Dr. Nicholas Dainiak, Chief of Medicine for Bridgeport Hospital and tonight’s host, began the meeting by welcoming everyone and introducing Dr. Asghar Rastegar, Associate Chair of Academic Affairs for Yale’s Department of Internal Medicine.

Dr. Rastegar began by distributing a list of topic suggestions for the next Annual Retreat to be held October 22, 2008. The recommendations included subjects such as “patient-focused training and care”, “revisiting core competencies”, “new models of ambulatory education”, and “clinical decision-making”. The latter drew the most attention from the group. Discussion followed about possible speakers, and Dr. Rastegar encouraged everyone to contact him via email with their suggestions.

Dr. Silvio Inzucchi, YAHP Director, took the podium for a few short minutes to announce that the new 2008 Diabetes Facts & Guidelines booklets were in, and to let us know if you would like some copies. Dr. Inzucchi also reminded everyone to be sure to attend the YAHP Faculty Development Seminar to be held at the School of Medicine campus on Thursday,
May 8 (6:00-8:30pm). Dr. Donna Windish is providing a mini-seminar on “Statistics for the Teaching Physician.” If interested in attending, please contact Tracy, who will also be sending out more emails in the future. Chief residents are also welcome. Buffet dinner will be provided.

Dr. Rastegar then gave an overview of the residency electives at Yale, citing Barbara Wanciak’s presentation from the February luncheon meeting. He pointed out the increasing popularity of 2-week blocks among residents, and how almost all Affiliated residents who apply for an elective receive their first or second choice. Dr. Inzucchi mentioned that PGY1’s now had the option to do an elective rotation in April, May, or June. This is a new aspect of the program that was just instituted for the current academic year.

Tracy Crosby, YAHP Coordinator, briefly explained the new process for elective registration. Historically, there was a paper electives request form that was completed and handed in to Barbara Wanciak (this was in addition to the Y-NHH and VA hospital registration forms, which are still required). She, in turn, had to enter the information from the hard copy into her database. We are now developing an on-line process using E*Value. The residents will receive notification of a pending file, which is a form with text fields (for name, phone, etc) and two dropdown fields: one for electives and the other with the specific Affiliate’s block dates. The resident can enter up to 10 elective preferences with corresponding block dates. In order to keep the Program Directors and Program Coordinators informed, before any schedules are made, we will be providing reports to the programs on which electives the residents are requesting. Program Directors will be asked to ‘sign off’ on the requests before the process is completed. Please keep in mind, however, that the additional registration applications for both Yale-New Haven Hospital and the VA hospital are still required, and these remain in paper form.

Dr. Rastegar welcomed feedback from the group, and the response was positive. The general feeling was that this should minimize some work for both the Affiliates and Yale, while allowing the Directors and Coordinators to properly oversee their residents.

Dr. Dainiak next introduced tonight’s speaker, Dr. Gil Lancaster. Dr. Lancaster raised the question of whether medical education adequately prepares trainees to go into private practice. He presented his own work on this topic – a self-evaluated survey given to practicing cardiologists in Connecticut and also to fellows in training. As there appears to be a growing dissatisfaction with medicine, especially among private practitioners, the question of whether there is a connection between training experience and career satisfaction seemed obvious. What Dr. Lancaster found was that while most were satisfied with the training they received, they still felt that there was a lack of exposure to the ‘nuts and bolts’ of having and running a private practice. These data might lead to the incorporation of specific elements into subspecialty training programs especially geared to those entering practice. Lively discussion ensued, with comparisons to other professional fields (dentistry, law). The question of whether residency and fellowship programs should be teaching the “business side” of medicine was raised.

Dr. Dainiak brought the meeting to close at 8:50pm.