**General Announcements**

* Call for curricular proposals: Please write up and submit any proposals you have to change the curriculum for the 2014-2015 academic year to the RLG by November 1st. Feel free to work with any of the chiefs in developing your ideas or the actual proposal-writing. There are examples on the wiki of past proposals.
* In Service Exam: Oct 21st-25th. If you have been contacted by Abby to chose your day, make sure you have submitted your request to Tami. If you haven't been contacted, your exam day will be worked into your schedule by the department in charge of your rotation (OB, inpatient, etc), and will be notified at the start of Block 5.
* Scrubs: The residency is buying us scrubs! Sample sets are on their way, so we can try on sizes and choose a color. Stay tuned - you will get an email when they arrive and you can check them out in the Residency Lounge.
* Reimbursement: Please check with the residency office before spending your own money on a project that you want to get reimbursed for. There may or may not be funds available to pay you back.

**Scheduling**

* If you are sick and cannot make it to your shift, or have to leave early, please call Jim so he can arrange for coverage that day, if possible, and for subsequent days you may be out ill.
* Requests Blocks 7 and 8 will be coming out soon. These blocks cover Thanksgiving, Christmas and New Years, and will likely be very challenging to schedule. Any flexibility is much appreciated. Reminder: if you are on inpatient and have not been scheduled for call (HO, ICU, etc.) on a particular holiday, you may still be required to round on your service. Plan accordingly.
* Jim need retreat dates for Interns and 3rd years by the week of September 16.

**Inpatient Announcements**

* Code Blue Team: Due to the concern that crowding during code blue's negatively affects patient care, the code blue team has started assigning name tags to the people expected to go to each code during each shift. They have decided to limit the number of residents allowed in each code to three. While we will have a schedule for who wears the name tags each day, as a residency we will function more realistically on the agreement that the first three residents who get to a code will join in, and any additional residents will stay in the hall. Only residents on inpatient and not going to clinic will be expected to go to codes. (I.e., don't run from PBL) The primary resident will always have priority. The ICU resident is likely to get to any ICU codes first, so will also have priority in the afternoons. The formal schedule for name tag-wearing will be posted in the ICU workroom.
* AIMS: The AIMS service has lately become a bit of a rock garden, and the attendings on the service would appreciate efforts to avoid this problem. Many of their long-term patients were re-distributed at the start of this block, and we ask that if over the course of any block the AIMS service starts to collect long-term patients (out of proportion to the resident services) that similar efforts to re-distribute occur at each block change.
* Pharmacy changes to pain med orders: Recurring doses of high-potency pain meds (morphine, dilaudid, methadone) can now only be ordered using the "High Potency Pain Med" order set. A regular order (not an order set) can only be used to order one-time doses of these meds.
* RRT Policy: Changes are being made to the RRT policy to include calling a physician more regularly. From 8am-1pm this will be the primary resident, from 1pm-5pm the ICU resident, and from 5pm-8am the NHO. This will hopefully avoid the now-common problem of RRT's happening on our patients without our knowledge!
* Hospital Pilots: Welcoming Policy - the hospital will be piloting a program to keep the lobby open 24 hours a day, and allow visitation 24 hours a day. A guard will be present in the lobby to sign in visitors and escort them to their loved ones. Overnight staff safety will be a priority in making sure this goes well. Virtual Visitation - in the near future a WOW on each ward will be dedicated to using Skype to allow patients to communicate with loved ones who cannot physically visit.

**CHO announcements**

* Flu shots: CHO needs proof (including signature and dates) of flu shots for all residents rotating there. If CCRMC residents get it while at CHRCO, ask for a copy of the sheet and bring it to Eileen. She will then make a copy/scan it, and send to Candy at the CCRMC infection control office. Candy generally sends out reminders to residents in advance of their CHO rotations alerting them that they need flu shots/PPD’s so pay attention to her emails..
* EPIC go live: CHRCO is going LIVE on 11/5/13. Everyone will do some training BUT- since we already have EPIC it will most likely be minimal, with a 'test-out' ("Epic proficiency test") situation. Everyone is REQUIRED to complete this before their first shift that starts November 5th or after. CHO is working now on getting those who are working during that week trained early. Eileen will have more information soon.
* NOTE: If you can get here early to get your badge let Eileen know! They’d prefer knowing more than 1 day beforehand so they can set you up at the same time for doing the 'test-out'. This way you will be ready and ok'd to work on your first day.
* Datasheets and checking in. Message from Eileen: “Your residents are fabulous! Please send my thanks for the early check ins, badging early, communication and all-around fabulousness. Thank you all for helping make it smooth for their first days. I know I certainly appreciate it! Plus, if I have their packets early, I'm trying to put password requests in a little earlier so they don't have to wait 24 hours after they get here. (It doesn't always work...)”

**Epic announcements**

* Please read the emails Kim sends residents.
* Med Rec revamp is going live soon, probably within a week. Kim reviewed the changes with us in the ccLink training environment. They include improvements to admission and discharge medication reconciliation so that meds which are errors will be deleted and not appear on the discharge med rec.

**Curricular announcements**

* PBL attendance policy has altered slightly: you will be required to do an extra short call (HO/admit) if you miss two PBL’s within 6 months (and another if you miss 3-4 PBL’s). After 6 months, the tally will reset.
* Soon, the PBL location will change to the conference room in the public health building which can accomodate a larger group.
* Evaluating faculty: While the last block is fresh in your mind, we want to encourage you to submit evaluations of your preceptors in any clinic (including FMC, clinics, med outpatient) and your inpatient (OB, EM, etc) registrars. People rarely complete these feedback forms and it's the ONLY way we can get feedback to faculty on how to improve their methods or to remind them of the things they are doing well (and why they should stay at ccrmc!). To do this: Go to New Innovations, Log in, Scroll down the page about half way and there is a link on the left that says "Choose a person or rotation to evaluate" (click on this). The next page has a bunch of links to choose from regarding what type of evaluation you're looking to give; choose the one that best fits. Once you've completed the eval there is a box at the bottom that you can check to make it anonymous. It's your choice whether or not to click that box but it will probably make you feel better to do so. These evals go to the departments not the individuals so it's not like they will immediately know who submitted them, unless you want them to.

**Recruitment update**

More people are needed to host dinners during interview season, and to provide housing for applicants and clerks. Please contact Ashley regarding dinners and Courtney regarding housing.

**Pain medicine curriculum**

Courtney is working with a team of people including Dr. Boly to evaluate and improve our pain medicine curriculum and standard of care for patients taking opiate medications. Please take the survey that she emailed to us.

**Felicia Tornabene, Pilot Update**

The pilot involving closing the ICU will be pushed back to a date TBD. It will not occur blocks 6-7. Felicia and the planning committee are taking a step back to make sure the design of the pilot appropriately addresses the goals it was set to achieve. This cannot be realistically done in time for block 6, so it will be delayed for now. Stay tuned! You will be updated regularly by Abby as soon as any new information is available. Feel free to email the chiefs with your concerns, questions, and feedback.

**Efficiency workshop**

Brian and Kim led a workshop with tips on efficiency, focused during this session on rounding efficiently. Please contact Kim for slides if you would like to review what was discussed.

**Program Director Update**

Kristin discussed the period of change that the residency and the county system as a whole is experiencing right now. This is the BEGINNING of a process that is dynamic. There will be lots of talk and rumor and it is most important we (residents/residency leadership) are on the same page about what is indeed fact vs fiction as we move forward. Unfortunately, change is a part of our reality so we need to think dynamically and we do not have the luxury of status quo in healthcare these days. For residency leadership, the intention behind these changes is always to improve resident education. One change being considered now in an effort improve ambulatory education is to create an FMC 1 block (which may replace an inpatient block during intern year). Stay tuned for more information as we move forward. Continue to give your input and feedback - it is valued.