

INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, September 22
Room D1-226 (Roney B) SJHC
5:00 – 6:30 p.m.

Attendance: P. Basharat, M. Bensette, A. Bhalla, J. Calvin, L. Chow, D. Durocher, J. Gregor, S. Gryn, J. Jackson, S. Kane, C. Kortas, M. Lu, A. Malbrecht, G. Mount, M. Mrkobrada, S. Ratner, H. Salim, A. Smaggus

Regrets: B. Ballantyne, L. Ciprietti, F. Esmaeilbeigi, A. Gob, S. Gottheil, M. Mahler, D. McCarty, S. Mioduszewski, D. Morrison, F. Rehman, W. Saad, M. Schorr, L. Wang

1 APPROVAL OF AGENDA AND MINUTES

The minutes were approved as distributed. Resident Travel Awards were added to the Announcements section and S. Kane added her welcome to the newest members of the committee.

2 BUSINESS ARISING FROM MINUTES

2.1 EDC/Urgent Care Clinic – update

S. Kane has reviewed data from the first two blocks and observed that there was low utilization of the EDC spots in urgent medicine. Because of this discovery, it was communicated that EDC spots could be opened up to the SMR. The utilization has been improved but there is still opportunity to better utilize the EDC. It's unknown if there are fewer people being referred to Medicine that can be seen by the EDC residents or if the clinics are not busy. The availability of EDC spots was discussed and it was noted that both hospital sites can use EDC. It is hoped that as advertising increases, PGY2s will call more and utilize EDC better.

Evaluations from the EDC rotation were reviewed. Overall, the assessments are positive. Residents like the addition of the clinic time. Teaching deficits were recognized as an area to improve, specifically a lack of available formal teaching. J. Jackson mentioned that EDC residents often miss formal teaching sessions offered over the lunch hour as colleagues usually hand over the ER consults pager as soon as the EDC resident arrives. J. Jackson expressed concern over pager coverage during lunchtime teaching. Residents were assured that learners on the EDC rotation should not be taking the pager until their shift begins so that they can attend formal teaching.

Action: DoM to send communication to senior residents to remind them that EDC residents are not expected to cover the pager until 1:00 pm. Communication to be sent with R2 Role Description.

2.2 CBD Implementation - update

The group was advised that the Medical Oncology and ENT programs have already started piloting the CBD model. PGME has encouraged all programs to start the CBD process by creating a competency based committee to review resident performance for assessment and promotion. S. Kane suggested that she would like to set a goal of forming a committee and have two meetings by the end of the academic year. Because the PGY1 cohort that will be most affected it would preferable to give them a priority on the committee. It was also acknowledged that resident involvement will be key to a successful launch so residents should expect to be contacted to request involvement in the CBD development process. S. Kane mentioned that every Program Director has a draft of the Entrustable Professional Activities (EPAs) and assessment tools that will be used but residents will need to have the opportunity to review it to see how it will work in our current and upcoming curriculum.

The group was also informed that one challenge that has come up with programs that have already introduced the CBD was balancing the expectations of residents who have started the CBD education model and those who are continuing in the old model and the feelings of discrepancy over how assessments are done with both groups.

3 COMMITTEES/TASKFORCE REPORTS

3.1 Education Liaison Committee

No meetings have taken place yet.

3.2 Faculty PGE

S. Kane discussed Waiver of Training expectations and reminded residents that waivers cannot be guaranteed in advance. Waivers should be based on competency and should be based on approval by a competency committee.

3.3 Windsor Program

No update provided by W. Saad. H. Salim mentioned that he had been reviewing the non-teaching team in Windsor, known as Team B. The future of Team B is unknown due to funding issues. Residents stated that they saw the merit of Team B, especially during periods of high patient census. Residents noted that having a manageable case load provided a more positive educational experience. It was acknowledged that the patient census fluctuates for Team B but the residents felt their presence improved the overall educational experience. One specific benefit was that the senior who was post-call did not have to stay for the full day to help with patients. S. Kane noted that residents should never be staying post-call and recognized that requiring a resident to stay post-call could be seen as a major issue on program reviews.

Academic Half Day in Windsor was discussed and the group was advised that the London sessions would be no longer available via video-conferencing by OTN for the residents in Windsor. S. Kane has advised the Windsor program that residents are to be given or Academic Half Day sessions prepare by the Windsor group or protected time for study

1.1 IM/EM Working Group

Two issues had been identified by the IM/EM working group. First, it was reported that MAC guidelines were not being followed which state that residents can send back a consult where in reality this is not possible. Dr. Sedran is going to work to communicating this to his department. Secondly, DoM residents were experiencing a lot of 'bounce-back' calls from nurses where SMRs were being asked to review cases that had already been seen by a Medicine service without being first seen by an Emergency physician.

Overall, relations between the Internal Medicine program and the Emergency Medicine program have improved and the department seems to be running smoothly. The SMR seems to be less stressed and the overall feeling of the Emergency room seems to be calmer. Part of this improvement could be the introduction of the dual senior coverage. The culture seems to have improved and S. Kane acknowledged that this trend was very positive.

1.2 Social Committee

The social committee is still working on the regular annual events to include the holiday party in Block 7 and the end of year barbeque. The group is also hoping to introduce an inter-departmental dodgeball tournament between Internal Medicine and Emergency Medicine to integrate the departments on a social level. The Emergency Medicine residents will also be invited to the year-end barbeque.

1.3 Resident Wellness Committee

The former chair (S. Jain) has handed over responsibilities to M. Schorr and L. Wang. S. Kane looks forward to hearing more about the committee's plans.

2 COORDINATORS' REPORTS

2.1 Research Coordinator

M. Mrkobrada reported no problems with the research program. He recommended that ethics training via the Tri-Council should be mandated for all residents completing a research project. S. Ratner informed the group that those residents who graduated from Western would have already completed the training. M. Mrkobrada suggested that those who had completed ethics training could send in their certificate with their research proposal form.

M. Mrkobrada also discussed concerns regarding case reports being completed to complete research electives. He cited the following two problems with this approach:

- a) There is no research question in a case review
- b) A case review does not warrant enough work for an entire research block

M. Mrkobrada stated that if residents would like to go ahead with a case report, they would need to do it as a scholarly activity as it would not meet the criterion for a research project. The members of the IMRTC agreed with this suggestion.

S. Kane mentioned that residents should be given the opportunity to complete the Tri-council ethics training to meet ethics training requirements.

M. Mrkobrada is interested in finding out if the research projects that are completed during electives are being presented. M. Mrkobrada is going to be looking into how would be best to follow-up.

Action: Residents who wish to complete case reviews cannot use a Research Elective block to complete it. Case reviews will be considered to fulfill requirements of a scholarly activity. Information to be distributed to residents with R2 Role Description after it has been reviewed and approved.

2.2 Simulation Coordinator

Nothing to report. Two sessions have taken place so far and were well-received. Residents stated that lunch-time simulation teaching sessions have also been useful.

2.3 Curriculum Coordinator

Nothing new to report. S. Kane reminded the group that changes were approved via IMRTC as a result of the Royal College exam moving to the third year. This change will affect the current PGY1 residents.

3 RESIDENT'S REPORT

3.1 Chief Residents

UH Chief (Gillian Mount)

There was discussion about junior residents taking consults and shift times on weekends for rounding seniors. Residents are expecting juniors to not be available for weekend consults until 5:00. It was clarified that residents are expected to be available for consults after rounding has been completed. There was also a concern highlighted regarding senior residents wherein some residents have been leaving right at noon while others have been staying on into the afternoon. Residents were assured that the goal would be for all rounding seniors to leave at noon when the consultants are to take over. There was a discussion about discrepancy between expectations and the reality of what is taking place with the teams and the staff. Some residents are not as involved with seeing patients as much as they should and some staff is not as available as expected. Clerks should also be given tasks that are realistic to their level. Expectations should be clear for all parties and everyone should be working together to 'tidy up the floor'.

S. Kane summarized the weekend work as follows:

Juniors – Juniors should do what patient work is required, have something to eat and then present themselves to the SMR as soon as they are available

Team Seniors who are Rounding – Residents should leave at approximately noon based on negotiation between the senior and the attending and the amount of work to complete

Seniors on SMR – Seniors should be contributing and helping throughout the day whether it be work on the floor, work in the Emergency Room, or ICU transfers

The problem of elective students wanting to do buddy call was identified. Elective students are currently negotiating directly with staff or the senior on the team. Clerks should coordinate buddy call with the CMRs directly to ensure all elements of the schedule are being considered.

G. Mount talked about block 4 and the impact of the CaRMS interviews on the all schedule. G. Mount advised the IMRTC that R3s were asked for their potential interview dates so as to avoid schedule conflict

and suggested that this practice could be carried into next year to assist with scheduling. It was noted that a solution will be needed for future years.

VH Chief (D. Durocher/A. Bhalla)

Things are going well at Victoria Hospital. The only issue that has come up is resident frustration with the SAMU. Seniors have been having some difficulty getting their patients into the SAMU service. This has not been an issue in the first few blocks as patient censuses have been low. A. Bhalla also mentioned that some clarification of the R2 role is required – specifically how much teaching is expected. It was clarified that R2s are expected to teach once a week to their own team. The R2 role has been outlined in goals and objectives. It was again noted that the R2 should be handing off the pager to the EDC resident at 1:00 pm. It was also mentioned that there has been some confusion on weekends where residents on the EDC rotation are arriving an hour later than they are expected.

Action: DoM to update Amtelco to reflect pager coverage shift times

Action: DoM to update R2 role information regarding holding pager until 1:00 pm

Action: DoM to remind residents about EDC shift start times on weekends

Action: R2 Role Description to be reviewed at next IMRTC meeting

3.2 Trainee Representatives

PGY1 - M. Mahler

Unavailable to report.

PGY2 – J. Jackson

PGY2s are generally happy. Efforts are being made to call staff to check in and that seems to be going well for the most part. There is some confusion about the dual SMR roles. It was recommended that the R2 on the team could provide updates to the EDC residents about how patients are progressing and if management plans were successful. It was clarified that CTU consultants should be checking in with EDC residents in the afternoon or evening to check on case progress and provide feedback.

Action: Job description for R2s to be modified to include having the R2 update the EDC residents on patient cases

Action: S. Kane to remind Staff that if they are the consultant on call, they should be checking in with the EDC resident

PGY3 – S. Ratner

Concerns regarding the Up-To-Date renewal were brought up. The DoM expects the renewal to go through without any issues. A. Malbrecht also clarified that the Up-To-Date subscription was paid by the department.

There was a lengthy discussion about SAMU and the group was advised that the SAMU have not been taking patients on as would be expected. The SAMU service is requesting a full disposition plan before accepting new patient. It was noted that adding more patients to the SAMU freed up patients from the CTU lists and enhanced the opportunity for teaching on the CTU service. Residents were informed that the SAMU service is going to be assessed to ensure it is running as efficiently as possible.

PGY4 - L. Ciprietti
No report provided.

ISR
No report provided.

4 NEW BUSINESS

4.1 Rotation Review: Ambulatory GIM

The Ambulatory rotation was reviewed favourably overall. Seniors are happy at University Hospital and less so at Victoria Hospital. Face-to-Face reviews are happening more at UH and less at Victoria Hospital. No specific recommendations were made.

Rotation Review: EDC
See item 2.1.

4.2 Buddy Call Clarification

G. Mount advised the IMRTC that until Block 4, Clerk Buddy calls was only scheduled for days when an IM resident was working. It was agreed that Clerk Buddy call could be scheduled any time a junior resident was working for the respective team provided that only one Clerk buddy was scheduled per day. Residents agreed that an IM junior did not necessarily need to be on.

4.3 SAMU services at LHSC

Discussed in item 3.2

4.4 Up-To-Date (ensuring continuity of resident access)

Discussed in item 3.2

4.5 NEJM Knowledge Plus - Exam Requirements and Resident Access

Residents should be accessing NEJM. There has been positive feedback thus far.

5 ANNOUNCEMENTS

5.1 NEJM Subscriptions

All residents should have access to their NEJM account.

5.2 ISR Interviews

ISR interviews will take place early October. Volunteers are in place.

5.3 Semi-Annual Interviews for PGY1s

Semi-Annual interviews for PGY1s are almost complete. Semi-annuals for PGY2s/PGY3s will take place November/December

5.4 Fall Retreat

The Fall retreat will be taking place October 22nd. Residents will have the opportunity to participate in an Escape Room or Spike's volleyball. There will also be a formal dinner in the evening. The format has slightly changed from years past and it is hoped that attendance will be good.

5.5 Resident Travel Award

Resident Travel Award applications are due by October 31st. Awards of up to \$2000 are granted to residents for conferences that have already been attended. To be competitive, residents should have to have presented at the conferences but poster presentations will also be considered. Preference is given to those residents who: won an award, had an oral presentation or were the first author on a research study. All residents were encouraged to apply and were ensured that the application process was not too onerous.

Meeting adjourned at 6:40 pm.