

MFHT Learner Orientation Package

Welcome to Marathon and to Marathon Family Practice. We have prepared this package to help orient you to the practice, the hospital and the town.

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About Marathon

Boasting beautiful, natural vistas including boreal forests and rich mineral deposits, Marathon features a young and vibrant population; 72% of whom are under 45 years of age. This beautiful area of the north shore of Lake Superior offers many after-work activities.



In the summer, we have ATVing, mountain biking, tennis, hiking, golf, ultimate frisbee, fishing, volleyball and more. Outdoor music concerts take place occasionally and are great local events! Sea-kayaking is fabulous on the big lake – we are happy to lend you kayaks or canoes. Neys Provincial Park and Pukaskwa National Park (Largest National Park in Ontario) are each twenty minutes away.

In the winter, we have cross-country skiing, snowshoeing, skating, hiking, indoor swimming, ice fishing, skidooing, HIIT Fit, and more. During your placement you will have FREE access to our community activities. From golf in the summer to cross country skiing/ snowshoeing in the winter you will enjoy our outdoor playground.

If you are interested Barrick Gold Mine tours can be arranged with a minimum of 72 hours notice (contact Brett Redden, physician recruiter – bredde@mfht.org or call 807-228-0406 for more info). To learn more about our beautiful community please visit www.marathon.ca.

Your community contact, Brett Redden, will be happy to provide you with activity and recreational schedules and other pertinent community information upon your arrival.

We hope you enjoy your placement with our team and living/playing in our community!

Learner Coordinator: Sarah Newbery, MD, CCFP, FCFP

Marathon Family Health Team (MFHT)

The group practice evolved in August of 1996 and became a Family Health Team in December 2005. Please see our [website](#) for more information about MFHT.

The family physicians currently in the practice are:

Megen Brunskill, Lily DeMiglio, Nancy Fitch, Sarah Newbery, Eliseo Orrantia, Ryan Patchett-Marble, Sayali Tadwalkar, and Barb Zelek. We all prefer first names be used. Hopefully you will have a chance to meet each of them and discuss their particular



interests and roles. As well, let the group know your specific interests and objectives so that if a case of interest arises they will contact you.

Joanne Berube is the Family Health Team Executive Director and works in collaboration with the Board of Directors for the Family Health Team and the Ministry of Health to develop annual operating plans, quality improvement plans, and budgets for the Family Health Team. One Social Worker, one Registered Nurses, two Registered Practical Nurses, one Epidemiologist, one Registered Dietitian, one Physician Assistant, one Health Promoter and two Nurse Practitioner and several Administrative Support staff are currently working actively on their respective programs.

Services and Providers at MFHT

The Marathon Family Health Team is a multidisciplinary primary care team that is committed to sustainable primary health care for our communities.

For more information about healthcare providers, management staff and administrative and clerical staff, please visit the MFHT [website](#).

To learn more about the programs and services offered at the MFHT, click [here](#).

Clinic phone numbers

Main Clinic Line: 807-229-3243

Clinic Fax: 807-229-2672

Clinic Line for Hospital use: 8070-229-1246

Clinic Line for Personal use: 8070-229-1541, plus your extension number.

MFHT Learner EMR Resource/Introduction

In November 2008, MFHT adopted an EMR, converting from a paper-based charting system to one mostly electronic (for now). EMRs are the way of the future, and it is important for all health care professionals to become comfortable with their use,



however systems are variable in their interface and functionality, and ours can take a little time to learn well if one is not familiar with it.

The EMR at MFHT is OSCAR supported by our internal I.T. Coordinator Joseph Newing and the software vendor, Provide.com. You will receive a more detailed orientation to OSCAR on your first day here., you should speak with your preceptor.

First things first...

System Requirements

We run a Unix-based server at our clinic that supports our EMR, with a robust security system that exceeds the provincial standards for health care information protection. We have both hardwire and wireless access, depending on needs. We recommend that learners bring their laptop computers for use during their rotation. Both PC and Mac systems will work. At the beginning of your clinical experience, our IT Coordinator (Joseph Newing) will meet with you to ensure that you can access our system.

For those without laptops, we have a limited number of desktop computers from which a learner can access our EMR.

Accessibility

Each user requires a Username and Password, both for access to the server and to access the EMR. On your first day, these will be provided for you and we will also give you brief instructions on how to access the EMR.

Wilson Memorial General Hospital

Hospital Orientation Checklist

You will be required to review and sign a hospital orientation checklist with your preceptor. There is a separate information package for the hospital.



Sarah Newbery is coordinating the teaching locally. Each learner will have one or two major preceptors for their entire rotation that will, in addition to doing part (or all, in some cases) of the teaching/supervision, will be responsible for seeing that evaluations are done. In addition you may have a “minor” preceptor: someone who accepts the teaching/supervision responsibility for part of the time you are here.

Clinical issues should be discussed with the preceptor who is currently taking responsibility for teaching/supervision. Concerns/issues relating to your rotation in a non-clinical area should be taken first to your primary preceptor or, if for some reason you feel this is not possible to do, to Sarah.

You are invited to join our group at our CME functions (we are taking part in a Practice-Based Small Group Program as well as others) and our MAC and medical staff meetings.

Some hospital phone numbers

Main Phone Line: #229-1740

Administration Office Fax: #229-1721

Medical Records Fax: #229-3242

Teaching Plan and Expectations

In order to make your rotation here a positive one we will outline our plan for the structure of your stay here and our expectations.

First, some “golden rules”:

1. **Patient care comes first, teaching/learning comes second.** Especially for medical students and first year residents this may be a bit of change–this is a practice-based learning opportunity with on-going and continual patient care responsibility. This is not to say that the emphasis here will be on “service” rather than “learning”. Rather, your and our primary responsibility

will be to provide high quality patient care, and from that learning opportunities will follow.

2. There will always be someone easily accessible to you to ask for help. Always ask for help when you need it and never do anything that you feel uncomfortable doing. If your need is urgent or if you are kept waiting a long time while your preceptor is seeing a patient of their own, feel free to interrupt them. If your preceptor is away for any reason you will have a specifically designated substitute preceptor.
3. Communicate. Let your preceptor, other physicians and staff know if things are going well or if they aren't. We will provide you with lots of opportunities to provide us with feedback about your experience and we encourage you to use this time well.

Preparing for your time in Marathon

Before your arrival

- Connect with our Community Liaison, Brett Redden at 807-228-0406, or email bredden@mfht.org. He will be pleased to answer any Community related questions.
- If all goes as planned you are reading this before you arrive in town. If so, we would like you to spend some time thinking about and listing any specific learning objectives you may have during your stay. Examples include practice management or group practice issues, procedural or obstetric experience, specific exposure to First Nations clinics and any special topics you may have a particular interest in.
- Let us know ahead of time if there will be any vacations or special leaves during your stay here.
- Try and familiarize yourself with this package.

Your first day

- On your arrival you will be met, likely by Brett, who will provide you with an opportunity to tour the town and come to learn where you can get the important things for a comfortable stay, including basics like groceries!
- On your first clinic day, you and your preceptor will meet and do an orientation tour of the hospital and the clinic.
- You and your preceptor will discuss and plan how to meet any specific objectives you may have.
- You and your preceptor will review your schedule.
- You and your preceptor will draft an educational plan/learning contract.

Your weekly schedule

You and your preceptor will be following a weekly schedule pattern that should have some or all of the following elements:

1. You and your preceptor will be seeing patients in the office a variable number of shifts per week.
2. The last 20 minutes of every day is scheduled for review of the patients you have seen that day, and to ensure that there is some “take away” learning from that day.
3. At the end of every week there will be an opportunity for feedback and review of how your objectives are being met.
4. Each morning will usually begin with hospital rounds.
5. On-call will be with your preceptor and the frequency will vary depending on your schedule. Should you want to do extra call shifts that can be arranged. Our goal is to meet your learning goals while providing you with a balanced experience of the breadth of rural generalist practice.
6. At the end of each 24 hour call shift, when you and your preceptor are completing a call shift, you are expected to contact the incoming on-call physician and inform him or her about any active inpatients or patients requiring their care in handover.



7. Outpatient procedures (lumps and bumps, cast rechecks, joint injections) will be booked for the morning of call days.
8. The day after on call will be booked off except for a morning hospital round and review of any cases from the call shift.
9. Residents will be seeing their own booked patients. They will be scheduled at 20-40 minute intervals depending on the complexity of the presenting problem. This booking frequency will be reviewed after your first couple of weeks. On a regular basis, your preceptor will be sitting in with you to enable direct observation of your patient contact and clinical skills. You are encouraged to ask for observation of specific areas of your learning goals.
10. Medical students will, at least initially, be seeing patients with the preceptor. The degree of independence will be decided upon individually.

Feedback and Evaluation

Your evaluations will be in four parts:

1. Daily sessions after the end of seeing patients: this is a semi-structured evaluation and opportunity for reflection. Field notes can be discussed and completed at this time as necessary.
2. Weekly sessions on the last day of the week: a structured evaluation with review of the week and specific reference to objectives and your progress in meeting them
3. Interim evaluation: approximately halfway through your rotation you will have a structured review of all objectives and completion of evaluation forms required by your program
4. Final evaluation: a structured review of your success in meeting objectives and completion of evaluation forms.

[Resident feedback tool for reference.](#)

Expectations of Residents & Medical Students

Finally, we would like to tell you what expectations we have of you.



MARATHON

FAMILY HEALTH TEAM

1. We expect that you will prioritize your patient care responsibilities, be punctual, communicate about any issues arising that might affect your ability to care for patients, and trust that in prioritizing patient care you will learn a LOT about rural generalist practice and patient care.
2. Take an active part in CME, group meetings etc. We believe that observing and participating in the group process is one of the most valuable components of the learning experience that we offer in Marathon. In addition, you will be expected to present one CME topic to the physicians at the Wednesday morning session during your stay.
3. Residents only – be “first on call”: You will be called first for any patients presenting during your on call days. You will be expected to make your assessment, determine your differential and initiate a management plan and contact your preceptor. If you (or the nurses) are uncomfortable with this approach in a particular case please contact your preceptor as soon as possible. Once we have experience with each other you may not need to contact your preceptor with simpler cases but will always be expected to review the case the following morning.

Any urgent or critical cases should have a simultaneous call to you as first on call and to your preceptor so that your preceptor can work as a team in these more acute and challenging situations.

1. Within your comfort level try and make your own decisions first. It is our belief and experience that the learning from a particular event is only crystallized when you have to reach your own conclusions and decisions first before seeking help or feedback. With this in mind we would like you to think a particular situation through before discussing it with your preceptor. If you are at all uncertain please do seek help or feedback—it’s the thinking and decision we are looking for, not necessarily the action.
2. Try to develop as much continuity as possible with patients. Try and follow-up, when appropriate, patients you see in the office and in outpatients. The clinic staff are aware of the importance of this to your learning experience and will be assisting you in this.



MARATHON

FAMILY HEALTH TEAM

3. For second year residents: We will help to get you thinking about the practice management elements of practice including billing. While we are no longer, for the majority of our patient contacts, a fee for service practice, we are still required to “shadow bill”. In addition, the “ins and outs” of billing are one very useful practical skill you can work on during your stay. You will be encouraged to complete the office day sheets, outpatient sheets and hospital in-patient sheets with diagnostic and billing codes to facilitate this.
4. Be prompt. You will be expected to show up on time and if delayed (e.g. held up at the hospital when you’re due at the office) to notify staff of your delay and anticipated arrival time.

One final comment

As a medical community we are always looking to our future needs. To avoid conflicts of interest, however, your preceptor will not explicitly be talking to you about any future recruitment possibility or locum interest, although your future career path as it pertains to your learning may be an important area of discussion.

Some resources to review in your first week

We have compiled (and are continuing to do so) some resources that may be helpful for you in your role as a learner in Marathon.

The following modules from the Canadian Medical Protective Association will serve you well in your role as both learner and teacher:

[Delegation of tasks and supervision](#)

[Communication](#)

While the whole communication section is very good, for the purposes of your learning, focussing on documentation, handover, consent and patient centred communication will be most helpful.

[Making the diagnosis](#)

[Human factors in error](#)



While you are with us, you will be working with First Nations patients from our communities. The following may be helpful resources for you:

[Professionalism and cultural safety](#)

[SOGC guideline on working with First Nations, Inuit and Metis](#)

Helpful phone numbers that will help you access health and social services:

- **2-1-1** Information & referral helpline to community, social, and health services in Ontario
- **The Access Network: 1-855-486-5037** Specific to Children's Services & Supports for families in the Thunder Bay District Single point of access to voluntary children's services in the area: Children's Mental Health, Autism Services, Respite Services, Infant/Child Development, Communication, Physical & Development Needs, and Parent/Caregiver Support
- **CMH Crisis Response: 1-888-269-3100** For Mental Health Crisis (all ages) Anyone experiencing a mental health crisis can self-refer to the program 24h/day, 7 days/week, 365 days/yr
- **ConnexOntario: Operate 3 Helplines 24/7** Drug & Alcohol Helpline: 1-800-565-8603 Mental Health Helpline: 1-866-531-2600 Ontario Problem Gambling Helpline: 1-888-230-3505

Enjoy your stay!!!

Sarah Newbery, M.D. CCFP FCFP
Learner Coordinator