



**Schulich School
of Medicine & Dentistry**

Resident / Fellow

Handbook

2014 – 2015



The Resident & Fellow Handbook

This handbook is the property of:

Dr. _____

Resident / Clinical 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 progress; a joint endeavour of Postgraduate Medical Education and Medical Affairs.

Comments / Suggestions

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Acknowledgements

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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 in London, Windsor, and the South Western Ontario Medical Education Network.

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

Each of us can help make the postgraduate medical education experience more satisfying 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 you 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
- 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".

Table of Contents

Accessing London's Hospitals	6
Accessibility for Ontarians with Disabilities Act (AODA)	8
ACLS Resuscitation – Guidelines	10
Admission Guidelines.....	14
Antibiotic Guidelines: Sepsis.....	18
Bed Management – LHSC	19
Bed Management – St. Joseph's	23
Call Rooms, Lockers, Lounges and Computer Access	26
CanMEDS Physician Competency Framework.....	29
Community Services	31
Continued Training Requirements	34
Continuing Professional Development (CPD).....	35
Death of a Patient	36
Dictation System – LHSC and St. Joseph's.....	40
Documenting Progress Notes etc. in the Patient Chart....	50
E-mail@Hospital	51
Email@ Western University	53
Ethics Consultation	55
Fire Response and Emergency Codes	56
Windsor Regional Hospital Emergency Codes	59
Fitness Program LHSC	60
HealthForce Ontario.....	61
Infection Prevention and Control.....	62
Interpreter Resources	81
Learner Equity & Wellness Office	84
LLSG (Department of Pathology & Laboratory Medicine)	86

Library Services – LHSC.....	87
Library Services – St. Joseph's.....	89
Library Services – Western University.....	91
Windsor Regional Hospital (WRH) - Metropolitan Campus	93
Medical Affairs.....	95
Medication Reconciliation	96
Microbiology “Pearls”	98
New Clerk Checklist.....	100
Occupational Health & Safety	105
On-Call Guidelines	106
Operating Rooms.....	107
Paging System	111
PARO.....	117
Parking & ID Badges.....	139
Patient Restraint.....	142
Patients Wishing to Remain Anonymous	144
PGME Academic Half Day & T2R Sessions	145
Pharmacy Department & Prescribing Drugs at LHSC....	147
Physiologic Monitoring - LHSC	149
Policies - Hospitals.....	150
Central and Arterial Line Insertion - LHSC	150
Requirements and Procedures for Involuntary	
Admission and Detention	151
Consent to Treatment Policy & Procedure	152
Discharge Planning.....	153
End of Life Care	154
LHSC Code of Conduct	155
LHSC Core Values.....	156
St. Joseph's Values	157
Policies - University.....	159

Resident Evaluation and Appeals	159
Charter of Professionalism.....	160
Code of Conduct	160
Equity and Harassment Issues	161
Elective Rotations	162
Four Pillars of Professionalism	163
Awards	167
Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media ...	167
Harassment & Discrimination.....	168
Western University Non- Discrimination/Harassment Policy	169
Resident Health and Safety Policy.....	169
HIV/AIDS.....	170
Leave of Absence	170
Off-Service Rotation Guidelines.....	172
Religious Holidays	172
Rotation Length Policy	173
Privacy - Personal Information	173
OPHRDC (The Ontario Physician Human Resources Data Centre).	174
Transfers.....	176
Vacation Guidelines - Off-Cycle Residents	176
Waiver of Training Policy	177
Postgraduate Medical Education Office (PGME).....	177
PowerChart	180
Privacy & Confidentiality	185
Providing Constructive Feedback	187
Radiology Requisitions – LHSC and St. Joseph's	189
Recording Adverse Events - LHSC.....	191
Reporting Critical Lab Values.....	192

Reporting Requirements	192
Rotation Schedules for 2014-2015.....	195
Scope of Activities for Senior Medical Students – Documentation & Orders.....	197
Scrub Suit Distribution System for Residents	199
Security	203
Student Health Services – Western University	205
Support and Counselling Services	207
Surviving Sepsis.....	210
DME	212
Telemetry Guidelines	215
Total Parenteral Nutrition (TPN) and Enteral Nutrition/Tube Feeding	218
Wayfinding System	220
WHMIS Workplace Hazardous Material Information System	223
Workplace Violence	224
Schulich Windsor Program.....	232
Windsor Administrative Staff	232
Schulich School of Medicine & Dentistry – Windsor Program Directory	233
Schulich Windsor Program Lounge.....	236
Schulich Windsor Program Suite	237
Schulich Windsor Library Access.....	237
Arrival in Windsor	239
Prayer Rooms at the hospitals	240
Schulich Windsor Email Accounts.....	241
Schulich Windsor Pagers	242
Schulich Windsor Lockers and Scrubs.....	242
Schulich Windsor Academic Half Days	242

Schulich Windsor Learner Equity and Wellness (LEW)	
Office.....	242
Schulich Windsor Travel and Accommodations.....	243
Personal Notes.....	248

Accessing London's Hospitals

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 (St. Joseph's)

- St. Joseph's Hospital (SJH)
268 Grosvenor Street, London, ON
- Parkwood Hospital (PH)
801 Commissioners Road East, London, ON
As of November 16, 2014 the site will have a new name Parkwood Institute and a new mailing address: 550 Wellington Road. Until that time the current name and address will continue to be used.
- Regional Mental Health Care-London (RMHCL)
850 Highbury Avenue, London, ON
The site will have a new name of and address come into effect November 16, 2014 when staff and patients move in to the new Mental Health Care Building at Parkwood Institute. Until that time the current name and address will continue to be used.
- Southwest Centre for Forensic Mental Health (SWCFMH)
467 Sunset Drive, St. Thomas, ON
- Mount Hope Centre for Long Term Care (MHCLTC)

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 Annex (SSA)
373 Hill St, London ON
- Byron Family Medical Centre (BFMC)
1228 Commissioners Road West, London, ON
- Victoria Family Medical Centre (VFMC)
60 Chesley Avenue, London, ON

Accessibility for Ontarians with Disabilities Act (AODA)

The Government of Ontario is working to make Ontario fully accessible for those with disabilities by the year 2025. To achieve an accessible Ontario the government passed into law the Accessibility for Ontarians with Disabilities Act. The purpose of this act is to develop, implement, and enforce accessibility standards which assist in identifying, removing, and preventing barriers for people with disabilities. In addition, the act serves to involve people with disabilities and representatives from various sectors in the development of the standards.

The mandatory standards focus on the following areas:

- customer service
- information and communications
- the built environment
- employment
- transportation

The Customer Service Regulation became mandatory for all public institutions, including LHSC, St. Joseph's, Windsor Regional Hospital, Hotel Dieu HealthCare, Western University and the University of Windsor.

This regulation requires that organizations have policies and procedures related to customer service items such as facility access for service animals, the use of assistive devices, staff training on interacting with customers who have disabilities, notification of

temporary disruptions, and facilitation of customer feedback.

Ensuring that programs and services are accessible to everyone is essential and is aligned with our organization's values.

ACLS Resuscitation – Guidelines

CPR and Quality Compressions

1. Heel of the hand is placed on the middle to lower half of the sternum
2. Rate of 100/min
3. Depth of one third to one half of diameter of chest
4. Minimal stopping of compressions
 - a) Only stop to reassess at Q 2 minutes, or when patient shows 'signs of life'
 - b) Try not to stop compressions for intubation
 - c) Charge defibrillator and get paddles ready before stopping compressions
 - d) Immediate restart of compressions after every shock
5. No reassessment of patient after defibrillation. Appoint a person to remind you when you are approaching the 2 minute mark for reassessment, so the next defibrillation attempt will occur on the 2 minute mark.

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; it is slower than you think

ACLS certification is a requirement, and will be provided for all new residents. It may be a requirement for clinical fellows depending on their program.

Recertification is required after 2 years as per the Heart and Stroke Foundation regulations. Recertification is required for all residents and clinical fellows in Internal Medicine, Critical Care, Cardiology, Emergency Medicine, Radiation Oncology, Nephrology, Geriatric Medicine, Dentistry (Oral Maxillofacial Surgery), Obstetrics and Gynaecology, and Respiriology.

You may download the latest resuscitation guidelines at:
http://circ.ahajournals.org/content/vol122/18_suppl_3/

All 2013 LHSC Standard Cardiac Arrest Algorithms can be found at:
https://www.londonhospitals.ca/departments/medical_affairs/post_grad/documents/CardiacArrestAlgorithmsforHandbook.pdf

**Adult Pulseless Arrest Ventricular
Fibrillation/Pulseless Ventricular Tachycardia (VT)
ACLS Guidelines 2011**

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 200 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.
6. Return to CPR immediately post shock. CPR for 2 minutes of 5 cycles of 30:2. Do not stop compressions.	Immediate CPR with quality compressions provides blood flow to myocardium to increase shock success.
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.	Catecholamine causes vasoconstriction increasing coronary and cerebral perfusion. Minimize interruptions to chest compressions to obtain an airway.
7. Reassess patient (rhythm or pulse). Defibrillate at 200J.	Assess change in rhythm or cardiac output.
8. Return to CPR immediately post shock. CPR for 2 minutes of 5 cycles of 30:2. Do not stop compressions.	Immediate CPR with quality compressions provides blood flow to myocardium to increase shock success.

Amiodarone 300 mg IV or
Lidocaine 1.5 mg/kg via ETT. Antiarrhythmics can decrease
automaticity to suppress
ventricular arrhythmias.

9. Reassess patient (rhythm or
pulse). Defibrillate at 200J. Assess change in rhythm or
cardiac output. Use same
amount of energy as previous
shock.

10. Return to steps 6-8
administering Amiodarone 150
mg IV or Lidocaine 1.5 mg/kg via
ETT.

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 guidance 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 disagreements 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: https://appserver.lhsc.on.ca/policy/search_res.php?polid=PCC068&live=1
- 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 that there is a family medicine bed available.
- 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.

For more information, please go to:

https://appserver.lhsc.on.ca/policy/search_res.php?polid=PCC068&live=1

Antibiotic Guidelines: Sepsis

These guidelines at the link below are recommended only for patients meeting SEPSIS criteria. The dosages listed are for immunocompetent adults with normal renal and hepatic function; consider patient allergy status.

<http://www.lhsc.on.ca/priv/sepsis/pdfs/antibiotic.pdf>

See Table 2 located in link for suggested maintenance doses.

Please call Pharmacy if you require assistance with drug selection or dosage.

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

- Discharge planning should begin on admission, or as early as possible in admission process
- 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.)
- Patients must be designated Alternate Level of Care (ALC) once the acute care phase is completed.

Repatriations (Patients returning to their home facility)

- Using the predictive discharge process above, identify patients 24 to 48 hours prior to repatriation. This allows time for the receiving facility to prepare for the patient.
- In Patient Coordinator/Nursing staff will assist in the completion of the repatriation request form and submit to Patient Access.
- Patient Access will organize a bed and find an accepting physician.

- Once a bed is secured you may be asked by unit staff to call the accepting physician to provide report.

Accepting Referrals (referred to as the “one number process”)

- Always use the LHSC One Number for admissions. If you are called directly by a referring physician from another hospital or CRITICALL, please redirect the call to LHSC One Number Patient Access at 519-663 3367.
- The referring physician will then be connected with the appropriate LHSC service along with a nurse from Patient Access who will help provide support for finding the bed and the best portal of entry.
- You will receive a page providing you with the call back # followed by the 4 digit call ID number (you will be prompted to enter this ID number)
- LHSC has a **no refusal policy for critically ill life or limb patients** (patients will not be refused due to no bed). There is a city wide extramural physician on call for critical care who will determine which LHSC site can accommodate the patient.
- Less urgent calls - If NO bed, you will be asked to prioritize the urgency for admission (i.e. 24 hours / the next few days)
- Assist referring hospitals to determine:

- a) Referrals that can be supported at home hospital through a consultative approach with LHSC.
- b) Referrals that could wait at home hospital until bed pressures are eased at LHSC.
- c) Referrals that do not require a tertiary level of care – suggest referral to alternate facility
- d) Referrals that cannot be supported through #a or #b - advise the referring site to contact CritiCall at 1-800-668-4357 (HELP).

Again, Patient Access is there to assist and support you with these discussions.

Note: The Emergency Department is NOT to be used as the default entry point for a direct admission without first going through the LHSC One Number. One Number will first explore other options where available before using the Emergency department.

Home First Program

There are four key messages around the Home First philosophy:

- Home First is about identifying patients at risk of a complex discharge earlier.
- We should all be promoting home as the primary discharge destination.

- Long Term Applications can be done in the community and should only be done in hospital when all other options have been explored.
- There are more services in the community than ever before to support complex patients at home.

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

LHSC One Number

519-663-3367 (or internal 33367)

For general inquiries of the Patient Access Coordinator
VH - 55708, pager 17357, after hours - 66771

UH- 33455, pager 17358, after hours – 66772

Bed Management – St. Joseph's

Residents play a role in minimizing bed shortages.
Residents write the discharge order as soon as the patient is medically ready for discharge.

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.

Admitting St Joseph's Hospital

If patient is being transferred from another facility after acceptance by a specialty consultant

Resident will notify Admitting.

- Admitting will arrange direct admission to the inpatient unit if patient requires an inpatient bed or is an inpatient at the other site.
- If patient is an outpatient at the sending site, Admitting will ask resident to call the UCC Nursing TL to discuss utilizing UCC as an access point if during hours UCC is open (0800-2300 Mon- Fri and)800-2200) Sat, Sun and Stats.
NOTE: There are no UCC physician on duty after 6 PM Monday through Friday or after 4 PM Sat, Sun and Stats so the resident for the consulting service needs to ensure they are present to assess and provide orders for the patient. After UCC is closed, resident will make arrangements via Access Nurse (pager 16999)
- Resident/Consultant enters electronic orders

If patient is in UCC or in a SJHC clinic and is requiring surgery and/or admission

- Resident will notify Admitting
- Admitting will make arrangements with surgical day care or the inpatient unit as required
- Resident/Consultant will notify the OR desk if patient requires surgery
- Resident/Consultant enters electronic orders

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 St. Joseph's Hospital (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 St. Joseph's Hospital, the patient is not to be accepted for transfer to St. Joseph's Hospital.

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 St. Joseph's Hospital for patients appropriate for admission to St. Joseph's Hospital 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, 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 specific services.

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 C2-801 has 1 fridge, 1 microwave, 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 specific services.

St. Joseph's Hospital

At St. Joseph's Hospital, the resident call rooms are located on the 5th floor, Room E5-151 and E5-153

Windsor Regional Hospital – Ouellette Campus

There is a central call room area on the 5th floor within the Schulich suite, room 5.469

Lounge – the Schulich Lounge is located within the Schulich suite, room 5.469. Amenities: microwave, fridge, toaster, lockers, table and chairs.

Computer access is in the common area of the Schulich suite as well as in the library which can be accessed 24/7.

Windsor Regional Hospital – Met Campus

There are call rooms available on the 2nd floor for OB GYN, 3rd floor for Paediatrics and 4th floor for Surgery or overflow.

Lounge – located on the 4th floor room 4308. Amenities: microwave, fridge, toaster, lockers, table and chairs.

Computer access is available in the lounge as well as in the library, can be accessed 24/7.

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.

Any immediate concerns in Windsor please contact switchboard. They will contact the proper department (Housekeeping and/or Maintenance) about your concern.

If it is during regular business hours please contact the Schulich Windsor office at 519-253-3000 ext 1411.

After Hour Emergencies

For after hour emergencies, contact Housekeeping through the switchboard at LHSC or St. Joseph's.

Computer Problems

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

WRH – Met and Ouellette Campus, contact ext 7771 the IT Help Desk

CanMEDS Physician Competency Framework

The CanMEDS framework is organized around seven Roles: Medical Expert (central Role), Communicator, Collaborator, Health Advocate, Manager, Scholar and Professional. The CanMEDS competencies have been integrated into the Royal College's accreditation standards, objectives of training, final in-training evaluations, exam blueprints, and the Maintenance of Certification program. CanMEDS makes explicit the abilities that have long been recognized in highly skilled physicians, and constantly updates them for today's—and tomorrow's—medicine.

The CanMEDS 2005 Physician Competency Framework document can be found at:

<http://www.royalcollege.ca/portal/page/portal/rc/canmeds>

CanMEDS-Family Medicine - A Framework of Competencies in Family Medicine

The CanMEDS-Family Medicine roles were developed by the Working Group on Curriculum Review and were adopted by the Board of Directors of the College of Family Physicians of Canada in June 2009.

CanMEDS-Family Medicine (CanMEDS-FM) is an adaptation of CanMEDS 2005, the competency framework for medical education developed by the Royal College of Physicians and Surgeons of Canada (RCPSC). In keeping with CanMEDS 2005, CanMEDS-Family Medicine's purpose is to guide curriculum and to form the basis for the design and accreditation of residency programs. Its

ultimate goal is to improve patient care and to ensure that postgraduate training programs in family medicine are responsive to societal needs. http://www.cfpc.ca/Triple_C/

Community Services

Community Care Access Centre (CCAC)

The South West Community Care Access Centre 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 Homes. In-home services may include case management, nursing, personal support, physiotherapy, occupational therapy, nutrition counselling, speech therapy, social work and medical supplies and equipment. Services are provided through contracted agencies and are authorized and coordinated by CCAC case managers. In addition, case managers can link clients with a variety of community support services and provide system navigation.

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

The protocol for contacting CCAC is posted on each unit with CCAC Referral/Request for Assessment Forms and contact information for the CCAC hospital team.

- Complete the CCAC Referral/Request for Assessment form, available at each nursing unit.
- Ensure all Referral/Request for Assessment forms are completed and signed. The unit clerk

or nursing team will forward the Referral/Request for Assessment to the CCAC once complete.

The CCAC is a key partner with LHSC in “Home First”, a transition management philosophy where every effort is made to return patients home after their acute care episode rather than waiting in hospital as Alternate Level of Care (ALC). Please notify CCAC early in the discharge process to ensure that there is adequate time to complete the assessment to help explore all possible care options in the community. As part of “Home First”, the CCAC should be contacted before any ALC designation is made.

CCAC Office Extensions

CCAC Office Extensions LHSC UH, VH, St. Joseph's, RMHC and Parkwood - Each unit has a pager number for the CCAC Case Manager. Case Management staff is available until 1800 hours Monday to Friday at LHSC UH, and VH Monday to Friday on site and to 1630 hours Monday to Friday on site at St. Joseph's Hospital, RMHC, and Parkwood. 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 1000-1800 hours.

- After-hours call 519-473-2222. Case Managers are available 0800- 2000 hours seven days a week, 365 days per year.

Healthline

- <http://thehealthline.ca/> is an innovative web portal that puts accurate and up-to-date information

about health service at the fingertips of consumers and health providers across South West Ontario.

- Over 2,800 service listings describe organizations and programs serving people living in South West Ontario.

Health Care Connect

- Health Care Connect is a program of the Ministry of Health and Long Term Care that helps Ontarians who are without a family health care provider (family doctor or nurse practitioner) to find one. People without a family health care provider are referred to a family doctor or a nurse practitioner who is accepting new patients in their community.
- Ontarians are eligible if they have a valid health card, mailing address, and are not already registered with a family physician.
- Program registration can be completed by phone at 1-800-445-1822 or online at <http://www.health.gov.on.ca/en/ms/healthcareconnect/public/faq.aspx>

Continued Training Requirements

All residents and clinical fellows are required to renew their University and Hospital appointment before July 1st, the start of each academic year, regardless of the date training began. The hospital appointment is effective at all sites of the London Health Sciences Centre and St. Joseph's Health Care. Failure to renew the academic appointment will delay the commencement or continuation of your training program.

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

- Return of the signed Letter of Appointment from the PGME office at Western University within 21 days of receipt.
- Completion of online registration through Single Sign-On www.schulich.uwo.ca/singlesignon/ including payment of the annual Western registration fee.
- Completion of online application for hospital appointment (link noted above) by specified deadline.
- Application renewal and payment of fees to CPSO.
- Application renewal and payment of fees to CMPA.

It is your responsibility to complete reappointment each year in order to maintain your hospital privileges and valid CPSO license. Failure to complete the registration process before July 1st will result in being pulled from service.

Continuing Professional Development (CPD)

The Continuing Professional Development office functions as an integral component of the Education Office within the Schulich School of Medicine & Dentistry at Western. The CPD Office aims to develop, implement and evaluate evidence-informed professional development programs and scholarly activities that meet the educational needs of healthcare providers, faculty and staff.

As an accredited continuing education provider, Western's CPD Office is responsible for ensuring that every course that it approves as an accredited program adheres to the guidelines and standards established by its governing external and internal regulatory and advisory bodies.

The CPD office develops a course calendar twice a year, and courses are available for residents and fellows at no cost. Please see the schedule of CPD courses at the following website, for more information.

<http://www.schulich.uwo.ca/continuingprofessionaldevelopment/index.html>

For general inquiries, please contact the CPD office at cpd@schulich.uwo.ca or tel. 519.661.2111 x 81577.

Death of a Patient

Reporting of Deaths of Patients from LTC Facilities

- a) Institutions like long term care (LTC) homes are required to keep an up-to-date death register including those patients from the LTC institution that die in hospital.
- b) When a patient from an LTC institution dies in hospital the hospital does not need to complete the Institutional Patient Death Record, but should contact the nursing home to advise them of the death and the Medical Cause of Death for the LTC Death Registry completion.
- c) When a patient from an LTC institution dies in hospital, the death must be reported to a coroner if there is any indication that the death is reportable under the Coroner's Act, e.g. an accidental fall leading to hospitalization.

When an In-Patient Dies

- Assess patient.
- Document time/date of death, and write a brief note in the patient chart (+/- dictate).
- Consider this question: "Is this a coroner's case?" See the section below which may help you decide if it is a coroner's case. Discuss with the attending physician if necessary. Call and discuss with the coroner if you are still not sure.
- 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 AND the coroner gives you permission to do so.

- Notify the family physician, and/or referring & attending physician.
- 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. Tell the family if you are going to call or have called the coroner. Notify the family physician if he/she is on-call.).
- Notify coroner on-call if it is a coroner's case or you are not sure.
- Consider requesting consent for autopsy from the family if it is not a coroner's case.
- Consent for Autopsy (if requested). Also complete the Post-mortem Clinical Information sheet and notify the Pathologist/Resident directly.
- Complete and sign the Death Certificate if it is not a coroner's case. For coroner's cases the coroner must complete the death certificate.

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. This is often where the need to notify a coroner is missed. Please think about events which precipitated the hospital admission. If you are not sure then call the coroner and discuss with them.
2. Unfair means.
3. During pregnancy or following pregnancy.
4. Suddenly AND unexpectedly.
5. Under circumstances that may require investigation.
6. Patient who is Dead On Arrival (DOA) to hospital. These cases 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. These cases should be discussed with a coroner. Depending on circumstances, these may or may not be investigated by the coroner.
8. Death after transfer from a Children's Residence (or the like), Group Home, Home for Handicapped or Developmentally Delayed Persons, or Psychiatric Facility.
9. Pediatric deaths should be discussed with a coroner. All pediatric deaths, when Children's Aid have been involved with the child or family, must be reported to a coroner.

Note:

Not all of these deaths are coroner's cases. 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. Check off the Coroner's Case box on the Death Notification form and write the coroner's name on the form, where indicated.

Dictation System – LHSC and St. Joseph's

This dictation system is provided to you for the clinical documentation for the patient record required for each hospital visit.

Contacts

London Health Sciences Centre (35131)

- UH
- VH
- LRCP

St. Joseph's Health Care (65584)

- St. Joseph's
- Parkwood
- RMHL
- SWCFMH

How to get a Dictating Number

Please contact your facility at the following numbers:

London Health Sciences Centre (UH/VH/LRCP)	St. Joseph's Health Centre (SJHC/Parkwood)	Regional Mental Health (RMHL/ SWCFMH)
35131	65584	47747

The approved Standards for Transcription Turn Around Times are currently:

<2 hours	STAT Note, Pre-Admission Note, Admission Note, History & Physical, Trauma Notes
<24 hours	All other Notes

Instructions:

1. Dial extension 66080 – or 519-646-6080 from outside the hospital
2. Enter your 5 digit User ID number followed by # key
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
 - **London Health Sciences Centre**
 - 1 University Hospital
 - 2 Victoria Hospital
 - 5 LRCP
 - **St. Joseph's Health Care London**
 - 3 St Joseph's Hospital
 - 4 Parkwood Hospital
 - 6 RMHL
 - 7 SWCFMH
 - 8 SW Rehab
 - 9 EMG
5. Enter the worktype followed by # key (Please see attached list for available worktypes at your site).
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
7. Enter the PIN (Medical Record Number) followed by # key.
 8. If at anytime you enter the wrong information during the initial prompts, press the * key and it will replay the prompt.
 9. In the event that your dictation becomes "hung up," call Transcription Support at your site to release the job. Your report should still be in the system.
 10. Enter 2 to begin dictation: Dictate and spell patient's name, PIN (Medical Record Number), your name, required copies (spell name if uncommon or unusual and indicate address for out-of-town providers) and date of clinic.
 11. Record you job ID after each dictation to allow for retrieval of your note.

If you wish to add another provider to the list for distribution, please call Transcription Support at your site. They will add the provider and resend the note to your Message Centre. If you do add the name of a provider to the note while in Message Centre, it will not distribute to that particular provider.

Keypad Functions

- 2** To begin, pause or resume dictation
- 3** Short rewind (3 to 4 seconds)
- 4** Continue forward
- 44** Fast forward to end of report
- 5** To end last report and dictation session
- 6** Priority dictation

- 7 Long rewind (8 to 10 seconds)
- 77 Rewind to beginning of dictation
- 8 Go to next report

CITY WIDE WORKTYPES

- 30 Pre-Admission Clinic Note
- 31 History and Physical
- 32 Operative Note
- 33 Discharge Summary
- 34 Consultation
- 35 Emergency Room Report
- 36 Delivery Report
- 37 Progress Note
- 38 Admission Note
- 39 Procedure Report
- 40 Death Summary
- 41 Telephone Correspondence Note
- 46 Respiriology Consultation Note
- 47 Respiriology Clinic Note
- 71 Letter

SITE SPECIFIC WORKTYPES

University Hospital

- 76 Tumour Board Conference Note
- 80 Clinic Report
- 81 Adult Psychiatry Note
- 82 Child & Adolescent Psychiatry Note
- 83 Women's Health Care Clinic Note
- 84 Trauma Resuscitation Note
- 85 Trauma Clinic Note
- 86 Speech Language Pathology Note

- 87 Urgent Neurology Clinic Note
- 88 John H. Kreeft Headache Clinic Note
- 89 General Internal Medicine Clinic Note
- 90 Geriatric Mental Health
- 91 TIA Clinic Note
- 92 Thoracic Surgery Clinic Note
- 93 In-Hospital Transfer Note
- 94 EMG Note

Victoria Hospital

- 45 OB/GYN Clinic Note
- 76 Tumour Board Conference Note
- 80 Clinic Report
- 81 Adult Psychiatry Note
- 82 Child & Adolescent Psychiatry Note
- 83 Women's Health Care Clinic Note
- 84 Trauma Resuscitation Note
- 85 Trauma Clinic Note
- 86 Speech Language Pathology Note
- 87 Urgent Neurology Clinic Note
- 88 John H. Kreeft Headache Clinic Note
- 89 General Internal Medicine Clinic Note
- 90 Geriatric Mental Health
- 91 TIA Clinic Note
- 92 Thoracic Surgery Clinic Note
- 93 In-Hospital Transfer Note
- 94 EMG Note

London Regional Cancer Program

- 70 Radiation Treatment
- 72 Social Work

- 73 GYN Summary Sheet
- 74 GYN Clinic Note
- 75 LRCP Clinic Note
- 76 Tumour Board Conference Note
- 77 Palliative Care Consultation Note
- 78 Palliative Care Clinic Note
- 79 Spiritual Care Clinic Note

St. Joseph's

- 42 SJH Clinic Note
- 43 HULC Clinic Note
- 75 GYN Clinic Note
- 50 Parkwood Clinic Note
- 51 Day Hospital Note
- 52 Psychology Note

**Regional Mental Health Centre London & Southwest
Centre for Forensic Mental Health Care**

- 60 RMHC Assessment Report
- 61 Review Board Summary
- 62 Miscellaneous Report
- 63 RMCH Clinic Note

Windsor Regional Hospital Dictation Instructions

Lanier Digital Dictation System

To access DIAL 75155 internally or 257-5155 externally

Enter.....your 4 digit doctor I.D. number - **Please enter
the physician's dictation number you are working with that
week.

Enter.....the 2-digit work type number

Enter.....the 6-digit patient I.D. number

Enter number 5 to end job and continue onto the next job
or enter number 9 to disconnect

WORK TYPES

- 01** – History & Physical
- 02** – Consults
- 03** – Progress Notes
- 04** – O.R. Notes
- 06** – Discharge Summary
- 07** – Clinics
- 08** – Labour and Delivery Summary

TELEPHONE KEYPAD NUMBER FUNCTIONS

Listen	1
Dictate	2
Rewind	3
Pause	4
End Job	5
Go to end	6
Fast For.	7
Go to beg.	8
Disconnect	9

Guidelines for Dictating:

- Speak clearly. Background noise, chewing, cell phones and speaker phones result in poor quality dictation.
- Speak concisely. Take a few minutes to plan what you are going to dictate. Try not to repeat or correct phrases.
- Enter the correct information prior to dictating – hospital site, workplace, and PIN.
- At the beginning of every report state the first and last name of the attending you are working under, the first, last name and the pin number of the patient, date of clinic, and the first and last name of any physician to receive copies (please spell if it is not a common name).
- Do not use the consultants' dictating number. Call Transcription Support to obtain your own personal and confidential dictating number.
- **STAT DICTATION is used only for urgent or immediate transcription of your report, i.e. patient is being transferred to another facility or being seen by another healthcare provider within the next few hours.**
- Spell difficult or unusual words or drugs.

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

Documenting Progress Notes etc. in the Patient Chart

Every patient encounter and all patient-related information must be documented signed legibly and dated in the medical record. Where there will be more than one health professional making entries in a record, each professional's entry must be identifiable. Please ensure you include your name, your role, your year, the date and the time.

ie. John Doe, Pgy1, 01/07/2013 0800

E-mail@Hospital

Each resident and clinical fellow 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 to be transmitted by e-mail external to the secure e-mail systems of the hospitals. This account is the only encrypted account. Your Western University account is not encrypted.

The secure system is comprised of LHSC, St. Joseph's, and the Schulich School of Medicine & Dentistry (@londonhospitals.ca). Your Western University 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 Western University account to your hospital account.

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

The Hospital Email Policy can be found at:
https://apps.lhsc.on.ca/lhsc-policy/search_res.php?polid=INT006&live=1

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 St. Joseph's, LHSC, & Schulich e-mail system.
- Your GroupWise e-mail account must not be forwarded to an e-mail account external to the organization's secure system, e.g. Hotmail, Yahoo, Western University.

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.

Windsor Regional Hospital – an email account will not be set up for residents. Your Western email will be used for correspondence

Email@ Western University

In keeping with the Faculty's commitment to ensure that our residents/fellows receive information in the most efficient and timely fashion possible, a Western University e-mail account has been provided to you and is accessible to all residents and fellows. All information will be transmitted to you through the Western University e-mail system. It is your responsibility to ensure that you initiate, maintain, and read the messages on your Western University e-mail account regularly. You can set up your E-mail account directly with ITS through their website: <http://www.uwo.ca/its/identity/activation.html>.

You will need your Western University student number and Access Code, which will appear in Single-Sign-On (SSO) system once available. For more information about the Western University on-line registration process please contact the PGME Office at 519-661-2019 or e-mail postgraduate.medicine@schulich.uwo.ca.

You must check your Western University e-mail account regularly, as all information dealing with postgraduate residency training at Western, Schulich Windsor, Income Tax T2202A forms 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 Western University e-mail address forwarded to that account, <http://www.uwo.ca/its/doc/hdi/email/wm-forward.html>.

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

Ethics Consultation

Ethics consultation is available city-wide through switchboard. Consultation is available to all professional staff, medical residents and fellows, as well as patients and their families.

London Health Sciences Centre Clinical Ethicist:
Robert Sibbald x17511.

St. Joseph's Health Care London Clinical Ethicist:
Marleen Van Laethem x10522.

Please visit their websites for more information:
LHSC www.lhsc.on.ca/priv/ethics / and St. Joseph's
<https://intra.sjhc.london.on.ca/clinical-professional-practice/clinical-ethics>

Fire Response and Emergency Codes

As part of your orientation you are required to complete the Fire Response and Evacuation On-line.

REACT Info for fire alarm response:

Remove persons from immediate danger if possible.

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, if you are trained, until help arrives.

For all hospital sites call 55555, state the nature of the emergency and provide the location as follows (please note that St. Joseph's includes Parkwood Institute Mental Health Building and Southwest Center for Forensics Rehabilitation):

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 would be:

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

For LHSC South Street Annex (SSA) 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/Medical Emergency - Adult

Code Pink - Cardiac Arrest/Medical Emergency– Infant / Child

Code Red - Fire

Code Green - LHSC Evacuation Precautionary

Code Green STAT – LHSC Evacuation Crisis

Code Green – St. Joseph's Evacuation

Code Brown - In-Facility 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 –St. Joseph's – Violent Person with Weapon

Code Orange - External Disaster

Code Orange CBRN – LHSC - CBRN Disaster

Code Grey – LHSC - Infrastructure Loss or Failure

Code Grey Button – down – LHSC External Air Exclusion

Code Grey – St. Joseph's – Critical Infrastructure

Failure/External Air Exclusion

Active Threat - LHSC - Severe Assaultive Behaviour

Emergency Lockdown - LHSC

An online version of the Colour Coded Emergency Response Guide, Emergency Management Plan, CBRN Planning, Hospital Code Blue Webpage, Hospital Emergency Blood Management Plan, Incident Management System, Personal Preparedness, Training & On-Line review as well as the Toolkit & Templates can be found at: <https://intra.lhsc.on.ca/priv/disaster/> or

<https://intra.sjhc.london.on.ca/our-st-josephs/emergency-management>

Windsor Regional Hospital Emergency Codes In Case of Emergency.

At the Metropolitan Campus any staff member can notify switchboard of an emergency code by dialing:

3333

At the Ouellette Campus any staff member can notify switchboard of an emergency code by dialing:

555

When this happens, the appropriate Code personnel will respond. Please state the Code, Campus, and specific location.

Fitness Program LHSC

Welcome to the LHSC Fitness Program. This was a pilot program which started in May 2011 and moved to a permanent program in May 2012. This program is for you, the employees.

Qualified fitness instructors will lead a variety of fitness activities that include over 80 group exercise classes per week, weekly weigh in programs, walking and learn to run programs. All classes are 30 minutes in length and free for all employees. There is a Wellness Centre at Victoria Hospital where staff can come during weekday hours and do a work out. Any group of 10 or more employees can request an activity with choice of time and we will work to accommodate your request. We will also come to provide stretch breaks on units, during training programs, or before a day of surgery. In addition, on-site individual personal training and massage therapy is available to staff at a discounted rate.

To find a list of all programs offered, fitness class schedules, and updates on new initiatives please check our website at www.lhsc.on.ca/priv/fitness/ or contact Susan Rosato at: susan.rosato@lhsc.on.ca.

We continue to evolve and expand our program. Your well-being is important to us! Let's work together to make LHSC a happy and healthy organization.

HealthForce Ontario

Welcome to Practice Ontario, Career Services with a Personal Touch.

HealthForceOntario Marketing and Recruitment Agency (HFO MRA) can help you with:

- Finding your ideal practice, both permanent or locum
- MOHLTC Incentives: N3R
- Return of Service Communities
- Resident Loan Interest Relief Program
- Ontario Physician Locum Programs
- Practice U
- Transition to practice: Information on when and how to apply for your license, billing number CV preparation, Cover letter preparation, Interviewing tips

For more information please contact your Community Partnership Coordinators:

Laurie Nash - Erie St. Clair

Email: l.mash@healthforceontario.ca

PH: 519-350-1809

<http://www.healthforceontario.ca/Jobs/MarketingandRecruitment/CPP/Erie.aspx>

Brian Tibbet - Southwest

Email: b.tibbet@healthforceontario.ca

PH: 519-280-1424

http://www.healthforceontario.ca/Jobs/MarketingandRecruitment/CPP/south_west.aspx

Infection Prevention and Control

Each year 8,000 to 12,000 Canadians will die as a result of healthcare associated infections (HAI). This makes healthcare associated infections the 4th leading cause of death in Canada. Healthcare associated infections can occur in any healthcare setting, including ambulatory care, complex care, and long term care facilities. Appropriate infection prevention and control practices are essential to patient safety, providing our patients with the best quality of care and a safe working environment for healthcare providers.

Infection prevention and control is everyone's responsibility.

Routine Practices

Refer to the infection prevention and control practices to be applied to all patients, for all types of care at all times. This is based on the premise that all patients are potentially infectious even if asymptomatic and that the same safe standards of practice should be used **routinely** with **all patients**. Routine Practices include:

- a) risk assessment
- b) hand hygiene
- c) proper use of personal protective equipment
- d) environmental controls (accommodation and placement, environmental and equipment cleaning) administrative controls (respiratory etiquette, policies, immunization).

1. Risk assessment. The first step in routine practice is risk assessment. A risk assessment must be done **before**

each interaction with a patient or their environment in order to determine which interventions are required to prevent transmission during the interaction because the patient's status can change.

Assessing the Risk of Transmission

- Patient's Status (Infected or colonized)
- Characteristic of the patient
- Task and activities to be performed
- Healthcare provider's immune status
- Equipment and devices to be use.

2. Hand hygiene is considered the most important and effective infection prevention and control measure to prevent the spread of health care-associated infections. There are 4 indications for hand hygiene. These indications pose the highest risk for transmission of HAI. Perform hand hygiene on the following indications.

Moment 1: Before initial patient/patient environment contact

When: Clean your hand when entering

- Before touching the patient or
- Before touching any object or furniture in the patient's environment

Why: To protect the patient and patient environment from harmful germs carried on your hands.

Examples:

- shaking hands, stroking an arm
- helping a patient to move

- Physical examination, chest auscultation, abdominal palpation

Moment 2: Before aseptic procedure

When: Clean your hands immediately before any aseptic procedure.

Why: To protect the patient against harmful germs including patient's own germs entering his or her own body.

Examples:

- Contact with mucous membrane example, eye and oral examination
- Wound dressing, contact with skin lesion.
- catheter insertion, opening a vascular access system or a draining system

Moment 3: After blood and body fluid exposure risk

When: Clean your hand immediately after an exposure risk to body fluids (and glove removal)

Why: To protect yourself and the healthcare environment from harmful patient germs

Examples:

- drawing and manipulating any fluid sample, opening a draining system, endotracheal tube insertion and removal
- oral/dental care, giving eye drops, secretion aspiration
- skin lesion care, wound dressing, subcutaneous injection

Moment 4: After patient/patient environment contact

When: Clean your hands when leaving

- After touching the patient or
- After touching any object or furniture in the patient's environment

Why: To protect yourself and the healthcare environment from harmful patient germs.

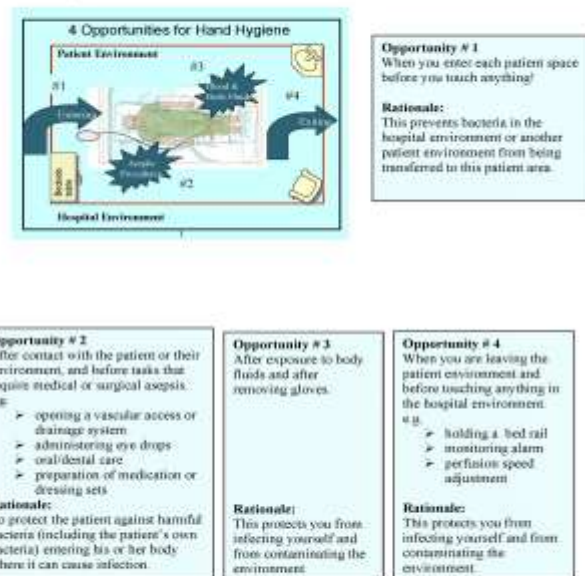
Examples:

- shaking hands, stroking an arm
- helping a patient to move
- Physical examination, chest auscultation, abdominal palpation

Other Indications for hand hygiene:

- Before donning gloves/after glove removal
- Before preparing, handling or serving food or medications
- When moving from a contaminated body site to another body site during care
- Whenever there is doubt about the necessity for doing so.

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



Two Ways to Perform Hand Hygiene

- I. Alcohol based hand rub is the preferred method of hand hygiene when hands are not visibly soiled. It is faster, more effective means and better tolerated by hands than washing with soap and water
- II. Soap and Water are to be used when hands are visibly soiled with blood or other bodily fluids, secretions and excretions.

3. Personal Protective Equipment (PPE)

PPE refers to clothing or equipment worn for protection against hazards. It can be used alone or in combination to prevent exposure by placing a barrier between the infectious source and one's own mucous membranes, airways, skin and clothing. Selection of PPE is based on risk assessment, procedure or task, nature of the interaction and mode of transmission. PPE should be put on just prior to the interaction with the patient. When the interaction for which the PPE was used has ended, PPE should be removed immediately and disposed of in the appropriate receptacle.

Standard Wiping Protocol: Cleaning and Disinfection of Mobile Non Critical Equipment

Mobile non-critical care equipment refers to equipment that is used on or by multiple patients or is taken from room to room. These are items that have come in contact with intact skin or have frequent hand contact. Follow the Standard Wiping Protocol for cleaning and disinfecting these items. Personally designated equipment, including

stethoscopes, will be the responsibility of the individual and are to be wiped between patients.

For equipment not visibly soiled

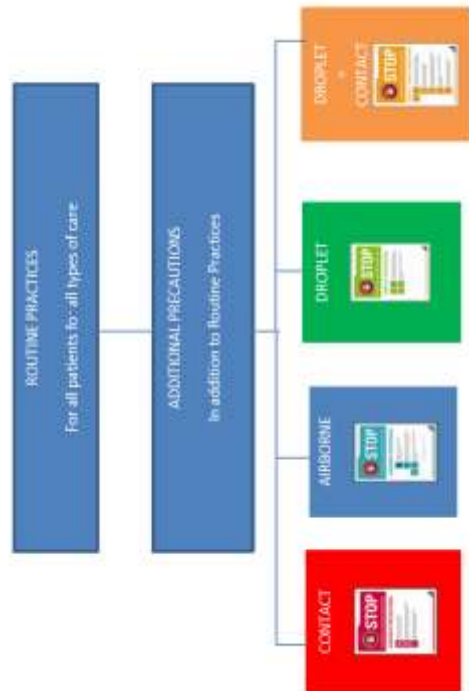
1. Put on gloves.
2. Using a disinfectant wipe disinfect all high touch surface areas ensuring surface is wet.
3. Discard wipe and gloves in garbage bin.
4. Perform hand hygiene
5. Wait 3 minutes for complete disinfection.

For visibly soiled equipment





1. Put on gloves.
2. Use a disinfectant wipe to clean equipment of all visible soiling.
3. Discard wipe in garbage bin.
4. With new wipe disinfect all high touch surface areas ensuring surface is wet.
5. Discard wipe and gloves in garbage bin.
6. Perform hand hygiene.
7. Wait 3 minutes for complete disinfection.

Additional Precautions

Routine Practices may not be sufficient to for patients who are infected or colonized with certain microorganisms. Additional Precautions are used in addition to Routine Practices for patients known or suspected to be infected or colonized with certain microorganisms to interrupt transmission, based on the mode of transmission.



Physician Guide to Additional Precautions

Physician Guide to Additional Precautions			
Indications		Personal Protective Equipment (PPE)	Conducting Rounds and Patient Examinations
Contagious Precautions 	<ul style="list-style-type: none">MRSA (MHI)CDIFFUnencapsulated shingles/varicellaScabiesChicken pox	<ul style="list-style-type: none">Perform hand hygieneGloves and single use gown <p>Order for removal of PPE</p> <ol style="list-style-type: none">GlovesGownHead hygiene	<ul style="list-style-type: none">Lead team members entering room to those directly responsible for the patientDon PPE: before entering, leaving unnecessary equipment outside room (pending shed)Gown and gloves for all direct patient examination contactGown if able to do both full contact patient examination and gown PPE before exiting room and discard appropriatelyIf personal attire/eye spec used, clean after exit/leave
	Driveline Precautions 	<ul style="list-style-type: none">Meningitis meningococcalUnencapsulated shingles/varicellaMumpsGerman measlesPericoronitisMumps	<ul style="list-style-type: none">Perform hand hygieneFace mask and eye protection <p>Order for removal of PPE</p> <ol style="list-style-type: none">Face maskEye protectionMaskPerform hand hygiene
Driveline + Contagious Precautions 	<ul style="list-style-type: none">Acute respiratory infection (influenza)Pericoronitis shingles/varicellaInfluenzaMeaslesCDIFFMRSAUnencapsulated shingles/varicellaMeasles	<ul style="list-style-type: none">Perform hand hygieneFace mask and eye protectionGloves and single use gown <p>Order for removal of PPE</p> <ol style="list-style-type: none">GlovesGownPerform hand hygieneEye protectionMaskPerform hand hygiene	<ul style="list-style-type: none">Lead team members entering room to those directly responsible for the patientDon PPE: before entering, leaving unnecessary equipment outside room (pending shed)Gown and gloves for all direct patient examination contactGown if able to do both full contact patient examination and gown PPE before exiting room and discard appropriatelyIf personal attire/eye spec used, clean after exit/leave
	Airborne Precautions 	<ul style="list-style-type: none">TuberculosisMeaslesChickenpox, disseminated herpes zoster (shingles) and Contagious mononucleosis	<ul style="list-style-type: none">Perform hand hygieneDon (N95 or H13R) mask <p>Order for removal of PPE</p> <ol style="list-style-type: none">MaskPerform hand hygiene

Quick Guide to Antibiotic Resistant Organisms

- **MRSA:** Methicillin resistant *Staphylococcus aureus* (identified by an electronic flag in Power Chart)
- **MDRO:** Multi-Drug Resistant Organism (identified by an electronic flag in Power Chart):
 - Carbapenemase Producing bacteria such as *Pseudomonas species*
 - Carbapenemase-Producing Enterobacteriaceae (CPE)
 - Multi-drug resistant non-carbapenemase producing *Pseudomonas species*
 - Vancomycin resistant *Staphylococcus aureus* (VRSA)
- **HRO:** Highly Resistant Organisms (no electronic flag identifier in PowerChart):
 - Extended-spectrum beta-lactamase producing bacteria (ESBL)
 - Highly resistant non-carbapenemase producing *Pseudomonas species*

Clostridium difficile Infection

- **C. difficile:** identified by an electronic flag in Power Chart

Patient Management

MRSA:

- Contact precautions required
- Can be placed with another MRSA positive patient if both patients have been positive within

the last six months, otherwise the patient must be in a private room

MDRO:

- Contact precautions required
- Must be in a private room
- Identified by clinical sample only, screening requests sent to Infection Prevention and Control or a Medical Microbiologist

HRO:

- Contact precautions while in critical care during the current hospital visit or until a negative sample can be obtained
- Identified by clinical sample only, screening requests sent to Infection Prevention and Control or a Medical Microbiologist

C. difficile:

- Contact precautions required
- Must be in a private room
- Dedicated commode/toilet and equipment
- Twice daily room clean with sporicidal cleaning agent
- Contact precautions may be discontinued, under the direction of Infection Prevention and Control, when the patient has had at least 48 hours without diarrhea (formed or normal stool for the individual).
- Re-testing for C. difficile cytotoxin is not required to determine when precautions may be discontinued.

- Contact Precautions should continue until the room/bed space has received terminal cleaning.
- NOTE: Only Infection Control can remove the flag on MRSA, MDRO, and C. Difficile.

Responsibility for Initiating Additional Precautions

Any health care professional can initiate Additional Precautions for identified or suspected infections and conditions. Precautions should be initiated as soon as symptoms of an infection are noted. Signs are available that are specific to the type(s) of Additional Precautions and the clinical setting (i.e., acute, non-acute, ambulatory care).

Disease/condition specific information can be found in

The LHSC and St Joseph's Infection Prevention and Control websites

Responsibility for Discontinuing Additional Precautions by Medical Teams:

In some cases a medical consultation/decision is required to discontinue precautions.

Droplet/Contact: An alternate diagnosis of a non-infectious etiology is made or when communicability is no longer a factor.

Airborne: TB (suspected or confirmed): Respiriology or Infectious Diseases ONLY

All other airborne indications: An alternate diagnosis of a non-infectious etiology is made or when communicability is no longer a factor.

Outbreak Management

Although routine surveillance efforts should identify most outbreaks, it remains the responsibility of all health care workers to communicate concerns promptly to the Infection Prevention and Control Team, so that action can be taken to contain and prevent further spread of outbreak-causing organisms.

Reportable diseases will be reported to the Medical Officer of Health as per Ontario Regulations 559/91 Specification of Reportable Diseases http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_910559_e.htm under the Health Protection and Promotion Act http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm

As stated in the Health Protection and Promotion Act, the physician or registered nurse in an extended class, while providing professional services to a person is responsible for notifying the Medical Officer of Health when:

- a. He/she forms the opinion that a patient is or may be infected with an agent of a communicable disease
- b. He/she signs a medical certificate of death where the cause of death was a reportable disease or a reportable disease was a contributing cause of death, as soon as possible after signing the certificate
- c. A patient who is under his/her care refuses or neglects to continue treatment of a communicable disease to a degree satisfactory to the physician or nurse in an extended class

Clinical Syndromes Requiring the Use of Controls Pending Diagnosis

Presentation	Potential Pathogen*	Precautions
DIARRHEA		
Acute diarrhea and/or vomiting of suspected infectious etiology	Norovirus	Contact
Diarrhea in an adult with a history of recent antibiotic use	Clostridium difficile	Contact
MENTINGITIS		
Suspected meningitis	Neisseria meningitidis	Droplet adults Droplet + Contact/pediatrics
NECROTIZING FASCITIS		
Suspected necrotizing fasciitis	Group A Streptococcus	Droplet + Contact
RASH OR EXANTHEMS, GENERALIZED, ETIOLOGY UNKNOWN		
Petechial/echymotic with fever	Neisseria meningitidis	Droplet
Rash suggestive of varicella or measles	Varicella, Rubella	Airborne + Contact
Rash suggestive of scabies	Scabies	Contact
Undiagnosed rash without fever		gloves
RESPIRATORY INFECTIONS		
Acute respiratory infection undiagnosed, including pneumonia and AR	RSV, Parainfluenza virus, seasonal influenza	Droplet + Contact
Respiratory infection with risk factors and symptoms suggestive of tuberculosis	Mycobacterium tuberculosis	Airborne
Whooping cough	Bordetella pertussis	Droplet
WOUND/ABSCESS		
Abscess or draining wound that cannot be contained	Staphylococcus aureus	Contact

Commonly Encountered Conditions/Disease

Disease/Condition	Contact	Droplet	Droplet/Contact	Airborne
Chicken Pox	*			*
Clostridium difficile	*			
Disseminated Zoster	*			*
Gastroenteritis, acute infections	*			
Influenza			*	
MRSA	*			
Measles				*
Meningococcal disease		*		
Meningococcal in Peds			*	
Parainfluenza			*	
Pertussis		*		
RSV			*	
Respiratory infections of unknown origin			*	
Rubella		*		
TB				*

Antibiotic Guidelines

GUIDELINES FOR ADULT PERIOPERATIVE ANTIBIOTICS [1,2]		
TYPE OF SURGERY	RECOMMENDED REGIMEN	ALTERNATE REGIMEN [3]
GASTROINTESTINAL High Risk [4] Gastrointestinal and Esophageal High Risk [5] Biliary Tract Colorectal	cefazolin 1 or 2 ^g IV cefazolin 1 or 2 ^g IV cefazolin 1 or 2 ^g IV +metronidazole 500mg IV as for colorectal as for colorectal	clindamycin 600 mg IV + gentamicin 2mg/kg LBW, IV [5] clindamycin 600 mg IV + gentamicin 2mg/kg LBW, IV [5] gentamicin 2mg/kg LBW, IV [5] +metronidazole 500mg IV as for colorectal as for colorectal
GYNAECOLOGIC Hysterectomy (vaginal/abdominal) High Risk [6] Caisarian Section	cefazolin 1 or 2 ^g IV [8] +/-metronidazole 500mg IV cefazolin 1 or 2 ^g IV after cord clamping	metronidazole 500mg IV +/- gentamicin 2 mg/kg LBW, IV [5]
GENITOURINARY High Risk [10]	SEE FOOTNOTE [11]	SEE FOOTNOTE [11]
ORTHOPAEDIC Joint replacement/revisional fixation Open fracture [7]	cefazolin 1 or 2 ^g IV [12] SEE FOOTNOTE [11] cefazolin 1 or 2 ^g IV + gentamicin 2mg/kg LBW IV [5] [13]	+ vancomycin 1g IV vancomycin 1g IV + gentamicin 2mg/kg LBW, IV [5]
NEUROSURGERY Craniotomy	cefazolin 1 or 2 ^g IV [12]	vancomycin 1g IV
CARDIAC Coronary artery bypass graft Prosthetic valve	cefazolin 1 or 2 ^g IV [12]	vancomycin 1g IV
VASCULAR/THORACIC	cefazolin 1 or 2 ^g IV [12]	vancomycin 1g IV
HEAD and NECK [14]	cefazolin 1 or 2 ^g IV +/-metronidazole 500mg IV	clindamycin 600 mg IV +/- gentamicin 2mg/kg LBW, IV [5]

*patient weight >100 kg use 2g

FOOTNOTES

- [illegible]

GUIDELINES FOR ADULT PERIOPERATIVE ANTIBIOTICS



Contact Information:

Monday to Friday 0800 – 1600

- **LHSC Victoria Hospital**
Main pager: 15591 Monday to Friday
0800 – 1600
- **LHSC University Hospital**
Main Pager: 15836 Monday to Friday
0800 – 1600
- **St Joseph's Hospital and Mount Hope Centre
for Long Term Care**
Main Pager: 10410 Monday to Friday
0800-1600
- **Parkwood Hospital**
Main Pager: 10202 Monday to Friday
0800 to 1600
- **Regional Mental Health Care**
Main Pager: 10317 Monday to Friday
0800 to 1600

After Hours General Enquires:

LHSC - 14335 Mon to Fri: 16:00 to 08:00,
weekends/holidays: 24 hour coverage

St. Josephs - 12335 Mon to Fri: 16:00 to 20:00,
weekends/holidays: 08:00 to 20:00

If assistance is required in contacting the afterhours on call
Infection Control Practitioner please call switchboard.

For more information please go to:

1. Infection Prevention and Control websites at LHSC and St Joseph's Health Care
3. Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practices Guidelines please check the Ontario Public Health Association website
<http://opha.on.ca/Home.aspx>

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 and LHSC reserve 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

St. Joseph's: TTY (Teletypewriter) / TDD (telephone devices for the deaf) are located throughout each St. Joseph's site. Telephone devices for the deaf are located in:

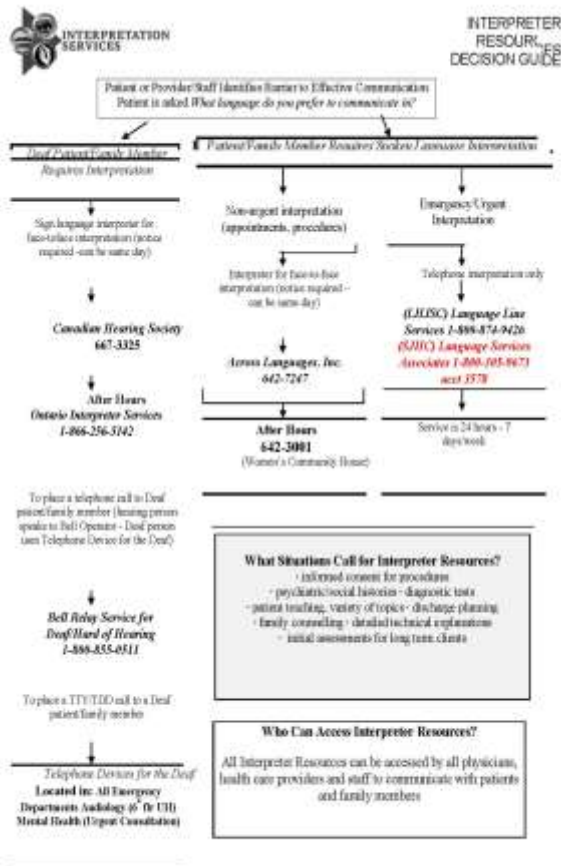
- Parkwood Audiology
- St. Joseph's B4-226
- RMHC-L
- SouthWest Centre for Forensic Mental Health

- Pay phones at each site

St. Joseph's Interpreter Policy and Decision Guide can be viewed at

https://legacy.sjhc.london.on.ca/policy/search_res.php?policy=PCC043&live=1

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



Learner Equity & Wellness Office

Residents are encouraged to invest in their own well-being through connecting with a regular psychosocial or spiritual source. Residents are provided with information regarding supports available at Western University including: The Schulich School of Medicine & Dentistry's Wellness Office focuses on the physical, psychological and professional safety of learners, as well as supporting academic wellness and providing career guidance.

Led by the Assistant Dean, Learner Equity & Wellness (Postgraduate), Dr. Don Farquhar, the Office aims to provide a comprehensive, proactive program in line with CanMEDS Physician Health Guide that addresses wellness issues in PG learners early and effectively. The Wellness Office maintains a network of resources that can be accessed by learners needing support; these resources will include counseling services, medical, psychological and psychiatric services, academic and learning support services, and career and financial planning services.

The Postgraduate Director of Wellness will meet one-on-one with residents, at their request or when referred (e.g. by the Program Director or PGME Dean) to respond to their challenges and develop effective management plans, including referrals, as necessary. Additionally, the Wellness Office has a full-time experienced counselor, Pamela Bere, who can provide support and expert counseling.

The Wellness Office will provide guidance, coaching, or referrals (as necessary) for trainees whose academic

performance has been identified as borderline; these trainees will not necessarily have failed a rotation but may benefit from an early, proactive assessment and intervention to prevent failure. The Wellness Office will also work with learners undergoing remediation or probation to assist with stress management, facilitate access to educational resources and maximize opportunities for success.

For more information on the Learner Equity & Wellness Office, please visit:

<https://www.schulich.uwo.ca/learner-equity-wellness/>

Tel: 519-661-4234

Email: equity.wellness@schulich.uwo.ca

Schulich Windsor Learner Equity & Wellness Office

Tel: 519-253-3000 ext 4302 or 4312

Dr. Art Kidd, Assistant Director, Learner Equity & Wellness

**LLSG (Department of Pathology & Laboratory
Medicine)**

For complete information about our Lab Information Test
Guide, special requisitions, memorandums and other
laboratory related information, please go to:

<http://www.lhsc.on.ca/lab/physicians.htm>

Library Services – LHSC

Services

Clinical Librarians at LHSC are able to help you find quality information to support clinical practice, teaching, and research. Clinical Librarians offer the following services:

- Literature Searching & advice on search strategies
- Library instruction (Database Searching, EBM, Google, keeping up with the literature, etc.)
- Publishing support (Citation Management, Authorship, Journal Selection)
- Ask a Librarian (Online Q&A service)

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
- Access all resources remotely through EZ-Proxy

Library Information

For more information about the library's services and resources, visit the library website

<http://www.wohkn.ca/lhsclibrary>, call the library directly or contact a librarian.

Victoria Hospital and Children's Hospital

B2-125 (2nd Floor, Zone B) x 52042

Sandra McKeown, Clinical Librarian x 56038

Alla Iansavitchene, Clinical Librarian x 56037

B2-117 (2nd Floor, Zone B) x 52042

J.C. Rathbun Health Sciences Library for Women and
Children's Care

Alanna Marson, Clinical Librarian x 55145

University Hospital

B3-248 (3rd floor, Zone B, near the auditoriums) x 35863

Erin Boyce, Clinical Librarian x 35860

London Regional Cancer Program

A4-912 (4th Floor, Zone A) x 55209

Jill McTavish, Clinical Librarian x 58626

Gabriel Boldt, Clinical Librarian x 55209

The library is staffed from 8am to 4pm, Monday to Friday.

After-hours access is available to all LHSC staff and
students. For details, please contact the library.

Library Services – St. Joseph's

There are staff library services at each of the four St. Joseph's 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: www.wohkn.ca/sjhclibrary

Contact and location information for St. Joseph's Health Care libraries:

St. Joseph's Hospital x 64439, Room C0-108 (Huot Surgical Centre, main lobby)

- Brad Dishan, Medical Librarian x65727
- Ellen Apps, Assistant x64439

Parkwood Hospital x 42414, Room H308 (3rd floor, Hobbins Building)

- Lorraine Leff, Medical Librarian x42976
- Willie Gilmartin, Assistant x42414

RMHC London x 47543, Room C145 (main hall, north)

- Elizabeth Russell, Medical Librarian x 49685
- Elizabeth Pattison, Lib Tech x47543

Southwest Centre for Forensic Mental Health Care x 49685, C2-550 (2nd floor, south end of hall)

- Elizabeth Russell, Medical Librarian x49685
- Brooke Ferguson, Assistant x49605

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 St. Joseph's system are open Monday to Friday. For after-hours access, including weekends and holidays, call St. Joseph's Security at x44555 and have your hospital ID. Swipe card access is available at the St. Joseph's Hospital and Forensic Mental Health Care sites(cards may be acquired through Security).

St. Joseph's Hospital	0830 – 1700
Parkwood Hospital	0830 – 1700
RMHC London	0830 – 1615
Southwest Centre for Forensic Mental Health Care	0830 – 1615

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.

Library Services – Western University

Western Libraries comprises eight service locations distributed across the University campus and is a member of the Ontario Council of University Libraries, the Canadian Association of Research Libraries, the Association of Research Libraries, the Consortium of Ontario Academic Health Libraries and the Western Ontario Health Knowledge Network. The libraries hold over twelve million items in print, microform, and various other formats, as well as online access to tens of thousands of digital resources. You can access digital resources from off-campus via the proxy server using your Western personal computer account.

Use the Library Catalogue and other web services to explore your field of study. Helpful staff members are available to provide assistance at service desks in all the different locations including the: Allyn & Betty Taylor Library; Archives and Research Collections Centre; C.B. "Bud" Johnston Library (Business); Education Library; John & Dotsa Bitove Family Law Library; Music Library; The D.B. Weldon Library; and Map & Data Centre.

Your Western Identity card serves as your library card and will be registered with the library on first use. With your card, you have access to all resources and services offered by Western Libraries and the libraries at the affiliated University Colleges (Brescia, Huron, King's), as well as St. Peter's Seminary.

Allyn & Betty Taylor Library

Serves the Schulich School of Medicine & Dentistry and
Faculties of Engineering, Health Sciences and Science.

For more information go to
<http://www.lib.uwo.ca/taylor/index.shtml>

Contact Information

Via Phone

Circulation 519-661-3168

Research Help 519-661-3167

Via Email using the Web Form at

http://www.lib.uwo.ca/email/14054/field_email

**Library Services – Windsor Regional Hospital (WRH) –
Ouellette Campus**

Library Resources

- Online card catalogue <http://207.67.203.60/h91000>
- 24/7 Computer Lab access with 8 stations
 - E-mail access via Explorer
 - Online databases including Medline, UpToDate,

Cochrane

- Microsoft Office Suite
- Stat Ref
- Printers, Scanner, CD-Burner, DVD Player
- UWO computer proxy access via Netscape
- Journals and textbooks electronic and print
- Dr. J. McCabe Memorial Reading Area
- Individual study carrels with laptop Internet access
- Conference table for group meetings

Library Services

- Mediated Searches
- Advanced Search Strategy classes by appointment
- Document Delivery
- Interlibrary Loans
- Photocopying
- Borrowing privileges restricted to the Schulich Collection

Library Hours 8am - 4pm, Monday - Friday

After Hours Access

- Via authenticated Prox Card after library orientation with librarian (please make an appointment with Toni Janik @ 519-973-4411 ext.3178 or tjanik@hdgh.org)
toni.janik@wrh.on.ca

Please Note: The Library is a Food and Beverage Free Zone

Windsor Regional Hospital (WRH) - Metropolitan Campus

The Windsor Regional Hospital - Metropolitan Campus, Health Sciences Library, has 7 computers for the exclusive use of physicians, medical students, residents, and staff. There is also a computer in the physician's lounge for your use.

Any questions or concerns can be forwarded to:

Mary-Ellen Bechard
Coordinator, Health Sciences Library

Windsor Regional Hospital – Metropolitan Campus
1995 Lens Ave.
Windsor, ON N8W 1L9
Tel: 254-5577 ext 52329
Email: library@wrh.on.ca

Library Services:

Library Hours Varied hours, Monday – Friday

After Hours Access

If you wish to access the library before or after hours or at anytime the library is closed you will have to contact security. Go to the switchboard and they will call for you.

Medical Affairs

Resident Orientation information can be found at:

http://www.londonhospitals.ca/departments/medical_affairs/post_grad/orientation.php

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 75115

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
- PowerChart and Message Centre Training

Medication Reconciliation

Medication Reconciliation is the process of:

Obtaining a single multi-disciplinary 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, and discharge).

Why do we have to do this?

To help prevent and reduce the risk of medication-related errors and adverse drug events.

To reduce unintentional undocumented medication discrepancies upon administration, transfer, and discharge.

To fulfill the requirements from Accreditation Canada, since Medical Reconciliation is a Required Organizational Practice (ROP). Thus, LHSC must have formal Medical Reconciliation process implemented to fulfill these accreditation requirements.

What does this mean for residents?

There is functionality within the electronic Cerner system that must be used for documenting the patient's home medication history and reconciling medications throughout the patient's hospital stay. Documenting the home medications is done at the patient's entry point into the hospital (i.e. the Pre-admission Clinic, upon admission to LHSC through the emergency room or direct admission to the unit).

Reconciliation of the home medications with hospital medications is done electronically at admission, transfer

between medical services and at discharge from LHSC. Medication reconciliation is also being done in select outpatient/ambulatory clinics within LHSC. To learn how to use the electronic Cerner system for medication reconciliation, please attend system training.

What does this mean for clinical clerks?

Clinical clerks may document the patient's home medications electronically upon discussion with the patient/caregiver, when delegated to do so. Clinical clerks are also advised to attend system training to be able to perform delegated tasks within the electronic Cerner system.

Microbiology “Pearls”

Antibiogram



Microbiology and virology interpretations



Microbiology Pearls



For local sensitivities visit the hospital Microbiology site:
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 & Nocardia (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.

New Clerk Checklist

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

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 will receive in your role as a teacher, 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:

Clinical Encounters	# of each
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
Care for Oncology patient	2
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, 1 in-patient
Musculoskeletal injury/pain	10/5 chronic
Paediatric eval (NB-school age)	5
Participate in a Family Meeting	1
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
Shadow Healthcare Professionals	2
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

"Orange Book" Tracking - new this year:

- Participation in a Family Meeting (1)
- Shadow Health Care Professionals (2)
 - One Registered Nurse plus one other professional (OT, PT, dietician, etc)
 - Half day each;
 - Student will approach and explain requirement to professional (will likely be provided with a letter of introduction written by UME);
 - One page written reflective piece for each experience to be discussed with, and signed off by, the health care professional.

Occupational Health & Safety

Health / Immunization Review

It is important for new residents and clinical fellows who are new to make arrangements to complete a pre-placement health review, which includes meeting TB skin testing and immunization requirements, as soon as possible.

Requirements of the pre-placement health review 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

For the process of treating blood and body fluid exposures, please see the Occupational Health and Safety website at:

<https://www.lhsc.on.ca/priv/ohss/pdfs/bbfposte.pdf>

For reporting injuries/illnesses, including blood and body fluid exposures, that occur at **St. Joseph's** please see the link below for further information and references:

<https://intra.sjhc.london.on.ca/support-teams/occupational-health-and-safety>

WSIB

The links below will take you to the information regarding reporting injuries/illnesses at LHSC. The WSIB website, under the healthcare professional's link will provide information on physician specific information.

https://www.lhsc.on.ca/priv/ohss/q_a.htm

https://appserver.lhsc.on.ca/policy/search_res.php?polid=OHS011&live=1

<http://www.wsib.on.ca/en/community/WSIB/>

On-Call Guidelines

- a) You are expected to respond to a request for your services from St. Joseph's or LHSC accordingly: By telephone: within a maximum of 15 minutes
In person: within a maximum of 30 minutes, if the clinical situation requires
- b) The on-call response time is defined as the amount of time elapsing between the first successful notification (verbally or by pager) of the need for his/her services.
- c) Each Department will develop guidelines to be followed should the on-call Professional Staff member or delegate not be available in a timely manner. It is the responsibility of each Department to distribute the guidelines to appropriate stakeholders (i.e. Switchboard).
- d) It is recognized that these are maximum times for on-call Credentialed Professional Staff members throughout the institution. Individual departments may set out their own guidelines that fall within these maximums. It is further recognized that there may be rare and unusual circumstances in which the on-call Credentialed Professional Staff member may be unable to respond within the times set out by these guidelines.
- e) These guidelines will be suspended in the case of unusual and acute short-term patient volume increases such as those experienced in a disaster response situation. The Vice President Medical or the Chair of the Medical Advisory Committee (or their delegates) may suspend these guidelines.

Operating Rooms

The 24/7 Charge Persons pager number for:

- UH - 14891
- VH - 18226
- St. Joseph's - 10406

The main desk numbers are:

- UH – 33310
- VH – 58226
- St. Joseph's – 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 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, NPO, ARO, MH allergy status, 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 the 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 10h00 to 18h00 hours on each weekend or holiday.

Paging System

Pagers are the property of the hospital and are provided to residents to support patient care for the duration of your stay at LHSC or St. Joseph's.

Note: The hospitals do not support the use of non-hospital pagers, and Switchboard operators will only process pages to hospital-leased pagers connected to our paging system. Repairs and/or replacement pagers are available through switchboard, or the Customer Support Centres at Victoria or University Hospital. Residents are responsible for payment of a lost or physically damaged pager due to misuse (cost of \$40 for a numeric pager).

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 519-685-8500, for St. Joseph's dial 519-646-6000, 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 St. Joseph's 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 519-685-8500, for St. Joseph's dial 519-646-6000 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 St. Joseph's 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 St. Joseph's Health Care 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 St. Joseph's 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 St. Joseph's 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

St. Joseph's: Ext. 64236

Prescriptions:

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

Windsor

If you are to be assigned a pager, it will be provided by SCHULICH Windsor Program Education Assistant staff on the first day of your rotation. You are responsible for the pager. Fees will be levied to individuals damaging, losing or not returning the pagers. Please reference the Pager Policy at www.swomen.ca.



PARO

The following information has been adapted from the PARO website:

Professional Association of Residents of Ontario
PARO has a long history of improving the quality of life for young doctors training in Ontario. The organization strives to ensure that its members have optimal training and optimal working conditions in order that the patients they treat receive the best possible medical care. Over the years, the mandate of the organization has expanded. PARO is your association. Each year, you contribute approximately 1.32% of your earnings to maintain its operations and to help achieve its strategic plan. Resident representatives from each training program across the province form PARO's General Council. PARO champions the issues that create the conditions for residents to be their best and ensure optimal patient care. To fulfill this mission we must achieve three key goals:

Optimal Training so that residents feel confident to succeed and competent to achieve excellence in patient care

Optimal Working Conditions where residents enjoy working and learning in a safe, respectful and healthy environment.

Optimal Transitions into residency, through residency and into practice so that residents are able to make informed career choices, have equitable access to practice opportunities, and acquire practice management skills for residency and beyond.

Many groups/committees at Western University 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.

Highlights from the 2011-2013 PARO-CAHO Agreement

The following information in this section is not inclusive of all the provisions under the Collective Agreement, and provides answers to commonly asked questions. A full version of the Collective Agreement can be found on the PARO website at www.myparo.ca

The details provided in this package are of a general nature and may not necessarily be applicable to all residents in all situations.

Telephone: (416) 979-1182 or 1-877-979-1183

Email: paro@paroteam.ca

Web: www.myparo.ca

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 PARO.
- 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 scheduled 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.

The Home Call Stipend rate will be paid in the following scenarios where the call does not extend beyond 11 pm:

- (a) a resident works a shorter in hospital call on either a weekday, or a weekend; or
- (b) where a family medicine resident works a shift on either a weekday or a weekend. For clarity, (b) applies where a family medicine resident works a shift on a weekday or weekend, after working a normal five-day week of clinical duties.

This rule does not apply where a resident works 12 hours or more of in hospital call on a weekend day, in which case

the resident is, unless covered by paragraph 8 above (split 24 hour call), entitled to receive the In Hospital Call Stipend. The In Hospital Call Stipend rate will be paid in the following scenarios where the call extends beyond 11 pm:

- (a) a resident works a shorter in hospital call on either a weekday or a weekend; or
- (b) where a family medicine resident works a shift on either a weekday or a weekend.

For clarity, (b) applies where a family medicine resident works a shift on a weekday or weekend, after working a normal five-day week of clinical duties.

Where a resident is required to work a half day of clinic or other formally scheduled duties, followed by working a regularly scheduled shift, they will receive the Home Call Stipend if the shift does not go beyond 11 pm; however they will receive the In Hospital Call Stipend if the shift does go beyond 11pm.

No stipend will be payable when a resident is required to work an evening clinic up to 8pm

Where residents who are not otherwise on-call are scheduled or required to round on weekends, and actually attend in hospital for such rounding, they will be paid the Home Call Stipend

•Call Stipend Conversions from Home to In-hospital: 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) (Pool C Residents have a fixed life insurance of \$125,000)
- 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 - \$250 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)
 - Private hospital coverage available for those seeking treatment for eating disorders or addictions.

For beneficiary information, please call your HR associate at ext. 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 86936, Div 005, Plan F and your hospital employee number (on your pay stub).
- Pool C Residents Group Health number is 38755, Div 009, Plan J and your Western University 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
Family Day
Easter Friday
Victoria Day
Canada Day
August Civic Holiday
Labour Day
Thanksgiving Day
Christmas Day
Boxing Day
One Floating Holiday

* A floating holiday is a paid holiday taken at a time chosen by the resident. A program CANNOT tell a resident when to take their 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.

Non-Traditional Call Models

PARO encourages non-traditional scheduling models to foster optimal training and optimal working conditions for residents.

- There are a variety of programs within Ontario that have chosen to set up non-traditional call models in which they believe to be more conducive to the overall learning and training environment of the residents

- Language around non-traditional call models is found in the PARO-CAHO Agreement under attachment 20.
- Should your program wish to set-up a non-traditional call model, please contact the PARO office to initiate the process.

Vacation

- 4 weeks is 20 days of paid vacation per year. A resident's vacation year runs from the date of commencement on their letter of appointment, to one year later.
- Requests must be made in writing at least 4 weeks in advance of the requested start date of the vacation.

Vacation time may be delayed only where necessary, having regard for professional and patient care responsibilities. Denials must be in writing with the reason for denial. All requests must be confirmed or alternate times agreed to within 2 weeks of the request.

If you wish to take 1 or 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.

Christmas/New Year's: 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 and Boxing Day and two weekend days.

Religious Holidays: If you observe religious holidays that are not specifically listed in the Collective Agreement, your

program may have a duty to accommodate your religious practice to the point of undue hardship ("undue hardship" may include a number of factors). It is your responsibility to request accommodation, explain what measures of accommodation are required and allow a reasonable time for reply.

Post Call Relief

- Home After Handover (24+2) - Residents shall be relieved of their duties after ensuring adequate handover of patient care responsibilities, and no new patient responsibilities will be assigned (except for responsibilities which are reasonably necessary to ensure handover). The handover period will not exceed 2 hours following the end of the 24 hour in hospital call period.

The only exceptions to the above are the following:

1Anesthesia and ObGyn: handover is not to exceed 1 hour

2ICU/CCU: handover is not to exceed 1.5 hours

- For Converted Home Call into In-hospital Call - The post-call guidelines for home call are found in the PARO-CAHO Agreement under Section 16.4(c).

A resident on home call is post-call the following day in either of the two situations:

- i. commences work in the hospital after midnight but before 6 a.m. or

- ii. works for at least four (4) consecutive hours at least one hour of which extends beyond midnight.

If the home call does not qualify as in i) or ii) above, then the resident would be at work as per regular clinical hours the next day.

Pregnancy & Parental Leave

Many residents may be contemplating a new addition to their family before their residency is complete. If so, congratulations! You may be wondering how a pregnancy or paternity leave affects your residency and/or income.

Specific information about entitlements is found on the PARO website at: www.myparo.ca

In order to receive pregnancy and/or parental benefits, you must be eligible for employment insurance (EI) through Services Canada. Requirements for eligibility for EI include accumulating at least 600 insurable hours in the last 52 weeks. If you do NOT meet requirements for EI, you are still legally entitled to protected time off (albeit unpaid), up to one year, under the Employment Standards Act.

- PARO-CAHO Agreement provides a supplemental income top-up for those residents who are eligible for EI, for a maximum of 25 weeks. This top-up will ensure you receive in total approx. 75% of your normal weekly earnings for those 25 weeks.

For further information with respect to pregnancy and parental leave benefits, consult the PARO-CAHO Agreement. You may also consult the Services Canada website (www.servicecanada.gc.ca) regarding Employment Insurance benefits.

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, and no proof is required outlining what the day was used for.
- Residents are entitled to take paid leave for the purpose of taking any Canadian or American professional certification exam. This leave time shall include the date(s) of the exam and reasonable travel time to and from the exam site.

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

Residents on home call may be reimbursed up to \$70 per month for taxi charges if:

- 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.
- 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.

Parking Reimbursement

Residents can also be eligible to have their parking expenses reimbursed at the subsequent site(s) when they are required to travel between different sites during the course of their clinical duties on the same day. This is found under Article 19.7 (a) of the PARO-CAHO Agreement.

Questions or Problems Regarding the Contract

Contact PARO at:

Phone - 1-877-979-1183

Email : paro@paroteam.ca

Web: www.myparo.ca

THRIVING IN RESIDENCY

Kudos, doctor, you are now ready to start work. If you're feeling a swirl of emotions — exhilaration mixed with anxiety — relax. That's completely normal.

Embolden yourself with the realization that our province's top doctors have walked this path. In fact, the very physicians who came before you helped create our professional pledge, a code that encourages you to take the personal initiative necessary to make our medical system the best it can be.

I am a doctor training to be a specialist...
I don't intimidate, harass, or devalue people
I lead the way I want to be led
I support and mentor members of the team
I speak up when things negatively affect the workplace
I am clear on expectations and am aware of my limitations
I collaborate to get better team and patient results
I FOSTER A SHARED LOVE OF MEDICINE

Understanding Your New Role

Rewarding experiences and challenging responsibilities await you. You'll be acquiring knowledge and skills, caring for patients and being paid for your contributions, all to prepare you for your certification exams and independent practice.

This means you will be called on to juggle many roles: Depending on the day, you will alternate between being a student, a teacher and an employee. Regardless of the hat you wear, you will often be interacting with patients — people who may not understand exactly what a resident is.

So think ahead to that first time you will introduce yourself. What will you say? This is one time your opening line is really important. Even if your patient doesn't know what a resident is, you can bet they are thinking one of two things: Is s/he a 'real' doctor? How much experience does s/he have?

You can easily quell their concerns and misconceptions with the proper introduction. For example, if your name is Julie Miller and you are starting your Family Medicine residency, look your patient directly in the eyes and extend a firm handshake while saying: "Hi, I'm Doctor Miller. I'm training to be a specialist in Family Medicine."

Keys to Success

Your love of medicine needs to be your focus throughout your career. Yes, there will be times when stress overwhelms you, but you must remember that the stress is worthwhile because of the goals you've set for yourself and the good that you will do.

If you find yourself struggling, remember that you're not alone. Make the most of your contacts by reaching out to those around you — a trusted colleague or mentor, your program director, or a health-care professional.

And make friends with the folks at the Western Resident Wellness Office located at Western University's postgraduate medical education (PGME) office. This office has resources that can put you in touch with the right

people who will help you manage conflicts. Whether you're feeling burnt out, are having a relationship issue, or are struggling in your residency program, your PGME office is always available to assist you.

Three Top Tips

The best advice, whether you're at Day One or Day 1000 of residency, is to take care of yourself today for a healthier tomorrow. Here's how:

1. Create a strong support network of friends and family
2. Manage your wellness via sleep, diet and exercise
3. Book vacation time

1. Create a strong support network of friends and family

As soon as possible, connect with a senior resident in your program and learn the inside scoop about residency. Every program is a little different, so this will help you prepare for the days ahead.

Look for opportunities to get involved in your new community. Organize outings with your program as well as with other programs. Attend PARO social events. Consider starting or joining a study club to maximize your academic and social support.

The PARO Helpline - 1-866-HELP-DOC – is a confidential support service for residents, medical students, their partners and families

2. Manage your wellness

If ever there was a time to create a personal wellness plan, the start of your residency is it. Habits you form today will carry you through the next few years.

Practice safe sleep. Learning how to get a good “day's” sleep post call is key to managing your exhaustion levels. Here are a few tips: Curb your caffeine intake before your shift ends and get a good blind or blackout curtains for your bedroom window. Investing in earplugs and a sleep mask may also help you shut out the world and get some shut-eye.

Make time for exercise. A good rule is to aim for a daily sweat session — even if it's only 10 minutes at a time. Studies show, short bursts of intensive exercise are as beneficial as longer-term workouts.

For those days that you can devote to more exercise, hit the gym. Through PARO you are entitled to discounted memberships at both Extreme Fitness and Goodlife Fitness. A gym membership, or a workout buddy, may be the initiative you need to make fitness a priority.

Don't skimp on nutrition. Start each day with a balanced breakfast to fuel your body. It's hard to eat well when you're on the go, but it's not impossible. Plan ahead. Carry bottled water, granola bars and whole fruits in your backpack, so you're not scouring the vending machine for a quick hit of candy or chips. If you're on call when the cafeteria will be closed, buy a salad and stick it in the fridge before your shift starts.

3. Book vacation time

In order to stay on your A Game, you need away time. Vacations aren't just for fun (although they most definitely are that!), they're healthy too, helping prevent burnout thus improving your productivity.

In order to take advantage of your vacation time, we recommend that within the first three months of your residency you should decide when you would like to schedule your vacation time.

TOP TIP: We recommend that you don't save vacations for late in the academic year. Adapting to your role as a doctor will be an exciting learning experience and taking the time to recharge with a vacation will make it more enjoyable.

For more helpful information please visit the PARO website: www.myparo.ca

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 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!!!

Resident Well-Being

Residency training, no matter what specialty you go into, will involve a lot of hard work, stress, and sleepless nights. However, it is one of the most rewarding experiences of your life!

It is important to achieve a healthy balance between work and other aspects of your life during residency, in order to maintain your personal well-being AND to provide better patient care.

The most accessible resources for support will be other residents in your program.

The PARO website also has helpful resources on Resident Well-being.

- 24-hour Toll-free Help Line: 1-866-HELP-DOC. This is a confidential support service for residents, medical students, their partners and families. PARO has partnered with the Distress Centres of Toronto to provide committed crisis intervention and support for all residents.
 - ePhysician Health
 - OMA Physician Health Program
 - Family Doctor Roster

Top 10 Teaching Tips - from www.myparo.ca

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. Obtain an ID badge first and then go to the parking office to arrange parking.

Customer Support locations are open 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 – 2000 (Monday-Friday)

Parking fees are deducted directly from those paid by LHSC in the amount of \$51.00 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.

Western University- Parking

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

Windsor Regional Hospital - 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 Schulich offices.

Parking at the WRH – Metropolitan Campus

You are asked to park in the overflow parking lot for WRH located on the west side of Kildare Road, just north of Kildare (Stodgell) Park between the hours of 5:30a.m. – 4:30p.m. Follow signs reading “Windsor Regional Hospital Parking”. A shuttle will pick up riders at the major laneways and drop off at the Byng Road entrance. Shuttle services operate Monday – Friday from 5:30 am to Midnight.

You may park in the visitor’s parking lot after 4:30p.m. and before 5:30a.m. on Lens.– take a ticket upon entering the lot. When exiting the parking lot, please print your name on the back of the parking ticket and provide your full name to the parking attendant. No parking fee will be necessary upon exit. The parking attendant will verify your name

against a list that will be provided by the SCHULICH Windsor Program office.

Parking at WRH - Ouellette Campus

Please park in Lot "G" (corner of Goyeau and Erie) free of charge with your ID prox card between the day time hours of 6:00a.m. – 6:00p.m. At any other time you are able to park in the Parking Garage located at Erie & Goyeau.

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 is 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 St. Joseph's policy is viewable in their 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.
- To be aware that disclosure of information on anonymous patients is a breach of their privacy and places the organization at risk for loss of public trust.

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

How can I tell if a patient wishes to be anonymous? An anonymous flag is visible on the demographic bar of the electronic patient chart.

PGME Academic Half Day & T2R Sessions

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.

Transition to Residency program

Based on the Royal College CanMEDS Roles, the Transition to Residency 2014 for PGY1 Residents is a core component of PGY1 training in Postgraduate Medical Education at Schulich School of Medicine & Dentistry. These seminars run every Wednesday afternoon throughout the summer. PGY2 residents are welcome to attend where the program deems it appropriate.

All Academic Half Days and Transition to Residency series are held at Western University. Schedules can be viewed online:

<http://www.schulich.uwo.ca/medicine/postgraduate/academic-half-day-transition-to-residency>

PGME Academic Half-Day Schedule 2014-2015

Wednesday, September 10, 2014, 1-4pm
Wednesday, October 8, 2014, 1-4pm
Wednesday, November 12, 2014, 1-4pm
Wednesday, December 10, 2014, 1-4pm
Wednesday, January 14, 2015, 1-4pm
Wednesday, February 11, 2015, 1-4pm
Wednesday, March 11, 2015, 1-4pm
Wednesday, April 8, 2014, 1-4pm

Transition to Residency Summer 2014

Wednesday, July 9, 2014: 1-4pm
Wednesday, July 16, 2014: 1-4pm
Wednesday, July 23, 2014: 1-4pm
Wednesday, July 30 2014: 1-4pm
Wednesday, August 6, 2014: 1-4pm
Wednesday, August 13, 2014: 1-4pm
Wednesday, August 20, 2014: 1-4pm
Wednesday, August 27, 2014: 1-4pm

Pharmacy Department & Prescribing Drugs at LHSC

LHSC Pharmacy provides the following Services:

- Inpatient clinical pharmacy services (pager numbers can be found posted on the clinical units or by calling the inpatient pharmacy at each site)
- Inpatient unit dose/IV additive drug distribution service is now open 24 hours/day (ext: UH 35886; & VH 52162)
- Retail Prescription Centres to service the prescription needs of LHSC staff, ambulatory patients and upon discharge (Ext: UH 33231; VH (Zone C) 58172; VH North Tower (Zone B) 58082)
- London Regional Cancer Program Pharmacy Services
Ext: 58606
- Clinical Trials Services (Ext: UH 35617; VH 75054)
- LonDIS Regional Drug Information Centre (Ext: 33172)
- Adverse Drug Reaction Reporting (HARP) (Ext: 38801)

Prescribing at LHSC

While there are thousands of drugs available on the market, it is not feasible, nor necessary for the hospital pharmacy to have all drugs available. For this reason, the hospital formulary was created, in order to list the

medications available for prescribing within the London Health Sciences Centre.

LHSC Drug Formulary

The LHSC formulary is tiered as follows:

- TIER 1: general use at LHSC
- TIER 2: drugs that have not shown strong evidence of efficacy but are commonly used in the community. These agents will be used for continuation of chronic outpatient therapy only (ie. No “new starts” of medications).
- TIER 3 (RESERVED): limited to specific prescribers/clinical services/indication or reserved for use on specific nursing units.

The LHSC Drug Formulary is available online:

https://pharmapp.lhsc.on.ca/formulary_prod/public/

For more on Drug Formulary, Pharmacy and Medication Orders at LHSC:

https://www.londonhospitals.ca/departments/medical_affairs/post_grad/documents/pharmacymedicalresidentorientation2014.pdf

Safe Use of Medication Abbreviations

LHSC has a corporate policy on the Safe Use of Abbreviations (PCC042). Abbreviations, symbols, and dose designations as per the Institute for Safe Medication Practices (ISMP) Canada “Do Not Use” Abbreviations List **must never** be used when communicating medical information.

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:

https://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.

Central and Arterial Line Insertion - LHSC

The insertion of any central intravascular catheter or arterial catheter must follow established best practices and be performed only by physicians who are adequately trained in these procedures and practices. The critical practices are hand washing, full barrier precautions, adequate skin preparation with 2% chlorhexidine/70% alcohol mixed solution, and selection of the appropriate intravascular device and anatomic site. A standard procedure note must be completed and placed in the chart for all central and arterial line insertions. This note must be reviewed as part of the preparation for these procedures as it includes a number of safety checklist items.

Please see the updated procedures online 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, ext. 75295
- Professional Practice Specialist, ext. 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 is 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 are available by clicking on the following website:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/MinistryResults?Openform&SRT=T&MAX=5&ENV=WWW&STR=1&TAB=PROFILE&MIN=014&BRN=41&PRG=41>

Consent to Treatment Policy & 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:
<https://appserver.lhsc.on.ca/policy/>

Discharge Planning

LHSC and St. Joseph's 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 Physician (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, including CCAC, 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.

End of Life Care

LHSC and St. Joseph's are committed to documenting a Resuscitation Status Form for patients admitted to the hospital. These forms provide front line caregivers with important information required in the event of a medical emergency. Importantly, Resuscitation Status Forms are not substitutes for plans of care that direct day to day

activity. Some variation and exceptions apply with healthy mothers/babies, Paediatrics, and Mental Health.

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

The procedure used to document resuscitation status varies slightly between LHSC and St. Joseph's. You are expected to be familiar with each policy. Further information and tools used to facilitate resuscitation conversations can be found here:

<https://www.lhsc.on.ca/priv/ethics/form/index.htm>

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: <https://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.

St. Joseph's 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 St. Joseph's Mission, Vision and Values can be viewed at:

<http://www.sjhc.london.on.ca/missionvisionvalues>

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 PGME policies can be viewed at: www.schulich.uwo.ca/medicine/postgraduate/policies

Resident Evaluation and Appeals

A Resident may appeal the following:

- . an end of rotation ITER having an overall assessment statement of "Does Not Meet Expectations"
- . an end of rotation ITER having an overall assessment of "Borderline" if remediation or probation is required on the basis of that assessment
- . a decision by a Program Director and RTC that a remediation program was unsuccessful
- . a refusal by an RTC to complete a FITER or CITER certifying that the Resident has acquired the competencies of the specialty/subspecialty
- . dismissal following an unsuccessful probation program
- . a decision by the Associate Dean PGME to dismiss a Resident because he or she has not made satisfactory progress, or has engaged in unprofessional conduct, and/or has jeopardized patient care or safety.

The full policy is available at:

www.schulich.uwo.ca/medicine/postgraduate/policies

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:

<http://www.schulich.uwo.ca/equity/documents/professionalism.pdf>

Code of Conduct

Postgraduate training is governed by the Schulich School of Medicine & Dentistry's 'Code of Conduct', which outlines the procedures for addressing incidents of possible intimidation and harassment. The Code of Conduct is available at:

<http://www.schulich.uwo.ca/equity/codeofconduct>

Residents are also referred to the Western University Non-Discrimination/Harassment Policy at

<http://www.uwo.ca/univsec/mapp/section1/mapp135.pdf>

Residents are encouraged to first bring concerns forward to their program director, who can ensure that they are aware of relevant policies regarding intimidation and harassment. If concerns cannot be resolved at the Program level, or the Resident is not comfortable bringing concerns forward to the Program Director, the resident can speak in confidence with the Associate Dean, Postgraduate Medical Education or the Assistant Dean, Learner Equity and Wellness (Postgraduate), who can provide appropriate advice and commence an investigation if required.

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

Equity and Harassment 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. Terri Paul, Associate Dean of Learner Equity & Wellness and/or Dr. Donald Farquhar, Assistant Dean, Learner Equity & Wellness (Postgraduate) are available to meet with residents with concerns about the behavior 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. Paul 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:

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

Dr. Paul can be reached at terri.paul@sjhc.london.on.ca or by phone at 519-646-6000 x 65681.

Elective Rotations

All postgraduate training programs established and accredited at Western University have the ability to deliver all elements of the program locally, otherwise an Inter-University Agreement will be in place. Residency match to Western University suggests the London and Schulich

Distributed Medical Education (DME) area is where all postgraduate training will occur. Elective periods are permissible provided the elective meets accreditation standards set by the applicable College (Royal College of Physicians and Surgeons of Canada or College of Family Physicians of Canada). An elective rotation of up to three months outside of the London/DME area is permissible and managed at the program level. Requests for elective periods of greater than three months must be made in writing by the resident to the program director. If acceptable to the program director, a written request must be made to the PGME Dean, at a minimum of three months prior to the planned elective. Approval must be granted by the PGME Dean prior to program approval of the elective.

All mandatory components of training are expected to be met in the London/DME area. Any mandatory rotations at locations without an Inter-University Agreement must be approved by the PGME Dean.

<http://www.schulich.uwo.ca/medicine/postgraduate/index.php?page=Electives>

Four Pillars of Professionalism

The Four Pillars of Professionalism were created to guide students, faculty and staff to ensure professional conduct at all times, whether in the classroom, clinical setting or outside of formal educational settings. While the Four Pillars apply most directly to those in Medicine and Dentistry, the principles can be extended to encompass all programs and constituents across the School.

Altruism

- Strives to serve patients and their families with exemplary clinical care
- Puts the needs and interests of patients and families first
- Assists colleagues/ learners to address personal issues
- Assists colleagues/ learners to enhance knowledge and skills required in a clinical or educational setting
- Actively supports the educational mission of the Schulich School of Medicine & Dentistry
- Recognizes that the time and energy allotted to performing these functions should not interfere with time for caring for self and family.
- Remains cognizant that all patient care activities and interactions should be conducted with the best interests of the patient as the foremost guiding principle

Integrity

- Demonstrates honesty and trustworthiness in assessments, learning and study, including referencing sources for intellectual material.
- Answers questions in a forthright and honest manner.
- Represents self honestly, including acknowledging limitations in ability, and identifying oneself accurately in interactions and documentation.

- Openly identifies personal conflicts that interfere with patient's care.
- Provides information in a clear manner that is understandable to the patient.
- Respects patients' confidentiality
- Admits error promptly and frankly to clinical supervisors

Responsibility

- Seeks clarity on roles and responsibilities from colleagues, teachers, staff and preceptors.
- Seeks and gives feedback to colleagues, teachers, staff and preceptors.
- Carries out required activities in a timely and dedicated fashion and strives to excel in their delivery
- Ensures careful handover of incomplete duties to another appropriate person
- Attends to own personal health through nutrition and physical activity and seeks help when physically or mentally ill
- Commits to evaluating and upgrading scientific knowledge
- Commits to continuing professional development and maintenance of competence
- Commits to excellence in health care, improving access to care, and optimizing the health of the community

Respect

- Is courteous in daily interactions with classmates, teachers, health care professionals, patients and families. Acknowledges members of the larger medical community whether at school, or in clinical environments
- Strives to understand roles of, and appropriately engages other members of the health team
- Maintains professional demeanour, language and attire
- Demonstrates an understanding of individual autonomy and how this relates to decision making for patients and families
- Attends learning activities and clinical duties punctually. Maintains an excellent attendance record, communicating with teachers and supervisors in advance of absence. Helps to create an environment which is conducive to learning through collaboration and openness
- Demonstrates an understanding of individual diversity and does not discriminate on the basis of age, race, religion, gender, ethnicity, appearance, sexual orientation, socioeconomic status, or other arbitrary factors
- Respects the personal boundaries of others, including but not limited to, refraining from making unwanted romantic or sexual overtures or physical contact.

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/medicine/postgraduate/pgmea/wards/>

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 & Dentistry at Western University, 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
- 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."

Please review full Guidelines at:

www.schulich.uwo.ca/medicine/postgraduate/Documents/Policies/Guidelines_for_Appropriate_Use_of_the_Internet.pdf

Harassment & Discrimination

Please note that policies and procedures regarding Harassment & Discrimination are specific to each institution (Western, LHSC & St. Joseph's). 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.

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.

Western University Non-Discrimination/Harassment Policy

Western University's Non-Discrimination/Harassment 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, colour, culture, ancestry, place of birth, national origin, citizenship, creed, religious or political affiliation or belief, sex, sexual orientation, physical attributes, family relationship, age, physical or mental illness or disability, place of residence or record of offences). 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 behaviour that denigrates an individual or group and interferes with the academic or work environment. 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 offence and will not be tolerated. Details of the policy are found at:

<http://www.uwo.ca/univsec/mapp/section1/mapp135.pdf>

Resident Health and Safety Policy

The program's approach to resident safety is guided by the Schulich School of Medicine & Dentistry Postgraduate Medical Education Resident Health and Safety Policy, which can be found at

<http://www.schulich.uwo.ca/medicine/postgraduate/policies>

The purpose of the Resident Health and Safety Policy is to:

- minimize the risk of injury and promote a safe and healthy environment on the University campus and teaching sites
- demonstrate the Schulich School of Medicine & Dentistry's commitment to the health, safety, and protection of its residents
- provide a procedure to report hazardous or unsafe training conditions and a mechanism to take corrective action.

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.

Leave of Absence

A leave of absence is an approved interruption of training for any reason, and includes: Pregnancy and Parental Leave, Medical/Sick Leave, Personal Emergency Leave, Compassionate Leave, Educational Leave, and others at the discretion of the Residency Program Director and the Associate Dean, Postgraduate Medical Education (PGME). The Residency Program Director must approve all leaves of absence. Leaves of absence of greater than one week in duration must be reported to the PGME Office and

approved by the Associate Dean PGME. The reporting of a leave is normally the responsibility of the Program Director. Where possible, it is the resident's professional responsibility to ensure that the appropriate people are notified of the leave of absence.

It is anticipated that the required training time missed or rotations missed will be made up with equivalent time in the residency on the resident's return to the program.

Normally all resident will be required to complete all mandatory and elective components of the program.

If a modified program is required, it must be submitted to and approved by the appropriate Residency Training Committee/Sub-committee and the Associate Dean PGME. Residents returning after medical leave must provide a written medical certificate from his/her treating physician indicating the resident's capability and fitness to return to the program.

Leaves of Absence of greater than ONE WEEK in duration must be reported to the PGME Office accompanied by medical documentation to support the leave request, if required. Programs must ensure that all required supporting documentation be submitted with the leave form in order to be processed:

<http://www.schulich.uwo.ca/medicine/postgraduate/forms/files/Forms/LeaveofAbsence.pdf>

The PGME 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.

Off-Service Rotation Guidelines

Off-service rotations are rotations taking place in other programs, and must have rotation specific goals and objectives that are established in advance of the rotation period. The goals and objectives should be discussed and agreed upon by the “sending” Program Director and the rotation supervisor, and should then be provided to the resident and circulated to the teaching faculty. The “receiving” Program Director must approve these and involve the Residency Training Committee as necessary. This ensures that the goals and objectives will be appropriately documented, be reasonably expected to be achieved, and permit evaluations to be based upon them.

The “receiving” Program Director will be responsible for the general administrative organization of the off-service experience but the Rotation Supervisor will be responsible for the specific individual resident-related aspects of the rotation.

http://www.schulich.uwo.ca/medicine/postgraduate/policies/files/Policies/Residency_PDs_OffSite_Rotations_Policy.pdf

Religious Holidays

It is expected that postgraduate residency programs should accommodate requests for religious holiday leave. PGME 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 PARO-CAHO

Agreement. For more information, please visit the website:
http://www.schulich.uwo.ca/medicine/postgraduate/policies/files/Policies/Religious_holidays.pdf or www.myparo.ca.

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.

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 the remediation process will be instituted.

Privacy - Personal Information

Western University 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:

<http://www.uwo.ca/privacy/>

As a general rule, with the exception of personal information, information contained in university records should be available to members of the public. The following are examples of information which may be released or confirmed if requested: student name, dates of attendance, current attendance status, field of study. As well, data from university records is released to Statistics Canada and the Ontario Ministry of Education and Training for compilation of aggregate reports. Requests for academic records for the purpose of educational statistical research provided that student identity is not revealed are also allowed. We have asked Western's Registrar's Office to withhold resident/fellow email addresses and personal data from the University Website and Student Directory.

The PGME Office provides statistical information to the following two agencies. The information provided back to PGME is important in our planning and we want to make you aware that this data will be released confidentially to:

OPHRDC (The Ontario Physician Human Resources Data Centre).

The OPHRDC is a collaborative project of the Ontario Ministry of Health and Long-Term Care (MOHLTC), the College of Physicians and Surgeons of Ontario (CPSO), The Ontario Medical Association (OMA) and the Council of Ontario Universities (COU). The Centre was founded on

the principle that negotiations concerning physician resources between these parties would be best informed by a single reliable data source. The OPHRDC developed and maintains the Ontario Physician Registry and the Ontario Postgraduate Medical Training Registry to support physician human resources planning initiatives for the province. The OPHRDC uses this centralized training registry to conduct a number of statistical educational reports on behalf of the Ontario postgraduate education offices. Confidentiality and security of information are priorities of the OPHRDC.

CAPER (Canadian Post-M.D. Educational Registry)

The Canadian Post-M.D. Education Registry (CAPER) is a national data base established for the purpose of compiling accurate and consistent national statistics concerning Post-M.D. training in Canada. CAPER is directed and funded by seven participating organizations, including The Association of Canadian Medical Colleges (ACMC), The Canadian Association of Internes and Residents (CAIR), The College of Family Physicians of Canada (CFPC), the Canadian Medical Association (CMA), The Royal College of Physicians and Surgeons of Canada (RCPSC), Health Canada and the 11 provincial/territorial ministries of health. CAPER maintains confidentiality regarding the identity of any individuals whose information has been compiled.

Questions about the collection, use and disclosure of personal information by PGME should be directed to the PGME Office at postgraduate.medicine@schulich.uwo.ca or 519-661-2019.

Transfers

It is recognized that there may be occasions when a resident concludes that a transfer to another residency training program would be beneficial. While it is not possible to accommodate all requests, the Postgraduate Medical Education office at the Schulich School of Medicine & Dentistry tries to provide opportunities for program transfers when possible, while recognizing that funding, capacity, and other constraints limit the availability of the number of successful transfers. More information on the transfer process can be found at:

http://www.schulich.uwo.ca/medicine/postgraduate/policies/files/Policies/Transfer_Policy.pdf

Requests for transfers by residents must be referred to the PGME Manager, by phone: 519-661-2019 or email:

postgraduate.medicine@schulich.uwo.ca

Vacation Guidelines - Off-Cycle Residents

As per information received from PARO representatives, vacation for off-cycle residents should not be pro-rated. It is understood that a resident's year will run from the day they start their training, to one year later (e.g. September 1, 2010 – August 31, 2011). Within this year, the Collective Agreement states that a resident will be entitled to 4 weeks of paid vacation and up to a maximum of 7 paid leave days for educational purposes.

http://www.schulich.uwo.ca/medicine/postgraduate/policies/files/Policies/Vacation_Policy_for_Off_Cycle_Residents.pdf

Waiver of Training Policy

<http://www.schulich.uwo.ca/medicine/postgraduate/policies/files/Policies/2012Leave-of-Absence-and-Training-Waivers.pdf>

All residents are required to complete the full duration of the residency program after a leave of absence. However, the Associate Dean PGME on the recommendation of the resident's Program Director may grant a waiver of training time following an approved leave of absence in accordance with the policies of the Royal college of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC).

A decision to waive training after an approved leave of absence will only be made in the final year of training and it cannot be granted after the resident has taken the certification examinations.

Postgraduate Medical Education Office (PGME)

Western University - Schulich School of Medicine & Dentistry offers 52 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 800 residents and fellows registered with PGME 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, Transition to Residency Program
- Resident Awards
- Resident communication
- Transfer requests
- T2202A tax forms for education
- Verification of CPSO status

To assist with the management of postgraduate education, Schulich School of Medicine & Dentistry has a PGME 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/medicine/postgraduate/pgme-committee>

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/medicine/postgraduate/>

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 and from here you will complete your admission process, place your orders/order sets, order consults, respond to consults, make proposed orders, accept/reject proposed orders, discharge your patient and complete ambulatory orders.

You must only access patient information for patients assigned to your care as the referring, consulting or attending physician or delegate.

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 unless encryption software has been loaded to the device by the Helpdesk (ext. 44357). 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:
<https://apps.lhsc.on.ca/regional/training/index.htm#>

You can access some information if you are external to the hospital by calling the Helpdesk at ext. 44357 and asking for remote access.

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. You can also format a worksheet, with customized headings by going to your tool bar and selecting the Explorer Menu. Select Census by Multiple Attending Physician. Enter the name of your team (eg. Medicine Team 2) and the RP# of the printer (eg. Rp724)....etc,
- The electronic patient record contains information from all Thames Valley sites:
 - Woodstock General Hospital
 - Tilsonburg District Memorial Hospital
 - Alexandria Hospital
 - St. Thomas Elgin General Hospital
 - Four Counties Hospital
 - Strathroy Middlesex General Hospital
 - Listowell Memorial Hospital
 - Wingham & District Hospital
 - South Huron Hospital
- 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 Micromedex Website – Click on Micromedex from your tool bar to take you to a page where you indicate which site you are trying to launch the Micromedex Website from. Next click the Micromedex link and then click the blue Micromedex 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. Sticky notes are removed from the electronic patient record.
- Clinical documentation on a patient seen at the Urgent Care Centre St. Joseph’s Hospital (SJH) can be viewed from any site. Change the flow

sheet from All Results to ED/UCC Assessment and Intervention.

- 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 SouthWestern Ontario. Call the Helpdesk at ext. 44357 to get access to OneView

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:

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

This ever-growing site will provide information to LHSC and St. Joseph's staff, physicians, volunteers, and contracted staff with information related to LHSC and St. Joseph'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 St. Joseph's

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 the 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 who can be contacted for further information if required by the Radiology / Nuclear Medicine physicians.

****For electronic orders the Resident/Fellow must enter their attending physician on all electronic orders to ensure appointment notifications and results distribution.****

****For downtime procedures all written paper orders must include the supervisor's name and signature on the requisition.**

Viewing Radiology Images

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

You can access images from 15 sites with full functionality through Centricity Web on any Hospital Computer, you can also access images from 10 Cerner sites with reduced tools functionality with PowerChart.

Please ensure you remove the patient identifiers when downloading images.

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

Recording Adverse Events - LHSC

Adverse Events Management System (AEMS) is a tool to assist the organization in identifying the gaps and risks in our patient care systems and processes. Consistent reporting and review of adverse events and near misses can enable us to more effectively reduce risk, ultimately improving patient safety and quality of care. It is not intended that information contained in the AEMS system be used punitively or to identify/track staff performance issues. If you encounter an issue it can be documented in the AEM's system. From the LHSC intranet site home page (<https://intra.lhsc.on.ca/>) on right hand side select "Adverse Events Management System (AEMs)" under "Corporate Initiative's" you will then enter your username and password is "incident".

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.

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/neglected by his/ 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): 519-660-3140
- Children's Aid Society (London): 519-455-9000
 - After hours, weekends, or holidays: 519-432-5987
- MOH & Long Term Care Office: 519-675-7680
- Women's Community House (shelter and counselling for abused women): 519-642-3000

Rotation Schedules for 2014-2015

<http://www.schulich.uwo.ca/medicine/postgraduate/rotationchangeoverdates/>

- All rotations are equivalent with thirteen blocks of 4 weeks each. Blocks begin on Tuesdays, avoiding holiday Mondays and any disruptions these might cause.
- For the purposes of the STR (Specialty Training Requirements) and credentialing, we treat blocks and months as equivalent.

Block	Start Date	End Date
1	Tuesday, July 1, 2014	Monday, July 28, 2014
2	Tuesday, July 29, 2014	Monday, August 25, 2014
3	Tuesday, August 26, 2014	Monday, September 22, 2014
4	Tuesday, September 23, 2014	Monday, October 20, 2014
5	Tuesday, October 21, 2014	Monday, November 17, 2014
6	Tuesday, November 18, 2014	Monday, December 15, 2014
7	Tuesday, December 16, 2014	Monday, January 12, 2015
8	Tuesday, January 13, 2015	Monday, February 9, 2015
9	Tuesday, February 10, 2015	Monday, March 9, 2015
10	Tuesday, March 10, 2015	Monday, April 6, 2015
11	Tuesday, April 7, 2015	Monday, May 4, 2015
12	Tuesday, May 5, 2015	Monday, June 1, 2015
13	Tuesday, June 2, 2015	Monday, June 30, 2015

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/Office. The form must be submitted at least 8 weeks before the changeover date.

PGY1 Rotation Schedule

The 2014/2015 PGY1 Rotation Schedule is maintained in the One45 web-based system. Please check with your program administrator to make changes.

Scope of Activities for Senior Medical Students – Documentation & 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 St. Joseph's 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 uniforms are dispensed using the ScrubAvail ScrubEx dispensing system and ensures all authorized users can access scrubs 24 hours a day, 7 days a week. The system is activated by using an access card and works as a credit/debit system, deducting when a clean set is dispensed, and adding when a soiled set is deposited.

Instructions are located on each machine. Please ensure you follow the correct procedure for getting new scrubs and putting soiled ones back. Photographs of each soiled deposit are documented along with tracking information of each user.

Obtaining a Scrub Access Card:

All residents, clerks and students at LHSC are required to pay a \$50 deposit fee for 2 sets of scrubs, before they are issued an access card. A Scrub Uniform Request Form # NS6713 is available on-line via the Forms Management website, www.lhsc.on.ca/priv/forms/index.htm or can be obtained from the Linen Rooms at each site. For patient security and safety, the form must be authorized by Medical Affairs, and taken to the Business Office where deposit information is recorded. The deposit fee can be in the form of cash, cheque, money order, credit card or debit card.

Once your deposit has been made, take your authorized form and deposit slip to the Linen Department to be issued an access card. At the end of the residency, if your scrubs

are accounted for in the system, you will be fully reimbursed your deposit fee. If scrub sets are missing, you will be reimbursed only for the sets accounted for. To receive your refund, you must complete a Cheque Requisition form at the Linen Dept. office and it will be submitted to HMMS along with your original deposit information. Once processed, a cheque will be mailed via Canada Post.

Location and Hours of Business Office:

University Hospital, B1-110, 8:00am – 4:00pm

Victoria Hospital, D3-400, 8:00am – 4:00pm

Location and Hours of Linen Department:

University Hospital: Room C1-307, Monday to Friday

7:30am-8:30am & 1:00pm-1:45pm

Victoria Hospital: Room A1-402, Monday to Friday 7:30am-

9:00am & 1:00pm-2:00pm, Weekends 7:30 am to 8:00am.

Location of Dispensing Machines:

University Hospital - 3 machines located on the 2nd floor: operating room corridor; OR female locker room; and by Radiology near the elevators. Students and residents are normally given access to the machine located by Radiology.

Victoria Hospital - 2 machines located outside the operating rooms on the 2nd floor, 1 machine in the MRI corridor on the 1st floor, 1 machine in OB/GYN area on 4th floor B Zone. Students and residents are normally given access to the machine located in the MRI corridor.

St. Joseph's

While you are a resident at St. Joseph's 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 B0-068.

Once your payment has been made, please bring your receipt to the Customer Support Center, room E0-105, x66021. 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.

Location of Dispensing Machines – St. Joseph's:

The dispensing machine is located in the OR corridor, level 1, zone C.

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.

Schulich Windsor Program

Staff will assign scrubs at the beginning of your rotation, if required.

Location of Dispensing Machines:

WRH – Met Campus – 2nd floor just outside of Labour and Delivery

WRH – Ouellette Campus – inside the O.R. next to the nurses' station.

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 to your car are available anytime by calling: **LHSC VH x 52281 and UH x 52281 and St. Joseph's Hospital (SJH) x 44555** which also includes the sites of Parkwood Hospital, Regional Mental Healthcare London and Southwest Centre for Forensic Mental Healthcare.

Panic / crisis buttons are available in 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 LHSC Emergency Measures manual on the hospital intranet:

<https://www.lhsc.on.ca/priv/em/index.htm>

Safety Tips:

1. Wear your identification at all times in the building. This allows staff to quickly identify suspicious persons that do not "fit in".
2. When in doubt, call security (LHSC VH and UH 52281; St. Joseph's Hospital 44555).
3. When alone, be alert to your surroundings and attentive to activities around you.
4. If you notice someone suspicious, notify security and give an accurate description of the person. Keep close to the phone. If you are in a parking

lot, the direct line to LHSC Security is 519-685-8240 and St. Joseph's is 519-685-4555

5. LHSC and St. Joseph's Security do patrol the parking lots at shift changes, and during routine patrols. It is always a good idea to use a "buddy" system when walking to your car after hours.
6. Keep in mind that security escorts are available at any time at all facilities.
7. 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://intra.lhsc.on.ca/security>

LHSC Intranet Corporate Security Policy:

http://appserver.lhsc.on.ca/policy/search_res.php?polid=FS P003&live=1

St. Joseph's: <https://intra.sjhc.london.on.ca/support-teams/fire-and-security-services>

Student Health Services – Western University

www.shs.uwo.ca

Student Health Services is located in Room 11 of the University Community Centre (UCC) at Western. SHS provides medical and counselling care and treatment, health education, birth control counselling, 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. Contact Info:

Location:	Room 11, UCC
Medical:	519-661-.030
Counselling:	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: www.sert.uwo.ca.

Resident Health - Need a Family Dr.?

PARO Family Doctor Roster

The greatest barrier to accessing family physicians is the limited number of available physicians who are accepting new patients. As a result, PARO has compiled a referral list

of family physicians who are accepting new patients, and, are willing to accept medical trainees as patients. If you are a Postgraduate Resident or Fellow and need a family doctor, please contact the PARO office at [1-877-979-1183](tel:1-877-979-1183) for the name of one in your area.

London & District Academy of Medicine

Those seeking a family physician may also refer to the London & District Academy of Medicine. Contact them at [\(519\) 673-0950](tel:519-673-0950) or view a list of physicians currently accepting patients at: <http://www.ldam.ca/FindaDoctor/tabid/40/Default.aspx>.

Support and Counselling Services

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

The PARO 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).

Learner Equity & Wellness Office

Residents are encouraged to invest in their own well-being through connecting with a regular psychosocial or spiritual source. Residents are provided with information regarding supports available at Western University including:

The Schulich School of Medicine & Dentistry's Wellness Office focuses on the physical, psychological and professional safety of learners, as well as supporting academic wellness and providing career guidance.

Led by the Assistant Dean, Learner Equity & Wellness (Postgraduate), Dr. Don Farquhar, the Office aims to provide a comprehensive, proactive program in line with CanMEDS Physician Health Guide that addresses wellness issues in PG learners early and effectively. The Wellness Office maintains a network of resources that can be accessed by learners needing support; these resources will include counseling services, medical, psychological and psychiatric services, academic and learning support services, and career and financial planning services.

The Postgraduate Director of Wellness will meet one-on-one with residents, at their request or when referred (e.g. by the Program Director or PGME Dean) to respond to their challenges and develop effective management plans, including referrals, as necessary. Additionally, the Wellness Office has a full-time experienced counselor, Pamela Bere, who can provide support and expert counseling.

The Wellness Office will provide guidance, coaching, or referrals (as necessary) for trainees whose academic performance has been identified as borderline; these trainees will not necessarily have failed a rotation but may benefit from an early, proactive assessment and intervention to prevent failure. The Wellness Office will also work with learners undergoing remediation or probation to assist with stress management, facilitate access to educational resources and maximize opportunities for success.

For more information on the Learner Equity & Wellness Office, please visit:

<https://www.schulich.uwo.ca/learner-equity-wellness/>

Tel: 519-661-4234

Email: equity.wellness@schulich.uwo.ca

The Hospital Employee Assistance Program (EAP)

Residents can access the London Health Sciences Centre's Employee Assistance Program for confidential counselling and information on a wide variety of issues and concerns. Tel. 1-800-268-5211

The Western University Ombudsperson

The Office of the Ombudsperson provides a safe, confidential environment in which students (and residents) can discuss a University related problem or concern. The Ombudsperson will provide general information about University resources, procedures, rules and students' rights and responsibilities, and work with residents to identify problem-solving strategies for resolving their concerns. The service is free, confidential and impartial. The Office of the Ombudsperson is independent of all other departments and offices. Tel. 519-661-3573, Email: ombuds@uwo.ca, Western University Campus.

Surviving Sepsis

London Health Sciences Centre has launched its sepsis campaign to increase early recognition and improve care of patients with sepsis. This will significantly improve the outcomes of patients who experience sepsis in our hospital and result in better care and management of patients. When the Canadian Institute for Health Information released its 2009 report on hospital mortality ratios, it included an analysis on sepsis mortality at a national level. Although sepsis hospitalizations and rates are not easy to capture and compare, early recognition and care related to sepsis is an area of improvement for hospitals across the country.

At LHSC, sepsis represents the diagnostic category in which we have the highest number of unexpected deaths. To that end, we have set a goal to reduce the mortality rate due to sepsis by 25 per cent within five years.

The Surviving Sepsis Campaign will focus on the following four initiatives:

- better recognition of sepsis
- enhancing CCOT utilization
- improving antibiotic stewardship
- improving palliative care recognition

The following new tools and processes are in use as of July 15, 2010

- a Sepsis Flow sheet
- a Sepsis Screening Tool

- a Sepsis Checklist
- Sepsis Antibiotic Guidelines

Mandatory education on identification of sepsis is required for all medical students, nursing staff, allied health professionals, residents, and clinical fellows.

For more information go to:

<https://www.lhsc.on.ca/priv/sepsis/>

This information is also available through the sepsis icon on the thin clients throughout the organization.

DME

Schulich Distributed Medical Education

Postgraduate training is delivered both in London and across the Schulich School of Medicine's distributed medical education (DME) network. This encompasses the rural regional medical education network and the Schulich Medicine - Windsor Program which provide clinical and learning opportunities for medical students and postgraduate residents across southwestern Ontario communities, and Western's joint partnership with the University of Windsor and Windsor hospitals offer a full 4-year MD program and residency training based in Windsor.

The DME Network is a partnership of over 60 communities located throughout Southwestern Ontario including Windsor providing Rural Regional medical education and funded training experiences to undergraduate and postgraduate trainees from the Schulich School of Medicine & Dentistry, Western University, and other Ontario medical schools. DME was established in 1997 and has grown into one of Ontario's largest Distributed Medical Education programs.

Over 600 Western University Faculty Appointed preceptor physicians are located in communities throughout Southwestern Ontario and in Windsor. They 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, DME's mandate is to provide medical education outside the traditional Academic Health Sciences Centre. A strategic benefit of high-quality community rotations is that they afford trainees the opportunity to experience a variety of community practices. Trainees get first-hand exposure to what it is like to live, learn, and work in a small to mid-sized community, and in many instances graduates have returned to communities in which they trained to set up permanent practice. In 2011/2012, 256 residents from the Schulich School of Medicine & Dentistry participated in DME rotations. DME was instrumental in founding and building the Schulich Medicine - Windsor Program which is a partnership between Western University and The University of Windsor. As of September 2014 we will have 38 learners in each of the four years of the undergraduate medical education program (152 in total). In 2012/2013, 193 residents from the Schulich School of Medicine & Dentistry participated in DME rotations in Windsor.

For residents, Schulich Medicine – Windsor Program has two Clinical Teaching Units (CTU): one in Medicine and one in Paediatrics. In 2012/2013 there were 20 full-time PGY1 and PGY2 Family Medicine Residents doing their full two years of training in Windsor. For those Family Medicine residents looking to do an additional year, Windsor also

offers a PGY 3 enhanced skills program for Palliative Care and Hospitalist.

Residents from all departments are strongly encouraged, in consultation with their Program Director, to consider either core or elective community rotations through DME. Program Directors have extensive knowledge of DME rural regional training opportunities. Rotations are fully supported, offering reimbursement of travel expenses and accommodation in well-equipped homes or apartments. High speed internet access is available as are specialized hospital library services. Some communities also offer free access to 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. Specific information about communities, hospitals and rotations is available on the DME website at www.swomen.ca

For Rural Regional rotations contact: DME Program Coordinator, Ms. Charlotte Sikatori
Tel: 519-661-2111 ext. 22146

charlotte.sikatori@schulich.uwo.ca

For Windsor rotations contact: Windsor Program Coordinator, Ms. Jeanne Hickey
Tel: 519-254-5577 ext 52227

jhickey@uwindsor.ca, jeanne_hickey@wrh.on.ca

Windsor Postgraduate Education Assistant

Ms. Christine Gignac

Tel: 519-973-4411 ext 33964 or 253-4411 ext 4322

cgignac@uwindsor.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
- Decompensated heart failure
- 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

- 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
- 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.

Ensure that a written order is placed on the patient's chart to discontinue telemetry monitoring as soon as it is determined that monitoring is no longer necessary.

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

- Enteral Nutrition (EN)/ Tube Feeding is indicated when a patient cannot meet nutritional needs through oral diet and the GI tract is functional.
- Total Parenteral Nutrition (TPN) is indicated for a non-functioning GI tract, intractable vomiting, severe diarrhea or when bowel rest is required.

Enteral Nutrition/Tube feeding:

Standard polymeric tube feed is Isosource HN with fibre.
Use a polymeric for normal and intact GI function

Standard semi-elemental tube-feed is Peptamen with Prebio. Use semi-elemental with compromised GIT such as motility disorder, Inflammatory Bowel Disease or partial bowel obstruction.

Suggested rate of initiation is 10-20ml/hr. Consult the Dietitian in your area (or weekend/statutory holiday on-call pager 13381) for full nutrition assessment and guidance regarding the implementation and advancement of tube feeds.

Total Parenteral Nutrition:

Consult the Dietitian in your area (or weekend/statutory holiday on-call pager 13881) for full nutrition assessment, assistance with TPN calculations and guidance regarding the implementation and advancement of TPN.

Cut off times for ordering is 1400hrs.

Nutrient Requirements - Maintenance/Malnourished

Energy 20 - 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 10-15 kcal/kg body weight, dependent on suspected severity of nutritional depletion. Protein requirements vary significantly from 1.0 – 2.0 g / kg / day. Contact the dietitian in your areas for accurate assessment of needs.

Note:

A BMI of 18.5 - 24.9 is considered 'normal weight '

A BMI of 25 - 29 is considered "overweight"

A BMI >30 is considered "obese"

Use the patient's ideal weight x 1.25 for patients whose BMI is ≥ 40 .

For patients with a BMI <40, use actual weight.

Wayfinding System

LHSC and St. Joseph's 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 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 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 do 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.









St. Joseph's (Grosvenor Site)

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

St. Joseph's has implemented the new signage and wayfinding system in the other St. Joseph's Health Care London facilities.



WHMIS Workplace Hazardous Material Information System

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. Information on how to

complete this training can be obtained from Medical Affairs at ext. 75125.

The Occupational Health and Safety Act requires that all staff and affiliates update their WHMIS training on a regular basis. The leader is responsible for ensuring their staff receive proper training. Staff 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.

Workplace Violence

Bill 168: Know your responsibilities

The Government introduced legislation on workplace violence prevention due to:

- A steadily growing increase in the number of injuries, lost work time, and even staff deaths in Ontario workplaces;
- A recommendation following the Dupont/Daniel incident where a Nurse, Lori Dupont was murdered by a Physician, Dr. Marc Daniel in the Recovery Room at Hotel Dieu Grace Hospital in Windsor
- Seven other provinces have this Act. As such, the Ontario government requires each organization to:
 - Prepare a Workplace Violence & Harassment Policy Statement
 - Apply the definition of Violence and Harassment
 - Assess the risk of violence
 - Develop Measures and Procedures to:
 - Control risks

- Summon immediate assistance
- Report incidents or complaints
- Investigate and deal with incidents or complaints
- Respond to domestic violence in the workplace
- Provide information and instructions to protect workers
- Provide education and training and evaluation

The requirements above are for both patients and staff. It is important that you know your responsibilities in accordance with this act.

See the following link for more information:

<https://www.lhsc.on.ca/priv/ohss/violence.htm>

Telephone/Web Directory

LHSC: 519-685-8500

St. Joseph's: 519-646-6000

Western University: 519-661-2111

Places	LHSC-UH	LHSC-SSH	LHSC-VH	SJHC	Western
Admitting	33191		58116	66015	
Audio/ Visual	35959	53939	53939	64457	
Blood Bank	33441		58292	64264	
Bookstore					83520
Cafeteria	35837		52494	66146	
CCAC	32690		58750	64487	
Chaplain On-Call	Bp. 14692		Bp. 14693	Bp. 10389	
Clinical Ethicist	Robert Sibbald x75112			Marlene Van Laetham X42251	88780
Computer Helpdesk	4-HELP (44357)				83800
Computer Store					83520
Customer Support	35959	53939	53939		
Daycare		76568		44058	
Learner Equity & Wellness					84234

Places	LHSC-UH	LHSC-SSH	LHSC-VH	SJHC	Western
ER Triage Desk	35781		54957	67070	
ER Triage – Paeds			52372		
Film Library	32901		58298	65628	
Health Records	35841		58119	64296	
Help Desk	4-HELP (44357)				81377
ICU	33361		52824		
Infection Control	32350		55637	64490	
Library	35863		54042	64439	83168
Library - Parkwood				42414	
Library – RMHC-L				47543	
Library – Southwest Centre				49685	
Microbiology			58212		
Medical Affairs		75125			
Nuclear Medicine	33433		52985	64183	
Occ. Health	33201	76608	52286	64332	
OR Front Desk	33310		58226	64505	

Places	LHSC-UH	LHSC-SSH	LHSC-VH	SJHC	Western
Pager – Charge Nurse 1st Call	14891		18226	10406	
Parking Office	32446		52709	65113	83973
Pathology	77147		56495		
PGME Office					82019
Pharmacy	35886		52162	64376	
Radiology-General	33326		58297	66035	
Radiology Reports*	33326		58298	66035	
Rec. Ctre					83090
Research Office					86206
Security	52281	52281	52281	44555	
Transcription Dept.	35131			65584	
University Community Centre					83722
Urgent Care				67020	
Wellness Office				65681	84234

Contacts at Western University

Wellness Office	84234
Dr. Dr. Donald Farquhar, Director	84234
Ms. Pam Bere, Counselling	84234
PGME Office	82019
Dr. Chris Watling, PGME, Associate Dean	82019
Mr. Scott Rumas, Manager	82019
Ms. Courtney Newnham, PGME Office	86005
Ms. Susan Smyth, PGME Office	86020
Ms. Julie Stuijbergen, PGME Office	82019
Ms. Joan Binnendyk, PGME Office	86234
Ms. Kate O'Donnell, PGME Office	87675
Ms. Tara Coletti, PGME Office	86205

Contacts at LHSC / St. Joseph's (Medical Affairs)

Dr. Robin Walker, IVP Medical Education & Medical Affairs	64096
Dr. Sarah Jarmain, St. Joseph's Health Care MAC Chair	58388
Dr. Mark MacLeod, LHSC MAC Chair	58388
Mr. Bill Davis, Medical Affairs, Director	75119
Ms. Maureen Macpherson, Professional & Resident Relations	75113
Ms. Roxanna Caraman, Payroll Coordinator	75130
Ms. Stacey Taylor and Khushnum Khatow, Credentialing	75115

Community Hospitals (area code 519)

Blenheim	676-5431	Petrolia	882-1170
Brandford	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 Contacts:

CAIR	613-234-6448	www.cair.ca
CEHPEA	416- 924-8622	www.cehpea.ca
CFPC	1-800-387-6197	www.cfpc.ca
CMA	1-888-855-2555	www.cma.ca
CMPA	1-800-267-6522	www.cmpa.org
CPSO	1-800-268-709	www.cpso.on.ca
OMA	1-800-268-7215	www.oma.org
Manulife Finan	1-800-268-6195	www.manulife.ca
MCC	1-613-521-6012	www.mcc.ca
PARO	1-877-979-1183	www.myparo.ca
PARO Helpline	1-866-435-7362	
PGME	519-661-2019	
	http://www.schulich.uwo.ca/medicine/postgraduate/	
RCPSC	1-800-668-3740	www.royalcollege.ca
UCC Infosource	519-661-3722	

Family Medicine Residents

<http://www.schulich.uwo.ca/familymedicine/>

Maps of Western University

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

Medical Affairs

https://www.londonhospitals.ca/departments/medical_affairs/

Schulich School of Medicine & Dentistry

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

Western University Library

<http://www.lib.uwo.ca/>

Schulich Windsor Program

Windsor Administrative Staff

The Schulich School of Medicine & Dentistry – Windsor Program main office is located on the University of Windsor Campus in the new Medical Education Building (MEB)

Address: University of Windsor

MEB Rm 1100 Admin
401 Sunset Avenue
Windsor, Ontario N9B 3P4

Windsor Hospital offices located :

- Windsor Regional Hospital (WRH) - Metropolitan Campus
1995 Lens Ave
Windsor, Ont., N8W 1L9
Offices located on 3rd and 4th floors
- Windsor Regional Hospital(WRH) – Ouellette Campus
1030 Ouellette Ave
Windsor, Ont.,
Offices located on the 5th floor
- Hotel Dieu Grace Hospital Healthcare – Tayfour Campus
1453 Prince Road
Windsor, Ont.,
No office on site.

**Schulich School of Medicine & Dentistry –
Windsor Program Directory**

Name	Title	Phone number
Dr. Gerry Cooper	Associate Dean	519-253-3000 ext 4818
Dr. Mark Awuku	Assistant Dean	519-561-1411
Nicole Sbrocca	Manager	519-561-1411
Dr. Art Kidd	Assistant Director for Learner Equity & Wellness	519-253-3000 ext 4312
Michael Farquhar	Admissions & Student Affairs Officer	519-253-3000 ext 4302
Christine Gignac	Education Assistant	519-253-3000 ext 42
Dr. Andrew Petrakos	PGE Program Director	519-561-1411
Jeanne Hickey	Program Coordinator	519-254-5577 ext 52227
Deb Curran	Administrative Assistant PGE Family Medicine	519-253-3000 ext 4316
Alex Carson	Education Assistant – PGE Family Medicine	519-253-3000 ext 4317

Windsor Hospitals

Rotations can be scheduled at one, or all, of the following hospitals:

- **Windsor Regional Hospital (WRH) - Metropolitan Campus**
1995 Lens Avenue, Windsor
Tel: 519-254-5577
- **Hotel Dieu Grace Hospital Healthcare–Tayfour Campus**
1453 Prince Road, Windsor Tel: 519-254-5577
- **Windsor Regional Hospital (WRH) - Ouellette Campus**
1030 Ouellette Avenue, Windsor
Tel: 519-973-4411

Hospital Medical Affairs Office:

Windsor Regional Hospital (WRH) - Metropolitan Campus
1995 Lens Ave
Laurie Trotti Tel: 519 254 5577 Ext: 52277
Fax: 519 254 3150
Email: laurie.trotti@wrh.on.ca

Windsor Regional Hospital (WRH) - Ouellette Campus -
1030 Ouellette Ave
Renee Sperduti Tel: 519 973-4411 ext 3148
Fax: 519 225 2121
Email: Renee.Sperduti@hdgh.org

Schulich Windsor Program offices located at the Windsor Hospitals as follows:

- Windsor Regional Hospital (WRH) – Metropolitan Campus
4th floor at the Metropolitan Campus, Room 4303
Contact: Jeanne Hickey, Program Coordinator – Clerkship/Residency
Tel: 519-254-5577 Ext 52227 Fax: 519-561-1413 Email: jhickey@uwindsor.ca
- Windsor Regional Hospital (WRH) – Metropolitan Campus
4th floor at the Metropolitan Campus, Room 4306
Contact: Beverly Nicholls, Education Assistant – UGE - Surgery and OB GYN
Tel: 519-254-5577 Ext 52507 Fax: 519-561-1413 Email: beverlyn@uwindsor.ca
- Windsor Regional Hospital (WRH) – Metropolitan Campus
3rd floor at the Metropolitan Campus, Room 3401, 3rd Floor
Contact: Linda Wright, Education Assistant – UGE - Family Medicine, Psychiatry and Paediatrics
Tel: 519-254-5577 Ext 56424 Fax: 519-561-1413 Email: lindaw@uwindsor.ca

Schulich Windsor Program Lounge

Available to all Windsor Program Learners, the lounge is located on the 4th floor at the WRH - Metropolitan Campus, Room 4308 (beside the Administrative office). The room comprises of a couch, 2 chairs, desk, fridge, television, lockers, computer, printer and photocopier/fax machine. There is a combination to access the lounge and this will be given to you at orientation.

- **Windsor Regional Hospital (WRH) – Ouellette Campus**
1030 Ouellette Avenue
5th floor – Room 5.469
Contact: Christine Gignac, Education Assistant –
PGE – All Departments
Tel: 519 973 4411 Ext: 33964
Fax: 519 561 1413
Email: cgignac@uwindsor.ca
- **Windsor Regional Hospital (WRH) – Ouellette Campus**
1030 Ouellette Avenue
5th floor – Room 5.469
Contact Bianca Vasapolli Education Assistant –
UGE - Medicine
Tel: 519 973 4411 Ext: 33380
Fax: 519 973 4915
Email: biancav@uwindsor.ca

Schulich Windsor Program Suite

Available to all Windsor Program Learners, the suite is located on the 5th floor of WRH – Ouellette Campus, Room 5.469 The area comprises of a couch, 2 chairs, desk, fridge, television, lockers, 2 computers, printer and photocopier/fax machine. Two on call rooms are also located within this area. Your hospital proxy card will allow you swipe-card access into this area.

The SCHULICH Windsor Program administrative staff are assigned to both WRH Campuses. All UWO Residents and UWO Medical Students with administration or clinical issues should contact Windsor Program staff, not Hospital Administration if possible.

Schulich Windsor Library Access

Windsor Regional Hospital (WRH) – Ouellette Campus Library Resources

- Online card catalogue <http://207.67.203.60/h91000>
- 24/7 Computer Lab access with 8 stations
 - ◆ E-mail access via Explorer
 - ◆ Online databases including Medline, UpToDate, Cochrane
 - ◆ Microsoft Office Suite
 - ◆ Stat Ref
 - ◆ Printers, Scanner, CD-Burner, DVD Player
- ◆ UWO computer proxy access via Netscape
- Journals and textbooks electronic and print

- Dr. J. McCabe Memorial Reading Area
- Individual study carrels with laptop Internet access
- Conference table for group meetings

Library Services

- Mediated Searches
- Advanced Search Strategy classes by appointment
- Document Delivery
- Interlibrary Loans
- Photocopying
- Borrowing privileges restricted to the Schulich Collection

Library Hours 8am - 4pm, Monday - Friday

After Hours Access

- Via authenticated Prox Card after library orientation with librarian (please make an appointment with Toni Janik @ 519-973-4411 ext.33178 or tjanik@hdgh.org or toni.janik@wrh.on.ca

Please Note: The Library is a Food and Beverage Free Zone

Windsor Regional Hospital (WRH) - Metropolitan Campus

The Windsor Regional Hospital - Metropolitan Campus, Health Sciences Library, has 7 computers for the exclusive use of physicians, medical students, residents, and staff. There is also a computer in the physician's lounge for your use.

Any questions or concerns can be forwarded to:

Coordinator, Health Sciences Library
Windsor Regional Hospital – Metropolitan Campus
1995 Lens Ave.
Windsor, ON N8W 1L9
Tel: 254-5577 ext 52329
Email: library@wrh.on.ca

Library Hours Varied hours, Monday – Friday

After Hours Access

If you wish to access the library before or after hours or at any time the library is closed you will have to contact security. Go to the switchboard and they will call for you.

Arrival in Windsor

REMINDER: Bring your University of Western Ontario ID Badge.

Dress for the hospitals, clinics, physician offices
Proper attire - no blue jeans

Parking at the WRH – Metropolitan Campus -

You are asked to park in the overflow parking lot for WRH located on the west side of Kildare Road, just north of Kildare (Stodgell) Park between the hours of 5:30a.m. – 4:30p.m. Follow signs reading “Windsor Regional Hospital Parking”. A shuttle will pick up riders at the major

laneways and drop off at the Byng Road entrance. Shuttle services operate Monday – Friday from 5:30 am to Midnight.

You may park in the visitor's parking lot after 4:30p.m. and before 5:30a.m. on Lens.– take a ticket upon entering the lot. When exiting the parking lot, please print your name on the back of the parking ticket and provide your full name to the parking attendant. No parking fee will be necessary upon exit. The parking attendant will verify your name against a list that will be provided by the SCHULICH Windsor Program office.

Parking at WRH - Ouellette Campus

Please park in Lot "G" (corner of Goyeau and Erie) between the day time hours of 6:00a.m. – 6:00p.m. At any other time you are able to park in the Parking Garage located at Erie & Goyeau. Take a ticket upon entering the parking garage. The main entrance to the HDGH is located on Goyeau Street. You can also enter the hospital from Ouellette Ave.

Prayer Rooms at the hospitals

(WRH) – Ouellette Campus -Main floor near pulmonary function lab.

(WRH) – Metropolitan Campus - located on the first floor of the hospital, turn right off the escalator and walk down hall, first left turn.

Schulich Windsor Program Medical Learners Mailboxes

Below is the location of the SCHULICH Medical Learners mailboxes at Windsor Regional Hospital Metropolitan and Ouellette Campuses:

- WRH – Ouellette Campus- SCHULICH Windsor Program Suite, Student Lounge 5th Floor Room 5.469 marked “SCHULICH Students”
- WRH – Metropolitan Campus - Mailroom, 1st floor diagonally opposite the Administration Metropolitan office marked “SCHULICH Students” Campus

Schulich Windsor Email Accounts

Please note, Windsor Regional Hospital will not accommodate any hot mail or yahoo email accounts. Please use your University of Western Ontario email account.

Email is the method of communication used by the SCHULICH Windsor Program office. Please check your emails regularly to keep updated on events, rotation information, policies, etc. Residents will be contacted using UWO accounts.

Schulich Windsor Pagers

If you are to be assigned a pager, it will be provided by SCHULICH Windsor Program Education Assistant staff on the first day of your rotation. You are responsible for the pager. Fees will be levied to individuals damaging, losing or not returning the pagers. Please reference the Pager Policy at www.swomen.ca.

Schulich Windsor Lockers and Scrubs

SCHULICH Windsor Program staff will assign scrubs at the beginning of your rotation, if required.

Schulich Windsor Academic Half Days

Academic half days are as scheduled per department

Schulich Windsor Learner Equity and Wellness (LEW) Office

The Learner Equity & Wellness Office is available to you while you are in Windsor on your rotations. We continue to provide supportive counseling, advice and referrals related to workplace, health, academic and personal issues.

If you feel uncomfortable because of the way feedback was provided to you, experienced treatment that you felt was inappropriate or witnessed others being harassed or intimidated ... WE CAN HELP!

Please contact:

Dr. Arthur Kidd, Assistant Director, Learner Equity & Wellness, Windsor Program
arthur.kidd@hdgh.org

Mike Farquhar, Admissions & Student Affairs Officer, Windsor Program mfarquha@uwindsor.ca

Schulich Windsor Travel and Accommodations

Residents are eligible to receive mileage reimbursement for SCHULICH Windsor Program rotations.

Submission Instructions:

Windsor Trainees Only – DME will fund travel for SCHULICH Windsor postgraduate trainees as follows:

- a. One trip by personal vehicle from London to Windsor for the purposes of moving to Windsor to participate in postgraduate training to a maximum of \$80 (200 kms x \$0.40 = \$80).
- b. One trip by personal vehicle from Windsor to London upon completion of their Schulich DME Windsor postgraduate training to a maximum of \$80 (200 kms x \$0.40 = \$80).

To claim travel for reimbursement, please use the link here:
Core & Electives Expense PGE Form
<https://www.schulich.uwo.ca/swomen/core-and-electives-pge-expense-form>

Though some travel will be necessary between Windsor and London, DME does not encourage trainee travel. DME will make every effort to assist trainees to attend teaching occurring in London via teleconference or videoconference. On a limited basis, DME will fund travel to London for teaching purposes only if teleconferencing or videoconferencing is not available. Please contact Jeanne Hickey, Program Coordinator, Schulich School of Medicine & Dentistry, Windsor, for further details. In the event of a family or personal emergency, DME will assist trainees with travel at DME's discretion.

Please submit all travel expenses by email or mail to Charlotte Sikatori. Please ensure you have included the following information:

Travel – London/Windsor or Windsor/London

- dates of travel
- destination of travel
- reason for travel
- amount of kilometers traveled
- current mailing address and contact information

Contact Information:

*Charlotte Sikatori,
Southwestern Ontario Medical Education Network
Schulich School of Medicine & Dentistry
The University of Western Ontario
Gordon J. Mogenson Building
UWO Research Park, Suite 225
100 Collip Circle, London ON N6G 4X8*

Tel (519) 661-2111, Ext. 22146
Fax (519) 519 858-5131
Email: charlotte.sikatori@schulich.uwo.ca

Your request for expenses incurred as it relates to travel implies that the information within the request is correct and falls within The University of Western Ontario audit standards. All submissions are kept on file for audit purposes.

SCHULICH WINDSOR PROGRAM does not reimburse any meal expenses.

Schulich Windsor Program Housing Accommodations

Accommodations for residents:
Medical Arts Building
1011 Ouellette Avenue
Windsor Ontario

All housing requests are to be made to Jeanne Hickey, Program Coordinator, at the SCHULICH Windsor Program office. jhickey@uwindsor.ca

Family Unit Accommodation

The Schulich Windsor Program has 2 units which shall be designated for the use of a family requiring accommodation in Windsor. A family shall be defined for accommodation purposes as a couple with at least one other family member to a maximum of 6. Each family unit has two

bedrooms with two queen beds, full kitchen, 2 full private baths, and living area. The use of these units shall be subject to availability and will be allocated on a first come first served basis.

Single Unit Accommodation

The Schulich Windsor Program has **18 single** units which shall be designated for the use of a single learner requiring accommodations in Windsor. Each unit has one queen size bed, mini fridge, microwave, private bath with shower, desk, television and some units where available have small cooktops. The use of these units shall be subject to availability and will be allocated on a first come first served basis.

Overnight Guests

Full names of all family members as well as any guests who will be staying overnight must be provided to the Program Coordinator prior to arrival.

NB: Upon confirmation that a student or resident will be completing a rotation in Windsor, the SCHULICH Windsor office will proceed with booking accommodations based on availability however a housing form must be filled out by the resident and sent to Jeanne Hickey at jhickey@uwindsor.ca

Medical Arts Building

Situated across the street from Windsor Regional Hospital – Ouellette Campus. This heritage building has 7 floors, 2,

3, 4 are all single unit floors with 6 units on each. Floor 5 has a two bedroom family unit and 3 single units. Floor 6 has a two bedroom family unit. The other units on the 6th and 7th floors are reserved for private booking. All units are primarily reserved for Residents.

Parking - Medical Arts Building

Parking is available on the South side of the Medical Arts building (1011 Ouellette) or near the Medical Arts Building in the Voce parking lot 2 doors South (1037 Ouellette) for residents only. All family members can park in the city lot on the corner of Erie and Goyeau.

Personal Notes
