

## INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, March 16, 2017

Room D1-226, Roney B, SJHC

5:00 – 6:30 p.m.

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Attendance: M. Bensette, L. Chow, F. Esmailbeigi, S. Gotheil, J. Gregor, S. Gryn, J. Jackson, SL. Kane, C. Kortas, M. Lu, A. Malbrecht, M. Mahler, S. Mioduszewski, G. Mount, H. Salim, L. Wang

Regrets: B. Ballantyne, P. Basharat, A. Bhalla, J. Calvin, L. Ciprietti, D. Durocher, A. Gob, D. McCarty, D. Morrison, M. Mrokrada, F. Rehman, W. Saad, S. Ratner, M. Schorr, A. Smaggus

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### 1 APPROVAL OF AGENDA AND MINUTES

The agenda was approved with the following additions:

- Back-up call schedule

The minutes were approved as circulated.

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### 2 BUSINESS ARISING FROM MINUTES

#### 2.1 PageMe App presentation – update

SL. Kane will be discussing the PageMe App at the next PGME meeting. She would like to explore the option of securing funding for all residents.

*Action: SL. Kane to discuss at PGME meeting and investigate options for funding*

#### 2.2 CCU Coverage During AHD

SL. Kane had talked to L. Chow regarding the CCU service. It was confirmed that at University Hospital, a Fellow is available to carry the pager every Academic Half Day. At Victoria Hospital, all but 6 weeks are covered by either a Fellow or an off-service resident. Different options were discussed to address this issue including asking the resident at VH to carry the pager during those 6 weeks or assigning the pager solely for code calls. The Cardiology Division is trying to improve CCU at Victoria Hospital to make it have more of a critical care aspect. It is hoped that they will be able to increase the acuity at Victoria Hospital to meet the acuity of ICU at University Hospital. This should help to have better distribution of fellows. It was decided that for now for those 6 weeks when there is not coverage, the resident assigned the pager at Victoria Hospital on Academic Half Day may have to cover the pager. This will likely only affect 6 Internal Medicine residents one time in the year.

*Action: The CCU pager coverage at Victoria Hospital will continue to be monitored*

### **2.3 CBD Update**

The Chair and Committee members have been finalized. A request for resident members had been sent. Resident members will be PGY5 residents who completed their core Internal Medicine training at Western. It is hoped that the Competency Committee can start working in the near future.

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## **3 COMMITTEES/TASKFORCE REPORTS**

### **3.1 Education Liaison Committee**

No report.

### **3.2 Faculty PGE**

No report.

### **3.3 Windsor Program**

No report.

### **3.4 IM/EM Working Group**

The IM/EM Working Group recently met and discussed shared experiences. One situation that was highlighted was when Emergency Medicine is consulting the Medicine SMR and the SMR refers the patient to a subspecialty service. The Emergency physician will make the referral on the advice of the SMR. However, if the subspecialty service refuses to accept the patient, the Emergency Medicine physician will not act as the negotiator in the situation. It will be up to the Internal Medicine resident to discuss the plan with the sub-specialty resident. Residents stressed the importance of all learners knowing this information. Emergency Medicine recognizes the difficulty Medicine residents can have with consults and recognize they can influence other services including after-hours Radiology. They have been asked to make calls where they can to assist in the patient management. SL Kane asked the resident representatives to disseminate the information about negotiating with other specialties to their colleagues. It was also recommended that resident representatives suggest that their colleagues include transfer information in the communication order on patient charts.

A new email account called [edoccurrences@lhsc.on.ca](mailto:edoccurrences@lhsc.on.ca) has been requested. An email can be sent by residents who 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.

It was also recommended that the Emergency Medicine and Internal Medicine residents have the opportunity to share a half day to try and increase interaction.

*Action: Resident Representatives to inform colleagues about consult expectations and communication order recommendation.*

### 3.5 Social Committee

The Social Committee is looking forward to the Great Gatsby-themed BBQ in June.

### 3.6 Resident Wellness Committee

The Wellness Committee is planning a retreat in June. The Committee has also been involved with the Learner, Equity and Wellness Office and is going to be providing input into other committees to enhance resident experiences at Schulich.

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## 4 COORDINATORS' REPORTS

### 4.1 Research Coordinator

Residents were reminded that March 24<sup>th</sup> is the deadline for Research Day submissions. Research Day will take place on May 11<sup>th</sup> at the Lamplighter Inn and Conference Centre.

### 4.2 Simulation Coordinator

No update provided.

### 4.3 Curriculum Coordinator

The OSCE results were discussed. Overall the OSCE went well. Everyone passed the OSCE but examiners noted some deficiencies and recommended that the potential problem areas should be incorporated into resident half days.

Resident feedback indicated a preference for feedback after each case. Residents also indicated that they did not like having two cases in one station. H. Salim mentioned that the current OSCE format is very similar to the current Royal College format so the current method most closely aligns with what residents will experience at the Royal College exam. SL. Kane also mentioned that managing emotions is a key component of the Royal College exam so the current format best prepares residents. Residents made suggestions for options to take-away feedback including photocopies of evaluations or asking the faculty to highlight one opportunity for improvement. Residents also asked that rationale as to why feedback is not provided should be included in future OSCE communication. It was recognized that the website should be updated to include more information about OSCE expectations.

Examiners were dissatisfied with the exam timing and weren't happy with how late the exam ran. H. Salim noted that there are limitations to the exam timing including facility availability, clinic end times and days the OSCE could run (weekends are not popular). Unfortunately there are not any obvious options to rectify the exam times and it will likely continue with the current timing to future years. Residents asked if a station could be cut to decrease exam time but it was noted that the experience may be diluted by doing so. Different options to make examining the OSCE more enticing were discussed. J. Gregor suggested offering extra hours for participating as an OSCE examiner and SL. Kane suggested MOC accreditation or gifts of appreciation.

*Action: Resident feedback options at the end of the exam to be considered*

*Action: Increasing faculty credit for OSCE exam involvement to be considered*

*Action: OSCE webpage to be updated to include feedback information rationale*

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## 5 RESIDENTS' REPORTS

### Chief Residents

#### UH Chief

The Ultrasound machine at UH is broken. F. Rehman is working with the hospital to get a replacement machine. The current work around will be to use the machine from CSTAR. It was recognized that the CSTAR machine does not have QPath.

It was noted that no angiocath is not on the procedure cart. Residents were asked to follow-up with UH Staff (Ann Turcotte) to ensure the procedure cart was properly stocked.

F. Esmailbeigi identified difficulty with noon Diagnostic rounds where presenters are late and it is unknown who should be there. F. Esmailbeigi has spoken to Lauri Cameron but she's not always aware who should be presenting. It was recognized that it would be helpful to have a list of presenters.

*Action: DoM to check with Derric Morrison to see if it would be feasible to use the CSTAR machine until the machine could be replaced.*

*Update: DoM communicated with CSTAR and Ann Turcotte and the ultrasound vascular probe was picked up from CSTAR for the UH procedure cart.*

#### VH Chief

No major issues were identified. There was some discussion about senior rounds and confusion about who should be attending senior rounds. Currently some R4s are not happy with the R2s or R3s to attend and the R2s and R3s do not feel welcome. It was decided that R2s and R3s should attend senior rounds all year. For July to December R1s would attend separate teaching and then join their colleagues for January onwards. It was also decided that Senior Rounds should be referred to as Royal College Preparation Rounds. This change will take place at both sites.

*Action: DoM to contact Derric Morrison to see if the CSTAR ultrasound machine could be used until the UH ultrasound machine can be fixed*

*Action: DoM to notify residents that Senior Rounds will now be referred to as Royal College Preparation Rounds via Facebook and email. This change will affect both sites.*

### 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.

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## **6 NEW BUSINESS**

### **6.1 PGY1 CaRMS Match Results**

Western matched all spots in the PGY1 CaRMS match. The IMG residents including the top 15 including the top choice.

For CMGS, all Canadian schools were represented in the match with the exception of UBC, Memorial and NOSM.

### **6.2 Ultrasound Machines on CTU**

Already discussed in the Chief Report in section 5.

### **6.3 Nephrology/Hematology Call Schedule Proposal**

The proposal for weekend Nephrology/Hematology call was distributed prior to the meeting was discussed. The proposal suggested that residents come in for weekend day rounding on a weekend they are not scheduled for overnight call. Rounding would run to 5 pm on the weekend for Hematology. Nephrology has not yet made a decision as to whether they would adhere to the weekend rounding. Residents have been discussing the proposal and have expressed preference to stay post-call to round rather than coming in on another weekend. Residents did recognize that Hematology is a busy service but also noted that it was only approximately 7 weekends of the year with insufficient coverage. Residents also expressed concern that the weekend rounding would focused on service rather than learning. There was a lengthy discussion about proposals for meeting Hematology needs while ensuring residents have a valuable educational experience.

*Action: SL. Kane to discuss call schedule options further with Nephrology and Hematology rotations*

### **6.4 Internal Review Working Group**

Not discussed

### **6.5 Rotation Reviews:**

#### Neurology

Residents noted that they are not getting urgent Neurology exposure and would like more. It was also identified that more clinic experience would be useful.

#### Medical Oncology

Residents value a Medical Oncology rotation but would appreciate exposure to different perspectives. Residents are often being assigned to 1 or 2 supervisors so experience variation is limited.

*Action: S. Kane to speak to both Neurology and Medical Affairs regarding resident feedback*

### **6.6 Back-Up Call Schedule**

Deferred

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## **7 ANNOUNCEMENTS**

7.1 Resident Research Day – May 11th

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Meeting adjourned at 6:25 pm