

## INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, March 22, 2018

Room E6-116, Victoria Hospital

5:00 pm – 6:30 p.m.

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Attendance: SL. Kane, A. Alomar, M. Bensette, J. Calvin, L. Chow, B. Dyck, J. Fawcett-Cornish, J. Gregor, S. Gryn, J. Jackson, M. Kutky, J. Li, A. Malbrecht, L. McKinlay, M. Mrkobrada, S. Nelson, A. Padiyath, M. Peirce, H. Salim, C. Townsend, J. Yu

Regrets: D. Chakraborty, P. Basharat, A. Cowan, T. Kafil, M. Mahler, D. McCarty, T. McPherson, F. Rehman, L. Wang, W. Saad

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### 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' – Letter of Appointment Distribution and Re-Registration and an LMCC reminder. The minutes were approved as circulated.

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### 2 Business Arising from Minutes

#### 2.1 CBD Implementation - Update

The CBD team continues to meet weekly. Schulich PGME is trying to put plans in place for Entrada. Representatives from DOM will be meeting with Sylvia from PGME April 9<sup>th</sup> to discuss Entrada and will have more information at that time. S. Kane mentioned that residents would be involved as soon as more information becomes available.

#### 2.2 Internal Review Working Group - Update

S. Kane was in contact with residents organizers regarding the survey for CTU consultant availability. The hope was to try and identify CTU consultants who were less available than their peers. In looking at the data, it was recognized that there are outliers but overall the availability looks quite good. S. Kane thought it would be helpful to provide every consultant with their availability so that they are reinforcing people who are helpful and available to residents. As such, there would be positive reinforcement and reminders for those who may need to correct their behavior and be more available to residents on CTU.

### **2.3 EDC Clinics Spot Utilization – Update**

J. Gregor reported that utilization could be better but overall ok. H. Salim reported that have been some problems with no-shows from the Emergency Department for both the discharge side and the urgent side of the EDC clinic. There was discussion about whether senior residents should have the ability to decide how to utilize the spots. There is a current issue where the Emergency Room says that they are unable to refer patients to the Urgent Medicine Clinic as no spots are available until the end of April. However, there is also a problem of patients not going to their scheduled appointment which makes the EDC unit underutilized. There is discrepancy between how busy the clinics are scheduled and how busy they actually are. There was further discussion about how to resolve this issue including calling patients the day before, opening extra spots, etc. It was decided that the GIM service will need to have further discussion about how to better utilize the spots available in the clinic.

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## **COMMITTEES/TASKFORCE REPORTS**

### **3.1 Education Liaison Committee**

No report.

### **3.2 Faculty PGE**

Nothing to report.

### **3.3 Windsor Program**

No report available from Windsor. S. Kane did highlight that videoconferencing for Academic Half Day is now available to residents in Windsor.

A recent situation regarding damages to rooms was discussed. S. Kane is working on this issue and is in discussions with Dr. Cooper and Dr. George Kim (the Distributed Education Coordinator) and Dr. Saad. It is felt that the assessed damage fees are too high and a solution needs to be found so that residents can continue to stay at the medical Arts Building while in Windsor. The challenge with this specific situation is that residents were not anticipating the amount of expenses they were charged.

Further details to come.

### **3.4 Community Update**

M. Peirce reported that some residents on community rotations have requested better orientation to their rotations. The community sites will be working on developing these resources.

It was also noted that the residents on community rotations are happy with the videoconferencing option for AHD.

Otherwise, no major issues to mention.

### **3.5 IM/EM Working Group**

Nothing to report

### **3.6 Social Committee**

The Social Committee is working towards finalizing plans for the spring BBQ.

### **3.7 Resident Wellness Committee**

The Wellness Committee is working on setting up the event at Boler Mountain in June. The committee will also be providing debriefing opportunities in the coming months. S. Kane noted the value of these sessions and encouraged the group to continue with the debriefings.

### **3.8 Competency Committee**

No update.

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## **4 COORDINATORS' REPORTS**

### **4.1 Research Coordinator**

M. Mrkobrada informed the group that Research Day is coming up (May 11<sup>th</sup>). The IMRTC was informed that a couple of residents have had to have their Research rotations changed to clinical as the Research Proposals were not in on time.

J. Calvin announced that the department is going to be looking for a Statistician to assist with research. An offer has been made to someone for the position of Research/Project Officer and a QI Coordinator. The QI coordinator will help formalize the tracking of projects and will expedite research publication.

### **4.2 Simulation Coordinator**

The next PGY1 simulation sessions will take place May 24<sup>th</sup> and 31<sup>st</sup>. Teachers are required for the Simulation sessions and A. Malbrecht will be sending out emails to request help. S. Kane mentioned that residents have indicated they would like teaching opportunities for simulation throughout the year. It was noted that there are Simulation technicians at Fanshawe College and the DoM may consider looking at Fanshawe as an option for teaching. J. Yu was asked to connect with Dr. Fotheringham to find out information relating to cost and availability. J. Yu noted that further simulations will also need to be developed to coincide with the upcoming CBME implementation. It will be important to identify which simulation activities can be done in a classroom and which would need to take place in a Simulation lab. Residents highlighted that ultrasound is mandatory to meet the required standard of care.

### **4.3 Curriculum Coordinator**

Deferred to new business.

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## 5 RESIDENTS' REPORTS

### Chief Residents

#### UH Chief

C. Townsend reported that there are no major issues at UH. The blood draw project is going well. Senior Rounds were discussed wherein Senior Rounds at UH are coordinated by CMRs. In contrast, Senior Rounds at Victoria Hospital have a dedicated staff teacher (Dr. Amin Sandhu). The Senior Rounds at VH are extremely well received and it is hoped that UH could be provided with teaching of equal quality. There was discussion about presenting information at Academic Half Day. S. Kane agreed and noted that recruitment strategies would need to be developed.

#### VH Chief

B. Dyck noted that the ultrasound machine recently went missing. IT support was on holidays and unable to assist with tracking the machine. J. Jackson asked the group to report any issues involving the ultrasound to Jeff Yu. J. Gregor announced that a decision had been made that a more aggressive approach to obtain an ultrasound machine for VH.

### Trainee Representatives

#### PGY1 - A. Padiyath

No issues to report.

#### PGY2 – M. Mahler

No issues to report.

#### PGY3 – J. Li

No issues to report. It was noted that the Windsor rotation has been extremely busy and the group in Windsor is working to find a solution. W. Saad has recognized that because PGY2 residents will be seniors in the latter half of next year and schedule enhancements will need to be made.

#### PGY4 - TBA

Unavailable to report.

#### ISR

There will be 5 Saudi Arabian national residents and one Kuwait national resident joining the program in April for their Pre-Entry Assessment Period. There was some discussion about the matter of American schools offering positions after Canadian schools and concerns that candidates who had accepted in Canada would not fulfill their contract in favour of attending the American schools. S. Kane addressed this issue by stating that if this were the situation, no future candidates would be considered from that school. It was announced that in future years, the TOEFL score would be considered for ISR applications. A.

Alomar supported this decision and thought this was a reasonable request. S. Kane asked A. Alomar to seek feedback about this proposal.

*Action: A. Alomar to seek feedback regarding TOEFL requirements*

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## 6 New Business

### 6.1 2018-2019 Scheduling Model

The group was shown a scheduling presentation that highlighted why the approved model would not work in practice. Blocks 9 and 13 were especially problematic wherein there were only 2 R2 residents left to cross-cover during the heavy exam-studying periods. S. Kane also acknowledged that it will be difficult for electives to be completed under the old model. S. Kane noted that different options were investigated to try and mitigate the issues and optimize the schedule with the new restrictions. The new model allows the PGY2s to do 1 more selective which is beneficial from a career perspective.

The PGY1s stated that there are concerns with the schedule regarding how early electives have to start. H. Salim and S. Kane assured residents that electives that are earlier in the year are actually beneficial as you are not competing with 4 or 5 other people at the same time. M. Kutky also confirmed this statement with his own experience as a resident on elective.

The PGY2 residents did not have too much concern and mentioned that splitting senioring duties would be helpful.

The proposed model was voted on. All in favour, no one opposed.

S. Kane told the group that it would be helpful to send feedback on this situation to the Royal College and track if there are any unintended consequences of moving the exam to third year (e.g. increased sickness, call coverage requirements, etc.).

*Action: DoM to revise schedule to adapt to new model*

### 6.2 PGY1 CaRMS Results

The Western Internal Medicine program matched all spots. The spread between the top candidate and the bottom candidate was minimal. The IMG residents were ranked in the top 13 candidates.

### 6.3 CMR Selection

An email has been sent to current PGY2 residents to ask for applications. Letters will be posted on the internal DoM website for residents to use for voting.

### 6.4 OSCE Results

The OSCE went well. Everyone passed although there were a few borderline assessments. The residents liked the written feedback they received on the stations. Future consideration will need to be given to the timing of the exams.

### **6.5 Continuing Appointment Requirements**

The PGME has sent out a request for continuing residents to complete registration requirements in advance of July 1<sup>st</sup>. Residents were asked to remind their colleagues of this important registration deadline.

### **6.6 LMCC**

The LMCC is quickly approaching. Residents were reminded that anyone writing the exam would need to enter in a request to be away.

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## **7 Announcements**

### **7.1 Royal College Exam – Application Deadline**

Residents were reminded that the Royal College Exam Application Deadline is April 30, 2018.

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Meeting adjourned at 6:15 pm