



## **PGY1 TRANSITION-TO-SENIOR GUIDELINES FOR RESIDENTS AND ATTENDING PEDIATRIC PGME**

Pediatric residents at the University of Manitoba begin the transition-to-senior (TTS) process in March of their first residency year. This document summarizes both the process and the guidelines for how this transition occurs and is evaluated.

In early March, a transition workshop is held by the faculty and chief residents for all PGY1 residents and is considered protected time. Following this workshop, residents are scheduled for one period on one of the three Clinical Teaching Units (CTUs) as a junior resident, with expectations of gaining practice and functioning as a senior resident for the latter half of the rotation. On occasion because of resident numbers, it may be necessary to schedule a PGY resident for his or her TTS ward month during the period which starts prior to the TTS workshop. The PGY1 resident would still be functioning as a junior resident until the workshop has taken place.

In addition, PGY1 residents will be scheduled for their first two-week night float rotation during Periods 11, 12 or 13. During this rotation, they will work with a buddied experienced senior resident who will be on simultaneous call for the first three overnight shifts.

### **Ward CTU**

This rotation will be four weeks long, with possible slight variability in the length of Period 13 depending on the calendar year and CPGME arrangements. During the first two weeks of this rotation, the PGY1 resident will function as a junior resident, including writing notes and other traditional junior responsibilities. For one day each week and if the schedule allows, the junior resident will attend senior sign-over and lead rounds for early practice.

For the second two weeks, the junior resident and senior resident will reverse roles with some modifications, so that the PGY resident will function as the senior resident.

Responsibilities of the PGY1 resident:

1. Attend and actively participate in senior sign-over in the mornings.
2. Lead rounds unless post-call. Every attempt will be made to limit post-call weekdays during the latter two weeks of the rotation.
3. Carry and answer the senior phone during the day
4. Accept calls from Emergency and from other physicians regarding admissions and issues.
5. Lead signover to the overnight screening resident in the afternoon
6. Practice reviewing admissions of junior learners, including off-service residents, medical students and PA students.
7. Notes will preferentially be done by other learners and the senior residents, unless schedule and/or patient load does not allow (similar to full senior resident responsibilities).
8. Morning report is not protected time for TTS junior residents

Responsibilities of the senior resident:

1. Attend senior sign over in the mornings in a supervisory capacity.
2. Remain responsible for general knowledge of all of the patients on the service.
3. Write assigned junior notes to share the workload.
4. Attend morning report as protected time.
5. Act as a mentor for the PGY1 resident during the entire rotation.
6. Be available as a resource for any questions.

### **Night Float**

The night float rotation will function similarly to the traditional screening Night Float rotation, with the addition of a buddied senior resident as described above. This resident will act as a resource and mentor as needed.

### **Evaluations**

At the end of the first two CTU ward weeks, the PGY1 resident will be evaluated as a CTU ward junior, similar to his or her first two ward rotations.

At the end of the second two weeks, the PGY1 resident will be evaluated as a CTU ward senior, with comments reflecting that this is the resident's TTS rotation and will be assessed accordingly. Given that this senior evaluation focuses on different skills than the junior evaluation, it is possible to pass the mid-way (junior) evaluation but not pass the final (senior) evaluation. A borderline or fail on the final senior evaluation will likely require a repeat transition-to-senior rotation. If the resident is in danger of receiving a borderline or fail mark on the senior evaluation, he/she must receive feedback at the midway point of these two weeks acting as senior.

For night float, evaluations will be done on the Night Float ITAR, with a comment reflecting that this is the resident's TTS rotation and will be assessed accordingly. A borderline or fail on the Night Float evaluation will likely require a repeat transition-to-senior rotation.

Should the resident not be able to successfully transition to senior after the rotations listed, he or she will still be eligible for promotion to the PGY2 level with regard to pay and benefits if otherwise eligible by program criteria. However, the resident cannot be scheduled for any PGY2 rotations requiring senior level responsibility (e.g. PICU) unless a remedial rotation is successfully completed.