

INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, January 12, 2017

Room B3-655, SJHC

5:00 – 6:30 p.m.

Attendance: M. Bensette, A. Bhalla, S. Gotheil, J. Jackson, S. Kane, C. Kortas, M. Lu, A. Malbrecht, S. Mioduszewski, D. Morrison, G. Mount, S. Ratner, H. Salim, A. Smaggus, L. Wang

Regrets: B. Ballantyne, P. Basharat, J. Calvin, L. Chow, L. Ciprietti, D. Durocher, F. Esmaeilbeigi, A. Gob, J. Gregor, S. Gryn, M. Mahler, D. McCarty, M. Mrokbrada, F. Rehman, W. Saad, M. Schorr

1 APPROVAL OF AGENDA AND MINUTES

The agenda was approved as distributed. Item 6.4 in the December minutes was amended and revised minutes were circulated before the January 12th meeting.

2 BUSINESS ARISING FROM MINUTES

2.1 CaRMS Interviews

CaRMS Interviews will take place January 24th – January 26th. The interview and tour schedule has been created and distributed and leave requests have been entered on the residents' behalf. It was recommended that residents should be assigned to specific nights for social events.

Action: DoM to assign residents to social event dates and notify residents of assignments.

Update – Completed –all residents have been notified

2.2 ICU Transfers – Follow-Up

The ICU Transfer policy was discussed. Based on the suggestions at the December IMRTC meeting, the document was modified to state that hand-over should be done MD to MD. There were modifications made also to the section referring to patients not attached to a medicine service and to the section outlining what happens if a patient is deemed not suitable for transfer to medicine. S. Kane highlighted the key components of the ICU Transfer process document. G. Mount and B. Ballantyne had reviewed the document and had recommendations for modifications which are reflected in the revised version of the document. The revised policy will be included in the one45 ICU documentation and will also be distributed in the Welcome email sent by the CMR at UH at the beginning of each block.

Action: Revised version of ICU Transfer Policy to be sent to DoM and posted by DoM to one45

Action: Revised version of ICU Transfer Policy to be distributed to residents on CTU by CMR

Action: S. Kane to follow-up with J. Gregor to achieve consistency regarding this policy between the two sites

2.6 CCU - AHD protected time – follow up

The CCU AHD protected time issue was re-visited. It was noted that there seems to be fluctuation in resident experiences whether they feel their AHD time is protected. Residents were asked what issues might be affecting the consistency. Various potential barriers were mentioned including staff expectations, lack of a Cardiology fellow and residents feeling guilty about leaving. A. Malbrecht reminded residents there is an understanding where residents can attend AHD but carry a pager for codes. Residents mentioned that staff were contacting residents for more than codes. It was determined that Cardiology faculty need to be educated to understand AHD expectations.

Action: S. Kane to follow-up with Cardiology

3 COMMITTEES/TASKFORCE REPORTS

3.1 Education Liaison Committee

No report.

3.2 Faculty PGE

There are a few Award deadlines approaching including PARO and RDoC. Western has been under-represented in both of these opportunities for recognition. The deadline for PARO faculty awards is January 23rd for clinical faculty nominations and January 16th for resident nominations. RDoC nominations are due by January 30th.

3.3 Windsor Program

No update provided. The issue of parking was mentioned. Residents had expressed frustration over not being able to park in a secure lot which had available space. Residents who had parked in the secure lot had been threatened to have their cars towed. S. Kane to hold a teleconference with Windsor staff on January 20th. Further updates to come.

3.4 IM/EM Working Group

No update provided.

3.5 Social Committee

No updates provided. There is going to be a dodgeball tournament between Emergency Medicine and Internal Medicine and details of the event will be sent when they have been confirmed.

3.6 Resident Wellness Committee

The Wellness Committee is planning an event for Thursday, January 19th during Academic Half-Day. They are also going to be having a Wellness Week with a number of different activities planned.

4 COORDINATORS' REPORTS

4.1 Research Coordinator

No update provided.

4.2 Simulation Coordinator

No updates.

4.3 Curriculum Coordinator

The first patient safety rounds took place in Block 7 at Victoria Hospital and will be ongoing throughout the year, likely every other block.

Rob Sibbald will be doing Ethics Rounds at Victoria Hospital. There will be ethic cases around difficult discharge scenarios. J. Jackson recommended that residents should have input into case preparation to take a physician perspective into consideration. Previous discharge scenarios were more focused on the legal responsibility of the resident and hospital without a lot of emphasis on the resident experience.

Action: S. Kane to follow-up with Rob Sibbald to recommend resident involvement

5 RESIDENTS' REPORTS

Chief Residents

UH Chief (G. Mount)

The last block was difficult. There was a flu outbreak on 4IP at UH and a surge of patients – there were 110 patients admitted to Medicine on Monday, January 2nd. All of the CTU teams were above 35 patients and Dr. Rehman had to act as SMR and triage patients to VH, if appropriate. Consult Medicine also had to assist with treating patients. Things are slowly getting better

G. Mount also identified a conflict that had occurred between Vascular Surgery and Medicine. There was a staff-to-staff disagreement, double consulting done and MAC guidelines were not followed. The issue was since resolved.

VH Chief (A. Bhalla)

A. Bhalla discussed the transfers G. Mount had referred to. UH had notified VH about patient transfers and this worked well over all. There was an issue where the Emergency service had given incorrect information to the UH staff and a sick patient that was sent to VH without first being seen at UH but in general the system worked well.

The holidays went fairly well but the patient censuses have increased quite a bit since.

An issue with services refusing to see patients was identified. There were some issues with Urology refusing to see patients and staff had to get involved. There were also concerns with Medical Oncology not seeing patients when they should. S. Kane noted that MAC Guidelines had not been followed. It was mentioned that a template to document problems with other services would be helpful.

Action: S. Kane to follow-up with Medical Oncology regarding MAC Guidelines

Action: Document to be created to include details of incidents when residents refuse to see consults.

Resident feedback will be required to determine how to best make the information accessible and what details need to be included on the document

5.1 Trainee Representatives

PGY1 - M. Mahler

Unavailable to report.

PGY2 – J. Jackson

J. Jackson reported that the resuscitation form is going to be available electronically.

PGY3 – S. Ratner

Nothing to report.

PGY4 - L. Ciprietti

Unavailable to report.

ISR

No report provided.

6 NEW BUSINESS

6.1 Hospital Influenza Policy

Residents were notified that 30 of their colleagues had not been vaccinated. There also seemed to be an issue of documentation if vaccination was outside of LHSC. For 2017-2018 residents will be reminded to bring in a proof of their vaccination for Occupational Health. Residents will also be contacted much earlier to ensure residents get their flu vaccination before outbreaks occur. There was also a suggestion made that a nurse could attend Academic Half Day to deliver vaccines.

6.2 NEJM Knowledge Plus – Exam #2 Requirement

A NEJM exam session will be scheduled during AHD for exam #2. This information will be advertised well in advance so that residents know they have protected time. Residents were informed that DoM can track NEJM completion and it is hoped that residents can start completing the exams more regularly.

6.3 OSCEs

The DoM is continuing to find examiners. OSCE exam dates have been entered for all residents.

6.4 Rotations Reviews: ICU

There were a number of comments regarding stacking shifts and not pro-rating call assignments based on time away in the block. Buddy Call on ICU was discussed and it was recognized as an asset to the residents on the service. There was further discussion about the strengths and weaknesses outlined in the evaluation document.

Action: S. Kane to follow-up with ICU regarding their call structure

7 ANNOUNCEMENTS

7.1 2017 PARO "Resident Teaching Award – deadline for nominations January 16th, 2017

7.2 PARO Excellence in Clinical Teaching Awards (CTA) – deadline for nominations January 23rd, 2017

Meeting adjourned at 6:15 pm