

INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, January 18, 2018

Room E6-116, Victoria Hospital

5:00 pm – 6:15 p.m.

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

Regrets: A. Alomar, P. Basharat, J. Fawcett-Cornish, J. Gregor, J. Li, T. McPherson, M. Mrkobrada, F. Rehman

1 APPROVAL OF AGENDA AND MINUTES

1.1 Agenda and Minutes

The minutes were approved as circulated. Two items were added to the agenda: Update on Community rotations under Reports and a notice of Rotation Request form distribution and a reminder about the upcoming CaRMS interviews under Announcements.

2 Business Arising from Minutes

2.1 CBD Implementation - Update

The DoM Education Office is continuing to meet with each of the divisions to ensure everyone is ready for the soft launch of CBD in July. It was announced that the Royall College held a resident summit to assist with identifying CBD concerns. S. Kane asked for a summary from the workshop that could be circulated. Most of the identified issues were quite generic. Fortunately the Internal Medicine program at Western has already taken steps to address all of the issues. There is also quite a bit happening at the Postgrad level. S. Kane has asked that residents are included in future CBD workshops.

2.2 Medicine Call Room at UH

F. Rehman sent a message to UH colleagues to remind them that non-Medicine residents/learners should not be using the Medicine call rooms while on non-Medicine rotations. The additional room on the 4th floor has also been assigned to the Medicine program by Lauri Cameron. No further issues have been identified.

2.3 Rotation Orientation/Objectives working Group

The Queens Rotation Orientation template was distributed to residents which outlined which objectives needed to be met, etc. Feedback indicated that residents thought it was a useful

document to send out. S. Kane proposed that two activities could be combined to complete these documents at Western: a) Asking residents interested in a specific subspecialty could work with that rotation to prepare the orientation document and b) review current goals objectives to combine the two. The group would also be expected to confer with a consultant or subspecialty resident from the rotation to ensure all objectives had been properly documented. The rotation coordinator was suggested as an appropriate person to contact. Residents will be expected to have completed the rotation before reviewing its documentation. It was also recommended that the core rotations should be reviewed first.

3 COMMITTEES/TASKFORCE REPORTS

3.1 Education Liaison Committee

No report.

3.2 Faculty PGE

Nothing to report.

3.3 Windsor Program

it was reported that CTU numbers have continued to increase. The teams are struggling to keep up with demand but are managing ok.

W. Saad is working to get attendees on service trained with ultrasound. J. Yoo mentioned that he could potentially assist with training as he is qualified to provide ultrasound instruction. W. Saad will look into this possibility.

The group was advised that an email had been received from Gerry Cooper in Windsor with respect to the condition of the rooms in the Medical Arts Building in Windsor. A formal complaint had been made as there had been significant damage to at least one of the rooms used by residents during their stay in Windsor. Quotes are going to be prepared and residents who caused the problems will be expected to pay for the damages. Residents were asked to encourage their colleagues to look after the building during their time in Windsor.

Action: W. Saad to consider ultrasound instruction provided by Western faculty

Action: Residents will remind their colleagues to be respectful of the housing in Windsor

3.4 IM/EM Working Group

There was a discussion about what residents should do when they've been asked to release an EDC spot. This issue came up in the IM/EM group. IM residents asked about what they should do when they are approached by an Emergency Medicine (EM) physician and asked by that physician to release an EDC spot without first seeing the patient. The consensus was that SMRs cannot release the spots. The residents either need to see the patient or inform the EM physician that they are not permitted to release the spot.

Residents asked if they could release EDC spots to Urgent Medicine if there are unused EDC spots that could be used by Urgent Medicine. H. Salim noted that although some flexibility is needed, the Urgent Med spots get filled but the cases aren't always appropriate to be there. The thought is that if the cases are seen by the EDC first, the appropriate patients can be seen by Urgent Medicine and will assist with continuity of care. SL. Kane noted that the notion of reassigning spots causes some potential conflict – on one side is helpful to minimize work at night but alternatively, while it is beneficial to receive consults, there is not always a valuable learning opportunity as some spots seem to be used only to get patients out of the Emergency Room. S. Kane clarified that the difference between EDC and UMC is that patients from the Emergency department can be automatically assigned to the UMC. EDC is intended for residents to be able to make the decision of re-assigning patients from the Emergency Room to the EDC clinic. The goal is admission avoidance. EDC provides residents with the opportunity to triage patients and see patients who had recently been discharged as part of EDC rotation. A. Cowan clarified that Residents are commonly contacted to say that while the patient does not need to be admitted, they need relatively fast follow-up. Residents were advised to speak to their staff for guidance.

Residents asked that an email be sent to consultants to inform them that residents may contact them for guidance with respect to assigning patients to Urgent Medicine spots.

Action: S. Kane to send notice to staff regarding EDC spot utilization inquiries from residents.

Action: J. Jackson and C. Townsend to draft communication about EDC spot utilization from Chief email account

3.5 Social Committee

The next Social Committee meeting is scheduled for the week following IMRTC. Preparations for the summer BBQ will be starting soon.

3.6 Resident Wellness Committee

The Wellness Committee reported that they were in the middle of Wellness week and that things seemed to be going well. The committee was planning on seeking feedback. It was noted that attendance at the events continued to be a challenge.

3.7 Competency Committee

No update.

3.8 Community Update

No issues were identified.

4 COORDINATORS' REPORTS

4.1 Research Coordinator

No report.

4.2 Simulation Coordinator

J. Yu had taken over for D. Morrison as the Simulation Coordinator. Preparation for the May vascular course has begun.

4.3 Curriculum Coordinator

Residents were reminded that the OSCE is coming up. More details to be sent in the coming weeks.

5 RESIDENTS' REPORTS

Chief Residents

UH Chief

C. Townsend reported on the Short Stay Pilot Project in Emergency at UH. The Short Stay project is targeted at patients who are expected to be in the hospital less than 24 hours. The hope was that tests could be expedited so that they could be released quickly. Patients who meet the criteria will have a different admission process and it will be up to the SMR to identify appropriate candidates. The pilot will have 2 beds initially. S. Kane informed the IMRTC that the pilot is starting January 30th. There is a group who will be meeting each week to ensure that goals are being achieved and making any necessary adjustments. Residents were asked to inform their colleagues at morning report about what the new order set will look like. J. Jackson mentioned that this information can also be included in the CMR communication.

If patients are in the short stay pilot, the SMR can avoid some of the pressure they receive from nurses to move patients out of the ER into the wards. The goal of the pilot is to reduce the total number of admissions.

The group was also informed of another pilot at UH. The Patient-Oriented Discharge summaries will soon be available to patients. These summaries will provide discharge information in the 'patient's language' and will be accompanied with bedside teaching by the residents.

Action: SL. Kane to follow-up on the Short-Stay Project for more information

VH Chief

The group was informed that the teams were overloaded during the holidays. Teams were regularly over 37 patients so patient management has been challenging. It was also highlighted that there has been a lack of staff present at morning report over the last several months. It was acknowledged that the high patient numbers may contribute to this.

J. Jackson mentioned that she had noticed an upward trend of residents calling sick. She would like to do further analysis with the DoM education office to see if trends have changed from past years.

The UH ultrasound machine concerns have been resolved.

Action: J. Jackson to work with DoM education office to review sick calls

Trainee Representatives

PGY1 - A. Padiyath

No issues to report. A. Padiyath expressed his appreciation for the Wellness activities and commended the group for their efforts.

PGY2 – M. Mahler

Residents are starting to get concerned about Royal College preparation. S. Kane assured residents that Royal College preparation discussion would be discussed at an upcoming Academic Half Day. Residents had thought that 4 residents in a group would be optimal but were informed that 5 or 6 residents in a group would be better. Residents were reminded that the purpose of the study group would be bring a group of people together with various expertise to assist each other.

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.

6 New Business

6.1 Holiday Schedule - Review

The back-up resident was discussed. CMRs had decided that the extra resident assigned to Block 7 would be available for back-up for shortages. The back-up residents were assigned call and were not always available for coverage. It was recommended that if there are back-up residents for future years, the

resident should be expected to come in every day and cover the pager. Alternatively the back-up person could be the CMR as the CMR has responsibilities over and beyond most residents. CMRs will discuss how best optimize the holiday schedule and utilize residents.

6.2 2018-2019 Rotation Scheduling

EDC Clinic Spot Allocation was discussed in the CMR update.

6.3 Patient Census Protocol

Residents were acknowledged for their work on the Patient Census Protocol. The document outlines patient team assignments and how the SMR should calculate which team patients should be assigned to. The new document would be in addition to the Patient Census Protocol. The group voted on passing the CTU Patient Distribution Document. All were in favour. A. Malbrecht reminded the group that the new process would need to be approved by the DoM Executive committee as well.

Action: Proposal to be reviewed by DoM Executive

6.4 Internal Review Working Group - Proposal

The proposal was deferred to the next meeting

7 Announcements

7.1 Wellness Week

Residents were encouraged to participate in Wellness Activities

7.2 CaRMS

Residents were reminded that PGY1 CaRMS interviews were planned for the week of January 22nd. Residents were acknowledged for volunteering for all of the events and encouraged to attend social events.

7.3 Rotation Request Forms

Residents were informed that 2018-2019 Rotation Request forms will be distributed in the next few weeks.

Meeting adjourned at 6:10 pm