

PARAdoc

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THE PROFESSIONAL ASSOCIATION
OF
RESIDENTS OF ALBERTA



THE PROFESSIONAL ASSOCIATION OF
RESIDENTS OF ALBERTA ADVOCATES FOR EXCELLENCE IN EDUCATION
AND
PATIENT CARE WHILE STRIVING TO ACHIEVE OPTIMAL WORKING
CONDITIONS AND PERSONAL WELL-BEING FOR ALL ITS MEMBERS

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Informed
Empowered
Involved

Remember:

This organization depends on volunteer residents for success.
If you don't do it, who will?

Who Is PARA?

What exactly do we do?

1 PARA negotiates a contract on your behalf that deals with the non-academic aspects of residency training. This includes pay, working conditions, and benefits.

2 PARA strives to enforce the terms of this contract.

3 PARA enhances resident well-being by organizing social events, information seminars and research.

4 PARA helps individual residents experiencing personal problems.

5 PARA advocates for individual residents with professional or academic difficulties.

6 PARA advocates on behalf of residents as a whole, at all levels and with various organizations:

PARA dues are tax deductible, have not risen in 20 years, and are amongst the lowest in the country.

How do we do all this?

- We were incorporated in 1975, and have a voluntary recognition agreement with the Universities and Health Authorities.
- We require volunteer residents to join our Board of Directors, and make decisions for the organization. We need these same residents to volunteer their time for the various committees on which we sit, and advocate for their fellow residents.
- To cover costs, we collect mandatory dues of just 0.95% from each resident who is paid through the Health Authorities (the majority.) Those not paid in this way are invited to join.

How can you get involved?

The Board of Directors is elected at the start of each academic year, in July. Please contact the PARA office for more information, and submit your name by April 30th, 2007.

All costs associated with attending meetings are fully reimbursed.

You are provided time off with pay in your contract to participate in PARA.



Did You Know? Alberta residents pay the one of the lowest dues in the country

PARA's membership consists of approximately 1,000 Residents in Alberta. PARA dues are only 0.95% of your gross wage - these are the second lowest in Canada. Other provincial house-staff dues run from 0.9% to 2.5%. PARA dues have not been raised since 1981.

Dues for the other PHO's across Canada are as follows:

PARA (Alberta)	0.95%
PAIRS (Saskatchewan)	1%
PAIRM (Manitoba)	0.9%
PAR-BC (BC)	1.85%
PAIRO (Ontario)	1.8%
PAIRN (Newfoundland)	1%
PAIR-MP (Maritimes)	1.3%

PARA dues are a tax deduction and a receipt is issued on your T4

President's Message

With the Holiday Season come and gone, I hope each of you were able to spend a few days relaxing with family and friends and catching up on some much needed rest. As we return for the New Year and the second half of the academic term, PARA reflects on the first half of 2007. PARA has had an incredible six months. We have worked side by side with our stakeholders on important endeavors that directly impact residents and our future in healthcare. One of PARA's recent accomplishments is the completion of the resident recruitment and retention survey, which was done in collaboration with the Rural Physician Action Plan (RPAP) and analyzed by Mr. Bryan MacLean.



The survey was conducted in November 2007 to assess the effectiveness of current recruitment and retention opportunities aimed at residents. Both recruiters and residents were surveyed. The results of this survey had a 40% response rate from the general membership. About 20% were Family Med residents, 51% were PGY1 and PGY2, and 64% work at University of Alberta with the remainder coming from the University of Calgary. After completing residency, 84% of Alberta resident physicians would seriously consider practicing in Alberta, but would be just as interested in moving out of the province if better incentives were available. Only 13% residents considered financial incentive to be very important. From comments made at the end of survey, it appears that many consider quality of life and location to be an important factor when choosing a practice location. About 75% of respondents had never been to a job fair, which was also considered a poor recruitment option by recruiters. Of those that did attend fairs, 63% were FM residents. About 29% FM residents wanted to practice in a rural setting vs. 8% of the overall resident population. A larger portion of the FM residents (40%) wanted to practice in an urban center vs. 67% total population.

Data collected from recruiters showed that hands on experience in a rural elective is one successful way to recruit newly graduated physicians. However, it would seem that positive recruiting outcomes are better achieved with physicians seeking placement in Alberta after completing their residency out of province. Overall the survey recommends increasing communication between recruiters and residents via a third party (to streamline information sent); creating a body that would recruit both in and out of province physicians; and lobbying for more financial incentives. Given physician recruitment in both rural and urban sites is suffering, it will be interesting to see how future recruiters use this information. For an in depth review of the survey results go to the PARA website at www.para-ab.ca.

Before I end this letter, for many residents, the holiday season can be a tough time. But you are not alone!! The PFSP line is available 24hrs a day, seven days a week, and 365 days a year. It is discrete, confidential and staffed by professionals who are trained to assist those in need. If you need to talk to someone, please do not hesitate to call 1.877.SOS.4MDS

Finally, if you have any residency related concerns, do not hesitate to contact us at 780-432-1749 in Edmonton; 403-236-4841 in Calgary or para-ab@shawbiz.ca via email.

From all of us here at PARA, best wishes to you and yours in the New Year.

Dr. Milli Gupta, President

P A R A

Professional Association
of Residents of AlbertaInformed
Empowered
Involved

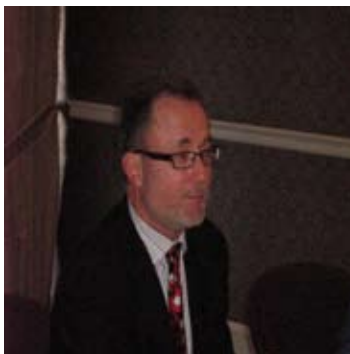
Over the last few months of 2007, the Government of Alberta proposed and passed changes to policy affecting principles of self-regulation in the medical profession. PARA expressed concern with the proposed changes to legislation, practice standards, codes of ethics and regulation of the medical profession; "this will be a detriment to public safety and the profession."

November 13th: PARA sent a letter to the Honorable Dave Hancock, Minister of Health and Wellness

November 14th: PARA published a Letter to the Editor in the Edmonton Journal on November 14, 2007 (see right of the page).

December 1st: In collaboration with the College of Physicians and Surgeons, the Alberta Medical Association and the Medical Students Associations in both Edmonton and Calgary, an advertisement highlighting issues surrounding compromised self-regulation was published in both the Edmonton Journal and Calgary Herald.

Despite collective efforts the AB government passed Bill 41 with minor amendments. On behalf of Resident Physicians, PARA would like to express gratitude to all of the organizations involved in championing the values of self-regulation.



Dr. T. Theman, Registrar,
College of Physicians &
Surgeons of Alberta

Speaking at the PARA
Board of Directors Meeting,
November 5, 2007,
Edmonton.

Doctor's orders

Re: "Doctors seek cure for controversial bill," *The Journal*, Nov. 7.

For more than a century, the medical profession has been entrusted with the privilege to self-regulate. It is a privilege also extended to other professions, such as associated health professionals, lawyers and engineers.

Resident physicians are very concerned with any legislation that could undermine principles of self-regulation and compromise public safety. Resident physicians respect the government's right to require accountability from the College of Physicians and Surgeons. However, we suggest the CPSA has always taken its statutory duties seriously and has strived to fulfil its obligations to serve the public and guide the profession. Further, it is most appropriately positioned to do so.

Resident physicians are hopeful that Section 135 of Bill 41 will be amended to reflect collaboration and consultation between physicians and government. A strong collaborative relationship between these two parties is critical in retaining physicians and recruiting new doctors to Alberta.

Most importantly, we believe that the health interests of Alberta's patients are best served by continuing to have a medical profession that is able to regulate itself.

Dr. Milli Gupta, president,
*Professional Association of
Residents of Alberta*

PARA Events

Mark your calendars, this year is going to be busy, big time! 2008

January - March 31:	"Spot the Stethoscope" website contest
January 16 or 17:	Tax and Financial Seminars in Calgary 6:00 - 8:00 PM Foothills Hospital Auditorium (Pizza will be ordered for Residents who RSVP)
January 23 or 24:	Tax and Financial Seminars in Edmonton 6:00 - 8:00 PM Classroom "F" (2J4.02) Walter Mackenzie Centre (Pizza will be ordered for Residents who RSVP)
January 24:	Movie Night: Christie Theatre, Calgary; UAH Classroom D, Edmonton 6:30 - 9:30 PM (Pizza will be ordered for Residents who RSVP)
January 28:	PARA Board of Directors Meeting in Calgary 12 Noon - 4:30 PM Hamptons Suites & Inn, 2231 Banff Trail NW
February 9:	Canadian Birkebeiner Ski Festival in Edmonton
February 16:	PARAlyzer Location TBA
February 29 - March 2:	Suggested date to book with the Downhill Riders
March:	Residents in the Legislature (Date TBA)
March 29:	PARA watches Edmonton Oilers vs. Calgary Flames over Nachos
March 31:	Website contest Grand Prize Draw: Weekend for 2 at Banff Springs Hotel
April 23:	Professional Administrative Day
April 28:	PARA Board of Directors Meeting in Edmonton 12 Noon - 4:30 PM Varscona Hotel, 8208 Whyte Avenue
May 6:	National Nurses Day
May 29 - June 4:	<i>Resident Awareness Week</i>
May 11:	Mother's Day Run/Walk in Calgary & Edmonton
June 11:	Yoga Night
June:	PARA Graduation Social (Date TBA)

Resident Awareness Week
May 29th - June 4th

A whole week of activity events, educational speakers, paging for prizes,
a PARAlyzer, and more!

Work Hours

Dr. Robyn Banerjee
Vice President External Affairs



It seems as long as anyone can remember, physicians have been called upon to work through extremes of stress and fatigue. Residency is no exception to the rule. In fact, it is often the proving ground where our limits are tested. These experiences later become the stuff of war stories, heard in doctor's lounges and undergraduate lecture halls around the world. From early on in medical training, trainees are regaled with harrowing stories of superhuman endurance, of residents staying in the hospital for days on end or falling asleep on their feet while holding a retractor. These experiences make for entertaining stories, but over the past decade this culture of physician endurance is increasingly viewed, not as something to be celebrated or glorified, but as a detriment to patient care and the health of physicians.

This past July, residents across Alberta voted overwhelmingly in favour of a new collective bargaining agreement. Among the many improvements, the new contract clarifies limits placed on consecutive on-call hours. This represents an important step towards improving patient safety and resident well-being, an initiative that is being mirrored across the country. Now, six months into the term of the new agreement, is an opportune time to review contract implementation.

To begin with, what exactly are the parameters of the new contract as it pertains to limiting on-call hours? It reads:

In the interest of safe patient care and respect for the personal safety, wellbeing, and the educational requirements of the Resident, sign-over of patient care responsibilities and pertinent patient information shall begin no later than the 24th consecutive hour on duty. Apart from handover of patient care responsibilities, no Resident shall be required to assume new responsibilities following the 24th hour of duty. Such handover shall not exceed 2 hours.

In practice, this means that a resident who comes to work for an on-call service at 8 a.m. should not assume any new duties, clinical or otherwise, after 8 a.m. the next day. Recognizing the need for appropriate handover, there is a two-hour period in which transfer of care can take place. A resident's on-call hours should not exceed 26 hours.

To some it is self-evident that limits should be placed on consecutive hours worked by resident physicians. However, while substantial support exists for such limits, there remains a degree of institutional resistance. No such resistance exists in the airline industry that mandates and strictly enforces minimum rest periods for pilots prior to any flight. Such regulations became a legal imperative for the industry in light of a mounting body of evidence showing the link between fatigue and human error. Similarly, there is now substantial scientific literature on the link between physician fatigue and medical error. In this era of evidence-based medicine, those not swayed by common sense can now turn to the evidence to find support for limiting on-call hours in the interests of patient safety^{1,2}.

While patient safety is paramount, the well-being of residents must also be considered. Such limits on work hours complement the growing movement towards promoting well-being among medical professionals. The profession now recognizes that excess work hours, stress and fatigue can exert an unacceptable toll on physician health by contributing to problems such as burn-out, depression, addiction, divorce, and suicide. On top of all this there is an added risk to residents driving home post call. Research shows that residents are twice as likely to be involved in a motor vehicle collision when they are post call. Managing these issues at a time when demands on physicians are greater than ever is a complex challenge. Respect for on-call regulation is a small but important measure aimed at helping residents maintain a balanced, healthy life.

Since the new agreement came into effect, residents have reported varied experiences with the limit to on-call hours. Certain programs have easily adapted to change, encouraging residents to go home on time and enabling a timely handover. At the same time, residents in many programs are commonly staying on duty beyond 26 hours. What accounts for the discrepancy?

The new contract eliminates formal barriers whereby residents are expected to work beyond 26 hours, yet informal barriers remain. Within medicine there has been a long tradition of residents working without any limits on their hours. With that tradition comes a culture of expectation for residents to 'choose' to stay post-call; for some, the willingness to work excess hours is a surrogate measure of dedication and proficiency. This expectation may come from staff, from fellow residents, or from oneself. Changes to a contract will not single handedly eliminate this expectation; it requires a cultural change within the profession- change that is underway but by no means complete.

Residents indicate that another reason for staying beyond 26 hours is out of concern for patients. Handover is not always timely, and in some cases there is no one to whom they can handover. Where this is the case, we call upon residency program directors to evaluate the handover procedures within their program, to ensure that it occurs in a timely and coordinated fashion, so that residents are not compelled to stay beyond 26 hours. Where a conflict may arise between work hours and patient care, residents have continued to demonstrate their professionalism by putting their patient's interests first.

Yet another reason residents may remain post-call is to attend academic half-day. This may occur at the discretion of the resident, but residents who have been on-call beyond 26 hours are not obligated to stay under the collective agreement, nor should they be made to feel obligated to stay.

Residents recognize that caring for patients is a privilege, and the primacy of their duty of care. The limits placed on on-call hours are not there to turn medicine into a factory job with physicians working by the clock. Rather, such limits have been put in place to support and promote resident well-being so that they can provide patients with safer, better care.

1 Landrigan CP, Rothschild JM, Cronin JW, Kaushal R, Burdick E, Katz JT, Lilly CM, Stone PH, Lockley SW, Bates DW, Czeisler CA: Effect of Reducing Interns Work Hours on Serious Medical Errors in Intensive Care Units. *N Engl J Med* 2004;351: 1838-48

2 Horwitz LI, Kosiborod M, Lin Z, Krumholz MH, (2007). Changes in Outcomes for Internal Medicine Inpatients after Work-Hour Regulations. *ANN INTERN MED* 147: 97-103

3 Marcus CL, Loughlin GM: Effect of sleep deprivation on driving safety in housestaff. *Sleep* 1996, Dec 19(10): 763-6.

Residents of the Month



Dr. Aaron Sibley
July 2007

“His organization and commitment to the residency program have helped all of the residents this year, and he regularly takes the time to “check-in” with individual residents to make sure that things are going okay. Through out this, he is diligent in his clinical duties, and exemplifies the physician that many of us aspire to be”.

Dr. Reilly Smith
August 2007

“Reilly is an exemplary resident and a model for balanced living. Always dedicated to his work and patients, he takes special time to ensure the entire health team is having fun with his unique sense of humour and lighthearted nature”.



Dr. Naomi Glick
September 2007

When residency finally ends, Naomi intends to work in Nephrology and Internal Medicine here in Edmonton, as well as continue to work when, possible further North. When Naomi is not at the hospital, she likes to spend time with her husband, critters and friends. She enjoys jogging and hiking on the river trails, and cuddling up with a great book.

Dr. Hughie Fraser
October 2007

“His main traits that make him an outstanding resident include his calm demeanor, excellent sense of humour and strong work ethic. He is a pleasure to be around and is known to be a very good teacher to his junior residents and clerks”.



Dr. Jeff Beitel
November 2007

“Dr. Beitel exemplifies an individual who not only is distinguished in his academic excellence but is diligent in his concern for the well being of the residents in Psychiatry. further, he achieves this while maintaining the importance of family, fitness and social awareness.”

Dr. Jennifer Williams
December 2007

“Jennifer has served as our Chief GI Resident for the last 4 months. She was elected by her peers because of her outstanding leadership skills. In the short time in the position, she has worked tirelessly at helping restructure elements for the program to increase the educational value to on-service and off – service residents”



Cross Country Check-up



Academic 1/2 Day

PARA: The 2007 Contract Agreement includes the removal of the word clinical from the article pertaining to post-call relief:

No Resident shall be required to assume new responsibilities following the 24th hour of duty. Such handover shall not exceed 2 hours.

Deleting the word clinical was done to ensure that post call relief applies to both clinical and educational duties. In the interest of resident safety and well being, residents should be allowed and encouraged to be relieved from both clinical and academic duty after 24 hrs of call service.

Across Canada, each Provincial House-staff Organization has wording that speaks directly or indirectly to the expectations of attending Academic 1/2 Days post-call. In practice, each program, in each teaching center is different. Some programs encourage residents to go home, other encourage residents to stay, others still, actively encourage residents to choose for themselves. PARA strongly encourages empowering residents to make informed decisions regarding their personal well being and education.

Resident well being and extended hours of wakefulness, what's the cost?

- > Increased risk of a motor vehicle collision
- > Self reported risk of occupational and interpersonal difficulties
- > Decreased attention and impaired performance
- > Reduced health and wellbeing

Solutions already at work in jurisdictions across Canada:

- > Giving residents the opportunity to go home and sleep when they are post call; it is important that residents recognize the opportunity as being free of intimidation, coercion and any perceived negative outcome in choosing to exercise their right to go home.
- > Scheduling residents for call duty so that they are free from call the night prior to their Academic 1/2 Day.
- > If a post-call Resident chooses to attend an afternoon Academic 1/2 Day, every effort should be made to release the resident from duty early a.m., so that a morning session of sleep is possible and encouraged.
- > Holding Academic 1/2 Day in the morning, instead of in the afternoon.

Resident Physicians are adult learners and are free to decide for themselves whether or not to participate in Academic 1/2 Day when post-call.

How do other jurisdictions manage attendance to academic ½ Day post call?



Professional Association of
Residents of British Columbia

PAR-BC: On services where duty requirements routinely prevent the Resident from obtaining at least four (4) consecutive hours of rest within the first twenty-four (24) hours, the Resident shall have the option of excusing him/herself from duty after twenty-four (24) hours, once having ensured continuity of care. PAR-BC and the Hospitals agree that they will meet to define the services that are to be covered by this provision with the assistance of the Program Directors.

PAIRS

Professional Association of Internes and
Residents of Saskatchewan

PAIRS: Residents who are required to provide care on a continuous or intensive nature, shall have the option of excusing themselves from duty after 24 hours, once having ensured continuity of care which should be completed within 28 hours.

• P • A • R • I • M •

Professional Association of
Residents and Interns of Manitoba

PAIRM: Other than to handle unforeseen exigencies, a Resident shall not be required to work more than twenty-six (26) consecutive hours (twenty-four (24) hours on duty and/or in-hospital call plus two (2) hours for transfer of care). However this shall not preclude a Resident from electing to attend seminars relating to his/her studies immediately following an on-call period.



Professional Association of
Residents of Ontario

PAIRO: After being available for service in-hospital for twenty-four (24) consecutive hours plus hand over, a resident... shall be relieved of all service and educational duties until the commencement of the next working day.



PARIMP: No Resident shall be required to work after 1200 hours the day following in hospital call, or if the nature of the Resident's home call has required him/her to be up most of the night. Other Residents on that service shall not be responsible for the extra workload that may result when a Resident exercises this right;

PAIRN

Professional Association of Internes and
Residents of Newfoundland

PAIRN: Any Interne or Resident who is required to provide care of a continuous or intensive nature during his/her in-hospital duty period, shall be permitted to be relieved of his/her duties at 1200 hours of a regular work day which follows the in-hospital duty period after a handover of patient care responsibilities, satisfactory to the Employer and the attending Physician responsible for the patient, to ensure continuity of patient care.

Regional News

U of Alberta News

Over these past few months PARA held quite a few successful events in Edmonton, including Paralyzers, Christmas Social, Movie Night, PARA Run for the Cure, and Leadership Training Weekend, to name a few. We have also continued to build a strong relationship with PGME. PARA regularly updates PGME Council on issues of importance to residents, such as contract compliance, exam leave, and so on. As a result, most of the residents were able to obtain sufficient time for LMCC preparation, and programs such as Anesthesia and Pain Medicine, Ophthalmology and Critical Care were particularly recognized in being proactive in that respect. In November, Dr. Elleker, PGME Associate Dean, has visited and presented to the PARA Board of Directors meeting in Edmonton.

For the next few months, I would like to encourage you to keep an eye on upcoming PARA events. Movie Night and Paralyzer promise to be a lot of fun. If you are looking to get more involved, Resident Awareness Week and Residents in the Legislature are two of many initiatives that could always use more volunteers.

Wishing you a happy and successful year,

Dr. Mike Kalisiak, Edmonton and Northern Alberta Representative



Dr. G. Elleker,
Associate Dean, PGME, University of Alberta

Speaking at the PARA Board of Directors Meeting,
November 5, 2007,
Edmonton.

U of Calgary News

Hi everyone, just a quick update for all you Calgary and South residents. PARA is working on establishing relationships with the new Associate Dean of Postgraduate Medical Education (PGME), Dr. Todesco. It is through the PGME committee that program directors meet monthly to discuss issues relevant to medical education. As the Calgary and Southern Alberta Representative for PARA, I sit on your behalf. To date, the biggest issues have been with the details of the contract around exam leave and post call duties. As reported by you, most residents were able to get their study days off in order to prepare for the LMCC. A few were unable to get the consecutive days off. But most services were able to accommodate at least three days off to study. Since this was a relatively new thing this year, rotations were more lenient with late requests. PARA would like to extend special thanks to Pediatrics at the University of Calgary for being especially proactive in ensuring on-service residents had time to prepare and write the LMCC. As a token of thanks, PARA supplied coffee and squares during an academic half day of the program's choice. On the Social front, in Calgary PARA hosted movie night, yoga night, Grey Cup night, Christmas caroling and the traditional PARAlyzers; we encourage you to keep an eye out for other social events planned throughout the year. Congratulations go out to our residents of the month and remember to keep sending in your nominations to the PARA office.

Wishing you well in the New Year,

Dr. Ann Vaidya, Calgary and Southern Area Representative

On Call Stipends

Administration of the call stipend payments has seen a vast improvement from this time last year. With a cooperative effort from Call Stipend Administrators, Program Assistants, the Regional Health Authorities and PARA, the processing of call stipends has been streamlined allowing for a smoother and timely delivery of payments to residents. Both Capital Health and the Calgary Health Region are providing PARA with detailed reports containing information concerning the number of Home-call and In-House call stipends paid to each resident on a block by block basis. In recognition of residents who have provided valuable on-call service, the Health Regions are endeavoring to pay the call stipends after each block. This will facilitate easier reconciliation of what a resident worked and what they were paid. If you would like a detailed breakdown of what you have been paid to date, contact me at the PARA office. can-dice.slade@shawbiz.ca

Capital Health Residents only. Residents employed by the Capital Health Region can now find out which Block and rotation was paid on what pay cheque. To do this, go to www.capital-health.ca/physicians/, on the left hand menu, click on Information for Residents. Scroll down the page and choose the date you want information on.

Thursday, May 29, 2008

Residents – The Future Face of Medicine

Celebrate National Resident Awareness Day

