

Residency Advisory Committee Meeting
December 19, 2012

General: On December 19, 2012 at approximately noon Dr. Paulette S. Wehner along with residents and fellows from multiple programs at Marshall University met in the Cabell Huntington Hospital conference room for meeting of the Residency Advisory Committee.

Dr. Hoyt Burdick representing Cabell Huntington Hospital was the first to talk. Dr. Burdick made it known that the hospital is quite proud of the work that the residents and fellows do in general. He was open to questions at that time. He said there were concerns prior to that about parking. There has been concerns in the past about not enough parking during peak hours such as conferences for both surgery and the general university. He will talk with appropriate personnel concerning possibly having more parking spots. He will also talk to security about monitoring people parking inappropriately in the resident's parking lot. There were concerns raised about cafeteria once again. Once again, those foods available in the physician's lounge which is known, however, at times it can be suboptimal. He will once again attempt to open up more robust hours for the cafeteria in general. There was also a discussion once again about the residency lounge. This has been an issue that Dr. Wehner and Dr. Burdick have worked on for quite some time. There has been space allotted in the old neonatal intensive care unit, however, the go-ahead planning and funding for this is yet to be determined.

VA MEDICAL CENTER:

The first hospital addressed in general was the VA Medical Center. The facility in general is only visited by the endocrinology, pulmonary, cardiology, surgery, and internal medicine residents. There are overall no new concerns at the VA medical center. Once again, Dr. Breaux has moved forward with opening of a lounge. This is currently being constructed in the general cardiology space. It is to be opened toward the end of January. Once again, if food has been an issue there which will hopefully be aided by the lounge. The goal is for the lounge to have a supplied fridge for residents and fellows. However, there was an issue with bag lunches. Surgery has had some changes made to their call schedule and the lunches have been moved to the internal medicine call room. Surgery was unaware of this and was updated about this at this time.

ST. MARY'S MEDICAL CENTER:

The next hospital of concern was St. Mary's Medical Center. Once again, the same residents and fellows that visit the VA Medical Center visit the St. Mary's facility. The food in general has been a concern just because of the cost of food and the amount of meal cards that are given. There was a concern of call space at that facility. Internal medicine did have a general conference room along with two call rooms in the past; however, the two call rooms recently have been taken away and they only have the general conference room for use to take calling. Cardiology's call space dilemma was discussed. Multiple colleagues have met with Dr. Taylor and it has felt that there is possibly a call room space across from the cardiovascular ICU. However, this is felt to be HIMG's call space. There will be further fact finding information gathered around this.

CABELL HUNTINGTON HOSPITAL:

The next discussion was in concern of Cabell Huntington Hospital, the facility with which all of the residents and fellows are involved in. There was concern about certain call rooms being able to be locked from the inside. This mostly involves pediatrics. This was a new concern for security issues. There were also issues concerning nursing care. Apparently, the neonatal ICU has been with the lack of staffing and the pediatric wards in general. This has caused pediatric residents to not have as much exposures as they had in the past. As a result, the surgical cases for the surgical team have also been decreased from pediatric perspective. From an OB/GYN concern, they do not have the appropriate gloves that they had in the past for their cases. Family Practice is also having concerns over enough room in their conference room for the amount of residents and students they have on daily rounds.

GENERAL DISCUSSION:

The next and last topic of issue was the discussion of medical students. It has been voiced from multiple different areas in concern to the students. The residents were generally unhappy with the quality of the medical students at the facility. It is felt that the medical students have a lack of responsibility and concern for their educational responsibility. It is felt that the medical students do not want to take on the responsibility nor the care of the patients and are more concerned about what is on their evaluations than working to get good evaluations. This is voiced by many of the members there on that day. It is felt that it is the general attitude and sense from the medical students that they really think that the education should be given to them and their work is not a necessity to earn that education. This was voiced by several examples of comments students have given to residents and fellows throughout the last couple of years. It is felt that this likely starts at the first two years of medical education and has filtered its way up to the third and fourth years of clinical rotations. It is also felt that the medical students in general are taken out of the clinical environment more and more due to conferences and meetings and overall miss the amount of clinical exposure that they had in the past. This is also seen by lack of clinical exposure during the first two years and has overall led to less qualified medical students at the completion of their training here at Marshall University.

At this point, further questions and concerns were asked for and the meeting was adjourned.

Dr. Chris Adams Chairman, Residency Advisory Committee	Date
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Paulette S. Wehner, M.D. FACC, FCCP, FACP DIO, Senior Associate Dean for GME Marshall University School of Medicine	Date
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