

## PGME COMMITTEE MEETING MINUTES

	<b>Date:</b> Wednesday, Feb. 9, 2022	<b>Time:</b> 07:00 – 08:00	<b>Location:</b> Virtual
<b>MEETING CALLED BY</b>	L. Champion, Associate Dean, Postgraduate Medical Education		
<b>ATTENDEES</b>	<p>P. Basharat, V. Beletsky, P. Bere, M. Bhaduri, R. Butler, L. Cardarelli Leite, K. Carter, A. Cheng, J. Copeland, S. Dave, G. Eastabrook, S. Elsayed, K. Fung, A. Grant, J. Granton, D. Grushka, A. Haig, C. Hsia, N. Huda, A. Huitema, Y. Iordanous, H. Iyer, S. Jeimy, A. Kashgari, J. Laba, D. Laidley, S. Lam, Y. Leong, P. Leong-Sit, A. Lum, S. Macaluso, M. Marlborough, D. Morrison, ML. Myers, C. Newnham, M. Ngo, S. Northcott, M. Ott, M. Qiabi, K. Qumosani, P. Rasoulinejad, J. Ross, B. Rotenberg, V. Schulz, M. Sharma, P. Stewart, V. Stratton, P. Teefy, J. Thain, L. Van Bussel, T. Van Hooren, J. Van Koughnett, J. Walsh, P. Wang, M. Weir</p> <p><b>Hospital Rep:</b> R. Caraman, <b>PA Exec Reps:</b> C. Kinsman, <b>PARO Reps:</b> R. Barnfield, R. Woodhouse; <b>Guests:</b> P. Morris, B. Ferreira, S. Ibdah</p>		
<b>REGRETS</b>	S. Venance, J. Vergel de Dios		
<b>NOTE TAKER</b>	Andrea Good, andrea.good@schulich.uwo.ca		

### CALL TO ORDER (7:00 AM) & APPROVAL OF AGENDA/MINUTES

<b>DISCUSSION</b>	<p>Agenda Additions:</p> <ul style="list-style-type: none"> <li>▪ OMA Announcement</li> <li>▪ CaRMS Reminders</li> <li>▪ NAC OSCE Update</li> <li>▪ New wellness initiative</li> </ul> <p>Motion to approve agenda: H. Iyer, seconded by B. Rotenberg; Approved.          Motion to approve Jan. 12 minutes: K. Qumosani, seconded by S. Northcott; Approved.</p>
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### ANNOUNCEMENTS

L. CHAMPION

<b>DISCUSSION</b>	<ul style="list-style-type: none"> <li>▪ <b>OMA Announcement:</b> Congratulations to Dr. Andrew Park from Schulich's Emergency Medicine Division, who has been appointed as the new President-elect of the Ontario Medical Association. Dr. Park has developed and is leading the new 'Leadership Certificate' course which has been very well received by our residents.</li> <li>▪ <b>Welcome to new Program Directors:</b> <ul style="list-style-type: none"> <li>▪ Dr. Yvonne Leong – Obstetrics &amp; Gynecology (Interim) PD until December 2022.</li> <li>▪ Dr. Mousumi Bhaduri – Diagnostic Radiology PD</li> <li>▪ Thank you to our previous PDs, Drs. E. Lovett and S. Pritchett, for their hard work in the role.</li> </ul> </li> <li>▪ <b>2023 R-1 Match Timeline Briefing Note:</b> <ul style="list-style-type: none"> <li>▪ The 2023 R-1 match timelines have been set by the AFMC. A request from PGME to UME Deans nationally was made to advocate for a pre-COVID timeline. UME has advocated for a continuation of the compressed dates. The result was a "compromise" decision.</li> <li>▪ CaRMS has provided a briefing note about the implications of the 2023 timelines:                     <ul style="list-style-type: none"> <li>▪ There will be insufficient time for data exchange with the US NRMP to prevent applicants from matching in both Canada and the US. A</li> </ul> </li> </ul> </li> </ul>
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solution could be a requirement for applicants to only enter into one match, which would be a change in match policy, but it is unclear whether the US NRMP will agree to this change, and it may be difficult to enforce or monitor. It will also have significant implications for our international trained medical graduates.

- CaRMS will not have the opportunity to perform checks on MSPRs or transcripts.
- There is insufficient time for document translation. CaRMS will only be able to translate reference materials (not MSPR or transcripts).
- L. Champion will provide more updates as they become available.
- **CaRMS Reminders:**
  - A reminder from the AFMC Board that there are no visiting electives for the class of 2023, as well as no virtual electives, virtual research electives, visits, or observerships. This might be subject to change. The exception may be if the home university does not have the ability to provide a particular clinical experience, which will not likely be the case at a large centre like Western.
  - Electives for our 2023 class within London, Windsor, Distributed Education, will continue.
  - B. Rotenberg: What is the AFMC's rationale? L. Champion: The current AFMC rationale is the uncertainty about electives occurring, the difficulties with COVID-19, and the attempt to make everything fair and equitable. S. Northcott: It is because of the difficulties with electives due to isolation requirements constantly changing, etc. For example, some programs in Western Canada are doing much of their clinical clerkships online and are struggling to find capacity for the own learners. L. Champion: Either all universities are able to offer electives or none in order to maintain equity. This will be reassessed and may change.
  - Applicant interview information has to be in CaRMS by Feb. 18. This process is mandatory as per the CaRMS Violation Policy. Programs can send a message to applicants selected for an interview, but CaRMS is not an interview scheduling tool. Emails will need to be sent regarding the interview information, but this must be after the applicant status has been assigned in CaRMS. PGME will be sent lists of programs that have not yet completed interview updates starting Feb. 15.
- **NAC OSCE:**
  - NAC OSCE results from 2020 were reported as "Superior Pass", "Pass", or "Fail". Applicants will not have a Supplemental Information Report (SIR) as a result. Please do not penalize CaRMS IMG applicants for their lack of SIR.
  - The March 2022 NAC OSCE has been postponed by MCC to May 2022. The exam is also scheduled for September 2022.
- **New wellness initiative** (in Otolaryngology – Head and Neck Surgery):
  - Group sessions with a virtual personal trainer have been organized. The program is called "Telemedicine Residents and Consultants Heartpump" (TRACH).
  - They have held four sessions so far with another five scheduled; one hour on the weekend with all staff and residents invited. It has been well-received.
- **Residency Allocation:**
  - The Residency Allocation Subcommittee will be meeting in late April or early May. A reminder that the Terms of Reference and procedures for the Subcommittee have been updated.
  - For PGY1 programs and CMGs, a voluntary document can be submitted to PGME by PDs to advocate for maintenance of their program's residency numbers. The document (max 2 pages) should provide evidence of program excellence and social accountability. This is not mandatory but could be helpful for your program. Submit by end of March.
- **CanPREPP Website:**

- The national calendar seems to be useful for applicants; however, the calendar will be revised to have improved formatting and the ability to provide registration links. This will be available in the next update.
- Program Directors and Administrators can now make changes to their program profiles and can submit them for publishing. No additional approval is required.

COVID-19 UPDATE

L. CHAMPION

DISCUSSION

- Numbers are decreasing in hospital and intensive care. Directive 2 is now in effect, which allows for increased surgical and ambulatory volumes. Human resources continue to be a limiting factor. Modeling suggests that COVID-19 numbers may plateau with a delayed increase in March.
- Many people are burned out and we do not yet know the impact on our children, grandchildren, etc. The healthcare system was operating above capacity before this pandemic so we will likely be feeling the impacts of it for years to come.
- M. Ott: A general comment – as we transition to the post-COVID world, there is talk of increased surgical volumes beyond 100%. I want to comment generally to ensure we advocate at the institutional level that increased volume with stretch house staff thin and there will be clinical care requirements that extend beyond the current resident numbers. If we reduce resident numbers and increase clinical volume, we will need to obtain more staff to fill gaps. This needs to be considered across the larger institutions. L. Champion: Agree. Unsure of how we are getting through the backlog. There are discussions of increasing resident numbers, but we are unsure if we have the capacity to supervise and provide education, etc.
- N. Huda: I am currently on the COVID-19 ward at University Hospital and this pandemic is not ending in March. The ward is still taking in community and outbreak patients, and ICU transfers. The Department of Medicine (DOM) is requesting backup scheduling for physicians and fellows into the end of May. City-wide coverage from DOM has consisted of a very similar pool of volunteer residents and fellows. Those same people continue to be asked back to the wards as volunteers because they have consistently said yes and are now getting burned out. It is demoralizing as we are not adequately resourced and there is no exit plan. The COVID-19 units at UH and VH are extending into March, so in the sense of collective mental wellness and resilience, it would be helpful if other programs requested their trainees provide one week of service on these wards.
  - D. Morrison: It would be helpful to have more clarity around volunteering expectations. I have spoken to my residents and as a division we have signed up for five weeks of coverage with seven residents (some have stayed back to support Endocrinology). If we are not pulling our share, please let me know. If other groups are not, then we need to lean on those programs a bit more. P. Basharat: Agree that more clarity is required.
  - L. Champion: Some internal medicine subspecialties who have their exams in the fall, and are more outpatient orientated, would be able to provide support. My communication to residents has been that it is voluntary because the MRRP is voluntary, but we do have redeployment guidelines that we can lean on if needed. **ACTION:** L. Champion will speak to Dr. J. Calvin (DOM Chair/Chief) to expand the pool and to provide more communication for all programs.
- The MRRP is in effect until March 31. If we are in a plateau, the MOH will likely extend the MRRP, but extension is uncertain at this time. H. Iyer: Is it only ministry-funded residents who can sign up for these weeks? L. Champion: Yes, because our ISR candidates have specific funding from their country, and it creates tax implications. PGME has sent an ask to all sponsoring bureaus to ask them to allow their trainees to participate and to fund in a model similar to the MRRP. Hopefully, some bureaus will support this ask.

PARO UPDATE

R. WOODHOUSE

<b>DISCUSSION</b>	<ul style="list-style-type: none"> <li>▪ This week is Resident Doctors Awareness / Appreciation Week and we are dropping off treats for all residents at the Medical Affairs bulletins at UH, VH, Parkwood, and SJHC. We will be in Windsor next week to drop off treats, and some distributed sites as well.</li> <li>▪ Next site meeting is Feb. 24 and will start to plan for medical student outreach and PGY1 orientation.</li> </ul>
<b>WINDSOR UPDATE</b> <span style="float: right;"><b>L. JACOBS / A. MULLEN</b></span>	
<b>DISCUSSION</b>	None provided
<b>EXAMS UPDATE</b> <span style="float: right;"><b>L. CHAMPION</b></span>	
<b>DISCUSSION</b>	Confirmation this week from the CFPC and Royal College that exams are proceeding as scheduled
<b>STANDARD 9 REVIEW</b> <span style="float: right;"><b>A. GOOD</b></span>	
<b>DISCUSSION</b>	<ul style="list-style-type: none"> <li>▪ Standard 9 is still relatively new in the context of accreditation. Many programs are doing program evaluation (PE) and continuous improvement (CQI) work but are unsure how to capture it for the purposes of accreditation. Other programs are unsure where to start.</li> <li>▪ Standard 9 states that programs must show continuous improvement of their educational experiences to improve the residency program and to ensure residents are prepared for independent practice. This is following a plan-do-study-act (PDSA) cycle.</li> <li>▪ To meet this standard, programs must ensure there is a systematic process to review and improve the residency program; there is a range of data and information reviewed to inform the evaluation and improvement of all aspects of the residency program; and, based on the data, that strengths are identified, and action is taken to address areas for improvement (AFI).</li> <li>▪ A “systematic process” means that programs are proactive about PE and CQI, that it is scheduled, comprehensive and documented. Most of the PE/CQI work that is done in programs is reactive. Reactive improvements are still important and should continue; however, proactively reviewing all aspects of a program allows issues to be caught that may have existed under the radar. Documentation is critical for accreditation – if it is not documented, it does not count.</li> <li>▪ A range of data must be reviewed (directly from 9.1.1 and 9.1.2): competencies/objectives and residents’ achievements of competencies; learning environment (including hidden curriculum); resources available to the program; resident assessment data; teacher evaluations; learning site leadership (if applicable); and policies and processes. Sources of data should include residents, teachers, admin personnel and PGME office data (i.e., internal reviews, EPA reports, resident reports, etc.).</li> <li>▪ Identified areas for improvement must be acted upon (9.1.3). Action plans must be timely, relevant, widely shared to residents, teachers, etc. and evaluated for effectiveness. Action plans and their effectiveness should be documented.</li> <li>▪ Forums to discuss PE/CQI: <ul style="list-style-type: none"> <li>▪ RPC Meetings: Dividing the program into educational experiences, policies and processes, etc., and assigning each one to an RPC meeting. A reminder to follow up on previously stated action items at future RPC meetings using “business arising”.</li> <li>▪ Retreats: A half or full day annual retreat could be used by the RPC to get all PE review work done and develop action plans that could be followed up at the next RPC.</li> </ul> </li> </ul>

- PE Subcommittees: Some programs have developed subcommittees to delegate the work, and a rep from the subcommittee sits on and reports to the RPC. If programs are interested in going this route, PGME can provide TOR examples.
- PGME can provide templates to support your program with PE. A. Good will send them after the meeting. We also welcome you to contact PGME with for a consultation or to review any RPC minutes, policies, processes, etc. We will continue to provide EPA reports and conduct internal reviews to aid in the PE and CQI efforts of each program.

## WELLNESS AND LEARNER EXPERIENCE UPDATE

M. MARLBOROUGH

## DISCUSSION

- While programs might be creating initiatives or activities to support wellness, it is important to consider it through the lens of: *Wellness as a philosophy, not an activity. Wellness as a culture, not a program.* This is a paradigm shift. Activities and programs are important, but also shifting the paradigm is something we want to lean toward, especially in the culture of burnout and stress in which we all currently exist.
- Upcoming initiatives:
  - A few residents have come forward to look for resources to apply for staff positions. This has previously landed with programs to manage but I will be developing a resource folder for senior residents looking to apply for staff positions. It will include what to put in a letter of intent, updating CV from CaRMS days, and interviewing for staff positions.
  - Database of resources: Psychoed/self-help for various concerns (i.e., depression, anxiety, ADHD, etc.) and a list of therapists with attention to specific expertise.
  - PGME Resident Wellbeing Policy
  - AFMC PGME Student Affairs Network – over next few years, Learner Experience Offices from across Canada will be assisting with the AFMC strategic plan. They will provide best practices and tools to support learner wellbeing across the continuum, including the learning and work environment and looking at whether our ideas about what is possible aligns with the areas where the AFMC wants support.
  - Peer Support Program – S. Northcott has been creating a peer support program for undergraduate students, and Faculty Affairs has been successful with their peer support network. M. Marlborough will be feeling out whether a peer support network for postgraduate trainees will be meaningful.
- A reminder of wellness-related seminars/workshops, etc., available should you need it for your academic half days:
  - Imposter syndrome
  - Vicarious trauma
  - Coping with adverse outcomes
  - Relational stress and team conflict
  - Self-management and supporting peers in distress
  - Psychological safety in the learning environment
  - Fatigue management
- STRIVE (Simulation Training for Resilience in Various Environments) Pilot Study is ongoing (adapted from the Department of National Defense's Road to Mental Readiness (R2MR) program). Fundamental resiliency skills are taught and reinforced through experiential learning with high fidelity simulations accompanied by debriefing. If there is an effect on self-report resilience and the program is feasible, then it may be included in PGY1 onboarding and orientation for all residents in July.
- PGME has put a draft together for Fatigue Risk Management Guidelines that we will be circulating to the policy subcommittee and Learner Experience for feedback.
- A. Lum: We have a faculty development training program for peer support which can likely be customized for residents.

## HIDDEN CURRICULUM & BURNOUT UPDATE

L. CHAMPION

## DISCUSSION

- Hidden curriculum sessions and/or module information packages have been provided to many programs: pediatrics and pediatric critical care, obstetrics & gynecology, emergency medicine, nephrology, ophthalmology, surgical and surgical oncology, clinical immunology and allergy, anesthesiology, psychiatry. A reminder that the hidden curriculum module is available to all programs.
- Ask to PGME Committee: PGME is seeking new program leads and facilitators to join our hidden curriculum team. If interested, please email Bela Ferreira at: [bela.ferreira@schulich.uwo.ca](mailto:bela.ferreira@schulich.uwo.ca). Our current program lead, Robin Mackin, will help anyone interested in taking on the role.
- A hidden curriculum and burnout survey has been developed and will be discussed at the Policy Subcommittee. It is based on a validated survey from the UK. The survey is for all residents and fellows and will provide information on both burnout and the hidden curriculum.
- PGME Session Participation:
  - Your CPSO with Dr. Rob Gratton, 160 participants
  - Patient Safety Webinar (jouleCMA), 158 participants
  - EDID-I, You, Me, and Everyone. This Way Forward, with Dr. Melanie Katsivo, 30 participants.

## ADJOURNMENT (8:04 AM) AND NEXT MEETING

**Next Meeting: Wednesday, Mar. 9, 2022, 7:00 – 8:00 a.m., Virtual**