

INTERNAL MEDICINE RESIDENCY TRAINING COMMITTEE MEETING MINUTES

Meeting held on Thursday, May 17, 2018

Room E6-116, Victoria Hospital

5:00 pm – 6:30 p.m.

Attendance: SL. Kane, M. Bensette, A. Cowan, B. Dyck, , S. Gryn, A. Jaidka, J. Jackson, T. Kafil, M. Kutky, J. Li, M. Mahler, A. Malbrecht, L. McKinlay, M. Mrkobrada, A. Padiyath F. Rehman, W. Saad, H. Salim, L. Wang, K. Yau, J. Yu

Regrets: A. Alomar, P. Basharat, J. Calvin, D. Chakraborty, L. Chow, J. Fawcett-Cornish, J. Gregor, S. Gryn, D. McCarty, T. McPherson, M. Peirce

1 APPROVAL OF AGENDA AND MINUTES

1.1 Agenda and Minutes

The agenda and minutes were approved as circulated. A new section entitled Patient Care Issues will now be included in the minutes and agenda

2 BUSINESS ARISING FROM MINUTES

2.1 CBD Implementation - Update

An information-sharing agreement with the Royal College was recently obtained. Schulich will be also be getting modules from Queens. Training for the Elentra program will be starting in July. There will be 2 sessions offered during Grand Rounds – 1 session at UH and 1 session at Victoria Hospital to show what training and software looks like for the soft-launch. The Elentra program is web-based for now and developers are working on making the program look good on the phone. Residents should plan on using a laptop or computer terminal for Elentra evaluation completion.

Action: DoM to request that LHSC add a link to CBD on the desktop

3 COMMITTEES/TASKFORCE REPORTS

3.1 Education Liaison Committee

No report.

3.2 Faculty PGE

There was an update with regards to workplace safety from Royal College Accreditation. There were 107 safety incidents reported at LHSC, 54 of which included medical sharps (e.g. needle stick injuries). Previously, Occupational Health was involved with these injuries. Going forward, Medical Affairs will be asking about these events and what contributed to these injuries. Medical Affairs want to collate the information and look at potential changes regarding equipment, fatigue, workload, etc. S. Kane will also be copied on injury notifications.

S. Kane also mentioned that there will be a new assessment and appeals policy that will cover programs that have both CBD and time-based models of training. S. Kane recommended that the PARO representatives on PGME should review the assessment policy. The policy will be voted on June 1st.

3.3 Windsor Program

W. Saad reported that the Windsor site is going to be piloting a new call schedule model on CTU in July. The current patient numbers have been close to 30. In the new model there will be two consultants and two teams of residents assigned to CTU. The time savings will be there will be an additional Attending and only half as many patients to review. The number of calls for residents will remain the same.

W. Saad will be sending S. Kane a proposed call model for review. H. Salim mentioned that handover will need to be done well if daytime teams are split. The model is similar to what is done on the Cardiology ward at UH.

3.4 Community Update

No report available

3.5 IM/EM Working Group

It is hoped that an IM/EM Working Group meeting can take place in June. It was noted that a Patient Care section should be added to the minutes.

3.6 Social Committee

The BBQ planning is going well.

3.7 Resident Wellness Committee

The Wellness Committee is looking forward to the upcoming event at Boler.

3.8 Competency Committee

The Competency Committee has completed reviewing all PGY1 residents. H. Salim is completing PGY1 semi-annual meetings.

Action: Patient Care section to be included on agenda and in minutes for future meetings

Action: W. Saad to send S. Kane proposed call schedule model

4 COORDINATORS' REPORTS

4.1 Research Coordinator

Nothing to report.

4.2 Simulation Coordinator

Nothing to report.

4.3 Curriculum Coordinator

Based on feedback from current residents there will be the opportunity for more exposure to the OSCE exam in the 2018-2019 academic year. There will be two rounds of OSCEs with 3 stations each time. The first exam will take place in November for all residents levels and the second exam will take place in mid-February for IM2s and IM3s only. The senior residents will have a total of 6 exams in the year – 2 more than before.

5 RESIDENTS' REPORTS

5.1 Chief Residents

UH Chief

Things continue to go well. There were some issues with the implementation of BEEP wherein the SMR had no SMR phone for 24 hours. Andrea worked with ITS representatives to get a phone for the service. Residents were advised that the phone's battery makes a sound at 15% to notify the user that the battery would need to be replaced. There was discussion about coverage for the new code phones and the new BEEP system. Residents were told that IS wants feedback so that they can improve their services, including problems with coverage.

VH Chief

B. Dyck and Joey Carson have been working with improving efficiencies with pagers. Joey had asked what residents do with their pagers during Academic Half Day. It was determined that there is some confusion about what residents do with their pagers when attending AHD. S. Kane mentioned that forwarding

paggers during AHD is a matter of professionalism. Residents stated that a policy should be created so that residents are aware of expectations and can reference the policy when forwarding their paggers to the most appropriate people. There was discussion about how to disseminate the information.

Action: B. Dyck to draft policy about pager forwarding

5.2 Trainee Representatives

PGY1 - A. Padiyath

No issues to report.

PGY2 – M. Mahler

The R2 residents had discussed the challenges of the EDC schedule. Many R2 residents did not like taking vacation one EDC as they noted that they might only get 1 to 2 less shifts if they are on vacation. DoM noted that at most residents only get 14 shifts total per block, which is typically 50% of the block. Vacations don't affect the total count of assigned calls too much but does impact those not on leave. Residents

There was discussion about missing EDC shifts and it was determined that residents should switch shifts or find coverage for their absences. EDC shifts and EDC Clinic Shifts should be treated like any other call shift wherein residents should either attend their assigned calls or make alternative arrangements.

PGY3 – J. Li

No issues to report

PGY4 - TBA

Unavailable to report.

ISR

No report was provided.

6 NEW BUSINESS

6.1 Supernumerary Positions

Across the province there were 53 medical students who were not matched. As part of a provincial government initiative there were new positions announced in Internal Medicine, Pediatrics, Psychiatry and Family Medicine. There will be 2 new residents coming to our program.

The group was informed that in 2021, clerks can only do 8 weeks in any given program.

6.2 Transfer Resident

Heena Singh will be joining the Internal Medicine program in Block 13. Heena comes to the Internal Medicine program from Urology.

6.3 Scheduling of PGY1s

S. Kane reminded residents that during Block 13, junior residents should trade the junior pager for the SMR pager so that they have the opportunity to senior before the end of the year. The hours of this trade should be defined and senior residents should provide feedback to the junior residents.

7 PATIENT CARE ISSUES

7.1 Reasons for Calling the Consultant

The group reviewed the list that was circulated outlining reasons why residents should be calling the Consultant.

Number 3 on the list was “Leaving against Medical Advice”. Resident recommended that this should be amended to “Threatening to Leave against Medical Advice”. Number 4 on the list was “Patient died expectantly” and it was recommended that this should be removed. Residents also mentioned that it should be outlined what ‘after hours’ means

Action: Residents were asked to review the list. Further discussion required. Once confirmed, F. Rehman and J. Gregor to the CTU Leaders and Attendings

7.2 Finding Monitored Beds

There was discussion about what residents should do if they are unable to find monitored beds and the patient is not safe for the wards. Residents were asked if they can check where monitored beds are available. It was reported that at UH, monitored beds cannot be found by the residents. At Victoria Hospital, the understanding is that the resident should be responsible for finding the monitored bed. Residents were advised that at either site, the consultant should be contacted to find a monitored bed on behalf of the resident – residents should not have to take responsibility for this. F. Rehman stated that he would be happy to meet with J. Gregor and A. Dukelow to try and standardize this process across both sites. S. Kane reiterated that residents should not be spending their time finding a bed – they should be focusing on patient care.

Action: F. Rehman to meet with J. Gregor and A. Dukelow to standardize processes and resolve confusion for finding monitored beds.

8 ANNOUNCEMENTS

- 8.1 Transition Day – June 13th
- 8.2 Year-End BBQ – June 15th

Meeting adjourned at 6:00 pm