INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, February 1, 2018
Room E6-116, Victoria Hospital
4:45 pm – 6:00 p.m.

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

Regrets: A. Alomar, P. Basharat, B. Dyck, J. Fawcett-Cornish, J. Gregor, J. Li, A. Malbrecht, D. McCarty, T. McPherson, F. Rehman, L. Wang

1 APPROVAL OF AGENDA AND MINUTES

1.1 Agenda and Minutes

The agenda was approved as circulated. The following items were added under 'New Business' – Bariatric Surgery, Patient-Oriented Discharge Summary and an update by Dr. Calvin on new initiatives.

It was noted that changes were required to the January 18th minutes regarding the UH Short-Stay project. January minutes have since been updated.

2 Business Arising from Minutes

2.1 CBD Implementation - Update

S. Kane provided an update on the electronic platform that will be used for CBD. The group was advised that e-portfolio will not be used. Instead, the university will be purchasing software called "Entrada" which has been developed by Queens University. Until Entrada has been fully implemented, One45 will continue to be used.

2.2 Short-Stay Pilot Project – Update

The group was advised that the Shorty Stay Pilot project has been postponed as patient numbers have been high and the priority is ensuring patient needs are met.

2.3 Internal Review Working Group – Proposal

A working group had recently met to make recommendations to address the weaknesses identified in the Internal Review document. The following suggestions were made:

a) Concern with Face-to-Face Feedback
Residents acknowledged that it is difficult to address this deficiency as the resident and faculty members could be interpreting what constitutes face-to-face feedback differently. The recommendation was made that residents and faculty should be meeting at the end of the block.

b) Consultant availability while on CTU is limited and should be increased
Residents acknowledged that there is limited availability by a handful of Consultants rather than all consultants. In response, the residents have created an anonymous survey to help identify consultants who are not as available as they should be. It is hoped that the identified consultants can then be contacted directly to highlight resident perceptions

c) Educational activities are not always completely protected for all residents
Residents stated that that there are certain services where they do not feel they are adequately released to attend AHD including CTU and CCU. Residents suggested that CTU consultants should be reminded that they need to be present by 12:30 so that residents can leave to attend AHD. CCU was also discussed and residents re-iterated that they don't feel supported to leave service to attend AHD. L. Chow outlined the provisions that the CCU service has made to ensure residents can leave to attend AHD. L. Chow asked residents to differentiate between CCU and ICU wherein residents did not have concerns about missing AHD while on ICU to cover the pager. Residents responded that it is felt that ICU rounding is a good educational experience but CCU is thought to be more service-oriented. L. Chow assured residents that the Division of Cardiology has been working hard to assign sub-specialty residents to Victoria Hospital to assist with the call coverage. It was noted that in 11 of 13 blocks there was a Cardiology subspecialty resident to cover the pager.

The group was also presented with data to show that during the current academic year, only 3 IM residents have had to cover the pager on CCU during AHD. Residents argued that the resident scheduled for call is not always the person who actually stays to cover the pager. Residents asked if the Cardiology program could provide some payment to cover the pager during AHD, similar to the general internist staff available on Thursday afternoons at both sites. S. Kane informed residents that Cardiology staff already contributed to the GIM coverage and it would be unfair to ask them to pay again.

S. Kane also mentioned that given the number of times the CCU pager wen off, it would be beneficial if the person carrying the CCU pager does not attend AHD so as not to disrupt the session.

H. Salim made a recommendation that residents should be informed about all of the initiatives and strategies Cardiology has been using to get pager coverage during AHD. L. Chow also assured the group that in the absence of an off-service resident or Cardiology subspecialty residents, the default should also be the CCU staff Cardiologists.

Further investigation required.

d) Vacation approval/disapproval can be improved and disapproval should be provided with alternative dates
Residents do not feel this is a valid concern. The working group suggested that the program should provide data to the residents to demonstrate that PARO rules are being followed.

In addition to the recommendations above, residents suggested that there should be feedback sessions twice a year. These feedback sessions would allow residents to express concerns in advance

of any formalized reviews. The first part of the sessions would be facilitated by CMRs and the second part of the session would be a feedback session with the Program Director. The third piece of the session would be designated time for problem-solving any issues identified in the sessions.

3 COMMITTEES/TASKFORCE REPORTS

3.1 Education Liaison Committee

No report.

3.2 Faculty PGE

Nothing to report.

3.3 Windsor Program

Windsor continues to struggle with patient numbers. W. Saad announced that 3 GIM staff will be starting in Windsor in July. A new CTU structure is going to be introduced where staff from two sites will be combined. W. Saad will review the new structure and schedule with the committee once the changes have been implemented.

Action: W. Saad to provide further information about new call schedule structure when details become available

3.4 Community Update

M. Peirce asked if there would be an opportunity to videoconference AHD to community sites. While there are challenges with the technology at Victoria Hospital, L. McKinlay informed the group that there is a mobile videoconferencing unit that could be utilized. It was decided that the AHD would be videconferenced rather than webcast so that residents would still attend sessions in person.

Update: L. McKinlay has been working with LHSC ITS and the community sites to arrange for videconferencing of AHD

3.5 IM/EM Working Group

There was a discussion about what residents should do when they've been asked to release an EDC clinic 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 to release an EDC clinic 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 the most appropriate. 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 it 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

3.6 Social Committee

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

3.7 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 from the residents. It was noted that attendance at the events continued to be a challenge.

3.8 Competency Committee

No update.

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4 COORDINATORS' REPORTS

4.1 Research Coordinator

M. Mrkobrada informed the group that a couple of research projects have been canceled this academic year due to residents not being prepared in time and failing to submit paperwork by the set deadlines. It was clarified that these delays were not due to a lack of reminders. L. McKinlay assured the IMRTC that reminders continue to be sent and that there is only 1 project with outstanding paperwork for the rest of this academic year.

4.2 Simulation Coordinator

No report.

4.3 Curriculum Coordinator

An Information Session for the OSCE was held where suggestions were made for feedback. Residents have asked for immediate feedback upon leaving their exams. It was acknowledged that it may be difficult to implement any changes for this year. S. Kane recognized that residents would benefit from feedback and would be desensitized by more feedback.

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5 RESIDENTS' REPORTS

Chief Residents

UH Chief

C. Townsend reported that the Patient-Oriented Discharge Summary pilot would be starting the week of February 5th.

VH Chief

J. Jackson reported that patient numbers continue to increase at Victoria Hospital. A lot of people are on vacation which adds to the difficulty of the situation. J. Jackson mentioned that she was having difficulty with morning report wherein she's noticed that one of the residents has not been attending despite reminders. She asked how this type of situation should be addressed. S. Kane reminded the group that all residents should be at Morning Report unless there is a patient care requirement. S. Kane asked that she be notified of any absent residents who continue not to attend Morning Report after receiving reminders from the CMR. J. Jackson also noted that Attendings have not been at morning report and mentioned that their absence was not a good role model for the residents. Both H. Salim and S. Kane recognized the difficulty of enforcing this expectation but assured the group that they would talk to the teams at Victoria Hospital to highlight Morning Report expectations.

Discharge spots continue to be a problem for residents. Residents were encourage to ask faculty to contact the Urgent Medicine Clinic Clerks. J. Jackson will also follow-up with J. Gregor to try and find a solution.

Action: S. Kane and H. Salim to discuss Morning Report attendance expectations with CTU staff
Action: J. Jackson to talk with J. Gregor to problem-solve how to increase available discharge spots

Trainee Representatives

PGY1 - A. Padiyath

No issues to report.

PGY2 – M. Mahler

M. Mahler asked if R2 residents could be included in any Royal College preparation information that is sent to the R3 residents. The R2 residents are looking for guidance with regards to Royal College

preparation. S. Kane acknowledged that there will be a double-cohort writing the Royal College exams in the 2018-2019 academic year. S. Kane assured the R2 residents that they would be supported in Royal College preparation. It is hoped that the 2018-2019 AHD sessions can include more Royal College preparation. Further planning is required.

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 Bariatric Surgery
S. Kane announced that LHSC will be the new site of Bariatric Surgery starting in March. Residents were assured that they would receive education on how to treat a patient with Medicine-specific complications in post-operative care.

6.2 Patient-Oriented Discharge
This topic was discussed under the UH CMR section.

6.3 Update by Dr. Calvin
A new initiative is going to be implemented to remind doctors to question whether they actually need tests done before the tests are ordered. It is recognized that some patients may require repeat tests but it is helpful for residents to review what tests have been ordered and anticipate any tests that may need to be completed.

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7 Announcements

7.1 OSCE – February 21 and 22

Residents were reminded that the OSCE will take place on February 21st and 22nd. Leave requests have been entered on the Resident's behalf and the schedule and further information will be distributed in the near future.

Meeting adjourned at 6:10 pm