – 12:00	Bedside ward rounds	ward/unit
12:30 – 13:30	Lunch/Teaching sessions	TBA
13:30 – 16:30	Ward work	ward/unit
1630	Team update/List update	Team rooms/ward/unit
1700	Evening handover	Unit 4 Team Room (clerks need not attend)

Paediatric Grand Rounds:

Wednesday 8:30 – 9:30 via Zoom (registration needed if you do not get a link please email henry.teng@ahs.ca)

Resident Rounds:

Friday 07:30 – 08:00 conference room 8/9/10

Clinical Clerk Course 8:

TBD, UME will update you on Course 8 schedule

Night Call

- Please report to the ACH Unit 4 team room at 21:00 and page the Senior Resident on pager #05254 upon arrival.
- The week of night call shifts will consist of 5 consecutive nights Sunday – Thursday from 21:00 – 07:00 (except for week 1 of the block when night call starts on the Monday).
- Your main role during the night call will be to admit patients. There will also be opportunity to assess ward patients and follow-up on patients that have been previously admitted.
- Please arrange to meet with your Senior Resident on the Thursday of your night call week to get feedback about your night call.

Weekend Call

- You will be scheduled for a 12 hour call shift on either Saturday or Sunday from 08:00 – 20:00. Please refer to the on call schedule.
- **Weekend handover occurs in each teams' respective team room i.e. Red Team Unit 2 Team Room, Green Team Unit 3 Team Room and Gold Team Unit 4 Team Room.**

Float Call

- You will also do **2 - 3 FLOAT CALL** shifts during your two weeks of daytime teams
- Float call shifts are from 17:00 – 20:00. Please page the Senior Resident (pg # 05254) at 2 pm the day of your float shift so that afternoon admissions can be assigned to you as the float shift clerk. This allows for those who are scheduled to be done at 5 pm to get home in a timely manner. Admissions will be prioritized to the “admitting clerk” and so if there are no admissions assigned to you please use this as study time. The following are recommended activities that you can do during this study time:
 - Review the [canuc-paeds](#) objectives and [cards](#) (please see [resource section](#) of this core doc)
 - Examine patients with interesting clinical findings from the team list – ask permission from the senior resident and the patient/parent first
 - Review the chart of a patient on the teams list with an interesting clinical presentation or NYD diagnosis
 - Talk to Junior and Senior residents and paediatrics staff about cases you admitted

Admitting Clerk Week

This clerk is scheduled from Monday to Thursday at ACH from 3:00 pm until 10:00 pm and Friday and Saturday nights from 8:00 pm- 8:00 am **(7 days in a row)**. Please page the senior resident (pager #05254) at 3:00 pm when you arrive for this shift. The admitting clerk is responsible for new admissions (these will be prioritized to the admitting clerk). These admissions will be reviewed with the Senior Resident and/or Staff Paediatrician. Please review the [Admitting Clerk Orientation Podcast](#) and Video Tour prior to starting this rotation. Feedback for this rotation will be done on a daily basis, by your preceptor and/or senior resident. If you are doing this admitting week as part of your PLC rotation, your PLC preceptors will be responsible for the final [One45](#) evaluation.

Assessment - How To Get Your ITER

Your final CTU evaluation will be comprised of feedback from your weeks of daytime teams and night team call. Please arrange to sit down with your Senior Resident on the Thursday of your night call week to get feedback about your night calls.

During your CTU orientation you will be provided with a detailed EVALUATION TABLE that will have specific details about who will do your evaluation and when. These evaluation tables are also posted in all the CTU team rooms. During week 3 of your sub-rotation please contact your [One45](#) evaluator and arrange for [One45](#) email to that evaluator as well as a time to meet and complete the final evaluation.

Absences – I’m Sick, What Next?

If you’re sick, make sure you contact your Team Leader (senior resident or attending) as soon as possible. If you are scheduled for **CALL** please contact the Senior Resident (pg # 05254) during the day so that the teams can make any necessary adjustments for “on call” as needed. Also, please review [our absence guidelines](#) for additional steps.

Flex Days

If you would like to take a flex day during your ACH CTU rotation, you **MUST** submit your request in Osler for approval at least 4 weeks prior to your start date. Requests submitted after that time may not be considered.

Other Information

Computer login information:

IMPAX/SCM – each clerk/resident should have their own login and password

Computers in the team rooms are **priority usage for those on teams for team patient related issues**.

Reviewed by Dr. Renee Jackson – June 2020

Alberta Children's Hospital – Cardiology

Where Do I Go on the First Day of the Sub-Rotation?

Please meet Dr. Lindsay Mills in clinic at the Cardiology Clinic on the 3rd floor of ACH for orientation/expectations at 08:00.

Important Contact Information

Subrotation Administrator: Stefannie Augustyn at Stefannie.Augustyn@ahs.ca or 403-955-2782

Subrotation Lead: Dr. Lindsay Mills at Lindsay.Mills@ahs.ca

Please contact the Subrotation Administrator for your rotation inquiries.

Call

N/A

Assessment - How To Get Your ITER

Please consult with your primary preceptor to ensure you distribute your ITER to the correct preceptor.

Absences – I'm Sick, What Next?

Please notify everyone at the Cardiology site that needs to know you are absent (your preceptor, Dr. Lindsay Mills, Stefannie Augustyn, etc). Then, ensure you check the [absence guidelines](#) for further steps.

Other Information

Most clerks have a one-week subspecialty sub-rotation (occasionally a two or three week sub-rotation). This sub-rotation allows focus on the following aspects of paediatrics:

1. Recognize the health care challenges of a child with a chronic disease.
2. Identify members of an interdisciplinary team and describe their roles.
3. Appraise the impact of a child's disease on his or her family.
4. Give examples of additional history skills, physical examination skills and diagnostic tests that are used in a sub-specialty.
5. Summarize the consultative process and recognize the importance of communication with referring physicians.

Alberta Children's Hospital – Emergency Department

Where Do I Go on the First Day of the Rotation?

On the first day of your rotation please meet your clinical preceptor in the ACH Emergency Department's physician office at the beginning of your first assigned shift. At that time the assigned clinical preceptor will provide an orientation to the department.

BEFORE YOU START THE ROTATION, please review the following "ED orientation" information:

<https://www.youtube.com/watch?v=fPeRQUubnLw>.

Also see also see www.ucalgary.ca/pem

Important Contact Information

Subrotation Administrator: Heather Numrich at Heather.Numrich@ahs.ca

Subrotation Leader: Dr. TJ Kodeeswaran at drkodeeswaran@shaw.ca

Please contact the [Subrotation Administrator](#) for your rotation inquiries.

Scheduling

As a clinical clerk, you will be assigned to the paediatric emergency department for one week. During that week, each clerk will do the following mandatory components of their sub-rotation:

- **Clinical Shifts**

During these shifts, please identify yourself to your preceptor. Your [One45](#) evaluations should be distributed to your preceptor at the start of your shift. Your preceptor's name will be on the whiteboard when you arrive and will match your shift start time. If you are having any difficulty with distributing the online [One45](#) form, please inform the site administrator at ACH right away and she will work with you to fix the problem. Your preceptor will fill out a formal evaluation of your performance at the end of the shift.

- *You will not be issued a sunray card while on elective in the PEM department. Please ask your preceptor for access if required.*

Please try to finish your history, physical and chart within 20 minutes for patients with average complexity. When you are ready to review, text page your attending with your location so they know where you are and that you are ready to discuss the case."

- **Simulation Based Education (SBE) Sessions** (09:00 – 11:30 on Wednesdays)

These sessions will occur on Wednesday mornings from 09:00 – 11:30 in the KidSim Lab, which is housed on the 4th floor of the ACH close to Department of Paediatrics (Please arrive by 08:50 am). These sessions are considered a mandatory part of your sub-rotation. Please check the schedule carefully for the date and time of your sessions as this may change over specific periods.

Sample PED Schedule (for Clerks A and B):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
08:00 – 15:00	A	A	KidSim (9:00 - 11:30)	B			B
14:00 – 21:00		B					
15:00 – 22:00	B			A		A	

Note: in July and August the 0800-1500 shift is 0800-1600, the 1400-2100 is 1400-2200 and the 1500-2200 is 1500-2300.

NOTE: Times of shifts are examples and may slightly be modified or listed in brackets. Please check the appropriate schedule.

Your start time will closely correlate with the start time of your preceptor.

Call
N/A

Assessment - How To Get Your ITER and Other Forms at the ED

Please forward this form to your clinical shift preceptor at the beginning of the shift. The rotation will be incomplete and the ITER will not be submitted on [One45](#) until all evaluations are accounted for.

- a) Log into [One45](#).
- b) Click on your To Do's and look at the "Forms To Send"
- c) From the drop-down menu, choose the form **PEM Daily Shift Evaluation Form V.2** and follow the directions provided. Make sure you know your preceptor's name and how to spell it before you start completing the form.

Preceptor Evaluations

During your elective, you will have the opportunity to evaluate any of the preceptors you have worked with. This is done through [One45](#), is completely anonymous and provides us with valuable feedback on the preceptors.

The Clinical_Preceptor_Evaluation form will automatically be sent to you after you have distributed your daily evaluation form for you to complete.

Absences – I'm Sick, What's Next?

Please notify your clinical preceptor in the Emergency Department. You may do so by calling the unit clerk at 403-955-7070 and asking to speak directly to the physician who is your preceptor for your shift. Dr. Tanuja Kodeeswaran, drkodeeswaran@shaw.ca, Heather Numrich at Heather.Numrich@ahs.ca, and Yuan Burton peds@ucalgary.ca must also be notified. As always with absences, please ensure you check the [absence guidelines](#) for further steps.

Alberta Children's Hospital – Endocrinology

Where Do I Go on the First Day of the Sub-Rotation?

Please go to the ACH Diabetes/Endocrine Clinic on the 3rd floor of ACH at 8:00 am - ask for Pam, who will provide information, handouts and arrange a tour of the clinic with a physician. Physician will provide you with scheduling, expectations, etc.

Important Contact Information

Subrotation Administrator: Pam White at pamela.white@ahs.ca or 403-955-7301

Subrotation Lead: Dr. Rebecca Perry at rebecca.perry@ahs.ca

Please contact the [Subrotation Administrator](#) for your rotation inquiries.

Call

N/A

Assessment - How To Get Your ITER

Though you may work with several preceptors, Dr. Josephine Ho completes all ITERs for Endocrinology. [One45](#) will automatically distribute your ITER – you do not need to send it to any preceptors. Ask your primary preceptor about receiving informal feedback during this rotation.

Absences – I'm Sick, What Next?

Please notify everyone at the Endocrinology site that needs to know you are absent (your preceptor, Dr. Josephine Ho, Pam White, etc). Then, ensure you check the [absence guidelines](#) for further steps.

Other Information

Most clerks have a one-week subspecialty sub-rotation (occasionally a two or three week sub-rotation). This sub-rotation allows focus on the following aspects of paediatrics:

1. Recognize the health care challenges of a child with a chronic disease.
2. Identify members of an interdisciplinary team and describe their roles.
3. Appraise the impact of a child's disease on his or her family.
4. Give examples of additional history skills, physical examination skills and diagnostic tests that are used in a sub-specialty.
5. Summarize the consultative process and recognize the importance of communication with referring physicians.

Alberta Children's Hospital – Gastroenterology

Where Do I Go on the First Day of the Sub-Rotation?

Clerks will be emailed reading material and directions for their first day before their sub-rotation with Gastroenterology. If you have not received this e-mail or still have further questions, please contact Pamela White at pamela.white@ahs.ca or 403-955-7301.

Important Contact Information

Subrotation Administrator: Pam White at pamela.white@ahs.ca or 403-955-7301

Subrotation Lead: Dr. Gary Galante at gary.galante@ahs.ca

Please contact the [Subrotation Administrator](#) for your rotation inquiries.

Call

N/A

Assessment - How To Get Your ITER

Students are expected to distribute their [One45](#) ITER to the attending GI physician who you are working with ON SERVICE on Monday. On Wednesday or Thursday the student should remind the attending to complete their ITER on [One45](#) in the student's presence so the student receives feedback and the form is completed. The student **MUST** release the forms to the preceptor at the beginning of the week (after they know who their preceptor will be) and remind the preceptor to complete it.

Absences – I'm Sick, What Next?

Please notify everyone at the Gastroenterology site that needs to know you are absent (your preceptor, Dr. Gary Galante, Pam White, etc). Then, ensure you check the [absence guidelines](#) for further steps.

Other Information

Most clerks have a one-week subspecialty sub-rotation (occasionally a two or three week sub-rotation). This sub-rotation allows focus on the following aspects of paediatrics:

1. Recognize the health care challenges of a child with a chronic disease.
2. Identify members of an interdisciplinary team and describe their roles.
3. Appraise the impact of a child's disease on his or her family.
4. Give examples of additional history skills, physical examination skills and diagnostic tests that are used in a sub-specialty.
5. Summarize the consultative process and recognize the importance of communication with referring physicians.

Clerks will receive daily evaluation sheets from the clinical preceptor for every outpatient clinic that they attend, where applicable.

More information can be found here (under Medical Students/Clinical Clerks):

<https://cumming.ucalgary.ca/departments/pediatrics/education-training/pediatrics-postgraduate-medical-education-pgme/gastroenterology>

Alberta Children's Hospital – Infectious Disease

Where Do I Go on the First Day of the Sub-Rotation?

Please arrive at 08:00 at the Infectious Diseases clinic on Level 1 of the ACH. The ID Clinic entrance is to the left of the main doors of the ACH. The ID nurse will meet you and introduce you to the ID staff. Students join our clinical service team (staff Paediatric ID specialist, fellow, +/- a resident).

Important Contact Information

Subrotation Administrator: Kathleen Smith at Kathleen.Smith2@ahs.ca or 403-955-7974

Subrotation Lead: Dr. Taj Jadavji taj.jadavji@ahs.ca

Please contact the [Subrotation Administrator](#) for your rotation inquiries.

What to Expect

There are daily AM ambulatory clinics, consisting of APTP (Ambulatory Parenteral Therapy Clinic) patients (coming for assessment for IV Rx e.g., pyelonephritis, severe cellulitis, pneumonia) every day. There are general ID Clinics either two or three afternoons a week. The rest of the day is for seeing and rounding on inpatient consults. We have a large BMT unit and also see plenty of PICU patients and also complicated or unusual infections on the general wards. Students are expected to independently see and assess clinic and hospitalized patients, with an emphasis on seeing new patients. All cases are reviewed with the ID staff person. You would join the team for all clinics and rounds. The days are sometimes longish (typically 8 - 6) and you would be expected to do some reading around your cases.

Call

N/A

Assessment - How To Get Your ITER

Please consult with your primary preceptor to ensure you distribute your ITER to the correct preceptor.

Absences – I'm Sick, What Next?

Please notify everyone at the Infectious Diseases site that needs to know you are absent (your preceptor, Dr. Taj Jadavji-Program Director, Kathleen Smith-Program administrator etc). Then, ensure you check the [absence guidelines](#) for further steps.

Other Information

Most clerks have a one-week subspecialty sub-rotation (occasionally a two or three week sub-rotation). This sub-rotation allows focus on the following aspects of paediatrics:

1. Recognize the health care challenges of a child with a chronic disease.
2. Identify members of an interdisciplinary team and describe their roles.
3. Appraise the impact of a child's disease on his or her family.
4. Give examples of additional history skills, physical examination skills and diagnostic tests that are used in a sub-specialty.
5. Summarize the consultative process and recognize the importance of communication with referring physicians.

Alberta Children's Hospital – Nephrology

Where Do I Go on the First Day of the Sub-Rotation?

Please meet at 08:30 on the first day for start-of-the-week multidisciplinary rounds in the Nephrology Clinic Skills Lab on the 3rd floor of the ACH (near Unit 3).

Important Contact Information

Subrotation Administrator: Pam White at pamela.white@ahs.ca or 403-955-7301

Subrotation Lead: Dr. Julian Midgley at julian.midgley@ahs.ca

Please contact the [Subrotation Administrator](#) for your rotation inquiries.

Call

N/A

Assessment - How To Get Your ITER

Please consult with your primary preceptor to ensure you distribute your ITER to the correct preceptor.

Absences – I'm Sick, What Next?

Please notify everyone at the Nephrology site that needs to know you are absent (your preceptor, Dr. Julian Midgley, Pam White, etc). Then, ensure you check the [absence guidelines](#) for further steps.

Other Information

Most clerks have a one-week subspecialty sub-rotation (occasionally a two or three week sub-rotation). This sub-rotation allows focus on the following aspects of paediatrics:

1. Recognize the health care challenges of a child with a chronic disease.
2. Identify members of an interdisciplinary team and describe their roles.
3. Appraise the impact of a child's disease on his or her family.
4. Give examples of additional history skills, physical examination skills and diagnostic tests that are used in a sub-specialty.
5. Summarize the consultative process and recognize the importance of communication with referring physicians.

Alberta Children's Hospital – Neurology

Where Do I Go on the First Day of the Sub-Rotation?

Orientation will take place the first Monday of the sub-rotation, unless it is a stat day, in which it will take place the following day. Clerks should go to the Neurology Clinic on the main floor of ACH at 08:00 where they should identify themselves at the reception desk. Neurology normally sends each clerk an email about 2 weeks prior to their arrival with additional information that they might need – if you have not received this e-mail, please contact interim support at amber.sando@ahs.ca or 403-955-2481.

Important Contact Information

Subrotation Administrator: Amber Sando at amber.sando@ahs.ca or 403-955-2481.

Subrotation Lead: Dr. JP Appendino at JP.Appendino@ahs.ca

Please contact the [Subrotation Administrator](#) for your rotation inquiries.

Call

N/A

Assessment - How To Get Your ITER

Please consult with your primary preceptor to ensure you distribute your ITER to the correct preceptor.

Absences – I'm Sick, What Next?

Please notify everyone at the Neurology site that needs to know you are absent (your preceptor, Dr. JP Appendino, Amber Sando). Then, ensure you check the [absence guidelines](#) for further steps.

Other Information

Most clerks have a one-week subspecialty sub-rotation (occasionally a two or three week sub-rotation). This sub-rotation allows focus on the following aspects of paediatrics:

1. Recognize the health care challenges of a child with a chronic disease.
2. Identify members of an interdisciplinary team and describe their roles.
3. Appraise the impact of a child's disease on his or her family.
4. Give examples of additional history skills, physical examination skills and diagnostic tests that are used in a sub-specialty.
5. Summarize the consultative process and recognize the importance of communication with referring physicians.

Alberta Children's Hospital – Oncology

Where Do I Go on the First Day of the Sub-Rotation?

Please go to ACH Unit 1 at 08:00 on the first day of your sub-rotation to meet the Oncology team.

BEFORE YOUR ROTATION STARTS please read the following material:

- *Bates' Guide to Physical Examination and History Taking* with a focus on lymph node, liver and spleen examination
- The journal article "Emergency Room Presentations of Childhood Cancer" posted on [OSLER](#) on the paediatrics page under Other/General Files.
- Carol Berkowitz's *Paediatrics: A Primary Care Approach* – read the chapters about:
 - Lymphadenopathy
 - Cancer in Children
 - Talking to Parent
 - Talking to Children
 - Talking to Adolescents
- If the rotation starts on a Holiday Monday, please do not come in on Monday, please come in on Tuesday and go to ACH Unit 1 at 8:00 am.

Important Contact Information

Subrotation Administrator: Brenda Gallagher at brenda.gallagher@ahs.ca or 403-955-7613

Subrotation Lead: Dr. Greg Guilcher at Greg.Guilcher@ahs.ca.

Please contact the [Subrotation Administrator](#) for your rotation inquiries.

Call

N/A

Assessment - How To Get Your ITER

Evaluations will be completed by the oncologist on service for inpatient general oncology. Dr. Guilcher will assign the evaluation to the preceptor in One45. Ask your primary preceptor about receiving informal feedback during this rotation.

Absences – I'm Sick, What Next?

Please notify everyone at the Oncology site that needs to know you are absent (your preceptor, Dr. Greg Guilcher, etc). Then, ensure you check the [absence guidelines](#) for further steps.

Other Information

Most clerks have a one-week subspecialty sub-rotation (occasionally a two or three week sub-rotation). This sub-rotation allows focus on the following aspects of paediatrics:

1. Recognize the health care challenges of a child with a chronic disease.
2. Identify members of an interdisciplinary team and describe their roles.
3. Appraise the impact of a child's disease on his or her family.
4. Give examples of additional history skills, physical examination skills and diagnostic tests that are used in a sub-specialty.
5. Summarize the consultative process and recognize the importance of communication with referring physicians.

Alberta Children's Hospital – Respiriology

Where Do I Go on the First Day of the Sub-Rotation?

Clerks will be emailed the section/clinic information before their sub-rotation. If you have not received this e-mail before your rotation starts, please contact Kathleen Smith kathleen.smith2@ahs.ca or 403-955-7974.

Important Contact Information

Subrotation Administrator: Kathleen Smith at kathleen.Smith2@ahs.ca or 403-955-7974

Subrotation Lead: Dr. Glenda Bendiak at glenda.bendiak@ahs.ca

Please contact the [Subrotation Administrator](#) for your rotation inquiries.

Call

N/A

Assessment - How To Get Your ITER

Please consult with your primary preceptor to ensure you distribute your ITER to the correct preceptor.

Absences – I'm Sick, What Next?

Please notify everyone at the Respiriology site that needs to know you are absent (your preceptor, Dr. Glenda Bendiak, Kathleen Smith, etc). Then, ensure you check the [absence guidelines](#) for further steps.

Other Information

Most clerks have a one-week subspecialty sub-rotation (occasionally a two or three week sub-rotation). This sub-rotation allows focus on the following aspects of paediatrics:

1. Recognize the health care challenges of a child with a chronic disease.
2. Identify members of an interdisciplinary team and describe their roles.
3. Appraise the impact of a child's disease on his or her family.
4. Give examples of additional history skills, physical examination skills and diagnostic tests that are used in a sub-specialty.
5. Summarize the consultative process and recognize the importance of communication with referring physicians.

Alberta Children's Hospital – Rheumatology

Where Do I Go on the First Day of the Sub-Rotation?

The week prior to the start of your sub-rotation, Ruby Reyes will email you additional information as to where to go and the schedule. Ruby can also be reached at ruby.reyes@ahs.ca.

Important Contact Information

Subrotation Administrator: Ruby Reyes at ruby.reyes@ahs.ca or 403-955-7771

Subrotation Lead: Nov 2020 – Dec 2021 Dr. Heinrike Schmeling at heinrike.schmeling@ahs.ca

Jan 2022 and onwards Dr. Rebeka Stevenson at beka.stevenson@ahs.ca

Please contact the [Subrotation Administrator](#) for your rotation inquiries.

Call

N/A

Assessment - How To Get Your ITER

Please distribute your ITER to Dr. Heinrike Schmeling on [One45](#) – she fills out all ITERs for Rheumatology regardless of who you work with.

Absences – I'm Sick, What Next?

Please notify everyone at the Rheumatology site that needs to know you are absent (your preceptor, Dr. Heinrike Schmeling, Ruby Reyes, etc). Then, ensure you check the [absence guidelines](#) for further steps.

Other Information

Most clerks have a one-week subspecialty sub-rotation (occasionally a two or three week sub-rotation). This sub-rotation allows focus on the following aspects of paediatrics:

1. Recognize the health care challenges of a child with a chronic disease.
2. Identify members of an interdisciplinary team and describe their roles.
3. Appraise the impact of a child's disease on his or her family.
4. Give examples of additional history skills, physical examination skills and diagnostic tests that are used in a sub-specialty.
5. Summarize the consultative process and recognize the importance of communication with referring physicians.

Community Paediatrics

Where Do I Go on the First Day of the Sub-Rotation?

Please find your Community Paediatric clinics in the table below – and ensure you **contact the clinic at least 2 weeks before your scheduled start date to confirm time and location**. You should receive your Community Paediatrics rotation contact information from Dawn Humphrey (Dawn.Humphrey@ahs.ca) in advance. Please forward all further inquiries (after you've received the initial e-mail) directly to the relevant paediatric clinic.

<u>Associate Clinic</u> (Clerks trained by Drs. Bond and Chamberlain) Drs. R. Bond, C. Chamberlain, C. Gilman, L. Racher, P. Stone Gulf Canada Square (Downtown) 340, 401 - 9 Avenue, SW Calgary, AB T2P 3C5 Tel: 403-221-4434 Fax: 403-221-4466 Email: pediatrics@associateclinic.com	<u>Sunnyhill Pediatric Clinic</u> Drs. N. Cooper, R. Farrell, C. Flexhaug, K. Hluchy, J. Landero, C. Lever, S. Olliver, E. Shyleyko, L. Walker, D. Yow North Hill Shopping Centre 200, 1632 - 14 Avenue, NW Calgary, AB T2N 1M7 Tel: 403-284-0001 Fax: 403-284-1593 Email: Virginia@sunnyhillpediatricclinic.ca
<u>Infinity Pediatrics</u> Drs. C. Chee, K. Evashuk, E. Hoppenbrouwers, V. Mah, L. Redgate, S. Reznikov, E. Webber 220 - 5010 Richard Road, SW Calgary, AB T3E 6L1 Tel: 403-727-5055 Fax: 403-727-5011 Email: info@infinitypediatrics.ca	<u>Ladybug Paediatrics Clinic</u> Drs. C. Bouma, R. Jackson, K. Kiefer, L. Miles, D. Nelson, J. Patrick, T. Taylor 120, 1620 - 29 Street, NW Calgary, AB T2N 4L7 Tel: 403-531-9757 Fax: 403-531-9752 Email: ladybugpediatrics@hotmail.com
<u>Southport Pediatrics</u> Drs. B. Kelly, P. Nieman, R. Goldade 109 – 10333 Southport Road, SW Calgary, AB T2W 3X6 Tel: 403-253-2288 Fax: 403-255-9322 Email: southportpeds@telus.net	<u>Panda Pediatrics</u> Drs. J. Cassie, N. Chan, B. Parsley, B. Wong, D. Yeung 4825 Dalhousie Drive, NW Calgary, AB T3A 6K7 Tel: 403-239-9333 Fax: 403-208-1648 Email: wongcliniccalgary@gmail.com
<u>Kaleidoscope Pediatric Consultants</u> Drs. A. Chow, G. Chow, K. Culman, M. Kalny, L. Kardal, J. MacPherson, D. Palmer, M. Purtzki, N. Rashid 10 - 8180 MacLeod Trail, SE Calgary, AB T2H 2B8 Tel: 403-252-6651 Fax: 403-253-3960 Email: kalpeds@telusplanet.net	<u>MacEwan Medical Clinic</u> Dr. Asma Quadir 12 – 16 MacEwan Drive, NW Calgary AB T3K 2P2 Tel: 403-797-2762 Fax: 587-392-5522 Email: macewanmedical@gmail.com
<u>Kiwi Pediatrics</u> Drs. A. Evans, D. Ross, C. Rypien, L. Stockdale, S. Zaver 224, 11420 - 27 Street, SE Calgary, AB T2Z 1N4 Tel: 403-281-2500 Fax: 403-256-2511 Email: kiwipeds@gmail.com	<u>Okotoks Paediatric Clinic</u> Drs. Frank Friesen, Kelleigh Klym 117 Elma Street West Okotoks, AB T1S 1J9 Tel: 587-364-4995 Fax: 587-364-4993 Email: care@okotokspaediatrics.com

Assessment - How To Get Your ITER

Please consult with your primary preceptor to ensure you distribute your ITER to the correct preceptor.

Absences – I'm Sick, What Next?

Please notify your preceptor, clinic administrator as well as peds@ucalgary.ca. Then, ensure you check [our absence guidelines](#) for further steps.

Medicine Hat

Where Do I Go on the First Day of the Sub-Rotation?

Please contact [Dr. Abdelhamid](#) at least one week prior to the start of the rotation for details.

Important Contact Information

Site Lead: Dr. Rehab Abdelhamid at rehab.abdelhamid@ahs.ca

Site Administrator: Karen LaDuke at karen.laduke@ahs.ca.

Call

This rotation may include overnight call shifts – this information will be provided by your preceptor.

Assessment - How To Get Your ITER

Please consult with your primary preceptor to ensure you distribute your ITER to the correct preceptor.

Absences – I'm Sick, What Next?

Please notify everyone at the Medicine Hat site that needs to know you are absent (your preceptor, Dr. Rehab Abdelhamid, Karen LaDuke, etc). Then, ensure you check the [absence guidelines](#) for further steps.

Other Information

For assistance with accommodation and travel, please contact Distributed Learning and Rural Initiatives office (DLRI), at ruralmed@ucalgary.ca or by phone at 403-220-4257. Travel claim forms and information can be found on the DLRI website at <http://cumming.ucalgary.ca/ruralmedicine/funding-expenses>.

Course 8:

Course 8 lectures will be available by podcast. Paediatric clerks at Regional Site sites are not required to come back to Calgary for Course 8 since they are all more than an hour's drive from Calgary. If you wish to return for Course 8 you are required to have the consent of your preceptor.

Lethbridge

Where Do I Go on the First Day of the Sub-Rotation?

The Site Administrator, Lorraine Tyerman, sends out rotation schedule via email about a month in advance.

Important Contact Information

Site Administrator: Lorraine Tyerman at kiyagirl62@gmail.com

Site Lead: Dr. John Holland at john_e_holland@hotmail.com or jholl1@shaw.ca.

Please contact the [Site Administrator](#) for your rotation inquiries.

Call

This rotation may include overnight call shifts – this information will be included in your sub-rotation information from Lisa Mitchell.

Assessment - How To Get Your ITER

Please consult with your primary preceptor to ensure you distribute your ITER to the correct preceptor.

Absences – I'm Sick, What Next?

Please call the clinic at 403-320-7825 to notify everyone at the Lethbridge site that needs to know you are absent (your preceptor, Dr. John Holland, etc). Ensure you check the [absence guidelines](#) for further steps.

Other Information

For assistance with accommodation and travel, please contact Distributed Learning and Rural Initiatives (DLRI) office, at ruralmed@ucalgary.ca or by phone at 403-220-4257. Travel claim forms and information can be found on the DLRI website at <http://cumming.ucalgary.ca/ruralmedicine/funding-expenses>.

Course 8:

Course 8 lectures will be available by podcast. Paediatric clerks at Regional Site sites are not required to come back to Calgary for Course 8 since they are all more than an hour's drive from Calgary. If you wish to return for Course 8 you are required to have the consent of your preceptor.

Red Deer

Where Do I Go on the First Day of the Sub-Rotation?

Please contact Dr. Kyle McKenzie at kcm1@ualberta.net or 403-343-6404 at **LEAST TWO WEEKS IN ADVANCE** for sub-rotation details.

Important Contact Information

Site Lead: Dr. Kyle McKenzie at kcm1@ualberta.net or 403-343-6404

Administrative Assistant: pam.nacinovich@ualberta.ca

Please contact the [Site Lead](#) for your rotation inquiries.

Call

This rotation rarely includes overnight call shifts. Most hospital shifts will include 9-hour shifts during the daytime (08:00-17:00), or evening (17:00-01:00). Further details will be provided during the orientation with your preceptor - Dr. Kyle McKenzie.

Assessment - How To Get Your ITER

Dr. Kyle McKenzie will complete a single evaluation, but the rotation evaluation will include input from all preceptors that you work with in Red Deer.

Absences – I'm Sick, What Next?

Please notify Dr. McKenzie if you cannot work for a scheduled shift and he will notify the appropriate staff. Then, ensure you check the [absence guidelines](#) for further steps.

Other Information

Travel claim forms and information can be found on the DLRI website at:

www.ucalgary.ca/ruralmedicine/funding-expenses.

Dermatology clinic:

One of the paediatricians in Red Deer is also a paediatric dermatologist at the Stollery Children's Hospital in Edmonton. During your rotation, you will be offered the opportunity to attend a day of clinic in Edmonton with this individual. This has been described as a strong educational experience, but is NOT mandatory. You will be expected to travel to Edmonton for the day and unfortunately, there is not reimbursement available for this travel.

Course 8:

Course 8 lectures will be available by podcast. Paediatric clerks at Regional Site sites are not required to come back to Calgary for Course 8 since they are all more than an hour's drive from Calgary. If you wish to return for Course 8 you are required to have the consent of your preceptor.

Neonatology (NICU) – Alberta Children’s Hospital

Where Do I Go on the First Day of the Sub-Rotation?

- ✓ Please meet the neonatologist on service at the Alberta Children’s Hospital (ACH) based in the NICU, located on the 4th floor, Wing B, at 08:00 on the first day of your sub-rotation.
 - ✓ The Fellow on service will orient you to the unit routine.
- BEFORE YOUR SUB-ROTATION STARTS** please review the documents at [Very Important \(Pre- Reading\)](#) below.

Important Contact Information

- ✓ Neonatology Clerkship Coordinator: Afnan Musameh at Afnan.Musameh@ahs.ca
- ✓ Neonatology Clerkship Director: Dr. Essa Al Awad at essa.alawad@ahs.ca
- ✓ **ACH NICU unit desk #: 403-955-7442**
**Please contact the [neonatology clerkship coordinator](#) for your rotation inquiries.
- ✓ **NICU CLINICAL CLERKS PAGER ONLY #13932 – Please sign out/in pager (using log sheet) from ACH unit clerk.** **There is a penalty of \$250 if pager is missing or not returned**

AHS MyLearning Module

Before the start of the rotation, please login to MyLearningLink and complete the two listed modules below. Link: <https://mylearninglink.ahs.ca/elearning/bins/index.asp>

Username: FirstNameLastName

In “Courses & Registration” search for the following modules to complete:

- Hand Hygiene Interactive Module
- Infection Prevention and Control: Personal Protective Equipment and You

Please complete the quiz at the end of the Hand Hygiene module and save the certificate of completion for your record.

Schedule

- On a typical day in the NICU, sign-out by the on-call team is at 08:00 on all days except Mondays and Fridays (07:45) to facilitate teaching sessions.
- Morning rounds start at 10:00 am. Sign-out rounds are at 5 PM except on call day when you are expected to be in the NICU until 10 PM.

IT Systems Access (eg SCM, eCritical etc) The courses can ONLY be completed on an AHS computer

For elective clerks and clerks who do not previously have access, on your first day of the rotation once the orientation of the unit has been completed and when the preceptor permits please do the following;

Alberta Health Services

MY COURSES MY REPORTS CHANGE PASSWORD LOG OFF COURSE CATALOG HELP

Student: C...
Group: Physicians & Providers
Department: Clinical Clerk
City: Calgary
Site: Elective/No Primary Site
Job Code: Elective Clinical Clerk

Courses [Menu Preferences](#)

- ☐ [eCritical Physician Independent Learning](#)
- ☐ [Impax General Training Independent Learning](#)
- ☐ [SCM Ambulatory Physicians Independent Learning](#)
- ☐ [SCM Emergency Physicians Triage Tracking & Downtime Independent Learning](#)
- ☐ [SCM Physicians Independent Learning](#)

☐ Not Started ☐ Incomplete ☒ Complete ☐ Prerequisite required ☐ Not ready ☐ Not enrolled ☐ Expired ☐ Past target date ☐ Offline

Troubleshooting Information. If you experience any issues with your lesson results (no checkmarks after you pass) or if the elearning freezes, please try the following:
-> Do not open other windows such as webmail or other websites while completing your training.
-> Windows 7 (Internet Explorer 11) users should turn ON Compatibility Mode Tools>Compatibility View Settings> choose Display intranet sites in Compatibility View
-> Ensure all computer requirements for WBT Manager are met [Click Here for List](#)
-> If all computer requirements are met - try InPrivate Browsing [Click Here For InPrivate Instructions](#)
-> For more detailed Course Troubleshooting information [Click Here](#)
If none of the above steps work, try another computer or call your [Local IT Service Desk](#) for assistance.

- Visit the following WBT page <http://wbt.healthy.bewell.ca/>
- Log in using the WBT log in already received and
- Complete all required courses in order to grant the necessary access for your rotation.
- The duration of each course varies; eCritical and Impax could take up to 30 - 60 minutes while SCM would take up to 2 hours.
- If you have any issues obtaining access please contact the IT desk phone # at **1 877 311 4300**.

Other important events which may occur during your rotation:

Please communicate with your preceptors and residents as there may be teaching sessions provided during this rotation.

Call

- ✓ This sub-rotation includes one call shift – **one** night per week (until 22:00) & **one** weekend shift till 16:00
- ✓ These calls can be found on the schedule attached to the e-mail sent to you by the Neonatology clerkship coordinator before your rotation begins.
- ✓ Please remind your preceptor and the members of your team of your call a day before. You are expected to attend clinical service after the night on call.

Assessment - How To Get Your ITER

The neonatologist on service on the week of the clerk's sub-rotation will be responsible for providing a collated evaluation for the week.

****Please distribute your ITER through [One45](#) to the neonatology on service on the week of your sub-rotation at neonatology**

Absences – I'm Sick, What's Next?

- ✓ Please notify everyone at the neonatology site that needs to know you are absent, first call the unit then send an email to (your preceptor, Dr. Essa Al Awad, UME Coordinator & the neonatology clerkship coordinator).

Very Important (Pre- Reading)

- ✓ Please consult the [NICU Expectations document](#).
- ✓ Be sure to read the NICU Survival kit in advance. It is found in the NICU rotation guide in Osler.
- ✓ For a list of abbreviations commonly used in the NICU, please [refer to this page](#).
- ✓ Please be sure to return the Neonatology book **to the FMC NICU** on the last day of your rotation.

Educational Resources

1. Videos on normal newborn examination and neonatal resuscitation in the folder marked "Clinical Clerks".
2. Folder marked "Clinical Clerks" is placed on the desktop of the computer in the Education room in the NICU. This folder has video on normal newborn examination and other neonatology based topics of interest.
3. Books must not be removed from the unit.

Recommended Reading

1. Neonatology at a glance – Tom Lissauer, Avroy A Fanaroff, Michael Weindling.
2. The Newborn Child – Peter Johnston
3. Other information and textbooks are available in the NICU.

Infection Prevention

HANDWASHING IS CRUCIAL

1. Exercise appropriate diligence in preventing cross-infection. Microsan is available at every bedside and should be used liberally to cleanse hands before and after you examine a patient, as well as before and after you enter each patient room.
2. You may NOT wear white coats or long sleeved attire into Nurseries or the NICU.
3. You may wear scrubs or regular clothing appropriate for seeing patients. Watches and jewellery must not be worn. Scrubs are advised as you may be needed to transport a patient to the OR.

4. Stethoscopes will be available at each bedside and are not to be shared between patients.
5. No food or personal belongings are allowed by the bedside.

General Information

1. Identification badges must be worn and clearly visible at all times.
2. Wear your scrubs on the first day of your rotation.

Other Information

Most clerks have a one-week subspecialty sub-rotation. This sub-rotation allows focus on the following aspects of paediatrics:

1. Proficiently examine a newborn.
2. Effectively communicate with a family that has a baby in the NICU.
3. Participate in NICU multidisciplinary rounds.
4. Attend a neonatal resuscitation or simulation.
5. Identify key features of the pregnancy, labour and delivery history that are pertinent to newborn's health.
6. Understand the broad range of surgical, neurocritical and cardiac issues that newborns may experience.

Neonatology (NICU) – Foothills Medical Centre

Where Do I Go on the First Day of the Sub-Rotation?

- ✓ Please meet the neonatologist on service at the Foothills Medical Centre NICU (5th floor, Unit 55) at 08:00 on the first day of your sub-rotation.
- ✓ Clerks will be on one of three teams (Green, Red, Purple team). Please note which team you are assigned to, to ensure you are meeting the correct preceptor.
- ✓ **BEFORE YOUR SUB-ROTATION STARTS** please review the [NICU Expectations document](#), the NICU Guide posted to OSLE and ensure you carefully read the e-mail from the NICU Site Administrator.

Important Contact Information

- ✓ Neonatology Clerkship Coordinator: Afnan Musameh at Afnan.Musameh@ahs.ca
- ✓ Neonatology Clerkship Director: Dr. Essa Al Awad at essa.alawad@ahs.ca
- ✓ **FMC NICU unit desk #: 403-944-1354**
**Please contact the [neonatology clerkship coordinator](#) for your rotation inquiries.

Schedule

- On a typical day in the NICU, sign-out by the on-call team is at 08:00 on all days except Tuesdays and Fridays (07:30) to facilitate resident teaching sessions.
- Morning rounds start between 09:00 and 10:00. Sign-out rounds are at 4 PM except on call days when you are expected to be in the NICU until 10 PM.

AHS MyLearning Module

Before the start of the rotation, please login to MyLearningLink and complete the two listed modules below. Link: <https://mylearninglink.ahs.ca/elearning/bins/index.asp>

Username: FirstNameLastName

In “Courses & Registration” search for the following modules to complete:

- Hand Hygiene Interactive Module
- Infection Prevention and Control: Personal Protective Equipment and You

Please complete the quiz at the end of the Hand Hygiene module and save the certificate of completion for your record.

IT Systems Access (eg SCM, eCritical etc) The courses can ONLY be completed on an AHS computer

For elective clerks and clerks who do not previously have access, on your first day of the rotation once the orientation of the unit has been completed and when the preceptor permits please do the following;

Alberta Health Services

MY COURSES MY REPORTS CHANGE PASSWORD LOG OFF COURSE CATALOG HELP

Student: C
Group: Physicians & Providers
Department: Clinical Clerk
City: Calgary
Site: Elective/No Primary Site
Job Code: Elective Clinical Clerk

Courses [Menu Preferences](#)

- ☐ / [eCritical Physician - Independent Learning](#)
- ☐ / [Impax General Training - Independent Learning](#)
- ☐ / [SCM Ambulatory Physicians - Independent Learning](#)
- ☐ / [SCMEmergencyPhysicians Triage Tracking & Downtime - Independent Learning](#)
- ☐ / [SCM Physicians - Independent Learning](#)

☐ Not Started ☐ Incomplete ☒ Complete ☐ Prerequisite required ☐ Not ready ☐ Not enrolled ☐ Expired ☐ Past target date ☐ Offline

Troubleshooting Information. If you experience any issues with your lesson results (no checkmarks after you pass) or if the elearning freezes, please try the following:
> Do not open other windows such as webmail or other websites while completing your training.
> Windows 7 (Internet Explorer 11) users should turn ON Compatibility Mode Tools>Compatibility View Settings> choose Display intranet sites in Compatibility View
> Ensure all computer requirements for WBT Manager are met [Click Here for List](#)
> If all computer requirements are met - try InPrivate Browsing [Click Here For InPrivate Instructions](#)
> For more detailed Course Troubleshooting information [Click Here](#)
If none of the above steps work, try another computer or call your [Local IT Service Desk](#) for assistance.

- Visit the following WBT page <http://wbt.healthy.bewell.ca/>
- Log in using the WBT log in already received and
- Complete all required courses in order to grant the necessary access for your rotation.
- The duration of each course varies; eCritical and Impax could take up to 30 - 60 minutes while SCM would take up to 2 hours.

If you have any issues granting access please contact the IT desk phone # at **1 877 311 4300**.

Other important events which may occur during your rotation:

Please communicate with your preceptors and residents as there may be teaching sessions provided during this rotation.

Call

- ✓ This sub-rotation includes one call shift – **one** night per week (until 22:00) & **one** weekend shift till 16:00
- ✓ These calls can be found on the schedule attached to the e-mail sent to you by the Neonatology clerkship coordinator before your rotation begins.
- ✓ Please remind your preceptor and the members of your team of your call a day before. You are expected to attend clinical service after the night on call.

Assessment - How To Get Your ITER

- ✓ The neonatologist on service on the week of the clerk's sub-rotation will be responsible for providing a collated evaluation for the week.
- **Please distribute your ITER through One45 to the neonatology on service on the week of your sub-rotation at neonatology

Absences – I'm Sick, What's Next?

- ✓ Please notify everyone at the neonatology site that needs to know you are absent, first call the unit then send an email to (your preceptor, Dr. Essa Al Awad, UME Coordinator & the neonatology clerkship coordinator).

Very Important (Pre- Reading)

- ✓ Please consult the [NICU Expectations document](#).
- ✓ Be sure to read the NICU Survival kit in advance. It is found in the NICU rotation guide in Osler.
- ✓ For a list of abbreviations commonly used in the NICU, please [refer to this page](#).
- ✓ Please be sure to return the Neonatology book to the FMC NICU on the last day of your rotation, failure to do so may result in a fine.

Please ensure you consult the NICU Guide posted to [OSLER](#) and the detailed e-mail you receive from the Clerkship coordinator before you begin your rotation.

Other Information

All clerks have a one-week NICU sub-rotation. This sub-rotation allows focus on the following aspects of paediatrics:

1. Proficiently examine a newborn.
2. Effectively communicate with a family that has a baby in the NICU.
3. Participate in NICU multidisciplinary rounds.
4. Attend a neonatal resuscitation or simulation.
5. Identify key features of the pregnancy, labour and delivery history that are pertinent to newborn's health.
6. Understand the broad range of surgical, neurocritical and cardiac issues that newborns may experience.

Neonatology (NICU) – Peter Lougheed Centre

Where Do I Go on the First Day of the Sub-Rotation?

- ✓ Please meet the neonatologist on service at the Peter Lougheed Centre NICU (3rd floor, Unit 34) at 0800 on the first day of your sub rotation, the Clinical Assistant/ Neonatologist on service will then orient you.
- ✓ **BEFORE YOUR SUB-ROTATION STARTS** please review the documents in [Very Important \(Pre- Reading\)](#) below.

Important Contact Information

- ✓ Neonatology Clerkship Coordinator: Afnan Musameh at Afnan.Musameh@ahs.ca
 - ✓ Neonatology Clerkship Director: Dr. Essa Al Awad at essa.alawad@ahs.ca
 - ✓ PLC NICU unit desk #: 403- 943-5734
- **Please contact the [Neonatology clerkship coordinator](#) for your rotation inquiries.

Schedule

- On a typical day in the NICU, sign-out by the on-call team is at 08:00 on all days except Tuesdays and Fridays (07:45) to facilitate resident teaching sessions.
- Morning rounds start between 09:00 and 10:00. Sign-out rounds are at 4 PM except on call day when you are expected to be in the NICU until 10 PM.

AHS MyLearning Module

Before the start of the rotation, please login to MyLearningLink and complete the two listed modules below. Link:

<https://mylearninglink.ahs.ca/elearning/bins/index.asp>

Username: FirstNameLastName

In “Courses & Registration” search for the following modules to complete:

- Hand Hygiene Interactive Module
- Infection Prevention and Control: Personal Protective Equipment and You

Please complete the quiz at the end of the Hand Hygiene module and save the certificate of completion for your record.

IT Systems Access (eg SCM, eCritical etc) The courses can ONLY be completed on an AHS computer

For elective clerks and clerks who do not previously have access, on your first day of the rotation once the orientation of the unit has been completed and when the preceptor permits please do the following;

- Visit the following WBT page <http://wbt.healthy.bewell.ca/>

Alberta Health Services

MY COURSES MY REPORTS CHANGE PASSWORD LOG OFF COURSE CATALOG HELP

Student: C
Group: Physicians & Providers
Department: Clinical Clerk
City: Calgary
Site: Elective/No Primary Site
Job Code: Elective Clinical Clerk

Courses [Menu Preferences](#)

- ☐ [eCritical Physician Independent Learning](#)
- ☐ [Impax General Training Independent Learning](#)
- ☐ [SCM Ambulatory Physicians Independent Learning](#)
- ☐ [SCM Emergency Physicians Triage Tracking & Downtime Independent Learning](#)
- ☐ [SCM Physicians Independent Learning](#)

☐ Not Started ☐ Incomplete ☒ Complete ☐ Prerequisite required ☐ Not ready ☐ Not enrolled ☐ Expired ☐ Past target date ☐ Offline

Troubleshooting Information: If you experience any issues with your lesson results (no checkmarks after you pass) or if the eLearning freezes, please try the following:

- > Do not open other windows such as webmail or other websites while completing your training.
- > Windows 7 (Internet Explorer 11) users should turn ON Compatibility Mode [Tools > Compatibility View Settings > choose Display Intranet sites in Compatibility View](#)
- > Ensure all computer requirements for WBT Manager are met [Click Here for List](#)
- > If all computer requirements are met - try InPrivate Browsing [Click Here For InPrivate Instructions](#)
- > For more detailed Course Troubleshooting Information [Click Here](#)

If none of the above steps work, try another computer or call your [Local IT Service Desk](#) for assistance.

- Log in using the WBT log in already received and

- Complete all required courses in order to grant the necessary access for your rotation.
- The duration of each course varies; eCritical and Impax could take up to 30 - 60 minutes while SCM would take up to 2 hours.
- If you have any issues granting access please contact the IT desk phone # at **1 877 311 4300**.

Other important events which may occur during your rotation:

Please communicate with your preceptors and residents as there may be teaching sessions provided during this rotation.

Call

- ✓ This sub-rotation includes one call shift – **one** night per week (until 22:00) & **one** weekend shift till 16:00
- ✓ These calls can be found on the schedule attached to the e-mail sent to you by the Neonatology clerkship coordinator before your rotation begins.
- ✓ Please remind your preceptor and the members of your team of your call a day before. You are expected to attend clinical service after the night on call.

Assessment - How To Get Your ITER

- ✓ The neonatologist on service on the week of the clerk's sub-rotation will be responsible for providing a collated evaluation for the week.
 **Please distribute your ITER through [One45](#) to the neonatology on service on the week of your sub-rotation at neonatology

Absences – I'm Sick, What's Next?

- ✓ Please notify everyone at the neonatology site that needs to know you are absent, first call the unit then send an email to (your preceptor, Dr. Essa Al Awad, UME Coordinator & the neonatology clerkship coordinator).

Very Important (Pre- Reading)

- ✓ Please consult the [NICU Expectations document](#).
- ✓ Be sure to read the NICU Survival kit in advance. It is found in the NICU rotation guide in Osler.
- ✓ For a list of abbreviations commonly used in the NICU, please [refer to this page](#)

Educational Resources

1. Videos on normal newborn examination and neonatal resuscitation – These can be obtained from the Assistant Patient Care manager (Ms. Terry Holden) whose pager number can be obtained from the unit clerk. Video players are available in the telehealth room in the Paediatric unit (U31).
2. Folder marked (Clerk Teaching) is placed on the desktop of the computer by the pillar of knowledge in the NICU. The Clinical assistants will assist you with this.
3. Other information and textbooks are available in the NICU. **These must not be removed from the unit.**
4. There is a "pillar of knowledge" by the desk with many of the unit routines posted.

Recommended Reading

1. Neonatology at a glance – Tom Lissauer, Avroy A Fanaroff, Michael Weindling.
2. The Newborn Child – Peter Johnston
3. Other information and textbooks are available in the NICU. There is a "pillar of knowledge" by the desk with many of the unit routines posted.

Infection Prevention

HANDWASHING IS CRUCIAL

1. Exercise appropriate diligence in preventing cross-infection. Microsan is available at every bedside and should be used liberally to cleanse hands before and after you examine a patient.
2. Please do not wear white coats or long sleeved attire into Nurseries or the NICU.
3. You are expected to wear scrubs. Watch and jewellery should not be worn.

4. Stethoscopes will be available at each bedside and is not to be shared between patients.
5. No food or personal belongings are allowed by the bedside.

General Information

1. Resource material is available in the main Library at the PLC which is on Level 0, room # 0634. The hours of operation are 0800 – 1600 hours, Monday to Friday. After hours you can call Security and they will open the library for you.
2. Identification badges must be worn and clearly visible at all times.
3. Wear your scrubs on the first day of your rotation.
4. Parking is reciprocal between sites if you have an AHS parking permit.

Other Information

All clerks have a one-week NICU sub-rotation. This sub-rotation allows focus on the following aspects of paediatrics:

1. Proficiently examine a newborn.
2. Effectively communicate with a family that has a baby in the NICU.
3. Participate in NICU multidisciplinary rounds.
4. Attend a neonatal resuscitation or simulation.
5. Identify key features of the pregnancy, labour and delivery history that are pertinent to newborn's health.
6. Understand the broad range of surgical, neurocritical and cardiac issues that newborns may experience.

Neonatology (NICU) – Rockyview General Hospital

Where Do I Go on the First Day of the Sub-Rotation?

- ✓ Please meet the neonatologist on service at the Rockyview General Hospital (RGH) based in the Special Care Nursery (6th floor, Unit 63) at 0800 on the first day of your sub-rotation. The Resident/ Fellow/ Clinical Assistant/ Nurse practitioner will orient
- ✓ **BEFORE YOUR SUB-ROTATION STARTS** please review the documents under [Very Important \(Pre- Reading\)](#).

Important Contact Information

- ✓ Neonatology Clerkship Coordinator: Afnan Musameh at Afnan.Musameh@ahs.ca
 - ✓ Neonatology Clerkship Director: Dr. Essa Al Awad at essa.alawad@ahs.ca
 - ✓ RGH NICU unit desk#: 403- 943-3563
- **Please contact the [Neonatology clerkship coordinator](#) for your rotation inquiries.**

Schedule

- On a typical day in the NICU, sign-out by the on-call team is at 08:00 on all days except Tuesdays and Fridays (07:45) to facilitate resident teaching sessions.
- Morning rounds start between 09:00 and 10:00. Sign-out rounds are at 4 PM except on call days when you are expected to be in the NICU until 10 PM.

AHS MyLearning Module

Before the start of the rotation, please login to MyLearningLink and complete the two listed modules below. Link: <https://mylearninglink.ahs.ca/elearning/bins/index.asp>

Username: FirstNameLastName

In “Courses & Registration” search for the following modules to complete:

- Hand Hygiene Interactive Module
- Infection Prevention and Control: Personal Protective Equipment and You

Please complete the quiz at the end of the Hand Hygiene module and save the certificate of completion for your record.

IT Systems Access (eg SCM, eCritical etc) The courses can ONLY be completed on an AHS computer
For elective clerks and clerks who do not previously have access, on your first day of the rotation once the orientation of the unit has been completed and when the preceptor permits please do the following;

The screenshot displays the Alberta Health Services MyLearningLink interface. At the top, there is a navigation bar with links: MY COURSES, MY REPORTS, CHANGE PASSWORD, LOG OFF, COURSE CATALOG, and HELP. Below this, a user profile box shows: Student: C..., Group: Physicians & Providers, Department: Clinical Clerk, City: Calgary, Site: Elective/No Primary Site, and Job Code: Elective Clinical Clerk. The 'Courses' section lists five modules, each with a checkbox and a status indicator (e.g., 'Not Started', 'Incomplete', 'Complete'). The first module, 'eCritical Physician: Independent Learning', is marked as 'Complete'. Below the course list, a 'Troubleshooting Information' box provides instructions for users experiencing issues, such as not opening other windows, ensuring all computer requirements are met, and trying a different computer or calling the Local IT Service Desk for assistance.

- Visit the following WBT page <http://wbt.healthy.bewell.ca/>
- Log in using the WBT log in already received and
- Complete all required courses in order to grant the necessary access for your rotation.
- The duration of each course varies; eCritical and Impax could take up to 30 - 60 minutes while SCM would take up to 2 hours.
- If you have any issues granting access please contact the IT desk phone # at **1 877 311 4300**.

Other important events which may occur during your rotation:

Please communicate with your preceptors and residents as there may be teaching sessions provided during this rotation.

Call

- ✓ This sub-rotation includes one call shift – **one** night per week (until 22:00) & **one** weekend shift till 16:00
- ✓ These calls can be found on the schedule attached to the e-mail sent to you by the Neonatology clerkship coordinator before your rotation begins.
- ✓ Please remind your preceptor and the members of your team of your call a day before. You are expected to attend clinical service after the night on call.

Assessment - How To Get Your ITER

- ✓ The neonatologist on service on the week of the clerk's sub-rotation will be responsible for providing a collated evaluation for the week.
 **Please distribute your ITER through [One45](#) to the neonatology on service on the week of your sub-rotation at neonatology

Absences – I'm Sick, What's Next?

- ✓ Please notify everyone at the neonatology site that needs to know you are absent, first call the unit then send an email to (your preceptor, Dr. Essa Al Awad, UME Coordinator & the neonatology clerkship coordinator).

Very Important (Pre- Reading)

- ✓ Please consult the [NICU Expectations document](#).
- ✓ Be sure to read the NICU Survival kit in advance. It is found in the NICU rotation guide in Osler.
- ✓ For a list of abbreviations commonly used in the NICU, please [refer to this page](#)

Educational Resources

1. Videos on normal newborn examination and neonatal resuscitation in the folder marked "Clinical Clerks".
2. Folder marked (Clerk Clerks) is placed on the desktop of the computer in the Education room in the NICU. This folder has video on normal newborn examination and other neonatology based topics of interest.
3. **Books must not be removed from the unit.**

Recommended Reading

1. Neonatology at a glance – Tom Lissauer, Avroy A Fanaroff, Michael Weindling.
2. The Newborn Child – Peter Johnston
3. Other information and textbooks are available in the NICU. There is a "pillar of knowledge" by the desk with many of the unit routines posted.

Infection Prevention

Handwashing is crucial

1. Exercise appropriate diligence in preventing cross-infection. Microsan is available at every bedside and should be used liberally to cleanse hands before and after you examine a patient.
2. Please do not wear white coats or long sleeved attire into Nurseries or the NICU.
3. You are expected to wear scrubs. Watch and jewellery should not be worn.
4. Stethoscopes will be available at each bedside and is not to be shared between patients.
5. No food or personal belongings are allowed by the bedside

General Information

1. Identification badges must be worn and clearly visible at all times.
2. Wear your scrubs on the first day of your rotation.
3. Parking is reciprocal between sites if you have an AHS parking permit.

Other Information

All clerks have a one-week NICU sub-rotation. This sub-rotation allows focus on the following aspects of paediatrics:

Proficiently examine a newborn.

Effectively communicate with a family that has a baby in the NICU.

Participate in NICU multidisciplinary rounds.

Attend a neonatal resuscitation or simulation.

Identify key features of the pregnancy, labour and delivery history that are pertinent to newborn's health.

Understand the broad range of surgical, neurocritical and cardiac issues that newborns may experience.

Neonatology (NICU) – South Health Campus

Where Do I Go on the First Day of the Sub-Rotation?

- ✓ Please meet Karen Hayes, Site Admin at the South Health Campus (SHC) based in the NICU, located on the 7th floor within Unit 76, at 08:00 on the first day of your sub-rotation. Karen will orient you.
- ✓ **BEFORE YOUR SUB-ROTATION STARTS** please review the documents under [Very Important \(Pre- Reading\)](#).

Important Contact Information

- ✓ Neonatology Clerkship Coordinator: Afnan Musameh at Afnan.Musameh@ahs.ca
- ✓ Neonatology Clerkship Director: Dr. Essa Al Awad at essa.alawad@ahs.ca
- ✓ SHC NICU unit desk #: **403-956-2076**
**Please contact the [Neonatology clerkship coordinator](#) for your rotation inquiries.

Schedule

- On a typical day in the NICU, sign-out by the on-call team is at 08:00 on all days except Tuesdays and Fridays (07:45) to facilitate resident teaching sessions.
- Morning rounds start between 09:00 and 10:00. Sign-out rounds are at 4 PM except on call days when you are expected to be in the NICU until 10 PM.

AHS MyLearning Module

Before the start of the rotation, please login to MyLearningLink and complete the two listed modules below. Link: <https://mylearninglink.ahs.ca/elearning/bins/index.asp>

Username: FirstNameLastName

In “Courses & Registration” search for the following modules to complete:

- Hand Hygiene Interactive Module
- Infection Prevention and Control: Personal Protective Equipment and You

Please complete the quiz at the end of the Hand Hygiene module and save the certificate of completion for your record.

IT Systems Access (eg SCM, eCritical etc) The courses can ONLY be completed on an AHS computer
For elective clerks and clerks who do not previously have access, on your first day of the rotation once the orientation of the unit has been completed and when the preceptor permits please do the following;

Alberta Health Services

MY COURSES MY REPORTS CHANGE PASSWORD LOG OFF COURSE CATALOG HELP

Student: C...
Group: Physicians & Providers
Department: Clinical Clerk
City: Calgary
Site: Elective/No Primary Site
Job Code: Elective Clinical Clerk

Courses [Menu](#) [References](#)

- ☐ [eCritical Physician: Independent Learning](#)
- ☐ [Impax General Training: Independent Learning](#)
- ☐ [SCM Ambulatory Physicians: Independent Learning](#)
- ☐ [SCM Emergency Physicians Triage Tracking & Downtime: Independent Learning](#)
- ☐ [SCM Physicians: Independent Learning](#)

☐ Not Started ☐ Incomplete ☒ Complete ☐ Prerequisite required ☐ Not ready ☐ Not enrolled ☐ Expired ☐ Past target date ☐ Offline

Troubleshooting Information. If you experience any issues with your lesson results (no checkmarks after you pass) or if the elearning freezes, please try the following:
> Do not open other windows such as webmail or other websites while completing your training.
> Windows 7 (Internet Explorer 11) users should turn ON Compatibility Mode **Tools>Compatibility View Settings> choose Display**
> Ensure all computer requirements for VBT Manager are met [Click Here for List](#)
> If all computer requirements are met - try InPrivate Browsing [Click Here For InPrivate Instructions](#).
> For more detailed Course Troubleshooting information [Click Here](#)
If none of the above steps work, try another computer or call your [Local IT Service Desk](#) for assistance.

- Visit the following WBT page <http://wbt.healthy.bewell.ca/>
- Log in using the WBT log in already received and
- Complete all required courses in order to grant the necessary access for your rotation.
- The duration of each course varies; eCritical and Impax could take up to 30 - 60 minutes while SCM would take up to 2 hours.
- If you have any issues granting access please contact the IT desk phone # at **1 877 311 4300**.

Other important events which may occur during your rotation:

Please communicate with your preceptors and residents as there may be teaching sessions provided during this rotation.

Call

- ✓ This sub-rotation includes one call shift – **one** night per week (until 22:00) & :00
- ✓ These calls can be found on the schedule attached to the e-mail sent to you by the Neonatology clerkship coordinator before your rotation begins.
- ✓ Please remind your preceptor and the members of your team of your call a day before. You are expected to attend clinical service after the night on call.

Assessment - How To Get Your ITER

- ✓ The neonatologist on service on the week of the clerk's sub-rotation will be responsible for providing a collated evaluation for the week.
- **Please distribute your ITER through [One45](#) to the neonatology on service on the week of your sub-rotation at neonatology

Absences – I'm Sick, What's Next?

- ✓ Please notify everyone at the neonatology site that needs to know you are absent, first call the unit then send an email to (your preceptor, Dr. Essa Al Awad, UME Coordinator & the neonatology clerkship coordinator).

Very Important (Pre- Reading)

- ✓ Please consult the [NICU Expectations document](#).
- ✓ Be sure to read the NICU Survival kit in advance. It is found in the NICU rotation guide in Osler.
- ✓ For a list of abbreviations commonly used in the NICU, please [refer to this page](#)

Educational Resources

1. Videos on normal newborn examination and neonatal resuscitation in the folder marked "Clinical Clerks".
2. Folder marked (Clerk Clerks) is placed on the desktop of the computer in the Education room in the NICU. This folder has video on normal newborn examination and other neonatology based topics of interest.
3. **Books must not be removed from the unit.**

Recommended Reading

1. Neonatology at a glance – Tom Lissauer, Avroy A Fanaroff, Michael Weindling.
2. The Newborn Child – Peter Johnston
3. Other information and textbooks are available in the NICU. There is a "pillar of knowledge" by the desk with many of the unit routines posted.

Infection Prevention

HANDWASHING IS CRUCIAL

1. Exercise appropriate diligence in preventing cross-infection. Microsan is available at every bedside and should be used liberally to cleanse hands before and after you examine a patient.
2. Please do not wear white coats or long sleeved attire into Nurseries or the NICU.
3. You are expected to wear scrubs. Watch and jewellery should not be worn.
4. Stethoscopes will be available at each bedside and is not to be shared between patients.
5. No food or personal belongings are allowed by the bedside

General Information

1. Identification badges must be worn and clearly visible at all times.
2. Wear your scrubs on the first day of your rotation.

Other Information

Most clerks have a one-week subspecialty sub-rotation. This sub-rotation allows focus on the following aspects of paediatrics:

1. Proficiently examine a newborn.
2. Effectively communicate with a family that has a baby in the NICU.
3. Participate in NICU multidisciplinary rounds.
4. Attend a neonatal resuscitation or simulation.
5. Identify key features of the pregnancy, labour and delivery history that are pertinent to newborn's health.
6. Understand the broad range of surgical, neurocritical and cardiac issues that newborns may experience.

Peter Lougheed Centre CTU Rotation (2 weeks)

This rotation is a 2 weeks CTU rotation at PLC and 1 week at ACH

- ✓ 2 weeks of PLC CTU (organized by [Dawn Humphrey](#) at or 403-955-5715)
- ✓ 1 week of ACH admitting. Please see ACH CTU schedule in Osler. Information about this week including the orientation can be found in the section about the [ACH CTU](#).
- ✓ Prior to the start of the ACH week please review the [orientation podcast and video tour](#) as well as the [admitting week podcast](#).

Where Do I Go on the First Day of this Sub-Rotation?

- ✓ Starting time: 8:00 am
- ✓ Peter Lougheed Centre: 3500-26 Ave. NE, Calgary, AB T1Y 6J4
- ✓ Main building 4th floor, unit 41, meet in the conference room.
- ✓ Handover from 08:00 – 08:30.
- ✓ The preceptor will spend time with orientation from 09:00 – 09:30.

Important Contact Information

- ✓ Site Administrator: **Dawn Humphrey** at Dawn.Humphrey@ahs.ca or 403-955-5715
- ✓ Site Medical Lead: Dr. Carrah Bouma at Carrah.Bouma@ahs.ca
- ✓ **Unit 41: 403-943-5741**

Please contact the [Site Administrator](#) for your **PLC CTU rotation inquiries.

Start your Rotation

- ✓ You will receive a welcome to PLC CTU email from the Site Administrator. Please read carefully and pay particular attention to the PLC Bedside Schedule. Also – please review the PLC Guide posted on [OSLER](#).
- ✓ Please check Osler for your ACH admitting schedule.

You work under the supervision of preceptor Paediatricians and sometimes “Junior Consultants” (senior Paediatrics residents) and alongside nurses. The other important student contingent is made up of junior residents, most of whom are from the Family Medicine Residency Program.

Expectations

1. Students will spend the entirety of their two weeks on site at PLC.
2. Duties include: admissions from ED, newborn examinations etc

Daily Schedule on Unit 41

Unit 41 CTU (all clerks should attend Unit 41 for daily teaching from 08:00 - 09:00)

Conference Room 4125 (is located inside unit 41)

TIME	EVENT	LOCATION	Notes
07:30 - 08:00	Handover/ assessments	Room 4125	Change into greens (Scrubs) Give name/pager to unit clerks
08:00 - 09:00	Teaching ALL CLERKS	Room 4125	Interactive or assigned topics
09:00 - 09:30	Patient assessments	Unit 41	
09:30 - noon	Bedside rounds CLERKS ON CTU	Unit 41	
Lunch			
12:30 - 16:30	Ward work/consults see schedule	Unit 41/ ED/ postnatal ward	Seeing new admissions follow-up Resuscitations

TIME	EVENT	LOCATION	Notes
17:00	Evening handover (if on-call or on ward in afternoon)	Room 4125	

Outline of the Day

Weekdays

- ✓ 07:30: The day begins with handover/transfer of care.
- ✓ 08:00: there is a one-hour interactive teaching session in the conference room, for all clerks.
- ✓ 09:30: Walk Rounds for the clerks on CTU commence, so patient review before 08:00 and from 09:00-09:30.
- ✓ Typically work arising from rounds is completed by noon.
- ✓ Afternoons include self-directed learning and admissions, transfers and discharges.
- ✓ Please advise preceptors when you have other mandatory educational activities.
- ✓ For the remaining afternoons, you will assist the rest of the house staff with coverage of the PLC Paediatric service. On weekdays, this includes carry-over work from the morning and new admissions to Unit 41 and assessments.
- ✓ here will be one SIMS lab every week. *Dr. Ciara Chamberlain* coordinates these sessions with Nurse Clinician, *Yvonne Seapaul*. You will receive a schedule of where to go.

PLC CTU Evaluation general comments about assessments:

- ✓ Unlike most paediatrics sub-rotations, you will receive 2 ITERs for your time at PLC – an ITER for each week on CTU.
- ✓ To determine your preceptor for your weeks on Unit 41 – please refer to the PLC schedule on Osler and refer to the 2nd column from the left (titled Paeds preceptor) – one preceptor is assigned per week.
- ✓ You will also receive an orientation e-mail before your rotation starts from the Site Administrator.
- ✓ Please distribute evaluation form on ITERs through [One45](#) to the preceptors listed in the e-mail/on the schedule.
- ✓ In general, there are weekly face-to-face feedback sessions and post-call feedback sessions.

Absences – I'm Sick, What Next?

- ✓ Please call the unit (phone number listed above)
- ✓ Then send an email to your preceptor, [Dr. Carrah Bouma](#), UME coordinator and site administrator.
- ✓ Ensure you check [the absence guidelines](#) for further steps.

Absences – I’m Sick, What Do I Do?

If you’re sick or unable to attend your clinical duties, please do the following three steps at least 30 minutes before the start of the clinical experience:

- a. Call your clinical preceptor – speak directly with this person, a page on its own is not sufficient.
- b. Call or e-mail anyone else at your sub-rotation that may need to be notified (this varies by sub-rotation, for details please go to your [sub-rotations’s information page](#). When in doubt, notify everyone at your sub-rotation that you reasonably believe needs to know – your primary preceptor, the Site Lead, Site Administrator, etc.
- c. Send an e-mail to Yuan Burton the UME Paediatric Program Coordinator at peds@ucalgary.ca and Henry Teng the Paediatric Administrator at Henry.Teng@ahs.ca

A physician’s note is required for absences greater than 3 days or in events that result in examination deferrals. Please review examination deferral process and policies in the clerkship handbook, which can be found [here](#).

For a full outline of absence policy and how we calculate [makeup time](#), please see the [Absence section in the Appendix](#).

Assessment and Mandatory Components during your Paediatrics Rotation - Explained

For a list of all mandatory things you need to complete during your paediatrics rotation (including ITERs and examinations) please see the [Essential Things You Need to Know about Your Paediatrics Clerkship](#) page in this document. You can also consult the Clerkship Student Handbook for the Class of 2022 available in OSLER.

Students are required to submit at least one **ITER** per sub-rotation, though the way to collect ITERs will vary by sub-rotation so be sure to find [read the information for your specific sub-rotation](#). The paediatric clerkship committee will review all of the ITERs received and will make an overall assessment of unsatisfactory versus satisfactory based on the individual ITERs. Individual preceptor ITERs do not make a student satisfactory or unsatisfactory by themselves. Some ITERs (for example CTU sub-rotations) will be weighted more heavily in the final decision due to the length of the sub-rotation.

The **passports** should be handed in to the UME office within 5 days after the end of the clerkship, though students will be expected to bring them to the final MCQ examination. **You are encouraged to have all the observed items ticked off by a staff physician but are not required to do so.** If you do not hand in the [Student Passport](#) your final assessment for the Paediatrics Clerkship will be, at best, Satisfactory with Performance Deficiencies.

Logbooks are a mandatory requirement of your paediatrics clerkship. You are required to log when you have completed all of the listed clinical presentations and tasks. Please note that there are some clinical presentations that you will likely not see during your rotation as they are rare. The point of listing (and logging) them is to ensure that you read about these AND/or discuss them with one of your preceptors during your rotation. Once you have read around the topic and/or discussed this with your preceptor, you may log this as completed. You must complete the logbook 48 hours prior to the final examination in the paediatric rotation. Students who have not fulfilled this requirement will not be allowed to write the final examination and will have to defer the examination to either the October or April deferral period. In cases of delayed summative examinations because of missed logbook, the rotation will be considered “incomplete” until all required elements have been completed.

The **formative MCQ** will open at 09:00 on the Monday of Week 1 of your 4 week block of your paediatrics rotation and close at 16:00 on Friday of Week 2 of your four-week block. A blueprint of the MCQ is available on OSLER. Failure to complete the formative MCQ may result in the delay of your scheduled final MCQ to next block of clerks or the re-write/deferral date of the MCQ closer to the end of the clerkship year and a temporary “incomplete” evaluation of your paediatrics rotation until the final MCQ is written. For the full policy surrounding formative examinations, please consult the Clerkship Student Handbook for the Class of 2022 at <https://ucalgary.ca/mdprogram/current-students>.

The **summative MCQ** schedule will be sent from UME. You will receive an e-mail reminder of the time and location. A blueprint of the examination is available on OSLER.

Non-ED Simulation Sessions

Not all paediatric clerks will have the opportunity to complete an Emergency Department sub-rotation or sub-rotations with integrated patient simulation opportunities. Therefore, some clerks will be scheduled to complete 2.5 hours of simulation sessions at the KidSIM™ lab on the **fourth floor** of ACH. Clerks will be notified by the Paediatrics Program Coordinator (peds@ucalgary.ca) at the very beginning of their rotation if they fall into this category and will be sent a schedule that will also be posted on OSLER. It is the clerk's responsibility to inform their preceptor and everyone at their sub-rotation that should know of absences that they will be absent during the scheduled times. Clerks are expected to return to clinical duties after their simulation sessions have finished.

APPENDICES

Directory – All Your Peds Contacts in One Place

Contact Information	Phone	Email
UME Contacts <i>(please direct all paediatric rotation enquiries to Yuan Burton and Henry Teng first)</i>		
Paediatric UME Coordinator, Department of Paediatrics Fax: (403) 955-3045 Mailing Address: C4-601-01, 4th Floor, Paediatrics, Alberta Children's Hospital	Henry Teng	403-955-2413
		Henry.Teng@ahs.ca
Clerkship Director	Dr. Susan Bannister	403-955-2413
		susan.bannister@ahs.ca
Deputy Clerkship Director	Dr. Julian Midgley	403-955-7823
		julian.midgley@ahs.ca
Evaluation Coordinator	Dr. Nicole Johnson	403-955-7771
		nicole.johnson@ahs.ca
UME Program Coordinator	Yuan Burton	403-210-7530
		peds@ucalgary.ca
UME Student Representatives	Simonne Horwitz (Class of 2021)	simonne.horwitz@ucalgary.ca
	Christina Dennehy (Class of 2021)	christina.dennehy@ucalgary.ca
	Tejeswin Sharma (Class of 2022) Erin Degelman (Class of 2022)	sharmat@ucalgary.ca erin.degelman@ucalgary.ca
Subrotation Contacts <i>(please direct all inquiries to subrotation administrators first)</i>		
ACH Cardiology Subrotation Physician Contact	Dr. Lindsay Mills	Lindsay.Mills@ahs.ca
ACH Cardiology Subrotation Administrator	Stefannie Augustyn	403-955-2782
		Stefannie.Augustyn@ahs.ca
ACH CTU Subrotation Physician Contact	Dr. Renee Jackson	renee.jackson@ahs.ca
ACH CTU Subrotation Administrator	Tammy Fournier	403-955-7726
		tammy.fournier@ahs.ca
ACH Emergency Subrotation Physician Contact	Dr. Tanuja (T.J.) Kodeeswaran	drkodeeswaran@shaw.ca
ACH Emergency Subrotation Administrator	Heather Numrich	Heather.Numrich@ahs.ca
ACH Endocrinology Subrotation Physician Contact	Dr. Rebecca Perry	rebecca.perry@ahs.ca
ACH Endocrinology Subrotation Administrator	Pam White	403-955-7301
		pamela.white@ahs.ca
ACH Gastroenterology Subrotation Physician Contact	Dr. Gary Galante	Gary.Galante@ahs.ca
ACH Gastroenterology Subrotation Administrator	Pam White	403-955-7301
		pamela.white@ahs.ca

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Neonatology (NICU) – Know Your Allies

1. Neonatologists and Program Clinical Assistants (CAs):

Neos and CAs are always happy to answer your questions. We don't expect you to know everything about babies! So feel free to ask questions! Rounds are generally run under the neonatologist on service, each patient is discussed and care plan is reviewed. On occasion, rounds will be under the CA. Significant changes in plans must be made with consultation with the CA or attending.

2. Charge nurses:

Charge nurses have extensive experience in the unit and are valuable resource when advice is needed.

3. Bedside nurses:

Bedside nurses play a crucial role within the team. They are a valuable source of 'daily updates' regarding the state of the babies. Please seek them out in the morning to find out when is an appropriate time to examine your babies.

4. Respiratory Therapists:

RTs are skilled in respiratory issues and ventilation and certainly a valuable source for advice regarding respiratory issues' management and plan.

Academic Half Day (AHD)

Academic Half Day (AHD) has been completed for the Class of 2022 academic year. Lecture slides can be found on OSLER under the event pages. Refer to the Paediatric Clerkship – Online Learning Manual for important additional learning resources.

Objectives for Your Paediatrics Rotation (canuc-paeds)

Outcomes for the Graduating Medical Student

Medical Expert

The student is able to:

- Demonstrate proficiency in acquiring a complete and accurate **paediatric history** with consideration of the child's age, development and the family's cultural, socioeconomic and educational background.
- Describe differences between the medical management of paediatric patients versus adult patients.
- Recognise an acutely ill child.
- Demonstrate an approach (the generation of a differential diagnoses, appropriate initial diagnostic investigations and management plan) to the following **core clinical paediatric presentations**:
 - Abdominal Pain & Abdominal Mass
 - Acutely Ill Child
 - Adolescent Health Issues
 - Altered LOC
 - Bruising / Bleeding
 - Dehydration
 - Development / Behavioural / Learning Problems
 - Diarrhea
 - Edema
 - Eye Issues
 - Fever
 - Genito-urinary Complaints (hematuria, dysuria, polyuria, frequency, pain)
 - Growth Problems
 - Headache
 - Inadequately explained injury (Child abuse)
 - Limp/ Extremity Pain
 - Lymphadenopathy
 - Mental Health Concerns
 - Murmur
 - Neonatal Jaundice
 - Newborn
 - Pallor/ Anemia
 - Rash
 - Respiratory distress / Cough
 - Seizure / Paroxysmal event
 - Sore Ear
 - Sore Throat / Sore Mouth
 - Vomiting
 - Well Child Care (newborn, infant, child)

Please see the list of key conditions for each clinical presentation.

- Demonstrate **physical examination skills** that reflect consideration of the clinical presentation as well as the comfort, age, development and cultural context of the infant, child, or adolescent.
- Demonstrate competence with the following paediatric physical examination skills in addition to general physical examination skills:
 - Position and immobilise patient for certain physical examination skills

Measure and interpret height, weight, head circumference (including plotting on growth curve and calculation of body mass index)
Measure and interpret vital signs
Palpate for fontanelles and suture lines
Perform red reflex and cover-uncover test
Perform otoscopy
Inspect for dysmorphic features
Elicit primitive reflexes
Perform infant hip examination
Assess the lumbosacral spine for abnormalities
Assess for scoliosis
Palpate femoral pulses
Examine external genitalia
Assess for sexual maturity rating (Tanner staging)

Professional

The student is able to:

- Demonstrate professional behaviours in practice including: honesty, integrity, commitment, compassion, respect and altruism.
- Demonstrate a commitment to perform to the highest standard of care through the acceptance and application of performance feedback.
- Recognise and respond to ethical issues encountered in clinical practice.
- Fulfil legal obligations as they pertain to paediatric practice (reporting child maltreatment).
- Recognise the principles and limits of patient confidentiality as it pertains to paediatrics (age of consent, emancipated minors, disclosure of suicidal/homicidal intent and disclosure of abuse).
- Balance personal and professional responsibilities to ensure personal health, academic achievement and the highest quality of patient care.
- Recognise factors such as fatigue, stress and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.

Communicator

The student is able to:

- Demonstrate communication skills that convey respect, integrity, flexibility, sensitivity, empathy and compassion.
- Communicate using open-ended inquiry, listening attentively and verifying for mutual understanding.
- Demonstrate a patient-centred and family-centred approach to communication which requires involving the family and patient in shared decision making and involves gathering information about the patients' and families' beliefs, concerns, expectations and illness experience.
- Acquire and synthesise relevant information from relevant sources including: family, caregivers and other health professionals.
- Demonstrate organised, complete, informative, legible and accurate written/electronic information related to clinical encounters (such as: admission histories, progress notes and discharge summaries).
- Demonstrate clear, legible and accurate 'doctors orders' (such as investigations, medication orders and outpatient prescriptions).
- Demonstrate organised, complete, informative and accurate information in verbal patient presentations.
- Respect patient confidentiality, privacy and autonomy.
- Acknowledge/demonstrate the principals of dealing with challenging communication issues including: obtaining informed consent, delivering bad news, disclosing adverse medical events and addressing anger, confusion and misunderstanding.

Collaborator

The student is able to:

- Work effectively, respectfully and appropriately in an inter-professional healthcare team.
- Demonstrate understanding of roles and responsibilities in an inter-professional health care team; recognising his/her own responsibilities and limits.
- Effectively collaborate/consult/participate with members of the inter- and intra-professional team to optimise the health of the patient/family.
- Effectively work with other health professional to prevent, negotiate and resolve inter- and intra-professional conflict.

Leader

The student is able to:

- Demonstrate priority setting and time management skills that balance patient care, academic responsibilities and personal well being.
- Employ information technology to maximise patient care.
- Demonstrate a rationale approach to finite resource allocation in patient management; apply evidence in cost-effective care.
- Develop management plans that demonstrate due attention to discharge planning and recognition of key community resources to support the family once out of hospital.

Health Advocate

The student is able to:

- Engage in advocacy, health promotion and disease prevention with patients and families including: mental health, child maltreatment, healthy active living, safety and early literacy support.
- Identify emerging and ongoing issues for paediatric patients who are potentially vulnerable or marginalised including: First Nations Peoples, new immigrants, disabled children, children living in poverty and children with mental health, sexual orientation, or gender identity concerns.
- Identify determinates of health for paediatric populations and the physician's role and points of influence in these issues.
- Identify barriers that prevent children from accessing health care including: financial, cultural and geographic.

Scholar

The student is able to:

- Engage in self-directed lifelong learning strategies.
- Engage in self-assessment through reflective practice.
- Apply the principals of critical appraisal of the literature to guide evidenced based patient care.
- Demonstrate integration of new learning into practice.
- Demonstrate effective teaching/learning strategies and content that facilitate the learning of others (peers, patients, families, allied health professionals).

canuc-paeds: Clinical Presentations and Key Conditions

Clinical Presentation	Key Conditions *
Abdominal Pain & Abdominal Mass	Appendicitis Constipation Functional Neuroblastoma Ovarian torsion Pregnancy Wilm's tumor
Acutely Ill Child	Acute abdomen Burn Diabetic ketoacidosis / Diabetes mellitus Meningococemia Poisoning / intoxication Shock Trauma
Adolescent Health Issues	Disordered eating Psychosocial history (HEADSS) Pubertal development Sexual health Sexually transmitted infections Substance use and abuse
Altered Level of Consciousness	Encephalitis Head Injury Hypoglycemia Metabolic disease
Bruising / Bleeding	Hemophilia Idiopathic thrombocytopenic purpura Leukemia
Dehydration	Hyponatremia / hypernatremia Mild / moderate / severe dehydration
Development / Behavioural / Learning Problems	Attention deficient hyperactivity disorder Autism spectrum disorder Cerebral palsy Fetal alcohol spectrum disorder Global delay Gross motor delay Learning disability Speech / language delay
Diarrhea	Celiac Cow's milk protein allergy Gastroenteritis Hemolytic uremic syndrome Inflammatory bowel disease Toddler's diarrhea
Edema	Nephritic syndrome Nephrotic syndrome Renal failure
Eye Issues	Absent red reflex Amblyopia Conjunctivitis Normal vision development Periorbital / orbital cellulitis Strabismus Visual changes

Clinical Presentation	Key Conditions *
Fever	(<1mo, 1-3 mo, >3 mo) Kawasaki disease Meningitis Occult bacteremia /sepsis Urinary tract infection Viral
Genitourinary Complaints (hematuria, dysuria, polyuria, frequency, pain)	Balanitis Enuresis Phimosis Testicular torsion Vesicoureteral reflux Vulvo-vaginitis
Growth Problems	Constitutional delay Failure to thrive Familial short stature Turner syndrome
Headache	Brain tumor Concussion Increased intracranial pressure Migraine
Inadequately explained injury (Child abuse)	Abusive head trauma Domestic violence Neglect Physical abuse Sexual abuse
Limp/ Extremity Pain	Bone tumor Growing pains Juvenile idiopathic arthritis Legg Calve Perthes disease Osgood Schlatter disease Osteomyelitis Post-infectious Reactive arthritis Rheumatic fever Septic arthritis Slipped capital femoral epiphysis Transient synovitis Trauma / injury
Lymphadenopathy	Cervical adenitis Lymphoma Mononucleosis Reactive
Mental Health Concerns	Anxiety Depression School refusal Suicidality
Murmur	Congenital heart disease Innocent murmur
Neonatal Jaundice	Biliary atresia Breast feeding jaundice Breast milk jaundice Hemolytic anemia Kernicterus Physiologic

Clinical Presentation	Key Conditions *
Newborn	Abnormal newborn screen Birth Trauma Congenital infections Cyanosis Depressed newborn Hypoglycemia Hypothermia Hypotonia / floppy newborn Large for gestational age Neonatal abstinence syndrome Newborn physical examination (normal, abnormal) Prematurity Respiratory distress Sepsis Small for gestational age Trisomy 21 Vitamin K deficiency
Pallor/ Anemia	Hemoglobinopathies Hemolysis Iron deficiency
Rash	Acne Cellulitis Diaper rashes Drug eruption Eczema Henoch Schölein purpura Impetigo Scabies Scarlet fever Seborrhea dermatitis Urticaria Viral exanthems
Respiratory distress / Cough	Anaphylaxis Asthma Bronchiolitis Congestive heart failure Croup Cystic fibrosis Epiglottitis Foreign body Pertussis Pneumonia Status asthmaticus Tracheitis
Seizure / Paroxysmal event	Arrhythmia Breath-holding spell Brief Resolved Unexplained Event Febrile vs. non-febrile seizure General vs. focal seizure Status epilepticus Syncope
Sore Ear	Otitis externa Otitis media
Sore Throat / Sore Mouth	Dental disease Oral thrush Peritonsillar abscess Pharyngitis Retropharyngeal abscess / cellulitis Stomatitis

Clinical Presentation	Key Conditions *
Vomiting	Gastroesophageal reflux / Gastroesophageal reflux disease Intestinal atresia Intussusception Malrotation/volvulus Pyloric stenosis
Well Child Care (newborn, infant, child)	Anticipatory guidance Circumcision Crying / colic Dental health Discipline / Parenting Growth – Head circumference, Height, Weight, Body mass index Health active living Hearing Hypertension Immunizations Injury prevention Normal development Nutrition & Feeding Sleep issues Social-economic / cultural / home / environment Sudden infant death syndrome

*“Key conditions” are the core conditions that the Paediatric Undergraduate and Clerkship Directors of Canada (PUPDOC) felt are essential for graduating medical students to know. The Key Conditions are neither a differential diagnosis nor a scheme (approach to the clinical presentation). They highlight conditions that may be unique to paediatrics, that are essential, or that are common. Key Conditions can present in a number of ways – each is listed as under the most common Clinical Presentation.

Clinical Presentations: Learning Objectives and Study Guide

*Please note that we have created some [Canuc-paeds cards](http://cards.ucalgary.ca/institute/6) to assist you in practicing with these clinical presentations. Please find them at the link: <http://cards.ucalgary.ca/institute/6>

Abdominal Pain & Abdominal Mass

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Clinically recognize and propose an investigation and management plan for patients with appendicitis, constipation and functional abdominal pain.
2. Recognize the clinical features of neuroblastoma, ovarian torsion, pregnancy and Wilm's tumor

Resources

Acute Abdominal Pain. Ross A et al. *Pediatrics in Review* 2010; 31: 135-144.

Overview of acute abdominal pain. Focus on history, physical and differential diagnosis.

Chronic Abdominal Pain. Collins BS et al. *Pediatrics in Review* 2007; 28: 323–331.

Review article on chronic abdominal pain focusing on functional causes of abdominal pain.

Managing functional constipation in children.

<http://www.cps.ca/documents/position/functional-constipation>

Canadian Paediatric Society Position Statement (2011) on constipation

Acutely Ill Child

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Recognize and initiate treatment of an acutely ill child.
2. Calculate the fluid deficit and write orders for management of a paediatric patient with: burn, shock and diabetic ketoacidosis.
3. Identify signs and symptoms of a surgical abdomen.
4. Clinically recognize signs and symptoms of poisoning / intoxication and propose an investigation and management plan for patients with acetaminophen toxicity.
5. Clinically recognize meningococemia and describe a management plan.
6. Propose a management plan for a paediatric patient with trauma including primary and secondary surveys and use of Broselow tape.

Resources

APLS: The Pediatric Emergency Medicine Resource Fifth Edition. American Academy of Pediatrics, American College of Emergency Physicians, 2012.

[Intravenous fluid management for the acutely ill child](#). Moritz ML et al. *Current Opinion in Pediatrics* 2011; 23, 186-193.

Adolescent Health Issues

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Conduct a history that includes social-economic, cultural, home and environment factors.
2. Recognize the factors that contribute to disordered eating and substance use and abuse.
3. List the order of pubertal development in boys and girls.
4. List the features on history and physical examination that are consistent with sexually transmitted infections.

Resources

Getting into adolescent heads: An essential update. Goldenring, JM et al Contemporary Pediatrics 2004.

<https://www.peds.arizona.edu/sites/default/files/curriculum-files/headss.pdf>

Lengthy but excellent article. Provides great examples of questions for the adolescent HEADSS history (included in a table within the article).

Grieg Health Record

<http://www.cps.ca/tools-outils/grieg-health-record>

Grieg Health Record for ages 6 to 17 years; covers mental health, adolescence, social and home context.

Healthy active living: Physical activity guidelines for children and adolescents

Canadian Paediatric Society Position Statement (2012)

<http://www.cps.ca/en/documents/position/physical-activity-guidelines>

Altered Level of Consciousness

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Propose a differential diagnosis and an investigation and management plan for a paediatric patient with an altered level of consciousness.
2. Clinically recognize a patient with a concussion and counsel the patient and family in return to school and play guidelines.
3. Propose a differential diagnosis and an investigation and management plan for a paediatric patient with hypoglycemia.
4. Propose an initial investigation and management plan for a patient with suspected metabolic disease.

Resources

Altered States of Consciousness. Avner JR. *Pediatrics in Review* 2006; 27 (9): 331-338.

Approach to altered level of consciousness. Common causes, differential diagnosis, table on herniation syndromes and management.

Bruising / Bleeding

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Identify the symptoms and signs of bleeding or clotting disorders.
2. Describe the indications, contraindications and complications of blood products and their administration.
3. Propose an investigation and management plan for a patient with Idiopathic Thrombocytopenic Purpura.
4. Recognize the laboratory abnormalities for the following conditions
 - a. Hemophilia
 - b. Idiopathic Thrombocytopenic Purpura
 - c. Leukemia

Resources

Thrombocytopenia in infants and children. Consolini DM. *Pediatrics in Review* 2011; 32: 135-49.

Review of platelet disorders, causes of thrombocytopenia in children with a focus on ITP- good tables and diagrams for learning.

Dehydration

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Recognize the clinical features of and propose a management plan for, patients with mild, moderate and severe dehydration.
2. Propose a management plan for patients with hyponatremia and hypernatremia.
3. List the complications of underhydration, overhydration and rapid correction of sodium abnormalities.

Resources

Oral rehydration therapy and early refeeding in the management of childhood gastroenteritis

<http://www.cps.ca/documents/position/oral-rehydration-therapy>

Canadian Paediatric Society Position Statement (2006)

[Intravenous fluid management for the acutely ill child](#). Moritz ML et al. *Current Opinion in Pediatrics* 2011; 23, 186-193.

Body composition: Salt and water. Ruth JL et al. *Pediatrics in Review* 2006; 27(5), 181-187.

Review of the different body fluid compartments, the percentage of body fluid with different ages and the equilibrium between extracellular fluid and intracellular fluid. Listing of the daily requirements for sodium and a discussion of the relationship between serum sodium concentration and total body sodium content.

Development / Behaviour / Learning Problems

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. List the major developmental milestones from birth to age 6 in each of the 5 domains of development: gross motor, fine motor, speech & language and cognitive and social-emotional.
2. Recognize major deviations from the normal range of development and behavior.
3. List a differential diagnosis for speech and language delay.
4. List the features on history and physical examination that are consistent with attention deficit disorders and autism spectrum disorders.

Resources

Speech and language development: Monitoring process and problems. McQuiston S et al. *Pediatrics in Review* 2011; 32: 230. Overview, links to foundational knowledge. General review on speech and language development and problems. Good table regarding normal language development.

Developmental milestones: Motor development. Gerber et al. *Pediatrics in Review* 2010; 31: 267-277. Review of motor development with good pictures; includes red flags for motor delay. Good tables of milestones.

Intellectual Disability (Mental retardation). Shea S. *Pediatrics in Review* 2012; 33: 110. General article on intellectual disability. Good tables.

Diarrhea

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Recognize the clinical features and propose a management plan for patients with gastroenteritis, toddler's diarrhea and cow's milk protein allergy.
2. Recognize the clinical features of Celiac disease, hemolytic uremic syndrome and inflammatory bowel disease.

Resources

Acute Gastroenteritis. Granado-Villar D et al. *Pediatrics in Review* 2012; 33: 487.

Overview article on treatment of gastroenteritis and dehydration.

Chronic Diarrhea in Children. Zella GC et al. *Pediatrics in Review* 2012; 33: 207-218.

Overview on chronic diarrhea. Comprehensive differential diagnosis.

Oral rehydration therapy and early refeeding in the management of childhood gastroenteritis

<http://www.cps.ca/documents/position/oral-rehydration-therapy>

Canadian Paediatric Society Position Statement (2006)

Edema

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Describe the fluid composition of the body, the body water compartments and the normal movement of fluids and electrolytes between compartments.
2. Interpret the results of a urinalysis.
3. Distinguish between pre-renal, renal and post-renal failure.
4. Recognize the clinical features of nephritic and nephrotic syndromes.

Resources

[Edema in childhood](#). Hisano S et al. *Kidney Int* 1997; 59: S100-104.

Covers localised and general edema, causes and management.

The nephrotic syndrome. Gordillo R et al. *Pediatrics in Review* 2009; 30: 94-105.

Review of the mechanism of proteinuria, treatment and outcomes.

Eye Issues

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Clinically recognize an absent red reflex and describe the significance of this finding.
2. Assess visual acuity and for the presence of strabismus.
3. Describe general management for amblyopia.
4. List the differences between periorbital and orbital cellulitis and propose a management plan for each.
5. Propose an investigation and management plan for a patient with conjunctivitis.

Resources

Red Reflex Examination in Neonates, Infants, and Children Pediatrics 122 (6) 1401-1404 (revised 109(5):980

<https://pediatrics.aappublications.org/content/pediatrics/122/6/1401.full.pdf>

Abnormal Red Reflex (Chapter 19)

<https://www.yumpu.com/en/document/read/17947504/ch-19-abnormal-red-reflex>

Good images. Original textbook source unknown.

Fever

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Propose a differential diagnosis and an investigation and management plan for febrile patients in the following age groups:
 - a. Less than 1 month old
 - b. 1-3 months old
 - c. Greater than 3 months old
2. Clinically recognize and propose an investigation and management plan for patients with: Kawasaki disease, meningitis, occult bacteremia / sepsis and urinary tract infection.
3. List common viruses that cause fever in paediatric patients.

Resources

Meningitis. Mann, K et al. *Pediatrics in Review* 2008; 29(12): 417-430.

Overview on bacterial, viral, TB and fungal meningitis, management, complications and long term sequelae.

Kawasaki Disease. Son MB et al. *Pediatrics in Review* 2013; 34(4): 151-162.

Overview article on Kawasaki disease, manifestations, differential diagnosis, treatment, cardiac complications- good pictures and tables.

Urinary tract infection: Clinical practice guideline for the diagnosis and management of the initial UTI in febrile infants and children 2 to 24 months. *Pediatrics*, 2011; 128(3): 595-610.

<https://pediatrics.aappublications.org/content/pediatrics/128/3/595.full.pdf>

<https://pediatrics.aappublications.org/content/pediatrics/138/6/e20163026.full.pdf>

Clinical practice guideline from the Subcommittee on UTI, steering committee on quality improvement and management.

Genitourinary Complaints (hematuria, dysuria, polyuria, frequency, pain)

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Interpret the results of a urinalysis.
2. Describe the etiology and propose a management plan for primary and secondary enuresis.
3. Clinically recognize and propose a management plan for IgA nephropathy and post-infectious glomerulonephritis.
4. List the classification system of vesicoureteral reflux.
5. Clinically recognize and propose a management plan for balanitis, phimosis, testicular torsion and vulvo-vaginitis.
6. Provide parents / guardians with information regarding circumcision.

Resources

Management of primary nocturnal enuresis

<http://www.cps.ca/en/documents/position/primary-nocturnal-enuresis>

Canadian Paediatric Society Position Statement (2005, 2013, 2016)

Acute poststreptococcal glomerulonephritis: An update. Ahn SY et al. *Current Opinion in Pediatrics* 2008; 20: 157-162.

https://journals.lww.com/co-pediatrics/fulltext/2008/04000/acute_poststreptococcal_glomerulonephritis__an.10.aspx

(accessible from AHS computers)

This review summarizes the recent advances in the pathogenesis, host susceptibility factors, diverse clinical presentations and treatment of the condition.

Newborn male circumcision

<http://www.cps.ca/en/documents/position/circumcision>

Canadian Paediatric Society Position Statement (2015, 2021)

Growth

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Accurately plot and interpret a growth curve.
2. Clinically recognize familial short stature and constitutional growth delay.
3. Identify a patient with and list a differential diagnosis for, failure to thrive and obesity.
4. Describe the physiological and psychological consequences of obesity and malnutrition
5. Recognize that there are specific growth charts for some syndromes with abnormal growth (examples: Turner syndrome, Down syndrome).

Resources

Failure to thrive: Current clinical concepts. Jaffe AC. *Pediatrics in Review* 2011; 32: 100-108.

Excellent review on failure to thrive – a common and important paediatric problem.

[Short stature in childhood – Challenges and choices.](#) Allen DB et al. *NEJM* 2013; 368: 1220-1228.

This article works through a case and highlights the distinguishing features of familial short stature and constitutional delay – the two most common causes of short stature in children.

Headache

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Explain the pathophysiology and clinically recognize the signs and symptoms, of increased intracranial pressure.
2. Recognize the clinical features and propose a management plan for patients with concussion.
3. Recognize the clinical features of a migraine headache and a brain tumor.

Resources

Sport-related concussion: Evaluation and management

<http://www.cps.ca/documents/position/sport-related-concussion-evaluation-management>

Canadian Paediatric Society Position Statement (2012, 2014)

Pediatric Headache: A Review. *Pediatrics in Review* Blume HK. 2012; 33: 562-576.

Good and clear review article. Epidemiology of headaches, patterns of headache (nice graph), primary headache syndromes, secondary headaches, substances that can cause headaches, headaches in systemic disease, evaluation of headache, red flags and neuroimaging studies. Management of headaches.

Inadequately Explained Injury (Child Abuse)

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Define the different types of child maltreatment.
2. List the risk factors for child maltreatment.
3. List the “red flags” of a history and physical examination that raise the suspicion of child maltreatment.
4. Recognize normal and abnormal patterns of injury in children.
5. List the appropriate people to be contacted if child abuse is suspected.

Resources

Which injuries may indicate child abuse? Maguire S. *Arch Dis Child Educ Pract Ed* 2010 95: 170-177.

<https://ep.bmj.com/content/edpract/95/6/170.full.pdf>

Overview article in BMJ.

The medical assessment of bruising in suspected child maltreatment cases: A clinical perspective.

<http://www.cps.ca/en/documents/position/medical-assessment-of-bruising>

Canadian Paediatric Society statement (2013, 2017)

Limp / Extremity Pain

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Describe the components of normal gait in the paediatric population.
2. Explain the pathophysiology of bone and soft tissue injury and repair in the paediatric population.
3. Recognize the clinical features and propose a management plan for patients with osteomyelitis, septic arthritis, rheumatic fever and post-infectious and reactive arthritis.
4. Recognize the clinical features of a bone tumor, growing pains, juvenile idiopathic arthritis, Legg Calve Perthes disease, Osgood Schlatter disease, slipped capital femoral epiphysis and transient synovitis.

Resources

pGALS – A screening examination of the musculoskeletal system in school-aged children. Foster HE et al. Arthritis Research Campaign No. 15, 2008.

<https://www.macpeds.com/documents/15.1pGalsRheumatologyExam.pdf>

Brief article outlining an MSK screening examination with excellent visuals/images.

Approach to Acute Limb Pain in Childhood. Tse SML et al. Pediatrics in Review 2006; 27: 170-180.

<http://pedsinreview.aappublications.org/content/27/5/170>

Case based discussion of non-inflammatory and inflammatory causes of acute limb pain.

Evaluation of the child with joint pain or swelling

http://www.uptodate.com/contents/evaluation-of-the-child-with-joint-pain-or-swelling?detectedLanguage=en&source=search_result&search=joint+pain&selectedTitle=2~150&provider=noProvider

The images and tables from the article are most useful. Table format of the pGALS physical examination with pictures. Useful table of the differential diagnosis of the child with limp.

Lymphadenopathy

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Distinguish between infectious and non-infectious causes of lymphadenopathy in the paediatric population.
2. Recognize the clinical features and propose a management plan for patients with cervical adenitis, mononucleosis and reactive lymphadenopathy.
3. Recognize the clinical features of lymphoma.

Resources

Lymphadenopathy. Sahai S. *Pediatrics in Review* 2013; 34: 216-227.

Includes definition of lymphadenopathy, anatomy and physiology, differential diagnosis of lymph node enlargement (systemic and local), history and physical findings, investigations and management. Article has good pictures of lymph nodes in head & neck area and in other body parts. Brief description of diseases causing lymphadenopathy.

Cervical Lymphadenopathy and Adenitis. Peters TR et al. *Pediatrics in Review* 2000; 21: 399-405.

Infectious causes of lymphadenopathy, nice tables.

Mental Health

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. List the features on history and physical examination that are consistent with depression and anxiety in children and youth.
2. Conduct a history to assess a patient's risk of suicide.
3. Conduct a history to explore the reasons for school refusal.

Resources

Grieg Health Record

<http://www.cps.ca/tools-ouils/grieg-health-record>

Grieg Health Record for ages 6 to 17 years; covers mental health, adolescence, social and home context.

Depression and suicide in children and adolescents. Prager, LM. *Pediatrics in Review* 2009;30(6):199-206.

Overview article on depression and suicide in children and adolescents.

Anxiety and separation disorders. Bagnell A. *Pediatrics in Review* 2011; 32: 440.

Overview of common pediatric anxiety disorders with differential diagnoses.

Separation anxiety disorder and school refusal in children and adolescents. Hann GL et al. *Pediatrics in Review* 2006, 27: 56.

Good review on school refusal in separation anxiety in all ages.

Murmur / Cyanosis

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Describe the structural and dynamic changes that occur following birth in the cardiovascular system, including closure of the ductus arteriosus.
2. Describe the classification system of murmurs.
3. Describe the characteristics of “innocent” murmurs.
4. List the indications for prostaglandin infusion in a newborn.
5. Draw a picture and describe the signs and symptoms, of each of the following:
 - a. Ventricular septal defect
 - b. Atrial septal defect
 - c. Patent ductus arteriosus
 - d. Tetralogy of Fallot
 - e. Transposition of the great arteries
 - f. Coarctation of the aorta

Resources

Park's Pediatric Cardiology for Practitioners, 6th Edition

Available through UofC library e-books.

Evaluation and Management of Heart Murmurs in Children. Frank JE et al. *American Family Physician* 2011; 84: 793-800.

<https://www.aafp.org/afp/2011/1001/afp20111001p793.pdf>

Review article on evaluation and management of murmurs.

Lucile Packard Children's Hospital at Stanford: Congenital heart Disease

<https://www.stanfordchildrens.org/en/topic/default?id=congenital-heart-disease-90-P02346>

Includes diagrams and written descriptions of all congenital heart disease; provides an approach to the diagnosis of congenital heart disease.

University of Washington: Demonstration of Heart Sounds & Murmurs

<http://depts.washington.edu/physdx/heart/demo.html>

This site includes audio demonstrations of heart sounds and murmurs, as well as includes links to the pathophysiology

Neonatal Jaundice

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Calculate the ratio of conjugated bilirubin to total bilirubin and decide if the baby has unconjugated or conjugated hyperbilirubinemia.
2. Propose an investigation plan for a baby with conjugated hyperbilirubinemia.
3. Propose a management plan physiologic, breast-milk and breast-feeding jaundice.
4. Propose a management plan for a baby with kernicterus.
5. Describe the maternal and baby blood groups that are a set-up for hemolytic anemia.

Resources

Hyperbilirubinemia in the Newborn. Bryon J. *Pediatrics in Review* 2011; 32(8): 341-349.

Some foundational knowledge on bilirubin metabolism. Discusses physiologic versus pathologic hyperbilirubinemia. More focus on unconjugated hyperbilirubinemia (e.g. breast milk and breastfeeding jaundice).

Conjugated hyperbilirubinemia in children. Brumbaugh D et al. *Pediatrics in Review* 2012; 33(7): 291-302.

Foundational knowledge. Addresses cholestasis in newborns and older children. Addresses the importance of early diagnosis in newborns. Good visuals.

Guidelines for the detection, management and prevention of hyperbilirubinemia in term and late preterm and newborn infants

<https://www.cps.ca/en/documents/position/hyperbilirubinemia-newborn>

Canadian Paediatric Society Position Statement (2007, 2011, 2018)

Newborn

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Propose an investigation and management plan for a baby with each of the following: respiratory distress, cyanosis, hypoglycemia, hypothermia, sepsis, hypotonia.
2. List the associated medical issues of a premature baby, a large for gestational age baby and a small for gestational age baby.
3. Describe the management of an abnormal newborn screen.
4. Correctly perform a physical examination on a newborn. Recognize abnormal physical examination findings and list the significance of each abnormal finding.
5. Recognize and identify dysmorphic features in a newborn.
6. List the signs and symptoms that are suggestive of neonatal abstinence syndrome.
7. Explain why vitamin K is given immediately after birth.
8. Describe the risk factors for birth trauma and list the injuries a baby might sustain following a traumatic delivery.
9. List the congenital infections that are routinely screened for during pregnancy.

Resources

Care of the well newborn. Phillips WJB. *Pediatrics in Review* 2012; 33: 4-18.

Overview article; very comprehensive article covering many aspects of neonatal evaluation and care (antenatal care, early postpartum transitioning, anticipatory guidance, discharge readiness).

Respiratory Distress in the Newborn. Hermansen C et al. *American Family Physician* 2007; 76(7).

<http://www.aafp.org/afp/2007/1001/p987.pdf>

Covers diagnosis and management of common causes of respiratory distress in the newborn (transient tachypnea of the newborn, respiratory distress syndrome, meconium aspiration) with good visuals (X-rays). Gives a good differential of less common causes.

Management of Neonates with Suspected or Proven early-onset Bacterial Sepsis. Polin RA. *Pediatrics* 2012; 129(5): 1006-15.

<https://shastahealth.org/sites/default/files/residency/Neonatal-Sepsis-Evaluation.pdf>

A good overview. Discusses infants at risk for early-onset sepsis, including evaluation, treatment, prevention, as well as clinical challenges.

Pallor / Anemia

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Describe the physiologic consequences of anemia.
2. Interpret a CBC and differential and iron studies.
3. Recognize the clinical features and propose a management plan for patients with iron deficiency anemia.
4. Recognize the clinical features of hemolysis and hemoglobinopathies.

Resources

Evaluation of anemia in children. Janus J et al. *American Family Physician* 2010; 15(12): 1462-1471.

<http://www.aafp.org/afp/2010/0615/p1462.html>

<https://www.aafp.org/afp/2010/0615/afp20100615p1462.pdf>

Good basic article with flow diagrams capturing diagnosis based on age and MCV.

Rash

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Recognize the clinical features and propose a management plan for patients with acne, cellulitis, diaper rashes, eczema, impetigo, scabies, seborrhea dermatitis and urticaria,
2. Recognize the clinical features of viral exanthems, drug eruptions, Henoch Schölein purpura and scarlet fever.

Resources

Newborn skin: Part 1 Common rashes. O'Connor NR et al. *American Family Physician* 2008; 77(1): 47-52.

<https://www.aafp.org/afp/2008/0101/afp20080101p47.pdf>

Good general article on common newborn rashes including seborrhea dermatitis. Good visuals.

Evaluating the febrile patient with a rash. McKinnon HD Jr et al. *American Family Physician* 2000; 62(4): 804-816.

<https://www.aafp.org/afp/2000/0815/p804.html>

General article on viral exanthems with good tables and pictures.

Atopic dermatitis and ichthyosis. Epps RE. *Pediatrics in Review* 2010; 31(7): 278-286.

Review article of atopic dermatitis, treatment and complications- good visuals. (Atopic dermatitis p 278-283.)

Respiratory Distress / Cough

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Propose a management plan for patients with an acute exacerbation of asthma.
2. List triggers of an acute exacerbation of asthma.
3. Explain physiologic rationale for out-patient treatment of asthma.
4. Propose a management plan for patients with anaphylaxis, croup, bronchiolitis and pneumonia.
5. Recognize the clinical features of pertussis, epiglottitis, tracheitis, foreign body, cystic fibrosis and congestive heart failure.

Resources

Managing the paediatric patient with an acute asthma exacerbation

<https://www.cps.ca/en/documents/position/management-acute-asthma-exacerbation>

Canadian Paediatric Society Position Standard (2012, 2017) Outlines management of acute asthma exacerbation.

Achieving control of asthma in preschoolers. Kovesi T et al CMAJ 2010; 182 (4): E172-184.

<https://www.cmaj.ca/content/cmaj/182/4/E172.full.pdf>

Outlines chronic management of asthma.

www.ucalgary.ca/icancontrolasthma

Website for families about how to control asthma – translated into 11 different languages!

Uncomplicated pneumonia in healthy Canadian children and youth: Practice points for management

<https://www.cps.ca/en/documents/position/pneumonia-management-children-youth>

Canadian Paediatric Society Practice Point (2011, 2018, 2021) Outlines etiology, clinical presentation, investigation and management of community acquired pneumonia.

Bronchiolitis: Recommendations for diagnosis, monitoring and management of children one to 24 months of age.

<https://www.cps.ca/en/documents/position/bronchiolitis>

Canadian Paediatric Society Position Standard (2014, 2018)

Emergency treatment of anaphylaxis in infants and children.

<https://www.cps.ca/en/documents/position/emergency-treatment-anaphylaxis>

Canadian Paediatric Society Position Standard (2011, 2018) Outlines clinical presentation and management of anaphylaxis.

Further key asthma references:

Canadian Thoracic Society asthma management continuum – 2010 consensus summary for children six years of age and over and adults. Loughheed MD et al. *Canadian Respiratory Journal* 2010; 17(1): 15-24.

<https://cts-sct.ca/wp-content/uploads/2018/01/Asthma-Consensus-Summary.pdf>

Canadian Thoracic Society 2012 guideline update: Diagnosis and management of asthma in preschoolers, children and adults.

Loughheed MD et al. *Canadian Respiratory Journal* 2012; 19(2): 127-164.

<https://downloads.hindawi.com/journals/crj/2012/635624.pdf>

Seizure / Paroxysmal Event

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Distinguish between seizures and paroxysmal events.
2. Distinguish between simple febrile, complex febrile and non-febrile seizures.
3. Distinguish between generalized and focal seizures.
4. Recognize the clinical features and propose a management plan for patients with status epilepticus, arrhythmia and syncope.
5. Recognize the clinical features of apparent life-threatening events and breath-holding spells.

Resources

Pediatric Syncope: Cases from the Emergency Department. Fischer WJ et al. *Emergency Medicine Clinics of North America* 2010; 28(3): 501-516.

Good table on causes of syncope; good approach to syncope in emergency department. Includes critical elements in history and physical, diagnosis. Good table on EKG findings in syncope. Includes five cases on different causes of syncope.

Pediatric Seizures. Sidhu R et al. *Pediatrics in Review* 2013; 34(8): 333–342.

Overview of all types of paediatric seizures

Emergency management of the paediatric patient with generalized convulsive status epilepticus

<https://www.cps.ca/en/documents/position/emergency-management-of-the-paediatric-patient-with-convulsive-status-epilepticus>

Canadian Paediatric Society Position Statement (2021): very practical

Febrile Seizures. Guideline for the Neurodiagnostic Evaluation of the Child With a Simple Febrile Seizure. *Pediatrics* 2011; 127(2) 389–394.

<https://pediatrics.aappublications.org/content/pediatrics/127/2/389.full.pdf>

Clinical practice guidelines from the American Academy of Pediatrics.

Sore Ear

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Clinically recognize and propose a management plan for patients with:
 - a. otitis media
 - b. otitis externa

Resources

Management of acute otitis media in children six months of age and older

<https://www.cps.ca/documents/position/acute-otitis-media>

Canadian Paediatric Society Position Statement (2016). Good review, tables and figures.

Sore Throat / Sore Mouth

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Clinically recognize and propose an investigation and management plan for patients with:
 - a. Oral thrush
 - b. Peritonsillar abscess
 - c. Pharyngitis
 - d. Retropharyngeal abscess / cellulitis
 - e. Stomatitis
2. List the factors associated with dental decay in paediatric patients and counsel parents regarding the prevention of dental caries.

Resources

Throat Infections. Gereige R et al. *Pediatrics in Review* 2011; 32(11): 459-469.

Overview of pharyngitis, peritonsillar abscess, retropharyngeal cellulitis. Very good pictures.

Oral conditions. Krol DM et al. *Pediatrics in Review* 2007; 28(1): 15-22.

Covers conditions such as oral candidiasis, viral stomatitis and ulcerative lesions. Good pictures

Vomiting

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Describe metabolic and electrolyte abnormalities that occur with vomiting.
2. Recognize the clinical features and propose a management plan for patients with gastroesophageal reflux / gastroesophageal reflux disease, intussusception, malrotation / volvulus and pyloric stenosis.
3. Recognize the clinical features of intestinal atresia.

Resources

Vomiting. Parashette KR et al. *Pediatrics in Review* 2013; 34: 307.

Review article on vomiting. Comprehensive review of vomiting; age specific including the older child. Discussion of organic and non-organic causes of vomiting.

Well Child Care

Objectives

By the end of the Paediatric Clerkship, a medical student will be able to:

1. Conduct a history that includes social-economic, cultural, home and environment factors.
2. Provide parents / guardians with information regarding anticipatory guidance, injury prevention and healthy active living.
3. Assess immunization status and provide parents / guardians with information regarding vaccine schedules and the risks and benefits of immunizations.
4. Recognize the factors that contribute to sleep issues, sudden infant death syndrome and poor dental health.
5. Provide parents/ guardians with advice regarding parenting, discipline, crying and colic.
6. Determine if an infant and a child is receiving appropriate nutrition and provide advice regarding an optimal diet for growth and development.
7. Determine if a child is hypertensive by consulting appropriate blood pressure tables for height and gender.

Resources

Rourke Baby Record: Evidence-based infant/child health maintenance guide

<http://www.rourkebabyrecord.ca/evidence.asp>

Grieg Health Record

<http://www.cps.ca/tools-outils/grieg-health-record>

Grieg Health Record for ages 6 to 17 years; covers mental health, adolescence, social and home context.

Healthy active living: Physical activity guidelines for children and adolescents

<https://www.cps.ca/en/documents/position/physical-activity-guidelines>

Canadian Paediatric Society Position Statement (2012)

Relationships matter: How clinicians can support positive parenting in the early years

<https://www.cps.ca/en/documents/position/positive-parenting>

Canadian Paediatric Society Position Statement (2019)

(More) Learning Resources

Recommended Reading

Paediatric Clinical Skills

Richard B. Goldbloom

2011 Fourth Edition, Saunders

Nelson Essentials of Paediatrics

Karen Marcdante and Robert M. Kliegman

2014 Seventh Edition, Saunders

First Exposure Paediatrics

Joseph Gigante

2006 First Edition, McGraw-Hill

Berkowitz's Paediatrics: A Primary Care Approach

Carol Berkowitz

2008 Third Edition, American Academy of Paediatrics

The Five Minute Paediatric Consult

Editor: M. William Schwartz

2008 Fifth Edition, Lippincott William and Wilkins

Neonatology at a glance

Tom Lissauer, Avroy A Fanaroff, Michael Weindling

2011 Second Edition, Wiley Blackwell

The Newborn Child

Peter Johnston

2003 Ninth Edition, Churchill Livingstone

Illustrated Textbook of Paediatrics

Tom Lissauer, Graham Clayden

2012 Fourth Edition, Elsevier

See Resources section at www.canuc-paeds.ca

Useful Internet links

Paeds Cards	https://cards.ucalgary.ca/institute/6
PaedsPortal	https://papers.ucalgary.ca/paediatrics/
canuc-paeds Curriculum	www.pupdoc.ca/en/canuc-paeds/
Canadian Paediatric Society	www.cps.ca
American Academy of Paediatrics	www.aap.org
The American Academy of Paediatrics Journal	http://paediatrics.aappublications.org/content
Archives of Disease in Childhood	http://adc.bmj.com/
Paediatrics in Review Journal	http://pedsinreview.aappublications.org/
Council on Medical Student Education in Pediatrics	www.comsep.org
Health Canada	www.hc-sc.gc.ca
Alberta Childhood Asthma Pathways	www.albertachildhoodpathways.com
AHS Acute Childhood Asthma Pathway	Pathway
Community Paediatric Asthma Service	http://www.ucalgary.ca/icancontrolasthma/
Initial Empiric Antibiotic Therapy in Hospitalized Children 2012 (internal link)	
Pediatric Inpatient Unit (Hospital Pediatrics) - Calgary (internal link)	
Alberta Precision Laboratories (APL) Test Directory	
National Advisory Committee on Immunisation (NACI)	http://www.phac-aspc.gc.ca/naci-ccni/
USA Centers for Disease Control and Prevention	http://www.cdc.gov/
Paediatric On-Line Cases	http://www.pedscases.com/

Hand Washing

Infection prevention/control is particularly crucial in paediatrics. Wash hands before and after every patient (for your own protection and the patients') using soap and water or alcohol cleanser. For patients under enteric isolation, soap and water must be used. See specific guidelines for neonatology:

AHS MyLearning Module

Before the start of the NICU rotation, please login to MyLearningLink and complete the two listed modules below. Link: <https://mylearninglink.ahs.ca/elearning/bins/index.asp>

Username: FirstNameLastName

In "Courses & Registration" search for the following modules to complete:

- Hand Hygiene Interactive Module
- Infection Prevention and Control: Personal Protective Equipment and You

Please complete the quiz at the end of the Hand Hygiene module and save the certificate of completion for your record.

Drug Calculations for Paediatrics

Basic concepts

- most drugs in paediatrics are dosed on body weight
- some drugs are based on body surface area
- some neonates' drugs are based on their birth weight until they surpass their birth weight
- references (eg Lexicomp) may list dosages in **mg/dose** or **mg/day**

Example

Emily is admitted for query meningitis. She is 4 days old; her birth weight was 3.5 kg. She now weighs 3.2 kg. One of the drugs you decide to treat her with is ampicillin.

[Lexicomp-on-line](#) entry for ampicillin.

Usual dose for neonates:

postnatal age < 1 wk and > 2000 g for meningitis is 150 mg/kg/day, divided q8h.

Drug dose is based on her birth weight of 3.5 kg.

$$150 \text{ mg/kg/day} \times 3.5 \text{ kg} = 525 \text{ mg/day}$$

Drug is given q8h (in three divided doses).

$$525 \text{ mg/day} \text{ divided by } 3 = 175 \text{ mg/dose}$$

Order is written as:

Ampicillin 175 mg IV q8h (150 mg/kg/day)

It is important to include the dose you used to calculate the patient's drug in brackets as part of your order.

Paediatric Fluid Calculations

“Maintenance Fluids” (4-2-1 Rule) – this only maintains “usual intake” (or urine output)

***Note there are many approaches for calculating fluid requirements in paediatrics, this is one approach.**

- Used to calculate approximate basic fluid requirements in **otherwise healthy** children and infants
- Need to make adjustments for patients with fever, renal impairment, heart disease, SIADH or uncontrolled losses (e.g. post surgical, vomiting or diarrhea) and neonates
- Gives **per hour** fluid requirement

Give **4 mL/h for each kg of first 10 kg** (or portion thereof)

Give **2 mL/h for each kg of second 10 kg** (or portion thereof)

Give **1 mL/h for each remaining kg**

Examples: Calculate “Maintenance Fluids” for each of the following:

$$a) 4.2 \text{ kg baby} = 4 \times 4.2 = 16.8 \text{ mL/hr}$$

$$b) 11\text{kg child} = (4 \times 10) + (2 \times 1) = 42 \text{ mL/hr}$$

$$c) 36\text{kg child} = (4 \times 10) + (2 \times 10) + (1 \times 16) = 76 \text{ mL/hr}$$

Total Fluid Intake TFI for Term Neonates

Neonatal Day 1 60 mL/kg/day

Neonatal Day 2 80 mL/kg/day

Neonatal Day 3 100 mL/kg/day

Neonatal Day 4 120 mL/kg/day

Neonatal Day 5 150 mL/kg/day

Range for normal neonates 100 - 200 mL/kg/day

May need to restrict fluids for babies with Congenital Heart Disease/Acute Kidney Injury (specify maximum TFI in orders)

Fluid in (as TFI) calculate as mL/kg/day

Urine Out express calculate as mL/kg/hour

Choice of Fluids

- Use the gut whenever possible (e.g. po or ng)
- By NG, fluids can be given continuously or bolused
- IV: As a general rule, it is safe to use D5W-0.45%Saline for most infants & children.
For very young babies you may consider D10W-0.45%Saline.
There are other exceptions, particularly when ADH is present and acting to produce relative oliguria eg with head injuries or meningitis, when a reduced rate is needed as there is an inability to excrete water (eg 75%, 50%, or even less, of the usual “maintenance rate”)
D5W-0.9%Saline may be more appropriate
- For patients with DKA refer to the DKA protocol for fluid management

- 20 mmol/L KCL is often added to IV's (even TKVO) as long as the patient has normal kidney function & normal serum potassium
- Bolus using 0.9% Saline or Ringers Lactate only (usually 10 - 20 mL/kg) – **no KCL**
- Remember TKVO can be a lot of fluid for a small child

Above calculations apply for usual fluid requirements, not nutritional requirements

Where Paediatric Clinical Presentations are Taught and Assessed

Clinical Presentation	Paeds AHD (Mandatory)	Virtual patient case (Almost ready for use)	Calgary Cards	Resident Teaching Session (Recommended)	Paeds Simulation (Mandatory) (Not all Clerks do all sessions)	Course 8	canuc-paeds Resources
Abdominal Pain & Abdominal Mass	x		X			x	x
Acutely Ill Child	x		X		x		x
Adolescent Health Issues			X				x
Altered Level of Consciousness			X			x	x
Bruising & Bleeding		X	X			x	x
Dehydration	x		X				x
Development / Behavioural / Learning Problems	x	X	X			x	x
Diarrhea	x		X			x	x
Edema			X			x	x
Eye Issues	x						
Fever	x		X	x	x	x	x
Genitourinary Complaints (Hematuria / Dysuria / Polyuria / Frequency / Pain)						x	x
Growth Problems	x		X				x
Headache			X			x	x
Inadequately Explained Injury (Child Abuse)	x		X				

Clinical Presentation	Paeds AHD (Mandatory)	Virtual patient case (Almost ready for use)	Calgary Cards	Resident Teaching Session (Recommended)	Paeds Simulation (Mandatory) (Not all Clerks do all sessions)	Course 8	canuc-paeds Resources
Limp / Extremity Pain			X			X	X
Lymphadenopathy			X				X
Mental Health Concerns			X				X
Murmur	X	X					X
Neonatal Jaundice	X	X	X	X			X
Newborn	X	X	X	X		X	X
Pallor / Anemia	X		X	X		X	X
Rash	X		X			X	X
Respiratory Distress / Cough	X	X	X	X	X	X	X
Seizure / Paroxysmal Event			X	X	X	X	X
Sore Ear	X		X				X
Sore Throat / Sore Mouth	X	X	X				X
Vomiting						X	X
Well Child Care (Newborn / Infant / Child)	X						X

Important Procedures	Paeds AHD (Mandatory)	Virtual patient case (Almost ready for use)	Calgary Cards	Resident Teaching Session (Recommended)	Paeds Simulation (Mandatory) (Not all clerks do all sessions)	Course 8 (Mandatory)	canuc-paeds Resources
Plot a Growth Curve	x	x					x
Write a Prescription	x	x					

Clinical Presentations – Logbook/Course 8 Terminology

Clinical Presentation Proposed 2016 from canuc-paeds	Course 8 Terminology	Logbook Terminology (if different)
Abdominal Pain & Abdominal Mass	Abdominal Pain Abdominal Mass	
Acutely Ill Child	Peds emergency, acutely ill	
Adolescent Health Issues	Periodic Health Exam	
Altered Level of Consciousness	Mental Status Altered	
Bruising / Bleeding	Coagulation abnormalities	
Dehydration	Sodium abnormal BP abnormal	Dehydration
Development / Behavioural / Learning Problems	Developmental Delay Attention Deficit	
Diarrhea	Diarrhea	
Edema	Edema	
Eye Issues	Eye redness Vision loss	
Fever	Temperature abnormal	
Genitourinary Complaints (hematuria, dysuria, polyuria, frequency, pain)	Urinary frequency Urinary obstruction Blood in urine	
Growth Problems	--	Stature abnormal
Headache	Headache	
Inadequately explained injury (Child abuse)	Abuse (domestic violence) Violence, family	
Limp / Extremity Pain	Joint pain Fractures/dislocations	Deformity/limp
Lymphadenopathy	--	Lymphadenopathy
Mental Health Concerns	Mood disorder Panic/anxiety Personality disorders Psychotic patient Suicidal behavior/prevention	
Murmur	--	Murmur/extra heart sounds
Neonatal Jaundice	Jaundice Depressed Newborn	Neonatal jaundice
Newborn	Depressed Newborn	
Pallor / Anemia	Hemoglobin abnormal	
Rash	Skin rash macules Skin rash papules/blisters Skin ulcers/tumors	
Respiratory distress / Cough	Cough Cyanosis/hypoxia Dyspnea Wheezing	
Seizure / Paroxysmal event	Seizure	

Clinical Presentation Proposed 2016 from canuc-paeds	Course 8 Terminology	Logbook Terminology (if different)
Sore Ear	Ear pain	
Sore Throat / Sore Mouth	Sore throat	Sore throat, rhinorrhea Mouth, oral disorders
Vomiting	Vomiting, nausea	
Well Child Care (newborn, infant, child)	Periodic health exam	Paediatric Health Supervision

Absence Policy - Full

1. All clerks are expected to notify the following people – at least 30 minutes before the start of the clinical experience – when absent:
 - a. Clinical preceptor – (speak with this person).
 - b. Ms. Yuan Burton - UME Paediatric Program Coordinator – UME (email is required) peds@ucalgary.ca
 - c. Mr. Henry Teng – ACH (email is required) henry.teng@ahs.ca
 - d. enter absence on OSLER
2. Days missed from any sub-rotation will be considered equal
3. All absences are considered equal (sick, personal days, conferences, CaRMS interviews etc).
4. The Paediatric Clinical Clerkship Committee (PCCC) encourages students who miss call or ED shifts to rearrange their call or ED shifts with a colleague.
5. Flex days must be approved before the start of the paediatric clerkship rotation.
6. Flex days on ACH CTU must be approved 4 weeks before the start of one's ACH CTU rotation.
7. For absences due to an illness please refer to the UME Clerkship Policies and Procedures Handbook (found at <https://cumming.ucalgary.ca/mdprogram/current-students/clerkship/student-handbook>).
8. Make-up time during the paediatric clerkship will depend upon the availability of preceptors and written approval by the Clerkship Director.
9. Make-up time will be arranged by the Paediatric Clerkship.
10. Make-up time may take place in any paediatric clinical sub-rotation, not necessarily the one in which the student missed time.
11. Less make-up time is required if make-up time is done during the rotation.
12. Clerks will be assessed during their make-up time.
13. If the total days missed is greater than 5, the make-up time will be required.

Absenteeism may lead the Paediatric Clinical Clerkship Committee (PCCC) to take any of the following steps:

1. Declare performance as incomplete, pending make-up time. If performance is deemed incomplete, then the student will not be allowed to write the final examination until all of the make-up time is completed at the end of the clerkship year.
2. Sign student off with a performance deficiency (this would likely reflect one-off professionalism concerns for clerks who choose not to follow policies and guidelines related to sick-leaves and absences)
3. Sign student off as unsatisfactory overall (this would likely reflect a pattern of professionalism concerns for clerks who choose not to follow policies and guidelines related to sick-leaves and absences).

For more information please refer to the Clerkship Policies and Procedures Handbook.

CTU – Expectations for Clerks

Objectives

The objectives for the inpatient sub-rotation are designed to build upon pre-clerkship coursework and learning during clinical courses and prior clinical encounters. Knowledge and clinical practices will be emphasized which are necessary to manage basic care for sick children including support for families during hospitalization.

Skills

By the end of the three-week sub-rotation, the student will be able to:

1. Complete a Paediatric Admission:

- Conduct a (*thorough) **paediatric history** collecting information including HPI with pertinent positives and negatives, a PMHx with ante/peri and neonatal questions, developmental assessment, nutritional assessment, review of immunizations and family and social histories pertinent to a paediatric problem (including a HEADSSS assessment for adolescents).
- Perform the steps of a **paediatric physical examination** on an infant, a toddler, a school-aged child and an adolescent. (*using accurate techniques and appropriately identifying and interpreting abnormal examination findings)
- Summarize findings in a 2-3 sentence **impression and** develop a **problem list** (*include all social, ethical and legal issues) and create a **differential diagnosis** for any major undiagnosed problems.
- Identify (*appropriate) **investigations** which may help confirm a diagnosis. Recognize the need to carefully select tests, recognizing the challenges when performing investigations on a sick child.
- Formulate a basic **management plan** for each major (* and minor) problem identified.
- **Record** information collected in a legible (*concise) manner.
- **Write basic (DAVID) orders** for managing the patient including **fluid orders** and **drug orders** based on weight and age.
- *Show initiative in completing all the above steps completely prior to reviewing with the senior.
- Effectively **communicate** these findings and plans with the senior resident and/or attending physician (* in a concise and accurate presentation)
- **Help to communicate** this plan with the patient, their family and their primary care physician.
- Conduct at least one admission of a patient with complex medical issues
- Demonstrate efficiency in performing admissions (ie. Complete patient with one primary diagnosis in <75 mins).

2. Complete a paediatric discharge:

- Prepare (*complete) **discharge plans** *in advance* of discharge.
- Write basic **discharge orders** and know how to write **prescriptions** in correct medical format.
- ***Communicate** discharge plans with the patient's primary care physician (by phone, consult form or faxed summary).
- *Review medication and follow-up plans with patient and family prior to discharge
- Write or dictate a (*an effective, concise) **discharge summary** prior to the patient's leaving.

3. Provide Daily Care:

- Provide daily care for **3 (*4+) paediatric inpatients** at a time, performing the tasks below:

- Have a basic understanding of the primary medical conditions for each patient including basic physiology, major potential complications and basic treatment strategies (*and evidence-based treatment standards) by the second day of admission
- **Review each patient daily** including identifying new problems, progress over 24h, physical examination (*relevant to identified problems) and following-up investigations and consults
- Develop a plan for each active problem daily (*keep it concise and focused)
- **Present** patient progress and plans daily to their team using a (*well-organized, concise), problem-based format.
- ***Communicate** progress and plans daily to patients and their families
- **Document** patient progress notes (*clearly and concisely) each day in a problem-based format.
- ***Communicate effectively with other medical professionals** involved in the patient's care (i.e. consultants, support staff and primary care physicians)

Clinical Paediatrics Experience and Knowledge

Throughout the sub-rotation, students should demonstrate an enthusiasm for learning about paediatrics through practical and self-directed learning. By the end of the sub-rotation, the student should be able to:

- Show initiative in improving **knowledge of common paediatric problems** by reading about main problems for team patients
- Quickly **recognize a 'very sick' or 'toxic' child** and identify at least five features of such a child
- Recall **priorities for managing any acutely unwell child** (ABCs)
- Understand **why a child warrants hospital admission** including each patient he/she admits
- Understand the impact of illness for a child with a **complex and/or chronic illness who requires hospitalization** including the:
 - Need to communicate with long-term care providers
 - Importance of coordinating sub-specialist involvement where appropriate
 - Appreciation for parents' knowledge of the child's illness
 - Integration of family input into child's care in hospital (i.e. DNR, multiple care-givers, home medications and routines)
 - Impact of hospitalization on daily activities for the family and patient.
- Understand the impact of illness for a child with a **newly diagnosed complex or serious medical condition** including the:
 - Patient/family's ability to internalize the new diagnosis
 - Need for excellent communication, ongoing support and social services available to help the family and child cope
 - Impact of hospitalization on daily activities for the family and patient
 - Coordination of sub-specialty services for the child
- Safely order **fluids** (IV and po) **and nutrition** for a child (via breastfeeding, bottle, oral, or NG)
- Identify **nutritional issues** for children who are hospitalized. This includes medical problems which may require hospitalization (i.e. severe iron-deficiency anemia, anorexia nervosa, failure to thrive) and nutritional issues relating to hospitalization (i.e. feeding and refeeding with gastroenteritis, respiratory distress and other disease states, indications for TPN and its complications, management of breastfeeding for hospitalized patients, basic nutritional principles for IDDM)
- Identify clinical features of **mild, moderate and severe dehydration** in a child and be able to demonstrate basic steps for safely estimating deficit, maintenance and replacement fluids for each state of dehydration.
- Identify clinical features of **mild, moderate and severe respiratory distress** in a child and describe basic steps in managing a child in hospital with worsening respiratory distress (including A, B, Cs: O₂, positioning, suctioning, cap gas, CXR, appropriate medications and when to ask for help)

- Recognize that sensitive **social, behavioral and ethical issues** often impact paediatric illness and hospitalization

Clerk Knowledge Expectations

Although clerks will not always encounter the following clinical conditions during their sub-rotation, they are common and important for inpatient paediatrics. Clerks should be able to discuss approaches to the work up of the following symptoms. As well, the clerk should be familiar with the natural history, expected course of illness, most common pathogens/etiologies and basic principles of management for the diagnoses listed below.

- Respiratory distress/Cough
- Altered level of consciousness
- Growth problems
- Dehydration
- Fever
- Urinary complaints
- Seizure/ Paroxysmal event
- Pallor / Anemia

These clinical presentations are aligned with the [canuc-paeds/ Canadian undergraduate objectives for paediatrics](#).

Prepared by Dr. Jenn Brenner 2006

Reviewed April 2018 by Dr. Renee Jackson

NICU – Expectations for Clerks

You will be assigned patients in the NICU and are expected to examine these infants, write progress notes, review relevant laboratory and radiology reports and present to the attending Neonatologist on rounds and formulate care plans under his/her guidance. Talk to the parents and learn how to give advice to the parents/caregivers and how to allay their anxieties.

Morning rounds start between 9 – 10 AM.

- Be prepared with details on your patient for the rounds.
- Read the nursing notes written overnight.
- Look at the bedside nursing sheet which has information on:
 - Patient Age, Gestational age (at birth and Corrected)
 - Weight (birth, current and weight change)
 - Vital signs, Respiratory status/support
 - Feeding (type of feed, volume, frequency, mode of administration i.e. bottle/ breast / gavage and aspirates)
 - Bowel movement, urine output and Chemstrip in certain cases
 - TFI and IV fluids.
- Strive to examine your patient prior to the morning rounds (Notes can be written after rounds).
- Prior to examining a baby, please inform the bedside nurse so you don't examine the infant in an inopportune moment (shortly after a feed, soon after the infant is settled etc).
- The bedside nurse presents the patient details on morning rounds at the FMC and at PLC, RGH, ACH and SHC the bedside nurse may occasionally present patient details. This is followed by the clerk presenting the relevant details and management plans which can be system based or problem based.

Daily notes should include the following:

- Date & Time, DOL, CGA, Current weight and weight change
- Current Issues / Problems / Concerns
- Events in the last 24 hours
- Fluid and Nutrition
- Medications
- Results of Investigations
- Detailed record of clinical examination of systems
- Assessment / Impression and Plans

Admission notes should include:

- Reason for admission/ Hours of life/ Day of life for patients admitted from postpartum unit or transferred from other hospitals.
- Gestational age, Birth weight.
- Maternal History: significant pre-pregnancy medical status, past pregnancy history, pre-natal history to include fetal U/S, pregnancy course, serology/GBS status etc.
- Labour/ Delivery/Resuscitation to include history suggestive of chorioamnionitis, antibiotics, PROM/ROM (hours) fetal heart rate pattern, meconium, mode of delivery etc.
- Apgar Score and Cord blood gases and resuscitation
- Course prior to NICU admission (for those babies who are not admitted from FMC labour ward).
- Comprehensive assessment of all systems.
- Problems/ Diagnoses and Plans.
- Perform Ballard scoring and complete the centile (growth) chart.

Documentation:

- Is vital and should be legible and complete.
- On admission – In addition to the History and Physical examination and documentation, orange and green sheets have to be filled.
- Update the problem sheet (orange colour) as new problems arise.
- Discharge: The blue discharge sheet and orange sheet should be completed. Please notify the family doctor or paediatrician on the day you discharge the patient. The unit clerk can help you with the phone numbers.

Infection Prevention:

- HANDWASHING IS CRUCIAL
- Exercise appropriate diligence in preventing cross-infection. Microsan is available at every bedside and should be used liberally to cleanse hands before and after you examine a patient.
- Please do not wear white coats or long sleeved attire into Nurseries or the NICU.
- You are expected to wear scrubs. Watch and jewelry should not be worn.
- Stethoscopes will be available at each bedside and is not to be shared between patients.
- No food or personal belongings are allowed by the bedside.

Criteria for admission to the NICU:

- Infant less than 36 weeks' gestation.
- Birth weight less than 2250 grams.
- Infant with respiratory distress and/or requiring oxygen/ respiratory support.
- Infant who needs intravenous access for hypoglycemia or hypovolemia.
- Infant with major congenital/surgical problems.
- Any infant needing close observation, intervention or diagnostics etc. which cannot be done in the normal nursery.
- Any infant the Fellow/Clinical Associate/Senior NNP/ Charge nurse or RT feels requires assistance with care.

Resuscitation

- Attend newborn deliveries whenever there is no conflict with teaching. This would facilitate acquiring "hands-on experience" in neonatal resuscitation. Please inform the Respiratory therapist to page you for all the resuscitations during the day and until 11 PM the nights you are on call. **Read the first three chapters of the NRP manual** (this is placed in the folder marked "Clerk Teaching" on the computer).

General Information

- Identification badges must be worn and clearly visible at all times – IF YOU DON'T HAVE A BADGE, please head to a security office and request one.
- Parking is reciprocal between sites if you have an AHS parking permit.

Know Your Allies

A. Neonatologists and Program Clinical Assistants (Cas):

Neos and CAs are always happy to answer your questions. We don't expect you to know everything about babies! So feel free to ask questions! Rounds are generally run under the neonatologist on service, each patient is discussed and care plan is reviewed. On occasion, rounds will be under the CA. Significant changes in plans must be made with consultation with the CA or attending.

B. Charge nurses:

Charge nurses have extensive experience in the unit and are valuable resource when advice is needed.

C. Bedside nurses:

Bedside nurses play a crucial role within the team. They are a valuable source of 'daily updates' regarding the state of the babies. Please seek them out in the morning to find out when is an appropriate time to examine your babies.

D. Respiratory Therapists:

RTs are skilled in respiratory issues and ventilation and certainly a valuable source for advice regarding respiratory issues' management and plan.

Common Abbreviations Used in the NICU

AGA	Appropriate for gestational age	MAP	Mean Airway Pressure
AOP	Apnea of Prematurity	MAS	Meconium Aspiration Syndrome
A & B	Apnea and Bradycardia	NEC	Necrotizing enterocolitis
BPD	Bronchopulmonary dysplasia	NG	Nasogastric
BM	Bowel movement	NO	Nitric oxide
CDH	Congenital Diaphragmatic hernia	NPO	Nil per oral (Nothing by mouth)
CGA	Corrected gestational age	OG	Orogastric
CLD	Chronic Lung Disease	OFC	Occipito-frontal circumference (Head circumference)
CMD	Continuous milk drip	PDA	Patent Ductus Arteriosus
CMV	Cytomegalovirus	PPHN	Persistent pulmonary hypertension
CPAP	Continuous positive airway pressure	PIE	Pulmonary interstitial emphysema
CS	Chemstrip	PPS	Peripheral pulmonary stenosis
CUS	Cranial Ultrasound	PRBC	Packed red blood cells (concentrated)
DOL	Day of life (Age)	PIH	Pregnancy induced hypertension
DDH	Developmental Dysplasia of the hip	PE	Preeclampsia
EBM	Expressed Breast Milk	PTL	Preterm labor
ECMO	Extracorporeal membrane oxygenation	PROM	Premature rupture of membranes
ELBW	Extremely low birth weight	PVL	Periventricular leukomalacia
ETT	Endotracheal tube	PIP	Peak inspiratory pressure
FiO2	Fraction of inspired oxygen	PIV	Peripheral intravenous line
GBS	Group B streptococcus	PICC	Peripherally inserted central catheter
GIR	Glucose infusion rate (mg/kg/min)	RDS	Respiratory Distress Syndrome
HC	Head circumference	ROP	Retinopathy of Prematurity
HUS	Head ultrasound	RSV	Respiratory syncytial virus
HFV	High frequency ventilation	SVD	Spontaneous vaginal delivery
HFOV	High frequency oscillatory ventilation	SGA	Small for gestational age
HIE	Hypoxic ischemic encephalopathy	SBR	Serum bilirubin
HMF	Human milk fortifier	TTN/TTNB	Transient tachypnea of the newborn
HSV	Herpes Simplex virus	TFI	Total fluid intake
IDM	Infant of Diabetic mother	UAC	Umbilical arterial catheter
IUGR	Intrauterine growth retardation	UVC	Umbilical venous catheter
IVH	Intraventricular Hemorrhage	VLBW	Very low birthweight
IWL	Insensible water loss		
I/O	Intake and output		
LBW	Low birth weight		
LGA	Large for gestational age		

The Paediatrics Passport



Paediatric Clerkship

Checklist of Mandatory Elements Documentation and ITERs to be submitted

Every week, you must receive feedback from one of interim assessment, one45 ITER, or ED assessments:

WK 1 ☐ WK 2 ☐ WK 3 ☐ WK 4 ☐ WK 5 ☐ WK 6 ☐

Week 1-4:

☐ Formative MCQ

Week 3:

- ☐ OSLER logbook – half completed by this point
- ☐ ITERs from first 3 weeks
 - Sent to preceptor(s)
 - Submitted by preceptor(s)

Week 6:

- ☐ Paeds Clerkship passport to paed UME coordinator
- ☐ ITERs from second 3 weeks
 - Sent to preceptor(s)
 - Submitted by preceptor(s)
- ☐ Final MCQ exam
- ☐ OSLER logbook (1 encounter or electronic case for each of the 29 clinical presentations – need to have occurred during your paed clerkship)
- ☐ Course / Preceptor evaluation on ONE45
- ☐ Feedback form (optional) from paed clerkship

peds@ucalgary.ca



Paediatric Clerkship

Clinical Skills - Must be initialed by *Staff Physician*

Clinical Skills (Mandatory)	Preceptor Last Name	Preceptor Initials
<input type="checkbox"/> 1. Identify a sick child	_____	_____
<input type="checkbox"/> 2. Conduct three focused histories	1. _____ 2. _____ 3. _____	_____ _____ _____
<input type="checkbox"/> 3. Examine patients in developmentally appropriate manner:		
a. newborn (0-4 weeks)	a. _____	_____
b. infant (1-12 months)	b. _____	_____
c. child (1-12 years)	c. _____	_____
d. youth (13-18 years)	d. _____	_____
<input type="checkbox"/> 4. Communicate about management plans with:		
a. patients	a. _____	_____
b. families	b. _____	_____

Assessment & Management Skills - Must be initialed by Staff Physician or Paediatrics Resident

Skills (Mandatory)	Preceptor / Resident Last Name	Preceptor /Resident Initials
<input type="checkbox"/> Accurately plot a growth curve	_____	_____
<input type="checkbox"/> Correctly write a prescription	_____	_____
<input type="checkbox"/> Correctly write admission orders	_____	_____

peds@ucalgary.ca



Paediatric Clerkship

29 Clinical Presentations for Paeds Clerkship

- | | |
|---|---|
| 1. Abdominal Pain & Abdominal Mass | 14. Headache |
| 2. Acutely Ill Child | 15. Inadequately Explained Injury (Child Abuse) |
| 3. Adolescent Health Issues | 16. Limp / Extremity Pain |
| 4. Altered LOC | 17. Lymphadenopathy |
| 5. Bruising / Bleeding | 18. Mental Health Concerns |
| 6. Dehydration | 19. Murmur |
| 7. Development / Behavioural / Learning Problems | 20. Neonatal Jaundice |
| 8. Diarrhea | 21. Newborn |
| 9. Edema | 22. Pallor / Anemia |
| 10. Eye Issues | 23. Rash |
| 11. Fever | 24. Respiratory Distress / Cough |
| 12. Genito-Urinary Complaints (Hematuria / Dysuria / Polyuria / Frequency / Pain) | 25. Seizure / Paroxysmal Event |
| 13. Growth Problems | 26. Sore Ear |
| | 27. Sore Throat / Sore Mouth |
| | 28. Vomiting |
| | 29. Well Child Care (Newborn / Infant / Child) |

Core document & detailed objectives available at
<http://www.ucalgary.ca/mdprogram/preceptor-resources/course-objectives>

Recommended Resident Teaching Topics

- | | |
|--|--|
| <input type="checkbox"/> asthma | <input type="checkbox"/> neonatal sepsis |
| <input type="checkbox"/> anemia | <input type="checkbox"/> seizures |
| <input type="checkbox"/> neonatal jaundice | <input type="checkbox"/> syncope |
| | <input type="checkbox"/> trauma |

Recommended Learning Resources

www.canuc-paeds.ca - objectives, resources
www.cps.ca - guidelines, resources for parents
Nelson's Essentials of Pediatrics textbook
Pediatrics in Review articles
Illustrated Textbook of Paediatrics - Lissauer

peds@ucalgary.ca

PROCESS FOR CONFLICT RESOLUTION DURING CALGARY ZONE NICU ROTATIONS: A Guide for Medical Students

The purpose of this document is to outline the process by which medical students may report a concern or issue related to unsafe workplace environment, bullying or harassment.

Foundation:

The neonatologists and all staff at NICU pledge to support a learner-friendly, supportive environment to their medical students as per the NICU Charter.

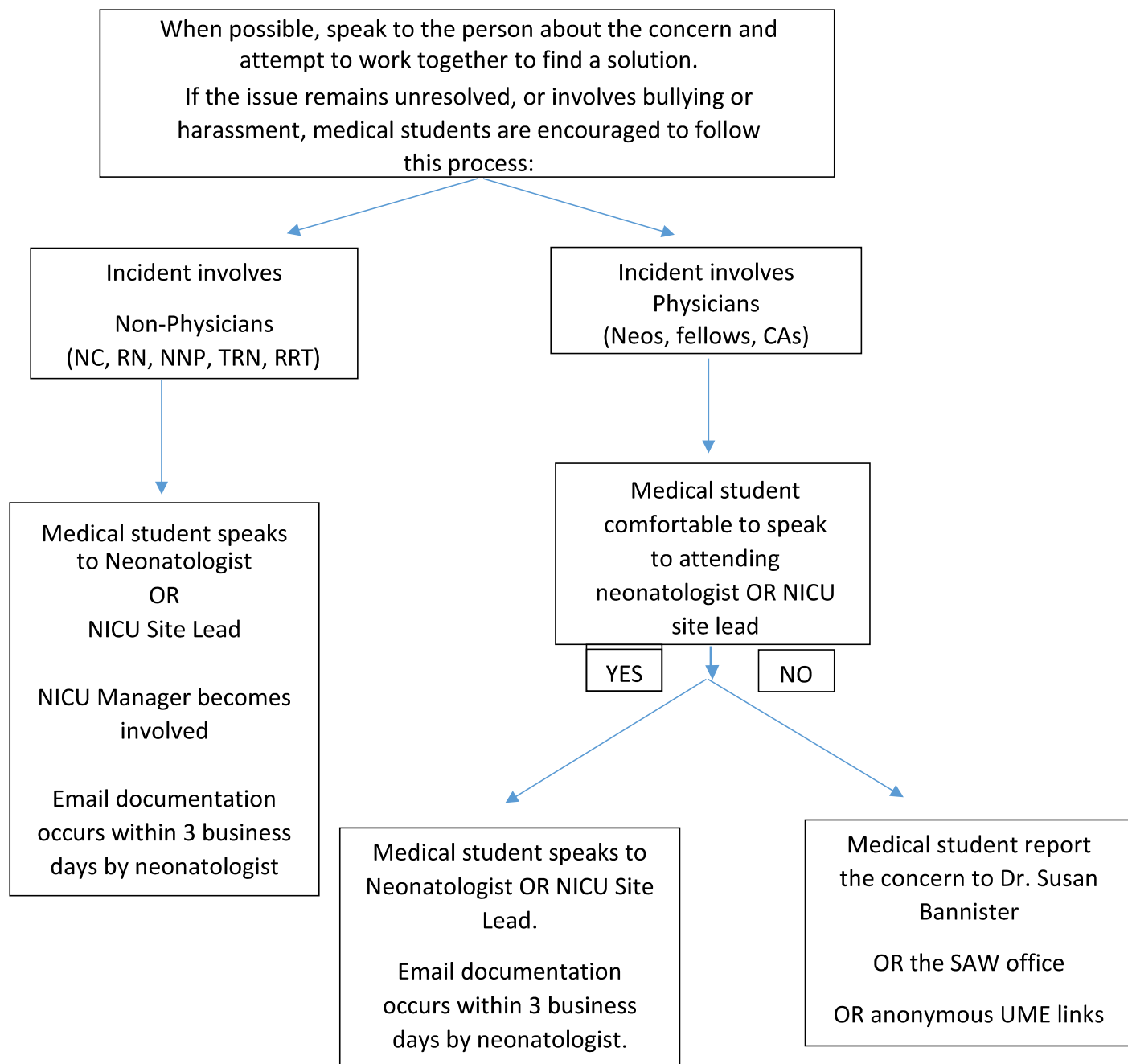
Where feasible, issues should be brought forward in a candid, time-sensitive, fair and just manner. The neonatologists pledge to uphold respect, confidentiality and a non-retaliatory attitude towards individuals reporting incidents.

At any time a medical student encounters an abusive/unsafe situation while on service or on call at NICU, and wishes support for conflict resolution, the following process should be followed:

1. The medical student is encouraged to directly approach the staff neonatologist on call/service OR the NICU Site Lead to discuss the incident. It is expected that the neonatologist will take the concerns seriously and support and protect the medical student from retaliation. If appropriate, the neonatologist will help resolve the conflict with the medical student and staff member. If the conflict involves a nurse or allied health profession, the neonatologist will notify the NICU manager, who will take appropriate action. If the incident involves an NICU fellow, the NICU Program Director will become involved. It is the expectation that the neonatologist will then summarize the incident, details, and the outcome of the event in an email within 3 business days, which will then be shared with the Site Lead of the NICU, the medical student, and the Program Director/supervisor.
2. At any time, the medical student may report to Dr. Susan Bannister or the Student Advising & Wellness (SAW) office. Contacts and detailed information on SAW can be found here: <https://cumming.ucalgary.ca/mdprogram/current-students/student-advising-wellness>.
3. Last, if the medical student wishes to remain anonymous, s/he is encouraged to report on one of the following Undergraduate Medical Education (UME) sites:
 - Medical student can pick who to report to (FAAM, Associate Dean or Student Professionalism Committee) <http://mistreatment.ucalgary.ca/i-need-help/>
 - Report online to the Associate Dean of UME - <https://mistreatment.ucalgary.ca/report-online/>
 - Send a message online to the Student Professionalism Committee - <https://mistreatment.ucalgary.ca/report-online/student-professionalism-committee/>

PROCESS FOR CONFLICT RESOLUTION DURING CALGARY ZONE NICU ROTATIONS: A Guide for Medical Students

PROCESS FOR CONFLICT RESOLUTION FOR MEDICAL STUDENTS IN THE NICU



PROCESS FOR CONFLICT RESOLUTION DURING CALGARY ZONE NICU ROTATIONS: A Guide for Medical Students

Abbreviations:

NC	Nurse Clinician
RN	Registered Nurse
RRT	Registered Respiratory Therapist
TRN	Transport Registered Nurse
NNP	Neonatal Nurse Practitioner
CA	Clinical Assistant / Clinical Associate

Site Leads

FMC: Dr. Amuchou Soraisham, Amuchou.Soraisham@albertahealthservices.ca

RGH: Dr. Hussein Zein, Hussein.Zein@albertahealthservices.ca

ACH: Dr. Alixe Howlett, Alix.Howlett@albertahealthservices.ca

SHC: Dr. Belal Alshaikh, Belal.Alshaikh@albertahealthservices.ca

PLC: Dr Leonora Hendson, Leonora.Hendson@albertahealthservices.ca