

The Resident & Fellow Handbook

This handbook is the property of:

Dr. _____

Resident / Fellow in the Department of:

If found, please return to the security office or notify me by email at:

Preface

This handbook is a work in evolution; an endeavour of Postgraduate Medical Education and City-wide Medical Affairs.

Please forgive us for errors or omissions, and help us with suggestions for improvement.

Comments / suggestions

postgraduate.medicine@schulich.uwo.ca

Acknowledgements

This handbook was made possible by the efforts of Postgraduate Medical Education – Schulich School of Medicine & Dentistry, PAIRO and the City-wide Medical Affairs department.

Disclaimer

The information contained in this handbook was gathered from a variety of existing publications. It is intended as a guide, not as an official document. You should verify policies with the appropriate authorities prior to taking any action. This information is provided to help you survive the day-to-day activities of Residency here in London.

We welcome your contributions and corrections for our next edition.

Words of Wisdom

"No greater opportunity, responsibility, or obligation can fall to the lot of a human being than to become a physician... Tact, sympathy and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions. He is human, fearful, and hopeful, seeking relief, help and reassurance... The true physician has a Shakespearean breadth of interest in the wise and the foolish, the proud and the humble, the stoic hero and the whining rogue. She cares for people."

-TR Harrison, 1950

"The grand essentials of happiness are: something to do, something to love, and something to hope for."

-Allan K. Chalmers

Introduction

Residents and fellows are a vital part of the academic health care institution. The many roles we will strive to fulfill are described in the CanMEDS 2005 Physician Competency Framework section on following pages. We encourage you to reflect on these roles every now and then. Keep in mind however that our true training will continue for a lifetime.

Each of us can help make the postgraduate medical experience a more satisfying one by getting involved in one of the many committees, locally or provincially, in need of representation. You can do this through your program director or the Postgraduate Medical Education Office.

Lastly, remember that we are only one part of the care team. Treat nurses and allied health staff with respect, through your words and your actions, and your time spent with them will be a much more rewarding experience.

Team Tips

- Get to know the first names of each individual with whom you will be working with
- Remember common courtesies, such as, asking if you may interrupt when someone is working with a patient
- Ask questions and get clarification
- Acknowledge the ideas and contributions of all team members
- Listen and share information
- Strive for the "win-win"

Important ID Names and Numbers:

LHSC Employee #:

UWO Student #:

UWO PIN #:

UWO Email Address:

CPSO #:

CMPA #:

CFPC/RCPSC Resident # (optional):

OMA # (optional):

CMA # (optional):

Powerchart /Centricity/GroupWise ID Name:

Hospital email address:

Personal Dictation ID # (LHSC/SJHC):

Personal Dictation Password (LHSC):

LHSC UH Computer Room C10-136.

LHSC VH Computer Room C2-835.

Other:

For security reasons, we suggest you tear out this page and keep it in your wallet/purse for future reference.

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Accessing London's Hospitals

Both St. Joseph's Health Care, London and London Health Sciences Centre are multi-site facilities. This list will help you familiarize yourself with the site names. Maps to the sites are available on the hospitals' intranet sites.

St. Joseph's Health Care London (SJHC)

- St. Joseph's Hospital (SJH)
268 Grosvenor Street, London, ON
- Parkwood Hospital
801 Commissioners Road East, London, ON
- Regional Mental Health Care-London
850 Highbury Avenue, London, ON
- Regional Mental Health Care – St. Thomas
467 Sunset Drive, St. Thomas, ON
- Mount Hope Centre for Long Term Care
21 Grosvenor Street, London, ON
- St. Joseph's Family Medical Centre
346 Platt' Lane, London, ON

London Health Sciences Centre (LHSC)

- Victoria Hospital (VH)
800 Commissioners Road East, London, ON
- University Hospital (UH)
339 Windermere Road, London, ON
- South Street Hospital (SSH)
375 South Street, London, ON
- Byron Family Medical Centre
1228 Commissioners Road West, London, ON
- Victoria Family Medical Centre
60 Chesley Avenue, London, ON

ACLS Resuscitation – Guidelines

CPR and Quality Compressions

1. Rate of 100/min
2. Depth of one third to one half of diameter of chest
3. Minimal stopping of compressions
 - a) Only stop to reassess at Q 2 minutes,
 - b) Try not to stop for intubation
 - c) Charge defibrillator and get paddles ready before stopping
 - d) One shock vs 3 stacked shocks
4. No reassessment of patient after defibrillation → 2 minutes of CPR
5. Count out loud compressions (at near 30th compression) to prep everyone to get ready for the next steps (reassessment, ventilation)

Respiratory Rate

- Ratio of compressions to ventilations is 30:2
- Once intubated respiratory rate is 8-10/minute during CPR
- Once intubated no stop in compressions to deliver ventilations

ACLS certification is a requirement of all new Residents and Clinical Fellows..

ACLS training is required and will be provided for PGY1's and any new residents and fellows transferring in during subsequent years of training.

Recertification is required after 2 years as per the Heart and Stroke Foundation regulations. Re-certification is

required for all residents and clinical fellows in Internal Medicine, Critical Care, Cardiology, Emergency Medicine, Radiation Oncology, Nephrology, and Geriatric Medicine.

For the complete ACLS Guidelines, please see the Medical Affairs website at: www.londonhospitals.ca/medicalaffairs , under Resident Orientation / Priority Learning/Training courses offered.

**Adult Pulseless Arrest Ventricular
Fibrillation/Pulseless Vtachs Guidelines 2005**

STEP	RATIONALE
1. CPR until defibrillator arrives. Confirm VF or pulseless VT. Prepare patient for defibrillation.	Confirm cardiac rhythm for appropriate intervention. Gel pads reduce intrathoracic impedance and skin burns.
2. Defibrillate with single shock at 120 J.	Evidence has shown that biphasic defibrillators are more successful eliminating VF on first shock.
3. Return to CPR immediately post shock. Do not check for pulse.	Immediate CPR with quality compressions provides blood flow to myocardium to increase shock success.
4. CPR for 2 minutes (5 cycles with 30:2 ratio of compressions to breaths). Do not stop compressions. IV access.	Minimize interruptions to chest compressions to maximize oxygen delivery to myocardium. IV needed for emergency drugs.
5. Reassess patient (rhythm or pulse). Defibrillate at 200J.	Assess change in rhythm or cardiac output. Second shock should be higher energy.

STEP	RATIONALE
<p>6. Return to CPR immediately post shock. CPR for 2 minutes of 5 cycles of 30:2. Do not stop compressions.</p> <p>Give epinephrine 1.0 mg IV or 2.0 mg via ETT during CPR. May be given every 3 minutes. Consider intubation if needed. Do not stop compressions to intubate.</p>	<p>Immediate CPR with quality compressions provides blood flow to myocardium to increase shock success.</p> <p>Catecholamine causes vasoconstriction increasing coronary and cerebral perfusion. Minimize interruptions to chest compressions to obtain an airway.</p>
<p>7. Reassess patient (rhythm or pulse). Defibrillate at 200J.</p>	<p>Assess change in rhythm or cardiac output. Use same amount of energy as previous shock.</p>
<p>8. Return to CPR immediately post shock. CPR for 2 minutes of 5 cycles of 30:2. Do not stop compressions.</p> <p>Amiodarone 300 mg IV or Lidocaine 1.5 mg/kg via ETT.</p>	<p>Immediate CPR with quality compressions provides blood flow to myocardium to increase shock success.</p> <p>Antiarrhythmics can decrease automaticity to suppress ventricular arrhythmias.</p>
<p>9. Reassess patient (rhythm or pulse). Defibrillate at 200J.</p>	<p>Assess change in rhythm or cardiac output. Use same amount of energy as previous shock.</p>
<p>10. Return to steps 6-8 administering Amiodarone 150 mg IV or Lidocaine 1.5 mg/kg via ETT.</p>	

Admission Guidelines

Guidelines

LHSC is committed to the highest standards for quality patient care and patient access. The intent of these guidelines is to provide clear and appropriate guidelines for the Most Responsible Physician (MRP) in the Emergency Room. These guidelines are maintained in order to enhance patient care, access and flow, to remove disagreement between physicians regarding appropriate transfer of patients to services and to clarify the admission process in the Emergency Room.

Principles

The following outlines general principles and addresses specific diagnosis which have historically caused concerns.

- The Emergency Physician will decide on which service to consult for admission based on agreed upon admission criteria which can be found at: http://www.londonhospitals.ca/departments/medical_affairs/whats_new/whats_new.php
- The service/physician (resident or staff) receiving the consult is obligated to see and assess the patient, in a timely manner, before deciding if another service is more appropriate.
- Referrals from the emergency physician are routinely considered to be requests for Transfer

of Care unless it is explicitly stated by the emergency physician that the consultation is sought for an "opinion only".

- The emergency physician remains the MRP until the patient is assessed by the service.
- Once the consultation is complete, options for disposition are as follows:
 - a) The patient may be discharged.
 - b) The patient may be admitted by the consulting service.
 - c) The patient may be referred to another service for an assessment and transfer of care if mutually agreeable between the two services.
 - d) If the consulting service was asked to give an opinion only, the emergency physician remains the MRP and will make the determination regarding disposition.
 - e) If there is a question regarding the diagnosis and the patient requires further evaluation, the service may request that the Emergency Physician assume the MRP role to further investigate the patient's condition.
- Every effort will be made to make an appropriate referral based on care needs and available expertise. Consultations and requests for the Transfer of Care deemed inappropriate will be

reviewed and resolved collectively by the Site Chief of Emergency Medicine and the Site Chief of the consulting department(s). If there is no resolution, the Chiefs of Service will review and resolve. If necessary, the final determination will reside with the Chair of the Medical Advisory Committee (MAC).

- Any cases that require a binding decision will be reviewed promptly by the Chief of Emergency Medicine and the Chief of the department(s)/ division to see if the admission criteria require modification/clarification.
- The decision regarding the admission service should always be based on the principle that “the patient is admitted to the most appropriate service and bed taking the total patient needs into account, as well as the scope of expertise of the service”.
- All services will admit patients, who require admission, who are referred to their service based on established admission criteria. The most appropriate on or off service bed will be allocated based on bed availability, the patient’s working diagnosis and the nursing/health care team and patient care resources available on that unit.
- Patients returning within 4 weeks of discharge will be the responsibility of the discharging service, unless there is a clear and unequivocal reason to

refer to another service (e.g. acute MI after discharge for surgery).

- Patients followed by a specialist on a regular basis with a presenting illness related to that specialist's service will be referred to that specialist or his/her service. If the presenting diagnosis is unrelated to that specialist's system the most appropriate service will be consulted.
- Family Medicine will admit their own patients within their scope of expertise provided there is a family medicine bed available. (This will be reassessed in 6-12 months.)
- Community patients or outpatients who require assessment during normal working hours will be seen when possible in outpatient clinics and not sent to emergency.
- If a patient needs to be sent to emergency and the service will continue as the MRP and see the patient in emergency, the service will call the triage nurse to advise them that the patient is coming and that the service will be the MRP.
- If the patient needs to be sent to emergency and the service wishes the Emergency Physician to be the MRP, the service should advise the Triage Nurse and also contact the Emergency Physician to provide appropriate background information.
- If a physician sees a patient in clinic and needs to

refer to another service and the service agrees to see that patient in emergency, the referring service will advise the Triage Nurse that the patient is coming and which service will be the MRP.

- The MAC is committed to a continual review of the impact of implementation of these guidelines.

Bed Management – LHSC

Residents play an important role in optimizing the utilization of beds with timely discharges and when accepting referrals from other Facilities/Physicians.

Discharging Patients:

- Write the discharge order as soon as the patient is medically ready for discharge
- Advance discharge planning greatly improves the flow of patients - have everything ready for a patient's tentative discharge the day before (prescriptions, discharge summary, follow-up appointments, family notification, etc.) For more information on discharge planning please refer to:
www.lhsc.on.ca/priv/policy/PCC063.htm
- When faced with a **bed crisis**, an alert will be sent to the inpatient Coordinators/Managers. Teams will be informed by the unit and are asked to reassess and prioritize patients for additional discharges. Consider transferring the care of patients to other LHSC or SJHC site if bed available. Contact your peer at the other site to arrange transfer of care.
- Patients should be designated ALC once the acute care phase is completed.
- Contact the Patient Access Facilitator at the appropriate LHSC site to assist you with the repatriation of patients to their home hospital.

Accepting Referrals:

- Always contact Patient Registration (Admitting) prior to accepting a transfer from another facility to ensure bed availability.
- If **NO** bed, prioritize urgency for admission (i.e. within a few hours / 24 hours / the next few days) and/or;
- Assist referring hospitals to determine:
 - Referrals that can be supported at home hospital through a consultative approach with LHSC.
 - Referrals that could wait at home hospital until bed pressures are eased at LHSC.
 - Referrals that cannot be supported through #1 or #2 - advise the referring site to contact CritiCall at 1-800-668-4357 (HELP).

Please note: The Emergency Department is NOT to be used as an entry point for a direct admission (from home or another facility) or for patients who could be assessed in clinic (arrange next available clinic time). Residents should discuss any concerns or issues with their respective Consultant.

The following contacts are available to assist with bed access issues:

University site

Bed Management Clerk - ext. 35849 or 33191

Patient Access Facilitator - pager-17358 (Mon through Friday 8am-4pm)

After Hours and stat Holidays - Bed Manager on-call through switchboard (please specify site)

Victoria Site

Bed Management Clerk - ext. 55743 or 58116
Patient Access Facilitator - pager-17357 (Mon through
Friday 8am-4pm)
After Hours and stat Holidays - Bed Manager on-call
through switchboard (please specify site)

Bed Management – SJHC

Residents play a role in minimizing bed shortages. Residents write the discharge order as soon as the patient is medically ready for discharge. For more information on discharge planning, please refer to:
<http://intra.sjhc.london.on.ca/refer/corporat/discharge.htm>

Anticipate discharges well in advance and have prescriptions, discharge summary, follow-up appointments, etc. ready the evening before the actual discharge. This will ensure timely discharges and readiness for new admissions.

When a bed shortage occurs – Although it is not the responsibility of the resident to find a bed, it is the responsibility of the resident to assist Admitting by reviewing possible late discharges and to contact the Admitting department prior to accepting a transfer from another facility.

If there are no beds at SJH – Admitting will identify location and numbers of beds within the city. The resident is to then contact his/her appropriate peer at the other facility to transfer patient care. Urgent Care Centre (UCC) staff will arrange transportation for the patient.

If there are no beds within the city – CritiCall will assist by identifying the nearest available bed and will connect you with the receiving physician/facility.

Bed availability updates will be communicated (from Admitting) to the resident(s) on call once a bed alert has

been enacted.

It is the resident's responsibility to respond to the needs of the patients in the UCC when consulted regardless of bed availability. If an appropriate patient is seen in UCC and there are no beds, the resident is to contact a colleague at one of the LHSC sites. If a referral from another hospital is made and there are no beds at SJH, the patient is not to be accepted for transfer to SJH.

The UCC can be used as an access point after discussion with the UCC physician and communication of expectations, i.e. the resident may call the UCC physician in charge/consultant to discuss utilizing UCC as an access point following acceptance of the patient by a specialty consultant. Residents should discuss any issues or concerns with their respective consultant.

When and if appropriate, as determined by the consultant and resident, patients can go directly through admitting and to the floor.

Access to SJH for patients appropriate for admission to SJH can be facilitated through UCC between 0800-2200 and via Resource Nurse pager number 16999 between 2200-0800. Pre-screening should be completed prior to accepting a patient.

The Director on-call can be contacted after hours through the hospital switchboard to assist with problem solving, if necessary.

Call Rooms, Lockers, Lounges and Computer Access

Resident call rooms, lounges and computer workstations are available at each hospital site.

LHSC - University Hospital

At University Hospital there is a central call room area on the 10th floor, zone C with additional assigned and unassigned call rooms, lockers, computer workstations and a lounge.

Lounge - room C10-111 has a fridge, 2 microwaves, TV, foosball table, couches, lockers and table and chairs.

Computer room - room C10-136 has computers, printers and lockers.

At University Hospital, call rooms in inpatient areas are assigned to the following specific services:

- ICU B2-212, B2-215
- CSRU C10-110
- Medicine A4-023
- CCU A5-023 and A5-211
- Cardiology A6-023
- Surgery A8-023

LHSC - Victoria Hospital

At Victoria Hospital, there is a central call room area on the 2nd floor zone C with additional assigned call rooms, lockers, computer workstations and a lounge.

Lounge - room C2-805 has 2 fridges, 2 microwaves, TV, couch and stereo.

Computer room - room C2-835 has computers and a printer.

At Victoria Hospital, call rooms in inpatient areas are assigned to the following specific services:

- CCTC D2-522A and D2-522C
- PCCU C2-732 and C2-734
- Family Medicine D2-279
- Obstetrics D2-278
- CCU D5-404

SJHC - St. Joseph's Hospital

At SJH, there is a central call room area on the 5th floor (E5-100) with assigned call rooms.

At SJH, call rooms in inpatient areas are assigned to the following specific services:

- Anesthesia & Perioperative Medicine B6-656
- NICU B3-064
- OB-GYN B3-231B
- The Step Down Unit E5-149

Food Supplies

Food supplies in lounge fridges are supplied for the use of on-call residents after hours when no facilities are open. Fridges will be supplied each Friday.

Let us Know if Attention is Needed

If you have any concerns regarding your call room, lounges or computer rooms or suggestions for improvements, we want to hear from you. Please call Medical Affairs at extension 75125. If your concern is after business hours, please leave a message at extension 75125 or e-mail medical.affairs@londonhospitals.ca. Your concerns will be addressed as soon as possible. This applies even if you were able to fix the problem overnight.

After Hour Emergencies

For after hour emergencies, contact Housekeeping through the switchboard at LHSC or SJHC.

Computer Problems

For computer function problems, call Helpdesk at extension 44357. If the problem is not resolved, contact Medical Affairs at extension 75125.

CanMEDS 2005 Physician Competency Framework

The Royal College is committed to meeting societal needs. Its educational standards, policies and tools are anchored in this purpose. The CanMEDS 2005 Physician Competency Framework was created by the Royal College as a resource for all those interested in medical education, physician competence and quality care, which are all predicated on meeting the needs of society.

The CanMEDS 2005 Physician Competency Framework is the result of an extensive two-year review of the previous CanMEDS curriculum published in 1996. The CanMEDS Roles were updated for contemporary medicine and will continue to be integrated into medical practice and medical education.

Medical Expert

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Medical Expert is the central physician Role in the CanMEDS framework.

Communicator

As Communicators, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Collaborator

As Collaborators, physicians effectively work within a healthcare team to achieve optimal patient care.

Manager

As Managers, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

Health Advocate

Health Advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Scholar

As Scholars, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Professional

As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

The CanMEDS 2005 Physician Competency Framework document can be found at:
http://rcpsc.medical.org/canmeds/bestpractices/framework_e.pdf

Community Services

Community Care Access Centre (CCAC)

The South West Community Care Access Centre of

London and Middlesex provides information and referral to community health and support services and provides eligibility assessments/access to in home health care, day programs and Long Term Care Facilities. In home services may include nursing, personal support, physiotherapy, occupational therapy, nutrition counseling, speech therapy, social work and medical supplies and equipment. Services are provided through contracted agencies and are authorized and coordinated by CCAC case managers. Services may be received at home, school, work or residential facility.

The CCAC is a statutory corporation fully funded by the Ministry of Health.

Accessing CCAC Services for Patient Care

There is a CCAC binder on every inpatient unit with contact information and all the forms that may be required.

- Complete top section of the CCAC "Request and Treatment Order" form, available at nursing stations.
- Ensure all referral forms are filled out accurately, clearly, and signed by the physician as appropriate.
- Please notify CCAC early in the discharge planning process to ensure that there is adequate time to complete the assessment and access in home service and equipment.
- Notify or page the hospital case manager. Each floor has the pager number for their assigned hospital case manager so check with unit clerk. THIS IS AN IMPORTANT STEP TO ENSURE

DISCHARGES OCCUR IN A TIMELY MANNER.

- We request 48 hours notification prior to discharge, whenever possible.

CCAC Office Extensions

- LHSC UH, VH, SJHC and Parkwood - Each floor has a pager number for the CCAC Case Manager. Case Management staff is available until 1630 hours Monday to Friday on site. There is a Case Manager in the Emergency Department at both VH and UH from 0800-2000 hours Monday to Friday and on weekends and holidays from 1230-2000 hours.
- After-hours call 519-473-2222. Case Managers are available until 2000 hours on weekends and statutory holidays 0800-2000 hours.

Healthline (thehealthline.ca)

- Healthline is a web portal that provides access to health services information, health news, careers and events across South Western Ontario.
- It has over 200 local health service listings and is indexed by service category, location and areas served.

Continued Training Requirements

All residents and clinical fellows are required to have a University and a Hospital appointment effective July 1 of each year (or as of scheduled annual start date). The hospital appointment is effective at all sites of London Health Sciences Centre and St. Josephs Health Care, London. Failure to obtain an appointment will delay the commencement or continuation of your training program.

The following criteria must be met to obtain a resident or clinical fellow appointment:

- Return of signed Western Letter of Appointment from the PGE office in a timely fashion.
- Registration on-line
<http://www.schulich.uwo.ca/singlesignon/> and payment of Western annual registration fee.
- Completion of application for hospital appointment on-line (link noted above) by specified deadline.
- Application renewal and payment of fees to CPSO.
- Application renewal and payment of fees to CMPA.
- You must complete this reappointment each year to maintain your hospital appointment allowing you to have clinical contact with patients.

Death of a Patient

Reporting of Deaths of Patients from LTC Facilities

A recent letter from the Office of the Chief Coroner has addressed changes to the reporting of deaths of patients from Long-Term Care facilities.

A revised Institutional Patient Death Record (IPDR) has been issued to clarify when the death of a patient from Long-Term Care facilities must be reported to a LOCAL coroner in addition to a report being sent to the Office of the Chief Coroner.

To answer questions 6-10, the facility where the individual came from must be contacted. If the answers to any of the questions on the form are yes, the coroner must be called.

The IPDR form is available with the death documentation package in Admitting/Health Records and can be viewed at:

http://www.londonhospitals.ca/departments/medical_affairs/departmental/index.php

When an In-Patient Dies

1. Assess patient.
2. Document time/date of death, and write a brief note in the patient chart (+/- dictate).
3. Consider this question: "Is this a coroner's case?" Refer to the manual and discuss with the attending physician if necessary. Call and discuss with the coroner if you are still not sure.
4. If it is a coroner's case or you are not sure, do not remove any tubes or lines, throw out any specimens, or do anything to the body until you have discussed matters with the coroner.
5. Notify the Family Physician (and/or Referring) & Attending Physician.
6. Notify Next-of-Kin (It is preferable that this be done by the physician that is most familiar with the patient and family, when possible. This includes the Family Physician if he/she is on-call.).
7. Notify Coroner on-call if it is a coroner's case or you are not sure.
8. Consider requesting consent for autopsy from the family if it is not a coroner's case.
9. Consent for Autopsy (if requested). Also complete the post-mortem clinical information

sheet and notify the Pathologist/Resident directly.

10. If the patient was not from home, then complete the "Institutional Patient Death Record" form and contact the transferring facility (i.e. Nursing Home, etc.).
11. Complete and sign the Death Certificate if it is not a coroner's case. Discuss the Death Certificate completion with the coroner if it is a coroner's case.

Role of Autopsy in Patient Care

"An essential part of medical practice and teaching, it: provides follow-up, demonstrates effectiveness of therapy, confirms clinical judgment, is the basis of teaching at all levels, is a clinical and laboratory research resource, and is a reference point for renewal of medical wisdom."

-Chief of Pathology, LHSC

Coroner's Cases

Death as a result of:

1. Violence, misconduct, misadventure, malpractice, negligence (remember to think about any accidental factors that may have played a role such as, fall, injury, overdose, etc.).
2. Unfair means.
3. During pregnancy or following pregnancy.
4. Suddenly or unexpectedly (outside of hospital).

5. Under circumstances that may require investigation.
6. Patient who is Dead On Arrival (DOA) to hospital. This should be discussed with a coroner. Depending on circumstances, these may or may not be investigated by the coroner.
7. Sudden and Unexpected in hospital deaths including most intra-operative deaths.
8. Death after transfer from a Charitable Institution, Children's Residence (or the like), Home for the Aged, Home for Retarded Persons, Psychiatric Facility, or Nursing Home.

Note: Not all of these deaths are coroner's cases. Complete the "Institutional Patient Death Record" for all deaths of patients from nursing homes or chronic care institutions. The check list on this form may help you to determine which deaths should be reported to the Coroner. When talking to a coroner and he or she indicates that they will investigate, this means that this is a coroner's case.

Dictation System – LHSC and SJHC

This dictation system is provided to you for the clinical documentation for the patient record required for each hospital visit. Follow-up letters i.e. to the Ministry of Transport, to whom it may concern, evaluations, referral requests, etc. are administrative correspondence and consequently are outside of Health Records responsibility for processing.

You must have your own personal and confidential dictating User ID number. Please call LHSC x35131 or SJHC x65584 to obtain your personal dictating number. These numbers must remain **confidential** and not shared with others. You can use your dictating number at all hospital sites across the city.

All of your dictated notes will come back to for review and authenticating signature via a Message Centre in the electronic patient record (PowerChart). Use of this function is explained in PowerChart training and on line at http://www.lhsc.on.ca/priv/epronlinetraining/Message%20Centre/message_centre_guides_updated_2008.htm

Dictating Instructions

1. Dial extension 66080 or 519-646-6080 from outside the hospital.
2. Enter your 5 digit User ID number.
3. OPTIONALLY, you may be prompted for a Profile ID followed by # key:

- 1 if dictating at RMH
- 2 for all other sites

4. Enter the hospital site code followed by # key. (It is important to select the correct site code to ensure that your note posts correctly in PowerChart.)

- 1 University Hospital
- 2 Victoria Hospital
- 3 St. Joseph's Hospital
- 4 Parkwood Hospital
- 5 LRCP
- 6 RMHC - London
- 7 RMHC - St. Thomas

5. Enter the worktype followed by # key. (It is important to select the correct site code to ensure that your note posts correctly in PowerChart.)

6. OPTIONALLY you may be prompted for a RMH Unit (if you entered 1 for the Profile ID in step 3) followed by # key:

- 1 Assessment-L 2 Assessment-S
- 3 Mood&Anx-L 4 Mood&Anx-S
- 5 Psychosis-L 6 Psychosis-S
- 7 Geriatric-L 8 Adolescent-L
- 9 DDP-L 10 Concurrent Dis-L
- 11 Forensics-S

Note: It is important to select the correct worktype to ensure that your note posts correctly in PowerChart. There are both City-wide and hospital site specific worktypes.

City-wide Worktypes

- 30 Preadmission Clinic Note

- 31 History and Physical
- 32 Operative Report
- 33 Discharge Summary
- 34 Consultation
- 35 Emergency Room Report
- 36 Delivery Report
- 37 Progress Note
- 38 Admission Note
- 39 Procedure Report (performed in clinic)
- 40 Death Summary
- 41 Telephone Correspondence Note

Hospital Site Specific Worktypes

University Hospital / Victoria Hospital

- 80 Clinic Report
- 81 Adult Psychiatry Note
- 82 Child/Adolescent Psychiatry
- 83 Women's Health Clinic Note
- 84 Trauma Resuscitation Note
- 85 Trauma Clinic Note
- 86 Speech Language Pathology Note
- 87 Urgent Neurology Clinic Report
- 88 John H. Kreeft Headache Clinic
- 89 General Medicine Clinic Note
- 90 Geriatric Mental Health
- 91 TIA Clinic Note
- 92 Thoracic Surgery Clinic Note
- 93 In-hospital Transfer Note

Hospital Site Specific Worktypes

St. Joseph's Hospital

- 42 SJH Clinic Note

43 HULC Clinic Note
44 OB / GYN Clinic Note

Parkwood Hospital

50 Parkwood Clinic Note
51 Day Hospital Note
52 Psychology Note

London Regional Cancer Program (LRCP)

70 Radiation Treatment
71 Letter
72 Social Work
73 GYN Snap Shot
74 Ovarian Progress
75 LRCP Clinic Note

Regional Mental Health Care (RMHC) - London and St. Thomas

60 Assessment Report
61 Review Board Summary
62 Miscellaneous Note
63 RMHC Clinic Note
64 Letters (does not post to PowerChart)

7. Enter the PIN (Medical Record Number) followed by # key.

8. Enter 2 to begin dictation: Dictate and spell patient's name, state PIN (Medical Record Number), date of visit, your name, name of attending physician (consultant) and required copies (indicate address for out-of-town providers).

Keypad Functions

- 2 To begin or resume dictating
- 3 To replay dictation
- 4 Continuous forward
- 44 Fast forward to end of report
- 5 To end last report and dictation session
- 6 Priority dictation (Use only for dictation that requires immediate transcription eg. follow-up within 24 – 48 hours, patient being transferred to another facility, etc.)
- 7 Continuous rewind
- 77 Go to beginning of dictation
- 8 Go to next report
- 0 To open / interrupt report that cannot be finished during the current dictation session. When beginning a new session and after entering the site code, you will hear "you have an open report". To retrieve it, enter 1 and continue to dictate. To ignore it, enter 2.

Guidelines for Dictating

1. Speak clearly, concisely and spell difficult or unusual words or medications.
2. State patient's name (spell surname) and date seen.
3. State your name and title (spell surname) and that of the attending physician.
4. State copies to relevant physicians (spell surname, state address if out of town).

Discharge Summary

1. Dates of Admission and Discharge
2. Discharge Diagnoses (Most Responsible, Pre

- and Post Comorbidities)
3. Operations / Procedures
 4. Brief history of Current Illness
 5. Course in Hospital (Brief summary of the management of the patient while in hospital including any pertinent investigations, treatment and outcomes)
 6. Discharge Plan and Condition on Discharge
 7. Discharge Medications (Name, dosage and frequency)
 8. Follow-up Plans (discharge instructions, further investigations and tests)

Operative Report

1. Date of operation
2. Doctors in attendance
3. Anaesthetist in attendance
4. Pre-operative diagnosis
5. Post-operative diagnosis
6. Name of operation(s) performed
7. Description of operative procedure/findings

Clinic Notes

1. Date of clinic visit
2. Clinic visit details and findings
3. Diagnosis

Consultation Note

1. Date of consultation
2. Patient ID and reason for referral
3. History of presenting illness
4. Relevant past medical history

5. Current medications & medication allergies
6. Family and social history
7. Physical examination
8. Investigations to date
9. Impression and plan/recommendations
10. Prescriptions & follow-up

E-mail - Hospital

Each resident has been set up with a hospital email account (GroupWise), which is a secure, private and confidential mode of information transmission. Confidential or sensitive business or identifiable patient or staff/affiliate information must not be transmitted by e-mail external to the secure e-mail systems of the hospitals. This account is the only encrypted account. Your uwo account is not encrypted. The secure system is comprised of LHSC, SJHC and the Schulich School of Medicine & Dentistry (@londonhospitals.ca). Your Western e-mail account (@uwo.ca) is outside the secure system.

All residents and clinical fellows will be given a hospital GroupWise account. GroupWise accounts need to be checked on a regular basis.

Information regarding your pay, benefits and patient care can and will only be sent to this account. To prevent managing two accounts, please forward your UWO account to your hospital account.

Information on how to do this can be found at:
<http://www.uwo.ca/its/email/mail-forward.html>

The Hospital Email Policy can be found at:
<http://www.lhsc.on.ca/priv/policy/INT006.htm>

The policy outlines:

- Examples of what the organizations consider to be inappropriate use of e-mail.
- Personal use of e-mail.

- The insecurity of e-mail as a means to communicate confidential information outside the SJHC, LHSC & Schulich e-mail system.
- Your GroupWise e-mail accounts must not be forwarded to an e-mail account external to the organization's secure system, e.g. Hotmail, Yahoo, UWO.

A process for e-mail communication with patients that includes a written agreement between the health practitioner and the patient outlining the conditions upon which e-mail communication will occur, e.g. that e-mail must not be used for conveying information of a sensitive nature or in an emergency situation to convey emergency advice.

Email - UWO

In keeping with the Faculty's commitment to ensure that our residents/fellows receive information in the most efficient and timely fashion possible, a UWO e-mail account has been provided to you and exists to access all residents and fellows. It will be through the UWO e-mail system that all information will be transmitted to you. It is your responsibility to ensure that you initiate, maintain, and read the messages on your UWO e-mail account regularly. You can set up your e-mail account directly with ITS through their website:

<https://servlet.uwo.ca:8081/activateaccount/activateAccountController.jsp>

You will need your UWO student number and PIN number which are provided to you in your registration package.

You must check your UWO e-mail account regularly, as

all information dealing with postgraduate residency training at Western will be sent to you in this manner. If you prefer to maintain a pre-existing e-mail account, then it is your responsibility to have your UWO e-mail address forwarded to that account. You can do so by filling out the form at the following website: <http://www.uwo.ca/its/email/mail-forward.html>

For Hospital email requirements, please see the section entitled Email - Hospital.

If you have any questions/concerns regarding your e-mail account please contact the UWO ITS Support Services Building, phone 519-661-3800 or by webform: <http://www.uwo.ca/its/helpdesk/question.html>

UWO on-line registration process: please contact the PGE Office at 519-661-2019 or e-mail postgraduate.medicine@schulich.uwo.ca

Ethics Consultation

Ethics consultation is available city-wide through switchboard. Consultation is available to all staff members, patients, and their families. The Clinical Ethicist for London Health Sciences Centre is Robert Sibbald and he can be reached at pager x17511. The Clinical Ethicist for St. Joseph's Health Care London is Laurie Hardingham and she can be reached at pager x10522. Please visit their websites for more information at:

<http://www.lhsc.on.ca/priv/ethics/> and

<http://intra.sjhc.london.on.ca/ptcare/ethics/index.php>

Fire Response and Emergency Codes

As part of your orientation you are required to complete the Fire Response and Evacuation Self Learning Module called the "Fire Safety Program for Employees of Care and Treatment Occupancies" produced by the "Fire Marshal's Public Fire Safety Council":

<http://www.lhsc.on.ca/priv/fire/fireresp/slp1.htm>

<http://intra.sjhc.london.on.ca/depts/security/courses/fire/index.htm>.

"REACT" Info for fire alarm response:

- Remove persons from immediate danger.
- Ensure that all windows and doors are closed.
- Activate the fire alarm by using the nearest pull station.
- Call 55555, give location and type of fire - repeat twice.

- Try to extinguish the fire using the proper type of extinguisher, until help arrives.

For all hospital sites call 55555, state the nature of the emergency and provide the location as follows (please note that SJHC includes RMHC-L and RMHC-ST):

Hospital Site
Zone
Floor
Room number
Department
Building #
Site
Pod

When University Hospital (UH) and Victoria Hospital (VH) locations are announced over public address, the phonetic alphabet will be used to assist with recognition of the letter announced (i.e. A = Alpha, B = Bravo, C = Charlie, D = Delta, E = Easy).

An example of an overhead announcement, then, would be:

Code Red
University Hospital
Zone A, Alpha
Level 5, Room A5-123
Department (if applicable)

For LHSC South Street Hospital (SSH) and various St. Joseph's sites, state the nature of the emergency and provide the location as follows:

Hospital Site
Floor
Wing
Room number
Department
Building #
Site
Location

Emergency Codes:

Code Blue
Cardiac Arrest

Code Pink
Cardiac Arrest – Infant /
Child

Code Red
Fire

Code Green - LHSC
Evacuation
Precautionary

**Code Green STAT -
LHSC**
Evacuation Crisis

Code Green – SJHC
Evacuation

Code Brown
Hazardous Spill

Code Yellow
Missing Person

Code Amber – LHSC
Missing Child / Child
Abduction

Code Black
Bomb Threat

Code White
Violent / Behavioural
Situation

Code Purple – LHSC
Hostage Taking

Code Purple - SJHC
Severe Weather

Code Orange
External Disaster

Code Orange CBRN –
LHSC
CBRN Disaster

Code Grey – LHSC
Infrastructure Loss or
Failure

Code Grey – SJHC
External Air Exclusion

Infection Control

Hand washing is the single most effective means of preventing the transmission of pathogens.

All citywide policies and additional resources are available on the Infection Control website:

<http://www.sjhc.london.on.ca/sjh/profess/iconrol/index.htm>

Infection Control: Routine Practices and Additional Precautions

**** (Insert Infection Control: Routine Practices and Additional Precautions) ****

Ministry of Health and Long-Term Care - 4
Moments/Opportunities for Hand Hygiene

**** (Insert Infection Control: Hand
Hygiene) ****

Antibiotics Guidelines

**** (Insert Guidelines for Adult Perioperative Antibiotics) ****

** (Insert pg. 2 of Guidelines for Adult Perioperative Antibiotics) **

Interpreter Resources

When a communication barrier is identified, staff and affiliates inquire about the preferred language. When a need for interpretation or assistive device is identified, a professional interpretation service or assistive device will be used to facilitate the communication process. St Joseph's reserves the right (in collaboration with the patient/SDM/family) to select the most appropriate interpreter/translation service.

Professional interpretation services or assistive devices must be used in the communication/discussion of:

- Informed consent for treatment / invasive procedures
- Assessment and history taking
- Diagnostic tests
- Patient/SDM/family education
- Discharge planning
- Treatment sessions
- Detailed technical explanations
- Treatment options
- Reporting of results

SJH: TTY (Teletypewriter)/TDD (telephone devices for the deaf) are located throughout each SJHC site. Please contact switchboard for each telephone device location.

LHSC: Use the decision guide on the next page to figure out which service is most appropriate to call.

****Insert Interpreter Resources Decision Guide****

IV Direct Orders - LHSC

In order to reduce any confusion that may exist regarding the appropriate administration of intravenous medications that are sent to the ward in an ampoule (usually for issues of stability) rather than a minibag, the Pharmacy and Therapeutics Committee executive has recommended that if a medication is simply ordered as "IV" the default administration route should be minibag - irrespective of how the drug is physically supplied to the ward.

If a medication is to be administered as "IV direct" or "IV push" (or the anachronistic 'IV BDC' [below the drip chamber]) the medication order should be specifically written as such.

More information can be found at:
<http://www.lhsc.on.ca/priv/ivpush/learnobj.htm>

Medication Reconciliation is the process of:

- Obtaining a single multidisciplinary best possible medication history.
- Referencing the medication history when writing initial medication orders and documenting the reasons for medication changes.
- Comparing the medication history with medication orders at all transitions of care (admission, transfer & discharge).

Why do we have to do this?

- In the Communication section of the new Accreditation Standards, Required Organizational Practice (ROP) 4 and 5 revolve around

Medication Reconciliation.

http://www.lhsc.on.ca/priv/p_safety/file_att/cchsa/ropspsg.pdf

- It must be partially implemented at LHSC before the Nov 2008 deadline with a plan to complete the spread before the next accreditation phase in 2011.
- Medication Reconciliation is also one of the Safer Healthcare Now! initiatives and is endorsed by CAPHC.
- The procedure that has been designed complies with the tests for compliance that CCHSA has set out.

What does this mean for residents?

Admission:

- When you are writing your admission history, you will need to document the patient's medication history on the new Medication History form and write "See Medication History" in your clinical note.
- You will need to assess if the patient meets requirements for reconciliation of their orders (the criteria is on the back of the med history form) and if so, you will check the "med reconciliation required" box on the bottom of the form.
- If nursing has completed their history first, this form will be already completed and you may

need to add to it if you discover additional medications.

- You will use the medication history as a reference to write the admission medication orders and you will document the reasons any orders are different from what appears on the medication history on the order sheet or in the progress note.
- When the pharmacist reconciles the medication history with the admission medication orders they may contact you to inquire about any discrepancies or other drug related problems.

Discharge

- When you are writing the discharge order and prescriptions you will need to complete the "At Discharge" section on the medication history to identify the desired discharge action for each medication (continue, stop change).
- The nurse will then use that information to accurately educate the patient on any changes to their home medication regime.

What does this mean for clinical clerks?

- Clinical clerks may fill out the history portion of the medication history form.

If you have any questions please contact x 77812 or tracey.brown@lhsc.on.ca

Library Services - LHSC

Librarians at LHSC are experienced and willing to help you find quality information to support clinical practice, teaching and research. Subject librarians offer the following services:

- Literature Searching & Advice on Search Strategies
- Library Instruction (Database Searching, EBM, Google, Critical Appraisal, etc.)
- Publishing Support (Citation Management, Authorship, Journal Selection)
- Ask a Librarian

Resources

Through the library, you can:

- Access electronic books and journals
- Browse print collections
- Search various online databases
- Request articles and books not available in the LHSC collection
- Use Internet workstations & study space

Library Information

For services and resources for the LHSC Health Sciences Library, visit the library's Intranet site (<http://lhsc.on.ca/priv/library>), call the library directly or contact a librarian.

For services and resources for the J.C. Rathbun Health Sciences Library at Children's Hospital, visit the library's Intranet site (<http://www.chwo.org/profess/rathbun.htm>), call the library directly or contact a librarian.

Victoria Hospital

ELL-306 (Lower Level Westminster Tower) x 52042
Sandra McKeown, Librarian x 56038

University Hospital

B3-248 (3rd floor near auditoriums) x 35863
Erin Boyce, Librarian x 35860
Karla Van Kessel, Librarian x 35865 (on leave until Nov/10)

London Regional Cancer Program

A4-912 (4th Floor, Zone A) x 55209
Sylvia Katzer, Librarian x 58626
Gabriel Boldt, Librarian x 55209

South Street Hospital

E503 (East Wing, 5th Floor)
(You must contact Janice Pivdor x 52042 or Security to gain access.)

J.C. Rathbun Library at Children's Hospital

C3-300 (Children's Hospital)
Shauna-Lee Konrad, Librarian x 55145

The library is staffed during business hours, Monday to Friday. After-hours access is available to all LHSC staff and students. For details, please contact the library.

Library Services - SJHC

There are staff library services at each of the four SJHC sites. Full details of our services, databases, search guides, catalogue, as well as access to many other electronic resources, are available on the Library Services intranet web site: <http://intra.sjhc.london.on.ca/refer/library> (only available from SJHC computers). Electronic resources are also available through the Western Ontario Health Knowledge Network (WOHKN) at: <http://www.wohkn.ca>

Contact and location information for SJHC libraries:

- St. Joe's x 64439, Room C0-108 (Huot Surgical Centre, main lobby)
- Parkwood x 42414, Room H308 (3rd floor, Hobbins Building)
- RMHC London x 47543, Room C145 (main hall, north)
- RMHC St. Thomas x 49685, Room G124 (main hall, near cafeteria)

Library Services include:

- Information / reference services and literature searching
- Book and journal collections (print & online) – most available for loan
- Document delivery & interlibrary loan
- Training and orientation
- Internet workstations
- Study space

Library Hours and Access:

All staff libraries in the SJHC system are open Monday to Friday. For after hours access, including weekends and holidays, call SJHC Security at x 44555 and have your hospital ID.

St. Joe's	0830 – 1700
Parkwood	0830 – 1700
RMHC London	0830 – 1615
RMHC St. Thomas	0830 – 1600

All staff, residents and students must complete a registration form the first time they wish to borrow materials. This can be done at any of the four site library locations.

Allyn & Betty Taylor Library

Serves faculties of engineering, Science, Health Sciences and Schulich School of Medicine & Dentistry. For more information go to www.lib.uwo.ca/programs/clinilcaoutreach

Medical Affairs

Resident Orientation can be found at:
www.londonhospitals.ca/medicalaffairs

Medical Affairs provides the administrative infrastructure to support professional staff committees, human resource planning, recruitment, selection, credentialing and re-credentialing, remuneration, professional development, workplace development and retirement planning for Professional Staff (Physicians, Dentists and Midwives), Residents and Clinical Fellows. General inquiries can be directed to medical.affairs@londonhospitals.ca or 519-685-8500:

Medical Affairs: x 75125

Credentialing: x 75127

Resident Relations Committee (RRC): x 75113

Medical Affairs is responsible for salary administration along with many other hospital-related issues for residents/fellows. These include:

- Assistance with and verification of CMPA status
- Verification letters of employment status & salary
- T2200 Tax forms for CMPA expense claims
- Health benefits information/forms
- Maintenance of adequate call rooms/lounge facilities
- Network and login access for electronic systems
- ACLS Training
- Policy implementation for medical care
- Resident communication

Microbiology “Pearls”

For local sensitivities visit the hospital Microbiology site:
<http://www.lhsc.on.ca/lab/micro/>

Troubles remembering Gram +/-'s?

Gram Positives:

Staphylococcus sp. (cocci in clusters)

Streptococcus sp. (cocci in chains)

- beta hemolytic Streptococcus (Group A,B,C,G)
- alpha-hemolytic Streptococcus pneumoniae (diplococci) or viridian streptococci (gram-positive cocci in chains)

Enterococcus sp. (Gram-positive cocci)

Listeria monocytogenes (gram-positive rods)

Gram Negatives:

N. gonorrhoeae (intracellular diplococci)

N. meningitidis (intracellular diplococci)

H. Influenzae (pleomorphic rods)

Rods (GNR):

Escherichia Coli, Klebsiella sp., Pseudomonas sp.,

Salmonella sp., Proteus sp., Enterobacter sp.

Anaerobes:

Clostridium sp. (gram + rods)

Bacteroides sp. (gram – rods)

Others:

Actinomyces & Norcardia (gram-positive branching rods)

Susceptibility Results in “Power Chart”

Often you will notice an asterisk attached to an antibiotic. The asterisk does not mean that the antibiotic is the drug of choice. It merely indicates that a comment has been appended to that antibiotic. The comments are designed to help in the selection of appropriate antimicrobial therapy. Comments can be seen by double clicking asterisks.

Need a Family Doctor?

You moved how long ago and you still don't have a family doctor?

There are currently many barriers preventing medical residents from accessing family physicians. The greatest being the fact that there are too few family physicians and many are not currently accepting new patients. As a result, we have compiled a referral list of family physicians who are willing to accept medical trainees as patients.

If you are a Postgraduate Resident or Fellow and need a family doctor, please contact the PAIRO office for the name of one in your area.

PAIRO Contacts: www.pairo.org

Tel: 416-979-1182

Toll Free: 1 877 979-1183

Fax: 416-595-9778

Email: paipro@paipro.org

If you are not a postgraduate resident or fellow, please go to the CPSO web site to find the name of a physician accepting patients in your community.
www.cpsso.on.ca

New Clerk Checklist

The following is taken from the booklet 'Clinical Teaching Tips' produced by Dr. Wayne Weston in conjunction with the Faculty Development Office, Schulich School of Medicine & Dentistry, at The University of Western Ontario.

New Clerk CHECKLIST

Set the Stage
Establish and maintain a climate of trust in which learners welcome and invite feedback
Clarify purpose of discussion - to orient the student to the team
Use active listening skills, eye contact, nodding, uh huh etc.
Determine Students Entering Characteristics
Personal situation
Previous experience in pre-clerkship courses
Previous experience in the clerkship
Expectations of this rotation
Determine students specific learning needs and interests
Discuss Learning Opportunities
Describe a typical day on the team, tour ward/clinic
Review the objectives of the rotation
Unique opportunities to learn on this team
Periodic observation & brief feedback on frequent basis
Observation of resident in difficult interactions, with procedures, etc.
Can't always do an ideal interview & workup - need to be realistic about time and energy
Will tailor experience within limits
Library resources and opportunities to search Medline
Reading and thinking time

Who's who, where to find things, etc.
Discuss Roles of Teacher & Learner
Student identifies learning needs, collaborates on learning plan and follows through
Not tolerant of bluffing or covering up deficiencies
Teacher will function as a "coach" helping to identify learning needs and collaborating with the student in finding appropriate learning strategies
But a coach needs to be tough at times in identifying learning needs which the learner is unaware of
Need for student to become fully involved in all activities on the team
Special relationship with patients - the team member with the most time to spend with the patient and family
Assessment
Describe the components of the assessment process
Discuss the mid-rotation assessment
Discuss the grading system
Discuss the expectations of professional behaviour especially reliability, responsibility and teamwork
Discuss the process in place for helping students with deficiencies

Clerk Tracking Chart

In addition to mastering curricular competencies in each rotation, a copy of which you as a teacher will receive, Clinical Clerks are required to track specific clinical encounters throughout their clerkship year which must be validated by a senior member of the team.

The learning objectives and procedures that clerks are required to track are:

Learning Objectives	# to be seen
Acute abdominal pain	6 / 2F
Acute chest pain	5
Altered level of consciousness	3
Blood from GI tract	3
Care for end-of-life patient	1
Chronic health disorder	4 / 1P
Failure to thrive	4A / 2P
Fever	6 / 3P, 1 infant
Gender health	2M / 4F
Geriatric assessment	2
Gynecological complaints	10
Headache	6 / 3 chronic
Mood/anxiety disorders	5
Musculoskeletal injury/pain	10
Paediatric eval (NB-school age)	5
Patient assessment & status	10 / 2P

Learning Objectives	# to be seen
Post-operative care	5
Prenatal/antepartum care	10
Preventative strategies	20 / 5P
Psychotic disorders	3
Rash	8 / 4P
Screening for malignancy	10
Shortness of breath	5A / 2P
Substance abuse	5
Weakness or fatigue	6
Procedures	
Comm. w/ families & team	10
Endotracheal Tube	2
Exam of newborn	3
Foley catheter	3F / 3M
Fracture reduct'n/stabilization	2
IV insertion	3
Mental status exam	3
Nasogastric tube	3
Pelvic exam	3
Sterile tech local anesthetic	2
Suicidal risk assessment	3
Sutures/wound closure	3
Vaginal birth of baby	1
Verbal summary of patient	10

A = Adult; P = Paeds; M = Male; F = Female

Occupational Health & Safety

Health / Immunization Review

It is important for new residents and clinical fellows who are new to make arrangements to complete a health review and TB immunization as soon as possible because these criteria must be met to obtain your initial hospital appointment. Failure to do so will delay your hospital appointment and the commencement of your training program.

For assistance contact x 76608.

Blood and Body Fluid Exposures

First Aid Process

For a percutaneous exposure (cut/puncture with a contaminated needle or other sharp):

- Allow the wound to bleed freely before cleansing/
- Wash the wound thoroughly with soap and water, or an antibacterial solution like Chlorohexidine 2% and then rinse with water solution.

For a cutaneous exposure (contact or spraying of body fluid on intact or non-intact skin):

- Intact skin: cleanse the area with soap and water. No further testing or surveillance is necessary. Report as hazardous situation on an Work Occurrence Report.

- Non-intact skin: in the presence of compromised skin integrity, such as an open wound, abrasion, ulceration, scratch, lesions, etc. proceed as if it was a percutaneous exposure.

For a Mucous membrane exposure (contact or spraying of body fluid in/on eyes or mouth)

- Immediately rinse and irrigate the area thoroughly with tap water or saline solution.

For a Human bite (with skin broken)

- Stop bleeding with direct pressure using sterile gauze.
- Soak wound with antibacterial solution and apply sterile dressings as necessary.
- Follow-up with OHSS or delegate (see section 4.2) when skin is broken.

After this:

- You must get consent (verbal is acceptable) from the patient or their substitute decision maker to draw blood for Hep B Surface Antigen, Hep C Antibody, and HIV Antibody. Document this consent in the patient's chart.
- At LHSC, immediately contact Occupational Health (during business hours) or the Emergency Department (after hours).
- At SJH, immediately contact the Urgent Care Centre.

- For further information, visit LHSC's Occupational Health and Safety website at:
<http://www.lhsc.on.ca/priv/ohss/infectio.htm>

Operating Rooms

The 24/7 Charge Persons pager number for:

- UH - 14891
- VH - 18226
- SJHC - 10406

The main desk numbers are:

- UH – 33310
- VH – 58266
- SJHC – 64505

SCHEDULING OF URGENT/EMERGENT BOOKINGS

Patients will not be booked onto the Emergency Board until the patient and surgeon are ready to come to the operating room. (i.e. Consent, pre-operative blood work, pre-operative questionnaire, and needed consultations are complete.)

Urgent/Emergent bookings are scheduled according to case classification.

Case Classifications

"A" A critical or life-threatening (risk to life or limb) condition that requires surgical intervention as soon as preparations can be made. Requires an immediate response in the first available OR. (within 2 hours)

"B" Surgical intervention should take place within 2 to 8 hours. Timely access to surgery can make a significant

difference to the outcome. Shall go into next available room within that service / division.

"C 1" Surgical intervention should take place within 8 to 12 hours and cannot be delayed and booked in available elective time.

"C 2" Surgical intervention should take place within 12 to 48 hours and cannot be delayed and booked in available elective time.

"D" Elective/urgent add-on surgeries that should reasonably be expected to be done within 2 to 7 days. This code is only to be used by the Booking Offices.

Notes

The order in which cases will proceed will be managed by the on-call anesthetist and OR Manager / Delegate. Cases may or may not follow in "A-B-C" classification order. Consideration must be made to meet the target times for OR access for all patients. For example: A "C" case may be nearing the 48 hour mark and a "B" case is booked. There is reasonable expectation that the time frame for the "B" case can be met with the "C" case proceeding first.

If a surgeon sees a need to "bump the list", it is the responsibility of the surgeon to arrange this with the surgeons who will be affected by the bumping.

Process

In order to place a patient on the Emergent / Urgent booking list, an Emergency Booking form (See appendix A) must be completed at the Operating Room Desk at the appropriate site. This form may be completed in person or by telephone.

The required information includes the patient's name, age, staff surgeon, procedure, patient location, amount of time needed, type of anesthesia and category of case. Contact information for the surgical team should also be registered.

After completing the Emergency Booking form, the surgeon or Senior Resident must speak with the Anesthesiologist on-call and the OR Manager / Delegate regarding the case.

If there are concerns / questions with the classification of a particular case, the individual with the concern must complete an audit form (Appendix B), which will be forwarded to the Division / Department Leader and the Site Leader for review and follow up.

Weekend Bookings

Weekend and Holiday start times will be at 0900 unless otherwise agreed to by the consulting surgeon, on-call anesthesiologist and OR Manager / Delegate.

If the workload exceeds the available resources of the staff, the Charge Nurse will call in additional staff in collaboration with on call manager, anesthesiologist and consultants involved.

The decision to call in additional staff and open an additional OR room will be based upon the circumstances of the patient requirements, and the appropriateness of efficient resource allocation.

Under normal circumstance, at University Hospital, a second operating room will be opened on weekends when there are more than 8 hours of "B" or higher cases booked on an 'as needed' basis.

At Victoria Hospital, two (2) operating rooms will be staffed to run Urgent / Emergent cases between 1000 to 1800 hours on each weekend or holiday.

Paging System

Pagers are the property of the hospital and are provided to residents through their department to support patient care.

Residents have an obligation to return their pager to their department during leave of absences (LOA) when the resident is not involved in patient care and does not have departmental / hospital duties.

NOTE: The hospitals do not support the use of non-hospital pagers. Switchboard operators will only process pages to hospital-leased pagers.

Commonly Used Pocket Paging Features (City Wide)

How to page a hospital pager:

In hospital:

- Dial the 5-digit pager number from any hospital telephone.

Out of hospital:

- For LHSC dial 685-8500, for SJHC dial 646-6000, enter the 5-digit pager number followed by the [#] key.
- Listen to the personal greeting for this pager and note the pager status.
- After the tone, enter your call back number.

STAT Pages:

STAT pages are sent when an urgent call back is required. To send a STAT page press *999 after entering the call back number. Example: STAT message entered 12345*999 will display 12345-999 on the pager. **If you receive a page with “-999” following an extension, the call is urgent!**

How to listen to your last few numeric pages:

This feature is a history of the most recent 10 pages you have received. This log file is automatically overwritten so you are not required to delete pages.

In-hospital:

- Dial your 5-digit pager number from any hospital phone.

Out of hospital:

- For LHSC dial 519-685-8500, for SJHC dial 519-646-6000 and then enter your 5-digit

pager number followed by the [#] key.

- During your greeting press [**], you will be told how many messages/pages you have.
- Press [3] to retrieve your last page (repeat this step to hear previous page).
- Press [7] to hear the date and time that the current page was sent.

How to retrieve a page from an outside caller:

When you are paged for a personal conference call, someone is waiting on hold to speak with you.

Numeric displays: "U + 5-digit pager number"
i.e. U12345.

Alphanumeric displays: "PERSONAL
CONFERENCE CALL: + 5-digit pager number"

In-hospital:

- Dial your 5-digit pager number from any hospital phone

Out of hospital:

- For LHSC dial 685-8500, for SJHC dial 646-6000 and then enter your 5-digit pager number followed by [#] key
- During your personal greeting press [**]
- The caller is identified by their recorded name if the caller has recorded one. You may accept this call by pressing [3]

How to forward / redirect your pager to another pager:

(If you wish to redirect your pages to another pager.)

In-hospital:

- Dial your 5-digit pager number from any hospital telephone

Out of hospital:

- For LHSC dial 519-685-8500, for SJHC dial 519-646-6000 and then enter your 5-digit pager number followed by [#] key.
- During your greeting press [**].
- Press [16] to enter page forwarding mode.
- Press [6] to forward your pager.
- Enter the 5-digit pager number that will be covering your pages followed by [#].
- Re-enter the covering pager number followed by [#] key.
- Press [113] to change your greeting to reflect your new status.
- Press [#] when finished recording.

How to cancel pager forwarding:

In-hospital:

- Dial your 5-digit pager number from any hospital telephone.

Out of hospital:

- For LHSC dial 519-685-8500, for SJHC dial 519-646-6000 and then enter your 5-digit pager number followed by [#] key.
- During your greeting press [**].
- Press [16] to enter page forwarding mode.

- Press [3] to cancel current forwarding.
- Press [113] to change your greeting to reflect your new status.
- Press [#] when finished recording.

How to disable your pager:

In-hospital:

- Dial your 5-digit pager number from any hospital telephone.

Out of hospital:

- For LHSC dial 519-685-8500, for SJHC dial 519-646-6000 and then enter the 5-digit pager number followed by [#] key.
- During your greeting press [**].
- Press [8] to disable your pager.
- Press [123] to change your absent greeting (#2) to reflect your new status.

How to enable your pager:

In-hospital:

- Dial your 5-digit pager number from any hospital telephone.

Out of hospital:

- For LHSC dial 519-685-8500, for SJHC dial 519-646-6000 and then enter the 5-digit pager number followed by [#] key.
- During your greeting press [**].
- Press [8] to enable your pager.

- Your original greeting (#1) will now be heard and your pager will accept pages.
- To re-record your #1 greeting, press [113].

Where can I get more information on the pocket paging system?

Further instructions, detailed paging instructions, wallet sized cheat cards, and coverage maps are available.

LHSC: Ext. 53530 or visit the Customer Support Centres located at both VH and UH.

Pager information is also available on the Switchboard Intranet website at www.lhsc.on.ca/priv/sw_board.

SJHC: Ext. 64236

Prescriptions:

On all prescriptions, residents must list their pager # and / or other contact information.

PAIRO – Professional Association of Interns & Residents of Ontario

PAIRO Committee (www.pairo.org)

Otherwise known as the Professional Association of Internes and Residents of Ontario, PAIRO, was formed more than 30 years ago to improve training, wages, and work conditions. Over the years, the mandate of the organization has expanded. PAIRO is your association. Each year, you contribute approximately 1.60% of your earnings to maintain its operations. Resident representatives from each training program across the province form PAIRO's General Council.

Most of us recognize PAIRO for establishing "On-Call" rules. In fact, the Association negotiates with the teaching hospitals with regards to all aspects of our contracts including wages, meal allowances, vacation, health and dental benefits, disability insurance and so on. However, PAIRO's role extends beyond collective bargaining including an active involvement in educational issues, lobbying against resident tuition fees and billing restrictions, and working to equitable solutions for the problem of physician distribution. For more information, please visit the PAIRO website at: www.pairo.org

Many groups/committees at UWO and the hospitals are dependent on resident representation/participation. If you are interested in improving the environment in which residents live and work, please contact: postgraduate.medicine@schulich.uwo.ca

PAIRO/CAHO Contract Highlights - The full contract can be viewed at <http://www.pairo.org/>

Call Maximums

- Are based on the total days ON Service (vacation and other time away are deducted from the total prior to calculating maximum call).
- Residents cannot be scheduled to work two or more consecutive calls unless agreed upon by the residents, the Program Director and PAIRO.
- Residents cannot be required to round (or perform other clinical duties) on weekends when not on call.

In-House Call: The in-house maximum is 1 in 4. For a "one month" rotation these maximums are:

- 19-22 Days = 5 calls
- 23-26 Days = 6 calls
- 27-29 Days = 7 calls
- 30-34 Days = 8 calls
- 35-38 Days = 9 calls

In hospital call maximums for rotations >1 month can be averaged over the length of the rotation (maximum averaging length is 3 months) with a maximum of 9 calls in any given month. The total number of calls on a rotation longer than one month can be calculated by taking the total number of days on service, divided by 4 and rounded to the nearest whole number (.5 rounds up).

Each resident must have 2 COMPLETE weekends off per 28 days. This includes Friday night / Saturday morning as well as Saturday & Sunday.

Home Call: The home call maximum is 1 in 3, or 10 per 30. A resident cannot be on home call on 2 consecutive weekends.

Call Schedules

- Must be distributed at least 2 weeks in advance of the effective date.

Call Stipends

- **There is a call stipend payable in the amount of \$105 for residents scheduled for in-hospital call, and \$52.50 for residents scheduled for home call or for qualifying shifts (including emergency department and other night shifts worked under article 16.5). Qualifying shifts are only those shifts where one full hour worked on the shift occurs between midnight and 6 a.m.**
- Maximum # of calls that will be paid per quarter (July to Sept; Oct to Dec) is 30. Includes Home, In-Hospital and Qualifying shifts.
- A resident who is scheduled on home call but who works more than four hours in hospital during the call period, of which more than one hour is past midnight and before 6 a.m., is entitled to be paid the in-hospital call stipend.

For questions regarding your on call stipends please
EMAIL callschedules@lhsc.on.ca. Responses will be
sent to your Groupwise email ID only.

Employee Benefits

- Group Life Insurance valued 2x annual earnings (premium paid by hospital)
- Long Term Disability (based on PGY level salary)
- Dental Plan - 85% coverage; No deductible
- Extended Health Benefits (deductible \$15/year for single, \$25 for family)
 - Prescriptions - 100%
 - Vision - \$200 every 24 months and one eye exam per insured person every 24 months
 - Paramedical – up to annual calendar maximum of \$500 for each covered practitioner (eg. Acupuncturists, Podiatrist, Psychologists, Massage Therapists, Speech Physiotherapists)
 - Semi-private hospital coverage - was discontinued April 1, 2006

For beneficiary information please call your HR associate at x 32554.

Notes:

- All benefits are administered through Manulife Financial. For questions about your benefits call 1-866-769-5556 8a.m. to 8p.m. When you call please have your plan number and your personal

- ID number available.
- Ministry Of Health (MOH) Residents Group health number is 16721D and your hospital employee number (on your pay stub).
 - Pool C Residents Group Health number is 15187 and your UWO student number.
 - A drug payment card will be provided.

Claim forms are available on-line at:
www.coverme.com

Holidays and Lieu Days

- All residents are entitled to the following recognized holidays:
 - New Year's Day
 - Easter Friday
 - Victoria Day
 - Dominion Day
 - August Civic Holiday
 - Labor Day
 - Thanksgiving Day
 - Christmas Day
 - Boxing Day
 - Family Day
 - One Floating Holiday

- All residents are entitled to 5 consecutive days off during the 12 day period encompassing Christmas Day and New Year's Day. These 5 days account for Christmas Day, New Year's Day, Boxing Day and two weekend days. Each resident must get either Christmas or New Year's Day off.

Lieu Days

- Lieu days are granted for residents who are scheduled to work on any recognized stat holiday (or any part thereof, including being on call the day before).
- Must be taken at a mutually agreeable time within 90 days of the holiday worked.
- No lieu days for Christmas Day, New Year's Day & Boxing Day (this is included in the 5 days off over the holiday period).

Not on Call

- Residents not on call / scheduled to work cannot be expected or compelled to be available on pagers or to come in for any reason.

Post Call

- **Home by 8:00 a.m.** - for in-hospital call for:
 - Anesthesia, OBGYN (plus up to 1 hour of handover)
 - ICU/CCU (plus up to 1.5 hours of handover)
- **Home by Noon** - for all other services with in hospital call
- **For Home Call** - Home by noon if called in after midnight or in hospital for 4 consecutive hours with 1 past midnight.

Pregnancy & Parental Leave

- A resident shall receive up to seventeen (17) consecutive weeks of pregnancy leave at her

discretion. In no case will she be required to return to her duties sooner than six (6) weeks following delivery. Presently, residents who are pregnant are not required to participate in on call duties after 31 weeks of gestational age.

- A resident who is the parent of a child shall receive up to thirty-five (35) weeks parental leave if the resident took pregnancy leave, or thirty-seven (37) weeks if the resident did not take pregnancy leave, following the birth of the child. Once on parental leave, residents who are entitled to Employment Insurance benefits receive a Supplemental Unemployment Benefit (SUB) for a maximum of 25 weeks. The SUB payments are equivalent to the difference between seventy-five percent (75%) of the resident's regular weekly earnings and the sum of the resident's weekly Employment Insurance (EI) benefits.
- A resident who is eligible for a pregnancy leave may extend the leave for a period of up to twelve (12) months duration, inclusive of any parental leave.

Professional Leave

- Maximum of 7 working days per year (**Note:** weekends are not considered "working days" for this purpose.)
- You DO NOT need to be attending a seminar or course to take them.

- Can be used as a reading day so you can take leave for any Canadian or American professional certification exam. This leave includes the day(s) of the exam and reasonable travel time to and from the exam site. This time is in addition to other vacation or leave.

Shift Work

- On rotations where residents are scheduled in shifts, e.g. Emergency Medicine or Intensive care: Max hours = 60 hours/week, including other scheduled responsibilities (including academic half days).
- There must be a minimum of 12 hours off between shifts.
- Residents doing shift work must have 2 complete weekends off per month. A weekend starts at midnight Friday.

Taxi Reimbursement

- A resident is on Out of Hospital Call and can respond within the hospital's Medical Advisory Committee (MAC) approved rules and regulations regarding specified response time.
- If the resident does not have a parking pass.
- The requirement to attend for clinical duties occurs after 6 p.m. and before 6 a.m.. The hospital will pay taxi charges to a maximum of

\$70.00 per month on presentation of appropriate receipts.

Vacation

- 4 weeks is 20 days of paid vacation per year (no carryover).
- Requests must be made in writing at least 4 weeks in advance of the requested start day of the vacation (recommend at least 6 weeks), and they are to be submitted no later than March 1. If you wish to take 1 of the 4 weeks of vacation for an RCPSC or CFPC certification exam in the spring, you have up until 1 month in advance to submit your request.
- All requests must be confirmed or alternate times agreed to within 2 weeks of the request.
- Denials must be in writing with the reason for denial.
- There can be no blanket policies restricting the amount of vacation in any rotation.
- Requests must be submitted to the Chief Resident and Program Director at least 4 weeks before the commencement of the vacation and no later than March 1.

Note: Deadline for Vacation Request is March 1, 2010

- Individuals are entitled to time off to observe a religious holiday provided that professional and

patient responsibilities are met to the satisfaction
of the Program Director.

Questions or Problems Regarding the Contract

Contact PAIRO at:
Phone - 1-877 979-1183
Email - paio@paio.org

Tips for Surviving Residency - Things I wish someone would have told me when I started residency

- Try to meet or talk to a resident in the program before you start. Each program is a little different and this can give you an idea about the "ins/outs."
- Get involved. Organize outings with your program and consider starting or joining a study club; it will be good for academic and social support. Be sure to meet residents from other programs too; don't isolate yourself in your program.
- Try to keep up the physical activities that you pursued before residency, but bear in mind that it will be difficult. If you were involved in a team sport, you'll likely have to give up such a commitment, but you could offer to be a substitute. Consider other options as well, such as joining a gym, or doing other physical activities that can be done when you have free time, such as cycling, walking or in-line skating. And be sure to make free time.
- Don't worry about call beforehand. Easier said than done, but if you prepare for certain problems typical of call on that rotation, you will be more relaxed because you'll have a plan.
- Be sure to book a holiday within the first 3 months of residency. You're going to need it!
- You will not think straight when you are post call.

Don't make any major decisions, don't send letters to your program director, and don't schedule rotation evaluations when you're post call. And be warned, post call purchases can be very expensive!

- Don't expect a pat on the back—you won't get encouragement. This doesn't mean that you aren't doing well; you're doing your job! It may seem like you are working very hard and no one notices, but they do.
- There's a lot to be learned in the "scut" work that you are doing! It's not just a rite of passage.
- Make yourself sleep post call or eventually YOU WILL BURNOUT. Curb your caffeine intake before your shift ends, get a good blind for your bedroom window, think about all options to guarantee you a good "day's" sleep.
- Be efficient with your time. You should never have to stay later than 5-6p.m. when you're not on call—that's why there is call. And don't leave your daily chores for the on call person. What goes around comes around.
- Ask for help if you are not sure. No one knows everything and no one expects you to know everything right away.
- Never lie! It is okay to make mistakes, it happens to all of us. If you lie and get caught, which is

what usually happens, it will haunt you for your entire residency!!

- Be a team player. Support your colleagues both in work and emotionally! They know what you are going through—they're experiencing it too. Always remember that you are not alone and you are definitely not the first one to feel this way—**GUARANTEED!!**

(from www.pairo.org)

Top 10 Teaching Tips - Brought to you by CORE
(Committee on Resident Education) from
www.pairo.org

1. Create a friendly learning environment: tell your juniors/clerks to not be afraid to ask questions. Intimidation is never okay, even if you were taught that way.
2. Situate the topic in the "bigger picture"; provide adequate context.
3. Have a list of topics that you are comfortable teaching in your pocket and ask your juniors/clerks to choose one from your list during a coffee break...or keep some suture material in your pocket and be ready to practice knots between cases.
4. Teach on the fly: morning rounds, clinics, OR, whenever the opportunity strikes. If you are on a busy service, make it a lunchtime affair.
5. Keep teaching focused and address one concept or question at a time.
6. Teach someone something at least once a week.
7. Have juniors / clerks look up a topic to discuss the following day.
8. Provide juniors / clerks with relevant readings or journal articles.

9. Plan an informal "evaluation" to give the junior / clerk feedback at the end of the rotation. The sandwich method is a good starting place (positive feedback on either side of the constructive criticism). Try giving feedback in the middle of the rotation too. It is in both the best interest of your student and you to be able to correct mistakes early. Surprises are never fun at the end.
10. Summarize the "take-home" points at the end of the discussion / activity or have the learner summarize what you've taught. If it's a practical skill you've taught, have the junior / clerk repeat it by teaching it to you.

...and enjoy teaching!

Think of all the people who have taught you along the way. Don't underestimate the impact you have on your junior colleagues; they really appreciate your time and are thankful for the teaching you do.

Parking & ID Badges

Everyone must have a photo ID badge to be worn at all times while on hospital sites.

ID badges are arranged through the LHSC Customer Support offices. Please have a **Request for Identification Form** filled out and signed by your Program Director or Program Administrator. Obtain an ID badge first and then go to the parking office to arrange parking.

Customer Support locations are open from 0700 – 1600:

LHSC - UH

- Basement, Room: CLL-102.
- Turn right off public elevators

LHSC – VH

- Westminster Tower
- 1st floor, Room: E1-500

Parking should only be arranged through LHSC (as it is deducted from your pay cheque). Parking Offices are located at each site:

LHSC - UH

- Main Floor of West Parking (Visitor) Garage
- 24 hrs / day - 7 days per week

LHSC - VH

- Visitor Parking Garage
- 0730 – 1700 (Monday-Friday)

Parking fees are deducted directly from those paid by LHSC in the amount of \$46.00 per month. This will allow you general parking at all hospital sites. Please also note

that there is a \$20.00 refundable deposit on the transponder / card. You will be issued a transponder and / or a parking card. If residents are going out of town for rotations, remember you can cancel your parking by contacting the parking office at x 32446.

Parking – UWO

Parking is available at many points throughout the campus. Campus maps and information about parking can be found at: www.uwo.ca/parking

Patient Restraint

The Patient Restraints Minimization Act became law in Ontario in June 2001. This act covers all forms of restraints--physical, chemical, environmental; as well as monitoring devices. This law applies to both public and private hospitals as well as other facilities and organizations.

The law applies to all patients, with the exception that it does not apply in circumstances in which the Mental Health Act governs the use of restraints on patients and other persons in psychiatric facilities. Alternatives to restraints must be used first and if restraints are indicated, least possible restraint mechanism is used when alternative measures have been assessed as ineffective. Under the law, a hospital may restrain or confine a patient or use a monitoring device on him or her if:

- It is necessary to prevent serious bodily harm to him or her or to another person
- It gives the patient greater freedom or enjoyment of life
- Consent is obtained for all forms of restraint (including bedrails in some situations)
- If other criteria prescribed by regulation are met (no regulations were yet written for the act at the time of publication of this handbook)

A physician order must be obtained. Standing orders and prn orders are not permitted. In emergency situations where harm is imminent (e.g. code white), restraints can be applied and the order obtained retroactively.

NOTE: Under London Health Sciences Centre policy, a physician's order is not required for physical restraint, however, the physician must be informed of changes in the patient's behaviour that warrant the initiation of restraints.

Please refer to hospital-specific policy and protocols at each institution available on-line and accessible through the hospitals' intranet. Resource staff are available to provide you with further information and training on your role in complying with this law.

Patients Wishing to Remain Anonymous

The LHSC and SJHC policy is viewable in the respective Corporate Policy Manuals. Physicians and their office staff should be aware of the policy:

- To know the measures that staff and physicians must take to aim to accommodate the wishes of a patient, or the Substitute Decision Maker of an incapable patient (patient / SDM) who requests anonymity, while maintaining patient safety and our legal requirements.
- To enable them to respond to requests for information from the general public.
- Because disclosure of information on anonymous patients is a breach of their privacy and places the organization at risk for loss of public trust.

<http://intra.sjhc.london.on.ca/refer/privacy/related.htm>

PGE Academic Half Day Schedule

All residents are encouraged to attend these sessions and are to be excused from program duties without penalty. In order to comply with standards of accreditation, the Postgraduate Medical Education Office provides educational sessions available to all residents.

These sessions address the required general skills of medical practice and are designed to provide you with the opportunity to learn about non-specialty-specific topics. The Postgraduate Office sends an e-mail notice to all residents, as well as, to program offices for posting approximately three weeks in advance of each session.

PGE Summer Series

Based on the Royal College CanMeds roles, the Summer Series for PGY-1 Residents are a core component of PGY-1 training in Postgraduate Medical Education at Schulich School of Medicine & Dentistry. These seminars run every Wednesday throughout the summer from July 8, 2009 to August 26, 2009. PGY-2 residents are welcome to attend where the program deems it appropriate.

****Insert PGE Academic Half Day Schedule**

2009-2010**

****Insert Summer Series 2009-2010****

Physiologic Monitoring - LHSC

Physiologic monitoring is an adjunct to patient care and not meant to replace the clinician. For physiologic monitors to be effective tools in patient care, standards of practice are required to ensure clinicians have the knowledge, skill, and judgment to respond to the monitoring equipment and data.

Implications for Physicians:

- Physiologic monitoring must be ordered
- All physiologic monitoring should be reassessed at 24 hours
- An order must be written to discontinue monitoring
- Understand roles and responsibilities outlined in the standards
- Review and understand the policy

The policy can be viewed at:

http://www.lhsc.on.ca/priv/p_monitr/policy.htm

Policies - Hospitals

Note: Corporate policies are specific to each hospital.

Hospital policy manuals are available on-line and can be accessed through the hospitals' Intranet. It is your obligation and responsibility to be aware of the hospital-specific policies and procedures.

The following provides general information regarding policies on:

1. Central Line Care - LHSC
2. LHSC Code of Conduct
3. SJHC Values
4. Consent to treatment Policy and Procedure
5. Completing a Form 1 (Mental Health Act)
6. Discharge Planning
7. End of Life Care

Central Line Care - LHSC

LHSC has made changes to two procedures regarding Central Line Care: Implanted Ports:

- Accessing / Discontinuation and Intravascular Devices Care
- Use and Maintenance of Central Intravascular Devices Procedure

These changes have occurred as the result of recent literature findings that support using 2% chlorhexidine / 70% alcohol mixed solution for cleansing of the skin and injection ports of the tubing.

In addition, bottled chlorhexidine / alcohol will be stocked IN ADDITION to the straight chlorhexidine solution.

Please see the updated procedures on-line in the practice manual found on the external LHSC website under "Manuals and Guides". **For any questions related to this procedure change, please contact:**

- Professional Practice Specialist, x 75295
- Professional Practice Specialist, x 56321

Completing a Form 1 (Mental Health Act)

REQUIREMENTS AND PROCEDURES FOR INVOLUNTARY ADMISSION AND DETENTION

The Mental Health Act governs the processes that allow hospitals to detain people with mental health issues against their will, for their own safety (including self-harm and inadequate self-care with imminent risk of harm) or the safety of others. The requirements under the Mental Health Act must be complied with in order for an involuntary admission or detention to be valid. Failure to comply with the requirements may leave a physician and hospital vulnerable to legal action for illegally detaining an individual against their will.

A Form 1 is an Application for Psychiatric Assessment (APA) and is completed by the attending or MRP (most responsible physician) or delegate (typically a resident) to request that a psychiatric assessment be conducted to determine risk related to self or others due to mental illness. The Form 1 allows a physician to detain a patient in a hospital up to 72 hours to allow for a complete psychiatric assessment. When a physician completes a Form 1, he/she must present the patient with a Form 42, to inform him/her of the involuntary hospitalization status, and must sign Form 1 section titled "For Use at the Psychiatric Facility".

A Form 3 is a certificate of involuntary hospitalization based on the above criteria regarding safety of self and others and valid for up to 14 days. A Form 3 can be completed by any attending physician in the hospital, but it cannot be the same physician who completed a Form 1 (APA). At LHSC,

the consulting psychiatrist typically completes the Form 3. The Form 3 must be completed by the physician prior to the expiration of the Form 1 (72 hours). When a patient is placed on a Form 3, the physician must present him/her with a Form 30 to inform the recipient of their involuntary status and the physician must notify the Rights Advisor.

Patients have the right to appeal a Form 3 to the Consent and Capacity Board. The consulting psychiatrist will appear, at the hearing of the Consent and Capacity Board, to defend the involuntary status of the patient. If a physician or the hospital fails to ensure that the forms and assessments are completed in a timely and accurate manner, the Board may rescind the Form, thus returning the patient to a voluntary status.

Note: Forms 1, 2, 30, and 42 are available by clicking on the following website:
http://www.health.gov.on.ca/english/public/forms/form_menus/mental_fm.html

Completing a Form 1 (Mental Health Act)
(insert mental health act flow sheet)

Consent to Treatment Policy and Procedure

Informed consent must be obtained from the patient or Suitable Decision Maker (SDM) for all treatment and the transfusion of blood / blood products. Written, informed consent is required for certain procedures (see hospital policy). A patient has the right to withhold consent (refuse) treatment and / or blood / blood products.

The Health Practitioner proposing and / or performing the treatment must obtain and document the informed consent. The Health Practitioner obtaining consent must have the knowledge, skill, and judgment to determine the patient's capacity to give informed consent and to provide information to enable the patient / SDM to give informed consent.

This information must include the nature of the treatment, expected benefits, risks and side effects, alternative courses of action, and likely consequences of not having the treatment. The Health Practitioner must also be able to answer questions that the patient / SDM may have.

Documentation should include a summary of the explanation given to the patient / SDM, the individual's response to the information, the fact that any questions were answered by the Health Practitioner, and whether the patient / SDM consented to or refused the treatment.

The Health Practitioner who proposes and / or performs the treatment ensures the written consent form (when applicable) is fully and properly completed signed by the patient / SDM and the Health Practitioner, and placed on

the patient's health record prior to administration of the treatment. The full policy can be viewed at:
<http://appserver.lhsc.on.ca/policy/>

Discharge Planning

LHSC and SJHC shall optimize patient access to its acute / specialized care resources by ensuring that patients who no longer require treatment in hospital are discharged in a timely fashion. In accordance with legal obligations under the Public Hospitals Act (PHA), if a patient is no longer in need of treatment in the hospital, that is, upon a determination that discharge is medically appropriate, the Most Responsible Professional (MRP) or delegate shall write a discharge order and communicate that order to the patient. LHSC is required by law to discharge the patient on the date set out in the discharge order.

The patient or incapable patient's substitute decision maker (SDM) shall be informed of LHSC's discharge policy, prior to or upon admission, as well as the expected length of stay. The patient's health care team shall work with the patient and / or SDM to develop an appropriate discharge plan. It is expected that the patient, SDM and / or involved family members will cooperate fully in this process so that discharge and transfer can take place immediately upon a suitable discharge environment becoming available. The role of the MRP or delegate with respect to this policy shall be to determine the care level of the patient and to reinforce the decision to discharge.

Discharge planning shall continue throughout the patient's stay. Refer to the Discharge Planning Fact Sheet and the Patient Handbook for communication resources. A social work referral should be made as soon as possible when the patient's post-discharge care needs or psychosocial circumstances indicate the potential for a complex or difficult discharge. Staff and affiliates shall document the details, date and time of discharge-planning related interactions with the patient / SDM / family in the patient's health record.

More information on this policy and its associated process can be found at:
<http://appserver.lhsc.on.ca/policy/>

End of Life Care

LHSC and SJHC committed to formulating and documenting a resuscitation / End of Life Care Plan for patients admitted to the hospital. Some variation and exceptions apply with healthy mothers / babies and Paediatrics.

This policy applies in those circumstances where a patient, if capable, or a Substitute Decision Maker (SDM), if the patient is incapable (hereafter referred to as patient / SDM) wishes to restrict resuscitation.

Restriction(s) to resuscitation are determined by the procedures outlined in this policy or with written Advance Directive, or Paediatric Advance Treatment Plan (PATP).

Regulated Health Care Professionals involved in the care of a patient are responsible for knowing the resuscitation

plan of that patient and communicating the plan to other members of the health care team, e.g. diagnostic technicians.

Cardiopulmonary Resuscitation (CPR) constitutes a treatment under the Health Care Consent Act (1996). Under the Act, it is the responsibility of the Health Practitioner proposing and/or performing the treatment to ensure that treatment does not proceed when he/she is aware that the patient's most recent wishes, while capable, were that he/she not receive the treatment.

PROCEDURE

1. The Registered Nurse / Registered Practical Nurse (RN / RPN) completing the Nursing History on admission, asks every capable individual admitted to LHSC as an inpatient about his/her wishes for resuscitation. If the patient is not capable, the Substitute Decision Maker (SDM) is asked.
2. The admitting nurse explains:
 - Resuscitation
 - The purpose of the Resuscitation / End of Life Care Plan is to document the patient / SDM's wishes and to record if there is any restriction(s) to resuscitation.
3. The admitting nurse, if informed by the patient / SDM that:
 - The patient / SDM wishes full resuscitation, checks tick box indicating " Full Resuscitation",

- The patient / SDM does not wish full resuscitation, checks either
 - “ No Resuscitation”, and notifies the Most Responsible Physician / Professional (MRP) or delegate immediately, or
 - “ Restricted Resuscitation”, notifies the MRP immediately, and documents the patient / SDM's wishes with respect to resuscitation in the Clinical Record.
- 4. The MRP / delegate discusses the patient / SDM's wishes regarding resuscitation with the patient / SDM within 18 hours of being notified that the patient / SDM does not want full resuscitation, or has restrictions to resuscitation and documents the wishes using the Resuscitation / End of Life Care Plan. If there are extenuating circumstances, i.e., if there are questions or concerns about the appropriateness of that patient / SDM's wishes, the MRP / Delegate will complete the Resuscitation / End of Life Care Plan in a timely fashion. Specific wishes must be documented on the Plan by the MRP and, when applicable, the key points of the discussion should be documented on a Clinical Progress Record.
- 5. The Plan is placed as the first page in the front of the patient's hospital health record.

6. The patient / SDM is encouraged to inform his / her family of the restriction(s) to resuscitation within a reasonable period of time.
7. If the patient has a cardiopulmonary arrest, even if the MRP / delegate has not yet assessed the patient, the wishes of the patient / SDM are honoured.
8. The patient / SDM may, at any time, request revisions to the Resuscitation / End of Life Care Plan. Any member of the health care team immediately implements such a request and initiates a new Resuscitation / End of Life Care Plan form. The MRP must be notified immediately of the change in the patient's wishes. If the patient has a cardiopulmonary arrest, even if the MRP / designate has not yet been notified of the change to the Resuscitation / End of Life Care Plan, the wishes of the patient / SDM are honoured.
9. If there is a change in the patient's condition that the MRP / designate determines may change the wishes of the patient / SDM towards resuscitation, he / she reviews the Resuscitation / End of Life Care Plan with the patient / SDM and, if there is a change, initiates a new Resuscitation / End of Life Care Plan.
10. The Resuscitation / End of Life Care Plan must be reviewed at each subsequent admission. If there is no change, the regulated Health Care

provider indicates the date of the review and signs the Plan. If the patient has indicated any change to his / her wishes, a new Resuscitation / End of Life Care Plan must be initiated.

11. **This Resuscitation Care Plan form will be used at both LHSC and SJHC.**

LHSC Code of Conduct

London Health Sciences Centre is committed to providing a safe and healthy work environment that inspires respect for the individual, collaboration and teamwork.

- R Respect and consider the opinions and contributions of others.
- E Embrace compassion and show genuine concern for patients and their families.
- S Share your suggestions and concerns with discretion and tact.
- P Protect privileged information.
- E Engage in honest, open and truthful communication.
- C Create and foster a collaborative and caring work environment.
- T Treat everyone with dignity and respect.

More information on LHSC's Code of Conduct can be viewed at: <http://www.lhsc.on.ca/priv/conduct/index.htm>

LHSC Core Values

Caring and compassion guide our work at London Health Sciences Centre. As a hospital community, we believe that how we do things is as important as what we accomplish. We are guided by the following core values and behavioural statements that illustrate how we live them.

Respect

- I treat others the way I wish to be treated.
- I take responsibility for my actions and recognize the accomplishments of others.
- I listen and seek to understand the perspectives of others.
- I look for the truth and make it safe for others to share their views

Trust

- I work with conviction that each person will act honourably, ethically and with compassion in the delivery and support of patient care.
- I state clearly what I will do and ensure consistency between my actions and words. All the time. Every time.
- I protect everyone's right to privacy and confidentiality.

- I speak the truth and engage in dialogue that contributes to our shared purpose.

Collaboration

- I consider how my actions and decisions impact other individuals and groups.
- I work with others in serving the greater good of our communities.
- I build healthy relationships in all my interactions.

SJHC Values

Inspired by the care, creativity and compassion of our founders – the Sisters of St. Joseph, the Women's Christian Association, and the London Psychiatric Hospital and St. Thomas Psychiatric Hospital – we serve with...

Respect

- Honour the people we serve
- Appreciate the work of others
- Welcome the contributions of all
- Celebrate diversity
- Be truthful, honest and open

Excellence

- Give our best each day
- Be creative and resourceful with our gifts, skills and talents
- Build on our proud past
- Work as a team to seek the new, undiscovered
- Make a difference

Compassion

- Be with others
- Understand their needs, realities and hopes
- Give from the heart
- Sustain the spirit

More information on SJHC's Mission, Vision and Values can be viewed at:
<http://www.sjhc.london.on.ca/corp/about/mission.pdf>

Policies - University

The policies listed here have been chosen to highlight some of the information that you should know. Please take the time to familiarize yourself with key policies and procedures when you begin a new rotation as well as when you change to a different hospital as this is not a comprehensive list. All PGE policies can be viewed at:
<http://www.schulich.uwo.ca/education/pge/index.php?page=Policies>

Appeals

Residents and Fellows registered with the Schulich School of Medicine & Dentistry, Postgraduate Medical Education whose performance has been judged unsatisfactory by their teachers have the right to appeal. The grounds of an appeal may include medical, compassionate or extenuating circumstances, bias, inaccuracy or unfairness. For further information please visit this website:
http://www.schulich.uwo.ca/education/pge/Documents/Policies/appeal_revised.pdf

Awards

There are many awards and prizes available to residents at Schulich School of Medicine & Dentistry to recognize excellence in teaching and research. For further information please visit this website:

<http://www.schulich.uwo.ca/education/pge/index.php?page=PGEAwards>

Charter of Professionalism

Professionalism is the basis of Medicine & Dentistry's contract with society. It demands that the interests of patients are placed above those of the caregiver, that standards of competence be established and adhered to, and that expert advice be provided to society on matters of health. Essential to this contract is the public's trust in its physicians and dentists, and this, in turn, depends on the integrity of both individual physicians/dentists and the collective whole of these professions. For the contract to function, the principles under which it operates must be clearly understood by both the professions and society, thereby, generating an element of trust.

The full Schulich of Medicine & Dentistry Charter on Medical/Dental Professionalism can be viewed at:
www.schulich.uwo.ca/equity/documents/professionalism.pdf

Code of Conduct

UWO has a Universal Code of Conduct that applies to all those registered with the University. Please view it at :
<http://www.uwo.ca/univsec/board/code.pdf>

The teacher-learner-researcher relationship should be based on mutual trust, respect and responsibility. This relationship should be carried out in a professional manner, in a learning/research environment that places strong focus on education, high quality patient-care and, at all times, ethical conduct. When students, faculty or staff believe that there has been a breach of this Code of Conduct, several options lie open.

The full Schulich School of Medicine & Dentistry Code of Conduct policy (including options available for action) can be viewed at:

<http://www.schulich.uwo.ca/education/pge/index.php?page=Policies#coc>

Please note the CMA has published a code of Ethics Guide. Please view guide at www.cma.ca

Non-Discrimination/Harassment Policy

The University of Western Ontario's race relations policy states that all members of the community have the right to study and work in an environment free of discrimination and harassment on the basis of race, culture or religion. The experience of harassment can be overwhelming for the victim. It creates a climate of intolerance and division by eroding the unity and strength of the University community - as such, harassment is considered a serious offense and will not be tolerated. Details of the policy are found at: <http://www.uwo.ca/univsec/mapp/section1/mapp135.pdf>

Equity and Gender Issues

A fundamental aspect of our commitment to professionalism as physicians is to interact with colleagues, patients and other health professionals in a respectful manner. This principle is reinforced in the codes and guidelines established by the medical school, our local teaching hospitals and various medical organizations. Incidents of harassment or intimidation by faculty, residents or students are taken very seriously by the educational and clinical institutions with which we are involved.

Dr. Barbara Lent, Associate Dean of Equity and Gender Issues, and Faculty of Health, is available to meet with residents (or students or faculty) with concerns about the behaviour of others or questions about various situations. Depending on the circumstances, the individual may be satisfied with the opportunity to explore the situation confidentially or may request further informal or formal resolution. The process and outcomes of such requests reflects the preferences of the individual bringing the

situation to light.

Some departments have addressed these issues by providing departmental workshops or rounds to residents and/or faculty on issues related to equity, diversity and/or professionalism. Dr. Lent is available to facilitate such presentations. The relevant professional and equity codes can be found on the Schulich website at:

<http://www.schulich.uwo.ca/equity/index.php?page=CodeofConduct>

London Health Sciences Centre and St. Joseph's Health Care, London has very similar policies which can be accessed on the hospital intranet:

<http://www.lhsc.on.ca/priv/policy/HRM009.htm>

Dr. Lent can be reached at barbara.lent@schulich.uwo.ca or (519) 661-2111 x 88780.

Evaluation, Remediation, Probation & Dismissal

Evaluation of a resident's performance is an essential component of high quality resident education and must be timely and transparent. The PGE Committee, Executive Committee of Faculty Council and Faculty Council have approved a policy which sets out the process of resident evaluation. This policy can be viewed at:
http://www.schulich.uwo.ca/education/pge/Documents/Policies/Evaluation_Policy.pdf

Rotation Length Policy

The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada require that "Documented feedback sessions must occur regularly, at least at the end of every rotation. A mid-rotation evaluation is recommended. There should also be regular feedback to residents on an informal basis."¹

Rotations may vary in length depending upon the clinical service and rotation nature. For the purposes of providing feedback as well as progression and promotion, educational blocks shall be no longer than 3 months with formal documented feedback occurring at the end of each block. A mid-rotation evaluation and regular informal feedback is recommended. Should an educational block be failed then ERB process will be instituted.

Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media

These Guidelines apply to all postgraduate trainees registered at Schulich School of Medicine at The University of Western Ontario, including postgraduate students, fellows, clinical research fellows, or equivalent. Use of the Internet includes posting on blogs, instant messaging [IM], social networking sites, e-mail, posting to public media sites, mailing lists and video-sites.

General Guidelines for Safe Internet Use:

These Guidelines are based on several foundational principles as follows;

- The importance of privacy and confidentiality to the development of trust between physician and patient,

- Respect for colleagues and co-workers in an inter-professional environment,
- The tone and content of electronic conversations should remain professional.
- Individual responsibility for the content of blogs.
- The permanency of published material on the Web, and
- That all involved in health care have an obligation to maintain the privacy and security of patient records under *The Personal Health Information Protection Act [PHIPA]*, which defines a record as: "information in any form or any medium, whether in written, printed, photographic or electronic form or otherwise."²

Please review full Guidelines at:

http://www.schulich.uwo.ca/education/pge/Documents/Policies/Guidelines_for_Appropriate_Use_of_the_Internet.pdf

Harassment

Please note that policies and procedures regarding Harassment & Discrimination are specific to each institution (Western, LHSC & SJHC). It is your obligation and responsibility to make yourself aware of these policies as the potential exists for being witness to, or the subject of harassment and discrimination. Conversely, there are consequences of being the perpetrator of harassment in the modern working environment.

1. Hospital policies and procedures can be found in a binder located at each patient care station on every floor and via each hospital's intranet page.
2. The University of Western Ontario's sexual harassment policy states that all members of the

community have the right to study and work in an environment free of sexual harassment. Sexual harassment is not a joke -- it is a cruel and destructive behavior against others that can have devastating effects. It is an abuse of power -- an attack on the dignity and security of an individual. Harassment can take the form of unwanted sexual solicitation or advance (either a promise of reward or threat of reprisal in conjunction with a sexual solicitation), or repeated behavior that denigrates an individual or group and interferes with the academic or work environment. For full details please see the following website:
<http://www.uwo.ca/univsec/mapp/section1/mapp135.pdf>

HIV/AIDS

Western has a policy on AIDS re: Health Sciences Faculties. Please review at:
<http://www.uwo.ca/univsec/mapp/section1/mapp119.pdf>

In the event of voluntary disclosure of an HIV-positive status by a student, this information will be kept strictly confidential except on a "need-to-know" basis.

Leaves of Absences

On occasion it may be necessary for a resident to request a leave of absence from training for health or personal reasons. Requests should initially be directed to your Program Director. All requests for leave must be forwarded on a 'Leaves Form' to the PGE office. The PGE Office and Medical Affairs must be informed in order to update records, ensure appropriate training requirements are met, inform the CPSO (as required by the Regulated Health

Professions Act), and ensure appropriate documentation and pay.

Religious Holidays

It is expected that postgraduate residency programs should accommodate requests for religious holiday leave. PGE policy outlines the principles and the process for dealing with religious holiday leave requests.

Primarily, all leave days taken for religious holidays are to be considered vacation days and to be included in the number of vacation days as defined by the PAIRO-CAHO Agreement. For more information please visit the website at: <http://www.pairo.org/>.

Security and Privacy

Personal Information:

The University of Western Ontario respects your privacy. Personal information that you provide to the University is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government agencies for statistical purposes. At all times it will be protected in accordance with the Freedom on Information and Protection of Privacy Act. If you have questions, please refer to www.uwo.ca/privacy

The PGE Office at the Schulich School of Medicine & Dentistry is required to provide registration and funding

information about its postgraduate trainees to various government ministries and agencies. In addition, it discloses personal information to the following:

1. OPHRDC (The Ontario Physician Human Resources Data Centre)

The OPHRDC developed and maintains the Ontario Physician Registry to support physician human resources planning initiatives for the province. The OPHRDC uses this centralized training registry to conduct a number of planning, statistical and aggregate educational reports on behalf of the Ontario postgraduate education offices. Information disclosed to OPHRDC includes: name, address, email, phone number, date of birth, sex, citizenship, CPSO license, training program, level, training dates, source of MD, funding source and pool type.

OPHRDC discloses demographic and training personal information of post-graduate residents to:

- CAPER (Canadian Post-M.D. Educational Registry)
- PAIRO (Professional Association of Interns and Residents of Ontario).
- Ontario Ministry of Health and Long-Term Care – Provider Services Branch.

2. Medical Council of Canada (MCC)

MCC requires confirmation of resident name, date of birth, program, training level, training start and end dates in order to access and confirm examination eligibility.

3. National Accrediting and Certification Bodies (Royal

College of Physicians and Surgeons of Canada – RCPSC and College of Family Physicians of Canada- CFPC
PGE provides confirmation of resident name, program, training level, training start and end dates in order to access and confirm examination eligibility, and completion of RCPSC and CFPC evaluation forms (e.g. FITERS, CCTs). RCPSC and CFPC confer accreditation status on postgraduate training at Western and as part of ensuring appropriate accreditation standards are met, may request review of sample resident files.

4. Sponsoring government, agencies, or other sponsoring bodies

Limited data (e.g. registration information, evaluations, funding information) is provided to sponsors in accordance with agreements between the sponsor and the University. Questions about the collection, use and disclosure of personal information by PGE should be directed to the PGE Office at postgraduate.medicine@schulich.uwo.ca or 519-661-2019.

Transfers

From time to time, especially during the PGY-1 year, a resident may wish to transfer from one residency program to another at the University of Western Ontario. Although requests for transfers are infrequent, funding and other constraints limit the availability of program transfers and it is therefore not possible to accommodate all requests. Information regarding transfers can be viewed at: http://www.schulich.uwo.ca/education/pge/documents/Policies/Transfer_Policy.pdf.

Requests for transfers to or from residents at Schulich

School of Medicine & Dentistry, as well as other universities must be referred to PGE Manager, Postgraduate Medical Education Office (519-661-2019).

Waiver of Training Policy

Residents must successfully complete all training requirements of their program, including duration of training, normally in sequence, and competence as assessed by the university. The university will set policy for the circumstances that would qualify residents for leaves of absence. Acting on university policy, the Postgraduate Dean, on the recommendation of the residents' Postgraduate Program Director, may grant interruptions in training. It is anticipated that the time lost or rotations missed would be made up with equivalent time in the residency program upon the resident's return. For residents whose performance is exceptional, the postgraduate office may allow a waiver of training following a leave of absence, again in accordance with university policy and the maximum time for a waiver determined by the Colleges.

A decision to grant a waiver of training can *only* be taken in the final year of the program but cannot be granted after the resident has taken the certification examinations. If there are circumstances other than outstanding resident performance that a residency program director feels satisfy the standard of "exceptional circumstances" for waiver of training this will be considered on an individual basis by the Associate Dean, Postgraduate Medical Education.
[Link to UWO Waiver Form](#)

<http://www.schulich.uwo.ca/education/pge/index.php?page=Forms>

Postgraduate Education Office (PGE)

The University of Western Ontario-Schulich School of Medicine and Dentistry offers 49 postgraduate medical education training programs leading to certification either by the Royal College of Physicians and Surgeons of Canada (RCPSC) or by the College of Family Physicians of Canada (CFPC) and the regulations of the College of Physicians and Surgeons of Ontario (CPSO). There are over 790 residents and fellows registered with PGE at Western.

The Postgraduate Medical Education Office is responsible for your initial and ongoing University appointment and verification of University registration for educational licensing with the College of Physicians and Surgeons of Ontario. Some other responsibilities include:

- Accreditation of Schulich School of Medicine & Dentistry Postgraduate training programs
- Allocation/reallocation of training positions
- Certificate of Attendance
- Coordination of Annual Western registration
- Coordination of Fellowship appointments
- Development of common educational policies
- Faculty Wide Academic Half Days
- Resident Awards
- Transfer requests
- Verification of CPSO status

To assist with the management of postgraduate education, Schulich School of Medicine & Dentistry has a PGE

Committee whose mandate includes promoting excellence in postgraduate education by establishing common educational policies. The committee's mandate, along with detailed information about seminars, policies, contact information, etc., can be viewed at:
<http://www.schulich.uwo.ca/education/pge/index.php?page=pgecommittee>

**Postgraduate Medical Education Office
Schulich School of Medicine & Dentistry
Room 103, Medical Sciences Building
London, Ontario N6A 5C1
postgraduate.medicine@schulich.uwo.ca
TEL (519) 661-2019 FAX (519) 850-2492
<http://www.schulich.uwo.ca/education/pge/>**

PowerChart

PowerChart is the name of the clinical software used for our electronic patient record system. Patient demographic information, test results, imaging results, allergies and some documentation where it exists can be found here. Your dictated notes will be sent here for you to review and sign.

You must only access patient information for patients assigned to your care.

Information on colleagues, friends or family members can only be accessed by written consent using the approved health records process. Additionally, you should not look at your own information in PowerChart without following the appropriate process. Contact the privacy office for more information on this process at x 32996.

Never share your password for others to use as their activity will be linked to your log in.
Do not leave your log in active for someone else to use.

Please do not ask others to access charts unless the patient is in your care and the reason for access is logged in the comments field.

Patient information should not be downloaded to data sticks, pda's (ie. Blackberries) or laptops. If the information were to become lost or stolen, each patient must be contacted and informed of the breach of privacy. Images can be downloaded if the patient identifier is removed. Patient Lists must not be left in Rounds areas or other

public places. Once a list is no longer needed, please place it in the confidential waste bins.

Useful Elements

Full on-line help with Powerchart is available from:
http://www.lhsc.on.ca/priv/epronlinetraining/powerchart_guides_new.htm

You can access some information if you are external to the hospital at:
http://www.londonhospitals.ca/departments/medical_affairs/orientation/learning/powerchart.php

Some of the more useful features for residents include:

- Patient list management - Each nursing unit has a default patient list when you log into PowerChart, but you can create a personal list, which is great if you are on a Consult service. You can "cut" and "paste" patients from the ward list to your personal list. You can also give proxy to other team members to have access to that list, by clicking the Properties Icon, then selecting the Proxy tab.
- Printing Patient Lists - Clicking the Print Icon formats the patient list printout with set headers. It leaves about a ½" space between patients to write information in. If you prefer a worksheet, formatted with headings for "problem List", "Investigations / Findings", "To Do", as well as Family Physician / Phone #, etc.

- Go to Launch Application Icon and select Explorer Menu. Log in with the same user ID and password. Enter the name of your team (eg. Medicine Team 2) and the RP# of the printer (eg. Rp724). Voila!!
- Preferences – You can customize the column headers on your patient list, by clicking the Customize columns Icon. You can remove, add headers as well as change the position of them to suit your needs and it will save that view. DO NOT remove the “Anon” column header. A yellow star will appear in the column beside the patient name if the patient or Substitute Decision Maker has made a request that the patient’s preference in the organization not be disclosed to the general public.
- Launching Micromedix Website – Click on the Launch Web Browser Icon (World Icon) to take you to a page where you indicate which site you are trying to launch the Micromedix Website from. Next click the Micromedix link and then click the blue Micromedix Healthcare Series button.
- Clinical Calculator - Need to make a quick calculation, click the Calculator Icon. Enter the data in the fields and the calculation is done for you. The data is not automatically extracted from the chart.
- Blood Product Info – Allows users the ability to view the Blood Transfusion Profile within the

PowerChart. Blood Transfusion information is transient, and constantly being updated. What you are viewing on this screen is only accurate for the time indicated on the Refresh or "As of" button.

- Medication Profile – Displays information on drugs, routes and frequencies that the patient is currently on. Available on Inpatient encounters only.
- Sticky Notes – Allows you to leave on-line "post-it" notes in the chart as a reminder to yourself or other team members. It does not form an official part of the chart. It can be viewed by anyone and deleted by anyone.
- Graphic Record – A and I and Forms Browser tabs – SJHC UCC and Birthing Centre are documenting online through PowerChart. Information documented can be viewed on 1 of these tabs.
- Clinical documentation on a patient seen at the Urgent Care Centre (SJH) can be viewed from any site.
- Images, imaging results, and reports can be viewed from any site. With the addition of OneView you can view images for your patient from most hospitals in Western Ontario.

Privacy & Confidentiality

Staff, physicians, volunteers, students, and contracted staff have a legal and ethical responsibility to protect the privacy of patients / residents / clients, their families, as well as the privacy of staff, physicians, volunteers and contracted staff, and ensure confidentiality is maintained.

Privacy

The right of an individual to control how their personal information is used.

Confidentiality

The moral, ethical, professional, and employment obligation of individuals to protect the information entrusted to them.

Please visit the privacy website at:

<http://intra.sjhc.london.on.ca/refer/privacy/index.htm>

This ever-growing site will provide information to LHSC and SJHC staff, physicians, volunteers, and contracted staff with information related to LHSC and SJHC's work to comply with the Ontario privacy legislation PHIPA (Personal Health Information Protection Act, 2004).

You must only access patient information for patients assigned to your care.

Information on colleagues, friends or family members can only be accessed by written consent using the approved health records process. Contact the Privacy Office for more information at x 32996.

Never share your password for others to use as their activity will be linked to your log in.

Please do not ask others to access charts unless the patient is in your care and the reason for access is logged in the comments field.

Patient information should not be downloaded to data sticks, pda's (ie. Blackberries) or laptops. If the information were to become lost or stolen, each patient must be contacted and informed of the breach of privacy. Images can be downloaded if the patient identifier is removed. Patient Lists must not be left in Rounds areas or other public places. Once a list is no longer needed, please place it in the confidential waste bins.

Providing Constructive Feedback

A Self-Checklist

Do I:

- Establish and maintain a climate of trust in which learners welcome feedback?
- Ensure that my learners understand that I will be giving them regular feedback and how I plan to do so?
- Arrange the proper setting for providing feedback?
- Begin by inviting each learner's self-critique?
- Ensure that my feedback is timely?
- Link my feedback to each learner's goals?
- Link my feedback to my actual observation of learners?
- Check out any hypotheses I generate about each learner's performance?
- Present feedback in non-judgmental language, being as specific as possible?
- Present learners with objective evidence whenever possible?
- Focus on each learner's behaviour and performance, rather than making judgments about the learner as a person?
- Label my feedback as subjective, when it is?
- Avoid overloading learners with feedback?
- Recognize that learners have varying levels of receptivity to feedback?
- Convey support when providing feedback?
- Avoid premature feedback?

- Help learners turn negative feedback into constructive challenges?
- Encourage learners to invite feedback and to let me know when it is difficult for them to hear my feedback?
- Provide follow-up to my feedback, whenever appropriate?

Westberg J, Jason H: Collaborative Clinical Education: The Foundation of Effective Health Care. New York: Springer Publishing, 1993.

Radiology Requisitions – LHSC and SJHC

**Radiology / Nuclear Medicine Ordering Process:
Include the following:**

Correct orderable name – Please follow the naming convention outlined in the catalog when writing your order; DO NOT use acronyms. Incorrect orderable name and use of acronyms may result in wrong interpretation by the person entering the order.

A complete and appropriate reason for exam/clinical history - This includes pertinent exam and / or lab findings. Include some information as to your differential diagnosis. The test performed is different depending on what it is you are trying to image. For example: pelvis vs. abdomen; contrast vs. non-contrast.

Note: Follow-up or pain is not considered complete and appropriate clinical history. An accurate reason for exam will allow Imaging to give an appropriate consultation report.

Name and a pager # or phone number – For the person (where applicable) who can be contacted for further information if required by the Radiology / Nuclear Medicine physicians.

****All orders must include the supervisor's name and signature on the requisition. ****

A clear legible signature will help ensure that there are no delays in completing the order.

A nurse or Unit Clerk will then enter this order information into the computer. On the electronic screen the reason for exam / clinical history and contact number are required fields, therefore the order cannot be processed without them. Failure to include this information at the time you write the order will result in delays.

Viewing Radiology Images

The Radiology and Nuclear Medicine Departments at LHSC and SJHC are completely filmless. All images are digital and can be accessed using computers on the floor.

You can access images through PowerChart or for more detailed studies such as MRI, Ct's, etc. you can view them through the Centricity web best accessed by using a Clinical Workstation.

Please ensure you remove the patient identifiers when downloading images for Rounds, etc.

Instructions on how to do this and for more information go to: <http://www.lhsc.on.ca/priv/digital/>.

Reporting Critical Lab Values

Under this policy all Critical laboratory values will be telephoned to the ordering physician or designate as soon as possible after completion of the test. While the policy is new, the practice has been in place for many years. This policy applies to all patient care areas, emergency admissions, transfers, and outpatients having tests performed at LHSC / St. Joseph's laboratories.

The following link outlines your responsibility as the ordering Physician and the responsibilities of the laboratory staff.

<http://www.lhsc.on.ca/priv/policy/PCC061.htm>

Reporting Requirements

Child Abuse

If you have reasonable grounds to suspect that a child has been abused or is at risk of being abused, you must report it to the Children's Aid Society. Abuse includes physical, sexual and emotional abuse, as well as a pattern of neglect. You do not have to see the child or suspect / know who the abuser is.

Spouse / Elder Abuse

You must report any suspected elder abuse that occurs in a nursing home to the Ministry of Health. If the person is in the community and they are competent, all you can do is urge the abused person themselves to call the police, and offer assistance with respect to shelters or other support services. If the person is incompetent, and is being abused

by his or her caregiver, call the Public Guardian and Trustee.

Sexual Abuse by a Regulated Health Professional

This includes MD, RN, OT, PT, RT etc. If you have good reason to believe that one of these individuals has committed such an act, you have a duty to report them to their respective colleges. Reporting is mandatory and must be made in writing if you hear of the abuse while you are caring for the patient / victim. Do not give the CPSO or other college the patient's name unless the patient agrees.

OHIP Fraud

In Ontario, physicians as well as certain other hospital staff are required to report specific incidents of fraud to the Ministry, i.e. if a person uses someone else's OHIP card or claims residency when they live out of the province.

Medically Unfit To Operate A Motor Vehicle

In Ontario, a physician must report every person who is suffering from a condition that may make it dangerous for the person to operate a motor vehicle. Legally, this requirement is not limited. In practice, most physicians do not report short term medical conditions. More significant problems that should be reported include seizure disorders, alcohol or drug dependence, uncorrected visual impairment, and psychiatric illness that impairs the person's judgment. New legislation is pending.

You must report the patient's name, address and clinical condition that makes them unfit to drive to The Driver Improvement Section of the Ministry of Transportation of Ontario. Generally, it is best to advise your patient that you

are legally obligated to report. Also advise them that they cannot drive until their injury/impairment is resolved and document that you told them.

If the patient is a pilot, they must report that fact to you when you see them. In such cases you must report their injury / impairment to Transport Canada, Aviation.

For Further Information or Assistance

- CMPA 1-800-267-6522
- Public Guardian & Trustee (London): 660-3140
- Children's Aid Society (London): 455-9000
 - After hours, weekends, or holidays:
432-5987
- MOH & Long Term Care Office: 675-7680
- Women's Community House (shelter and counselling for abused women): 642-3000

Rotation Schedules For 2009-2010

Schulich uses the 13-Block rotation schedule which has several advantages for our residents:

- With a 13-block schedule, all rotations are equivalent with thirteen blocks of **four weeks** each.
- The schedule allows for flexibility, adding in an extra block each year which can be used for electives or remediation.
- Blocks begin on Tuesdays, avoiding holiday Mondays and any disruptions these might cause.

Block	Start Date
1	Wednesday, July 1, 2009
2	Tuesday, July 28, 2009
3	Tuesday, August 25, 2009
4	Tuesday, September 22, 2009
5	Tuesday, October 20, 2009
6	Tuesday, November 17, 2009
7	Tuesday, December 15, 2009
8	Tuesday, January 12, 2010
9	Tuesday, February 9, 2010
10	Tuesday, March 9, 2010
11	Tuesday, April 6, 2010
12	Tuesday, May 4, 2010
13	Tuesday, June 1, 2010

Residents wishing to CHANGE a scheduled rotation must, after receiving permission from your Program Director, complete a Faculty-Wide Change Form. This form is available from your Program/Departmental Office. The form must be submitted at least 8 weeks before the changeover date.

Scope of Activities for Senior Medical Students – Documentation and Orders

A Senior Medical Student (formerly referred to as a Clinical Clerk) is an undergraduate medical student in year 3 or 4 of Medical School training, and not a physician under the regulated Health Professional Act (RHPA). Senior Medical Students practice medicine at LHSC and SJHC under the direction of a supervising physician. The supervising physician is a licensed physician who is delegated by their respective training program to supervise a medical student.

He / she can be a resident, the most responsible physician or their delegate or a consulting physician holding privileges at the hospital.

All orders, written by a Senior Medical Student, for the investigation or treatment of a patient, must be countersigned prior to the orders being processed and actioned.

Orders: Orders are documented by the Senior Medical Student directly on the patient's order sheet. The orders are to be clearly and legibly signed with the signature and name of the Senior Medical Student followed by the notation "Med III or Med IV or Dr. XXX". A supervising physician will countersign the orders prior to implementation.

Administration of Medications

It should be noted that Senior Medical Students are authorized to administer only those drugs, which can be administered by nurses on the general units. They are not permitted to administer any parenteral drug, which is classified as "Physician Only" or "Designated Nurse Only", unless the Senior Medical Student is under the direct supervision of the Supervising Physician or has been authorized by the Supervising Physician to administer under remote supervision.

Consults

It is often very useful and courteous to personally call the service you wish to consult so that your resident colleagues have a good sense of your intentions, and can prioritize. If this is not possible, ensure you fill out your request for consult sheets legibly and with enough pertinent details so that the ward clerks can communicate these to the residents at the other end.

Scrub Suit Distribution System for Residents

LHSC

LHSC Scrub suits are now dispensed using the ScrubAvail Scrub dispensing system. The intent of the Scrub Avail Dispensing system is to ensure all authorized users can access scrubs 24 hours a day, 7 days a week. The dispensing system is activated by using an access card that is issued to the user (see below subtitle: Obtaining a Scrub Suit Access Card).

Instructions on how to use the dispensing equipment are located on each machine. Please ensure you follow the correct procedure for getting new scrubs and putting soiled ones back.

Location of dispensing Machines:

University Hospital

A Scrub Dispensing machine is located in the operating room corridor on the second floor and by Radiology located on the second floor. Students and residents will normally be given access to the machine located by Radiology.

Victoria Hospital

A Scrub Dispensing machine is located in the operating room and in the MRI corridor located on the first floor. Students and residents will normally be given access to the machine located in the MRI corridor.

Obtaining a Scrub Suit Access Card:

Residents involved in Surgical / Anesthesia/ Neurosurgery / Ophthalmology programs will be issued access to the Dispensing systems without a \$20.00 deposit.

To qualify for a "no deposit" scrub card, the application form will need to be approved by the OR Manager. The card will only be activated during the duration of the OR rotation.

All residents not in the above programs will need to put a \$20.00 per set deposit on an access card before they will be issued with a scrub access card. These cards can be acquired by going to the Linen Room at University or Victoria Hospital during normal dispensing times (see below). For Patient security and safety, a form will still be required to be completed and authorized by the departmental manager. Without a completed form, the linen room staff will not be able to issue a scrub card.

Linen Room hours are as follows:

University Hospital 0730 – 0830 and 1300 – 1345

Victoria Hospital 0730 – 0900 and 1300 – 1400

Scrub suits are used in hospital settings as a protection to the patient as well as the employee. To ensure we continue to treat scrubs as more than a "uniform" it is imperative they not be worn outside the building while coming to the hospital or going home at the end of the day.

The new scrubs have been identified with "Property of GK" this will allow the LHSC to differentiate the new garments from the previous supplier. When the new system has been implemented the only scrubs that will be acceptable to wear

are the garments marked with " Property of GK ". All other garments will be considered stolen property and will be treated as such.

SJHC

While you are a resident at SJHC and using the surgeon's green scrubs you will be charged a deposit fee of \$50.00. The deposit fee can be in the form of a cheque, money order, or credit card and receipt will be issued to you. Please make your payment at the St. Joseph's Cashiers Office Room B0-087C.

Once your payment has been made, please bring your receipt to the Customer Support Center, room E0-105. You will be required to fill out a form in order to receive your access card for the ScrubAvail scrub suit dispensing machine. At the end of the residency and your scrubs are found in the system, you will be fully reimbursed your deposit fee. If there are scrubs missing, you will be reimbursed only for the sets found in the system.

The hours of operation are Monday to Friday, 8:00a.m. to 4:00p.m. at the Cashiers Office and the Customer Support Center.

Security

London's hospitals are committed to the safety of all staff, including residents and fellows as well as all occupants, visitors or volunteers. Security escorts are available to your car anytime by calling: LHSC VH x 52281; LHSC UH x 32281 and SJH x 44555.

Panic / crisis buttons are available in the tunnel linking St. Joseph's Hospital to Mount Hope, as well as the newer parkades at Victoria and University Hospitals of LHSC. Fixed and portable panic / crisis buttons are also available in the emergency rooms and other areas of each hospital.

Please familiarize yourself with the Emergency Measures manual on the hospital intranet:
<http://www.lhsc.on.ca/priv/em/index.htm>
<http://intra.sjhc.london.on.ca/refer/manuals/disast/disast1.htm>

Safety Tips:

1. When in doubt, call security (LHSC VH 52281; LHSC UH 32281; SJH 44555).
2. When alone, be alert to your surroundings and attentive to activities around you.
3. If you notice someone suspicious, notify security and give an accurate description of the person. Keep close to the phone.
4. LHSC and SJHC Security do patrol the parking lots at shift changes, as well as, during routine patrols. It is always a good idea to use a "buddy"

system.

5. Keep in mind that security escorts are available outside of these times at all facilities.
6. Any incident of violence, potential violence or criminal activity should be reported to security immediately.

All emergencies should be reported at x 55555 City-Wide.

Please view the Security websites at:

- **LHSC:**
<https://www.lhsc.on.ca/priv/security/>
- **SJHC:**
<https://intra.sjhc.london.on.ca/depts/security/security.htm>

Student Health Services – UWO

www.shs.uwo.ca

SHS is your doctor away from home! SHS is located in Room 11 of the University Community Centre (UCC). SHS provides medical and counseling care and treatment, health education, birth control counseling, allergy injections, immunization injections, and STI testing by fully qualified physicians and nurses. There is also on-site laboratory testing and massage therapy. For problems of an immediate nature, a physician can usually see you the same day. For general medical visits, you can schedule an appointment for when it is convenient.

The medical centre is open Monday to Friday 9:00 a.m. to 4:00 p.m. For medical appointments and inquiries, call 519-661-3030. The counseling center is open Monday to Friday 8:30 a.m. to 4:00 p.m. For counseling appointments and inquiries, call 519-661-3771.

The Student Emergency Response Team (SERT) is also located within SHS. This Team provides on-campus emergency response 8:30 a.m. to 4:30 p.m. SERT also provides First Aid, CPR and First Responder training. If you are interested in taking a course or becoming a Team member, please contact their office at 519-661-2111 ext. 84824 or visit their web site: <http://www.sert.uwo.ca>.

Support and Counseling Services

Help is only a phone call away. If you need to talk to someone about your problems, the following options are available:

- The PAIRO 24 Hour Helpline is available for any resident, partner or medical student needing help. It is separately administered by the Distress Centre of Toronto and is confidential.

Tel. 1-866-435-7362 (1-866-HELP-DOC)

- Dr. Francis Chan, Assistant Dean, Student Affairs, Schulich School of Medicine & Dentistry, is available for confidential personal counseling and discussion of problems of any nature (e.g. work pressures, study schedules, relationship difficulties, family troubles, stress, drug or alcohol abuse, grief, depression and financial problems, etc.). If referral to another professional is required, Dr. Chan will assist in the arrangements. Dr. Chan can be reached at 519-661-2111 x 86803 (UWO) or email: francis.chan@schulich.uwo.ca.
- Dr. Michael Rieder, Acting Assistant Dean, Student Affairs, Schulich School of Medicine & Dentistry, is available in the absence of Dr. Francis Chan. Dr. Rieder will hold this 'Acting' position until approximately October 2009. Dr. Rieder can be reached at 519-661-3744 or email:

michael.rieder@lhsc.on.ca

- Dr. Barbara Lent, Associate Dean, Equity and Gender Issues, and Faculty Health at the Schulich School of Medicine & Dentistry, is available to discuss any issues or concerns related to equity / intimidation / professionalism and / or gender issues. Dr. Lent can be reached at 519-661-2111 x 88780 or via email: barbara.lent@schulich.uwo.ca. Please note that discussions are held in strict confidence unless the person with concerns consents to the information being shared (except where the situation discussed would require mandatory reporting, or when the situation is potentially dangerous).
- In addition, Dr. Sal Spadafora, Associate Dean, Postgraduate Education, and Ms. Maureen Morris, Manager of Postgraduate Education are also available to assist residents/clinical fellows. Telephone 519-661-2019.

Contact Information for Counseling and Enquiry
Process for Issues Related to Equity and Gender
(Enter Counseling and Enquiry Contact Flowchart here)

SWOMEN

Southwestern Ontario Medical Education Network

The Southwestern Ontario Medical Education Network (SWOMEN) is a partnership of over 40 communities throughout Southwestern Ontario including Windsor, Ontario providing Rural Regional medical education and training experience to undergraduate and postgraduate trainees from the Schulich School of Medicine & Dentistry, The University of Western Ontario. SWOMEN was established in 1997 and has grown to one of Ontario's largest Distributed Medical Education programs.

Over 375 University of Western Ontario Faculty Appointed preceptor physicians, located in communities throughout Southwestern Ontario and in Windsor provide both core and elective training that meet the educational goals and objectives set out by governing bodies such as the Liaison Committee on Medical Education, Committee on Accreditation of Canadian Medical Schools, The Royal College of Physicians and Surgeons of Canada, and the Canadian College of Family Physicians.

Funded by the Ministry of Health and Long Term Care in the Province of Ontario, SWOMEN's mandate is to provide medical education outside the traditional Academic Health Sciences Centre, located in London, Ontario. A strategic benefit of high quality community rotations is that it affords trainees opportunities to see a variety of community practice. SWOMEN can share many instances where graduates from the Schulich School of Medicine & Dentistry have returned to communities in which they trained to set

up permanent practice. In the year 2008/2009 192 residents from the Schulich School of Medicine & Dentistry participated in SWOMEN rotations.

SWOMEN was instrumental in founding and building the Windsor Medical Program which is a partnership between The University of Western Ontario and The University of Windsor. In the fall of 2008 the inaugural cohort of 24 first year medical students began their undergraduate medical education program in Windsor. This class of 24 compliments the existing program of 24 full-time core clerks, a program which SWOMEN has operated in Windsor since 2003. For residents, Windsor has two Clinical Teaching Units (CTU), one in Medicine and one in Paediatrics. Both CTUs have received excellent feedback about the educational experiences from residents and clerks alike.

Residents from all departments are strongly encouraged, in consultation with their Program Director to consider either core or elective community rotations through SWOMEN. Program Directors have extensive knowledge of SWOMEN rural regional training opportunities. Rotations are fully supported offering travel stipends and accommodation in fully equipped homes or apartments. High speed internet access is available as is specialized hospital library services. Some communities offer athletic facilities. Teaching rounds are offered to residents via a combination of videoconferencing with London and an ever-increasing reliance on community based didactic teaching and rounds. SWOMEN funds travel expenses between London and the rotation community as well as accommodation costs.

Specific information about communities, hospitals and rotations is available on the SWOMEN website at www.swomen.ca

For further information please contact info@swomen.ca or

SWOMEN Windsor

Jeanne Hickey
Tel: 519-561-1411
jeanne.hickey@schulich.uwo.ca

Charlotte Sikatori
SWOMEN Rural Regional
Tel: 519-661-2111 Ext. 22146
charlotte.sikatori@schulich.uwo.ca

Telemetry Guidelines

Note that the following is a brief summary of the LHSC guidelines for indications for telemetry. As with all guidelines, they do not supplant expert clinical judgment. The expanded guidelines will be posted on the LHSC web.

Category 1: High Priority

Patients known or suspected to be at high immediate risk for life-threatening cardiac arrhythmias.

Examples:

- CCU candidates while waiting for a CCU bed to be available (i.e. unstable angina with ECG changes; cardiac arrhythmias associated with myocardial ischemia)
- Acute Myocardial Infarction

- Post cardiac surgery
- Initiation of Antiarrhythmic Therapy
- Recurrent syncope
- Recent onset AV block or symptomatic bradyarrhythmia
- Resuscitated ventricular tachycardia or fibrillation
- Nonsustained ventricular tachycardia
- Potentially cardiotoxic drug overdose with abnormal ECG or arrhythmia
- Utilization of temporary (transcutaneous or transvenous) pacemaker or indwelling SwanGanz catheter
- Other medical conditions known to be associated with serious cardiac arrhythmias (severe electrolyte imbalance, Utilization of temporary (transcutaneous or transvenous) pacemaker or indwelling SwanGanz catheter etc.)
- Suspected pacemaker or ICD (defibrillator) malfunction with potential for serious arrhythmias /inappropriate discharge
- Critical medical or surgical condition necessitating ICU admission

Monitoring Duration:

Up to 48 hours. Renew if life-threatening event demonstrated, otherwise patient progresses to Category 2.

Category 2: Low Priority

Follow-Up of Category 1 patients (who are still considered at risk) OR patients at low risk for or have documented non-life-threatening dysrhythmia for whom medical management is facilitated by ECG monitoring.

Examples:

- Symptomatic, non life-threatening dysrhythmias (eg. controlled AF).
- Low grade AV block (eg. Type 1 second degree AVB)
- Undiagnosed chest pain with normal ECG and cardiac enzymes
- Congestive heart failure
- Drug overdose with normal ECG, no arrhythmia
- Post elective cardioversion if patient kept in hospital
- Post electronic cardiac pacemaker or ICD (defibrillator) implant
- Post coronary angioplasty
- Certain high risk cardiac patients in the post-operative or immediate peri-partum period

Monitoring Duration:

Up to 24 hours. Renew only if significant events requiring immediate action were demonstrated; otherwise discontinue monitoring or consider Holter test or event recorder if further rhythm analysis is desired.

Total Parenteral Nutrition (TPN) and Enteral Nutrition/Tube Feeding

Nutrient Requirements

Maintenance/Malnourished

Energy 25 - 35 kCal / kg body weight for the non-obese population.

(**Note:** if a patient is at risk for re-feeding syndrome, start feeds at no greater than 20 kcal/kg body weight.)

Protein 1g / kg / day

****NOTE:**

A BMI of 25 - 29 is considered "overweight"

A BMI >30 is considered "obese"

A BMI of 18.5 - 24.9 is considered "healthy"

Use the average of the patient's ideal and actual weight, versus using ideal or actual weight for patient's whose BMI is >40.

For patients with a BMI <40, they recommend the use of actual weight.

TPN - See Order Form for Calculations

Enteral Feeds: If in doubt re: start rate for tubefeed, consult the dietitian in your area, and start the tubefeed at a rate of 10 to 2 ml/hr, with dietitian to assess.

Enter Total Parenteral Nutrition (TPN) and Enteral
Supplementation Table

Wayfinding System

LHSC and SJHC has installed a wayfinding system at University Hospital, Victoria Hospitals and at the Grosvenor site hospital. The system was designed with the first time visitor in mind. The signs will guide patients and visitors from the outside to their desired destination.

Campus – Parking Lot – Zone entrance – Level – Room

In order to help you find your way through buildings, each site has been divided into zones. Each zone will be recognized with these features: a letter, a colour and a graphic. The graphics below outline how the zones will be laid out.

LHSC - University Hospital:



LHSC - Victoria Hospital:



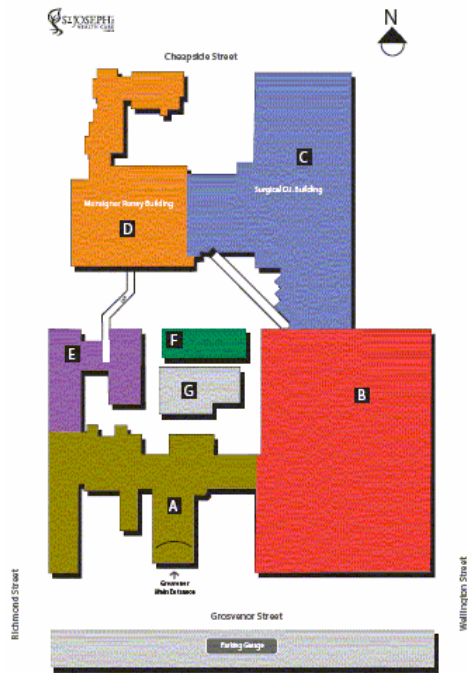
All the rooms at UH and VH will have a 5-digit number. The first digit is a letter and identifies the zone the room is in. The second digit refers to the floor level. The final three digits refer to the room series. Room signs will not indicate the Hospital. Both UH and VH may have the same room numbers. It is important you know which Hospital you are going in order to find your desired destination.

SJHC (Grosvenor Site)









SJHC will continue to implement the new signage and wayfinding system throughout St. Joseph's Hospital as construction progresses.

SJHC plans to implement the new signage and wayfinding system in the other St. Joseph's Health Care London facilities.

SJHC – St. Joseph's Hospital



Workplace Hazardous Material Information System (WHMIS)

Column I Classes and Divisions	Column II / Hazard Symbols
Class A - Compressed Gas	
Class B - Flammable and Combustible Material	
Class C - Oxidizing Material	
Class D - Poisonous and Infectious Material	  
Materials Causing Immediate and Serious Toxic Effects	
Materials Causing Other Toxic Effects	
Biohazardous Infection Material	
Class E - Corrosive Material	
Class F - Dangerously Reactive Material	

As part of your orientation you must complete the WHMIS online training found at:

<https://www.sjhc.london.on.ca/SSL/whmis>

The Occupational Health and Safety Act require that all employees update their WHMIS training on a regular basis. The supervisor is responsible for ensuring their employees receive proper training. Employees are responsible for participating in WHMIS training and education programs and using the information learned to protect their own health and safety and that of their co-workers.

Telephone/Web Directory

LHSC: 519-685-8500

SJHC: 519-646-6000

UWO: 519-661-2111

Places	LHSC-UH	LHSC-SSH	LHSC-VH	SJHC	UWO
Admitting	33191		58116	66015	
Audio/Visual	35959	53939	53939	64457	
Blood Bank	33441		58292	64264	
Bookstore					83520
Cafeteria	32233	56368			
CCAC	32690		58750	64487	
Chaplain On-Call	Bp. 14692	Bp. 14693	Bp. 14693	Bp. 10389	
Clinical Ethicist	Dr. Robert Butcher, PhD X 50175				
Computer Helpdesk	4-HELP	4-HELP	4-HELP	4-HELP	83800
Computer Store					83520
Customer Support	35959	53939	53939		
Daycare		76568		42036	

Places	LHSC-UH	LHSC-SSH	LHSC-VH	SJHC	UWO
Dictation Line			58570	66200	
Ethics Team				42251	88780
Equity Services					83334
ER Triage Desk	35781		54957	67070	
ER Triage – Paeds			52372		
Film Library	32901		58298	65628	
Health Records	33104	77632	58119	64296	
Help Desk	44357	44357	44357	44357	81377
ICU	33361		52824		
Infection Control	35836	52524	52524	64490	
Lab Hotline					
Library	35865	54042	56038	64439	83168
Library - Parkwood				42414	
Library – RMHC-L				47543	

Places	LHSC-UH	LHSC-SSH	LHSC-VH	SJHC	UWO
Library – RMHC-ST				49685	
Microbiology			58212		
Medical Affairs		75125			
Medical Ethics/ Humanities	Dr. Jeff Nisker, MD, PhD, FRCSC X33735				
Nuclear Medicine	33433	76566	52985	64183	
Occ. Health	33201	76608	58209	64332	
OR Front Desk	33310		58226	64505	
Pager – Charge Nurse 1st Call	14891		18226	10406	
Parking Office	32446		53078	65113	83973
Pathology	32956	77612	65924		
PGE Office					82019
Pharmacy	35886	74756	52162	64376	
Radiology -General	33326	76740	58297	66035	

Places	LHSC-UH	LHSC-SSH	LHSC-VH	SJHC	UWO
Radiology Reports*	33326	76741	58298	66035	
Rec. Ctre					83090
Research Office					86206
Security	32281	52281	52281	44555	
Transcription Dept.	35131			66200	
University Community Centre					83722
Urgent Care Centre				67020	

Contacts at UWO

Dr. Francis Chan, Counselling	86803
Dr. Michael Rieder, Conselling	83744
Dr. Barbara Lent, Counselling	88780
Dr. Sal Spadafora, PGE, Associate Dean	82019
Maureen Morris, PGE, Manager	86226
Renata Mak, PGE Office	86005
Julie Stuijbergen, PGE Office	82019
Elle Turnbull, PGE Office	87675
Marnie Bensette, PGE Office	86205
Tara Coletti, PGE Office	86234
Susan Smyth, PGE Office	86020

Contacts at LHSC / SJHC (Medical Affairs)

Dr, Gillian Kernaghan, IVP Medical Education and Medical Affairs	64096
Dr. Rob McFadden, SJHC MAC Chair	64884
Dr. Chris Fernandes, LHSC MAC Chair	58388
Bill Davis, Director	75119
Maureen Macpherson, Professional & Resident Relations	75113
Nick Kokkoros, Resources Planning	75117
Roxanna Caraman, Paymaster	75130
Stephanie Sprenger, Business Systems	75126
Gloria Castelo, Credentialing	75127
Stacey Thompson, Professional Staff Team Assistant	75115

Community Hospitals (area code 519)

Blenheim	676-5431	Petrolia	882-1170
Brandford, General H.	752-7871	Sarnia	464-4500
Cambridge	352-6400	Seaforth	527-1650
Clinton	482-3447	Simcoe	426-0750
Collingwood	445-2550	St. Mary's	284-1330
Exeter	235-2700	St. Thomas	631-2020
Goderich	524-8232	Stratford	271-2120
Guelph	822-5350	Strathroy	245-1550
Ingersoll	485-1700	Tillsonburg	842-3611
K-W, Grand River	749-4300	Walkerton	881-1220
K-W, St. Mary's	744-3311	Wallaceburg	627-1461
Listowell	291-3120	Warton	534-1260
Newbury	693-4441	Windsor, Grace	973-4444
Owen Sound	376-2121	Windsor, Regional	254-1661
Palmerston	343-2030	Wingham	357-3210
Paris	442-2251	Woodstock	421-4211

Miscellaneous

CAIR 613-234-6448 www.cair.ca
CFPC 1-800-387-6197 www.cfpc.ca
CMPA 1-800-267-6522 www.cmpa.org
CPSO 1-800-268-7096 www.cpso.on.ca

Family Medicine Residents

www.familymedicineuwo.ca

Maps of UWO

<http://www.geography.uwo.ca/campusmaps/>

Manulife Financial 1-800-268-6195

www.manulife.ca

Medical Council of Canada 1-613-521-6012

www.mcc.ca

Medical Affairs

www.londonhospitals.ca/medicalaffairs

PAIRO (Head Office) 1-877-979-1183

www.pairo.org

PAIRO Helpline 1-866-435-7362

PGE

<http://www.schulich.uwo.ca/education/pge/>

RCPSC 1-800-668-3740

www.rcpsc.medical.org

Schulich School of Medicine & Dentistry

www.schulich.uwo.ca

UCC Infosource 661-3722

UWO Library
www.lib.uwo.ca

Personal Notes
