

**LMPS Residency Advisory Council
Minutes**

Date/Time: 11 Sept 2013, 1400-1600h
Location: VGH – Centennial Pavilion, Hemlock Room #113
Chair: Janice Yeung
Minutes: Janice Yeung
Attendance: Marianna Leung, Ann-Marie Liberman, Brandi Newby, Susan Chunick, Zahra Kanji, Tim Lau, Karen Ng, Roxane Carr, Fong Huynh, Mike Legal, Adil Virani, Harrison Lee, Yvonne Huang, Sandra Yin
Guests: Jo Chang
Regrets: Mark Roberts, Liz Dasilva, Anar Dossa, May Lok

1.0	Review of Minutes 17 Apr 2013	All
	<ul style="list-style-type: none"> ▪ http://www.vhpharmsci.com/residency/resources/residency_advisory_council.html 	
2.0	Business Arising from Minutes	
2.1	<p>CSHP Residency Research Day debrief</p> <ul style="list-style-type: none"> ▪ Discussion re: feedback provided to CSHP by attendees ▪ Good venue, poster board layout, interaction with residents, however decreased attendance with the weekend date and some project preceptors were unable to attend their resident's presentations ▪ Various suggestions discussed – facilitated posters, concurrent sessions, presentations over two days, moving back to a weekday event, reassessment of a keynote speaker <p>ACTION ITEMS</p> <ul style="list-style-type: none"> ▪ Feedback to be discussed at upcoming PPRC meeting 	JY/ML
2.2	<p>Rotation Expectations</p> <ul style="list-style-type: none"> ▪ Discussion re: expectations of the preceptor and didactic discussions 	ML
3.0	New Business	
3.1	<p>RAC Membership Update</p> <ul style="list-style-type: none"> ▪ Welcome to Liz Dasilva (FHA) and Karen Ng (C&W) ▪ Welcome to our incoming Chief Residents – Harrison Lee (VancPod), Yvonne Huang (FraserPod) and Sandra Yin (PedsPod) ▪ BC Chief Residents – Harrison Lee and Rince Wong 	JY
3.2	<p>Program/Site Orientation debrief</p> <ul style="list-style-type: none"> ▪ VGH, SPH, LGH, BH, SMH, C&W participated ▪ Resident feedback - enjoyed meeting coordinators/supervisors/preceptors/staff, touring the sites, attending the research project proposal presentations. Residents would have liked to be able to attend all site visits and research project presentations, some felt the information provided by sites perhaps too in-depth and redundant at times and residents did not find it as useful to learn the computer systems via PowerPoint presentations (instead of via hands-on learning) ▪ Residents also experienced issues with logging in to various systems and obtaining FH ID badges ▪ Clinical information systems access/training – JY met with Helen Lee and administrators involved with students/residents and system access on 4June13 to discuss current barriers and identify ways to streamline process <p>ACTION ITEMS</p> <ul style="list-style-type: none"> ▪ JY to discuss site orientations with Coordinators and will re-evaluate scheduling of 	JY

	<p>the Program Orientation week for 2014-15</p> <ul style="list-style-type: none"> ▪ JY to follow up with Helen Lee re: clinical information systems access and development of a summary document for incoming residents 	
3.3	<p>Program Details</p> <ul style="list-style-type: none"> ▪ 2014-15 applications open (15Aug – 1Oct13) ▪ AV presented the proposal currently being discussed by the PLT re: Residency Training Agreement – metro & non-metro (Abbotsford Regional Hospital, Chilliwack General Hospital, Powell River General Hospital, Squamish General Hospital and St. Mary’s Hospital) ▪ Discussion ensued re: pros/cons of matching residents to a non-metro RTA during the selection process ▪ 2012-13 Program Feedback – JY sent a follow-up e-mail to the outgoing residents on 13Aug13 in response to their exit surveys and addressed feedback provided on program organization/communication, rotations, evaluations, ADS, projects, HR/payroll, and the hiring fair process. This e-mail was also forwarded to the PLT and LMPS Coordinators/Managers group. ▪ Distribution rotation – feedback from exit surveys was that all residents receive site-specific distribution training when hired and a 2 or 3-week distribution rotation would be more than adequate to meet the required CHPRB Standards 3.2. JY solicited feedback from the Distribution Coordinators re: movement from a 4 to a 3-week distribution rotation. Discussion ensued re: pros/cons, “rotating sites philosophy” and the pro/cons of distribution academic day sessions. ▪ Residential Care rotation – JY and AV attended Keith McDonald’s leadership meeting to share/discuss the resident feedback provided on the residential care rotations; strong resident feedback that it should not be a mandatory rotation, but the Coordinators, preceptors and RAC feel it is important that residents still gain experience with this large and important patient population. Residential care group would like to rename rotation to “Geriatric Medicine”. ▪ 2014-15 Program Details with proposed changes presented ▪ Oral Assessments – change in the scheduling of assessments for the 2014-15 cycle; http://www.vhpharmsci.com/residency/resources/oral_assessment.html <p>ACTION ITEMS</p> <ul style="list-style-type: none"> ▪ AV to advise the PLT that JY and the RAC strongly feel that there is NO advantage to matching applicants to a non-metro RTA during the selection process. Doing so significantly complicates the application process, puts the program at a disadvantage during the ranking and matching process itself, and does not guarantee graduates will fill these non-metro site vacancies after their residency. The RAC understands the issues with recruitment and retention at these rural sites, but feel other solutions should be explored. ▪ Distribution to move to a 3-week rotation for 2014-15 cycle ▪ Vancouver group to consider “rotating sites” approach as is currently being done with the FH distribution rotations ▪ With a desire to align the program overview between the adult pods and in consideration of feedback provided by the residents and Coordinators, preceptors and RAC, residential care (now geriatric medicine) will move to one of the required rotations for the 2014-15 cycle. Residents will do two of ID, emergency medicine, nephrology, surgery or geriatric medicine. The Residency Coordinator non-electively schedules these rotations, but consideration will be given to resident preferences based on availability. ▪ Ambulatory care will become a core 4-week rotation for all adult-focused residents 	JY/AV

	<p>for the 2014-15 cycle</p> <ul style="list-style-type: none"> Suggestion made to preceptors to consider tiered precepting with residents and OEE students and exploring other opportunities to further enrich the learning opportunities for the residents during their rotations 	
4.0	Academic Day Sessions (ADS) Update	
	<p>ACTION ITEMS</p> <ul style="list-style-type: none"> Tabled until next meeting 	ML/KN
5.0	Residency Projects	
	<ul style="list-style-type: none"> FH REB & Privacy Approval Process – discussion ensued re: questions, issues, and barriers current residents and preceptors are experiencing <p>ACTION ITEMS</p> <ul style="list-style-type: none"> Residents/preceptors are encouraged to speak with SC and AV directly should they experience significant delays/barriers with the FH REB approval process JY and AV to meet with SC and Seana-Lee Hamilton to discuss FH REB and Privacy Processes – algorithm needed to clarify the process for residents and preceptors Project Progress Presentations – Sept 3 (C&W), Sept 24 (VGH), Sept 25 (SPH), Sept 26 (SMH) RPOC update & debrief <p>ACTION ITEMS</p> <ul style="list-style-type: none"> Tabled until next meeting 	JY/ML/BN/SY
6.0	Resident Progress	
	<ul style="list-style-type: none"> 	JY
7.0	Roundtable	
	<ul style="list-style-type: none"> AV – PLT will be discussing resident salaries at the upcoming Sept 17th leadership meeting ML –will be presenting AGILE findings/recommendations to the PLT 	All
8.0	Next Meeting	
	Jan 2014	