



ACCREDITATION OF THE MD PROGRAM AT MCGILL UNIVERSITY; WHAT DOES IT HAVE TO DO WITH US?

*Dr. James Martin
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On June 15th of this year the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) communicated its decision to place the program on probation. The press had a field-day and critics of McGill no doubt rejoiced. We, the faculty members generally felt that we were still graduating medical students of quality. Many criticisms were based on insufficient data on the efficacy of recently introduced components of the curriculum but were not issues that were considered to be evidence of non-compliance. However there were significant issues that qualified as non-compliance. Failure to map educational program objectives to clerkship rotations was a cited example of non-compliance. Further examples were that the expected level of student responsibility in certain patient encounters was undefined. The provision of

comparable clinical experience across different sites was questioned and the level of student satisfaction with rotations was variable. Teaching on common societal problems such as domestic violence has not been provided. Residents teach without being prepared for their roles in teaching and assessment. Ability of students to reach residents or staff was an issue.

So what can we do? The Dean and the Faculty have put in place mechanisms to address the various deficiencies. However those areas of non-compliance that involve us as teachers require our adjustment to the requirements. The workload policy is often not respected, a criticism that certainly applies in medicine. Respect for the workload policy means that review of cases with students cannot be put off to late in the day, leading to students failing to leave the hospital in reasonable time. Ensuring that we know what we should be teaching and making sure we teach it also seems rather obvious. The learning environment does not always provide the appropriate models for the "development8(i1w)e tim()]12(pria)4(ta)

THE CANADIAN CO-INFECTION COHORT:

A SABBATICAL IN
VICTORIA

Dr. Christina Haston
Associate Professor based at

THE GLEN SITE: A PERSONAL VIEW OF AN IMPERSONAL PROBLEM

*Dr. Joyce Pickering
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There have been many different challenges for our collective academic and service activities as a result of the move to the Glen. These have varied from the amusingly annoying (such as being locked in the stairwell) to the dangerous (such as lost lab specimens or lack of effective notification system for test results). The laboratory difficulties have affected services based at the MGH site as well as at the Glen site. Balancing off these problems have been the inpatient rooms at the Glen site – they are a huge improvement, appreciated by patients, families, and staff.

However, a challenge for the Glen site that some of us did not anticipate was the general sense of impersonalization. Part of it is architectural - large, clean, open spaces with no green plants, part of it is that it is not completed – lack of any place yet to even buy a coffee other than the large, crowded cafeteria, and some of it is in the name of efficiency – large polyclinics. The restrictions on personalizing office space are puzzling- although it is reasonable to have some limits, the idea that people cannot hang pictures or bulletin boards in their workspace makes no sense.

More importantly, patients have noted to me the difficulty in getting through and speaking to a person – a clerical worker, nurse or doctor. The Appointment and Referral Centre (ARC) is doing yeoman's service in picking up the phone (patients calling the ARC in June waited an average of only 19 seconds to speak to a person) but the ARC is just that – a centre that books appointments. It cannot substitute for a doctor or nurse's office where the patient calls with a question, concern or a request to be seen urgently. Assigning specific clerical staff to specific patient populations ("back of house staff") is one way that we have tried to personalize care in the outpatient setting.

Many of the people working at the Glen are the same as those who were working at the old RVH/MCI sites or MGH previously, and they care about providing a personal connection. So what's the difference? The difference is that the physical and organizational structure makes it more difficult to provide this. In all our dealings with patients, but particularly when we are involved with decisions about organization of services, we need to bring to the table the issue of personal connection and advocate

FULL PROFESSOR PROMOTIONS

Dr. Todd McConnell, Associate Professor and former Physician-in-Chief of the Department of Medicine at St. Mary's has now an award named after him: The **Todd A. McConnell Award for Excellence in Patient Care** in recognition of his excellence. The inaugural award was presented to **Dr. Bruce Campbell**, Assistant Professor in the Division of General Internal Medicine at St Mar

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Please address questions or comments regarding the newsletter
to josee.p.cloutier@muhc.mcgill.ca.

The Department of Medicine's number of successes is prolific. Although every attempt is made to acknowledge them all at the time we go "to press", some announcements may be delayed. Do not hesitate to contact us to let us know of your successes.