

**LMPS Residency Advisory Council  
Minutes**

**Date/Time:** 20 Jan 2015, 1300-1500hr  
**Location:** VGH – LMPS Office – Heather Pavilion, Level D, Conference Room #2  
**Chair:** Janice Yeung  
**Minutes:** Janice Yeung  
**Attendance:** Alison Alleyne, Roxane Carr, France Carriere, Susan Chunick, Anar Dossa, Zahra Kanji, Mike Legal, Ann-Marie Liberman, Marianna Leung, Alison MacDonald, Jason Tan, Adil Virani  
**Regrets:** Liz Dasilva, Tim Lau, Kieran Shah, May Lok

<b>1.0</b>	<b>Review of Minutes 30 Sept 2014</b>	All
	<ul style="list-style-type: none"> <li>▪ <a href="http://www.vhpharmsci.com/residency/resources/residency_advisory_council.html">http://www.vhpharmsci.com/residency/resources/residency_advisory_council.html</a></li> </ul>	
<b>2.0</b>	<b>Business Arising from Minutes</b>	
2.1	<p><b>Selection Process</b></p> <ul style="list-style-type: none"> <li>▪ Weighted scoring process developed and implemented – feedback solicited from Selection Committee members</li> <li>▪ RMS matches released Friday, 16 Jan 2015</li> <li>▪ 20 adult-focused, 3 pediatric-focused</li> <li>▪ Incoming 2015-16 residents:  <u>Adult Pod</u> – Tania Alia, Valerie Higgins, Kimberly Hilchie, Carly Hoffman, Jenny Hong, Vivien Hu, Yoshi Ito, Nathan Kellock, Gary Kwan, Sarah Lee, Candice Leung, Wendy Luong, Michelle Ng, Cindy Pan, Nathaniel Paras, Claire Tai, Tina Tam, Carolyn Wilson, Brian Wong, Flora Yu  <u>Peds Pod</u> – Renee Dagenais, Donna Leung, Jillian Schina</li> <li>▪ Discussion re: failed OEE clerkships as incoming residents must complete all necessary requirements for licensure by the BC College prior to entry into the program.</li> </ul> <p><b>ACTION ITEMS</b></p> <ul style="list-style-type: none"> <li>▪ <b>JY to discuss with MLegal and Angie Kim-Sing and develop a process/mechanism to ensure all incoming residents have successfully completed their OEE requirements</b></li> </ul>	JY
<b>3.0</b>	<b>New Business</b>	
3.1	<p><b>Residency Research Projects</b></p> <ul style="list-style-type: none"> <li>▪ Residency Research Night scheduled for Thursday, 14 May 2015 at the UBC FoPS</li> <li>▪ Continued partnership with PPRPC, CSHP BC Branch and UBC CPPD</li> <li>▪ Directive from leadership for mandatory submission for publication of all residency research projects presented by Adil – end goal is publication of all residency projects vs submission for an award</li> </ul> <p>Feedback from RAC:</p> <ul style="list-style-type: none"> <li>○ Encouragement of publication is desirable. However, preceptors are the PIs and ultimately responsible for the study, not the resident. The decision for submission for publication should be at the discretion of the preceptor and resident.</li> <li>○ Not all projects are publication material based on scope or quality and this may place pressure on preceptors who may simply want to have a QA project (that would benefit the hospital and practice), but who may not elect not to submit a residency project proposal now based on the expectation that this must be a publication-standard project.</li> <li>○ Mandatory submission will rush preceptors to submit for publication in order to</li> </ul>	JY/AV

	<p>meet requirements for the resident. The peer review process can be quite lengthy and a challenge during the summer months.</p> <ul style="list-style-type: none"> <li>○ Consideration should be given to journal reviewers/referees and the unnecessary workload in reviewing manuscripts that may not be at the completed stage desired by preceptors, but submitted in order to meet residency requirements.</li> <li>○ Expected submission to CSHP BC Awards is practical and valued by preceptors as it serves as a hard deadline for completion of the manuscripts in a format that is of higher quality than that required by CPRB Accreditation Standards. This facilitates and encourages future submission of the manuscript for publication. Submission to the BC Awards is an important benchmark to maintain.</li> </ul> <p>Feedback from PPRPC (from 16 Jan 2015 meeting minutes):</p> <p>Consensus that submission for publication is desirable but concerns voiced include:</p> <ul style="list-style-type: none"> <li>○ Threat to accreditation in enforcing a requirement that is not represented in the accreditation standards</li> <li>○ Logistics of enforcing</li> <li>○ Not all projects publishable, large variability in type of projects available (e.g. QA projects)</li> <li>○ Some projects are a part of a larger component of an overarching project</li> <li>○ Threat to future publication on pilot research</li> <li>○ Implication to the preceptor – contribute to preceptor burnout?</li> </ul> <p><b>ACTION ITEMS</b></p> <ul style="list-style-type: none"> <li>▪ Submission of project manuscripts to CSHP BC Branch awards will be maintained as an important benchmark and continue to be expected of all residents</li> <li>▪ JY to further discuss with AV re: mandatory submission for publication directive in light of feedback provided by the RAC and PPRPC</li> <li>▪ JY to explore process for identifying published residency research projects and highlighting these manuscripts on the LMPS Residency website</li> </ul>	
3.2	<p><b>Oral Assessments</b></p> <p>Preceptor feedback/queries received:</p> <ul style="list-style-type: none"> <li>▪ <i>“Oral exam and BC wide case presentations taking time away from rotation (perhaps should only schedule 1 per rotation)”</i></li> <li>▪ <i>“Is the oral exam just as comprehensive if scheduled early in year vs the end of the year?”</i></li> <li>▪ <i>“Ensure that the residents’ motivation and industriousness remains high even when major milestones have been completed.”</i></li> <li>▪ Discussion ensued; no program changes recommended at this time</li> </ul>	JY/AA
3.3	<p><b>2015-16 Residency Program</b></p> <ul style="list-style-type: none"> <li>▪ Program start day 9 June 2015</li> <li>▪ Addition of rural medicine (Chilliwack, Squamish, Powell River) to required rotations which also include ID, ER, Nephro, Surgery, Geriatrics</li> <li>▪ Medicine, Critical Care, Cardiology, Ambulatory Care remain core rotations</li> <li>▪ TPN Clinical additional optional 1-week elective</li> <li>▪ Residents completing a rural medicine rotation will be expected to organize their own travel and housing arrangements – a stipend will be provided to help cover these expenses. A student-maintained UBC housing database is available to residents.</li> <li>▪ Process for granting LOA to LMPS employees completing residency – HR flow sheet</li> </ul> <p><b>ACTION ITEMS</b></p> <ul style="list-style-type: none"> <li>▪ AV to follow up with HR (Judy Roberts) re: job matching process and clarify how residents fall into the hiring process at the end of their residencies</li> </ul>	JY

3.4	<p><b>Residency Project Oversight Committee</b></p> <ul style="list-style-type: none"> <li>▪ Incoming chair Aaron Tejani</li> <li>▪ Call for residency project proposals in March</li> <li>▪ All project proposals submitted must be approved and signed off by PI's Pharmacy Coordinator (Distribution or Clinical) – presented to CAT and CAT was in agreement</li> </ul> <p><b>ACTION ITEMS</b></p> <ul style="list-style-type: none"> <li>▪ MLegal to revise/update project proposal template and LMPS project suitability checklist</li> <li>▪ JY to continue to communicate process to project preceptors</li> <li>▪ JY to liaise with Aaron to discuss timeline for solicitation and review of 2015-16 residency research project proposals</li> </ul>	JY/ML/RC
3.5	<p><b>UBC Student Volunteers</b></p> <ul style="list-style-type: none"> <li>▪ Rho Chi TMP-SMX program - student-initiated program – mandate to expose students to hospital practice and mechanism identified to encourage resident participation was via student involvement with residency research projects</li> <li>▪ The project preceptor is ultimately responsible for the study and the scope of residency project should be such that the resident is able to complete the project within the dedicated time frame, without the assistance of other students. The decision for student volunteer involvement should be at the discretion of the project preceptor.</li> </ul> <p>Communication sent to 2014-15 residents last fall to clarify the role of TMP-SMX students:</p> <ul style="list-style-type: none"> <li>○ Residents are ultimately responsible for protocol development, ethics/institutional submissions, development of data collection forms/spreadsheets, data analysis, poster, manuscript, etc. The responsibilities assigned to an undergraduate student should be limited to the data collection portion of the study and their involvement with the study should be pre-approved by the PI and co-investigators (ie: residents may not assign students to write their protocols, complete data analysis, write the manuscript, etc, but are welcome to review the process with them)</li> <li>○ Because TMP-SMX students are volunteers and their work with the residents is not affiliated with any registered UBC course or clinical rotation (ie: they are not involved in any direct patient care activities), TMP-SMX students may NOT request their own access to patient information systems (ie: PCIS, Meditech, etc) or their own ID cards for independent access to LMPS sites.</li> <li>○ Residents may NOT share their individual PCIS, Meditech, etc log-ins with students and must directly supervise and oversee all work done by their students (ie: residents must accompany students to medical records, etc and be working alongside them)</li> <li>○ If residents would like to invite students to shadow them on rotation, they must seek prior approval from their rotation preceptor and ensure any confidentiality paperwork, etc. required by the site is completed in advance.</li> </ul>	AV
3.6	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>▪ More timely feedback to Coordinators and preceptors on constructive feedback via one45 performance flags</li> <li>▪ Discussed ensued re: residents providing constructive feedback to preceptors</li> </ul>	JY
4.0	<p><b>Resident Progress</b></p>	
	<ul style="list-style-type: none"> <li>▪</li> </ul>	JY
5.0	<p><b>Roundtable</b></p>	

	<ul style="list-style-type: none"> <li>▪ Feedback from current residents (FC/JT): <ul style="list-style-type: none"> <li>○ <i>“Infectious Diseases / Antimicrobial Stewardship should be a core rotation for subsequent years. If the program is short preceptors/rotations or is somehow otherwise unable to meet the demand, the program should be willing to liaise with other health authorities across the province in order to arrange for external rotations.”</i></li> <li>○ <i>“For residents who may not be progressing towards the expected level of performance in their individual direct patient care rotations and/or longitudinally across the course of their residency, the process for schedule adjustments should be transparent, with each request involving and going through the Residency Advisory Council.”</i></li> <li>○ <i>“Objective and regular preceptor quality assurance measures should be implemented in order to ensure that preceptor and rotation quality is sufficient and standardized in order to ensure that all residents will be graduating the program at a similar level of competence. Suggestions include: audits by residency coordinator, preceptor peer review by other preceptors, submission of topic discussion schedule and pre-readings, etc.”</i></li> </ul> </li> <li>▪ Ongoing issues with ID badges for residents on SPH rotations (MLEung)</li> </ul> <p><b>ACTION ITEMS</b></p> <ul style="list-style-type: none"> <li>▪ FC/JT to share discussions that ensued re: above concerns with the current residents</li> <li>▪ JY to offer follow up with the residents to discuss the processes already in place that address the above if further clarity required</li> <li>▪ JY to follow up with May Lok re: SPH ID badges for residents</li> </ul>	All
<b>6.0</b>	<b>Next Meeting</b>	
	May 2015	