

INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, September 14, 2017
Room D1-226, Roney B, SJHC
5:00 – 6:30 p.m.

Attendance: SL. Kane, M. Bensette, J. Calvin, D. Chakraborty, L. Chow, J. Gregor, S. Gryn, T. Kafil M. Kutky, D. McCarty, L. McKinlay, A. Padiyath, F. Rehman H. Salim, C. Townsend, L. Wang

Regrets: A. Alomar, P. Basharat, A. Cowan, B. Dyck, A. Gob, J. Jackson, T. J. Li, M. Mahler, A. Malbrecht, M. Mrkobrada, D. Morrison, W. Saad, C. Townsend,

1 APPROVAL OF AGENDA AND MINUTES

The minutes were approved as circulated. The following items were added to the agenda under new business – location of IMRTC meetings and MCCQE Block 5 reminder.

2 NEW BUSINESS

2.1 Welcome and Review of Terms of Reference

SL. Kane welcomed the new members of the committee and emphasized the importance of the IMRTC. Committee members were reminded that the actions of the committee shaped residency training and thanked residents for their involvement. The Terms of Reference were reviewed and it was noted that they were outdated. SL. Kane asked committee members to review the Terms of Reference and asked that a couple of people volunteers to revise the document to ensure it is accurate.

Action: Terms of Reference to be reviewed and revised. Volunteers not yet identified

2.2 NEJM

Residents were encouraged to complete their NEJM exam. Residents were asked to complete their first NEJM exam by the end of October. The NEJM is meant to be a catalyst for discussion regarding studying and identifying areas for improvement so it is important that residents complete the exam in advance of their semi-annual meetings. Residents have been provided with two dates to complete their NEJM exam in lieu of an Academic Half Day: October 12th and April 19th.

2.3 EDC Slots

There was discussion about EDC slots. Residents were reminded that one of the key objectives is to assess patients to see if they would be eligible for discharge. It was highlighted that EDC slots are currently under-utilized. There is a nurse assigned to the EDC group. The EDC nurse has been opened to

the teams so that patients can be discharged, at the earliest opportunity. Residents were asked to consider using the EDC slots as if they are not utilized, they will be lost. SL. Kane also stressed the importance of including discharge information in the rotation materials. Residents were asked if they could identify any barriers they may have to using these spots. It was mentioned that there is an issue of awareness around discharging patients and questioned resident confidence in releasing patients. SL. Kane noted that the hesitation to contact staff may be a patient care issue wherein discharging patients may be safer than keeping them in the hospital. Residents were encouraged to contact their staff if they are at all considering discharging their patients. J. Jackson asked if surgical patients could be included in the urgent clinics to ensure adequate usage. SL. Kane to follow up.

There was further discussion about how to encourage residents to contact staff members. Residents agreed that modeling preferred behavior is the best way to change resident practice. Residents were asked to circulate a message to consult with staff when spots are available.

Action: S. Gryn to review EDC orientation documentation regarding discharging patients

Action: SL. Kane to look into surgical patient inclusion in EDC

Action: Residents to encourage peers to contact staff regularly, especially when on EDC

2.4 PGY1 Survey Summary

The results of a DoM Office-initiated survey were discussed. PGY1 residents were surveyed to see how they are feeling about their training thus far. A few key take-aways were highlighted including sending out information earlier, before residency began.

Action: DoM to review resident feedback and consider implementing resident suggestions

2.5 MCCQE – Block 5

The MCCQE exam was mentioned. The exam will take place as follows:

October 28/29, 2017

May 5/6 2018

October 27/28, 2018

Residents were reminded that they would need to request this time off in the vacation system. The exam has a failure rate of approximately 7% - 12%. Residents were reminded that there is a higher success rate, the closer the exam is written to medical school. No residents are mandated to provide results but if residents are having trouble, they should talk to Dr. Kane about coaching, extra help, advocating for earlier exams for re-writes, etc.

2.6 IMRTC Meeting Locations

It was recognized that most people attending IMRTC meetings are required to travel. Further, traffic back-ups make it difficult to arrive to the meetings on time. It was recommended that future meetings be changed to Victoria Hospital. It was also recommended that IMRTC should start at 4:45 to allow for a shorter night. It was also recommended that AHD formally end at 4:30 pm as they rarely go past 4:30 anyway.

Action: Future meetings to take place at VH E6-116 from 4:45 – 6:15 pm

Action: AHD will be scheduled from 2 – 4:30 pm

3 COMMITTEES/TASKFORCE REPORTS

3.1 Education Liaison Committee

No report.

3.2 Faculty PGE

A new appeals process is going to be introduced which will include the new Competency approach.

3.3 Windsor Program

No report.

3.4 IM/EM Working Group

No report.

3.5 Social Committee

No updates provided.

3.6 Resident Wellness Committee

The Wellness Committee will be holding their first debriefing session on September 20th.

Action: Resident representatives to remind their colleagues about the upcoming debriefing session

3.7 Competency Committee

The Competency Committee's first meeting will take place October 9th. There was discussion about the composition of the Competency Committee. Residents were reminded that a PGY5 resident would be part of the committee. It was also highlighted that one of the committee members was also a Sub-specialty Program Director which could be perceived as a conflict of interest. Dr. Basharat graciously stepped down from the committee in light of this potential conflict. Future members cannot sit on the committee while also acting as a Sub-specialty Program Director.

4 COORDINATORS' REPORTS

4.1 Research Coordinator

No update. It was agreed that Dr. Tamara Spaic's Research presentation to the R2 residents was helpful. It was recommended that the PGY1 residents also have the opportunity to hear the talk. Dr. Michael Sey has also offered to speak to the residents about research. SL Kane recommended asking Dr. Sey to attend

Journal Clubs so that all groups had the opportunity to hear his presentation.

4.2 Simulation Coordinator

No update.

4.3 Curriculum Coordinator

No update.

5 RESIDENTS' REPORTS

Chief Residents

UH Chief

No issues identified. Rounds have been going well and it was noted that the PGY1 residents will be invited to Senior Rounds, starting in January. There was discussion about inappropriate admissions on team. There needs to be reminder to R2s and R3s that admission policies are in place which can be referred to. It was noted that senior residents have been noticeably absent from morning report. It was agreed that seniors should be there to participate.

Action: SL. Kane to send an email to remind senior residents they should be attending Morning Report

VH Chief

No issues identified. Recent patient census had been approaching 40 on a couple of teams but numbers seem to be depleting. Senior rounds are going well and resident attendance has been good.

Residents were reminded that interview season is starting and coverage issues had already been encountered. Residents were commended for working together to ensure adequate coverage.

Trainee Representatives

PGY1 - A. Padiyath

No concerns identified. Simulation sessions had been well-received.

PGY2 – M. Mahler

Unavailable to report.

PGY3 – J. Li

Unavailable to report.

There was discussion about the Admission Avoidance Committee. The idea is that there would be an area in the ER where patients could stay for a couple hours and then be sent home. The Committee had noted that 11% of Victoria Patients and 9 % of UH patients were in the hospital less than 24 hours so the thought is that some of these patients would not need to be admitted at all and could be referred to the area identified above. J. Jackson attended the most recent meeting and discussed the flow and logistics

for the SMR. J. Jackson is concerned about the impact on workflow on the residents, specifically for the SMR. It was expected that the new project would be piloted in October. Some problems with this initiative were identified including the need to establish educational guidelines and the lack of clarity with workflow.

Action: SL Kane to contact ER staff to discuss initiative and seek clarity

PGY4 - TBA

Unavailable to report.

ISR

Unavailable to report.

6 ANNOUNCEMENTS

6.1 Fall Retreat

Residents were reminded to attend the Fall Retreat. At the time of the IMRTC meeting, 59 people had committed to attending.

Meeting adjourned at 6:30 pm