

INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, December 8, 2016

Room D1-226 Roney B, SJHC

5:00 – 6:30 p.m.

Attendance: S. Kane, J. Calvin, H. Salim, F. Rehman, L. Chow, P. Basharat M. Mrokbrada, D. Morrison, S. Gryn, G. Mount, M. Mahler, J. Jackson, B. Ballantyne, D. Durocher, L. Wang, A. Malbrecht, S. Mioduszewski

Regrets: C. Kortas, J. Gregor, A. Gob, D. McCarty, A. Smaggus, M. Bensette, W. Saad, F. Esmailbeigi, A. Bhalla, S. Gotheil, L. Ciprietti, M. Lu, M. Schorr

1 APPROVAL OF AGENDA AND MINUTES

The minutes of the last meeting were approved as distributed. The agenda was approved with two additional items:

6.4 CCU – AHD time protection for residents

6.5 New vacation request site being tested

2 BUSINESS ARISING FROM MINUTES

2.1 Competency Committee – Resident Participation

We have conducted a survey of the residents regarding this issues. The majority of residents who responded to the survey indicated that they support resident representation on the Competency Committee. Responses also indicated that residents support a Subspecialty resident as their representation on the committee.

Action: The Competency Committee Terms of Reference will be revised to include a resident representative.

2.2 Changes to Scheduling model

After reviewing the feedback received from residents and other stake holders, the Program has decided to defer the implementation of the new scheduling model for another year. The new scheduling model (Appendix A) will now be implemented for July of 2018.

It was noted that in the new scheduling model, it will be important to define the role of the two PGY2s on the CTU in advance to avoid confusion and any possible conflict.

2.3 ICU Transfers – follow up

Dr. Faisal Rehman presented the Medicine Transfer Process for MSICU (Appendix B). This documented generated a lot of discussion and the following suggestions were made:

- Always notify the PGY3 on the team prior to the transfer
- Communication should take place resident to resident instead of having the charge nurse paging the SMR regarding the transfer

Action: Dr. Rehman will bring these suggestions back to the Committee responsible for this process

3 COMMITTEES/TASKFORCE REPORTS

3.1 Education Liaison Committee

No report.

3.2 Faculty PGE

At the last PGME meeting it was announced that HealthForce Ontario now has an online tool available to help residents with their job search. Residents can access Career Services, Job Web portal and Transition to Practice education modules. This tool is available free of charge to all residents and can be found at <http://www.healthforceontario.ca>

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 Wellness Committee is planning an event for Thursday, January 19th during Academic Half-Day. Further information will be made available in early January.

4 COORDINATORS' REPORTS

4.1 Research Coordinator

It was noted that residents have begun completing the Tri-Council Research Ethics review and providing their certification reports as mandated at the last meeting.

4.2 Simulation Coordinator

Dr. Morrison indicated that there is a GPS locator function in the ultrasound machines and that it should be turned on to assist in locating them when they go missing.

It was also noted that lately the procedure cart has not been stocked appropriately. Access to Lidocain is sometimes problematic as it is locked up at UH in the medication cabinet. It was agreed that the CMR will check the cart once per month to ensure proper supplies are available.

Action: CMRs to check procedure carts monthly for supplies

4.3 Curriculum Coordinator

Discussed in item 2.2 above.

5 RESIDENTS' REPORTS

5.1 Chief Residents

VH Chief (D. Durocher)

No major issues. Continues to work on senior rounds and getting faculty available to teach.

UH Chief (G. Mount)

No issues reported.

5.2 Trainee Representatives

PGY1 - M. Mahler

Nothing to report.

PGY2 – J. Jackson

Nothing to report.

PGY3 – S. Ratner

Nothing to report.

PGY4 - L. Ciprietti

Unavailable to report.

ISR

No report provided.

6 NEW BUSINESS

6.1 Internal Review – Resident Participation

Dr. Kane indicated that the Program will have an Internal Review in May. We would like to have a resident working group to review documentation.

Action: The Education Office will seek resident volunteers for this working group

6.2 CaRMS Interviews and CaRMS Activities

We are currently recruiting resident volunteers for interviews, hospital tours and participation in the evening social events for the CaRMS candidates. We encourage residents to sign up for this important process.

6.3 Rotation Reviews:

Nephrology

Evaluations for both UH and VH sites were reviewed. Overall the rotations are well rated by the residents but two main issues were noted:

- UH: Rotation needs to provide orientation to residents at beginning of each block on how to care for transplant patients
- VH: Rotation needs to provide orientation to junior residents at beginning of each block on how to deal with Hem/Neph call issues.

Rheumatology

Evaluations for this rotation were reviewed. Overall this rotation is well rated and there were no specific recommendations.

6.4 CCU – AHD time protection for residents

Residents have expressed concern regarding their ability to attend Half-Day during CCU due to the coverage of the code pager. Dr. Chow was surprised to hear this report as the Cardiology seniors claim to be covering during AHD.

Some discussion ensued regarding coverage options.

Action: It was agreed that residents scheduled at VH will hold the pager while attending AHD. Residents at UH will be released from holding the pager.

6.5 New Vacation request

Residents on the IMRTC Committee have been given access to our new vacation request site and they were asked to use it for their requests and provide feedback on the functionality of the site to Marnie Bensette.

7 ANNOUNCEMENTS

Holiday Rounds – December 15, 2016

Meeting adjourned at 6:10 pm.

Appendix A

2018-2019 Scheduling Requirements for Option E

PGY2

London CTU	3 blocks	# of residents = 40 # of required blocks = 114 <hr/> 34 residents x 3 blocks 6 residents x 2 blocks
Windsor CTU	1 block x 18 residents	Residents will be identified by the Competence Committee
EDC	1 block x 22 residents	Residents not going to Windsor will be assigned to EDC
CCU	2 blocks	No change
ICCU	2 blocks	No change
Subspecialties <i>Selective subspecialties will include a choice for EDC</i>	3 or 4 blocks	4 blocks for 20+/- residents
Electives	2 blocks	No change

PGY3

London CTU	1 block (during 1 st 6 months)	# of residents = 40 # of required blocks = 42 <hr/> 38 residents x 1 block 2 residents x 2 blocks
Windsor CTU	1 block during first 6 months for 21 residents	Residents will be asked to volunteer/assigned
EDC	2 blocks	Moved from PGY2
GIM	2 blocks	No change
Subspecialty	4 blocks	5 blocks if no Windsor
Electives	2 blocks	No change
Community	1 block	If not yet completed

Appendix B

<S:\DOM\EDUCATION\COMMITTEES\IMRTC\2016-2017\Supporting Documents\Medicine Transfer Process MSICU.pdf>