

My First Week of Residency: Survival Pearls & Call



PGY-1 Resident Orientation: June 30 2016

Dr. Patrick Murphy

Welcome to Residency!

Are you ready for a brand new chapter in your medical career?

Here are some tips and tricks to survive your first few days, and CALL...



July 1, 8:00 P.M.

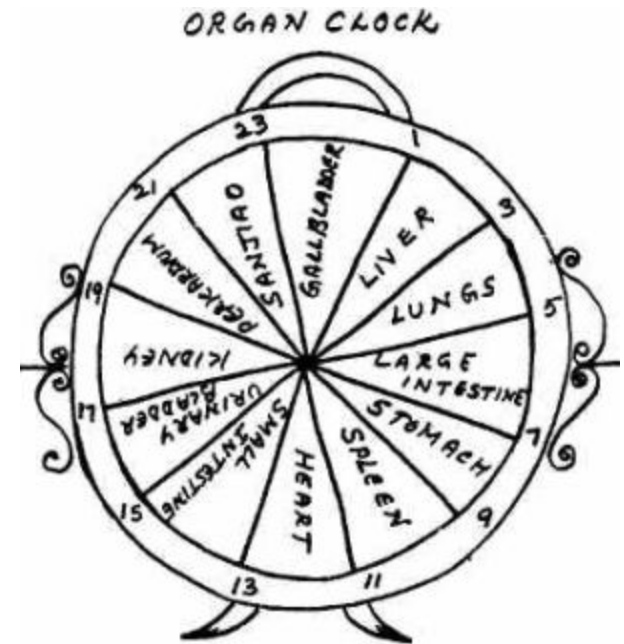
You arrived in London yesterday for Orientation and you are now on **your first night of call**. You started your call at 5pm on Medicine CTU; it's now 8pm.

While hanging out on the ward, you realize that you left some information in your car that the Program Admin sent you. When you get to your car you see your keys laying on your seat. You locked your keys in the car. What do you do?



Parking Garage After Hours

- A. Call CAA
- B. Fumble your way through
- C. Call security as they can help with unlocking your car.



Important Resources

- There is a [Resident Handbook online](#).
It contains tons of useful information relating to all aspects of starting residency.
- Your safety is important! Anytime you do not feel comfortable please feel free to contact security at your training site, within London, or at our distributed training sites
 - Security is available to escort you to your car
 - SJHC ext. 44555
 - VH ext. 52281
 - UH ext. 32281
 - Security will also give you a boost in the winter, unlock your car if you lock your keys in, etc.
 - Panic buttons in tunnels and parking garage



Preparing for Your Night on Call

- ◆ Know where your call rooms are
- ◆ Bring food and snacks
- ◆ Cafeteria / Tim Horton's hours
- ◆ Scrubs
- ◆ ID badge and pager
- ◆ Important numbers
- ◆ Cell phone and charger
- ◆ Resources



You are now back in Emerg for a consult and you get a call from the floor. The **medical student you are working with** has called to talk to you about pain relief for a patient.

You ask him to go ahead and order Tylenol. **He needs your signature** for the order to be processed.



Orders

- A. It's only a Tylenol order. Tell the M3 to give the nurse a verbal order. Tell the student not to bother you with simple orders in the future.
- B. You call the nurse to put it in as a “telephone order” in the EHR, and you will sign the order later.
- C. You put in the order in EHR yourself.
- D. Ask the medical student to put the order into EHR, and you will co-sign it.
- E. Write the order in the paper chart.

July 1, 8:30 P.M.

After signing the order, you are back to see the patient in the emergency department. Mrs. Brown has presented with **fever, shakes/chills, fatigue, abdominal pain, and severe diarrhea.**

**The patient is on
contact precautions...Do you**



Precautions

- A. Pretend to be busy, checking the patient tracking system/EHR to see if someone else will get assigned to the patient.
- B. Put on the appropriate personal protective equipment and see the patient.
- C. See the patient without precautions...it is probably nothing!

July 1, 8:35 p.m.

You begin assessing the patient
As you approach, the patient asks if
you washed your hands.

*Respond with a polite “yes” and thank
them for playing their role in infection
control. Indicate that you will gladly
wash your hands again if there is a
concern.*



Infection Control



CONTACT PRECAUTIONS



Wash Hands on
Entering and
Leaving Room



Gloves

For Contact with Patient or Potentially
Contaminated Surfaces/Equipment



Gown

DROPLET PRECAUTIONS



Wash Hands on
Entering and
Leaving Room



REGULAR

Mask for Patient
Contact

AIRBORNE ISOLATION



Wash Hands on
Entering and
Leaving Room



EMPLOYEES
N95/ HEPA
Respirator to
Enter



Negative Air Pressure
Keep Door Closed

Sunday, 8:40 P.M.

As you are continuing to assess the patient, the nurse walks in and tells you that she has tested as **Clostridium difficile positive.**

What will you do?



Diarrhea and C Diff +

- A. Wipe your hands on your greens and scream **ewwwww, yuck!**
- B. Put on a gown. Isolate the patient as best as possible.
- C. Send your med student to see the patient instead of you.

INFECTION CONTROL

Dr. Michael John



Admission

You decide to admit Mrs. Brown.

- ◆ Admission care sets on Electronic Health Record (paper orders if in community)
- ◆ Medication reconciliation
- ◆ VTE prophylaxis
- ◆ Code Status (paper document)



YOU WILL RECEIVE FORMAL EHR TRAINING!

July 1, 9:40 P.M.

As you are finishing with your current patient, you get a page from the nurse that **Mrs. Smith, 99 years of age** (an admitted patient) is not doing well.

You assess her. Her oxygen saturations are dropping and it appears that she has aspirated. She is **not protecting her airway and will likely require more invasive management.**

You are uncomfortable with taking care of her all alone. **What do you do?**

WHAT DO I DO?

- A. Call your senior and/or staff at home.
- B. Attempt to manage the patient yourself, even though you are uncomfortable.
- C. Defer the assessment – somebody else will hopefully deal with it later, and by then the patient will come around.
- D. CALL CCOT!



CCOT

- ◆ Critical Care Outreach Team
 - ◆ **X33333** (for all London sites)
 - ◆ **X888** (Windsor)
- ◆ CCOT nurse
- ◆ RT
- ◆ ICU fellow/staff
- ◆ Can be activated by nurse/MD
- ◆ Ongoing help with care and facilitate transfer to ICU if necessary



After a CCOT assessment, the patient is still deteriorating. You speak to the family and they decide to proceed with comfort care only, as per the patient's wishes.

Shortly afterward, the nurse informs you that **Mrs. Smith was just found unresponsive** and has a **Do Not Resuscitate Order** in place. You need to pronounce her.

The nurse hands you a large envelope and informs you that you need to complete the appropriate papers and contact the appropriate parties.

What do you do?

Mrs. Smith

- A. Consult your Resident Handbook online for helpful materials on what to do
- B. Break down and cry since this is the first death you are dealing with
- C. Pronounce Mrs. Smith dead, call the coroner if necessary and complete the appropriate paperwork

Mrs. Smith

- Ask the patient or substitute decision maker about code status on admission
- Complete the end-of-life form (not on EHR).
- Know the patient's wishes and code status **before** escalating care and/or resuscitating.



The Autopsy Policy has been recently updated to strengthen the process related to organ retention and disposition, to provide transparency and enable a valid, informed consent.

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

Guidelines are provided on the Autopsy Authorization form to assist regulated health professionals obtaining consent. If you have questions about this policy, contact Pathology and Laboratory Medicine at darby.krueger@lhsc.on.ca.

More about this topic, as well as many others, will be discussed at the “Transition to Residency” summer lecture series.





Transition to Residency

Survival tips and skills to manage common calls

- Every Wednesday afternoon beginning July 6th
1pm – 4pm DSB 1002
- Topics include: Chest Pain, Neuro Emergencies,
Acute Dyspnea, GI Bleeding, etc.
-

*** You will be released from service to attend ***

July 2, 6:30 a.m.

On the way to rounds you run into the Medicine Attending physician who tells you that he just congratulated the Smith's family on Mrs. Smith's 99th birthday, hoping that she lives many more years.

What did you forget to do?

Communication



- Communication between health care professionals is extremely important
 - Call staff when a death occurs (particularly if suspicious)
 - Dictate death summary and copy all physicians associated with the patient
 - Keeping the family MD in the loop with clinic notes and discharge summaries
 - Dictating on time and copying appropriate physicians
 - Reviewing cases with seniors or staff
 - Communication with nurses and allied health professionals
 - Communication among the patient care team (residents, med students, etc.)



Feeling Overwhelmed?

It has been quite an exhausting few days with moving to London, completing all the Western and hospital requirements, etc.

Now you are on a busy floor trying to integrate with the team and worried about doing the best for your patients.

You are feeling **overwhelmed** and you begin to question your ability to handle residency... **what do you do?**

LEARNER EQUITY AND WELLNESS

Dr. Don Farquhar



You are chatting with some of the Residents on the unit, and mention a situation you had in Emerg and the Attending you were working with there. The senior resident informs you that this interaction with the Attending could have been much worse. Your Attending is known for wandering eyes and roaming hands.



As you recoil from the thought, **you decide to prepare yourself in case this should ever happen to you.** You decide that:

Harassment

- A. Any form of harassment is intolerable, so you decide to familiarize yourself with harassment policies on the hospital intranet as well as Western policies on their site.
- B. Report the offending behaviour to any of your Program Director, Department Chief, or PGE office.



July 5, 1:00 a.m.

You are called to emergency to see a weak and dizzy octogenarian with a very long medication list.

She has **had a recent visit to the St. Joseph's Urgent Care Centre** in the last month.

You believe that **investigations done at that time would be helpful.**

What do you do?



Patient Information

- A. Call the lab to get the old results
- B. Call Urgent Care, SJHC to send over the patient's chart.
- C. Check site-specific EHR for the information.
Remember to change the encounter to the UCC encounter and go to the MAR Summary to see medications administered in Urgent Care.

Patient Information

- Can access lab results, radiology reports, and medications administered from any hospital in Southwestern Region: Tillsonburg, Listowel/Wingham, Woodstock, Alexandria, St. Thomas, Four Counties, Strathroy, LHSC and St. Joseph's Hospital
- Can access Ontario Lab Information from your OLIS tab in Powerchart and through Clinical Connect



Patient Information

- PowerChart

- Lab results

- Imaging

- Ordering, Consulting,
Accepting a Transfer,
Discharging

- Consult notes,
discharge summaries

- Some progress notes

- Patient information

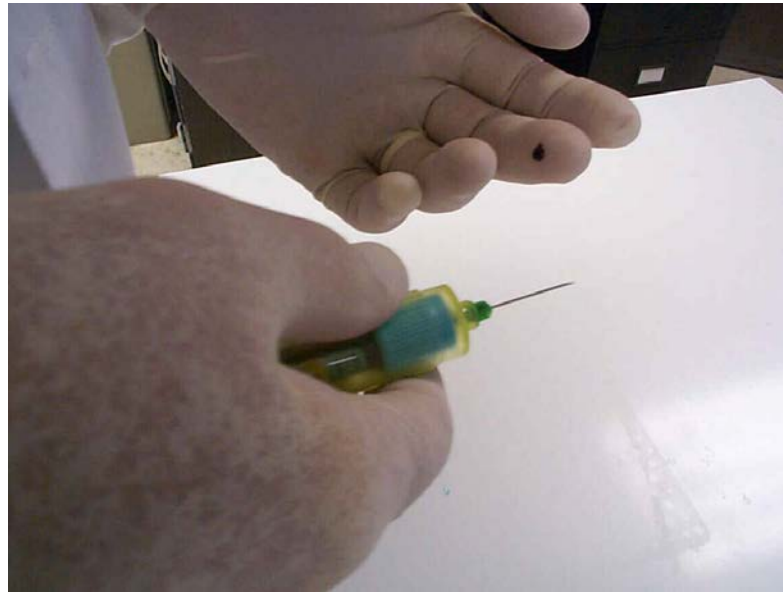
- **Remember patient confidentiality**

Cannot look at charts for a patient if you are not directly involved in that person's care. Hospitals audit PowerChart and consequences can be serious! Never leave your account open and unattended on a computer

July 5, 4:00 a.m.

You are still in Emerg. You sustain a needlestick injury while performing a procedure on a patient with a history of IV drug use.

What do you do?



OCCUPATIONAL HEALTH

Cathy Stark



July 5, 7:00 a.m.

After further assessment and treatment, you realize that your octogenarian can now go home and will need the appropriate transportation.

You inform the family that she can go home and realize that you also need to complete the discharge process.

It's in your hands to ensure a smooth and safe discharge.

What do you do?



Discharge

1. Ensure patient is medically ready for discharge.
2. Ensure allied health services are in agreement with discharge and appropriate services are in place.
3. Inform patient and family of discharge plans.
4. Write a complete discharge note in chart.
5. Complete medication reconciliation and prescriptions in EHR.
6. Complete patient facesheet.
7. Arrange appropriate follow-up.
8. Place discharge orders in EHR.
9. Dictate discharge summary.

AD1-01 Name of hospital:

Dictation with Gennie Walton

LHSC Dictation numbers are obtained by
calling:

519-685-8500

Ext. 35131

Out-patients

AD1-01 Remarks / References:

Home First and CCAC

Trish Fitzpatrick and Bob Small

Basic Information			
A01-01	Name of hospital:		
A01-03	Street:	A01-04 No.:	A01-05 Zip code:
A01-06	City district:	A01-08 Town:	
A01-09	Admin. district:	A01-36 Federal state:	
A01-07	Country:	A01-22 Emergency call:	
A01-08	Phone reception / (patient) info desk:		
A01-07	Fax reception / (patient) info desk:		
A01-14	Email (hospital):		
A01-15	Website:		
TEMOS Contact Person <i>Please write family name in capitals. Please feel free to also indicate gender and academic title(s). For example: Dr. Claudia MUKA (Mrs.)</i>			
A01-12	Name:	A01-20 Phone A:	A01-19 Phone B:
A01-13	Email:	A01-37 Mobile:	A01-21 Fax:
A01-23	Type of hospital: <input type="checkbox"/> 1: Primary care / medical practice <input type="checkbox"/> 2: Secondary care <input type="checkbox"/> 3: Tertiary care <input type="checkbox"/> 4: Specialized facility	A01-24 <input type="checkbox"/> 1: Private hospital <input type="checkbox"/> 2: Public hospital	
A01-29	24 hours 7 days accident & emergency? (24/7 A&E) <input type="radio"/> Yes <input type="radio"/> No		
Patients last year			
	Total number	% Foreigners of total	% Private patients of total
In-patients	A04-46	A04-47	A04-50
Out-patients	A04-48	A04-49	A04-51
A01-01	Remarks / References:		

July 7, 2:30 a.m.

Having enjoyed this night's call, you decide to try and find a call room to catch some sleep. You don't know where the call rooms are.

After searching, you...



Find Me a Bed!

- A. Check the resident handbook online or the local hospital administrator for call room locations.
- B. Sleep? Sleep is for lightweights!
- C. Great! To avoid fatigue, ensure you get to the call room whenever you have some free time to sleep. Know where the call rooms are!



But then...you get paged...again

- **Paging**

- LHSC: Dial the pager number, then follow the instructions (call-back number, then #)
- Can call operator "0" for help

- **Calling**

- Direct extensions within the hospital
- Dial "9" for external calls
- The operator is an excellent resource!



- **Stat pages from Emerg**

Stat pages from – will have 999 in the page to identify it as stat

Must be responded to within 5 min

Must begin treatment within 15 min

Non-Stat pages from Emerg

Must be responded to within 15 min

Must begin treatment within the hour



July 7, 6:00 a.m.

You receive a call from your Mom. Aunt Ingrid has been taken to the hospital.

The only information your mom has is that she had trouble breathing and she had chest pain.

She wants you look up her information in the system to see if you find out more information.

After all the tuition she paid, she figures you can finally be of some help.

Privacy

You decide to...

- A. Use your login and look up the information
- B. Ask the nurse to look up the information
- C. Tell your Mom that accessing your Aunt's chart is a serious privacy breach, but if Aunt Ingrid gives written permission you can go to Health Records to gather this information.



- **Be aware of where you discuss patients**
- **Encrypt info stored on sticks/drives**
- **Use your hospital GroupWise email**
 - **Do not leave PowerChart open**
- **Do not leave patient lists lying around (they have been found in Wal-Mart among the bread)**
 - **Be careful about Facebook updates!**
 - **Careful when using patient cases and photographs (may need permission before using for educational purposes)**

Examples of Past Privacy Breaches in London

- **Consult note in playground**
- **Patient List found in car dealership**
- **Patient lists in public washrooms,**
- **Accessing imaging in Starbucks**
- **VIA train –discussions about patients**
- **Taking pictures of the Patient Board and posting on Facebook**
- **Discussing Patients on Facebook**
- **Taking pictures of charts with your phone**

Recent Privacy Breaches

[Privacy breach at Toronto Hospital](#)

[Privacy breach at Peterborough Hospital](#)



Perfumes/Colognes and Scented Products

As you enter the team huddle area before rounds, you run into the next resident coming on shift.

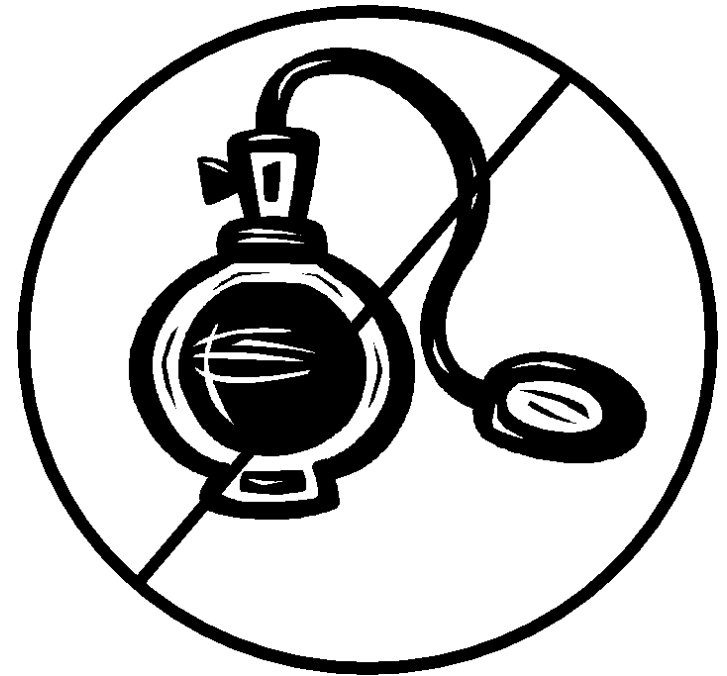
You take in the scent of their cologne or body lotion and are surprised that you can smell it from so far away.

What do you do?



Perfumes/Colognes and Scented Products

- A. Take it in and simply comment on how nice they smell.
- B. Say nothing, although you know you should, as there is a scent-free policy.
- C. Respectfully inform them that scented products, although nice, can be dangerous to those patients and staff with allergies and as such, the hospitals have a scent-free policy.



July 7, 8:00 a.m.

You have just finished handing over to the incoming resident.

You are going to get a bite to eat and reflect on your successful, exhilarating but somewhat exhausting shift.

You are wondering about how to get more involved in hospital and Resident initiatives...

LHSC FITNESS PROGRAM

Susan Rosato



Ways to Get Involved

- ◆ PARO
 - GC member, committees, events
- ◆ Committees within your home program
- ◆ Other professional organizations – CAIR, CPSO, OMA/CMA, etc.
- ◆ Teaching opportunities (medical school)
- ◆ Post-graduate Medical Education
 - Academic Half-days
 - Resident as Teacher
 - Transition to Residency
- ◆ Extracurriculars: fitness, sports, events, etc.



And finally...



INFORMATION ON PAY AND BENEFITS



Tammie Yardy and team is outside the auditorium to help you.

Where do I go from here?

1. Refer to the resident handbook online.

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

1. Read around your cases.

2. Devise a personal learning strategy for residency.

3. Be prepared for call.

4. Get involved.

5. Take care of YOU!

6. Have fun and learn lots!

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CANADIAN
MEDICAL
ASSOCIATION



MD Financial
Management
CMA Companies



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PARO Inspired by our
love of medicine



Learner Equity & Wellness

Postgraduate Medical Education



Finishing Up Tasks

Pagers – see the registration desk this afternoon

Scrubs- deposit and scrub card available outside auditorium

Parking- see the parking office in garage

Dictation Numbers: call ext 35131 to obtain your dictation number

ID Card – see agenda for times to get yours

Other??????



Attendance Today

For PGY 1 – As agreed by PARO and the hospital, you will be given a lieu day for your attendance today. The lieu day must be taken on a home rotation as agreed to by your home Program Director/Program Administrator.

Resident Representatives

Program	Program Representative
Anatomical Pathology– Auditorium A	Emily Goebel
Anesthesia – Auditorium A	Kyle Fisher
Cardiac Surgery – Auditorium A	Daniel Burns
Diagnostic Radiology – Auditorium A	Matthew Rochon
Emergency Medicine – Auditorium A	Andrew Schappert
Family Medicine – Auditorium C	Stephen Cornish & Kristin Chow (London) Aaron Sacheli (Windsor)
General Surgery – Auditorium A	Patrick Murphy & Zaid Khot
Internal Medicine – Auditorium C	Anurag Bhalla
Neurology – Auditorium C	Caroline Just
Neurosurgery – Auditorium C	Jonathan Lau
Nuclear Medicine – Auditorium C	Olfat Kamel-Hasan
Obstetrics & Gynecology – Auditorium A	Samantha Benlolo

Resident Representatives Cont...

Program	Program Representative
Ophthalmology – Auditorium C	Toylin Musewe
Orthopaedic Surgery – Auditorium A	Chris Del Balso
Otolaryngology – Head & Neck Surgery – Auditorium C	Peng You
Pediatrics – Auditorium C	Renee Pang & Sam Stewart
Physical Medicine & Rehabilitation – Auditorium A	Ranita Manocha
Plastic Surgery – Auditorium C	Emily Liu
Psychiatry – Auditorium A	Sumit Chaudhari
Radiation Oncology – Auditorium A	Tim Nguyen
Urology – Auditorium C	Wen Yan Xie
Vascular Surgery – Auditorium C	Matthew Ingves & John Landau

Lunch at the Great Hall at Western 2nd Floor of Somerville House

