

DEPARTMENT OF PEDIATRICS RESIDENCY PROGRAM
COMPETENCE COMMITTEE
TERMS OF REFERENCE

Role

The Competence Committee of the Department of Pediatrics recommends assessment decisions about pediatric resident learner's progress through the CBD Competence continuum with a developmental view of resident education. The committee also assists with curriculum mapping and promotion of competency based medical education within the Department of Pediatrics. As the program transitions to CBD, the Competence Committee will review all residents progress (CBD and non-CBD) to monitor the evaluation and promotion of residents within the program. The committee will also review all failed rotations, assist with and approve the development of remediation plans, review unsuccessful STACERs (after 3rd failed attempt) and other issues at the discretion of the Program Director or Committee Chair.

Specific responsibilities

- 1) For CBD residents: Monitor and make decisions on the progress of each resident in demonstrating achievement of the EPAs or independent milestones within each stage of a competency-based residency training program.
- 2) For non-CBD residents: The committee will meet at least three times per year:
 - In the fall to promote residents from buddy call to junior call.
 - In the winter to promote residents from junior to senior call.
 - In May/June to promote residents to the next PGY level.
- 3) Synthesize the results from multiple assessments and observations to make recommendations to the RPC related to:
 - Promotion of residents to the next stage of training;
 - Development and approval of individual learning plans to address areas for improvement/enhancement, seeking assistance from other faculty as needed;
 - Determining readiness to challenge the Royal College examinations;
 - Determining readiness to enter independent practice on completion of the transition to practice stage;
 - Determining that a trainee is failing to progress within the program;
 - Monitoring the outcome of any learning or improvement plan established for an individual resident.
- 4) Maintaining confidentiality and promoting trust by sharing information only with individuals directly involved in the development or implementation of learning or improvement plans.
- 5) Assisting with curriculum and assessment mapping to support the CBD milestones and EPAs.
- 6) Identify patterns that may suggest strengths or weaknesses in the program.
- 7) Along with the Associate Chair Faculty Development, serve as champions and resource persons for CBD education and assessment.
- 8) The Competence Committee actions will be guided by the evaluation policy of the Dalhousie Post Graduate Medical Education Office.

- 9) The progress of all residents will be reviewed twice per year. The committee must review the entire record of a resident who has received a borderline, fail or incomplete evaluation on any rotation ITER or ITAR.
- 10) The committee, at the discretion of the Program Director or Committee Chair, may review the overall performance of any resident.

Members/Composition

Members should have a demonstrated interest, experience and expertise in resident education and assessment. In order for a meeting to proceed, a quorum must be reached of 50% plus 1.

Committee Chair

Program Director

3-5 members of teaching faculty

1 member from community pediatrics practice or another Dalhousie department (as available)

Pediatric Chief Residents (during CBME development)

Associate Chair, Faculty Development (ex-officio)

Program Assistant (ex-officio)

Quorum

Quorum is 50% + 1.

Decision Making

The Competence Committee will strive to make decisions by consensus. If a consensus cannot be reached then a motion requires 75% support of attending members to pass. If clear consensus cannot be reached, it is also appropriate to decide that more information is needed prior to a decision.

Reporting

The Competence Committee will report and make recommendations to the Residency Program Committee.

Term of Office

Membership is for a 3 year term, renewable twice, at the discretion of the Chair and the Program Director based on interest, participation and succession planning.

Meetings

The Competence Committee will meet quarterly at a minimum. More frequent meetings may be required on an ad hoc basis.

Scheduled TOR review

After 1 year of CBD implementation, then every 2 years.

Appendices

Appendix A: Dalhousie Pediatrics Policy for Initiation of Remediation

Appendix B: Dalhousie University Appeal and Reconsideration Regulations

Appendix C: Dalhousie Pediatrics Policy for Promotion

Appendix D: Promotion Criteria – PGY Level

Appendix E: Promotion Criteria – Buddy Call to Junior Call/Transition to Discipline Stage to
Foundations Stage

Appendix F: Promotion Criteria – Junior Call to Senior call

APPENDIX A

DALHOUSIE PEDIATRICS POLICY FOR INITIATION OF REMEDIATION

- 1) Residents receiving an unsatisfactory evaluation including a **BORDERLINE, FAIL or INCOMPLETE ITER**: In all cases, the Program Director and resident shall meet as soon as reasonably possible to discuss and review the In-Training Evaluation Report (ITER) or other unsatisfactory evaluation. The outcomes of this meeting will be discussed at the Competence Committee.

Note: The resident may elect to appeal a FAIL only (borderline and incomplete cannot be appealed as per PGME regulations). For appeal process see Appendix A Dalhousie University Faculty of Medicine PGME Appeal and Reconsideration Regulations.

- 2) If the resident accepts the designation of fail or if the Competence Committee is recommending remediation for another reason (as per PGME policy 6.2 - can be considered for 2 or more borderline ITERs in one academic year, significant concerns about professional conduct, unsatisfactory evaluation on another form of assessment): A letter delineating the concerns will be written up. A meeting will be set up with the resident and the program director or designate to discuss the letter. The Competence Committee will recommend a formal plan for remediation following the guidelines for remediation set out by Dalhousie University Faculty of Medicine PGME in the Assessment of Training and Promotion Regulations.
- 3) After a Competence Committee meeting, if concerns have been raised and formal remediation is not required, a letter delineating the concerns will be completed. A meeting will be set up with the resident and the program director or designate to discuss the letter and develop a personal learning plan that addresses the pertinent issues as per the Competence Committee's recommendations. The learning plan will be submitted to the Competence committee.

Triggers for concern may include (but are not limited to):

- Borderline pass on a rotation
- Multiple areas below expectations on a rotation
- Consistently below expectation in the same area (more than one rotation)
- Concerns of professionalism issues
- Concerns raised on multisource feedback
- Failed STACERS
- Consistent concerns raised on EPA's without evidence of progress

APPENDIX B

APPEAL AND RECONSIDERATION REGULATIONS

Approved by PGME Education Committee - 7 June 2018

Approved by Faculty Council - 4 July 2018

Regulations

1.0 Appeal of an Unsatisfactory ITER, ITAR, Summative Performance Review, Competence Committee Review and Competence Committee Promotion Decision

1.1 Grounds for Appeal

Only ITERs rated as “Fail”, “Not Pass”, or “Failed to Meet Expectations” can be appealed. Only ITARs or summative performance reviews, or competency portfolio biannual review with a global rating of “significant concerns about progress” can be appealed. For the purposes of section 1.0, ITER, ITAR, Bi-Annual Performance Review, and Competence Committee Review or Competence Committee Promotion Decision will be referred to collectively as Program-Based Summative Assessments or “PBSA”.

An appeal of a PBSA can be made only on the basis that the Supervisor who completed it failed to follow the process set out in section 1.1, 1.2 or 1.3 of the Assessment of Training and Promotion Regulations, as applicable, or on the basis that there are extraordinary mitigating personal circumstances that ought to be considered.

1.2 Time Limitation

An appeal of a PBSA is a two-stage process that must be initiated within 10 working days of the postgraduate trainee being sent the PBSA results. The first stage must be completed within 15 working days of the postgraduate trainee being sent the PBSA; the second stage must be completed within 40 working days of the postgraduate trainee being sent the PBSA. Any deadline except the deadline to initiate the appeal in the first instance may be extended by the Program Director, in his or her sole discretion, at the request of any party to the appeal.

1.3 First Stage of Appeal

The first stage is an informal stage in which the postgraduate trainee must discuss the PBSA with the Supervisor who completed it and identify whatever additional information the postgraduate trainee believes should be considered (e.g. external factors which influenced the postgraduate trainee’s performance; identification of other individuals who could add an additional perspective on the postgraduate trainee’s performance). In the case of Competence Committee decisions, the postgraduate trainee must discuss the PBSA at issue, with the Competence Committee chair.

Within 15 working days of the postgraduate trainee being sent the PBSA, the Supervisor must either a) revise the PBSA in which event the revised PBSA becomes the official PBSA, replacing the earlier one; or b) advise the postgraduate trainee in writing that the PBSA will remain unchanged.

1.4 Second Stage of Appeal

If the postgraduate trainee is not satisfied with the review by the Supervisor (or Competence Committee chair, as appropriate), the postgraduate trainee may proceed to the second and formal stage of the appeal process by notifying the Program Director in writing of his or her intention to do so. This notice must be delivered no later than 5 working days following receipt of the Supervisor or Competence Committee chair’s decision under section 1.3 above.

Upon receipt of written notice from the postgraduate trainee, the Program Director shall ask the Chair of the Department within which the Program resides to strike a Department Appeal Committee comprising two faculty

members from the Department who have had no direct involvement in the evaluation of the postgraduate trainee in relation to the rotation in issue, one of whom shall be appointed Chair of the Department Appeal Committee, and, at the postgraduate trainee's election, another postgraduate trainee. If the postgraduate trainee appealing the PBSA elects to have a postgraduate trainee appointed to the Department Appeal Committee, such postgraduate trainee shall be selected by the Associate Dean, PGME and in the case of small Departments may be a postgraduate trainee from another program. In the event that the postgraduate trainee does not elect to have a postgraduate trainee appointed to the Committee, the Chair of the Department shall appoint a third faculty member to the Committee.

Coincident with the appointment of the Department Appeal Committee members, the Chair of the Department shall set a date for the appeal. The appeal must be scheduled and heard within 20 working days of the Program Director receiving written notice from the postgraduate trainee.

The Program Director and postgraduate trainee shall provide the Department Appeal Committee with all documentation (i.e. evaluations, correspondence) relevant to the issues under appeal no later than 5 working days prior to the appeal. The Department Appeal Committee will provide the Program Director and postgraduate trainee respectively with copies of materials submitted by the other.

The Program Director and postgraduate trainee shall attend the appeal hearing and will be provided the opportunity to make submissions. The Department Appeal Committee shall then deliberate *in camera*. Minutes shall be kept of the appeal hearing and the decision reached through the *in camera* deliberations on a form provided by PGME will be recorded. No minutes shall be kept of the *in camera* discussions themselves.

The Department Appeal Committee has the power to:

- a) uphold the original ITER/ITAR rating;
- b) change the ITER to a rating of "Pass" or "Borderline";
- c) change the ITAR or Bi-Annual Performance Review or Competence Committee Review to a global rating of "progress as expected" or "some concerns about progress"; or
- d) Promote the trainee to the next stage of training

A copy of the minutes will be provided to the Associate Dean PGME. These minutes will not become part of the PGME postgraduate trainee file.

The Departmental Appeal Committee will prepare a written decision, which shall include:

- a) a list of all individuals present during the hearing;
- b) evidence considered by the Departmental Appeal Committee;
- c) summary of submissions made during the hearing;
- d) a list of Department Appeal Committee members involved in making the decision; and

e) reasons for the decision.

A copy of the decision will be provided to the postgraduate trainee and the Program Director. The Program Director will provide the decision to the Residency Program Committee (“RPC”) or Areas of Focused Competence Committee (‘AFCCC’).

If the Department Appeal Committee’s decision is to change the rating per b) or c), the Program Director, in consultation with the RPC or AFCCC, will determine if an Informal Enhanced Learning Plan is required to address deficiencies.

The decision of the Department Appeal Committee is final. It is tantamount to a final decision on a grade reassessment and is not subject to further appeal.

2.0 Reconsideration of the Residency or AFC Program Committee’s decision to require a Formal Enhanced Learning Plan (FELP), the contents of a FELP, or the Terms and Conditions of Probation

2.1 Availability of a Reconsideration

A postgraduate trainee may request that the RPC or AFCCC reconsider:

a) its decision to require a postgraduate trainee to complete a FELP under section 6.3 of the Assessment of Training and Promotion Regulations;

b) the contents of a FELP imposed by the Program Director under section 6.4 of the Assessment of Training and Promotion Regulations; and/or

c) the terms and conditions of probation imposed by the RPC under section 7.2 of the Assessment of Training and Promotion Regulations.

2.2 Time Limitations

A request for reconsideration under section 2.1 must be made in writing by the postgraduate trainee to the Program Director within 10 working days of delivery of the written notification of the decision to require a FELP, of the contents of the FELP, or of the terms and condition of probation to the postgraduate trainee. Any deadline except the deadline to initiate the review in the first instance may be extended by Program Director, in his or her sole discretion.

2.3 Procedure

Upon receipt of the request for reconsideration from the postgraduate trainee, the Program Director will set a date for the reconsideration hearing and provide notice to the postgraduate trainee and the RPC or AFCC. The reconsideration hearing must be scheduled and heard within 20 working days of receipt of the written notice to the Program Director. The Program Director shall provide the postgraduate trainee access to all documentation (i.e. evaluations, correspondence, minutes) forming the basis for the RPC decision being reconsidered, no later than 10 working days prior to the hearing. The postgraduate trainee shall provide the Program Director with any additional materials he or she wishes the RPC or AFCC to consider no later than five working days prior to the hearing.

The postgraduate trainee shall attend the reconsideration hearing and be provided the opportunity to make submissions. The RPC or AFCC shall then deliberate *in camera*. Minutes shall be kept of the hearing and the decision reached through the *in camera* deliberations will be recorded. No minutes shall be kept of the *in camera*

discussions themselves. . The Program Director will not participate in the *in camera* portion of the meeting but will assign an alternate faculty member to chair the discussion. The RPC or AFCC may:

- a) reaffirm its original decision, in whole or in part;
- b) reverse its decision to require the postgraduate trainee to complete a FELP; or
- c) make specific modifications to the contents of the FELP or to the terms and conditions of probation, as the case may be.

The RPC will prepare a written decision, which shall include:

- a) a list of all individuals present during the hearing;
- b) evidence considered by the RPC;
- c) summary of submissions made during the hearing;
- d) a list of RPC members involved in making the decision; and
- e) reasons for the decision.

The Program Director will provide a copy of the decision to the postgraduate trainee. A copy of the decision will also be forwarded to the Associate Dean, PGME for inclusion in the postgraduate trainee's file. A copy of the minutes will be forwarded to the Associate Dean PGME, but will not become part of the postgraduate trainee's file.

The decision of the RPC or AFCC may be appealed to the Faculty Appeal Committee.

3.0 Appeal of a Reconsideration by the RPC or AFCC or of a Decision to Dismiss or Suspend a Postgraduate Trainee from the Program

3.1 Availability of Appeal

A postgraduate trainee may appeal a decision of

- a) the RPC or AFCC:
 - i) in relation to its reconsideration of its decision to require a postgraduate trainee to complete a FELP and/or of the contents of a FELP under section 2.1 of these regulations;
 - ii) in relation to its reconsideration of the terms and conditions of academic probation under section 2.1 of these regulations, or

iii) to dismiss or suspend a postgraduate trainee from the program under sections 9.1 or 9.2 of the Assessment of Training and Promotion Regulations,

b) the Program Director and Assistant Dean, Resident Affairs in relation to an accommodation decision made by them under the Postgraduate Medical Trainee Academic Accommodation Policy.

3.2 Grounds of Appeal

A postgraduate trainee's appeal may be made only on the following grounds:

a) that the RPC, AFCC, or Program Director and Assistant Dean, Resident Affairs (as applicable) had no jurisdiction to make the decision; or

b) that the RPC, AFCC, or Program Director and Assistant Dean, Resident Affairs (as applicable) denied the postgraduate trainee natural justice (procedural fairness) in rendering its decision.

c) under section 9.1 i) of the Assessment of Training and Promotion regulations that the decision to dismiss a resident from their training program based on inability to provide appropriate accommodation does not meet the appropriate standard for reasonableness

3.3 Time Limitation

An appeal of a decision of the RPC or AFCC under this section must be made within 15 working days of delivery of the RPC or AFCC's written decision pursuant to section 2.3 of these regulations to the postgraduate trainee. To initiate an appeal, the postgraduate trainee must notify the Associate Dean PGME in writing of his or her intention to appeal, enclosing a copy of the decision of the RPC or AFCC. Any deadline except the deadline to initiate the appeal in the first instance may be extended by Associate Dean, PGME, in his or her sole discretion, at the request of any party to the appeal.

3.4 Faculty Appeal Committee

Upon receipt of the notice of appeal from the postgraduate trainee, and on notice to the Program Director, the Associate Dean PGME shall strike a Faculty Appeal Committee (the "Committee") comprising two faculty members from among the members of the Faculty Postgraduate Training Committee (one of whom shall be appointed Chair) and one postgraduate trainee, none of whom shall have had any prior connection with the issues under appeal. The Associate Dean, PGME will review the appeal process with the postgraduate trainee.

3.5 Pre-Hearing Procedures

The Associate Dean, PGME shall:

a) set a date for the appeal hearing which shall be no later than 40 working days after receipt of the postgraduate trainee's notice of appeal and provide notice of the appeal date to the Program Director and to the postgraduate trainee;

b) establish a deadline for the Program Director to provide the Chair with copies of all documentation considered by the RPC or AFCC in making the decision under appeal, together with a copy of the RPC or AFCC's written decision;

c) provide copies of the material provided by the Program Director under subsection b) to the postgraduate trainee and establish a deadline for the postgraduate trainee to provide written submissions outlining the basis for the appeal and any supporting documentation;

d) provide copies of the postgraduate trainee's submissions to the Program Director and establish a deadline for the Program Director to provide written submissions responding to the postgraduate trainee submissions;

e) provide the postgraduate trainee with a copy of the Program Director's submissions;

f) provide the Committee members with both sets of submissions and supporting documentation.

3.6 The Appeal Hearing

The postgraduate trainee and the Program Director shall attend the appeal hearing and be provided the opportunity to make submissions, and to respond to questions from the Committee or the other party. The postgraduate trainee has the right to have a support person or other representative present for the meeting.

3.7 Deliberations and Decision

The Committee shall then deliberate in camera.

3.6.1 In relation an appeal under section 3.1 a) i) or ii), the Committee has the power to:

a) dismiss the appeal, thereby permitting the RPC or AFCC's decision to stand; or

b) allow the appeal in whole or in part, providing direction to the RPC or AFCC for further consideration as may be appropriate.

3.6.2 In relation to an appeal of a decision to suspend or dismiss a postgraduate trainee, the Committee has the power to:

a) dismiss the appeal;

b) allow the appeal, in whole or in part, directing the RPC or AFCC to place the postgraduate trainee on probation and providing recommendations concerning the terms of probation the Committee deems appropriate; or

c) refer the matter back to the RPC, or AFCC to:

i) provide better written reasons where the Committee determines that the RPC or AFCC's only deficiency is in relation to the adequacy of the written reasons provided to the postgraduate trainee; or

ii) re-hear all or part of the matter, providing such direction as the Committee deems appropriate.

3.6.3 In relation to an appeal of an accommodation decision, the Committee has the power to:

a) dismiss the appeal;

b) allow the appeal, in whole or in part, directing the Program Director and Assistant Dean of Resident Affairs to provide reasonable accommodation on terms the Committee deems appropriate;

c) refer the matter back to the Program Director and Assistant Dean of Resident Affairs to:

i) provide better written reasons where the Committee determines that the Program Director and Assistant Dean, Resident Affairs' only deficiency is in relation to the adequacy of the written reasons provided to the postgraduate trainee; or

ii) reconsider all or part of the matter, providing such direction as the Committee deems appropriate.

Minutes shall be kept of the appeal meeting including *in camera* deliberations. The Committee will provide a written decision, including reasons and the minutes to the Associate Dean PGME. The Associate Dean, PGME, shall provide the decision to the postgraduate trainee and to the Program Director.

The Committee's minutes will not become part of the postgraduate trainee's file.

APPENDIX C
DALHOUSIE PEDIATRICS POLICY FOR PROMOTION

The Competence Committee will be responsible for the promotion of residents to the next postgraduate year, or stage of training if under the CBD model, as well as the promotion from “buddy” night call to junior night call and from junior night call to senior night call.

Residents should achieve all the items listed in Appendix D to be promoted to the next year. Failure to achieve all the elements in appendix D does not necessarily mean the resident will be held back. The committee will make recommendations for residents who have not completed the required elements for promotion. This may require residents to complete certain tasks in a set time period as a condition of promotion.

Any resident undergoing formal remediation will need to have successfully completed the remediation plan in order to be promoted.

Residents will need to successfully achieve all the items listed in Appendix E and F to be promoted to junior and senior night call respectively.

APPENDIX D

PROMOTION CRITERIA – PGY LEVEL

PGY 1

- All ITERS successful
- All mandatory Can MEDs e-modules and Patient Safety modules completed
- Completed 2 practice STACERS
- If a remediation plan has been prescribed, has followed through on the plan and has successfully met the criteria for completing the remediation plan
- Has a scholarly project idea and supervisor in place
- Met program director/assigned competence committee member on a regular basis, has reviewed portfolio with the program director or assigned Competence Committee member and has reviewed and signed their 6 monthly summaries
- Completed at least 6 Multisource feedback evaluations (3 from allied health and 3 from families) in each six month period and acted on any deficiencies identified.
- Successfully Completed all Transition to Discipline EPAs
- Successfully Completed piloted Foundations of Discipline EPAs (FOD1, FOD2, FOD4)
- Regularly obtains EPA assessments while on IWK based rotations (at least 3 per 4 week block on average)

PGY 2

- All ITERS successful
- Completed 2 practice STACERS
- If a remediation plan has been prescribed, has followed through on the plan and has successfully met the criteria for completing the remediation plan
- Has submitted their scholarly project progress report and is on track (protocol and ethics submission completed)
- Met program director/assigned competence committee member on a regular basis, has reviewed portfolio with the program director/competence committee member and has reviewed and signed their 6 monthly summaries
- Completed at least 6 Multisource feedback evaluations (3 from allied health and 3 from families) in each six month period and acted on any deficiencies identified.
- Regularly obtains EPA assessments while on IWK based rotations (at least 3 per 4 week block on average)

For residents who started in 2018 and earlier:

- Completed piloted Foundation and Core EPAs (FOD1, FOD2, FOD4, Core2, Core4)

For residents starting in 2019 and after:

- Making significant progress on achieving Core EPAs
- Successfully completed all Foundations of Discipline EPAs

PGY 3

- All ITERS successful
- Passed final STACER
- If a remediation plan has been prescribed, has followed through on the plan and has successfully met the criteria for completing the remediation plan
- Has submitted their scholarly project progress report and progress and is on track (data collected and analysis underway. Abstract written and submitted for presentation)
- Met program director/competence committee member on a regular basis, has reviewed portfolio with the program director and has reviewed and signed their 6 monthly summaries
- Completed at least 6 Multisource feedback evaluations (3 from allied health and 3 from families) in each six month period and acted on any deficiencies identified.
- Completed piloted Core of Discipline EPAs
- Regularly obtains EPA assessments while on IWK based rotations (at least 3 per 4 week block on average)

PGY4 (TO SIGN FITER) – For residents doing a 4th year in general pediatrics

- All ITERs successful
- Passed final STACER
- If a remediation plan has been prescribed, has followed through on the plan and has successfully met the criteria for completing the remediation plan
- Has submitted their scholarly project progress report and progress and is on track (project presented in some forum and in final stages of project)
- Met program director/assigned competence committee member on a regular basis, has reviewed portfolio with the program director and has reviewed and signed their 6 monthly summaries
- Completed at least 6 Multisource feedback evaluations (3 from allied health and 3 from families) in each six month period and acted on any deficiencies identified.
- Completed all Core of Discipline EPAs
- Completed or made substantial progress on Transition to Practice
- Regularly obtains EPA assessments while on IWK based rotations (at least 4 every 3 months)

APPENDIX E
**PROMOTION CRITERIA BUDDY CALL TO JUNIOR CALL/
 TRANSITION TO DISCIPLINE TO FOUNDATIONS**

A resident promoted to “Junior” / “Foundations Stage” will be considered prepared to be on call independently for the PMU/ 6 Link and the medical subspecialties of MSNU.

This resident has the following responsibilities:

- 1) Complete admission to above services and review admissions done by medical student or off service resident
- 2) Carry the code pager and attend all codes
- 3) Review all admissions with in house Senior Resident during PGY1 year
- 4) Liaise with Senior Resident during the night and review active/unstable patients

CRITERIA
ROTATION REQUIREMENTS
Has successfully completed 1 PMU intern rotation
Has successfully remediated any unsuccessful rotations and addressed deficiencies
CALL REQUIREMENTS
Has completed at least 10 of buddy call shifts
Has completed buddy call checklist
CERTIFICATIONS
NRP certification (current)
PALS certification (current)
OTHER
Successfully completed TTD EPA #1
Successfully completed TTD EPA #2
Minimum of 3 MSF (allied health)
Minimum of 3 MSF (patient/family)
No concerns about professionalism

APPENDIX F
PROMOTION CRITERIA – JUNIOR CALL TO SENIOR CALL

A resident promoted to “Senior” will be considered the most senior resident in hospital for purposes of weekday and weekend call. This resident is most commonly on call in the PMU or in the PICU but may be on call in the NICU.

This resident has the following responsibilities:

- 1) Review all admissions with the PGY1 on call
- 2) Act as Code Team leader in the event of a Code
- 3) Be aware of the sickest or concerning patients on the wards (liaise with Junior Resident)
- 4) Assess any child that the Junior resident is concerned about in a timely manner
- 5) Mentor and teach the Junior resident in all areas of CanMEDS competencies

CRITERIA
ROTATION REQUIREMENTS
Has successfully completed 1 PMU intern rotation and 2 PMU Junior rotations (2 Green or 1 Green and 1 Blue)
Has successfully completed 1 PICU rotation
Has successfully completed 1 rotation of level III NICU
Has successfully remediated any unsuccessful rotations and addressed deficiencies
Has completed 20 blocks of pediatric residency
CALL REQUIREMENTS
Has completed 1 month of PICU call (during PICU rotation) and 3 addition PICU calls
Has completed PGY1 year of junior call
CERTIFICATIONS
NRP certification (current)
PALS certification (current)
SKILLS
Has been the team mock code team leader in at least one simulation session

CanMEDS Competencies (based on rotation feedback/ call feedback/ITERS/multisource feedback)	No concerns	Concerns
Manager		
Professional		
Scholar		
Communicator		
Collaborator		
Medical Expert		