

Herzl Family Practice Center



Orientation '76
RESIDENT MANUAL

ORIENTATION SCHEDULE

1

Each resident will receive an orientation manual and an invitation to attend orientation events.

2

Each team will arrange for each incoming resident to visit the Centre prior to the starting date for work.

3

Incoming residents are invited to join residents and staff physicians in attending the last Journal Club of the academic year, Monday June 28th, 1976.

Time: Monday June 28th, 1976.

Place: Dr. Tannenbaum's pool, 17 Briardale Rd.

4

All Herzl Family Practice Centre staff, including teachers and outgoing residents are invited to a party for incoming residents.

Time: June 30th/76 at 7:00 p.m.

Place: Conference Room Herzl Family Practice Centre

5

Orientation day will take place July 2, 1976, Friday 12.00 - 2.00 p.m.

12.00 - 12.10 address by Dr. Klein

12.10 - 12.30 getting to know you

12.30 - 1.15 lunch

1.15 - 2.00 teams meet individually

Family Practice Resident

The Second Year Family Practice Resident

He or she continues to be involved in the multiple roles outlined for the first year resident, but this is a time of consolidation of one's identity as a family practitioner.

With a great deal more flexibility through elective time, and in consultation with one's team leader and other resource people in the Centre, the second year resident must develop for himself a balanced program that will enable him to have the skills necessary to meet the practice area and style that he has selected. He must continually recognize that the product of the Herzl Family Practice Centre McGill program must be equally at home in caring for acute and chronic conditions, both physical, social and interpersonal across both age and sex. He will need to make managerial decisions regarding patients who present to him in an undifferentiated state.

He or she, therefore, will need to develop a balanced elective program that addresses itself to the full spectrum of conditions faced by the practising family physician, with emphasis on the common, for after all, the family physician is indeed a specialist in the common.

To assist in helping the residents define the broad areas in which he or she should be comfortable, the resident will be provided with a list of educational objectives in medicine, pediatrics and related disciplines. The former two are completed or nearing completion; other educational objectives are still in process.

Finally, it must be emphasized that the Herzl Family Practice Centre is a group Family Practice manned by a variety of health professionals, each with his or her own area of expertise. The focus of all our activities is the health care team made up of a full time family physician, family practice nurse, social worker, secretary and generally four residents. Family Practice residents, no matter what style or practice they may engage in after training need to learn to function effectively in a collaborative fashion with the other members of the team and other associated health professionals. This means, sharing patients, alternating visits when appropriate with nurses, taking the trouble to learn the background and skills of all the health professionals in the mix and developing introspective skills with respect to one's own performance as a colleague and collaborator.

All this is a heavy load and well beyond that ordinarily required of residents in training. It is, nevertheless, exciting and most people find that it is also very enjoyable. Good luck and have a good time.

Family Practice Resident

The First Year Family Practice Resident

The first year resident has perhaps the most difficult role in the program. On the one hand he is expected to have a variety of ward experiences in the traditional disciplines essential to his training, while on the other hand, he is expected to make a strong attachment to his patients at the Herzl Family Practice Centre and to the Centre itself. This puts him/her under the kind of tension that ordinarily is not experienced by first year residents in other disciplines.

For example he/she may spend significant amounts of time at the Children's Hospital or a medicine ward at the Jewish General Hospital where he/she will be judged on the basis of involvement with patients at those locations and also on the basis of interest in activities there. Other house officers and staff at those locations may or may not be very knowledgeable about Family Medicine and may or may not appreciate the necessity of returning at least two times per week to the Family Medicine Unit to provide continuity of care for a panel of patients and to be exposed to the Core Content material not ordinarily found within the ward-based traditional disciplines. Unless handled diplomatically, our colleagues in the other disciplines may view our "outside activities" as being of little value and a source of confusion on the ward -- or simply as "bugging out".

The first year Family Practice resident has greater responsibilities than other residents. In a sense he needs to learn a great deal more in a much shorter period of time, and he pays a price for trying to be so many things to so many different kinds of people. It is up to the Family Practice resident to clarify his/her own role and training objectives for the people with whom they work. In a newly developing discipline the Family Practice resident must be an educator.

In an attempt to facilitate the bonding of the Family Practice residents to the Herzl Family Practice Centre and his new group of patients, a Herzl Family Practice month is scheduled within the first six months. This is a time for getting to know everyone at the Centre and understanding their roles. It is also an opportunity to see what it feels like to "be in practice". An additional benefit, coupled with the elective time in the first year, provides for a further opportunity to look into an aspect of Family Practice or Centre activities in greater depth -- "The Project". You'll hear a lot more about that later.

We emphasize the difficulty of this role so that you recognize that we are sympathetic. We hope that despite your many obligations that you will make our Centre the major focus of your activity, a place to hang your hat and a place to feel at home. W E L C O M E A B O A R D.

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Herzl Family Practice Centre

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COPY OF LETTER SENT TO PATIENTS

Dear Patient:

As you know, the Herzl Family Practice Centre is not only a place to receive medical care, but it is also a training location of the McGill University Department of Family Medicine where physicians spend two years of intensive post-graduate education in Family Practice.

The spring of the year is always both happy and sad because those physicians who are finishing our program are about to leave us to enter practice on their own. Fortunately, some will be remaining in the neighbourhood.

Since it is one of our purposes to help patients to find physicians, we are pleased when patients remain with their physicians. The choice of remaining a patient of the Herzl Family Practice Centre or following your physicians as he enters practice is an individual one, but you should discuss it with your doctor. The accompanying page lists the names and forwarding addresses of those physicians who will be leaving to go into practice.

For those of you who will be remaining at the Herzl Family Practice Centre, I am pleased to introduce the new group of physicians. We can say with pride that these new physicians are coming to us after having concluded their medical training in excellent medical schools and they are highly recommended. All speak at least French and English.

In an effort to help Herzl patients make the change to their new doctor, we have kept each patient on the same Team. That is to say, the same nurse, the same social worker, the same secretary and the same supervising physician(s) will be responsible for your care.

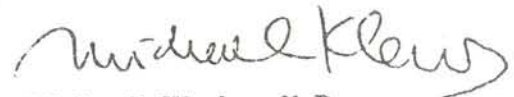
We have assigned new physicians to care for patients that were previously cared for by those physicians who are leaving. If you are not content with our choice, or if you have a preference for another Herzl doctor, you may indicate this to your team secretary and we will try to accommodate you.

As of July 1st our new physicians will care for you as follows:

<u>Departing Physicians</u>	<u>Teams</u>	<u>Replacing Physicians</u>
Dr. Jacob Lazarovic	IV	Dr. Gaby Zagury, M.D. Sherbrooke
Dr. Sheldon Elman	II	Dr. David Amdursky, B.Sc., M.D.C.M. McGill
Dr. Marcos Beiger	III	Dr. Allan Sklar, B.Sc., M.D.C.M. McGill
Dr. Irving Burstein	III	Dr. Mark Yaffe, B.Sc., M.D.C.M. McGill
Dr. Michael Dworkind	I	Dr. Shirley Katz, B.Sc., M.D.C.M. McGill
Dr. Moses Levin	IV	Dr. Ellen Beck, B.Sc. M.D.C.M. McGill
Dr. Lawrence Morris	I	Dr. Albert Ray, B.A. Brooklyn M.D. Louvain
Dr. Arnold Zylbergold	III	Dr. Jack Klein, B.A. McGill, M.D. Northwestern
Dr. Howard Yudin	II	Dr. Amdursky

We hope these arrangements will prove satisfactory. Please let us know your personal choices and opinions as rapidly as possible so that we can arrive at the best arrangement for you.

Sincerely yours,



Michael Klein, M.D.

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THE F.P. TEAM

The Herzl Family Medicine Team exists to deliver comprehensive, primary health care, effectively and efficiently. The team defines its tasks according to each family's needs, and plans 'who does what' according to the skills of each team member. Often skills overlap; occasionally, no one on the team feels confident to handle a particular problem. In both cases, the team plans creative solutions together.

Our 'model team' consists of a nurse, social worker, family physician, and a secretary-receptionist. The resident joins this team for two years in order that he may:

1. Be exposed to patient management in a primary care setting.
2. Learn the roles of each team member.
3. Enhance his own broad based skills as a family physician by learning from each discipline.

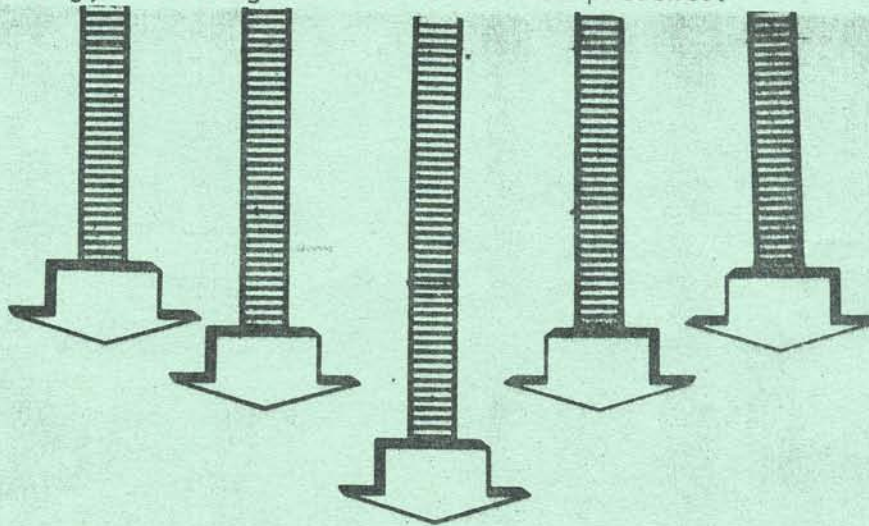
In achieving these goals the resident will be observed and supervised by each team member, and will work with the team to become comfortable and confident in his role of family physician.



THE F.P. NURSE

The family practice nurse works in an expanded role, using her specialized nursing skills, knowledge, and past practical experience to compliment the functioning of other team members. Each nurse works in a unique way, depending on her abilities and experience, and the particular requirements of her team. Herzl nurses have had varied background experience (e.g. midwifery, pediatrics, CCU, geriatrics, psychiatry, sexual dysfunction, public health, endocrinology), and can act as resource persons within these areas. Perhaps of greatest value is the nurse's practical experience--her knowledge of the mechanics of carrying out a treatment plan, or of dealing with a distraught patient and family and other unusual situations.

While you are away from the Centre, the nurse, with team support, will provide continuing care for your patients. She screens all phone calls, and is able to obtain a history and to do some physical assessment. As well, she may share in the responsibility for preventive care, counseling, and management of stabilized patients.





Social Work

The social worker in the Herzl Family Practice Centre is attached to a multi-disciplinary team and has two primary functions: teaching, and providing direct service to Centre patients. The two functions are seen in an integrated way.

She is interested in teaching:-

- (1) An increased awareness of the psychosocial, specifically social dynamics of patients.
- (2) Interviewing skills through demonstration, case presentation, conjoint interviewing with another team member, as well as home visiting.
- (3) About which resources exist to meet patient needs and where there are glaring gaps.

Teaching will be done informally through daily rounds, case conferences as well as through specific formal teaching sessions built into the educational program. The social worker is available for consultation on patient management; it is expected that all cases considered for counselling be reviewed with the social worker.

The social worker provides direct service to patients that she or other team members identify as requiring social work intervention. In keeping with the Centre's emphasis on prevention and comprehensive care, the social worker is also interested in seeing patients for "well-being" social assessments.

One of the ways through which indirect service is offered to patients is through social work participation on the Community Projects Committee, presently chaired by a social worker. Another very important aspect of service is the social worker's role as patient advocate and mediator between the patient and health care delivery systems.

The social worker is a staff member of the Social Work Department, Jewish General Hospital which in turn is one agency within the Jewish Family Services, Social Service Centre. Consequently, she is accountable to, and has administrative functions within both these systems, as well as Herzl Family Practice Centre.

ROLE OF THE SECRETARY

The secretary is the liason between the doctor and the patient. The secretary works with the doctors on her team whose goals are comprehensive primary care. She is the first contact with the patient. She deals with the patient as an individual and she should be able to recognize the intellectual and emotional variations among the patients. If she is capable she will establish a rapport with the patients so that they will rely on her to communicate their needs. They will use the secretary to make appointments for health care and for whatever needs they present with.

It is the role of the secretary on the team to work with her doctors in a team fashion, to work with the doctors in such a way as to help them as much as possible to use their time in the centre to the fullest advantages to themselves and to their patients.

Each doctor works in a fashion that is convenient to him and often it is necessary to interpret the needs of each doctor individually. No one doctor works in the same manner. The secretary assists the residents in messages, private calls and special favours.

It is also imperative that the doctors who work with the secretary understand that she is one person working with several people who often all need attention at the same time. She directs traffic of patients as well as answers phone calls and registers patients often all at the same time. Most often it is her pleasure to help the residents or teaching doctors in any way that she can. Remember it all counts on the way that you present your request.

With the aim of promoting a healthier functioning the psychologist participates in programs within the centre and in preventive projects offered to the community.

1. Ressource person as teacher, consultant, direct evaluator in:

- adequate human development and family functioning (dynamic and learning theories)
- detection of individual and family inadequate functioning
- community dimension within the professional work.

2. Ressource person as therapist, supervisor or consultant in conjunction with other staff members for:

- family assessment skills
- helping skills: therapy, management, problem solving, with clients
- interpersonal staff relations.

3. Ressource person in community projects as organiser, participant and evaluator.

COMMITTEES

COMMUNITY PROJECTS

One of the important facets of the resident training program at H.F.P.C. relates to integration into the community. The residents will have the chance to avail themselves of:

(1) Knowledge:

- a) community
- b) this particular community
- c) community resources, personnel, services and projects, and how he may make use of them for his patients.

(2) Experience:

- a) involvement in community projects (e.g. Golden Age educational services, screening for emotionally disturbed children in kindergarden, parent effectiveness group)
- b) meeting significant resource people and visiting services in the community.
- c) participation on the community projects planning committee of H.F.P.C.

CONSULTATION SERVICES

Appointments for the consultations that you request are generally made by your secretary. After filling out the Consultation Form, you give it to the patient, who takes it to the secretary, who in turn arranges the time of the appointment with the office of the consultant concerned.

We are fortunate to have ready access to physicians and other health professionals within the hospital, as well as those specialists who have their private offices outside the hospital but in the local geographic area.

A SOCIAL WORKER and NURSE are part of each health care team at the Herzl. You can discuss your cases with these team members during mini-rounds every day. A Psychologist is also available within the Centre.

DIETICIANS are available within the hospital, and will follow your patients with you.

There is an active PHYSIOTHERAPY Department in the hospital.

PSYCHIATRY: Dr. H. Grauer comes to our Centre every Tuesday and Thursday afternoon at 3:00 p.m. Appointments are made at the Team I desk area. See Bella.

Ob/GYN: Dr. A. Neuman is available on Tuesday mornings from 9:30 a.m. to about 10:30, while Dr. M. Guralnick is present on Thursday mornings at the same time. They do consultations and will follow your Obstetric patients with you.

E.N.T.: Dr. M. Black and Dr. J. Singh have their offices on 2 East.

Ophthalmology: These offices are on 3 East.
Dr. Katz (children)
Dr. Rosen (cornea)
Dr. Svarc (general)
Dr. Kabac (glaucoma)
Dr. H. Tanenbaum (retina)

MEDICAL SUB-SPECIALTIES:
SURGERY AND SURGICAL SUB-SPECIALTIES:
DERMATOLOGY:
Other:

Appointments are made by the secretary for your patient to be seen in private offices within or outside the hospital.

laboratory

We are fortunate to have laboratory personnel within the Herzl Family Practice Centre.

Our lab technician takes blood, does EKG's, examines urine, and is available to answer your questions about the timing and collection of individual tests.

Some of the tests are done right in the Centre by the technician:

- Labstix and microscopic urinalysis
- Hematocrits and Hemoglobins
- Sedimentation rates are available if specifically requested by the physician.
- Mono spot tests
- EKG's
- Pregnancy tests

(These tests are performed upon request to the technician by requisition.) We also have an incubator for doing our own Strep screens and Uricults (as screening for Urinary Tract Infections).

The requisitions with which to order these tests are available in each of the office-examining rooms. Simply fill out the necessary requisitions, give them to your patient with the instructions to take them to the Team Secretary, and the secretary will arrange with the Lab when the tests can be done.

Most bloods must be drawn before 3:00 p.m. After this they may be taken and sent to the Hospital Laboratory concerned on a "stat" basis after discussion with your Staff Man. (In the past, various hospital labs have done "stat" tests only after having been requested to do so by the Staff Man who is covering the Resident.)

You may be requested to draw bloods on young children if they are your patients.

Scales for height and weight, Pap test materials, Hematests for occult blood in stool, culture swabs, are all available in each examining room.

Complete X-Ray services are available within the hospital. Again, these are arranged by your secretary after the proper requisitions have been filled out. "Stat" exams can be obtained upon request.



DENTAL



The merger of the Herzl dental service with the Jewish General Hospital, dental department has brought about the formation of a new and expanded dental facility. The new clinic is an integral part of the Herzl Family Practice Centre of the Jewish General Hospital.

The clinic, a 10 chair dental unit, one of the most modern in the city, is located on the ground floor of the east wing of the hospital. The unit is supervised by Dr. Mervyn Gornitsky, and is staffed by three full-time dentists, seven dental residents, eight dental assistants, four secretaries, one registered nurse and one nursing aide.

The philosophy of the clinic is to present the best possible comprehensive dental care within financial means, to our patients. The philosophy is best exemplified in the uniqueness of the clinic, where we have a melding of service, and educational components allowing for comprehensive dental care to the patient, including preventive, corrective and rehabilitative treatments. The service area is staffed by Dr. Sidney and Dr. Bernard Slimovitch, giving basic dental care to those patients referred to the centre from J.I.A.S., Golden Age Association, Herzl Family Practice Centre, Montreal Welfare, and other agencies.

The teaching component, consisting of seven dental residents at present, complements the basic service by involving all disciplines of dentistry. Supervision of chairs, seminars and lectures are performed by the fifty staff dentists, encompassing all specialties and facets of dentistry. Emergency care is provided by the resident staff, around the clock, backed up by one of the seven oral surgeons on staff.

A third phase involving senior students of the Faculty of Dentistry, McGill University is in progress. A specific program has been developed for these students, two of which will rotate through the clinic on a weekly basis.

If success is to be judged by patient visit, we are working to capacity at the rate of approximately twelve hundred patient visits per month. This is double the previous number of patient visits for both sources prior to the merger.



CARE



F. P. SCHEDULE

	MON.	TUES	WEDS	THUR	FRI
8					
9					
10	Patient Care	Patient Care	Patient Care	Patient Care	Patient Care
11					
12	Rounds	Rounds	Rounds	Rounds	Rounds
1	Staff Meeting	H.F.P.C. Grand Rounds			
2	Medical Grand Rounds		Various meetings	Walking rounds	Combined Staff Rounds
3	Patient Care	Patient Care	(Core Content Family Medicine)	Patient Care	Patient Care
4					
5	Rounds	Rounds		Rounds	Rounds
6					
7			Patient Care		
8	Journal Club		Rounds		

1. Attendance is mandatory for two patient care sessions/week with rounds and core content
2. 2nd and 4th Monday of each month is Journal Club held at staff peoples homes attendance mandatory.
3. Within this time-table each team will set aside 1 hour/week for team meetings.



Books

CORE MATERIAL FOR RESIDENTS IN FAMILY MEDICINE

I. General Texts

Conn. Family Practice

McWhinney. The Early Signs of Illness; Observations in General Practice

McWhinney. An Introduction to Family Medicine

Geyman. The New Physician

II. Journals

The Canadian Family Physician

Family Practice

Family Process

Postgraduate Medicine

III. Approach to the Patient

Balint. The Doctor, his Patient and the Illness

Feinstein. Clinical Judgment

IV. Family Health

Erikson. Identity, Youth and Crisis

Kubler-Ross. On Death and Dying

Masters and Johnson. Human Sexual Inadequacy

Masters and Johnson. Human Sexual Response

Satir. Conjoint Family Therapy; A Guide to Theory and Technique

V. The Comprehensive Care Setting

Parker, Alberta. The Team Approach to Primary Health Care

Silver, George. Family Medical Care - A Report on the Family Health Maintenance Demonstration

Wise, Harold. Development of Health Care Teams