Schulich MEDICINE & DENTISTRY

Department of Medicine

INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, October 12, 2017
Room E6-116, Victoria Hospital
4:45 – 6:15 p.m.

Attendance: SL. Kane, A. Alomar , M. Bensette, J. Calvin, D. Chakraborty, A. Cowan, B. Dyck, J. Gregor, S. Gryn, T. Kafil, M. Kutky, J. Li, M. Mahler, A. Malbrecht, D. McCarty, L. McKinlay, D. Morrison,, A. Padiyath, H. Salim, C. Townsend, L. Wang

Regrets: P. Basharat, L. Chow, A. Gob, J. Jackson, M. Mrkobrada, F. Rehman W. Saad

1 APPROVAL OF AGENDA AND MINUTES

The minutes were approved as circulated. The item of Admission Avoidance Committee was under New Business

2 Business Arising from Minutes

2.1 EDC Action Items

The matter of ensuring there was appropriate information relating to the usage of EDC slots in the EDC orientation material was mentioned. This could not be confirmed at the time of discussion.

The inclusion of surgical consults requiring discharge in the EDC slots was re-visited. SL. Kane clarified that surgical patients can be referred to Urgent Medicine but should not be sent to EDC.

J. Gregor provided some statistical information regarding EDC utilization. Over the summer there was about a 30% utilization of the EDC slots. Since Labour Day, 60% of the new EDC spots were utilized and follow-up spots have been low – around 25%. SL Kane asked for additional reports for the November meeting so it could be clear what the trend is for EDC utilization

Action: Follow-up at next meeting regarding EDC orientation information
Action: J Gregor to provide EDC information

2.2 Lieu Days Proposal

The lieu day policy was reviewed. The proposal states that if a resident volunteers for a call on a Saturday or Sunday, two lieu days will be provided to the resident. If a call has to be assigned, the resident will be given 1 lieu day. The group reviewed the proposal originally drafted by F. Esmaeilbeigi and voted and approved by the IMRTC group in June 2017. A. Malbrecht reminded residents that the lieu day policy is not covered by the PARO agreement and are considered to be an

incentive for residents to pick up call. D. McCarty disagreed in the policy wherein he felt residents working Sunday always receive Monday off post-call so he did not see the need to give them two additional lieu days. In addition, he mentioned that residents asked to work Friday night get no compensation but need to give up their Saturday given they would be post-call. M. Mahler moved to vote on the proposal as it was originally presented. D. McCarty voted against the policy, D. Morrison and S. Gryn abstained from the vote. All others in favour.

2.3 Amendment to Curriculum Changes for 2018

There was discussion about the concern of too much EDC for the current R2 residents and a proposal for the incoming R1s to pick up more EDC. SL. Kane explained that it would be difficult to adjust the current model as the residents who would taking on the EDC would be the first cohort of CBD and would need to be recommended for advancement by the Competency Committee before taking on EDC. It would not be feasible to shift some of the EDC rotations to the first year residents as it will be too difficult to gauge which PGY1 would be prepared to participate in EDC during the second half of their first year. Alternatively, it has been recommended that the EDC rotation is modified to make it lighter for those residents who have to complete and extra EDC rotation.

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

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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

No report.

3.5 Social Committee

The Social Committee is starting preparation for the Christmas event.

3.6 Resident Wellness Committee

The Wellness Committee reported that the debriefing sessions went well at both sites. They are currently planning more monthly events including cooking classes.

3.7 Competency Committee

The Competency Committee recently met. It was announced that sub-specialty residents Mike Nicholson and Erin Spicer are the new representatives on the Competency Committee. PGY1 residents will be reviewed in the spring prior to moving to their PGY2 year The PGY1s will be reviewed early enough that any issues can be identified and addressed. Current R2 residents will also be reviewed in the spring prior to the Royal College CITERS (late March/early April). It was noted that meeting dates will change depending on transitions. July 1st 2018 will be the first class of CBD trainees. Evaluations will look different for this group and new processes will need to be developed.

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4 COORDINATORS' REPORTS

4.1 Research Coordinator

Resident Representatives were asked to connect with their classes to remind them all residents with a Research block must complete their Research Proposal form 3 months in advance of their Research block. It was clarified that if Research Proposal forms are not completed in time, residents would be moved into a clinical rotation. To date, the DoM staff have been able to modify resident schedules to avoid changing the Research blocks to clinical rotations but this may not always be possible. Residents were encouraged to contact Dr. Mrkobrada or the Department of Medicine Education office if they required assistance with finding a supervisor or finalizing a project topic. L. McKinlay reviewed the process for Research proposals and highlighted potential areas of delay including Ethics approval. There was discussion about Ethics approval and residents were notified that it can take up to 3 months for Ethics to approve their research. It was decided that residents will need to submit their Research Proposal forms 4 months in advance rather than 3 to allow for adequate Ethics review.

Action: DoM to require residents to complete their research proposal forms 4 months in advance (a change from 3 months in advance)

4.2 Simulation Coordinator

D. Morrison reported that IM1 residents had participated in their first procedure course and everything seemed to go well.

4.3 Curriculum Coordinator

No update.

5 RESIDENTS' REPORTS

Chief Residents

UH Chief

The UH Chief discussed the ultrasound machine and the absence of a vascular probe. Residents were reminded that the vascular probe needed to be borrowed from CSTAR. The borrowed probe is being kept in the PCF office. The Clerks can access the office but the residents need to ask the clerks for access to this office and the probe.

C. Townsend discussed the newly enforced policy wherein a patient reporting a similar complaint to their previous visit in the last 4 weeks, they should be referred directly to the service they last saw. J. Gregor clarified that the patient should still be seen by an Emergency Medicine physician before reporting to the service.

VH Chief

B. Dyck reported that ICU transfers continue to be a problem. There are issues where beds are available but the patient is not. The process seems to work well at UH and there was discussion around differences between the two sites. The UH policy was referenced where the SMR is called when the bed becomes available and if that resident is unable to attend within an hour, the resident in ICU can write "holding for Medicine" orders for that bed and the patient can be transferred on behalf of Medicine. Residents argued that the same process may not work at Victoria Hospital as there are surgical residents at VH and there is sometimes confusion about who should be responsible for the patients.

Senior Residents are not attending Morning Report and it is unclear why. Residents need to be reminded that they are expected to attend Morning Report. B. Dyck also discussed the introduction of an ethics case at one morning report per month with Rob Cybalt.

The issue of personal alarms was addressed. Residents asked if there had been a policy change where residents should be carrying personal alarms.

Action: SL. Kane to follow-up to determine if personal alarms are necessary

Trainee Representatives

PGY1 - A. Padiyath

A. Padiyath asked about senior coverage during CaRMS interviews and questions whether the lack of senior coverage during CaRMS was a unique situation to this academic year. Residents were informed that CaRMS interview requests cannot be denied and unfortunately some residents requested vacation during the CaRMS interview period. Because vacations cannot be restricted, there were times where both seniors on the team would be off. The DoM Education Office made every effort to ensure coverage but it is sometimes unavoidable to have both seniors off at the same time. In this situation, consultants are notified of the shortage.

PGY2 – M. Mahler
No issues to report. IM2 residents are busy studying for their MCCQE exams.

PGY3 – J. Li
IM3 residents are happy and are looking forward to the end of CaRMS interviews

PGY4 - TBA
Unavailable to report.

ISR
The ISR group has no major issues to report. A. Alomar recommended that incoming ISR residents are paired with current senior ISR residents for their CTU rotations. It was noted that it would be beneficial for the ISRs to connect with colleagues who have had the same experience. SL. Kane also thanked everyone who participated in the ISR interview process.

Action: DoM to try and match up PEAP residents with current ISR residents

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6 New Business

6.1 Internal Review Report

The IMRTC was reminded that the Royal College mandates external reviews on a cyclic basis. The various levels of accreditation were reviewed. The Internal Review process was also discussed. In May of 2017 an Internal Review was conducted of the Department of Medicine.

The following items were identified as strengths:
- Collegial atmosphere with good support and an approachable Program Director
- EDC is recognized as a beneficial rotation which enhances resident education
- Unique coaching opportunities with informal mentorship program
- Education activities are variable and very informative and practical
- PD is taking initiative step to be prepared for CBD implementation by implementing the CBD competence committee

The following items were identified as weaknesses:
- Face-to-face feedback remains a concern, even after Micro CEX implementation
- Consultant availability while on CTU is limited and should be increased
- Vacation disapprovals should provide alternative dates
- Time for educational activities is not always completely protected

The Committee at the Postgrad level based on the report by the internal reviewers gave the IM program an Accredited Program followed up with an External Review, which is not a favourable outcome. SL. Kane noted that the purpose of the review process is to keep programs up to standards of the college. The previously cited issue of face-to-face feedback – data was provided as to what

percentage of residents had face-to-face feedback at an exit interview and the average was 67% with one rotation being 48% and the range of 48-98% for residents receiving feedback in all rotations. The Micro CEX was also discussed residents were reminded that annually, they should reports for 5 inpatient and 5 outpatient rotations. To date, 157 Micro CEX evaluations have been completed – approximately 40 Micro CEXs per block. Overall, evaluations seem to be improving. With regards to face-to face feedback, residents need to be responsible for seeking out their consultants. It was highlighted that once CBD is implemented, it will become imperative for Residents to ask for feedback. Residents asked about an easier way to do evaluations – something on their phone perhaps? A. Malbrecht discussed various platforms being developed but confirmed that nothing had been confirmed as of yet. Residents informed the group that one45 is overly cumbersome in that consultants have to log onto one45 and complete the evaluation rather than completing the evaluation at the moment. With regards to consultant availability, it was reported that residents thought this was consultant-dependent. SL. Kane reminded residents that they should be telling her when a consultant needs to be more present or nothing will change. There was discussion about pager coverage on CCU at Victoria Hospital and it was recognized that this is an ongoing problem. M. Mahler recommended setting up a resident board or group so that residents can get together and anonymously voice concerns so any issues can be identified and corrected.

Action: Further discussion and thought required as to how to address deficiencies noted in review

6.2 Non-operative fractures and the role of MAC

It was mentioned that there are clear guidelines on MAC regarding non-operative fractures. These guidelines are mandated under the Public Health Act.

6.3 Visiting Electives – on call assignments

Historically, visiting clerks have been assigned call during the weeks where there are no Western clerks available (Block 2). It was decided that going forward, visiting clerks/residents during this time would not be assigned call from an issue of patient safety.

Action: Visiting clerks/residents will not be assigned call during August block*. Additional coverage will be required by IM1 residents*

6.4 Review of Fall Retreat

The Fall Retreat was well-received and was received favorably by the residents. Residents were informed that there were a number of their colleagues who did not attend the dinner despite committing to attend. SL. Kane felt it important be accountable for the money spent on the retreat and decided the cost of the dinners for those who did not show up (approximately $87 a person) should come out of the Journal Club budget for the respective year. Residents were in support of this change. DoM will be sending out an evaluation to get resident feedback on the days' activities.

6.5 Admissions Avoidance Committee

The goals of the committee were discussed. The Admissions Avoidance Committee has become an SMR-driven activity. If the SMR determined that a patient will likely be discharged within 24 hours, they will be deferred to a separate area of the Emergency Room at UH. It will then be the responsibility of the CTU team in the morning whether the patient will be staying or being converted

to an in-patient admission. The onus will be largely on the SMR. C. Townsend has a couple of concerns with this initiative: a) Residents have not been effective at using the EDC spots; b) It is hoped that this initiative will be introduced soon but there has been limited communication with c) There cannot be any extra work from an IT perspective. There has to be some sort of IT switch to move the patient from the Emergency physician to the CTU staff d) It will difficult to implement this in the near future as there are a lot of issues that need to be worked out before implementation. It was recognized that resident input was integral part of this intiative.

Action: Further discussion and clarification required.

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7 Announcements

7.1 Transition to Residency Awards

Award winners were congratulated.

Meeting adjourned at 6:30 pm