

INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, November 17
Room B3-655 SJHC
5:00 – 6:30 p.m.

Attendance: M. Bensette, A. Bhalla, L. Chow, F. Esmailbeigi, S. Gryn, J. Jackson, S. Kane, M. Mahler, A. Malbrecht, S. Mioduszewski, D. Morrison, G. Mount, H. Salim, L. Wang

Regrets: B. Ballantyne, P. Basharat, J. Calvin, L. Ciprietti, D. Durocher, A. Gob, S. Gottheil, J. Gregor, C. Kortas, M. Lu, D. McCarty, M. Mrkobrada, S. Ratner, F. Rehman, W. Saad, M. Schorr, A. Smaggus

1 APPROVAL OF AGENDA AND MINUTES

The agenda was approved as distributed. S. Kane recommended two modifications to the October minutes.

Action: M. Bensette to revise October minutes

2 BUSINESS ARISING FROM MINUTES

2.1 Competency Committee and Terms of Reference

S. Kane discussed the competency committee and terms of reference and her hope to get the process started. She reminded IMRTC that the residents will need to decide whether a resident should be a part of the committee. Residents were informed that a survey will be sent out in the days following the meeting to get their input on the composition of the competency committee. Residents will be informed what the committee's responsibilities will be and whether a resident representative should be a standing member of the committee. If the residents agree that a resident should be a member of the committee, they will be asked if that resident should be a core resident, a PGY5, a resident outside of medicine or 'other'. Once responses are received, the competency committee can move forward. Residents asked if the pros and cons could be sent out with the committee description so that residents were informed when making a decision.

Action: DoM to distribute survey to residents regarding competency committee

2.2 Patient Safety Teaching and Online Modules

There was some discussion about the modules available on the CMPA website. It was acknowledged that when a resident completes the module a certificate would be available to send to the DoM. Residents were informed that modules would not be mandatory but would have the opportunity to complete them if they wished. It was recognized that if the modules were not mandatory it would be unlikely there would be a high response rate. It was clarified that residents would be given formal teaching on patient safety in teaching rounds but the online modules will ensure that training is available to all residents to enhance their learning. S. Kane mentioned that the patient safety material would likely show up in the Royal College exam and residents suggested that DoM include that information when notifying residents that the link to the modules has been made available to them. It was recommended that the online modules would be treated as elective for now and will be revisited in the future.

Action: DoM to make link to CMPA modules available on the website

2.3 Fall Retreat Survey

The Fall Retreat was well-received and feedback was very positive. The attendance was good and everyone who committed to attend the event came unless they had legitimate reason not to. Some feedback indicated that residents wanted shorter didactic sessions. There were some other suggestions for improvement but overall people were happy with the speakers, the topic of the discussions, the events and the dinner. DoM will look at the recommendations for topics to see if they could be implemented for future years. There was some discussion about the timing of the events and it was acknowledged that it was difficult to plan events around all educational activities and holidays. However, A. Malbrecht will look at booking a venue early so people can plan ahead.

Action: A. Malbrecht to review date options for 2017 fall retreat

3 COMMITTEES/TASKFORCE REPORTS

3.1 Education Liaison Committee

An ELC meeting had recently been held and Dr. Gary Tithecott announced that there are significant curriculum changes coming to undergraduate education wherein learning will be moving to a competency-based approach. A curriculum map has been developed and approved. It is expected that second year medical students will be working in a clinical capacity so prospective services and responsibilities will need to be identified. S. Kane has recommended services she thought would be appropriate for second year learners – e.g. SAMU, Cardiac Rehab, Outpatient Diabetic Patient Clinics, etc. The benefit of moving towards clinical exposure for second year medical students is to identify potential problems earlier in their academic career and giving students exposure to possible career opportunities earlier than in the past. Further discussions with Dr. Tithecott will be necessary to understand objectives, how the curriculum will be structured, how students will be assessed and what the impact will be on Medicine's clinical services. More information to follow.

Action: DoM to distribute Undergraduate Curriculum Map to the IMRTC so that committee members can review and understand the impact on the Department of Medicine

3.2 Faculty PGE

No update.

3.3 Windsor Program

No update provided.

3.4 IM/EM Working Group

No update provided.

3.5 Social Committee

The IMRTC was reminded that Holiday Rounds will be taking place on December 15, 2016.

3.6 Resident Wellness Committee

The Resident Wellness Committee has sent out a survey to all residents about wellness. Good feedback has been received thus far. Findings of the survey will be presented to the resident committee when the data has been collected. A half day after Christmas is also currently being created.

4 COORDINATORS' REPORTS

4.1 Research Coordinator

No update provided.

4.2 Simulation Coordinator

D. Morrison announced that the Victoria Hospital ultrasound machine issue has been fixed. The issue was that the machine's memory kept filling up and procedures were not being uploaded to QPath. It was determined that the machine's memory needed to be periodically wiped to allow the information to upload. The residents were assured that their procedural logs would still be uploaded when the memory was wiped. The CMRs will look after this responsibility.

Simulation was discussed at the Education Taskforce meeting. It's hoped that ideas and resources might come out of these meetings to expand resources. A. Bhalla mentioned that at VH Simulation is happening two Fridays of the block with one being focused on ACLS and the other being an ultrasound lesson, presented by L. Ciprietti.

J. Jackson asked about the ICU ultrasound machine and uploading their ultrasound information directly from the machines. D. Morrison advised the group that the studies from the ICU machines are QPath but go to R. Arntfield for review. M. Mahler informed that group that Atul Jaidka (IM1) created a video as to how to utilize QPath on the ultrasound machines. Residents will ask if the video creator would permit the Qpath instructional video to be distributed with the ICU welcome email. D. Morrison was also going to speak with Dr. Rob Arntfield to see if he would be open to reviewing the ultrasounds from the ICU rotation or forwarding the information as necessary.

Action: M. Mahler to ask A. Jaidka if ultrasound video could be used for the ICU rotation

Action: D. Morrison to follow-up with R. Arntfield about ultrasound review

4.3 Curriculum Coordinator

Not a lot to report. H. Salem acknowledged that the OSCE was quickly approaching and recognized that examiners would be required. Residents were informed that an OSCE request had been entered on their behalf.

Action: OSCE examiners to be identified by DoM

Action: DoM to send out email to residents to notify them that an OSCE request has been entered on their behalf

5 RESIDENTS' REPORTS

5.1 Chief Residents

VH Chief (A. Bhalla)

Overall things are going well. Senior Rounds were discussed as Senior Rounds on Thursdays continue to be a problem. There is a noticeable difference between the UH and VH round rounds. PGY4 residents often attend only to discover that no staff or PGY5 residents have come to teach. When no one is there to teach, residents are deterred from going to future sessions. A. Bhalla brought up the past conversation about having the ED Internist doing the senior rounds. S. Kane will need to talk to J. Gregor to see if this has been investigated further.

Action: S. Kane to follow-up with J. Gregor regarding ED Internist and possible teaching role

UH Chief (G. Mount)

No major issues were identified. Senior rounds are also an issue at UH. G. Mount has sent out an email to faculty at UH in hopes of creating a master list of people who would be available to teach senior rounds. G. Mount has also contacted PGY4s and PGY5s to see if anyone is available to teach. S. Kane asked residents if senior round teaching should be done all year or just January to May. Residents agreed that senior teaching is useful and thought that teaching could change to regular senior rounds from July – December and then Royal College style January to May to encourage more seniors to attend sessions. Further consideration is required.

5.2 Trainee Representatives

PGY1 - M. Mahler

Nothing to report.

PGY2 – J. Jackson

PGY2 residents are happy the MCCQE Part 2 is over. Overall the PGY2s are having a good year. The EDC rotation was cited as forcing residents to be more collegial.

PGY3 – S. Ratner

Unavailable to report.

PGY4 - L. Ciprietti

Unavailable to report.

ISR

No report provided.

6 NEW BUSINESS

6.1 Scheduling Requirements for Option E

The proposed schedule based on the Option E model was reviewed. Residents were reminded that Option E was approved during the 2015-2016 academic year so that R3 residents will not be on heavy rotations when preparing for their Royal College exam in their R3 year. The approved model allowed for 1 less CTU in third year and moved the one required CTU rotation to the first half of the year. The PGY2 residents would be picking up the additional CTU rotation based on a competency assessment.

Residents had concerns about the effect this new model would have on the current PGY2's PGY3 year and cited EDC as an especially taxing rotation. Residents were worried about the impact that a demanding EDC rotation would have on them while trying to prepare for Royal College exams. There were concerns that Option E would put the cost of a curriculum change on the current R2 residents to benefit the current R1 residents. It was argued that residents did not fully understand the educational ramifications of implementing Option E when voting last year. Residents consider EDC to be very intense and believe that asking residents to complete EDC in their third year would be too strenuous.

Recommendations were made to adjust shift times or eliminate clinical experiences to improve the EDC rotation for the R3 residents. Alternatives such as reducing core rotations (e.g. Gastroenterology, Respiriology, Nephrology) and splitting EDC between PGY2 and PGY3 were also discussed. S. Kane stated that the current model would need to be re-assessed.

Action: DoM to review Option E and model possible alternatives for implanting curriculum changes

6.2 CMBE Director

Dr. Selay Lam was announced as the new CMBE Director.

6.3 Rotation Reviews:

Endocrinology and Gastroenterology

Evaluations for both rotations were very positive, no major issues were identified. There is a clear commitment to teaching.

Dr. Thomson's role in teaching in Gastroenterology was recognized as a major strength in the Gastroenterology rotation. Residents are grateful for the extra teaching they are receiving.

7 ANNOUNCEMENTS

7.1 R4 Match Results

All but 4 residents matched in the sub-specialty match. The second-iteration is now open and the second match will be December 15th. Western matched residents to all of their specialty positions which is the first year this has been accomplished in some time. There were some discussions as to why there are fewer positions on a national level and it was highlighted that Quebec has eliminated positions for all residents outside of Quebec. Residents were informed that this change in sub-specialty allocations would require further review at a national level.

Meeting adjourned at 6:40 pm.