

Resource Stewardship Committee Meeting

Minutes: Tuesday, August 26th, 2014

Attending: Brian Wong, Anne Matlow, Eric Bartlett, Barry Guppy, Henry Anh, Lisa Bevacqua

Regrets: Fok-Han Leung, Jerome Leis, Rory McQuillan, Amol Verma, Heather Shapiro, Charlotte Moore Hepburn, Julie Maggi, Amy Chan, Ben Fine, Gareth Seaward, Matthew Cesari, Stephen Fremes, Sal Spadafora, Loreta Muharuma

1. Review Minutes* ADDENDUM added

2. Business arising from Minutes

i. IHI Open School Course: An Introduction to quality, value and cost in health care.

IHI started in the mid-90s, focus on improving health care; open school last decade. U of T has a large open school chapter; QI modules are part of UG curriculum. U of T contributed new module on quality, value and cost. QI is strongly embedded in CanMEDS 2015.

Action: BW to forward IHI information to RSC Members. U of T Faculty have free membership.

ii. Development of timeline, short and long term objectives for the committee

We need to focus on a way to increase awareness of RS and importance in training residents. PGME's potential roles: provide access to training, information dissemination, help kick start local activities by going back to programs to initiate the discussion.

All programs are different – focus on common competencies, build on CanMEDS framework for each program to use. Need teaching/ evaluation strategies, blueprint for implementation.

BW – Internal medicine – 1 academic half-day, introduce as a stand-alone session and have 1 hour dedicated to RS. Map out expectations, tensions around defensive medicine, referring to doctor interactions with subspecialty doctors and outlining expectations.

Align core competencies with CanMEDS and how RS can complement – case-based learning.

Invite PDs to attend a session, use survey monkey tool to define competencies, milestones and enabling competency, cost versus value – appropriateness and patient care.

Academic half-day presentation workshop follow-up by OSCE.

3. New Business – Additional discussion items added

i. Review of RS CanMEDS competence , generic vs. programme specific

BW - Focus on learners or preceptors? Need to find resident-level data on resource use.

HA – As part of the CBC pilot, residents being assessed to ensure they understand. In

Hip Fracture clinic assessed by observer and assessed by simulation/ written/oral tests.

BG – Ethics not really embedded into CanMEDS, need focus on “appropriateness”

BW – Target end users, PDs, training faculty, residents. Create resident-led initiative.

Action: meet with committee residents

- ii. **Article review: Moriates Creating an effective campaign for change: Strategies for teaching value* JAMA Int Med Aug 18, 2014:** Change the culture, value

iii. **Committee Member Updates**

New Member: Henry Anh – Spine Surgeon at SMH, Interested in the access to technology versus patient safety and impact on funding

New Member: Stephen Fremes – surgery representative – not present

Eric Bartlett – Diagnostic Imaging has created an appropriateness committee –

Brian Wong – IHPME is very interested in leadership and resource stewardship –

contact is Dr. Geoffrey Anderson who wants to evaluation resource stewardship on a broader scale. “Appropriateness” – Patient level versus overutilization

Barry Guppy – VP Medical Affairs at Lakeridge, works with OMA, Physician Services and Health Canada. Currently doing appropriateness project with Lab Medicine and DI

iv. **Presenting to PGMEAC**

Goal: Report to PGMEAC November 21st with preliminary work on core principles/competencies, how to align with CanMEDS 2015 and proposed next steps.

v. **Other**

Consider “Teachable Moments” symposium – academic half-day, enact the tool ourselves to create a culture for RS.

“Decision –making” articles – U of T medical journal, IHI publication, CMAJ

Each hospital should dedicate one Grand Rounds to RS – featuring specific content, try to insert RS where they can

Insert RS into Annual Meeting for all the different sub-specialties

COMPETENCIES: First initiative. Review resources and recommend to Lisa.

Action Anne and Brian will collate for discussion at next meeting
