

## INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, November 2, 2017  
Room E6-116, Victoria Hospital  
4:45 – 6:15 p.m.

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

Regrets: P. Basharat, D. McCarty, D. Morrison, M. Mrkobrada, F. Rehman, W. Saad, L. Wang

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### 1 APPROVAL OF AGENDA AND MINUTES

The agenda was approved as circulated. D. McCarty requested the October minutes be amended to reflect his comments around the discussion of Lieu Days and call assignments in section 2.2 of the October meeting.

*Update: October minutes have been adjusted*

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### 2 Business Arising from Minutes

#### 2.1 MAC Guidelines - Clarification

SL. Kane followed up with Dr. Dukelow to clarify MAC admission guidelines for those patients who had been re-admitted to the hospital less than 4 weeks from their last discharge. It was clarified that patients are still expected to go through the Emergency room and not admitted directly to the service they were discharged from. Residents were advised to reference the policy if they are pressured to accept patients and defer any problems to the consultant. The consultant may need to intervene on the resident's behalf if the policy is challenged.

*Action: SL. Kane to forward Dr. Dukelow's email to residents to clarify MAC policy*

#### 2.2 EDC Clinic Spots Utilization - Update

There was discussion about whether EDC spots and discharge follow-up spots are interchangeable and SL. Kane clarified that although these spots were not interchangeable, the spots need to be used. After discussion about utilization, it was decided that the underutilized follow-up spot could be moved into a clinic (e.g. Urgent Medicine) which would subsequently increase the additional discharge spots available. Residents were reminded that EDC spots need to be used. It was recognized that EDC spot utilization improves as the year goes on.

### 2.3 CBD Implementation - Update

The group was informed that a national “go/no-go” vote was held on October 19<sup>th</sup> regarding CBD implementation. A support vote of 100% was required to proceed with CBD. The Internal Medicine group voted to not proceed with CBD in July 2018. However, Western’s Internal Medicine program felt ready to proceed with CBD and has decided to do a ‘soft-launch’ of the CBD program for July 2018. This launch will allow the program to learn EPAs and ensure everything is set up properly. SL. Kane acknowledged that there has not been a sufficient emphasis on resident development for CBD implementation. A proposed CBD certificate of excellence program was outlined. The Bronze level would be used for the basic level of understanding and it was recognized that everyone in the program would get this. The silver level would be designated for those people who are interested CBD, competency, evaluations, etc. There would be specific modules required to achieve this level. The Gold level would be used for people who want to be involved in implementation at a Postgrad level. People who want to invest their energy in CBD would fall into the Gold category. SL. Kane mentioned the opportunity for workshops and highlighted that residents could use the CBD certification they receive on their resumes. The information about the resident involvement initiative will be circulated at IMRTC but resident representatives will also be asked to disseminate this information. Residents asked about accessing the e-Portfolio through the Royal College. S. Gryn advised residents that they can become members of the Royal College so they can review assessment tools, etc.

*Action: SL. Kane to draft CBD curriculum for resident involvement*

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## 3 COMMITTEES/TASKFORCE REPORTS

### 3.1 Education Liaison Committee

No report.

### 3.2 Faculty PGE

The most recent meeting was primarily focused on CBD. The LMCC was also mentioned and residents were reminded that if they had difficulty with the exam, they can seek support from SL. Kane. The DoM education office is happy to help residents but because test results are not provided to DoM, residents must self-identify themselves for assistance.

### 3.3 Windsor Program

No report.

### 3.4 IM/EM Working Group

The next meeting is set for November 27<sup>th</sup>. It was recognized that a PGY1 resident will be needed to sit on the committee.

### **3.5 Social Committee**

The Social Committee is continuing preparation for the holiday party at the Hunt Club.

### **3.6 Resident Wellness Committee**

The Wellness Committee reported that another debriefing session will take place at the beginning of Block 6. The Wellness Committee is looking forward to Wellness week in late January 2018. There is a plan to pair up R1s and R2s as well as implementation of a succession plan.

### **3.7 Competency Committee**

The Competency Committee is working to align timing of meetings to logical times in the year, specifically during critical resident transition points. There are currently no progression meetings taking place. The next logical point would be early spring so that there is adequate material to make an accurate assessment.

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## **4 COORDINATORS' REPORTS**

### **4.1 Research Coordinator**

No report.

### **4.2 Simulation Coordinator**

No Report.

### **4.3 Curriculum Coordinator**

The Attendance for Academic Half Day was reviewed and it was reported that summer attendance was particularly low. It was thought that R3 electives and vacation contributed to low summer attendance and it is hoped that attendance will improve throughout the year. There was discussion about why AHD attendance is so low. Residents reported that attendance is driven by a number of factors including the AHD topic and presenter. After the CaRMS match, residents don't always feel their time is well-spent at AHD sessions. S. Gryn pointed out that the Royal College exams include information that is taught at AHD and emphasized that the exam has more components to it than medical knowledge. Residents were reminded that AHD sessions are resident-driven and every effort is to meet all of the Royal College requirements while accommodating resident interests.

SL. Kane discussed the Rotation Orientation Guides that have been developed by Queens residents. For every rotations, residents have indicated the objectives of training and have highlighted what residents will see in clinic, what residents need to read on their own and where information can be sought for every topic.

S. Gryn suggested that it may be helpful to include which objectives would be met at every Academic Half Day so that residents can easily identify what topics will be covered and the relevance to the Royal College exam.

J. Calvin acknowledged the challenges of AHD attendance and mentioned solutions such as AHD driven by residents or online learning. There was further discussion about the challenges around AHD and it was acknowledged that further work will need to be done to improve attendance.

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## 5 RESIDENTS' REPORTS

### Chief Residents

#### UH Chief

T. Kafil discussed R1 absences and mentioned that 1 team had no juniors on service as someone had neglected to enter in their leave request. Residents were minded that it is important to enter in leave requests. The group was advised that reaching Psychiatry for referrals has been a concern. There was discussion about process and how patients could be held to wait for Psych by completing a new Form 1. There was also discussion about MAC policies wherein it was recognized that some consultants need educating. A recent example was when an Attending Physician talked to a nurse directly and made plans without notifying the SMR. Consultants are not prohibited from making decisions but they do need to provide notice to their SMR so that they are aware of plans. J. Gregor recommended that T. Kafil speak directly to F. Rehman about this issue.

There was also discussion about a recent situation when a patient was moved from the Victoria Hospital Emergency Department directly to UH as UH could accommodate the patients while VH could not. It was clarified that this type of situation could only happen with the approval of the consultant and involvement of consultant at the other end. The two Emergency room sites are also expected to work together.

#### VH Chief

B. Dyck asked for clarification about unexpected call coverage requirements on a sub-specialty service. She asked for clarification about what should happen if an Internal Medicine resident is sick and unable to cover the subspecialty service they were scheduled for. This situation was recently encountered on the CCU rotation. L. Chow outlined the current process and recognized that there isn't really a good solution for this situation. If the absence happened on the CCU service, the senior Cardiology resident would be expected to stay in-house at the site where the problem occurred. If both the resident scheduled and the senior Cardiology resident was unexpectedly absent, the Attending Physician would be expected to come in and provide coverage. L. Chow highlighted the importance of involving the Attending in making these sorts of plans.

There was also discussion about what should happen if the resident assigned to EDC was unable to come in. Residents were advised that SL. Kane would try and assist and creative call solutions may be used – e.g. splitting the shift. SL. Kane mentioned that the timing in the year is important as earlier in the year it may be more important to get assistance for the SMR than later in the year. The worst case scenario would be that the SMR would have to work their shift without any assistance from EDC.

SL. Kane asked Chief Residents to ensure they had her cell phone number so that she could be reached in situations they needed guidance.

## **Trainee Representatives**

### PGY1 - A. Padiyath

No issues to report.

### PGY2 – M. Mahler

No issues to report.

### PGY3 – J. Li

There was discussion about teaching at other centres – e.g. sub-specialty rotations with more formalized teaching. The Queens templates were re-visited. SL. Kane thought this type of template would be a useful tool for residents and recommended that the option should be considered by the Academic Half Day working group. There was further discussion about Academic Half Day attendance.

J. Jackson asked if minutes from the 2016-2017 IMRTC could be added to the DoM website.

*Action: DoM to add 2016-2017 IMRTC minutes to the DoM website*

*Action: SL. Kane to bring Queens templates to next IMRTC meeting*

### PGY4 - TBA

Unavailable to report.

### ISR

A. Alomar asked that the ISR group is notified if any of their colleagues is having trouble with communication so the ISR group can work with the resident rather than having the resident discover an issue late in their training. SL. Kane advised that resident evaluations could not be released to a group of people. A recommendation was made to set-up resident mentors to assist with this sort of issue. A. Alomar also asked if community rotations could be done in their home country so that ISR residents can re-connect with their country and hospitals in the area they are from. SL. Kane said that future consideration would be required for this.

*Action: Consideration for ISR residents to complete community rotations in their home country*

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## **6 New Business**

### **6.1 Quality Improvement**

The new Royal College Standards of Accreditation were discussed. The emphasis on Quality Improvement was highlighted wherein every resident will need to have some involvement in QI. J. Calvin discussed his interest in QI and his efforts with incorporating QI in the Department of Medicine. He highlighted his hope to expand the program with 2 key motivating factors: 1 – Bringing people together with similar interest and 2 – Bidding for resources. He also stressed the importance for people to do health resources research. He was confident there would be enough mentors to help with these sorts of projects. B. Dyck mentioned a recent QI initiative where a new process was going to try and reduce the number of pages residents receive.

## **6.2 New Working Groups**

A few new working groups will be required in the near future. SL. Kane is hoping a Terms of Reference working group can be established to update current Terms of Reference. There will also be a requirement for resident involvement in the new CBD launch.

## **6.3 Committee Membership Update**

The group was advised that Dr. Alan Gob had stepped down from his role on the IMRTC. There was also acknowledgement that Dr. Chow would be stepping down in June upon retirement. Dr. Terrence McPherson has expressed interest in joining the IMRTC as have some other faculty members. SL. Kane recommended that a representative from the Distributed Education network should also be involved in the committee.

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## **7 Announcements**

### **7.1 Holiday Rounds**

Holiday Rounds will take place on Thursday, December 14<sup>th</sup> at SJHC. Residents were reminded that there will not be any alcohol at the event.

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Meeting adjourned at 6:15 pm