

## 2008

*These training requirements apply to those entering residency on or after July 1, 2008.*

### **General Content of Core Training**

The resident will have had an adequate experience in both the in-hospital services and the ambulatory facilities of a children's hospital or of the pediatric department of a general hospital. The resident must also have appropriate experience in community based child health services. A portion of the training must include experience and study in the comprehensive care of children with physical and psychosocial challenges. The resident will learn the skills to work collaboratively with and to provide consultation to other medical and health disciplines dealing with infants and children, especially with Psychiatry, Surgery and Obstetrics. The resident will acquire the professional attitudes to work with other health disciplines in a variety of health care service models. The resident will develop the skills of a self-directed, life-long learner. The resident will learn the skills to critically appraise both his/her practice as well as the practice of Pediatrics.

### **Specific Content**

The resident will have been registered in an accredited Pediatric postgraduate residency program. The resident will have had experiences in core general pediatrics and in the various pediatric subspecialties, in both in-patient and ambulatory settings. Core pediatric training must include experiences in acute and ongoing care Pediatrics, emergency pediatrics, neonatology, developmental, and behavioural pediatrics. In order to assure an adequate breadth of training, maximum experience in any one subspecialty or discipline must be limited to six months during the three core years under Section 1. The resident will learn to set his/her own educational goals and will have had opportunities for elective experiences outside of the core training program, the essential feature being that these must be arranged with the understanding and approval of the postgraduate program director.

## **MINIMUM TRAINING REQUIREMENTS**

### **1. Four (4) years of approved residency training. This period must include:**

- 1.1. Three (3) core years of approved residency in Pediatrics, including management of hospitalized and ambulatory patients, appropriate experience in pediatric subspecialties and increasing responsibility, to include a senior supervisory year with responsibility for supervision of more junior trainees, with the resident reporting directly to a staff pediatrician. Must include in-house call in wards, NICU and PICU.

#### **1.1.1. Core Rotations: All residents MUST complete the following mandatory rotations:**

- 1.1.1.1. One (1) – six (6) blocks, or equivalent longitudinal rotation, of Community/Rural Pediatrics
- 1.1.1.2. One (1) – four (4) blocks, or equivalent longitudinal rotation, of ambulatory/hospital-based out-patient Pediatrics
- 1.1.1.3. Two (2) – four (4) blocks, or equivalent longitudinal rotation, of in-patient ward/CTU Pediatrics as a junior resident
- 1.1.1.4. Two (2) – four (4) blocks, or equivalent longitudinal rotation, of in-patient ward/CTU Pediatrics as a senior resident
- 1.1.1.5. One (1) – two (2) blocks, or equivalent longitudinal rotation, of Developmental Pediatrics
- 1.1.1.6. Three (3) – five (5) blocks, or equivalent longitudinal rotation, of Neonatal Intensive Care Unit. This training must include one block in normal newborn/level II exposure, and two or more blocks in level III
- 1.1.1.7. Two (2) – three (3) blocks in Pediatric Intensive Care Unit
- 1.1.1.8. One (1) – four (4) blocks in Pediatric Emergency Medicine

#### **1.1.2. Subspecialty Selective Rotations: All residents MUST complete rotations (one block each or equivalent longitudinal rotation) in at least seven (7) of the following fourteen (14) pediatric subspecialties and MUST be involved in the care of patients in all the other subspecialties. Maximum of two (2) blocks per subspecialty will be accepted.**

- 1.1.2.1. Adolescent Medicine
- 1.1.2.2. Pediatric Allergy/Immunology
- 1.1.2.3. Pediatric Cardiology
- 1.1.2.4. Child Neglect/Social Pediatrics
- 1.1.2.5. Child Psychiatry
- 1.1.2.6. Pediatric Endocrinology
- 1.1.2.7. Pediatric Gastroenterology
- 1.1.2.8. Pediatric Genetics/Metabolics
- 1.1.2.9. Pediatric Hematology/ Oncology

- 1.1.2.10. Pediatric Infectious Diseases
  - 1.1.2.11. Pediatric Nephrology
  - 1.1.2.12. Pediatric Neurology
  - 1.1.2.13. Pediatric Respiriology
  - 1.1.2.14. Pediatric Rheumatology
- 1.1.3. Other Selective Rotations: All residents SHOULD have exposure to, or equivalent longitudinal rotation in, the following:
- 1.1.3.1. Research (maximum of three (3) blocks will be accepted). If no formal rotation, exposure, at least to critical appraisal, and basic study design/stats must be included in academic half-day or other educational activities
  - 1.1.3.2. Anesthesia (maximum of one (1) block will be accepted)
  - 1.1.3.3. Dermatology (maximum of one (1) block will be accepted)
  - 1.1.3.4. Diagnostic Imaging (maximum of one (1) block will be accepted)
  - 1.1.3.5. Surgery/Surgical Subspecialties (maximum of three (3) blocks will be accepted)
  - 1.1.3.6. Pathology (maximum of one (1) block will be accepted)
  - 1.1.3.7. Electives (maximum of three (3) block will be accepted)

***\*One block equals four weeks or one month or equivalent longitudinal rotation***

**2. One (1) year of approved residency that may be spent in:**

- 2.1. One (1) year of residency training approved by the program director and the RCPSC that may include: an additional year of general Pediatrics; in clinical or basic research in Pediatrics; or in a special area of Pediatrics in an accredited residency program
- 2.2. One (1) year in an approved course of study and training which may include a year of residency training in another Royal College approved program, and relevant to the objectives of Pediatrics, and approved by the director of the Pediatrics residency program and the RCPSC

**NOTES:**

- 1. Longitudinal rotations each require the completion of an independent assessment as recorded on an in-training evaluation report (ITER)
- 2. In order to be eligible to sit the Royal College examinations in Pediatrics, a candidate MUST:
  - 2.1. Have successfully completed a three-year program of core training in Pediatrics and one-year of residency training as in 2.1 or 2.2

*SPECIALTY TRAINING REQUIREMENTS IN PEDIATRICS (2008)*

- 2.2. Have completed or significantly participated in a scholarly project related to any aspect (research, education, clinical care, administration) of Pediatrics as verified by the program director. Ideally, this project would lead to a presentation or publication. This may include continuous quality improvement activities or protocol development, research protocol development, development of an educational curriculum for a specific course or group
- 2.3. Have a valid completed FITER with a successfully completed STACER

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