

# LOGISTICAL AGREEMENTS BUITENGEWOON BAANBREKEND

## GP trainee and paediatric trainee assess ill children together in the following settings:

### 1. The GP out of hours post (Paediatric trainee visits the GP trainee for a shift at the GP post)

- Plan the date together with your duo partner (GP supervisor needs to be working at the GP post)
- At the start of the shift, make sure the doctors assistant (DA) knows you are doing a duo shift
- The DA will pay attention to 'reserve' all sick children for the trainee duo and makes sure the other available GP's continue to see regular (adult) patients

### 2. The emergency department / paediatric ward (the GP trainee visits the paediatric trainee during a shift)

- Plan the date together with your duo partner

### 3. The paediatric outpatient ward and the GP practice

- Plan a date together with your duo partner
- Paediatric trainees consult with their (paediatrician) supervisor to get approval for the leave of absence
- GP trainees consult with their (GP) supervisor for approval of the date

### 4. Extra option: follow the referred child after it was referred from the GP post to the A&E department.

- When referring the child to the pediatrician, acknowledge that you are participating in the Buitengewoon Baanbrekend project and ask for a phone call as soon as the paediatrics trainee examines the child
- This can be your own phone number or the GP posts number. The DA will transfer the call through

- ➔ After assessing a child together, don't forget to fill out the 'bespreekformulier'
- ➔ Did you examine interesting cases during your shift?  
Email them to Sharon Vrooijink for our next case meeting.

## QUESTIONS?

- Rosalin van Schie
- Esther Coolen
- Sharon Vrooijink
- Paul Voorhoeve



# COMPETENCIES FOR INTRAPROFESSIONAL COLLABORATION

## COLLABORATION

- Acknowledges the different context of practice
- Acknowledges the different position of the colleague in primary or secondary care
- Uses an effective structure of communication
- Checks whether the information about patient is received correctly
- Adjusts medical language and explains procedures
- Discusses any possible barriers for the consultation

## CONSULTATION

### The GP resident:

- States a clear referral question for the consultation
- Describes the patient completely, with all relevant information included
- Refers the patient in a clear and well-structured way

### The paediatric resident:

- Answers completely and unambiguously to the referral question
- Checks explicitly whether the consultation ends with mutual agreement
- Makes sure that all relevant elements have been discussed
- Provides enough space for discussing concerns of the referring colleague.

## EXCHANGING KNOWLEDGE

- Takes into account the medical knowledge and skills of the colleague
- Exchanges knowledge actively during the consultation
- Discusses the lessons learned in providing care for the (acutely) ill child

## PROFESSIONALITY

- Reflects on his/her own actions
- Discusses his/her own limitations and uncertainties in providing emergency paediatric care
- Gives feedback in a respectful manner
- Has an open and studious attitude

## HEALTH PROMOTION

- Discusses expectations from patients/parents with regards to primary or secondary health care and discusses his/her own contribution in providing this.
- Discusses possible chances to optimize the organization of care around the acutely ill child.
- Discusses whether this experience will be relevant and will contribute to the development in their collaborative skills in acute paediatric care