

## PGME COMMITTEE MEETING

Minutes	Date: February 14 <sup>th</sup> , 2018	Time: 7:00-8:00am	Location: HSA 101
Meeting called by	Dr. Chris Watling, Postgraduate Medical Education Associate Dean		
Attendees	G. Bellingham, A. Cave, G. Cooper, K. Faber, D. Farquhar, P. Gill, A. Haig, V. Hocke, N. Huda, S. Kane, S. Macaluso, M. Ott, M. Prefontaine, J. Ross, B. Rotenberg, G. Sangha, A. Sarpal, V. Schulz, M. Sen, M. Taabazuing, G. Tithecott, T. Van Hooren, S. Van Uum, J. VanKoughnett, J. Wickett, A. Yazdani; PARO Reps: C. Just; Hospital Rep: M. Doherty Nielson; P.A. Exec Rep: L. Dengler; Guests: C. Anderson, J. Binnendyk, J. Sischek, S. Miodiszewski		
Note taker	Courtney Newnham, Courtney.newnham@schulich.uwo.ca		

### Agenda Topics

1. CBME PROGRESS REPORT		Dr. Watling
Discussion	<ul style="list-style-type: none"> <li>. If a resident wants to transfer from a non-CBME program to a CBME program or from one CBME program to another, it puts pressure on the accepting program to do some kind of assessment to determine where a resident stands</li> <li>. If a transfer request is granted, the Competence Committee (CC) will assess the resident's training profile to date and determine evidence for achievement of TTD and foundations EPAs</li> <li>. PDs may use their discretion to determine how they want to accelerate the processes in assessing candidates and it will allow a PD to accelerate a resident's progress if s/he has had relevant training</li> <li>. Dr. Watling is happy to be involved and discuss with PDs if they are interested in accepting a transfer</li> <li>. Waivers of training have been based traditionally on time-based training; however, for CBME programs, if a resident has taken a leave of absence during his/her training, signing off on a waiver will be based on whether a resident has met his/her EPAs</li> <li>. Waivers are only done during the last year of training but the RCPSC will be less strict on time requirements</li> <li>. Please note that waivers are only to forgive time on a leave that would have extended training</li> <li>. It will not be possible for residents who have met all of their EPAs prior to the end of their training to finish the program early</li> <li>. The RCPSC has used a hybrid model that time is a resource for completing EPAs and if you complete all of your EPAs, you use the remaining time to continue to develop skills in a particular area; time isn't the organizing principle but they should not anticipate finishing sooner</li> </ul>	

	<ul style="list-style-type: none"> <li>. There was confusion over the messaging to programs and residents regarding the length of training from the RCPSC; Dr. Watling to clarify the message and report back to the PGE Committee</li> </ul>
<b>2. ACCREDITATION UPDATE</b>	
<b>Dr. C. Watling</b>	
Discussion	<ul style="list-style-type: none"> <li>. A Mock Accreditation (or external review of the institutional standards) is taking place on February 27<sup>th</sup> and 28<sup>th</sup>, 2018</li> <li>. The reviewers will be meeting with this Committee on February 28<sup>th</sup>, from 8-9am in HSA 101</li> <li>. Scripts or answers will not be given as the intention is a formative process</li> <li>. Please share positives as well as areas for improvement</li> <li>. On June 12<sup>th</sup>, 2018, the RCPSC and CFPC are coming for the first pre-survey visit to introduce programs to the new Accreditation Management System (AMS); two three-hour meetings will take place with RCPSC programs in the morning and CFPC programs in the afternoon</li> <li>. Program Directors, Program Administrators, and anyone else relevant to Accreditation are invited to these sessions</li> </ul>
<b>3. TRANSITION TO DISCIPLINE VS TRANSITION TO RESIDENCY</b>	
<b>Dr. C. Watling</b>	
Discussion	<ul style="list-style-type: none"> <li>. The PGME office is aware that as programs transition to CBME, programs have a set of transition to discipline EPAs that residents need to get through and most programs have a goal of getting through that part quite quickly and at exactly the same time as the Transition to Residency series</li> <li>. The Committee discussed whether it would be challenging to free residents to attend the PGME series and whether PGME needs to do some re-thinking to meet the Transition to Discipline needs more clearly</li> <li>. It was suggested that residents care most about how to survive and function in the hospitals in London</li> <li>. A focus group will be arranged to look at what the series has done over the last couple of years to think about what residents are going to need to do and see whether there are opportunities to tweak and keep it relevant and useful</li> </ul>
<b>4. ENTRADA</b>	
<b>Dr. C. Watling</b>	
Discussion	<ul style="list-style-type: none"> <li>. In the day-to-day assessment interactions the e-portfolio is quite useful but when information needs to be pulled and put together to make decisions over time, it is not as useful</li> <li>. It is also limited in the type of assessment tools you can use and it is not designed to do certain things required by programs such as scheduling and teaching assessments; it can't free a program from needing two systems</li> <li>. Schulich is investing in a new learning platform called Entrada</li> <li>. Entrada is a consortium which means any school that joins gets a hand in the development and has to contribute to the refinement of the product; a number of schools has joined this consortium which means there is a growing number of colleagues that are using the same system, all of whom are trying to do CBME</li> <li>. PGME will work on ensuring programs are able to use Entrada starting on July 1<sup>st</sup>, 2018</li> <li>. Schulich will be adopting Entrada and it is encouraged for all programs to get on board</li> <li>. PGME will help programs transition from One45 and E-Portfolio to Entrada</li> </ul>

	<ul style="list-style-type: none"> <li>. Further information will be provided in the next couple of weeks to reaffirm implementation timelines</li> </ul>
<b>5. APPEALS PROCESS</b>	
	<b>Dr. C. Watling</b>
Discussion	<ul style="list-style-type: none"> <li>. While the PGME office works with our policy specialist to align the Resident Assessment and Appeals policy with the CBME framework, it will not change the fundamentals of the appeals process</li> <li>. Any time a resident has a decision made by the program that will affect his/her future, s/he has the opportunity to appeal it; i.e. a failure of a rotation or anything that leads to a mandated remediation, probation, dismissal, etc.</li> <li>. When Program Directors are discussing with a resident who has failed something, please do the following:               <ol style="list-style-type: none"> <li>1) Tell your residents they can appeal</li> <li>2) Send them the link to the PGE appeals policy</li> <li>3) Document the conversation as timelines are important</li> <li>4) Send them to the PGME office</li> </ol> </li> <li>. Timelines are important as residents have two weeks to indicate in writing that they plan to appeal</li> <li>. Residents can always speak with the Associate Dean to help navigate a potential appeal</li> <li>. For residents who fail a rotation leading to a formal remediation, the first line of appeal is to the RPC and the second line is to the Schulich Postgraduate Appeals Committee</li> <li>. The PGME office sends everyone contemplating an appeal to the Learner Equity and Wellness office as this can be a stressful time for residents</li> <li>. Program Directors are encouraged to call the PGME office if they have any questions about the appeals policy</li> <li>. Programs do not have to develop their own policy but rather use the Schulich appeals policy; there is a section within the policy that states that a program's RPC must have a mechanism to be the first line of re-consideration</li> </ul>
<b>6. PROCESS FOR LEARNERS IN DIFFICULTY</b>	
	<b>Dr. C. Watling</b>
Discussion	<ul style="list-style-type: none"> <li>. It is strongly encouraged to discuss with the Associate Dean of PGME when Program Directors have a resident who is struggling to ensure the right approach is chosen for the right individual</li> <li>. Individualized Learning Plans (ILP) are encouraged for residents who are struggling but haven't actually failed anything</li> <li>. The ILP should be formalized to the point where it identifies the goals and objectives of the plan, how they will be assessed, when will they be assessed, and what are the consequences if by a particular time they have not met those goals and objectives</li> <li>. ILPs do not have to be reported to the PGME office and are not reportable to the CPSO either but they should be documented and kept in the resident's file</li> <li>. The PGME office has ILP and remediation templates</li> </ul>

	. A formal remediation template must be reviewed by the Schulich Advisory Board
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## 7. ADJOURNMENT AND NEXT MEETING

Date and time	The meeting was adjourned at 8:00 am. Next meeting scheduled for <b>Wednesday, March 7th, 2018, 7:00-8:00am, HSA101</b>
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