

# Lake of the Woods Health Sciences Campus

## 2014-2015 Orientation Handbook for the Northern Ontario School of Medicine's Comprehensive Community Clerkship



Welcome NOSM 3<sup>rd</sup> year students!

The health professionals and community of Kenora are very excited that you have come to learn with us! The interprofessional faculty here that are dedicated to health sciences teaching and learning form the “Lake of the Woods Health Sciences Campus”.

We hope you enjoy your time here, and are able to see, do, and learn as much as possible. We have a large and varied population who are welcoming and active, and ready to incorporate you into our community. There are interesting and gracious patients with an astounding amount of pathology. Our professionals possess a vast amount of knowledge that they are keen to share with you. The ‘family’ doctor’s practice encompasses all aspects of general medicine with numerous specialists’ skills. We also have support from home-town and visiting specialists. This handout will give you an introduction to many of these people, where to find them, and a glimpse at what they do.

Dress code is fairly casual in Kenora, and though a shirt and tie are rarely (never) seen in the clinical environment, blue jeans are reserved for “casual Fridays”.

Many of our staff members are also very enthusiastic outdoors-people and would love to show you around. If this is an area of interest to you, please bring the appropriate seasonal gear and we can help equip you to enjoy our ‘great outdoors.’ The hospital and NOSM maintain two mountain bikes and kayaks for the enjoyment of all learners. Orientation week will be action-packed with lots to see and do, and this handbook will serve as a reference throughout your stay with us.

## How will everyone know who I am?

All learners that work with us at the Lake of the Woods District Hospital and clinics need to bring photo ID. Your NOSM ID is a good start, and you will get your LWDH ID for your work in the hospital. Please bring that with your medical gear daily. You may also find your photo posted at the hospital and clinics to familiarize patients with the learners.

When you are seeing patients in the office and the hospital, be sure to document in writing or dictation the physician who supervised you for that case. We are a small but very busy centre, and there are often several MDs around that you may work with on one day. Please ensure your staff supervisor for each encounter signs off on all of your charts. The medical offices at the Paterson, Lakeside and Keewatin clinic use the “P & P electronic medical records”, and KAHAC the Health Screen system. You will receive orientations on both systems. The LWDH still uses a lot of paper, just to keep your handwriting in style!

## Who will I meet?

### The NOSM Liaison Staff

Dr. Laurel Snyder: NOSM Site Liaison Clinician- responsible for the Local NOSM Group, Faculty Development, VAR co-facilitator, Family Practice with Emergency Medicine diploma.

Dr. Shannon Wiebe: NOSM Site Liaison Clinician - UME, VAR co-facilitator, Family Practice (Keewatin) / Obstetrics / Emergency Medicine

Heidi Stepanik: NOSM Site Administrative Coordinator, LEG/CME Coordinator will be assisting you with all aspects of your CCC year, and is your most direct link to NOSM for scheduling and procedural questions.

### *The Paterson Medical Centre*

**Dr. Buzz Pedersen** –Family practice, Sabaskong/Whitefish Bay visits, obstetrics, interest in sports medicine.

**Dr. Rhonda Diamond** – Family practice, obstetrics.

**Dr. Clay Hammett**- Family practice, Sioux Narrows visits, anaesthesia, emergency medicine, medical education.

**Dr. Jim Beveridge**- Family practice, obstetrics & C-sections, GP, surgeon, chemotherapy.

**Dr. Brian Bowerman** – Family practice, Birchwood Terrace Nursing Home, emergency, Minaki visits

**Dr. Michelle Thomas** – Family practice, Whitedog reserve visits.

**Dr. Jillie Retson**- Family practice, emergency medicine, sexual health clinic.

**Dr. Rowena Lass** – Family practice, Sexual Health Clinic (NWHU), coroner, Sioux Narrows visits.

**Dr. John Vaudry** – Family practice, Grassy Narrows visits, anaesthesia.

**Dr. Murray Workman** – Family practice, anaesthesia.

**Dr. John Hammett** –Coroner, Kenora Area Health Access Centre, family practice.

**Dr. Kerry Anderson-** Family practice locum.

**Dr. David Kyle-** Family practice, obstetrics, emergency medicine.

**Dr. Laura Noack-** Family practice.

**Surgeons-** Lower level PMC- 468-5410, Operating Room- 468-9861 ext. 2224

**Dr. Jack Spielman** – General Surgeon also does orthopedic procedures.

**Dr. Susan Ghazali** – General Surgeon

**Dr. Hristo Hristov-** General Surgeon also does breast surgery.

**The Keewatin Medical Clinic - Office- 547-2818**

**Dr. Tim Wehner-** Family practice, obstetrics, C-Sections, emergency medicine, stress tests.

**Dr. Joel Kroeker** - Family practice, colonoscopies, stress tests, EKG reading.

**Dr. Shannon Wiebe-** Family practice, obstetrics, emergency medicine.

**Woodlands Clinic - Office – 468-8566**

**Dr. Rob Scatliff** - Family practice, emergency medicine. & anesthesia

**Dr. Lisa Habermehl** - Family practice.

**Dr. Mandy Spencer-** Family practice, emergency medicine.

**Lakeside Clinic - Office – 468- 3600**

**Dr. Bruce Daly-** Family practice, anaesthesia, obstetrics, colposcopy.

**Dr. Steph Foidart** - Family practice, anaesthesia, emergency medicine, colonoscopies.

**Hospital and Community Based Physicians**

**Dr. Laurel Snyder** – (CFPC-EM) Emergency Medicine, Kenora Area Health Access Centre, medical education.

**Dr. Dan Walters-** (ED, Dipl. Sports Med) Sports Medicine Clinics, Dept. Head- Emergency Dept.

**Dr. Dana Walters-** (Nephrologist) Nephrology Clinic, Dialysis Unit.

**Dr. Kerry MacDonald** – Pathology/Forensics – 468-9861 ext.2480

**Dr. Kelly MacDonald** – Pathology & Lab Medicine

**Dr. Sandra Sas** – (FP) Methadone clinic, Jail physician, Chemotherapy, Kenora Health Access Centre.

**Dr. Usama Zahlan** – (Psychiatrist) – LWDH and ACT Team 468-9861 ext. 2262

**Dr. Ravi Bains** - (Psychiatrist) - LWDH and SCFHT

**Dr. Sherry Reed-Walkiewicz** – FP, Psychiatry sub-specialty. – 468-9861 –ext. 2262.

**Sunset Country Family Health Team**

**Randy Belair** – Executive Director

**June Dearborn** – Pharmacist

**Kate Wilson** – Dietitian

**Colleen Snyder, Carolyn Hamlyn & Tanis Olson:** Registered Nurse Program Coordinators

**Andrea Martin** – Chiropracist

**Kristen Patrick & Carol Wilson** Nurse Practitioners

**Peggy Gustafson** - Registered Nurse- Diabetes Management Program (DMP)

**Cindy Van Belleghem-** Registered Dietician- Diabetes Management Program (DMP))

**Tannis Romaniuk-** Program Assistant

**Melonie Young** – Quality Improvement Decision Support Specialist

**Amber Griffiths and Chelsea Sharples** - Administrative Assistants

**Kati Heinrichs** – Social Worker

**Kenora Midwives**

**Kelly Graff** – Midwife

**Bekkie Vineberg** – Midwife

**Sharren Struk** - Administration

## *Hospital Allied Health Professional Contacts*

### Rehabilitation Dept.:

**Brock Chisholm** – Manager of Rehab Department - ext. 2290 or 2214

**Jackie Hummelbrunner**- Speech Language Pathology

**Shawna Caron & Kendra Dobinson** - Occupational Therapy

**Kathi Delorme & Lara Skime** – In-patient Physiotherapy

**Teri-Anne Boucher, Erin Mudry & Caroline Balcaen** – Out Patient Physiotherapy

**Brent Dionne & Laurie Laffin**- Respiratory Therapy

### *Dieticians*

**Tanya Laewetz** ext. 2431 and **Lori Romas** ext. 2534- Registered Dieticians

### *Waasegiizhig Nanaandawe'Iyewigamig Health Access Centre- Outreach Office* Office- 467-8770

**Dr. Laurel Snyder** - Consultant physician.

**Barb Pernsky, Jennifer Roberts, Leeann Desrochers, Tracy Bennett** - Nurse Practitioners.

**Philina Skye**- Diabetes Education Services, RN – Nurse Educator; **Tabitha Marshall**, Registered Dietician; and **Patric Lehnhoff**, Registered Nurse- Diabetes Education

### *Visiting Specialists*

This is the list of our core visiting preceptors. You will each be given the opportunity to work with each of these specialists as they come throughout the year.

Dr. Lorne Hurst – Dermatology

Dr. Fast- Neurology

Dr. Porter- Orthopedics - knees

Dr. Aubrey- Rheumatology

Dr. McGregor – Urology

Dr. Garces- Radiology

Dr. Van der Zweep & Dr. Gillespie - ophthalmology

### **Who will I work with?**

Students will rotate between clinics and physician placements in all local clinic facilities and the hospital.

## **How am I going to learn “everything”?!!**

### **The Learning Plan**

Please complete and return a “**Learning Plan**” -- a list of at least five objective, quantifiable learning goals you hope to achieve during your eight months in Kenora. Return to the SAC, HeidiStepanik and to please give a copy to your preceptor. We will have you update these at your quarterly assessments. We strongly encourage you to discuss your learning goals with your preceptors at the beginning and regularly during your rotations.

### **Primary Care Sessions**

NOSM guidelines dictate that your primary care sessions (PCS) will make up about 60% of your clerkship year. In the LWHSC, a clinical day qualifies as a PCS when you work with one of the identified primary care preceptors in any location or role that is part of their regular duties. Most often that will mean seeing patients on the wards and in Family Practice clinics, but it also could be assisting in the OR, doing anaesthesia, delivering a baby, attending a call with the coroner, or traveling to a reserve.

You are required to see a minimum of two (2) patients per half day in a PCS session.

Any group work (such as VAR) is to be attended in preference to other educational opportunities.

The variety of elements in your schedule makes things appear quite specific on your calendars as far as where to be at what time. ***It is essential that you regard this with flexibility. Make it your priority to take advantage and attend unique learning opportunities or emergencies whenever they arise.*** If the opportunity is not with your supervisor at that moment, please respectfully obtain permission from the relevant individual to attend. If the opportunity is outside your usually scheduled hours, recognize that medicine is a 24h job, and that the ***best preparation you can have is to take advantage of “medical moments” when they are available.***

### **Inpatient Care**

We encourage all students to follow 2-5 inpatients/week during your clerkship year. Rounding on inpatients should occur independently each week day from 0745-0845h. Our expectations are that you will learn to write progress notes, treatment plans and orders directly in the charts. All orders need to be co-signed by your attending. Admission histories and discharge summaries should be dictated. You will learn more by rounding in advance and then presenting and discussing cases with your preceptor, rather than waiting for them to arrive.

Most patients in our hospital are admitted through the Emergency Department by the ED physician on call. The attending staff is notified by phone and/or email. Our on-call system (see next item) will give you exposure to working through the initial admission and history. Acquisition of an inpatient roster will occur as follows:

***1) If the patient you admit IS a patient of one of your preceptors-*** This is an ideal learning opportunity for you. It is hoped that you will follow and help manage this patient through their hospitalization, and later as an outpatient after discharge from hospital.

***2) The patient you admit belongs to a preceptor group of a fellow student-***

Routine admission protocol is followed and orders are written by the student on call. That evening or the next morning, you “sign-over” the patient you have admitted to your colleague. This will give you practice in safe and efficient transfer of care.

You should try to participate directly in the care of any of your “paneled” patients while in hospital. This may involve assisting in surgery, observing a CT scan, etc. You can schedule ‘appointments’ to attend your inpatient when there are interprofessional providers meeting with them.

We request you attend interdisciplinary ward rounds/discharge planning rounds to discuss your inpatients whenever possible. These occur on Tuesdays from 11AM to noon (2<sup>nd</sup> floor) and 1 to 2 PM (3<sup>rd</sup> floor). Please advise your preceptor when you attend.

**“Grand Rounds / Interesting Cases”:** These are scheduled every second and fourth Thursday from 8:00 – 9:00 a.m. You will be scheduled to present at these rounds once in the autumn and once in the Winter – and are expected to attend all of them. Dr. Kelly MacDonald and Dr. Laurel Snyder will review requirements for the presentations. Case-based presentations in the autumn may be interesting cases you presented in VAR. You may present an interesting case in conjunction with one of your preceptors or as a brief (15 minute?) presentation unto itself. Discuss these details with your preceptor. In the winter term you are asked to present on a topic of clinical interest. Again, you may work collaboratively with your preceptor, or simply give a 15 minute presentation (minimum). Please coordinate and review your presentations with a preceptor prior to presenting at Rounds.

**Group Inpatient Rounds:** Scheduled occasionally throughout the year. These will be scheduled with different physicians and will be performed as a group. You will be expected to have one inpatient to present to your colleagues. Preferably the patient is still an inpatient with interesting findings. Usually we will meet in the NOSM room at the hospital across from the Finance Department.

**IPE afternoons:** Will take place occasionally throughout the year. Emphasis will be on understanding how to work effectively with the Family Health Team and to participate in team-based care involving some of the Teams programs. There may be a didactic component. (Pilot initiative for 2010-11)

**DOCS Assessments:** These will occur throughout your placement in Kenora. These assessments could be completed by one of your main preceptors or a preceptor you work with on a more occasional basis (ie. Emerg docs). They will observe you and another Clerk during interactions with patients and assess using the DOCS form. Preceptors that are participating are asked to book 6 to 8 patients to be seen during this time and to notify these patients about the length of their appointment and that it will be student assessment as well as their ongoing care needs. (Pilot initiative for 2010-11)

**Lunch and Learns:** Scheduled regularly at the SCFHT- on the third Tuesday of each month from September to June. These will include topics and info sessions presented by a variety of health professionals. You may be asked to contribute, attendance is suggested.

### **On-Call Duties:**

During your clerkship year you will be on call in the Emergency and OBS Department.

### **Emergency Department (ED) On Call:**

- Monday to Friday: will generally rotate 1 and 6 – shifts are 5:00 pm to 11:00 pm
- Weekend- Saturday & Sunday: will generally rotate 1 and 6- fulfill 15 hours over the weekend

There will be additional exposure to the ED through day shifts during the first few months of your placement, as well as if a preceptor in your group works in the ED.

Please concentrate your effort in the emergency department on complex cases requiring admission. Please keep a personal log of your admitted patients / problems for quarterly review. You may do this by logging the case Dx and case ID on your google calendar.

### **OBS Department On Call:**

- Monday to Friday: be in contact with preceptors in your group that do OBS for exposure during the week (i.e. when your preceptor gets called in you go too)
- Weekend- Friday to Sunday: will generally rotate 1 and 6- check in at the OBS floor by late afternoon on Friday of your call weekend to have your presence on the ward known that you are on call

There are a number of family medicine preceptors who also provide obstetrics care, as well as 2 midwives. We've done our best to match each learner with one preceptor in their group who does obstetrics, and schedule everyone SES sessions with the midwives. This means that you will see some prenatal care in the office, and be called when your preceptor's patient presents to the Maternity floor for assessment during the week. Obstetrics exposure is always coveted. We will do our best to make sure you are always included, but please appreciate that there are some cases where patients may opt out of student involvement, and there are times when nurses and preceptors are so rushed or tired that you may get missed. On weekends, there will be a clerk on call for Friday - Sunday. When you are on call for obstetrics, you are on call for assessments and labours, not just deliveries. You will learn much more and patients and preceptors will be more comfortable with letting you be "hands on" if you've been involved all along the way. On your call weekends, check in with the nurses on maternity in late afternoon on Friday to see what's in the works, and remind them to call you when things get busy.

You should be able to attend approximately 5 to 15 deliveries during your time in Kenora (note that our hospital delivers about 250 babies per year). If you have any questions or concerns about obstetrics involvement, please direct them to Dr. Shannon Wiebe and/or your preceptor. We've done our best to balance the teaching groups so that everyone gets some obstetrics exposure.

Always clarify with the attending doctor/midwife that it is okay for you to be involved on a case-by-case basis and don't take it personally if you are given a "rain-check".

The On-Call Schedule will be posted in the ER and Maternity Department with your contact information.

### **Surgical Assist Call:**

Other call responsibilities include being on call Monday to Thursday for Surgical Assist. This will follow the 'surgical assist' call schedule that is published on "DocRoster". When one of your preceptors is on call for surgery assisting, you are on call. It is anticipated that weekend call will involve the student in the ED also being on call to the Operating Room.

If you are unavailable to the OR, or the case going to the OR after hours is one that the student in ER admitted, then the student in the ED may be called to assist.

When doing surgical assisting, take the opportunity to be involved in the anaesthesia induction and recovery of the surgical patient.

Each of you will have a two week "burst" rotation with the surgeons. During this burst you will spend time with the surgeons for most of your scheduled clinical time, and be available for surgical call. Surgical Bursts will occur in the second half of your CCC year (between January and April)

### **Other Clinical Sessions**

**Pinecrest Home (Kenora Home for the Aged)** – Dr. Maxine Carlise is the home director, and a number of local family docs provide care there. Specific geriatric sessions may be arranged with Dr. Sawatzky



## **WNHAC (Waasegiizhig Nanaandawe'Iyewigamig Health Access Centre)**

At least two - three students will be paired with a Nurse Practitioner (Jennifer Roberts, Barb Pernsky, or Leeann Desrochers) who provides outreach care to local First Nations Reserve Communities. You will attend the same community monthly throughout the year. You may also have sessions at the KAHAC satellite Clinic with Dr. Laurel Snyder or Dr. Sandra Sas. It is our hope that you will become familiar with a cadre of patients on the reserve you visit over the year. If one of your core preceptors does regular reserve visits you may not be placed with an NP for this experience.

### **Specialty Enhancement Sessions**

You must complete 60 SES (30 physician based, 20 Health Care Professional based, 10 Community based) sessions throughout the year. A majority of these will be scheduled through your SAC. Please notify her of any areas of interest so that the proper sessions can be booked. SES sessions can be reserve visits; time with visiting specialists, community organization, Family Health Team sessions etc ... These sessions will also include the mandatory Grand Rounds, Tuesday mornings with Clinical Topics and Group Rounds, as well as the IPE Friday afternoons. Questions? See Heidi.

## **How do I make sure I pass?**

### **Evaluations**

**These are your responsibility to have completed!** Please advise your preceptor ahead of time so they can help arrange time to complete them, especially the 'DOCS' which may not be easily completed during a busy time in clinic or emergency department.

You must **complete two DOCS per month.** At your quarterly evaluations please present your preceptor a copy of your original learning plan.

**\*\*We will do our best to informally review the 4 completed DOCS and update your learning plan at QUARTERLY REVIEWS with Shannon Wiebe / Clay Hammett.\*\*** Please do not hesitate to speak with your SLCs about learning desires / wishes / dreams / concerns at any time.

**VAR assessments will occur during your sessions with group feedback at the end of every session. Your case writeups will form a minor part of your overall VAR assessment.**

**PRRE projects and MCQE assessments will be organized by NOSM.** There is a PRRE Information Session with NOSM scheduled in September. PRRE proposals are due in the first week of Module 202 in October. PRRE final presentations are scheduled in March during week 31 and 32.

**Your enthusiasm for participation in academic rounds and community events do not form part of your mark to pass your year HOWEVER, all of these extra things (including your degree of enthusiasm) are reflected in your preceptors' quarterly evaluations, and moreover will be duly noted and reported to the UME Dean for your CARMS applications, and would certainly be used to augment any local letters of reference for the CARMS match.**

## **Community Engagement**

You are encouraged to become involved in the community. Dr. Laurel Snyder and Val McEwen are the co-chairs of the Local NOSM Group for the CCC students. Although elective, your participation is highly encouraged and can take many forms (i.e. joining a choir, speaking to the Rotary Club, providing First Aid help for the Hockey Team etc). Although your schedule is busy, the more you participate, the more you will get to know and enjoy Kenora and the rewards may be far-reaching. The community has a lot to offer!

We would greatly appreciate it, if at some point during the year you would speak to the High School students at St. Thomas Aquinas and Beaver Brae Secondary School about “becoming a doctor / medical student” and lead groups of students in a “Wilderness First Aid” or BCLS type course. Any other suggestions you have for involvement in the community will be warmly welcomed.

<b>LAKE OF THE WOODS DISTRICT HOSPITAL</b>	<b>Department Manual: Administration</b>	<b>Page 11 of 13</b>
	<b>Section: Relationships</b>	<b>Original Creation Date: June 2006</b>
<b>POLICY - Use of Electronic Communication Devices (Cell phones, iPads, Blackberries, iPhones, 2 way radios, etc)</b>		<b>Current Approval/Revision Date: 11/22/2011</b>

### Preamble

There is evidence which established a patient risk if radiofrequency emitting devices (eg., cell phones, two-way pagers, walkie-talkies, Blackberries, and other devices capable of two-way communication) are used in areas of the hospital where radiofrequency sensitive devices are used in the course of providing patient care.

**Inappropriate use of cell phones** and other communication devices can also create risks around infection control, patient confidentiality and can interfere with the process of effective communication with patients and others. Checking for calls or text messages while in an interaction with patients or others is disrespectful and interferes with your ability to complete your work efficiently and effectively.

This policy applies to the use of cell phones and other radiofrequency emitting devices by **hospital staff, physicians, visitors and patients.**

### Policy

1. Cell phones may NOT be used in The Intensive Care Unit(ICU), the Operating Room or Post Anaesthesia Recovery Room(OR/PARR) or within 1 meter of any critical electric equipment (eg. monitors, ECG machines, telemetry, isolettes, etc.) which is in use.
2. Cell phone use (**talking or texting**) in other areas of the hospital is permitted under the following circumstances:
  - Patients and Visitors:
    - a) Use of cell phones is not permitted in the areas noted in #1
    - b) Use of cell phones during conversations with members of the Interdisciplinary Health Team will not be permitted
    - c) In order to not disturb other patients cell phones must be kept on low volume or vibrate
    - d) If patient is in isolation, cell phone use by visitors inside the patient room is not permitted.
  - Staff and Physicians
    - a) Use of cell phones is not permitted in areas noted above in #1
    - b) Cell phone use for personal calls or texts is restricted to break times only (lunch or coffee breaks).
    - c) Cell phones with Apps may be used to access information which is work related outside of break times.
    - d) Cell phone use in patient rooms is not permitted unless #c) applies.
    - e) Cell phone use in isolation rooms is not permitted.
    - f) Cell phones must be wiped down after use in patient areas (#c) and staff will perform appropriate hand Hygiene before and after cell phone use.

<b>LAKE OF THE WOODS DISTRICT HOSPITAL</b>	<b>Department Manual: Administration</b>	<b>Page 12 of 13</b>
	<b>Section: Relationships</b>	<b>Original Creation Date: June 2006</b>
<b>POLICY - Use of Electronic Communication Devices (Cell phones, iPads, Blackberries, iPhones, 2 way radios, etc)</b>		<b>Current Approval/Revision Date: 11/22/2011</b>

- g) Staff who carry cell phones on their person must have the volume off and set on vibrate only.
  - h) **Answering cell phones or reading and responding to text messages while in the process of delivering patient care, while performing duties specific to your job, or while participating in an interaction / conversation with another (e.g. during a meeting) is not permitted.**
3. Staff who observe the use of cell phones or other devices in inappropriate areas shall explain that these phones must be in the OFF mode when in designated areas of the hospital.
    - 3.1 Should the cell phone user be unable to understand the safety risk that such devices pose in a hospital environment, the staff member may call for assistance from their manager or the hospital supervisor.
  4. Cell phones capable of image capture or video transmission must be used in accordance with this policy, Lake of the Woods District Hospital Photography & Privacy policies and with the consent of individual whose image is captured.
  5. Cell phones must not be used to record conversations without consent.
  6. In emergency response situations where other forms of communication are not practical, security and emergency response teams may use walkie-talkies and other radiofrequency devices as necessary. Where these situations arise, devices should be used as far away from medical devices as possible.
  7. Signage will be provided at designated patient care areas to educate visitors on this policy and the appropriate use of cell phones in the hospital.
  8. Through orientation and ongoing education, staff will be informed of this policy and their responsibilities with respect to enforcement.

<p><b>A Cell phone can be a valuable tool for healthcare providers if used appropriately. All staff will be expected to adhere to the guidelines outlined in this policy.</b></p>
---

<b>LAKE OF THE WOODS DISTRICT HOSPITAL</b>	<b>Department Manual: Administration</b>	<b>Page 13 of 13</b>
	<b>Section: Relationships</b>	<b>Original Creation Date: June 2006</b>
<b>POLICY - Use of Electronic Communication Devices (Cell phones, iPads, Blackberries, iPhones, 2 way radios, etc)</b>		<b>Current Approval/Revision Date: 11/22/2011</b>

### Reference List

Tikkanen, J. White Paper, Wireless Electromagnetic Interference (EMI) in Healthcare Facilities. JJT Consulting Group, Sponsor, Research in Motion

Canadian Agency for Drugs and Technologies in Health, Cellular Telephone Interference in Hospitals: Safety and Guidelines. Nov. 2010, Available from [www.cadth.ca](http://www.cadth.ca)

Critical Care, Interference by new-generation mobile phones on critical care medical equipment. Sept 2007. Available at <http://ccforum.com/content/11/5/R98>.

Press Release, Heart and Stroke Foundation, Cell phones and medical equipment, dangerous mix? October 2006, available at [www.heartandstroke.ca](http://www.heartandstroke.ca).