

## PGME COMMITTEE MEETING MINUTES

	<b>Date:</b> Wednesday, October 9, 2024	<b>Time:</b> 07:00 – 08:00 AM	<b>Location:</b> Virtual
<b>MEETING CALLED BY</b>	L. Champion, Associate Dean, Postgraduate Medical Education		
<b>ATTENDEES</b>	N. Adunuri, T. Awani, S. Blissett, P. Cameron, A. Cheng, M. Chin, M. Chiu, L. Diachun, D. Driman, A. Ens, A. Florendo-Cumbermack, D. Grushka, S. Gryn, H. Iyer, L. Jacobs, J. Jang, T. Jevremovic, M. Kahng, T. Khan, J. Landau, R. Leeper, K. Lotfy, A. Lum, S. Macaluso, K. MacDougall, I. Makar, W. McCauley, D. Morrison, V. Ng, M. Ngo, M. Nicholson, M. Phung, M. Qiabi, K. Qumosani, M. Rajarathinam, R. Reardon, J. Ross, H. Salim, M. Shimizu, R. Stein, P. Stewart, J. Thain, S. Venance, J. Walsh, P. Wang, C. Zeman, Q. Zhang <b>Hospital Rep:</b> K. Chan, A. Dukelow, D. McVeeney <b>PARO Reps:</b> A. Branch, M. Kirolos, P. Singh <b>Guests:</b> C. Anderson, P. Bere, A. Clemens, L. Curtis, C. Kitson, K. Lancey, D. Lewis, R. Liston, D. McLaughlin, K. Okonski-Scovell, J. Quesnelle, S. Taylor		
<b>REGRETS</b>	M. Myers, B. Rotenberg		
<b>NOTE TAKER</b>	Lindsay Curtis		
<b>1.0 CALL TO ORDER (7:00 AM) &amp; APPROVAL OF AGENDA, MINUTES</b>			
<b>DISCUSSION</b>	<ul style="list-style-type: none"><li>▪ Minutes approved.</li><li>▪ Agenda approved with a request for an update on the LHSC Workplace Violence Prevention training.</li></ul>		
<b>2.0 ANNOUNCEMENTS</b>			
<b>DISCUSSION</b>	<b>2.1 WELCOME TO OUR PROGRAM ADMINISTRATORS – L. CHAMPION</b> <ul style="list-style-type: none"><li>▪ To help improve communication and ensure consistent messaging, beginning this month Program Administrators will be copied on the PGME Committee meeting material.</li><li>▪ They have also been invited to attend meetings as optional guests.</li></ul> <b>2.2 WELCOME TO OUR NEW PROGRAM DIRECTORS – L. CHAMPION</b> <ul style="list-style-type: none"><li>▪ Co-Program Directors – Paediatrics<ul style="list-style-type: none"><li>○ Dr. Andrea Ens</li><li>○ Dr. Marta Wilejto</li></ul></li></ul> <b>2.3 PARO/OTH ARBITRATION AWARD – L. CHAMPION</b> <ul style="list-style-type: none"><li>▪ New contract includes a salary award with a retroactive pay increase, a call stipend increase, and improved vision and mental health care.</li><li>▪ As of October 2025, exception clause to 'home after handover' will be removed.</li><li>▪ New language clarifying expectations for resident hand overs; will not be required to complete tasks that can reasonably be expected to be performed by the incoming resident.</li><li>▪ Normally not required to be on call two consecutive weekends within the same block or within consecutive blocks within the same service (except where required to meet patient care responsibilities).</li><li>▪ OTH sites are required to have internet access and computers in call rooms.</li></ul>		

## 3.0 UPDATES

### DISCUSSION

#### 3.3 LHSC WORKPLACE VIOLENCE PREVENTION TRAINING – L. CHAMPION

- Based on the last update received, D. Driman advised that most physicians would not need to complete the in-person training, it will be converted to module based training; still some uncertainty if it would apply to all physicians and residents, or if training requirements would be discipline-specific.
- PGME will provide further updates once the training format has been finalized; previous recommendation to wait remains in place.

#### 3.2 PARO UPDATE – P. SINGH

- PARO thrilled to have been awarded three-year contract that brings salary increases, benefit improvements, and work hour improvements across Ontario.
- Western PARO team continuing to work with nursing colleagues on the non-urgent paging initiative that will address fatigue risk management and efficiency at work; contact the PARO reps if your department is interested in the pilot program.
- Working to organize events that support team bonding and connection; hosting PARO board meeting in London later this month.

#### 3.3 CBME & ASSESSMENT SUBCOMMITTEE – H. IYER

- PGME recently sent out an email to all CBME leads and CC Chairs inviting them to join the subcommittee; PDs are welcome, contact [Karen Lancey](#) if interested in joining.
- A copy of the RCPSC's 'What is CBD 2.0?' communication was distributed with the meeting material; it provides an overview of the lessons learned, the CBD Adaptions Plan, and the key improvements under CBD 2.0; PGME will continue to share updates and resources as they become available.

#### 3.4 ELENTRA: EPA MANAGEMENT – K. LANCEY

- The target for EPA expiry rates is 5% or less, but some programs are up over 20%; if a resident has triggered an EPA, it is the faculty's responsibility to ensure it doesn't expire.
- When an EPA is triggered, three actions are possible: delete it if it doesn't apply to you, complete it, or forward it.
- An EPA can be deleted by clicking 'Remove Task'; there will be an opportunity to identify the reason; typical reasons include not working with the resident or the EPA should have gone to someone else.
- If you need a reminder of the task you can click 'View Task'; within this view you can also forward task to someone else or delete it.
- Programs can monitor EPA status, including expired EPAs, by selecting Admin – Assessment & Evaluation.
- EPAs automatically expire 30 days after the initial trigger date; a reminder email is sent 7 days after the trigger date if the EPA has not been completed; if an EPA has expired and the program wants it reopened, provide [PGME](#) with the reason why, who it is for, and the EPA details.
- An Elentra Feature Flyer will be added to the PGME Elentra [page](#).

#### 3.5 RESIDENT ALLOCATION – L. CHAMPION

- MOH meeting October 2nd with PG Ontario; no additional funding for expansion has been provided at this time, and no timelines provided for what, if any, and when, funding might flow; provided information that FM/RC allocation is the goal, and that frontloading of RC programs acceptable if unable to increase FM positions due to capacity; however also implied that there is a 'cap' on RC programs at 40%.
- Western expansion by 2027: total of 50 positions; FM allocated 30 positions, no capacity; Royal College positions capped at 20 positions; Western will not be using 7 PGY1 positions as we have reached cap of 40%.

- 2023 allocation: Anesthesiology, Emergency Medicine, Internal Medicine, Physical Medicine & Rehabilitation, Psychiatry (3).
- 2024 allocation: Anesthesiology, Orthopaedic Surgery, Paediatrics, Diagnostic and Molecular Pathology, Psychiatry (2), Internal Medicine (2 - Windsor Campus).
- 2025 proposed allocation: General Surgery, Neurology, Otolaryngology - Head & Neck Surgery, Internal Medicine (2 - Windsor Campus).

### **3.6 IMPLICIT BIAS MODULE – L. CHAMPION**

- A new Bias in Postgraduate Trainee Selection module is now available for individuals involved in resident and trainee selection.
- The module is available on Continuing Professional Development's ['Anytime, Anywhere' Learning](#) page; no registration is required, completion not tracked.
- The link has been added to the PGME Selection Policy and the Resident and Trainee Selection Guidelines to Promote Equity, Diversity, Inclusion and Decolonization.

### **3.7 INTERNAL REVIEW SUBCOMMITTEE REPORT – L. CHAMPION**

- Since January 2023, 27 internal reviews have been completed; the following outcomes have been determined by the IRC:
  - Accredited program, follow-up by regular accreditation review: 13 programs
  - Accredited program, follow-up by APOR: 6 programs
  - Accredited program, follow-up by external review: 4 programs
  - Accredited Program on Notice of Intent to Withdraw Accreditation: 4 programs
- 23 additional internal reviews planned between Fall 2024 and Fall 2025, including the PGME Office (Institution Review).
- The IRC has recently approved the new Program Document Review process; this 'mini-review' or program check-in is based on documents which would be provided to the reviewers during the internal review process, but without the scheduled meetings or the need to complete CanAMS; process to start winter 2025 for select programs; outline of process distributed with meeting material.

### **3.8 GERIATRIC MEDICINE INTERNAL REVIEW – J. THAIN**

- Created a Program Evaluation Committee in May 2022 to help meet Standard 9; committee was very important when preparing for the review; used the PGME Program Evaluation Process Template to create a two-year review cycle (program resources and policies reviewed annually); helped identify gaps and documents not being reviewed; helped program update documents and also know where the documents were kept which is important for accreditation.
- Started prepping 9 months in advance; bi-weekly PD/PA meetings; PD entered responses into CanAMS, PA uploaded documents.
- Influenced by surveyor perspective presentation by D. Fortin at the March 2024 PGME Committee meeting, program strived to make responses and documents easy to read and well organized; formatted all documents to make them all the same font and same size; added date of last review and next review to all documents.
- Added a cover sheet for committee agendas and minutes which lists dates of meetings, meeting attendance, and regrets; followed same format for rotation objectives and assessment methods, combined each into one file with a cover sheet listing what was included in the file and date of last review.
- Organizational charts created for overall program, as well as each committee; charts all included photos of each individual.
- Created an Action Item Tracker to monitor action items from RPC meetings; clearly identifies action item, who is responsible, status, and outcome; distributed with RPC meeting material for members to review in advance of meeting.
- RPC reviews one rotation's goals and objectives per meeting; able to cover the majority over a two-year cycle; individual rotation goals and objectives documents include date of last review and date of next review, identifies EPAs that are achievable during the experience to show curriculum mapping has occurred, and lists relevant CanMEDS roles.

	<ul style="list-style-type: none"> <li>▪ In addition to providing CC report to residents, program uses the CC Meeting and Narrative to Resident function in Elentra; Chair inputs information after each meeting; included this information in the provided resident files to show CC communication during the internal review.</li> <li>▪ Top tips: start early and get organized, frequent communication with PA, know where your documents are, make things simple and clear, start a program evaluation committee.</li> </ul> <p><b>3.9 EXIT INTERVIEW TEMPLATE – L. CHAMPION</b></p> <ul style="list-style-type: none"> <li>▪ New template developed based on a request from the Resident Advisory Committee on CBME to standardize the exit interview process; template designed to be modified to reflect program-specific questions.</li> <li>▪ To ensure residents feel safe to provide feedback, distribute survey during the final month of training, once program requirements have been met.</li> </ul>
<b>4.0 NEW BUSINESS</b>	
	<b>L. CHAMPION</b>
<b>DISCUSSION</b>	<p><b>4.1 TERMS OF REFERENCE</b></p> <ul style="list-style-type: none"> <li>▪ Resident Advisory Committee on CBME: approval of TOR; updated based on regular scheduled review, minor language revisions. <ul style="list-style-type: none"> <li>○ Motion to approve revised TOR: approved by virtual vote.</li> </ul> </li> </ul>
<b>5.0 QUESTIONS &amp; ADJOURNMENT (8:00 AM) AND NEXT MEETING</b>	
	<b>Next Meeting: Wednesday, November 13, 7:00 – 8:00 AM, Virtual</b>