

## INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, December 7, 2017

Room E6-116, Victoria Hospital

4:45 – 6:15 p.m.

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

Regrets: A. Alomar, P. Basharat, L. Chow, J. Fawcett-Cornish, J. Gregor, J. Jackson, M. Mahler, L. McKinlay, M. Mrkobrada, F. Rehman

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### 1 APPROVAL OF AGENDA AND MINUTES

#### 1.1 Agenda and Minutes

The agenda was approved as circulated. Two items were added to the agenda: Update on Community rotations as item 3.8 and Screamers as item 6.4

#### 1.2 Introduction of New Members/Notification of Changes

The group was reminded that Dr. Chow would be retiring at the end of the academic year. Dr. Terrence McPherson has volunteered to join the committee. SL. Kane announced that Dr. Michael Peirce from Stratford would also be joining the committee as a representative from the distributed medical education sites.

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### 2 Business Arising from Minutes

#### 2.1 EDC Clinic Spot Utilization – Update

No update provided.

#### 2.2 CBD Implementation - Update

Information sessions are taking place division by division to prepare faculty. It was acknowledged that residents need more information and training on CBME as they will be evaluated using the new framework and also be the 'evaluatee'. The work done by Queens residents was referred to. An example of the documentation prepared by Queens residents was distributed for review. Queens residents developed goals and objectives for each rotation using the Royal College objectives and all of their EPAs. Queens residents have been involved with developing documentation which identifies which part of the curriculum are covered by the training, rounds, etc. SL. Kane recognized that from

this point forward, residents would need to be involved in the CBME curriculum development.

The IMRTC reviewed Internal Medicine competencies document from the Royal College. There will need to be some Academic Half Day time dedicated to discussing CBD implementation.

*Action: DoM to distributed Royal College table*

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### **3 COMMITTEES/TASKFORCE REPORTS**

#### **3.1 Education Liaison Committee**

No report.

#### **3.2 Faculty PGE**

The Resident Boot camp session was discussed. There were three Internal Medicine residents who participated in the Resident Boot camp sessions. These residents will be leading events in February or March to disseminate the important information they learned. This session could be done as a Journal Club event.

Residents were encouraged to participate in Continuing Professional Development opportunities through Schulich. One session regarding professionalism was highlighted as being particularly useful.

*Action: DoM to send out link to Schulich CBD calendar*

#### **3.3 Windsor Program**

W. Saad noted that there has been a lot of fluctuation with team numbers. Without the B team, the patient numbers were up to 48. When the Team B was active, patient numbers were down to 11 patients. Windsor has modified how the B team operates and physicians are a lot happier with the new model.

The group was informed that all of Medicine is on one floor in Windsor. This has helped with the administration in Windsor and has allowed daily multi-disciplinary rounds.

SL. Kane highlighted the stipulation included in the new PARO agreement which states that a working group is required to determine how to mitigate non-urgent nursing issues overnight.

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

A recommendation was made to set-up a working group with Internal Medicine and Psychiatry colleagues in Emergency Medicine. Dr. Viraj Mehta was mentioned as a good person to contact for the liaison team. SL Kane also mentioned that she would contact Sherri Lawson regarding challenges with dealing with Geriatric patients who have dementia issues. There was discussion about challenges Geriatrics patients and confusion about where they should be referred. Residents also requested that a representative from the Psychiatry department should also be included in the working group with recognition that UH experiences also need to be considered. SL. Kane feels that a working group would help with clarification

and expectations.

*Action: SL. Kane to contact representatives from Psychiatry to set-up a working group*

### **3.5 Social Committee**

The Social Committee reported that the Holiday party at the Hunt Club went well. A lot of money was raised for the Food Bank.

### **3.6 Resident Wellness Committee**

The Wellness Committee reported that a debriefing session will take place in January. The IMRTC was also informed that PGY1 residents have been paired with senior residents to help prepare IM1 residents for their roles on the Wellness Committee in their PGY2 year.

### **3.7 Competency Committee**

No update.

### **3.8 Community Update**

SL. Kane informed the group that there had been troubling reports out of Woodstock. Residents had reportedly been left in charge of running services with little supervision and no teaching had been provided. As a result of the reports, Dr. Kane decided to remove residents from the Woodstock rotation until further notice.

*Action: DoM to reassign residents scheduled from the Woodstock rotation*

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## **4 COORDINATORS' REPORTS**

### **4.1 Research Coordinator**

No report.

### **4.2 Simulation Coordinator**

D. Morrison reported that a meeting had taken place regarding meeting competency-based assessments with simulation. SL. Kane explained that residents will need to demonstrate competency with different procedures during their Transition to Residency. There are planned discussions with Nursing and Emergency Medicine about simulation opportunities. D. Morrison plans to continue delivery of the same procedures course as last year. Jeff Yu is expected to take over the Simulation Coordinator role at some point.

### **4.3 Curriculum Coordinator**

No major updates. The OSCE will be taking place in February and there will be some related information presented at upcoming Academic Half Days.

A recommendation was made to split up the OSCE over 2 weeks in future years over 2 weeks so that residents don't miss the OSCE due to vacations, conferences, etc.

It was also confirmed that an OSCE will run in Windsor during Block 6.

*Action: Consideration to break OSCE up to 2 different weeks in future years*

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## 5 RESIDENTS' REPORTS

### Chief Residents

#### UH Chief

T. Kafil mentioned that some of the call rooms had recently been taken by Surgery residents and inquired what the back-up would be. Residents mentioned that there is a back-up room on the 4<sup>th</sup> floor that residents could use. Tahir was referred to Dr. Rehman.

There has been confusion about Consult Med Services wherein residents are getting calls about patients overnight when the calls should be going to Surgery. Patients on Consult Medicine are referred to residents on Consult Medicine and it's difficult for the Resident to manage while at home or unfamiliar with the patient. It was determined that there needs to be discussion within the GIM service to clarify expectations.

*Action: SL. Kane to follow up with GIM to clarify expectations*

*Action: T. Kafil to speak to Dr. Rehman regarding usage of call rooms*

#### VH Chief

The team numbers have started to get higher and now sit at around 30. Teams have been continuing working towards discharges. There have been a couple of issues at Victoria Hospital over the last month:

- 1) Some Orthopaedic residents have not been seeing fractures in patients before the patients have sent to Medicine. A specific case was mentioned where a female patient was hit by a car and sent directly to Medicine rather than being reviewed by Trauma. SL. Kane will talk to Dr. Howard and ask him to remind Ortho resident that they need to see these types of patients. There was discussion about the Trauma Team Leadership and residents recommended that Kelly Vogt or Rob Leeper may also be able to provide some information. H. Salim reminded residents that they should contact their consultant if they are facing a situation where they don't agree with the patient management. It was also acknowledged that MAC guidelines should be reviewed.
- 2) The ACE cap was discussed. Currently, when the Blue and Gold team represents 60% of the ACE numbers, the ACE team needs to be capped. It was acknowledged that the total numbers are not enough to trigger the patient census protocol. It was recognized that there needs to

be a way to rectify inequalities across teams. Patient dispersement needs to be clarified.

*Action: MAC Guidelines to be reviewed*

*Action: SL. Kane to talk to Dr. Howard to remind Ortho residents about expectations*

*Action: L. Wang and B. Dyck to review Patient Census protocol*

### **Trainee Representatives**

PGY1 - A. Padiyath

No issues to report.

PGY2 – M. Mahler

No issues to report.

PGY3 – J. Li

J. Li mentioned the issue with Consult Medicine addressed in the CMR report.

PGY4 - TBA

Unavailable to report.

ISR

Unavailable to report.

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## **6 New Business**

### **6.1 Task-Specific Feedback**

With the move to CBME it will be important to clearly outline expectations with regards to what residents need to do in their rotations. CEX evaluations were discussed and a goal of one CEX completion per block was set. At the end of Block 5, 11 of 40 PGY1s had met this requirement; 14 of 40 IM2 residents had met this requirement and 0 of the IM3 residents had completed 4 or 5 CEX forms. Residents had reported to SL. Kane that they did not feel CEXs are a good source of feedback. SL. Kane announced that it was time to really consider what the problem with evaluations is and asked the group for permission to allocate 1 IMRTC session tot look at how to resolve the problem of CEX completion. The group was in favour of asking an expert to lead a session.

### **6.2 2018-2019 Rotation Scheduling**

Templates will be sent out in January for resident completion.

*Action: DoM to re-distribute table of rotations for seniors for 2018-2019 year with rotation request forms*

### **6.3 CMR Selection and Timing**

Beginning in the 2018-2019 academic year, CMRs will be selected for periods that go over the academic year. For 2018 there will be 6 PGY3 CMRs for Blocks 1 to 7 and 6 PGY2 CMRs for Blocks 8 – 7. In the 2019-2020 year, the CMRs will continue from 2019 and the new CMRs will start in Block 8.

### **6.4 Screamers**

Residents were reminded that everyone was mandated to carry a Screamer alarm. Residents were asked to complete a module on eLearning before picking up their Screamer.

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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.

### **7.2 New Transfer Resident**

SL. Kane announced that Mathias Fricot had joined the Internal Medicine program as a PGY 1 resident.

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Meeting adjourned at 6:05 pm