

Resident Program Updates – Winter 2010
Laval University Residents Program
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	Program Description
Protected Academic Learning (Half-day)	<ul style="list-style-type: none"> - Biweekly half-day on Thursday afternoon - Since fall 2009, the courses are based on Royal College objectives (three year curriculum) - Selected objectives are those that less likely to be covered during rotations - So far, we've had less problem than last year with cancellation at last minute.
Call or Night-float system	<ul style="list-style-type: none"> - There is no night-float - There are two on-call list, one for neonatology, and one for paediatrics (emergency consults, ICU, wards) - One or two family medicine resident present for the paediatrics on-call list; not enough residents to always have a senior and junior - For the first 6 months, the R1 are always with a senior for paediatrics calls, but are alone in neonatology - As of July 2010, junior resident will be covered on calls by a senior for their first month in neonatology - The program just decided to have a minimum of call for residents: R1 (minimum 5 calls/28 days), R2-R5 (minimum 4 calls) (problem arose with increasing number of residents) - R5 can now do 2 months of at home call (6 calls) in pediatrics - R4-R5 do 2 months per year of at home call for newborn nursery
Vascular Access (opportunities, vascular access team)	<ul style="list-style-type: none"> - There is no vascular access team - No opportunities to install vascular access unless

	rotation in anaesthesiology will be done, which is very hard to obtain
Resident Retreat (protected, in our out of hospital, length)	- Annual free of call retreat day with chosen activities to do
Advocacy Projects	- A team of resident participate each year in a 48h bike rally to raise fund for pediatric research
International Electives	- 3 month rotation electives in Grenoble, France for senior residents - some projects were refused in the past, thus well-defined objectives requested for the new projects - Not enough support for international projects
Rural Experiences	- Total of 3 months in rural hospitals during the first 3 years (government policy)
Observed History and Physicals	- Two observed history and physicals per year
Resident Research (support, protected time, publications, presentations)	- Research project is mandatory during three first year and allowed to take a total of three months - Another project is required for senior resident - Possibility to ask for additional protected time for research - Department's support is much better since we have a responsible for research - Funding is still very problematic - We now have a annual research half-day where residents are requested to present their project to the department
Mock Codes (frequency, use of simulators)	- Planned mock codes practices in ICU (twice a year per resident) - New NICU mock code practices - No simulator
Procedural Skills (workshops, opportunities)	- Yearly practice of procedural skills in a lab for first year resident

	<ul style="list-style-type: none">- There is no access to paediatric simulators- Opportunities for procedural skills are highly variable; variable opportunities in neonatology and ICU
OTHER AREAS OF NOTE	None at this time