Overview

The 4 week rotation in Adolescent Medicine affords medical students and residents exposure to out-patients at the Adolescent Clinic and in-patients consultations and follow-up with the on-service staff person.

During this rotation, trainees will have a chance to become familiar with normal adolescent development (both physical and emotional aspects), as well as adolescent development that deviates from the norm. The resident will become aware of the special needs of adolescents at different stages of their development. Specifically, a special approach to the adolescent patient to ensure accurate information gathering and respectful, non-judgmental and confidential care will be demonstrated and integrated.

Trainees will be confronted to all the following relevant adolescent issues: pubertal development and growth, eating disorders, menstrual disorders, contraception, teenage pregnancy, depression, suicide, anxiety, psychosomatic disorders, chronic diseases and the adolescent and sexual abuse. Contact with the pre-pubertal child will also occur in the context of the adolescent mother infant clinic, sexual abuse clinic and prepubertal gynecological consults. Residents will be exposed to social disadvantaged and challenged youths both in clinics and through visits to Shawbridge (incarcerated youth) offsite with Dr. Baltzer. Residents will also encounter sexually abused children and adolescents both through the adolescent clinic and on-call with a chance to be present during a medicolegal assessment in the ER.

Orientation to Rotation

- **Rotation duration:** One 4-week block
- **Rotation supervisor:** Dr. Suzanne MacDonald
  - MCH, Adolescent Clinic – 1040 Atwater – 1st floor – TEL: 514-412-4481

- **On the first day report for orientation with Objectives of Training document to:** Rosa
  Rosa will meet with new trainees on day # 1 of rotation (Monday p.m. at 1:30 p.m. and then with Dr. MacDonald) for an orientation/introduction to Adolescent Medicine. A copy of an introductory package with learning objectives, patient and skills logs and staff evaluations is available before the rotation starts (ask Rosa). Residents will be expected to read around cases, to follow test results of patients seen in consultation, to return phone calls to patients/parents and professionals involved in their patient’s care.

Residents and fellows will be asked to give their beeper and phone # to Rosa/Martha. In the event that one clinic is cancelled, we can reach them if there are ward/ER consults, drop-in patients. If they choose not to be on-site at clinic at those times, residents and fellows should let Rosa/Martha know how to reach them quickly.
- **Schedule**: During this rotation, the Resident is expected to participate in the clinical activities, rounds etc. Residents and students must indicate which M.D. they worked with each half day. These papers are found behind the door of the resident’s room. Please sign these sheets daily.

**Out-patient clinics:**

<table>
<thead>
<tr>
<th>Day</th>
<th>Clinics</th>
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| Monday am| **Dr. Baltzer**: 1 (or 2) people to accompany at Shawbridge (Adolescent Detention Centre) alternating between the Prevost campus and Laval Campus every other week must show up at ER door of MCH at 08:00 a.m. **sharp** for Prevost campus and at 08:45 a.m. **sharp** for Laval campus (Please double check with Dr. Baltzer the preceding Friday). Note that Dr. Baltzer will not wait for you beyond the meeting time.  
  - **Dr. Martin** (General Adolescent Medicine Clinic alternating every other week) |
| Monday pm| **Dr. Erdstein** (General Adolescent Medicine Clinic alternating with Sexual Abuse clinic every other week)  
  - **Dr. Di Meglio** (Eating Disorder Clinic)  
  - **Dr. Agostino** (General Adolescent Medicine Clinic) |
| Tuesday am| **Dr. MacDonald** every other week (Sexual Abuse Clinic)  
  - **Dr. Di Meglio** (General Adolescent Medicine Clinic)  
  - **Dr. Quiros** (Gynecology Clinic – OB/GYN residents only)  
  - **Dr. Khayr** (general Adolescent Medicine Clinic)  
  - **Dr. Robinson** (general Adolescent Medicine Clinic) |
| Tuesday pm| **Dr. Baltzer** (general Adolescent Medicine Clinic)  
  - **Dr. Ponette** (Obstetrics Clinic – OB/GYN residents only)  
  - **Dr. Khayr** (general Adolescent Medicine Clinic)  
  - **Dr. Robinson** (general Adolescent Medicine Clinic) |
| Wednesday am| **Dr. Quiros** (Gynecology Clinic- OB/GYN residents only) |
| Wednesday pm| **Dr. Quiros** (Gynecology Clinic – ob/gyn residents only)  
  - **Dr. Di Meglio** (general Adolescent Medicine Clinic)  
  - **Dr. Erdstein** (general Adolescent Medicine Clinic)  
  - **Dr. Martin** (general Adolescent Medicine Clinic) alternating every other week |
| Thursday am| **Dr. Munz** (general Adolescent Medicine; mostly group home) every 2nd Thursday am  
  - **Dr. Baltzer** (at Shawbridge Dorval Campus) every 2 weeks  
  - **Dr. Khayr** (general Adolescent Medicine Clinic)  
  - **Dr. Robinson** (general Adolescent Medicine Clinic)  
  - **Dr. Finkelberg** (general Adolescent Medicine Clinic) every 2nd Thurs. at 9:30 |
| Thursday pm| **Dr. MacDonald** (Eating disorder clinic)  
  - **Dr. Agostino** (general Adolescent Medicine Clinic)  
  - **Dr. Finkelberg** (general Adolescent Medicine Clinic every 2nd Thursday) |
| Friday am| **Dr. MacDonald** (Gynecology Clinic +/- Adolescent Medicine)  
  - **Dr. Agostino** (general Adolescent Medicine Clinic) |
| Friday pm| **Dr. Baltzer** (well baby clinic: where babies/children of adolescent mothers are seen)  
  - **Dr. Khayr** (general Adolescent Medicine Clinic)  
  - **Dr. Martens** (general Adolescent Medicine Clinic) |

**Inpatients consults**

Trainees will be expected to address incoming consults (from wards, ER, outside) to be reviewed with on-service staff person and attend daily or every 2 day rounds on the medical wards in-patients with designated staff.
**Academic Teaching and Rounds**

Protected teaching time is an important medium for trainee learning and therefore attendance to all rounds is mandatory. A list of rounds to be attended by pediatric residents follows:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>Monday</td>
<td>None</td>
<td></td>
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<tr>
<td>Tuesday</td>
<td>None</td>
<td><strong>Protected teaching</strong> 12:00 – 14:00: For pediatric residents only</td>
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<tr>
<td>Wednesday</td>
<td>08:00 – 09:00</td>
<td><strong>Medical Grand Rounds</strong></td>
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<td></td>
<td>09:15 – 10:15</td>
<td><strong>Inpatients/Outpatients Eating Disorder Rounds</strong> 2nd floor conference Room Gilman Pavilion</td>
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<tr>
<td></td>
<td>10:15 – 11:15</td>
<td><strong>Adolescent Medicine Rounds</strong> 2nd floor conference Room Gilman Pavilion</td>
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<td></td>
<td>11:15 – 12:15</td>
<td><strong>Academic Teaching Sessions</strong></td>
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<tr>
<td>Thursday</td>
<td>12:00 – 13:00</td>
<td><strong>Chief of Service Rounds</strong> – OPTIONAL. You are invited to join these great rounds and interesting cases/presentations given by pediatric residents.</td>
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<tr>
<td>Friday</td>
<td>None</td>
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Other pertinent information:

- **Integration into the adolescent medicine’s multidisciplinary team** will be encouraged as trainees are expected to function as full members of this team.

- **All residents will be asked to prepare a presentation** as part of their rotation in Adolescent Medicine, in an area of their interest pertinent to the field of Adolescent Medicine. This presentation can be rather informal (PowerPoint not necessary but available) and might be slotted during one of our Wednesday Adolescent Medicine rounds. The date and time of presentations will be discussed with trainees at orientation. Please see enclosed a list of specific clinical activities at the Adolescent Medicine Clinic and staff specific clinical commitments.

- **Patient and Procedure logs**: In order to facilitate tracking of numbers and types of patients seen as well as number and types of procedures done, log sheets (similar to those used in the MCH ER will be given to trainees at the rotation outset. At the end of the rotation, trainees are asked to please hand in these logs (patient and procedure) to Rosa. These logs will help compile a more representative evaluation. Photocopying the log at the end of your rotation can help trainees find interesting cases for future presentations.
Specific Objectives and CanMEDS competencies

The role of medical expert is central to the function of the obstetrician-gynaecologist, and draws on the competencies for the roles of scholar, communicator, health advocate, manager, collaborator, and professional.

1. Medical Expert

KNOWLEDGE
- Understands normal development and behaviour (and variants thereof) with respect to growth, puberty, cognitive and psychological skills, peer and adolescent parent relationships
- Demonstrates up-to-date knowledge of core adolescent issues:
  - gynecology
  - eating disorders
  - chronic illnesses
  - psychosomatic disorders
  - depression and suicidality
  - sexuality
  - contraception
  - teen pregnancy
  - substance abuse
  - sexual abuse, etc.
- Has an awareness of the influence of peers and society at large on adolescent behaviour, life choices and health

DATA gathering
- Develops a non-judgemental approach geared to the adolescent’s particular needs. This is essential to history taking with regards to collection of sensitive and often crucial information
- Interacts with both the patient and parents in a professional manner
- Knows about confidentiality laws and specific resources as they apply to teens (for eg. role of DYP, what information needs to be divulged to parents, drug rehabilitation programs)
- Takes a focused history, with a careful evaluation of high risk behaviours in the adolescent using the HEADS mnemonic and does some anticipatory guidance as part of his/her interaction with the adolescent

CLINICAL management
- Presents a focused, coherent plan for patients seen in consultation/clinic including screening for high risk behaviours and including appropriate anticipatory guidance
- Integrates and participates in a multidisciplinary team so as to enhance patient care
- Demonstrates effective consultation skills in presenting well-documented assessments and recommendations

PROCEDURAL skills
- Performs focused physical exams with attention to patient’s comfort level (i.e. draping when appropriate)
- Knows the indications for internal gynecological exams in girls and is skilled at performing speculum exams and specimen taking with a respectful, sensitive, attitude
2. Communicator

- Communicates with the adolescent in a sensitive and respectful fashion, conducts a flexible interview (letting the adolescent lead when appropriate)
- Integrates and participates as a member of a multidisciplinary team (MD’s, residents, social workers, nurses, psychologists, psychiatrist)
- Respects families’ concerns and questions and effectively communicates the plan to the adolescent and family with empathy
- Is aware of the influence of various factors such as gender, age, disability, ethnocultural background and social support on an adolescent’s illness
- Demonstrates respect for the parent’s perspective and concern for their adolescent’s health and the impact of their child’s illness on the family relationships (especially important with chronic illnesses, eating disorders)
- Contributes to the learning of the team mainly through reading around cases and through presentations (formal and informal) to colleagues

3. Collaborator

- Functions well in a multidisciplinary team and able to cooperate with the various members of said team towards improving the adolescent’s overall health and situation
- Presents new patients and new medical information during inpatient and outpatient eating disorder rounds
- Interacts professionally and respectfully with other consultants and colleagues conveying requested information back in a timely fashion
- Collaborates and liaisons with high school staff, CLSCs and other community resources caring for teens as appropriate

4. Manager

**Provision of Health Care:**

- Understands the extent of the family’s involvement in the provision of their adolescent’s health care
- Integrates age appropriate preventative health care and anticipatory guidance at each teen visit
- Avoids unnecessary investigations and/or hospitalizations (i.e. participates in intensive out-patient treatment of eating disorders patients)

**Practice management:**

- Prioritizes incoming phone calls for patients and parents
- Decides how to incorporate emergency drop-in patients and consults into a full clinical schedule
- Reviews in-coming blood and radiology test results daily and makes adjustments to the patient’s ongoing care based on these
- Demonstrates open-mindness to the consideration of alternative health care practices

5. Health Advocate

- Appreciates that the health care needs of adolescents are distinct from those of adults
- Empowers the adolescent to make sound decisions and to be actively involved in his/her health care and needs and to be knowledgeable about his/her health and rights
• Addresses transition to adult services with the teen and parents early on so as to prepare them for an eventual transfer
• Has an awareness of important determinants of health affecting adolescents (i.e. issues of confidentiality, inability to share some information with caretakers/guardians, inability to pay for some medication or to follow complex instructions depending on cognitive skills)
• Advocates for adolescents their health and needs in the clinical setting with other colleagues, and in the community at large

6. Scholar

• Able to read around cases towards ongoing self-directed learning
• Attends protected teaching rounds including weekly Adolescent Medicine rounds as well as inpatient and outpatient eating disorder rounds
• Models an inquisitive attitude towards medical information and improving on current knowledge base and skills
• Is actively involved in educating patients, parents and other health care professionals

7. Professional

• Displays integrity, honesty, compassion and a sense of ethics towards adolescent patients, their families and colleagues (adolescents are particularly sensitive to these qualities and attitudes)
• Models sensitivity and respect for diversity
• Recognizes own limitations and willingness to call upon others for help
• Informs appropriate staff ahead of time of protected clinical/teaching time off site and clinics that can’t be attended
• Demonstrates a sense of responsibility for own patients (follows up test results, returns phone calls, arranges earlier follow-up or consultations as appropriate)
• Knows of the obligations of a physician with respect to:
  o reporting suspected physical or sexual abuse
  o interacting with DYP to protect “at risk youth”
  o confidentiality, consent, being familiar with laws in one’s area of practice regarding extent of parent’s involvement in different clinical scenarios
  o reporting infections (i.e. chlamydia) to public health authorities to facilitate contact tracing
• Demonstrates flexibility and willingness to adjust appropriately to changing circumstances (following the adolescent’s lead)
• Is open to constructive criticism towards improving his/her knowledge base, competence as a physician serving adolescents and their families
Evaluation

- Trainees can expect a mid rotation evaluation after the first 2 weeks of the rotation on a Friday afternoon. **It is the trainee’s responsibility to make sure they get their evaluation** as constructive criticism may help them focus their energies as needed to meet the rotational objectives and improve their final evaluation. This final evaluation will be discussed with the trainee on the final Friday afternoon of the rotation.

- The final evaluation will be posted on MRESone45.

Recommended reading

- Speak to rotation supervisor