

INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, February 16, 2017
Room D1-226, Roney B, SJHC
5:00 – 6:30 p.m.

Attendance: SL Kane, C. Kortas, H. Salim, A. Malbrecht, S. Mioduszewski, D. Morrison, A. Smaggus, M. Mrkobrada, W. Saad (teleconference), S. Gryn, S. Gotheil, J. Jackson, S. Ratner, G. Mount, B. Ballantyne, Dr. Durocher, F. Esmailbeigi, L. Wang, M. Mahler, Guest: Dr. A Appleton

Regrets: J. Gregor, P. Basharat, J. Calvin, L. Chow, A. Gob, D. McCarty, F. Rehman, M. Lu

1 APPROVAL OF AGENDA AND MINUTES

The agenda was approved with the following additions:

- Ultrasound teaching at UH
- Coverage of CCU pager during AHD

The minutes were approved as circulated.

2 BUSINESS ARISING FROM MINUTES

2.1 CaRMS Interviews – update

The CaRMS interview process went very well. All the feedback received from the candidates was very positive and highlighted how friendly, helpful, and engagement the residents in the program are. Dr. Kane thanked the residents for their participation in this event.

It was suggested that residents scheduled on the CTU not be used for interviews. There were some covering challenges as a result of residents being gone all day for interviews.

Action: For next year's interviews, residents on CTUs should not be scheduled for interviews.

2.2 NEJM Knowledge Plus - Exam Requirement #2

Dr. Kane informed the residents that we have dedicated the April 6th half-day for the 2nd exam. Residents will be required to complete exam #2 prior to meeting with the Program Director for their semi-annual meeting later in the spring.

Action: Inform residents of 2nd exam date.

2.3 CBD Update

Dr. Kane provided an update on the Program's preparation for the CBD implementation. We have now appointed Dr. Tisha Joy as the Chair of the Competence Committee. We are now recruiting committee members (4). We are planning on having the competence committee ready to start to review the current PGY1s in the spring.

3 COMMITTEES/TASKFORCE REPORTS

3.1 Education Liaison Committee

No report.

3.2 Faculty PGE

Dr. Kane indicated that there was a discussion at the last meeting concerning the management of unprofessional behavior in residents. Guidelines on how Program Directors may manage these issues were identified.

3.3 Windsor Program

Dr. Kane provided an update on the teleconference meeting that was previously held regarding the resident parking concerns in Windsor. The parking policy is that residents who are scheduled to travel to other sites will be permitted to park in the Medical Arts building parking lot. Internal Medicine residents who are scheduled at the Ouellette Campus are required to park in the municipal parking lot which is just down the street. The hospital is reserving the hospital parking between 8 am and 3 pm for patients.

Residents can request a personal alarm as well as a security escort to their cars. Dr. Kane has reviewed Windsor's security policy and feels that adequate safety policies are in place and that residents are not at any greater risk by these arrangements than they are here in London in our parking facilities. She also reminded residents that they can take the train when possible, since travel funding for a trip there and back, as well as a one-time return to London during the block is provided.

Dr. Saad provided an update on the running of Team B. The plan is continuing running this team with the exception of a few weeks when Internists are not able to cover. He indicated that the hospital has also recognized the benefit of this model and is assigning a full-time pharmacist to the team.

Dr. Saad indicated that the ultrasound machine is now available on the team at all times. Prior to that, the machine was kept in the Emergency Room and residents did not always had access to the machine.

Dr. Mrkobrada suggested that Windsor consider installing the QPath software on their ultrasound machine so that residents could receive feedback in Windsor as well.

Action: Dr. Saad to speak to Dr. Morrison to explore this option

3.4 IM/EM Working Group

No update provided.

3.5 Social Committee

It was noted that the Committee is working on organizing a tournament and they are busy organizing the Year End event at the Hunt Club – this year’s theme will be The Great Gatsby.

3.6 Resident Wellness Committee

The January Wellness Week events were very well received. They are now planning the year-end retreat.

4 COORDINATORS’ REPORTS

4.1 Research Coordinator

It was noted that residents have been completing the Tri-Council online ethics module.

4.2 Simulation Coordinator

Dr. Morrison indicated that Dr. Jeff Yu has presented a proposal for ultrasound teaching in Ambulatory GIM at University Hospital. He is consulting on the most appropriate day/time for this teaching. It was suggested he may want to coordinate with ICU (POCUS) to ensure that the teaching is complementary.

4.3 Curriculum Coordinator

Dr. Kane indicated that she is aware that the EDC clinic spots are being underutilized. She is concerned that if we continue to underutilize these spots that the hospital support for this will cease. There was a discussion regarding the practice of admitting patients for twelve hours or less vs. referral to the EDC clinic. Dr. Kane would like to be able to provide some data to the EDC group. S. Gottheil offered to review the 12 hour admission cases.

Action: The decision to admit a patient for 12 hours or less must be discussed with the consultant

5 RESIDENTS’ REPORTS

Chief Residents

UH Chief

There were no major issues to report. Patient numbers have been appropriate recently.

VH Chief

There has been some concern with the resident’s understanding of the CCAC services available for patients. It was noted that residents must not promise services that may not in fact be available.

CCU page coverage during AHD – this issue continues to be an issue for residents scheduled on CCU at Victoria Hospital. Although the resident covering the pager is able to attend AHD, they continue to be frequently paged and are not able to fully participate.

The pager needs to be covered by a consultant or a fellow during AHD.

Action: Dr. Kane will contact CCU regarding this issue

5.1 Trainee Representatives

PGY1 - M. Mahler

No issues.

PGY2 – J. Jackson

No issues.

PGY3 – S. Ratner

No issues.

PGY4 - L. Ciprietti

Unavailable to report.

ISR

No report provided.

6 NEW BUSINESS

6.1 Pageme – app presentation (Dr. Andrew Appleton)

Dr. Appleton provided a brief overview of the benefits of this app which was developed by an ENT physician here in London. In particular, this app meets the privacy standards for patient data unlike other methods of communication currently being used by the residents. This app also not store data on the user's phone as it is deleted after 12 hours. There is onetime \$1,200 subscription fee and the monthly cost is \$2.45/resident.

There was some discussion regarding the potential use of this app, particularly on the CTU, and how to include the clerks in the communication.

Dr. Appleton disclaimed that he has no personal/financial interest in this product.

Action: Dr. Kane will bring this issue to PGME for further discussion

6.2 Email Communication to CTU consultants

Dr. Kane recently sent an email to CTU consultants concerning supporting residents with the discharge decision both during the day and after hours and the enforcement of the MAC Admission Guidelines.

Dr. Kane indicated that we are setting up a mailbox for residents to report ED occurrences for times where residents have felt that, after seeing a consult, that the admission could be avoided but they were not able to do that because of pressure from ED Staff (nurses or MDs) or lack of back up from CTU consultant. Residents will need to include the PIN numbers and a brief blurb about the occurrence. Names or no names of individuals according to the comfort level of the resident.

6.3 Internal Review Working Group

It was noted that a number of residents have volunteered for this group and we are having our first meeting

tomorrow.

6.4 Rotation Reviews

The Committee reviewed the evaluation reports for Geriatrics and Hematology. The following issues were noted:

Geriatrics – overall this rotation is well rated by the residents and there were no specific themes to address.

Hematology – residents noted that they would like more opportunity for consults and clinics. The inpatient component was felt to be the least useful component of the rotation. The combined Nephr/Hem call was challenging for the PGY1s, in particular during the first few months of training.

Action: Dr. Kane will explore with Hematology the possibility of residents doing ward in the mornings and consults/clinics in the afternoon.

7 ANNOUNCEMENTS

7.1 Residents were reminded that the OSCE is scheduled for February 22 and 23.

Meeting adjourned at 6:35 pm