The Quebec experience: past, present, and future

Thomas Maniatis, MD, CM, FRCPC
September 23, 2011
Conflicts of interest

• None
Quebec Human Rights Case

• Began with single resident at McGill
• Expanded to involve all residents at McGill against a single hospital
• Claim that 24 hr. call violates the Canadian and Quebec Charters of Rights and Freedoms
• Submitted to arbitration
• Process took 3 years
• Decision June 7, 2011 in support of resident petition
• Maximum period of work must be reduced to 16 hrs. within 6 months
Impact in Quebec

• Province-wide resident contract simultaneously undergoing re-negotiation

• 16 hr. stipulation to be included in the upcoming contract

• Wide-ranging and immediate changes being made province-wide
Impact in Canada

• Recognition that work-hour regulations are coming
  • locally, provincially, nationally
• Initiatives already exist across Canada
  • night float
  • shift work
• “Traditional” call system remains in place as the dominant system of coverage
Challenges adapting Internal Medicine to 16hr. limit

• Resident presence on teams varies greatly
  • mandatory academic activities, clinics
  • vacations / leaves

• Increasing fragmentation of resident rotations
  • vacations / leaves

• Maintaining team dynamics
  • staggered shifts tend to isolate individuals
  • “teams” important to morale, learning (teaching hierarchy)

• How to preserve “teaching” with limited faculty contact
Challenges adapting Internal Medicine to 16hr. limit

• Culture shift
  • significant consideration

• Potential for increased workload on faculty
  • anticipated vs. real
  • limited access to physician assistants, nurse practitioners

• Potential for increased workload on residents
  • need for increased numbers of trainees
  • need for increased time to “cover”

• New administrative challenges
  • need for backup schedule if time off needed
    - planned / last-minute
How to cover a service with 16hr. limits

• Staggered rotation with varied arrival times
• Block of “night float”
How to cover a service with 16hr. limits

- Staggered rotation with varied arrival times

<table>
<thead>
<tr>
<th>Week</th>
<th>Times</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>08:00-18:00</td>
<td>B-C-D-E</td>
<td>B-C-D-E</td>
<td>B-C-D-E</td>
<td>C-D-E</td>
<td>A-C-D-E</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18:00-23:00</td>
<td>C</td>
<td>B</td>
<td>D</td>
<td>C</td>
<td>08:00-20:00</td>
<td>E</td>
<td>E</td>
</tr>
<tr>
<td></td>
<td>23:00-08:00</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>B</td>
<td>B</td>
<td>20:00-08:00</td>
<td>B</td>
</tr>
<tr>
<td>2</td>
<td>08:00-18:00</td>
<td>A-B-C-E</td>
<td>A-B-C-E</td>
<td>A-B-C-E</td>
<td>A-B-E</td>
<td>A-B-D-E</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18:00-23:00</td>
<td>A</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td>B</td>
<td>08:00-20:00</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>23:00-08:00</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>C</td>
<td>C</td>
<td>20:00-08:00</td>
<td>C</td>
</tr>
<tr>
<td>3</td>
<td>08:00-18:00</td>
<td>A-B-C-D</td>
<td>A-B-C-D</td>
<td>A-B-D-C</td>
<td>B-C-D</td>
<td>B-C-E-D</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18:00-23:00</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>B</td>
<td>D</td>
<td>08:00-20:00</td>
<td>E</td>
</tr>
<tr>
<td></td>
<td>23:00-08:00</td>
<td>E</td>
<td>E</td>
<td>E</td>
<td>A</td>
<td>A</td>
<td>20:00-08:00</td>
<td>A</td>
</tr>
<tr>
<td>4</td>
<td>08:00-18:00</td>
<td>A-C-D-E</td>
<td>A-C-D-E</td>
<td>A-D-E</td>
<td>A-B-D-E</td>
<td>A-B-D-E</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18:00-23:00</td>
<td>C</td>
<td>A</td>
<td>D</td>
<td>B</td>
<td>08:00-20:00</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>23:00-08:00</td>
<td>B</td>
<td>B</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>20:00-08:00</td>
<td>C</td>
</tr>
</tbody>
</table>

Template based on sample provided by the FMRQ
How to cover a service with 16hr. limits

• Staggered rotation with varied arrival times
  • dependent on minimum number of residents to make it work (usually 5-6)
  • varied day / time blocks over short period of time
  • fragmented team dynamics
  • assumes all residents are equal
How to cover a service with 16hr. limits

- Block of “night float”

<table>
<thead>
<tr>
<th>Week</th>
<th>Times</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>08:00-18:00</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18:00-20:00</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td></td>
<td>G</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>20:00-08:00</td>
<td>A, B</td>
<td>A, B</td>
<td>A, B</td>
<td>A, B</td>
<td></td>
<td>A, B</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>08:00-18:00</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18:00-20:00</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20:00-08:00</td>
<td>A, B</td>
<td>A, B</td>
<td>A, B</td>
<td>A, B</td>
<td></td>
<td>A, B</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>08:00-18:00</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18:00-20:00</td>
<td>F</td>
<td>G</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20:00-08:00</td>
<td>H-I</td>
<td>H-I</td>
<td>H-I</td>
<td>H-I</td>
<td></td>
<td>H-I</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>08:00-18:00</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td>C-D-E-F-G</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18:00-20:00</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td></td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>20:00-08:00</td>
<td>H-I</td>
<td>H-I</td>
<td>H-I</td>
<td>H-I</td>
<td></td>
<td>H-I</td>
<td></td>
</tr>
</tbody>
</table>

Template based on sample provided by the FMRQ
How to cover a service with 16hr. limits

• Block of “night float”
  • dependent on minimum number of residents to make it work (usually 1-2)
  • standardized arrival time / departure time
  • night team dynamic allowed to be established
  • preserved day team dynamic and hierarchy
  • increased fragmentation of remaining rotation blocks
  • “new rotation” takes away other rotation time from each resident
Other practical tips

• Backup schedule
  • need a well-developed backup schedule
• Anticipate signover time
  • add 1 hour to each end of shift to account for handoffs
How to (re)structure teaching with 16hr. limits

- handoffs as a teachable skill
  - presence of seniors/Faculty at critical junctures
- near-peer teaching and evaluation
  - seniors teach and evaluate juniors
  - juniors evaluate seniors
  - tailored evaluation forms emphasizing level-specific objectives
- “morning report” becomes an important pedagogic opportunity for review of overnight decisions by faculty
How to (re)structure evaluation with 16hr. limits

• Calls not well evaluated in the past
  • where do they “fit?”
  • largely unsupervised by faculty

• Considerations:
  • where do night duties “fit” best?
  • how to best evaluate night activities?
    - involvement of faculty
    - involvement of residents / students
      - non-threatening
      - anonymous
      - adapted tools to emphasize night activities / expectations
Impact of changes on faculty

- Important culture shift
- Engage faculty in shaping change process
- “Handoffs” as a teachable skill
- Presence of supervisors at critical junctures

Effects on continuity of care

- night float: improved continuity
- staggered shifts: potential for increased faculty responsibility

- Increased stress / responsibility

Future physicians

- impact of work-hour limits on next generation
- are we preparing residents for their future practice?
Impact of changes on curriculum

- Impact on types of exposures
  - Procedures
  - Problems
- Use simulation-based training as supplement
- Potential effects on length of training
McGill’s experience

- 2 year review of CTU experience 2007-2009
- Involved Faculty, residents, students
- Pilot project began in 2009
- Non-mandated
- Night float rotation for seniors only
  - traditional call for “gaps” and critical care
  - + feasible
  - - backups, evening coverage, handoffs
  - - isolation, disconnected, teaching
  - - no useful evaluations
McGill’s experience

• Expansion of pilot in 2010
• Night float for coverage of general medicine
  • traditional call for “gaps” and critical care
  • involved replication of trainee structure that previously existed (senior, junior)
  • + feasible
  • + near-peer teaching and evaluation
  • + improvement of daytime continuity of care on CTUs
    • faculty and resident feedback overwhelmingly positive
  • - handoffs
  • - faculty presence / contact
  • - effects on resident perception of profession
  • - reduced selective time
Summary

• Plan ahead
• Important culture shift
• Engage all parties involved in change process
• Multiple models available
  • one size doesn’t fit all
• Focus on new teaching / learning opportunities
  • for both faculty and Residents
  • tailored objectives and evaluations
  • “near-peer” teaching and evaluation
• Anticipate effects on students, residents, faculty
  • domino effect...