

Fellowship Expectations/Responsibilities

Intro: The palliative care fellowship at the Hospital for Sick Children is an intense 12 month clinical fellowship. The main goal is to produce physicians who intend on spending all/a-significant-part of their practice in paediatric palliative care. The following sections will outline the expectations and responsibilities that each fellow must accept prior to initiating the fellowship broken up into daily, weekly and whole year sections.

Daily responsibilities: This will differ slightly depending on the rotation that you are on, however, for clarity the PACT in-patient rotation will be used as the norm.

Weekdays – The expectation is that all pre-rounding activities (see weekly responsibilities) will be done before 9:00AM, as clinical rounds will begin at this time. The day usually ends around 5pm, though many of the most important and rich learning experiences will occur after 5pm, as urgent matters in Paediatric Palliative care are often the most rewarding and are often unpredictable. Therefore, please expect that many days will run beyond 5pm, and some will begin prior to 8:30am

Weekends/Statutory Holidays– Only when scheduled for call (see “call section”), would there be an expectation to work during the weekend. However, Fellows are encouraged and welcome to attend funeral, and remembrance ceremonies and other related activities. In addition, there will be educational opportunities (ie. Lectures, conferences etc.) on some weekends throughout the year.

Call – Fellows will be on-call for 1 week at a time. This will occur approximately 15 week of the year starting and ending on Monday. Call changes are allowed but requests must be made 4 weeks in advance. After hours call is done from home (i.e. you are not expected to stay overnight in the hospital) Responsibilities while on-call include: having your pager on at all times (preferably your cell phone as well), being up to date on all active PACT in-patients and outpatients and all Emily’s House end-of-life patients; having the ability to get to the hospital within 60 minutes – for urgent matters. Fellows will take first call (ie. Hospital locating will page the fellow for all PACT matters), however there will always be a staff physician on back-up call.

Weekly Responsibilities: These include regularly scheduled rounds/education. Again these responsibilities will fluctuate depending on the given rotation, however, the PACT inpatient rotation will be the default.

Rounds – Handover rounds occur each Monday at 9am and fellows are expected to punctually attend and participate in, while on a PACT rotation. Weekly patient rounds are held Wednesday from 10am-11am and are usually followed by academic rounds from 11am-12pm. Fellows are expected to attend both of these rounds unless they are out of the hospital (ie. Another rotation, vacation, etc.). Fellows will also be expected to present 2-3 times during academic rounds throughout the year (topics to be decided at a later date at the fellow’s choosing).

Other rounds that fellows will have the opportunity to attend include: Neuro-oncology rounds-Tuesday at 1030am; Grand rounds – Wednesday at 9am; and selected rounds from other subspecialties; Palliative care grand rounds (Temmy Latner)

Education – There will be opportunities to join the paediatric residency education sessions held Tuesday afternoons when palliative care related topics are being taught. In addition, during the year there will be opportunities to join the Oncology Fellows academic days held on Wednesday Afternoon. Sessions, with other fellows and their staff will also be organized throughout the year.

Charting/Billing – . As effectively written communication is a critical aspect of palliative care, fellows are expected to write consult notes on *all* new consults they have attended. There is an expectation that each fellow will chart on their encounters and learn how to bill common codes for palliative care.

Yearly Responsibilities: Many of these responsibilities will be included in the everyday work of PACT, however are noted here for completeness.

Bereavement – Fellows are expected to contribute to bereavements cards sent to all families that PACT follows. In addition, working with the Grief Support Coordinators, fellows are expected to make follow up calls to families they have been involved with throughout the year. Attending funerals is a personal decision and thus will not be an expectation, though encouraged when it feels right.

Teaching – There will be several opportunities throughout the year for both formal and informal or bedside teaching of residents and fellows who are spending time with PACT. In addition there will be opportunities to run educational sessions for other trainees, RN's MD's throughout the hospital.

Debriefs – Many times throughout the year PACT is asked to sit down with care teams and reflect and learn from specific clinical encounters. Fellows are expected to attend these when able and by the end of the year should expect to lead/co-lead the discussion. PACT also has debriefing sessions a few times throughout the year for our team in which Fellows will be encouraged to participate.

Night of honouring the Dead – This is an annual event where the members of PACT come together to share a meal and to remember the children under our care who have died in the previous 12 months. Fellows will be required to attend this ceremony.

Emily's house – During a fellow's outpatient experience they will be responsible for all "End-of-life" admissions to Emily's house. The staff there will require a method of reliable contact (ie pager or cell phone) during the day time hours (fellows will only be responsible for Emily's house after-5pm if they are on call).

Evaluation- quarterly evaluation with the program director will be scheduled, though informal feedback sessions are welcome as needed or upon request. In addition fellows will be expected to practice giving feedback as part of their educational responsibilities for other trainees.

Conferences – There are particular conferences which may be of interest including the Palliative care Congress in Montreal, AAHPM, OPCA.

Log – Patient logs are mandatory, and should reflect these requirements approximately:

50 new patients

2-4 home visits

5 patients seen at Emily's house

2-4 families followed in bereavement (this refers to a series of calls throughout the year, not the single calls you might do to follow up quickly with a family)

Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
0830	Pre-rounding activities				
0900	PACT Handover		Paediatric Grand Rounds		
1000		Neuro-Onc Rounds (1030hrs)	PACT Rounds		
1100			PACT Academic Rounds		
1200				Bioethics*	
1300			Complex Care Rounds		CONFES*
1400					
1500					
1600					
1700					

* once a month