

PGME COMMITTEE MEETING MINUTES

	Date: Wednesday, Nov. 10, 2021	Time: 07:00 – 08:00	Location: Virtual
MEETING CALLED BY	L. Champion, Associate Dean, Postgraduate Medical Education		
ATTENDEES	<p>P. Basharat, V. Beletsky, P. Bere, R. Butler, L. Cardarelli Leite, K. Carter, J. Copeland, S. Dave, G. Eastabrook, S. Elsayed, A. Florendo-Cumbermack, K. Fung, S. Gryn, A. Haig, Y. Iordanous, H. Iyer, L. Jacobs, T. Khan, S. Lam, J. Landau, P. Leong-Sit, E. Lovett, A. Lum, S. Macaluso, M. Marlborough, C. Newnham, S. Northcott, M. Ott, S. Pritchett, K. Qumosani, P. Rasoulinejad, B. Rotenberg, G. Sangha, P. Stewart, V. Stratton, P. Teefy, L. Van Bussel, J. Van Koughnett, S. Venance, J. Vergel de Dios, M. Qiabi, M. Weir</p> <p>Hospital Rep: R. Caraman, PARO Reps: R. Barnfield, R. Woodhouse; Guests: P. Morris, B. Ferreira, S. Frisbee</p>		
REGRETS	A. Kashgari, M. Clemente		
NOTE TAKER	Andrea Good, andrea.good@schulich.uwo.ca		

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

DISCUSSION Agenda addition – COVID-19 Update

ACCOUNCEMENTS

L. CHAMPION

DISCUSSION

- **CSCI Resident Research Award**
 - Congratulations to Dr. Eric Walser for the Canadian Society for Clinical Investigation Award. Dr. Walser is a General Surgery resident transitioning into the Critical Care Program.
 - Study is entitled 'Standardization of opioid prescription after trauma (STOP-Trauma)'.
 - There were many exceptional award applications this year.
- **Competence Committee Retreat**
 - Hosted by PGME, Nov. 25, 9:00 a.m. – 12:00 p.m.
 - A debate is taking place on whether high quality data is the only thing required for the Competence Committee to be effective.
 - Learning objectives and a link to registration are available on the CBME website (hyperlinked above).
- **Art of Resilience Event: Reimagining the Future of Compassionate Healthcare**
 - Zoom webinar hosted by Shannon Arntfield, MD
 - Guest Speakers: Jillian Horton, MD, author of "We are all Perfectly Fine"; Ronald M. Epstein, MD, and Molly Peacock
 - Tuesday, Nov. 16 at 7:00 p.m., registration available in the hyperlink above.
- **Fatigue Risk Management Webinar: From Surviving to Thriving**
 - This is being hosted by the Royal College on Nov. 25, 1:30 – 3:30 p.m.
 - The session aims to provide postgraduate medical educators with an understanding of how Fatigue Risk Management (FRM) can be integrated within a residency program, by identifying available resources and sharing knowledge learned from two FRM projects.
 - Link to register [here](#).

	<ul style="list-style-type: none"> ▪ Town Hall with Jason Frank – Royal College <ul style="list-style-type: none"> ▪ There is an opportunity for all of our Program Directors, Program Administrators, CBD Leads and Competence Committee Chairs to ask questions and get answers from Jason Frank (Royal College Office of Specialty Education). ▪ This will be scheduled by Dr. Champion and the PGME Office. More details to come in the future. ▪ PARO Pandemic Pay Award <ul style="list-style-type: none"> ▪ Retroactive pay for residents who were in programs during the 2020-2021 academic year. This is in lieu of the pandemic pay that was being provided to many healthcare workers. ▪ The amount is approximately \$4,850. This will be the same for all residents. ▪ The Ministry of Health has forwarded the funds to Ontario Paymasters (LHSC) ▪ Distribution of funding is anticipated over the next month by LHSC.
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PARO UPDATE	R. WOODHOUSE
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DISCUSSION	<ul style="list-style-type: none"> ▪ R. Barnfield would like to welcome a new PARO rep to the Committee, Dr. Rae Woodhouse, PGY1 Paediatrics. ▪ The next PARO site meeting is on Nov. 25. Discussions will take place around how to increase visibility. ▪ One area that the PARO site team is actively working on is their call room review. This is an important process undertaken every year to assess call rooms and make sure they are up to date in terms of requirements laid out in the purchase agreement. Findings will be communicated to Medical Affairs. ▪ The PARO “Teaching to Teach” programs will be available soon. The program supports students in teaching their junior peer learners, patients, and patients’ families. PARO has also developed a half-day “Teaching to Teach” workshop, which is available to all residents from all universities and programs, and will provide a minimum standard of teaching skills to carry out their roles as teachers. Workshops are facilitated by trained residents, virtual format, launched 2016 and takes place at all six universities in Ontario. Sessions are still open for this year, and they are free to schedule for 2022 to 2023 as well. This will be advertised to residents soon. R. Woodhouse will send additional information for A. Good to circulate after this meeting.
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COVID-19 UPDATE	L. CHAMPION
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DISCUSSION	<ul style="list-style-type: none"> ▪ Booster shots are available for healthcare workers (third dose) if the second dose was administered at least six months ago. Boosters are not mandatory from the hospital at this time. ▪ Provide receipts to Occupational Health at LHSC.
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WINDSOR UPDATE	L. JACOBS
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DISCUSSION	<ul style="list-style-type: none"> ▪ Booster shots are also available in Windsor for residents on rotation here. They can be completed at the mass vaccination clinics. Residents will need to bring their ID.
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CARMS PGY1 MATCH	L. JACOBS & L. CHAMPION
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DISCUSSION	<ul style="list-style-type: none"> ▪ Concerns have risen around Windsor campus students and their success during CaRMS match. There is a persistent perception and concern that students studying at the Windsor Campus do not have equitable CaRMS experiences. This is coming from recent match results, interest group Q&A session comments from certain programs, and local faculty (dis)engagement with resident selection. ▪ Reviewing the data, there are a few more percentage points of students doing family and internal medicine from Windsor (52% in family medicine and 19% in internal medicine over the last five years). This is at expense of surgical disciplines where only 8% of Windsor students have selected a surgical discipline (compared to 13% in London). There is a real concern around Windsor students matching to surgical programs.
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- Last year's match magnified the disparity between London and Windsor. About two-thirds of Windsor students ended up in Family Medicine when it was not their first choice.
- The perception about the Windsor campus is real whether or not the data supports it.
- L. Jacobs has an ongoing communication strategy with students, and there needs to be a clear agreement that Windsor campus students are Schulich students.
- There needs to be increased faculty involvement in selection (especially in high demand fields) where we have students rotating in undergrad. L. Jacobs appreciates faculty members who have already reached out, but he hope to make something more formal going forward.
- L. Jacobs will disseminate data comparing Windsor matches vs. first choice disciplines.
- M. Ott: How does this data reflect the changes and restrictions on electives? L. Champion and L. Jacobs: The restrictions were the same between the two sites so elective restrictions should not impact this data.
- L. Jacobs: There were more students that seemed to leave the province this match year where electives were limited, some concern was around programs where technical skills are more important, and there may be limited opportunities for students to show those skills. However, this problem will exist everywhere. We have a flawed match system that is not very transparent, and students often are unsure of what is valued so they come to their own conclusions.
- M. Ott: If we look at the data over a decade, it is clear that surgical disciplines highly value seeing students in person. This is supported by who was matched to a surgical discipline. If we reduce that time available for students to have electives, or where they can visit, it hurts the students in the match. Surgical programs are highly competitive.
- J. Van Koughnett: I support M. Ott's comments. I interact with all junior surgical residents in all nine specialties. There needs to be better faculty engagement with the PGME CBD so it trickles down to undergraduate students. Much of the time for some programs, there is no engagement with Elentra and it trickles down to how Windsor candidates might be viewed. Windsor faculty engagement is important.
- B. Rotenberg: ENT engagement differs with Windsor faculty vs. London faculty. I echo M. Ott and J. Van Koughnett's comments. All surgical Program Directors submitted a letter to AFMC about stopping electives because we worry about the impact on CaRMS match candidates.
- L. Champion: A reminder that Windsor and distributed students can move to all sites within Schulich's area. The current restrictions are on students from outside electives.
- M. Ott: But also our students cannot go other places either, but surgical programs intensely value their in-person interactions with students and it hampers their success at a match elsewhere.
- L. Champion: That effect is across Canada.
- S. Venance: Electives were not cancelled. Visiting electives were cancelled. The plan is for visiting medical electives to open this summer.
- S. Lam: L. Jacobs mentioned Windsor and London both being a part of Schulich, but this does not always play out with regard to faculty engagement. When Program Directors look at reference letters, it makes a difference if it comes from faculty that is known. We could do better to collaborate between London and Windsor (i.e. through joint rounds, etc.) to improve the engagement between the two campuses.
- CaRMS PGY1 2023 match timelines have been announced and is continuing with the compressed schedule, despite the lobbying by Postgraduate Deans on behalf of PGME offices and our programs.
- Reminders for the PGY1 match:
 - The same rules AFMC apply this year regarding virtual interviews.
 - Do not provide 'elective', 'weekend', 'research' opportunities, etc. Must be a level playing field.
 - Similarly, you cannot require a letter of reference from Western, nor require a letter of reference from a particular specialty.
 - More information [here](#).

RESIDENT TEACHER TOOLKIT**B. FERREIRA****DISCUSSION**

- An online articulate module for residents teaching other residents has been developed by PGME. PGME is looking at how to track it through our URL, so stay tuned for further information.
- This module has been revised from the University of Ottawa's module as a resource for teaching medical students. The module focuses on developing teaching and leadership, giving feedback quickly and in a clinical setting, and interpersonal skills development. Other topics include learner mistreatment and residents in difficulty.
- The module is almost ready for distribution, but it will have one more review with the RAC-CBME and then it will be distributed to all residents.
- This may become mandatory for all PGY1 residents beginning in July 2022 because 1) it will help new trainees with their teaching skills and 2) it supports UME accreditation.

CLINICAL TRANSLATIONAL SCIENCE**S. FRISBEE****DISCUSSION**

- The Clinical Translational Science program will be up and running very soon.
- Background for program development:
 - Responding to 21st century challenges of more demands, competition, information and tasks, coupled with less time and ability.
 - Collaborative teams have been developed to leverage and maximize expertise
 - CTS began about 20 years ago in the USA, EU and UK. Motivation for its development was more rapid translation of research into actionable and measurable benefits to population health (bench-to-bedside-to-community).
 - Three Canadian schools now have CTS programs. At Western, we have fewer programs designed for clinical trainees.
- CTS @ Western Goals: A comprehensive and interdisciplinary CTS Education and Training Program, including an undergraduate program, two graduate diplomas, and an MSc and PhD program.
- Program Components (Phase 1):
 - Graduate Diploma: 4.0 course credits, including a culminating project; two streams (1) applications to healthcare quality, and (2) applied translational research
 - MSc: 6.0 course credits, including a research-oriented culminating project
- Target students: clinicians, including but not limited to medical students, residents in CBME programs, fellows and faculty.
- Key features:
 - All courses are online, self-paced and asynchronous, modularized, and can be completed over two terms.
 - Aspects of each course can be individualized to a specific medical community.
 - Coursework and requirements are designed so that students can transition from a GDip to the MSc.
 - Milestones include participation in the CTS community/forums, a culminating project, and communication and knowledge translation.
- Implementing CTS:
 - An external review is complete and now the program must complete the formal review and approval process.
 - An external facing website will be available in December and recruitment will begin.
 - February/March: admissions portal
 - May: first admission
 - There have been lots of questions coming in about the program, including its integration with the MD+ program. They are looking into development.
 - They are also working on formalizing the program's committee admissions process and course development, etc.
- S. Frisbee welcomes clinicians who wish to contribute to the development of particular modules, or who have clinical input and expertise. This is a competency-based program.

- Link to the internal “open” OWL site is available [here](#). Please contact Stephanie Frisbee at sfrisbee@uwo.ca

RESIDENT REPORT PROCESS

L. CHAMPION

DISCUSSION

- The resident report process will be part of PGME’s internal review process through our internal review subcommittee.
- PGME will request residents to provide a report from their perspective every two years for each program.
- The programs will be staggered so they will be collected approximately every six months and reviewed by the Internal Review Subcommittee (IRC). Consideration will be given to scheduled internal and external reviews.
- The PGME response to the report, and how it’s relayed back to the program, will be flexible based on the report content, and feedback and preferences from the resident group. However, information from the report will be communicated back to the program in some form for CQI purposes.
- This is a pilot program for the first two years and will be adapted as needed.

RESIDENCY ALLOCATION SUBCOMMITTEE TERMS OF REFERENCE

L. CHAMPION

DISCUSSION

- We have 142 Canadian Medical Graduate positions each year for the CaRMS PGY1 match, down from 147. Each year, the residency allocation subcommittee is required to find five positions to take out of the match.
- Historically, it has been one from Internal Medicine, one from Family Medicine (due to program size and large number of transfers), and then three more positions from other programs, which can be difficult to determine. Historically, the three other programs were based on “it’s your program’s turn”.
- The revised terms of reference include a more explicit description around how the other three positions are chosen, and include guidelines for subcommittee member decision-making (including considerations such as social accountability, program excellence, health care needs, etc. rather than service requirements or just “it’s your program’s turn”).
- Motion to approve revised TOR: M. Ott; seconded by K. Fung. No comments or disagreements with changes. TOR approved

POLICY REVIEW

L. CHAMPION

DISCUSSION

- Fellowship Policy:
 - This is a new policy outlining all components related to a fellowship (i.e. registration responsibilities, application requirements, permit liability protection, immunization, etc.)
 - Fellowships are not accredited and therefore do not have the same oversight as residency and area of focused competence (AFC) training programs. It was apparent that there was misunderstanding over responsibilities, disparities in objectives and assessments, etc. This policy seeks to add some oversight, accountability, and consistency.
 - An objectives template is included as part of the policy that will be mandatory for all fellowship programs to complete.
 - A written assessment of the fellow is required at least every three months, and a template has been provided by PGME as an option.
 - The stipend has been increased from \$40,000 to \$50,000 which is still on the low side compared to other universities in Canada.
 - This has been reviewed by the Clinical Chairs Committee and they are supportive.
 - Question: Does this policy apply to trainees in a SEAP program? Response: no.
 - Motion to approve policy: M. Ott; seconded by K. Fung.
 - Policy approved. Next steps: ECSC review and approval.

ADJOURNMENT (8:00AM) AND NEXT MEETING

Next Meeting: Wednesday, Dec. 8, 2021, 7:00 – 8:00 a.m., Virtual