

The Resident & Fellow Handbook

This handbook is the property of:
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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 healthcare 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"

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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 Institute
550 Wellington Road, London, ON
- Parkwood Institute - Regional Mental Health Care
550 Wellington Road, London ON
- 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's 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
- 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 (not including CCM CIP program), Cardiology, Obstetrics and Gynaecology (PGY 1-3 only), Emergency Medicine (PGY3 exempt), Geriatric Medicine, Nuclear Medicine (Clinical Fellows only), Psychiatry (Clinical Fellows exempt), Nephrology (residents only), Dentistry (OMFS), Respiriology, and Radiation Oncology.

You may download the latest resuscitation guidelines at:

http://circ.ahajournals.org/content/132/18_suppl_2.toc

All 2013 LHSC Standard Cardiac Arrest Algorithms can be found at:

<https://intra.lhsc.on.ca/sites/default/files/uploads/ACLS%202013.pdf>

Adult Pulseless Arrest Ventricular Fibrillation/Pulseless Ventricular Tachycardia (VT) ACLS Guidelines 2015

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. Amiodarone 300 mg IV via ETT.	Immediate CPR with quality compressions provides blood flow to myocardium to increase shock success. 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 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://policy.lhsc.on.ca/policy/emergency-department-admission-principles-and-guidelines>

- 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.

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 no longer requires acute hospital care.
- 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 medication reconciliation, 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

NOTE: All patients must meet the St. Joseph's criteria for admission. Patients with any condition which is likely to require more intensive perioperative monitoring, nursing or medical therapy than is available on the surgical ward, require further collaboration as outlines in the algorithm as to their suitability for care at SJH.

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

- Resident/Consultant 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/Consultant to call the UCC Nursing TL to discuss utilizing UCC as an access point if during hours UCC is open (0800-1800 Mon- Fri and 0800 to 1600 Sat, Sun and Stats. NOTE: There are no UCC physicians on duty after 6 PM Monday through Friday or after 4 PM Sat, Sun and Stats so the Resident/Consultant needs to ensure they are present to assess and provide orders for the patient.
- After Hours (when UCC is closed), Resident/Consultant will make arrangements via PACU Nurse (pager 16999)
- Resident/Consultant has the option of creating a quick reg to enter orders if patient is being admitted as an inpatient.
- If no quick reg is created, Admitting will add a new encounter to which the Resident/Consultant will enter electronic orders.

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

- Resident/Consultant 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
- If patient is being admitted as an inpatient, Resident/Consultant has the option of creating an inpatient quick reg to enter orders
- If no quick reg is created, Admitting will add a new encounter to which the Resident/Consultant will enter electronic orders

If decision is made to admit a day surgery patient as an inpatient post op

- Resident/Consultant will notify Admitting
- Admitting will make arrangements with the inpatient unit
- Resident/Consultant will not create a quick reg, but will add orders to the current registration
- Admitting will change the current one day stay visit to an inpatient visit

When a bed shortage occurs –When a bed shortage occurs all services are notified by email with a bed alert. 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 all services 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 0800-2100 Mon-Fri and 0800-2000 Sat, Sun and Stats and via Resource Nurse pager number 16999 between 2200-0800. Pre-screening should be completed prior to accepting a patient.

The SJH Clinical Leader 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 (Access Code: 4325*)

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, some services have call rooms in close proximity to their inpatient beds.

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, there are service specific call rooms for Paediatric and General Surgery on B6, and Obstetrics on B5/B4.

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 519-254-5577 ext 52227.

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, Leader, 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 2015 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 2015, 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

Services may be received at home, school, work, or residential facility.

South West Local Health Integration Network (LHIN)

The South West Local Health Integration Network (LHIN) is a crown agency which plans, funds, and delivers healthcare from Lake Erie to the Bruce Peninsula.

The South West LHIN Home and Community Care provides healthcare services at home and in the community, and can assist those considering supported living programs or long-term care options, or requiring home and community care services.

The Home and Community Care team works with people of all ages to ensure they can make informed choices about their care, when and where they need it.

We also have useful information about local community support service agencies, and can link people to these providers to arrange services.

Care and support options can be explored at www.southwestlhin.on.ca, or by calling 1-800-811-5146.

South West LHIN Home and Community Care

South West LHIN Home and Community Care provides information on and referral to community health and support services and provides eligibility assessments/access to in-home health care, day programs, residential hospice, complex continuing care and rehabilitation and long-term care homes.

In-home services may include care coordination, nursing, personal support, physiotherapy, occupational therapy, nutrition counselling, speech language pathology, social work and medical supplies and equipment. Services are provided through contracted agencies, and are authorized and coordinated by South West LHIN Home and Community Care Coordinators. In addition, Care Coordinators can link clients with a variety of community support services and provide system navigation.

Accessing Home and Community Care Services for patients

The protocol for contacting South West LHIN Home and Community Care is posted on each unit with South West LHIN Home and Community Care Referral/Request for Assessment forms and contact information for the South West LHIN Home and Community Care hospital team.

How to make a referral/request for assessment:

- Complete the South West LHIN Home and Community Care 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 South West LHIN Home and Community Care team once complete.

South West LHIN Home and Community Care is a key partner with London Health Sciences Centre and St. Joseph's Health Care 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 while designated as Alternate Level of Care (ALC).

Please notify South West LHIN Home and Community Care early in the discharge process to ensure that there is adequate time to complete an assessment to help explore all possible care options in the community. As part of Home First, South West LHIN Home and Community Care should be contacted

before any ALC designation is made.

South West LHIN Home and Community Care team office phone extensions

London Health Sciences Centre, University Hospital and Victoria Hospital:

Each unit has a pager number for the South West LHIN Home and Community Care -Care Coordinator
Care Coordinator staff is available on site at LHSC UH and VH 0800-2000 seven days a week, 365 days a year

Parkwood Institute:

Care coordinators are available on site Mon-Fri 0830-1630 hours at Parkwood Institute

St. Joseph's Health Care:

Contact the unit clerk for Care Coordinator availability on site

After-hours or if a Care Coordinator is not available at your site:

Contact the South West Home and Community - Access Department at 519-473-2222.

Care Coordinators are available 0800-2000, seven days a week, 365 days per year

Specialized South West Home and Community Care programs:

Intensive Hospital to Home (IH2H)

The IH2H program is based on the Home First philosophy. This philosophy supports patients who have completed their acute care treatment and no longer require hospital support. Home First promotes patients to recover safely at home with the right kinds of support and provides enhanced home care services for up to 28 days after transition from hospital to home. The IH2H program is designed to enable hospitalized seniors and adults with complex needs to return home, with proper supports, rather than remaining in hospital, being deemed ALC, or being discharged to long-term care.

Connecting Care to Home (CC2H)

The CC2H program provides a robust care path of services for patients with congestive heart failure and/or chronic obstructive pulmonary disease. The hospital navigator, South West LHIN Care Coordinator, along with the MRP, identifies potential patients within 24 hours of admission.

The patient's care in the community includes care from a specialized care team which may include: respiratory therapist; physiotherapist; occupational therapist; registered nurse; health care technician; personal support worker; and care coordinator support. Dedicated care providers for the patient's journey allow for greater consistency in care. Patient education is provided in the hospital and in the patient's home. Additional benefits of the program include an electronic patient record accessible to the care team across the system through an online dashboard, and a 24/7 direct line for patients and physicians to call for care and services. This line is answered by a registered nurse.

For more information, contact:

Caitlin Schultz, RRT, CRE
Respiratory Navigator, Medicine
519-685-8500 ext.57960
Caitlyn.schultz@lhsc.on.ca

Dr. Jim Lewis, MD, Respiriologist
Physician Lead for CC2H
519-685-8500 ext. 66288
jflewis@uwo.ca

Medical Assistance in Dying (MAID)

The South West LHIN MAID Navigator role supports effective local service coordination, education opportunities focused on best practices related to MAID adoption, and coordinating mentorship opportunities for new providers. The navigator helps coordinate a central repository of assessors and providers across the south west, and coordinates mentorship and education opportunities for physicians who may be interested in becoming a MAID assessor or provider.

Mental Health and Addiction Nurses

Mental Health and Addiction Nurses support children and youth in the community. Focus on the success of children and youth with mental health or addiction issues, helping them to thrive, remain in school, or successfully transition back to school and home after being in hospital.

Telehomecare (THC)

THC provides remote monitoring and education program for patients with mild to moderate chronic obstructive pulmonary disease and chronic heart failure. Easy to use technology, such as a blood pressure cuff, pulse oximeter, weigh scale and tablet is delivered to the patient's home. A registered nurse provides weekly coaching sessions to patients aimed at increasing knowledge and improving self-care related to their chronic disease diagnosis.

The nurse intervenes when biometric parameters are abnormal, and provides reports to primary care providers on a regular basis and as needed based on the patient's condition.

This self-management program enhances the patient's quality of life, while reducing emergency department visits and hospital admissions. Patients' enhanced knowledge of their chronic condition gives them the confidence to better self-manage.

Referral: use the South West LHIN Home and Community Care Referral form, requesting a Telehomecare assessment

Contact: for further information Telehomecare team 1-855-200-3397

Additional resources to assist with patient care and discharge:**Healthline.ca**

- <http://thehealthline.ca/> is an innovative website that puts up-to-date information about health service at the fingertips of consumers and health providers across south west Ontario. The site features over 2,800 service listings describing organizations and programs.

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 primary care provider to find one. The referral service links people to a family physician or a nurse practitioner 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 <https://hcc3.hcc.moh.gov.on.ca/HCCWeb/faces/layoutHCCSplash.jsp>

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 to the PGME office at Western University within 21 days of receipt.
- Completion of online registration form and payment of annual registration fee in Single Sign-On <https://www.schulich.uwo.ca/sso/site/login>.
- 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 and will have pay implications.

Continuing Professional Development (CPD)

CPD's mission is to impact health outcomes through partnerships that advance learning, develop leadership and stimulate innovation in health care professionals, educators and scientists. Its mission is to be an innovative education hub that inspires life-long learning, promotes scholarship and engages health care professionals.

Faculty Development

CPD offers faculty development programs and opportunities to enhance the knowledge and skills of Schulich Medicine & Dentistry faculty located in London, Windsor Campus and Distributed Academies. Each semester CPD provides workshops covering subject matter consistent with identified education needs in areas such as:

- Teaching Foundations
- Mentorship
- Leadership
- Professionalism
- Career Development

New in 2017, participant's of CPD's Certificate in Advanced Methods of Teaching (AMT) explore teaching and learning strategies through critical reflection and the evaluation of evidence-based teaching methodologies. The AMT welcomes faculty in medicine, dentistry and basic medical sciences who teach in academic and clinical settings.

Fellowships & Grants

CPD also funds the following education awards which are designed to help clinical and basic medical sciences faculty expand and enhance their knowledge, skills and experiences:

- Faculty Development Mini Fellowships
- Instructional Innovation and Development Funds

Continuing Medical Education

CPD develops and provides accredited programs to meet identified continuing medical educational needs throughout Southwestern Ontario and across Canada – through small group face-to-face workshops and online modules.

Accreditation Services

As an Accredited Provider, CPD approves applications for continuing education credits for upcoming courses that fulfill College and accreditation requirements, including:

- Royal College of Physicians and Surgeons of Canada (RCPSC) Maincert Section 1 credits for group learning activities
- Royal College of Physicians and Surgeons of Canada (RCPSC) Maincert Section 3 credits for self-assessment and simulation activities
- College of Family Physicians of Canada (CFPC) Mainpro-M1+ course credits for group learning activities

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

www.schulich.uwo.ca/cpd

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 checklist 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.

The coroner can be reached through the Provincial Coroner's dispatch, 1-855-299-4100. You will provide information to the dispatcher, who pages the coroner to call you back and discuss the case.

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:

<https://intra.lhsc.on.ca/pathology-and-laboratory-medicine-palm> and go to our “Quick links” section.

Dictation System – LHSC and St. Joseph's

You must have your own personal and confidential dictating User ID number. To have your personal dictating user ID number arranged, please contact Transcription Services at:

- London Health Sciences Centre - 519-685-8500 extension 35131
- St. Joseph's Health Care London - 519-646-6000 extension 65584

These numbers must remain confidential and never shared with others. You can use your dictating number at all sites across the city. The dictation system is provided to you for the clinical documentation of the patient record required for each hospital visit. Follow-up letters i.e. to the Ministry of Transport, to whom it may concern, evaluations, referral requests, etc. are administrative correspondence and consequently are outside of Health Records responsibility for processing.

All of your dictated notes will come back to you for review and authenticating signature via Message Centre in the electronic health record (PowerChart).

Approved Standards for Transcription Turnaround Times

- **<2 hours:** Trauma Notes, Review Board Summary, Urgent Neurology Clinic Note
- **<4 hours:** Admission Note, History & Physical
- **<6 hours:** Pre-Admission Clinic Note
- **<24 hours:** All other notes

Dictation Instructions

1. Dial extension 66080 or 519-646-6080 from outside the hospital
2. Enter your personal and confidential User ID number followed by # key.
3. Enter the hospital site code followed by # key. (It is important to select the correct site code to ensure that your note posts correctly in PowerChart.)

1 University Hospital 2 Victoria Hospital 3 St. Joseph's Hospital 4 Parkwood Hospital
5 LRCP6 Parkwood Mental Health 7 Southwest Centre 8 Southwest Rehab 9 EMG

4. Enter the worktype followed by # key (It is important to select the correct worktype to ensure that your note posts correctly in PowerChart.)
5. Enter the patient PIN (or MRN) followed by # key.
6. Enter 2 to begin dictation: Dictate and spell patient's name, PIN (Medical Record Number), your name and required copies (**spell name and indicate address**)

Keypad Functions

Enter **2** to dictate

3 To replay dictation

44 Fast forward to end of report

5 To end last report and dictation session

6 STAT dictation (use only for dictation that requires immediate transcription eg. follow-up within 24-48 hours, patient being transferred to another facility, etc.)

77 Go to beginning of dictation

8 Go to next report

0 to place dictation on hold - #1 to resume * **note** * please listen to entire dictation or fast forward to the end so you do not dictate over what has already been recorded

* key will replay previous prompt if incorrect information was entered

City Wide Worktypes

30 Preadmission Clinic Notes

31 History and Physical

32 Operative Report

33 Discharge Summary

34 Consultation

35 Emergency Room Report

36 Delivery Report

37 Progress Note

38 Admission Note

39 Procedure Report

40 Death Summary

41 Telephone Correspondence Notes

46 Respiriology Consult Note

47 Respiriology Clinic Note

71 Letter

94 EMG Report

95 Resuscitation/Goals of Care

Site Specific Worktypes

University / Victoria (Helpline 35131)

45 OB/Gyn Clinic Note

76 Tumour Board

80 Clinic Report

81 Adult Psychiatry Note

82 Child/Adolescent Psychiatry Note

83 Women's Health Clinic Note

84 Trauma Resuscitation Note

85 Trauma Clinic Note

86 Speech Language Pathology

87 Urgent Neurology Clinic Note

88 John H. Kreeft Clinic Note

89 General Medicine Clinic Note

90 Geriatric Medicine Clinic Note

91 TIA Clinic Note

92 Thoracic Surgery Clinic Note

93 In-Hospital Transfer Note

LRCP (Helpline 35131)

70 Radiation Treatment

72 Social Work

73 Gyn Summary Sheet

74 Gyn Clinic Note

75 LRCP Clinic Note

76 Tumour Board

77 Palliative Care Consultation

78 Palliative Care Clinic Note

79 Spiritual Care Clinic Note

St. Joseph's (Helpline 65584)

42 SJH Clinic Note

43 HULC Clinic Note

74 Gyn Clinic Note

Parkwood Institute (Helpline: 65584)

50 Parkwood Clinic Note

51 Day Hospital Note

52 Psychology Note

Parkwood Institute Mental Health & Southwest Centre (Helpline: 65584)

52 Psychology Note

60 Assessment Report

61 Review Board Summary

62 Miscellaneous Note

63 Mental Health Clinic Note

64 Letter (Non-Clinical)

71 Letter (Clinical)

EMG (Helpline: 65584)**60 Assessment Report****Southwest Rehab (Helpline: 65584)****66 Southwest Rehab Assessment****67 Regional Evaluation Centre****68 Electromyography****69 Independent Medical Evaluation****Guidelines for Dictating:**

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

Discharge Summary

1. Dates of Admission and Discharge
2. Discharge Diagnoses (Most Responsible, Pre and Post Comorbidities)
3. Operations/Procedures
4. Brief history of Current Illness
5. Course in Hospital (brief summary of the management of the patient while in hospital including any pertinent investigations, treatment and outcomes)
6. Discharge Plan and Condition on Discharge
7. Discharge Medications (name, dosage and frequency)
8. Follow-up Plans (discharge Instructions, further investigations and tests)

Operative Report

1. Date of Operation
2. Preoperative Diagnosis
3. Postoperative Diagnosis
4. Surgeon
5. Assistants
6. Anaesthetist
7. Type of Anaesthetic
8. Clinical Note
9. Operative Procedure

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

Distributed Education

Schulich Medicine & Dentistry offers a dynamic and progressive curriculum in diversified environments throughout Southwestern Ontario. This provides students and learners exposure to patients, health systems and health challenges in a collection of regional, rural and urban sites.

Schulich Medicine & Dentistry is viewed as a leader in DME. The School's program was officially established in 1997 as the Southwestern Ontario Regional Rural Medicine (SWORRM) Program. Since that time, the program has experienced tremendous growth and expansion. DME remains a vital enabler of high quality education across the spectrum of programs at the Schulich School of Medicine & Dentistry. It is a key success factor woven through all aspects of our system from admissions through to postgraduate work.

Our postgraduate trainees undergo a rigorous and thorough training program grounded in all of the theory and practice that is relevant to their discipline. An experience within the Schulich Medicine Distributed Education compliments this work, by introducing the trainees to possible communities within which they may consider working in the future. By providing opportunities within communities of various sizes, trainees start to get a sense of what is important to their future careers. A community experience is the most ideal complement to the academic health sciences experience that has represented a majority of their training to date.

Schulich Medicine Distributed Education offers funded rotations to all Ontario residents. These rotations provide an opportunity for residents to experience learning, living and working in Southwestern Ontario. Ontario medical residents outside of the Schulich School of Medicine & Dentistry can apply for training opportunities within Schulich Medicine Distributed Education.

Reimbursement for travel and funding for accommodation is provided for rotations of a minimum of 4 weeks in length. Many communities have accommodation available to our residents in designated apartments or houses.

- Residents receive an email prior to the rotation to inquire about the requirements for accommodation.
- Should a resident have specific needs please contact Distributed Education to discuss your circumstances.
- Residents must confirm their accommodation needs with their respective Program Coordinator (see contact info below) one month (30 days) in advance of their rotation.
 - If notice is not received 30 days prior to the start of the rotation then it will be assumed by Schulich Medicine Distributed Education that accommodation is not necessary and will therefore not be funded by Schulich Medicine Distributed Education.

Schulich Medicine Distributed Education communities provide a low teacher-learner ratio and offer a very hands-on learning experience. It is our goal to make your experience the best possible!

For Rural Regional rotations contact:

Scheduling Coordinator, Megan Baxter

Tel: 519-661-2111 ext. 86225

distributed.education@schulich.uwo.ca

Documenting Progress Notes etc. on the Patient Chart (hardcopy)

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

Documenting on the Electronic Chart

You may have the option of dictating your Discharge Summary or using the template within PowerChart (Advanced Clinical Notes) to complete your summary and then post it for your Attending to sign off. If you do not have access to Advanced Clinical Notes please contact Medical Affairs ext 75125 to inquire.

Email@ Hospital

Each resident and clinical fellow has been set up with a hospital email account (Outlook) which is a secure, private and confidential mode of information transmission.

Confidential or sensitive business or identifiable patient or staff/affiliate information must not be transmitted by e-mail external to the secure email 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 (@lhsc.on.ca). Your Western University email account (@uwo.ca) is outside the secure system.

All residents and clinical fellows will be given a hospital Outlook account. Outlook 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:
https://wts.uwo.ca/office_365/email/account.html

The **Hospital Email Policy** can be found at: <https://policy.lhsc.on.ca/policy/electronic-mail-email-use>

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 Outlook email 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 email 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 email system. It is your responsibility to ensure that you initiate, maintain, and read the messages on your Western University email account regularly. You must set up your Email 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 would have been sent to you via email (if you are a new trainee). It will also appear in Single-Sign-On (SSO) system. For more information about the Western University online 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 email 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://wts.uwo.ca/office_365/email/account.html.

If you have any questions/concerns regarding your email 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

Phone Number: x75112

Pager: x17511

Email: robert.sibbald@lhsc.on.ca

St. Joseph's Health Care London Clinical Ethicist:

Marleen Van Laethem

Phone Number: x42251

Pager: x10522

Email: Marleen.VanLaethem@sjhc.london.on.ca

Please visit the Ethics websites for more information:

LHSC <https://intra.lhsc.on.ca/ethics>

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, Mt Hope Center for Long Term Care 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 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

It is required that residents provide personal contact information to their leaders for potential call-back/fan-out to the hospital to assist with a mass casualty incident response

Code Orange CBRN - LHSC - CBRN Disaster

Code Grey - Critical Infrastructure Failure/External Air Exclusion

Code Silver - Person With a Weapon

Emergency Lockdown - LHSC

LHSC/St. Joseph's: Residents that have a disability which may impact their ability to respond to an emergency are encouraged to contact Medical Affairs. Medical Affairs leadership will work with the Resident and Emergency Management to develop a specialized emergency response plan.

Residents that are victims of domestic violence that would likely expose the Resident or other works to physical injury in the workplace are required to contact Medical Affairs leadership. The resident is also strongly encouraged to collaborate with Medical Affairs leadership and Security in the development of a personal safety plan.

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

3333

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

Fitness Program LHSC

Where Wellness Works

Welcome to LHSC. Your wellbeing is important to us. As such, we have created a variety of programs and initiatives that help to create and foster a culture of wellness within our walls. These resources can be easily integrated into your day and include our Indoor Marked walking routes at both University and Victoria Hospital (1 Km at VH – 2nd floor and 400 M at UH – 3rd floor) and our outdoor fitness circuit located in the Rose Garden at VH. We have also created a wide selection of online resources that can be utilized at any time that fits with your schedule. These include movement, mobility and mindfulness videos.

In addition, we will also come to provide stretch breaks on units, during training programs, or before a day of surgery. To view current resources or to see 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. Let's work together to make LHSC a happy and healthy organization.

HealthForceOntario

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](#)
- [Transition to practice \(TIPS\): Information on when and how to apply for your license, billing number CV preparation, Cover letter preparation, Interviewing tips, etc](#)

For more information please contact your Community Partnership Coordinators:

Laurie Nash - Erie St. Clair

- Email: l.nash@healthforceontario.ca
- PH: 519-350-1809
- <http://www.healthforceontario.ca/Jobs/MarketingandRecruitment/CPP/Erie.aspx>

Jane Tillmann - Southwest

- Email: j.tillmann@healthforceontario.ca
- PH: 519-200-4896
- http://www.healthforceontario.ca/Jobs/MarketingandRecruitment/CPP/south_west.aspx

Infection Prevention and Control (IPAC)

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.

PHYSICIAN RESOURCES - to visit the IPAC website, please click [here](#) or view individual links below.

Protect Yourself and Others

- [Hand Hygiene](#)
- [Routine Practices](#)
 - [Donning & Doffing of Personal Protective Equipment](#)
 - [Aerosol Generating Procedures](#)
 - [Standard Wiping Protocol](#) - LHSC
 - [Standard Wiping Protocol](#) - St. Joseph's

Isolation Requirements

- [Additional Precautions](#)
 - [Clinical Syndromes Requiring the Use of Controls Pending Diagnosis](#) - LHSC
 - [Clinical Syndromes Requiring the Use of Controls Pending Diagnosis](#) - St. Joseph's
 - [Acute Respiratory Illness](#)
 - [Initiation and Discontinuation of Precautions](#) - LHSC
 - [Initiation and Discontinuation of Precautions](#) - St. Joseph's

Other Resources

- [Infection Prevention and Control Resources](#)
- [Gowning & Gloving Training](#)
- [Responsibility Regarding Notification of Infection Control Team & Reportable Diseases](#)
- [Surgical Patient Safety Checklist](#)
- [Infection Prevention and Control Workshop](#) - comprehensive document

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.

The need for a professional interpretation service or assistive device must be considered in the following situations:

- 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

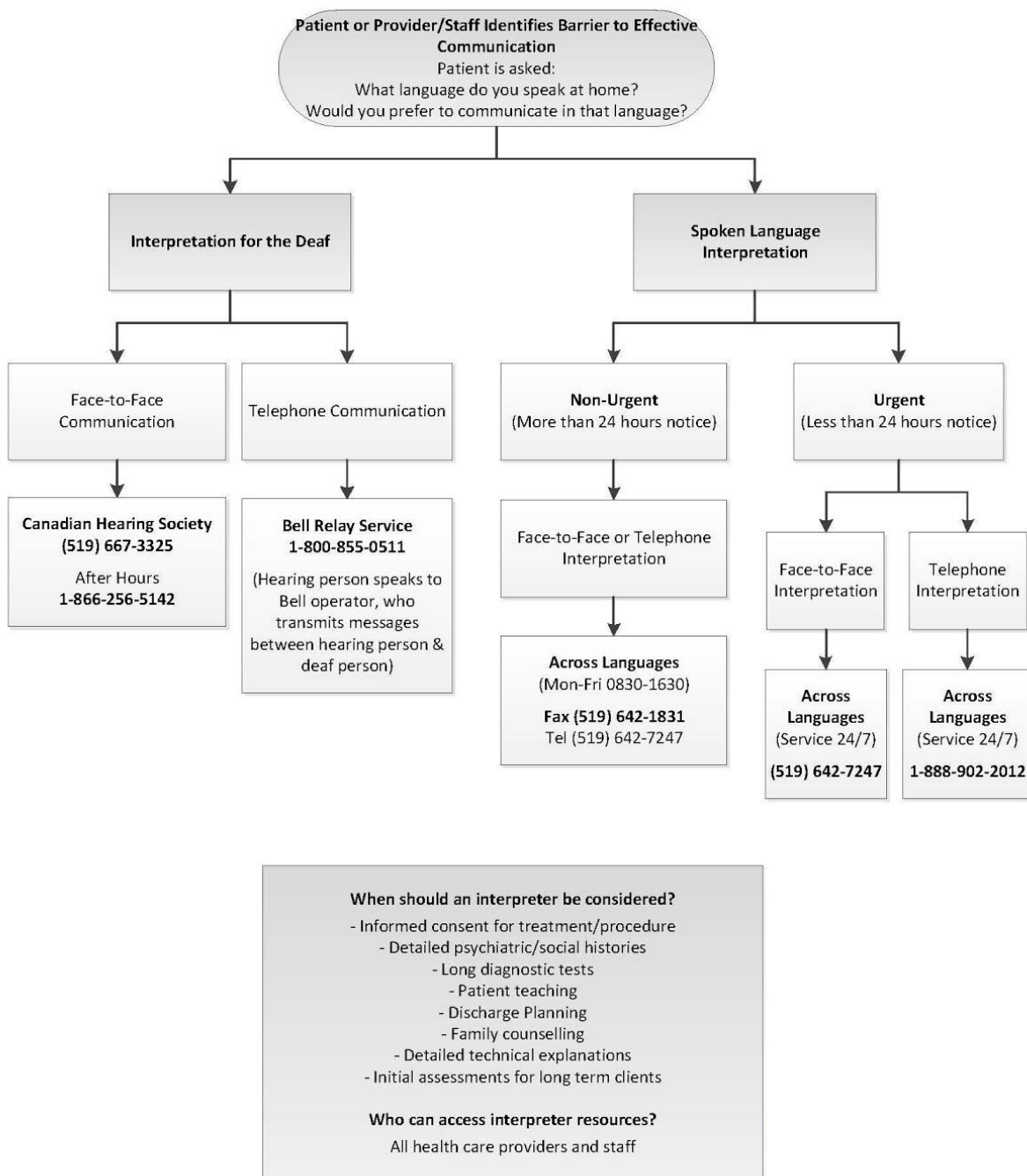
St. Joseph's:

TTY (Teletypewriter) / TDD (telephone devices for the deaf) are located throughout each St. Joseph's site. Please contact switchboard for locations. There are also TTY payphones available.

St. Joseph's Interpreter Policy and Decision Guide can be viewed at https://apps.sjhc.london.on.ca/sjhc-policy/search_res.php?polid=PCC043&live=1

LHSC:

Use the decision guide on the next page to figure out which service is most appropriate to call. <https://intra.lhsc.on.ca/interpretation-and-translation-services>



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

Library Services – LHSC

Study Space

You can use the study space and computers in the library by visiting:

- Victoria Hospital and Children's Hospital, VH B2-125 (Zone B, 2nd Floor)

Librarian Services

Masters-trained librarians at LHSC are highly experienced and will help you find quality information to support patient care, clinical practice, quality improvement initiatives and research related to hospital's strategic priorities. Clinical Librarians offer the following services:

- Literature Searching
 - [Librarian-mediated literature searching services](#)
 - [Systematic Review support](#) and [Subject Specialists](#)
 - [Consultation and advice on search strategies](#)
- Instruction
 - [Library instruction](#) (database searching, critical appraisal, EBM, Copyright, mobile access to clinical resources or point of care tools)
- Publishing Support
 - [Citation management, authorship, journal selection](#)
- Keeping Current in your Field
 - [Email alerts](#) to the electronic table of contents for journals in your field or [Search alerts](#) on clinical topics of your choice
- [Copyright Support](#)
 - Librarians offer support to individuals wishing to learn about the basics of copyright law in Canada, maintain copyright compliance, and apply the LHSC Copyright policy to a wide variety of uses of copyrighted materials at LHSC

For more information, please visit: <http://www.wohkn.ca/lhsclibrary>

Library Technician Services

Library Technicians are often the first point of contact for library clients. They can provide information about library procedures, after-hours access, library loan policies and refer your information requests to the appropriate librarian. Technicians are also experts in retrieving those difficult to find articles or print resources which may not be available at LHSC Library or Western Libraries.

- [Requesting Articles/Books](#)

Resources

Through the library, you can:

- Access [point of care clinical tools](#)
- Access [electronic books](#) and [journals](#)
- Browse or borrow [print collections](#)
- Search various [online databases](#)
- Request [articles and books](#) not available in the LHSC collection
- Use Internet workstations, study space, and two charging stations that support most mobile devices
- Access most resources remotely through [EZ-Proxy](#) (using your hospital Citrix login)

Library Information

Staff at the LHSC Health Sciences Library can provide additional information about the services and resources available to residents and fellows.

For more information about the library's services and resources, visit the library Website (<http://www.wohkn.ca/lhsclibrary>).

Library Staff Serving Residents and Fellows from a Centrally-Located Site at Victoria Hospital

Staff Location	Library Technician	Librarians
Victoria Hospital and Children's Hospital B2-125	Juanita Meyer, Library Technician x 52042 juanita.meyer@lhsc.on.ca	Gabriel Boldt, Clinical Librarian (Serves London Regional Cancer Program-LRCP) x 55209 gabriel.boldt@lhsc.on.ca Erin Boyce, Clinical Librarian (Serves Children's Hospital and University Hospital-based Residents and Fellows) x 35860 erin.boyce@lhsc.on.ca Alla Iansavitchene, Clinical Librarian x 56037 alla.iansavitchene@lhsc.on.ca Danielle MacDougall, Clinical Librarian (Serves Children's Hospital and University Hospital-based Residents and Fellows) x 55145 danielle.macdougall@lhsc.on.ca

Health Sciences Library is open and staffed from 8:00 a.m. to 4:00 p.m., Monday to Friday. **After-hours access is available to all residents and fellows** by placing their LHSC ID badge on the card reader beside the Health Sciences Library doors. Use the red **Exit** button beside the doors to leave Health Sciences Library after-hours.

Library Services – St. Joseph's

There are staff library services at each of the three 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
- Rebecca Due, Assistant x64439

Parkwood Institute – Main Building x 42414, Room E2-106 (Western Counties Wing, Main Hall)

- Lorraine Leff, Medical Librarian x42976
- Marie Ondajon, Assistant x42414

Parkwood Institute – Mental Health Care Building x 47543, Room F2-250 (main lobby, left/east side)

- Elizabeth Russell, Medical Librarian x 49685
- Allison Fairbairn, Assistant x47543

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

- Elizabeth Russell, Medical Librarian x49685
- Heather Sye, 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 Institute-Main 0830 – 1700

Parkwood Institute-Mental Health Care 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 <https://www.lib.uwo.ca/taylor/index.html>

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, Dynamed, 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 Orien Duda 519-254-5577 ext.33178 or orien.duda@wrh.on.ca)

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

Library Services - Windsor Regional Hospital (WRH)

The Windsor Regional Hospital - Metropolitan/ Ouellette Campus, Health Sciences Library, has quiet space and reference material for use within the library.

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 Services:

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.

Medical Affairs

Resident Orientation information can be found at:

<https://www.sjhc.london.on.ca/medical-affairs/orientation/residents-clinical-fellows>

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

Call 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
- Electronic Health Record Training

Medication Reconciliation

Medication Reconciliation has three vital components:

1. Obtaining and electronically documenting a best possible medication history (BPMH).
2. Referencing the BPMH when writing initial medication orders and documenting the reasons for medication changes.
3. Comparing the BPMH 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 (AC) as Medication Reconciliation is a Required Organizational Practice (ROP). LHSC must have formal Medication Reconciliation process at inpatient admission, transfer and discharge to fulfill these accreditation requirements. By the Fall of 2018, in order to meet the newest AC ROPs, LHSC must also implement a process to reconcile medications on non-admitted patients that visit the Emergency Room as well as select ambulatory clinic patients. Plans are underway to meet these additional ROPs by the deadline.
- To fulfill the hospital's Quality Improvement Plan (QIP) requirement of the Ministry of Health and Long-term Care (MOHLTC). Provider compliance to Medication Reconciliation at admission is being tracked and is reported back the MOHLTC on a regular basis. The compliance target for 2018-2019 is 85%. New since last year, Medication Reconciliation at discharge will also be tracked and reported back to MOHLTC on a regular basis. The compliance target for 2018-2019 is TBD.

What does this mean for residents?

- There is functionality within the electronic health record (EHR, Cerner system) that must be used for documenting the patient's BPMH and reconciling medications throughout the patient's hospital stay. Documenting the BPMH is done at the patient's entry point into the hospital (i.e. at the Pre-admission Clinic; upon admission to LHSC through the emergency room or direct admission to the clinical area).
- Reconciliation of the home medications with hospital medications is done electronically at admission; transfer between medical services and at discharge from 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 BPMH (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 EHR.

Microbiology “Pearls”

[Antibiogram](#)



For local sensitivities visit the hospital Microbiology site:
<https://intra.lhsc.on.ca/pathology-and-laboratory-medicine-palm>

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, usually in pairs and chains)

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.

Viral Loads

Viral loads are performed on selected viruses including but not limited to CMV, EBV and BK virus at LHSC. Other viral loads including HIV, HCV and HBV are referred out for testing at PHL. These tests are

to monitor disease progression and to monitor response to treatment. Small changes in viral loads are often not clinically significant. As our patient population include immunocompromised patients it is important to know that viral loads for CMV and BKV are often part of the monitoring process of these complicated patients. It is also important to realize that viral loads measured are dependent on the equipment being used and the extraction and amplification kits being used in laboratories, therefore the most important use of these viral loads is to establish a monitoring threshold for your patient and to realize what a significant change is. A significant change is usually defined as a 0,5 log change, this needs to be clinically interpreted i.e.w. if your patient is exhibiting signs and symptoms of disease it is likely to be significant.

Molecular methods/PCR

These tests indicates the presence of a specific gene if we refer to these tests for viral assays the correct terminology is a qualitative molecular test examples of this tests includes the Respiratory Viruses Panel (RVP16). This test detects different viruses associated with colds and respiratory symptoms. Other tests are the VZV PCR, HSV 1& 2 PCR etc., these tests are generally reported as a "detected" or "not detected" result. The result is only representative of the presence or absence of DNA and is not indicative of an intact and fully functional pathogen. This is important to understand and highlights the necessity to interpret molecular tests in combination with a clinical diagnosis.

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
Approach to Acute Abdominal Pain	6 / 2F, 1P
Approach to Acute Chest Pain	5
Airway Management	3
Altered level of consciousness	3
Approach to Blood from GI tract	3
Chronic Health Disorder	4 / 1P
Communication with Families	5
Communication with Healthcare team	5
Care for End-of-Life Patient	1
EKG Interpretation	3
Examination of Newborn	3
Participate in a Family Meeting	1
Failure to thrive	2P
Failure to Cope	4A
Approach to patient with Fever	6 / 3P
Fracture Management	2
Approach to Gender health	2M / 4F
Comprehensive Geriatric Assessment	2

Gynecological complaints	10
Approach to Headache	6
IV Insertion	1
Mental Status Exam	3
Mood/anxiety disorders	6
Musculoskeletal injury/pain	10
Care for Oncology Patient	2
Paediatric eval (NB-school age)	5
Pelvic Exam	3
Approach to Post-Operative Care	5
Approach to Prenatal/antepartum care	10
Preventative strategies	20 / 5P
Psychotic disorders	3
Rash	8 / 4P
Screening for Common Malignancy	10
Shadow Healthcare Professionals	2
Shortness of breath	5A / 2P
Sterile Technique, local anesthetic	2
Approach to Substance abuse	5
Summary of Patient Assessment	10
Suicidal Risk Assessment	3
Sutures/Wound Closure	3
Assist with Delivery of Baby	5
Approach to Weakness or Fatigue	6

A = Adult; **P** = Paeds; **M** = Male; **F** = Female
 “Yellow Book” Tracking

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

Reporting Workplace Injuries and Illnesses

LHSC

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.

- [Injury and Illness Support](#)
- [Staff Adverse Event and Hazard Reporting](#)
- [WSIB](#)

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

<https://intra.lhsc.on.ca/sites/default/files/uploads/BBPoster%20July%202017.pdf>

St. Joseph's

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/health-services/what-do-if-im-injured-or-ill>

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 - A pager number no longer exists for VH, but the number to call is 56500
- 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). The surgeon must be in the hospital in order to start the case. Recently, we have had a few residents tell us that the surgeon was in the building when they were not. A phone call from a surgeon saying that they were on their way isn't acceptable either.

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.

<https://intra.lhsc.on.ca/priv/periop/or/policies/booking.htm>

Notes:

The order in which cases will proceed will be managed by the on-call anesthetist and OR Coordinator / 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, patient's PIN, age, NPO, ARO, MH allergy status, staff surgeon, procedure, equipment needs, patient location, amount of time needed, type of anesthesia and category of case. Contact information for the surgical team should also be registered. Please make sure that this form is filled out correctly and legibly, with the *correct call back numbers* (many times the numbers are illegible and it is not clear who to call back).

After completing the Emergency Booking form, the surgeon or Senior Resident must speak with the anesthesiologist on-call and the OR Coordinator / 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 Coordinator / 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 cell phone, it will be provided by SCHULICH Windsor Campus Education Assistant staff on the first day of your rotation. You are responsible for the cell phone. Fees will be levied to individuals damaging, losing or not returning the cell phone.

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 \$55.00 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.

NOTE: Residents doing a rotation at St. Joseph's Family Medical Centre will be required to obtain a hang tag from the St. Joseph's Parking Office located in the Visitor Parking Garage - Ground Floor - 0730 to 1730 (Monday - Friday).

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. Proxy cards 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 5:30am 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 with the SCHULICH Windsor Campus office.

Parking at WRH - Ouellette Campus

Please park in Lot “G” (corner of Goyeau and Erie) free of charge with your hospital prox card between the daytime 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.



PARO

The Professional Association of Residents of Ontario is the official representative voice for Ontario's doctors in training. PARO's priority is to advocate on behalf of its members, addressing professional and educational concerns in order to optimize the training and working experience of Ontario's newest doctors thus ensuring that patients receive the best possible medical care.

PARO champions the issues that create the conditions for residents to be their best and ensure optimal patient care. PARO is committed to:

Optimal Training - where 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.

PARO is your association. Resident representatives from across the province are elected to PARO's General Council each year. General Council representatives bring the voice of their resident constituents to General Council as PARO sets its policy and direction for the year.

Elections for a new General Council are held in August via an online election process. We encourage you to consider participating in PARO. An e-blast will be sent out detailing nomination information and key dates. We'd love to see you get involved!

IMPORTANT RESOURCES

The PARO website (myparo.ca) offers a variety of helpful resources to help you thrive throughout your residency. Below is an overview of some of the information you can find online:

- **Contract Highlights** – the most frequently asked questions about the PARO-CAHO Agreement.
- **Thriving in Residency** – our top tips for managing your wellness and maintaining a positive work/life balance
- **Working in Residency** – a guide to all the steps you must take before you can start working in Ontario's medical system
- **Teaching During Residency** – tips and resources to make teaching a rewarding experience
- **Understanding Long-Term Disability** – everything you need to know about PARO's LTD plan
- **Frequently Asked Questions** about Pregnancy and Parental Leave
- **Special Offers** for PARO Members

THE PARO-CAHO COLLECTIVE AGREEMENT

The PARO-CAHO Collective Agreement governs Call Guidelines, Call Stipends, vacation time and leaves (including parental and pregnancy leave, travel reimbursements, and salaries).

A full version of the Collective Agreement can be found on the PARO website.

Answers to some of the most commonly asked questions can be found on our Top Contract Questions page.

If you need more information or clarification about anything in the contract, please feel free to contact the PARO Office:

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

Email: paro@paroteam.ca

EMPLOYEE BENEFITS:

As a member of PARO, you are entitled to a variety of health and wellness benefits such as life insurance, dental coverage and paramedical treatments.

A detailed benefit booklet can be found on the HR website ([PARO benefit booklet](#)), but an overview of what you are entitled to as part of the PARO-CAHO Collective Agreement can be found on our website.

Please note these extended health care benefits are not administered by PARO. For specific information about your benefits, please call your HR associate at 519-685-8500 ext. 46247

CONTACT INFORMATION:

PARO Office:

paro@paroteam.ca

1-866-435-7362

Western PARO General Council:

<http://www.myparo.ca/general-council/Western/>

PARO Website

www.myparo.ca

PARO 24 Hour Help Line:

A confidential support service for residents, medical students, their partners, and families.

1-866-435-7362 or 1-866-HELP DOC

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 online 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.

LHSC: <https://policy.lhsc.on.ca/policy/use-restraint>

St. Joseph's:

https://apps.sjhc.london.on.ca/sjhc-policy/search_res.php?txtTitle=restraint&txtKeywords=&lstslts=&submit=Search

Patient Self-Medication Program Policy

The goal of self-medication programs (SMP) is to improve patients' ability to safely and effectively manage their medications. This is accomplished by enhancing patients' medication knowledge and confidence, and by providing opportunities to correct inappropriate use and reinforce correct use.

This policy and associated appendices can be accessed via the following link:
<https://policy.lhsc.on.ca/policy/patient-self-medication-program>

Responsibilities of the Most Responsible Provider (or delegate) include:

- Assessment of the patient's eligibility to participate in the program;
- Knowledge of the inclusion/exclusion criteria and excluded medications;
- Obtaining consent from the patient/legal guardian for self-medication program (SMP);
- Entering an order when a patient is identified to participate in SMP and modification of orders as required.

In PowerChart, the instructions for implementing this program are as follows:

Provider Instructions

The process begins when the Provider orders the new "Self Medication Program" order.

1. Type self in the Search field when ordering Self Medication Program.
2. Click Self Medication Program.
3. Add any special instructions or medication exclusions in the Instructions/Exclusions: field.
4. For quick access there will be a reference link to the SMP policy from the Order.



Discontinue Self Medication Program

The Self-Medication Program will be discontinued when the patient is no longer in the program.

1. Right-click on the order and selecting Cancel DC.



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://policy.lhsc.on.ca/policy/patient-requests-be-anonymous>

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 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 (T2R) Program

Based on the Royal College CanMEDS Roles, the Transition to Residency 2018 for PGY1 Residents is a core component of PGY1 training in Postgraduate Medical Education at the 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. The Transition to Residency series will be held at Western University.

More information can be found here:

http://www.schulich.uwo.ca/medicine/postgraduate/current_learners/pgme_academic_programs/transition_to_residency.html

Transition to Residency (T2R): Summer 2018

Wednesday, July 11, 2018: 1-4pm

Wednesday, July 18, 2018: 1-4pm

Wednesday, July 25, 2018: 1-4pm

Wednesday, August 1, 2018: 1-4pm

Wednesday, August 8, 2018: 1-4pm

Wednesday, August 15, 2018: 1-4pm

Wednesday, August 22, 2018: 1-4pm

Wednesday, August 29, 2018: 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.

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

<https://intra.lhsc.on.ca/sites/default/files/uploads/Pharmacy%20and%20Medication%20Orders%20at%20LHSC.pdf>

The LHSC Drug Formulary is available online: https://pharmapp.lhsc.on.ca/formulary_prod/public/

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 medication 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://policy.lhsc.on.ca/policy/physiologic-monitoring>

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.

Autopsy Policy

LHSC is an acute care, academic and research health care organization. As such, LHSC strives to provide quality patient care in life and safe and respectful care in death, while also supporting the academic and research goals of the organization.

Autopsies provide an essential part of medical practice, teaching and research at the hospital. An autopsy provides follow-up, demonstrates the effectiveness of treatment, confirms clinical judgment and is a research resource and reference point for renewal of medical wisdom.

Authorization for autopsy shall be discussed with each dying patient, or family of a deceased patient, at London Health Sciences Centre (LHSC). A patient may only provide [autopsy authorization prior to death](#) for the purpose of medical education or research in accordance with the [Trillium Gift of Life Network \(TGLN\) Act](#).

No undue pressure should be used in cases where the person(s) is/are not willing to give authorization. It is quite permissible, however, to point out the inestimable value of autopsies to the advancement of medical education and research.

Refer to [Appendix E](#) for referral/acceptance of outside non-coroner's cases for autopsy at LHSC.

Coroner's Case

If the coroner is or becomes involved in a post mortem investigation, it is the coroner who has the authority to order an autopsy. The coroner must:

- Inform the family of his/her intentions with regards to autopsy proceedings and retention of tissue/organs by the Department of Pathology and Laboratory Medicine (Pathology);
- Discuss plan for disposition of tissues/organs by Pathology following completion of investigation; and
- Provide the family with clarification and additional/further information if required.

The autopsy report is issued from the Office of the Chief Coroner, not from LHSC. No report will be filed on the deceased's health record.

If the coroner has ordered an autopsy and questions arise from the family refer to [Common Questions about Death Investigations](#).

For more information: <https://policy.lhsc.on.ca/policy/autopsy>

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, please contact: Professional Practice Specialists at NursingProfessionalPracticeConsultant@lhsc.on.ca

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://policy.lhsc.on.ca/policy/consent-treatment>

Discharge Planning

While each attending physician will have slightly different expectations regarding signing of notes. Ideally Discharge Summaries should be created/dictated and authenticated with 48 hours of the discharge. This will facilitate the family physician and other active physicians receiving the Discharge Summary in a timely manner so follow up care can occur promptly and safely.

Discharge summaries should include the following information (note: some items come pre-populated from PowerChart if using Advanced Clinical Notes and others you may need to verbalize if you are dictating

Patient Demographics

Surname:

First Name:

PIN:

Copies to physicians providing ongoing active care

Encounter information

Date of Admission

Date of Discharge

MRP

Identifying Information

Most Responsible Diagnosis

Active Problems Addressed in hospital

Past Medical/Surgical History

Problem oriented summary (use a new heading for each active problem addressed in hospital)

- Patient's baseline level of function and brief summary of initial presentation:
- Course in hospital including Treatment provided, Results of procedures, key investigations and other important developments while in hospital
- patient status at time of discharge related to the problem (i.e., pertinent physical findings and lab findings at time of discharge related to the problem)
-

Reconciled List of Medications at time of Discharge (ideally sequenced based on type of medication and indicating in () next to the medication if it is a new dose or new drug and, if applicable, planned duration of treatment

Discontinued drugs and reason

Allergies

Discharge Recommendations and follow up Plans organized by problem

Problem 1 :

Plan for managing problem

- Current/Planned Therapies
- Planned/Pending Investigations
- Communication to Patient /family
- The service providing the follow up and what they will be doing.
- Disposition (nursing home or home)
- Services arranged (ie. home care)
- Results of Goals of Care discussions

Repeat for each problem

End of Life Care

LHSC and St. Joseph's are committed to documenting a Resuscitation Status plan in case of cardiac arrest, respiratory arrest or life-threatening emergency where there is no time to obtain consent. At St. Joseph's, this is done on a paper form. At LHSC, it is an electronic order. Both processes use the same language. Importantly, Resuscitation documents 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>

<https://intra.sjhc.london.on.ca/clinical-professional-practice/clinical-ethics>

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://intra.lhsc.on.ca/priv/conduct/message.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.

For more information, please visit: <https://intra.lhsc.on.ca/priv/employee/values.htm>

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=WWE&STR=1&TAB=PROFILE&MIN=014&BRN=41&PRG=41>

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:

http://www.schulich.uwo.ca/medicine/postgraduate/academic_resources/policies.html

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/current_learners/awards/index.html

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: https://www.schulich.uwo.ca/learner-equity-wellness/equity_professionalism/charter_medical_dental_professionalism.html

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:

https://www.schulich.uwo.ca/learner-equity-wellness/equity_professionalism/code_of_conduct.html

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

http://www.uwo.ca/univsec/pdf/policies_procedures/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

<https://www.cma.ca/En/Pages/code-of-ethics.aspx>

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 Education 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/Distributed Education 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/Distributed Education 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/current_learners/outgoing_electives.html

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.

The Associate Dean of Learner Equity & Wellness and/or the 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. The Associate Dean, Learner Equity & Wellness 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/learner-equity-wellness/about_us/news/2015/the_code_of_conduct_at_schulich_school_of_medicine_dentistry.html

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>

To contact the Learner Equity & Wellness Office and/or any of its members, please contact 519-661-4234 or email equity.wellness@schulich.uwo.ca.

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.

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:

http://www.schulich.uwo.ca/medicine/postgraduate/future_learners/docs/Policies%20for%20Website/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.

LHSC: <https://policy.lhsc.on.ca/policy/harassment-and-discrimination-all-employees>

St. Joseph's: https://apps.sjhc.london.on.ca/sjhc-policy/search_res.php?polid=STF042&live=1

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>

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/future_learners/docs/2012Leave-of-Absence-and-Training-Waivers.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/future_learners/docs/Policies%20for%20Website/2012 Supervision-Policy.pdf](http://www.schulich.uwo.ca/medicine/postgraduate/future_learners/docs/Policies%20for%20Website/2012%20Supervision-Policy.pdf)

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 of Information and Protection of Privacy Act. If you have questions, please refer to: <http://www.uwo.ca/univsec/privacy/index.html>

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:

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

The Canadian Post-M.D. Education Registry (CAPER) is a national database 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.

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.

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/future_learners/docs/Policies%20for%20Website/Religious_holidays.pdf
or www.myparo.ca.

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:

http://www.schulich.uwo.ca/medicine/postgraduate/academic_resources/policies.html

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/future_learners/docs/Policies%20for%20Website/2012-Resident-Health-and-Safety-Policy.pdf

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.

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.

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/future_learners/docs/Policies%20for%20Website/Transfer_Policy.pdf

National Transfer Guidelines can be found:

https://afmc.ca/sites/default/files/documents/national-transfer-guidelines_en.pdf

Requests for transfers may be made, in writing, to 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/future_learners/docs/Policies%20for%20Website/Vacation_Policy_for_Off_Cycle_Residents.pdf

Waiver of Training Policy

http://www.schulich.uwo.ca/medicine/postgraduate/future_learners/docs/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 54 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/academic_resources/pgme_committee.html

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, pdas (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 toolbar 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

- o Tillsonburg District Memorial Hospital
- o Alexandria Hospital
- o St. Thomas Elgin General Hospital
- o Four Counties Hospital
- o Strathroy Middlesex General Hospital
- o Listowel Memorial Hospital
- o Wingham & District Hospital
- o 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.
- **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 Administration Record (MAR)** – Displays information on drugs, routes and frequencies that the patient is currently on. MAR only displays medication information for the current encounter only. The MAR Summary allows you to view medication information on other encounters such as the Emerg. encounter.
- **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

Residents have a legal, organizational and ethical responsibility to protect the privacy and confidentiality of patients.

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 to understand your responsibilities related to privacy and confidentiality at:

LHSC: <https://intra.lhsc.on.ca/privacy>

St. Joseph's: <https://intra.sjhc.london.on.ca/support-teams/privacy>

This site will provide information to LHSC and St. Joseph's staff, physicians, volunteers, and contracted staff with information related to hospital's and your role in complying with the Ontario privacy legislation PHIPA (Personal Health Information Protection Act, 2004) and the brand-new HIPA (Health Information Protection Act, 2016).

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 LHSC, ext 32669 and at St. Joseph's at ext 65591

It is against Corporate Policy to share your password for others to use (any activity under your passwords will be linked to your log in).

Patient information should not be downloaded to personal devices including cell phones.

There are several policies in the corporate policy manual related to privacy, please review them as needed. <https://policy.lhsc.on.ca/> or <https://intra.sjhc.london.on.ca/our-st-josephs/policies-and-forms>

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 nonjudgmental 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 followup 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:

Ordering Imaging: All Medical Imaging procedures are ordered electronically at all 3 hospital sites. There is no cross facility ordering.

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 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.

Viewing Radiology Images

On any hospital computer, you can access images from 15 sites with full functionality through Agfa Zero Viewer and about 42 sites through the OneView- DIR application. With reduced functionality you can view 10 Cerner sites through Powerchart or ClinicalConnect.

Please ensure you remove the patient identifiers when downloading images.

Instructions on how to do this and for more information go to:

<https://intra.lhsc.on.ca/medical-affairs/picture-archiving-communication-system-pacs>

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 Initiatives" you will then enter your username and password is "incident".

Recording Adverse Events - St Joseph's Health Care

Patient Safety Reporting System (PSRS) is a tool to assist the organization to identify the gaps and risks in our patient care systems and processes. Consistent reporting and review of adverse events and near misses enables us to more effectively reduce risk, ultimately improving patient safety and quality of care.

The information collected in PSRS is not used punitively or to identify/track staff performance issues. If you encounter patient/visitor safety event/near miss it should be documented in PSRS. All staff have access to the PSRS.

From the Start menu - select All Programs - Clinical Programs - Patient Safety Reporting - Create event

Username: Novell

Username Password (all caps): SJHC

Contact Darlene Cambridge (ext. 47511) or Andrea Daher (ext. 47834) for assistance.

There is an eLearning module available via Learning Edge. Staff can also visit the [PSRS Resources Page](#) on the intranet.

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.

View the policy here: <https://policy.lhsc.on.ca/policy/reporting-laboratory-critical-values>

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
- ANOVA London (*Formerly Women's Community House & Sexual Assault Centre London*, shelter and counselling for abused women): 519-642-3000

Rotation Schedules for 2018-2019

https://www.schulich.uwo.ca/medicine/postgraduate/current_learners/rotation_schedules.html

- 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	Sunday, July 1, 2018	Monday July 30, 2018
2	Tuesday, July 31, 2018	Monday, August 27, 2018
3	Tuesday, August 28, 2018	Monday, September 24, 2018
4	Tuesday, September 25, 2018	Monday, October 22, 2018
5	Tuesday, October 23, 2018	Monday, November 19, 2018
6	Tuesday, November 20, 2018	Monday, December 17, 2018
7	Tuesday, December 18, 2018	Monday, January 14, 2019
8	Tuesday, January 15, 2019	Monday, February 11, 2019
9	Tuesday, February 12, 2019	Monday, March 11, 2019
10	Tuesday, March 12, 2019	Monday, April 8, 2019
11	Tuesday, April 9, 2019	Monday, May 6, 2019
12	Tuesday, May 7, 2019	Monday, June 3, 2019
13	Tuesday, June 4, 2019	Sunday, June 30, 2019

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 2018/2019 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 entered by a Senior Medical Student for the investigation or treatment of a patient must be countersigned prior to the orders being processed and actioned.

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.

Please make sure that scrubs are returned after each use. There are lots of staff members who take all of their sets out of the machine and keep them for months and washing them at home. When this is done, the sets are considered to be 'lost' (once they go missing for 3-4 weeks and are not returned), and staff are charged accordingly.

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 7:30am 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 Business Office Room B0-068.

Once your payment has been made, please bring your receipt to the Customer Support Center, room A0-012, 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 Campus

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

Location of Dispensing Machines - Schulich Windsor Campus

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

WRH – Ouellette Campus – inside the old 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 Health Care London x 44555 which also includes the sites of St. Joseph's Hospital, Parkwood Institute Main Building, Parkwood Institute Mental Health Care Building and Southwest Centre for Forensic Mental Healthcare.

Panic / crisis buttons are available in the newer parkades at Victoria and University Hospitals of LHSC and Parkwood Institute parking garage. 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 Management Plan on the hospital intranet:

<https://intra.lhsc.on.ca/emergency-management>

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 Health Care London 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:

<https://policy.lhsc.on.ca/policy/security>

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: 519-661-3030

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>

(Click on the 'Find a Doctor' Tab)

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 Learner Equity & 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), 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 Assistant Dean, Learner Equity & Wellness (Postgraduate) 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 Learner Equity & Wellness Office has a full-time experienced counselor who can provide support and expert counseling.

The Learner Equity & 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 Learner Equity & 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

Hospital Employee Assistance Program

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

Despite the work done in the initial Surviving Sepsis campaign in 2010, the number of preventable Sepsis deaths at LHSC remains high, and higher than our benchmarked peers. Sepsis has been identified as one of key areas/opportunities for improvement to decrease the Hospital Standardized Mortality Ratio (HSMR) in line with peer hospitals.

The current focus for sepsis management at LHSC has been on improvement initiatives in the ED and improvements that will be disseminated throughout the organization. The focus will continue to be on early identification and treatment of sepsis.

The following tools have been revised and have been implemented at LHSC:

- Revised Medical Directive for the ED
- a Sepsis Screening Tool-electronic for the ED
- a Sepsis Checklist for inpatient units
- Sepsis Antibiotic Guidelines-revised February 2015

Mandatory education on identification of sepsis is required for all medical students, nursing staff, allied health professionals, residents, and clinical fellows. These are currently being revised and will be available in a ME learn.

For more information go to: <https://www.lhsc.on.ca/priv/sepsis/>

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.

Note: Order must be put in to allow patients to

- come off telemetry to shower
- come off telemetry for test or must be accompanied off unit for tests

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 Brady arrhythmia
- Resuscitated ventricular tachycardia or fibrillation
- Non-sustained 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 determined that monitoring is no longer necessary.

Telephone/Web Directory

LHSC: 519-685-8500
St. Joseph's: 519-646-6000
Western University: 519-661-2111

Places	LHSC-UH	LHSC-VH	SJHC	Western
Admitting	33191	58116	66015	
Audio/ Visual	35016	52012	64209	
Bookstore				83520
Cafeteria	35857	52494	66146	
CCAC	32690	58750	64030	
Chaplain On-Call	Bp. 14695	Bp. 14695	Bp. 10389	
Clinical Ethicist	Robert Sibbald x75112 Bp. 17511		Marlene Van Laetham X42251 Bp. 10522	88780
Computer Helpdesk	4-HELP (44357)			83800
Computer Store				83520
Customer Support	35959	53939		

Learner Equity & Wellness				84234
ER Triage Desk	35781	54957	67070	
ER Triage – Paeds		52372		
Film Library	35843	58298	65628	
Health Records	35841	58119	65511	
IT Help Desk	4-HELP (44357)			81377
ICU	33361	58760 (Paeds-528 24)		
ID Cards	46247	46247	44555	

Infection Control	56031	56031	64490	
Library	35863	54042	64439	83168
Library - Parkwood			42414	
Library - Southwest Centre			49605	
Library - Parkwood Mental Health			47543	
Microbiology		58212		

Places	LHSC-UH	LHSC-VH	SJHC	Western
Medical Affairs	75125	75125	75125	
Nuclear Medicine	33433	52985	64183	
Occ. Health	33201	52286	64332	
OR Front Desk	33310	58226	64505	
Pager – Charge Nurse 1st Call	14891	19065	10330	
Pager Management	53530	53530		
Parking Office	32446	52709	65113	83973
Pathology	City Wide 56495 Core Lab	City Wide 56495 Biochem Results	64261 Core Lab	
PGME Office				82019
Pharmacy	35886 Inpt	52162 Inpt	64376	
Radiology-General	33226	58297	66035	
Rec. Centre				83090
Research Office				86206

Security	52281	52281	44555	
Transcription Dept.	35131		65584	

Places	LHSC-UH	LHSC-VH	SJHC	Western
University Community Centre				83722
Urgent Care			67020	
Wellness Office	56040	56040	65973	84234

Contacts at Western University

Learner Equity & Wellness Office	84234
Dr. Donald Farquhar, Assistant Dean	84234
Ms. Pam Bere, Counselling	86250

PGME Office

	82019
Dr. Chris Watling, PGME, Associate Dean	82019
Mr. Scott Rumas, Manager	82019
Ms. Courtney Newnham, PGME Office	86005
Ms. Karen Lancey, PGME Office	86020
Ms. Sheryl Jones, PGME Office	82019
Ms. Joan Binnendyk, PGME Office	86234
Ms. Kate O'Donnell, PGME Office	87675
Ms. Tara Coletti, PGME Office	86205
Ms. Julie Sischek, PGME Office	87537
Ms. Sylvia Mioduszewski, PGME Office	80432

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

Dr. Robin Walker, IVP Medical Education & Medical Affairs	64096
Dr. Sarah Jarman, St. Joseph's Health Care MAC Chair	47250
Dr. Andrea Lum, LHSC MAC Chair	75118
Mr. Bill Davis, Medical Affairs, Director	75119
Ms. Maureen Macpherson, Professional & Resident Relations	75113
Ms. Roxanna Caraman, Payroll Coordinator	75130
Ms. Stacey Taylor, Credentialing	75115
Ms. Gloria Castelo, Credentialing	75127

Community Hospitals (area code 519)

Blenheim	676-5431	Petrolia	882-4325
Brantford	751-5544	Sarnia	464-4400

Cambridge	621-2330	Seaforth	527-1650
Clinton	482-3440	Simcoe	426-0130
Collingwood	445-2550	St. Mary's	284-1332
Exeter	235-2700	St. Thomas	631-2030
Goderich	524-8323	Stratford	272-8210
Guelph	822-5350	Strathroy	245-5295
Ingersoll	485-1700	Tillsonburg	842-3611
K-W, Grand River	742-3611	Walkerton	881-1220
		Wallaceburg	352-6400
Listowell	291-3120	Warton	534-1260
Newbury	693-4441	Windsor, Grace	257-5111
Owen Sound	376-2121	Windsor, Regional	254-5577
Palmerston	343-2030	Wingham	357-3210
Paris	442-2251	Woodstock	421-4211

Miscellaneous Contacts:

CEHPEA	416- 924-8622	www.kehpea.ca
CFPC	1-800-387-6197	www.cfpc.ca
CMA	1-800 663 7336	www.cma.ca
CMPA	1-800-267-6522	www.cmpa.org
CPSO	1-800-268-7096	www.cpso.on.ca
OMA	1-800-268-7215	www.oma.org
Manulife Financial	1-800-268-6195	www.manulife.ca
MCC	1-613-520-2240	www.mcc.ca
PARO	1-877-979-1182	www.myparo.ca
PARO Helpline	1-866-HELP-DOC	
PGME	519-661-2019	http://www.schulich.uwo.ca/medicine/postgraduate/
RDOC	613-234-6448	www.residentdoctors.ca
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

Internal <https://intra.lhsc.on.ca/medical-affairs>

External <https://www.sjhc.london.on.ca/medical-affairs>

Schulich School of Medicine & Dentistry <http://www.schulich.uwo.ca/>

Western University Library

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

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.
- Many factors including disease state, food allergies, and risk of malnutrition need to be considered when initiating nutrition support . Please refer to a Dietitian for a full nutrition assessment and individualized nutrition care plan.

Enteral Nutrition/Tube Feeding:

Standard polymeric tube feed is Isosource Fibre 1.2 or Isosource Fibre 1.0 HP. Use a polymeric for normal and intact GI function

Standard semi-elemental tube-feed is Peptamen Prebio or Peptamen AF 1.2. 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 (Medicine and CNS programs provide 7 day a week Dietitian coverage. For weekend/statutory holidays in other programs contact the on-call Dietitian pager 13881 0900-1600h) for full nutrition assessment and guidance regarding the implementation and advancement of tube feeds.

Total Parenteral Nutrition:

Consult the Dietitian in your area (Medicine and CNS programs provide 7 day a week Dietitian coverage. For weekend/statutory holidays in other programs contact the on-call Dietitian pager 13881 0900-1600h) for full nutrition assessment, assistance with TPN calculations and guidance regarding the implementation and advancement of TPN.

Cut off times for ordering total parenteral nutrition (TPN) varies across LHSC sites, please confirm with staff/leaders in your area.

Note: Orders placed after 1400 may not be filled until the next day.

Nutrient Requirements - Maintenance/Malnourished

Energy 20 - 25 kCal / kg body weight for the non-obese population.

Protein requirements vary significantly from 1.0 – 2.0 g / kg / day. Contact the dietitian in your areas for accurate assessment of needs.

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.

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:

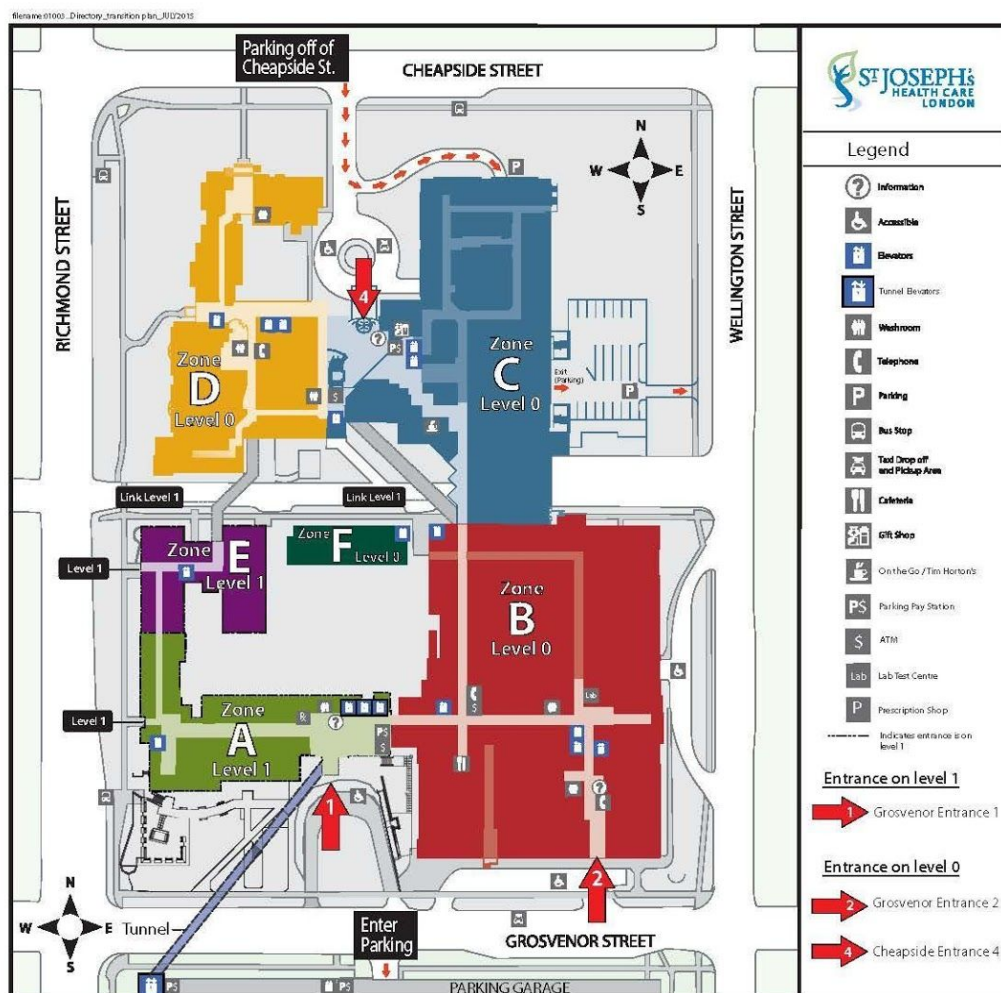


All the rooms at UH and VH have a 5-digit number. The first digit is a letter and identifies the zone the room is in. The second digit refers to the floor level. The final three digits refer to the room series. Room signs do not indicate the Hospital. Both UH and VH may have the same room numbers. It 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.











Zone Colour & Logo



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	

GHS - Hazard Pictograms and Related Hazard Classes		
		
Exploding Bomb <ul style="list-style-type: none"> • Explosives • Self-reactives • Organic Peroxides 	Corrosion <ul style="list-style-type: none"> • Skin corrosion/burns • Eye damage • Corrosive to metals 	Flame Over Circle <ul style="list-style-type: none"> • Oxidizing gases • Oxidizing liquids • Oxidizing solids
		
Gas Cylinder <ul style="list-style-type: none"> • Gases under pressure 	Environment <ul style="list-style-type: none"> • Aquatic toxicity 	Skull & Crossbones <ul style="list-style-type: none"> • Acute toxicity (fatal or toxic)
		
Exclamation Mark <ul style="list-style-type: none"> • Irritant (eye & skin) • Skin sensitizer • Acute toxicity • Narcotic effects • Respiratory tract irritant • Hazardous to ozone layer (non-mandatory) 	Health Hazard <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive toxicity • Respiratory sensitizer • Target organ toxicity • Aspiration toxicity 	Flame <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-heating • Emits flammable gas • Self-reactives • Organic peroxides

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:
 - o Control risks
 - o Summon immediate assistance
 - o Report incidents or complaints
 - o Investigate and deal with incidents or complaints
 - o Respond to domestic violence in the workplace
 - o Provide information and instructions to protect workers
 - o 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://intra.lhsc.on.ca/occupational-health-and-safety-services-ohss/workplace-violence-prevention>

Schulich Windsor Campus

Accessing 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
- Windsor Regional Hospital (WRH) - Ouellette Campus
1030 Ouellette Avenue, Windsor
Tel: 519-254-5577
- Hotel Dieu Grace Healthcare
1453 Prince Road, Windsor Tel: 519-257-5111

Hospital Medical Affairs Office:

Windsor Regional Hospital - 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 - Ouellette Campus

1030 Ouellette Ave
Renee Sperduti
Tel: 519-254-5577 ext 33148
Fax: 519-225-2121
Email: Renee.Sperduti@wrh.on.ca

Hotel Dieu Grace Healthcare

1453 Prince Road, Windsor
Allison Brooks
Tel: 519-257-5511 ext 76929
Fax: 519-257-5143
Email: Allison.Brooks@hdgh.org

Schulich Windsor Campus offices located at the Windsor Hospitals

as follows:

- **Windsor Regional Hospital (WRH) – Ouellette Campus**
5th Floor Room 5.536
Contact: Bianca Vasapolli, Clinical Education Team Leader – Clerkship/Residency
Tel: 519-254-5577 Ext 31064
Email: biancav@uwindsor.ca
- **Windsor Regional Hospital (WRH) – Metropolitan Campus**
4th floor at the Metropolitan Campus, Room 4306
Contact: Beverly Nicholls, Education Assistant –
Surgery, OB GYN and Anaesthesia
Tel: 519-254-5577 Ext 52507
Fax: 519-561-1413
Email: surgobgyn.schulich@wrh.on.ca
- **Windsor Regional Hospital (WRH) – Metropolitan Campus**
3rd floor at the Metropolitan Campus, Room 3401, 3rd Floor
Contact: Alex Carson, Education Assistant –
Paediatrics and Psychiatry
Tel: 519-254-5577 Ext 56424
Fax: 519-561-1413
Email: ugepsychfampeads.schulich@wrh.on.ca

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 with the SCHULICH Windsor Program office.

Parking at WRH - Ouellette Campus

Please park in Lot “G” (corner of Goyeau and Erie) between the daytime 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 Ouellette is located on Goyeau Street. You can also enter the hospital from Ouellette Ave.

NB- on the first day of your rotation in windsor, only if designated at the Ouellette campus only, please park in the parking garage. You will be able to move your car back to the corner of Goyeau and Erie.

Schulich Windsor Academic Half Days

Academic half days are as scheduled per department

Schulich Windsor Administrative Staff

The Schulich School of Medicine & Dentistry – Windsor Campus main office is located on the University of Windsor Campus in the new Dr. Murray O'Neil Medical Education Centre

Address: University of Windsor
Medical Education Centre
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.,

Schulich Windsor Campus Housing Accommodations

Address

Medical Arts Building (MAB)
1011 Ouellette Avenue
Windsor Ontario N9A 4J9

Accommodation Application Form: Please complete both forms at once

https://www.schulich.uwo.ca/medicine/undergraduate/windsor_forms/windsor_housing_request_form.html

https://www.schulich.uwo.ca/medicine/undergraduate/windsor_forms/windsor_trainee_accommodation_agreement.html

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 link note above.

Family Unit

The SCHULICH Windsor Campus has 2 units which shall be designated for the use of a family requiring accommodation in Windsor. Each family unit has:

- two bedrooms with two queen beds, and pillows (4 standard pillows) - all towels and bedding will be provided by the trainee (queen size bed)
- full kitchen,
- 2 full private baths,
- living area.

The use of these units shall be subject to availability and will be allocated on a first come first serve basis. Due to fire regulations a maximum of 6 people (family) will be eligible to stay in the unit.

Single Unit Accommodation

The SCHULICH Windsor Campus has 21 single units which shall be designated for the use of a single learner requiring accommodations in Windsor. Each unit has:

- one queen size bed, and 2 pillows all towels and bedding will be provided by the trainee (queen size bed).
- mini fridge,
- microwave,
- private bath with shower,
- desk,
- television

The use of these units shall be subject to availability and will be allocated on a first come first served basis. Due to fire regulations a maximum of 2 people will be eligible to stay in the unit.

Schulich Windsor Campus Lounge

Available to all Windsor Campus 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 535

Contact: Christine Gignac/ Gail Franklin, Education Assistant –
Family Medicine

Tel: 519 254-5577 Ext: 33964

Fax: 519 561 1413

Email: FMWindsor.Schulich@wrh.on.ca

Windsor Regional Hospital (WRH) – Ouellette Campus

1030 Ouellette Avenue

5th floor – Room 5.469

Contact Stephanie Baker, Education Assistant – Medicine

Tel: 519 254-5577 Ext: 33380

Fax: 519 973 4915

Email: medicine.schulich@wrh.on.ca

Schulich Windsor Campus 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 Campus Suite

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

Schulich Windsor Cell Phone

If you are to be assigned a cell phone, it will be provided by SCHULICH Windsor Campus Education Assistant staff on the first day of your rotation. There is no long distance use. You are responsible for the cell phone. Fees will be levied to individuals damaging, losing or not returning the pagers.

Schulich Windsor Email Accounts

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

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

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 Campus

arthur.kidd@hdgh.org

Stephanie Coccimiglio, Learner Equity & Wellness Coordinator, Windsor Campus

equitywellness@uwindsor.ca

Telephone: 519-253-3000 x4312

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, Dyanmed, 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 (Monday-Friday): 8am - 4pm

After Hours Access

- Via authenticated Prox Card after library orientation with librarian (please make an appointment with the Library Coordinator 519-254-5577 ext.33178)

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.

Schulich Windsor Lockers and Scrubs

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

Schulich Windsor Travel and Accommodations

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

Submission Instructions:

Windsor Trainees Only – DEN 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 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/distributededucation/about_us/forms_and_policies/learner_travel_expense_form.html

Though some travel will be necessary between Windsor and London, DEN does not encourage trainee travel. DEN will make every effort to assist trainees to attend teaching occurring in London via teleconference or videoconference. On a limited basis, DEN will fund travel to London for teaching purposes only if teleconferencing or video conferencing 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, DEN will assist trainees with travel at DEN's discretion.

Please submit all travel expenses by email distributed.education@schulich.uwo.ca or mail. 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:

*Distributed 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: distributed.education@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 Western University audit standards. All submissions are kept on file for audit purposes.

SCHULICH WINDSOR CAMPUS does not reimburse any meal expenses.

Windsor Campus Directory

Name	Title	Phone number
Dr. Gerry Cooper	Associate Dean	519-253-3000 ext 4818
Dr. Lawrence Jacobs	Assistant Dean	519-561-1411
Nicole Sbrocca	Manager	519-561-1416
Dr. Art Kidd	Assistant Director for Learner Equity & Wellness	519-253-3000 ext 4312
Stephanie Coccimiglio	Learner Equity & Wellness Coordinator	519-253-3000 ext 4312
Bianca Vasapolli	Clinical Education Team Leader	519-254-5577 ext 31064
Beverly Nicholls	Education Assistant	519-254-5577 ext 52507
Stephanie Baker	Education Assistant	519-254-5577 ext 33380
Alex Carson	Education Assistant	519-254-5577 ext 56424
Christine Gignac/ Gail Franklin	Education Assistant	519-254-5577 ext 33964

Windsor 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.

Personal Notes

[illegible]

