

## PGME COMMITTEE MEETING

Minutes	Date: June 21st, 2017	Time: 7:00-8:00am	Location: HSA 101
Meeting called by	Dr. Chris Watling, Postgraduate Medical Education Associate Dean		
Attendees	G. Bellingham, J. Binnendyk, G. Cooper, D. Farquhar, K. Faber, B. Garcia, S. Gryn, V. Hocke, J. Howard, N. Huda, M. Jenkins, A. Kashgari, K. Nitz, T. Paul, B. Rotenberg, S. Rumas, S. Van Uum, A. Yazdani; PARO Reps: M. Li, S. Sato; Hospital Rep: M. Macpherson; P.A. Exec Rep: Guests:		
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>. The PGME office received a Competence by Design Implementation Award from the RCPSC totaling \$25k</li> <li>. \$5k to support three more faculty retreats over the next year</li> <li>. \$20k will support up to four CBME Innovation projects; small pilot projects that reflect a spirit of scholarly innovation around CBME implementation</li> <li>. Priority areas include: curriculum design; resident assessment; teaching, learning, and coaching; faculty development for CBD; learner or faculty wellness impact of CBD; and remediation approaches</li> <li>. A formal call for proposals will be sent out this summer; proposals will be adjudicated in early September</li> <li>. Finalizing hiring a curriculum specialist who will work with each program to map their curriculum and assessment strategies</li> <li>. Finalizing hiring an IT specialist in the coming weeks who will act among other things, as a super user for the e-portfolio and will be the IT link between the RCPSC, the school, and all programs</li> <li>. Priority will likely be put on programs that are required to implement in this academic year but we realize there are programs on the cusp and therefore the support is not just limited to the two programs implementing in 2017</li> <li>. The Assessment and Appeals policy is still being revised after Schulich's Policy legal specialist returned the document with edits</li> <li>. The hope is to share the final document with the Committee in September in order to be approved</li> <li>. In the meantime, we can make the interpretation of our current policy work adequately for CBME programs should there be any problems within the first few months</li> </ul>	
2. Dr. Robert Chu		Dr. C. Watling

Discussion	<ul style="list-style-type: none"> <li>. Dr. Chu was a medical graduate from McMaster a couple of years ago who two years consecutively failed to match in both iterations in CaRMS and then committed suicide</li> <li>. Before this tragic event, he sent a number of letters to the Health Minister and Prime Minister expressing his concerns about the selection process and about the general idea that we should not allow some medical students to get half way through their training and then not be able to complete the path to certification</li> <li>. This opens a philosophical debate regarding whether there needs to be a spot for every graduating Canadian medical student</li> <li>. The ratio of positions to graduates remains slightly higher than 1:1; because of the logistics of the match, even if it was 2:1 there would still be unmatched students</li> <li>. It raises questions of what could we do to try to do better in this regard</li> <li>. Nationally, the following have been on the plate for discussion:               <ol style="list-style-type: none"> <li>1. Request from the Canadian Federation of Medical Students to provide feedback to students who end up unmatched. This can be difficult for larger programs but CaRMS can likely provide information about whether the student was ranked by any programs and provide information on whether they would have likely matched to a program if they had ranked it. CFMS is also interested in some more detailed narrative feedback from programs but this may be more troublesome because with large number of applicants a program may not be able to provide anything that is useful</li> <li>2. Recognize that medical students change their minds about what they want to do and particularly in the second iteration we have to be sure that we are not holding people's elective choices against them when they apply to a program that doesn't look like it fits with their pattern</li> </ol> </li> </ul>
<b>3. T2R</b> <span style="float: right;"><b>Dr. C. Watling</b></span>	
Discussion	<ul style="list-style-type: none"> <li>. Transition to Residency begins on July 5<sup>th</sup> and runs every Wednesday until August 23<sup>rd</sup> from 1:00-4:00pm in the Medical Sciences Building, Room 146</li> <li>. No livestream this year but will make possible to connect to the Windsor site</li> <li>. Each session will be taped for residents who are at distributed sites and shared the next day for viewing</li> <li>. Please support your PGY1 residents to attend</li> </ul>
<b>4. PageMe APP</b> <span style="float: right;"><b>Dr. B. Rotenberg</b></span>	
Discussion	<ul style="list-style-type: none"> <li>. PageMe is a secure, real-time messaging platform using mobile devices for healthcare providers and related healthcare services that is patient confidentiality and privacy protected by top grade servers that are compliant to PHIPA &amp; HIPPA regulations</li> <li>. Used to replace pagers; traditional pagers can cost \$10-\$18/month/user to license</li> <li>. All messages self-destruct, allows group chat, users select a four digit secure PIN to access PageMe, video and image sharing available, screenshots are not permitted, chats are protected by SSL encryption, and no data storage</li> <li>. No data storage but the server does keep track of when the message was sent with time and date stamping</li> <li>. Currently not being used for Emergency uses, not endorsed for code blues; cell phone texts use short frequencies and are unable to penetrate thick concrete – dead spots in hospital still exist</li> <li>. CMPA makes it clear that social media is not supported by CMPA; therefore, if a physician is using Facebook or WhatsApp or any other form of social media to communicate about patient care and if for some reason the phone is hacked, CMPA will not defend the physician</li> </ul>

	<ul style="list-style-type: none"> <li>. PageMe is not a form of social media</li> <li>. Free to download from the App Store and Google Play; app looks like your texting service that you use but uses an ultra-secure server</li> </ul>
<b>5. NEW PARO-CAHO CONTRACT</b>	
	<b>Dr. C. Watling</b>
Discussion	<p>SUMMARY OF THE MEMORANDUM OF SETTLEMENT  Term: Four years (July 1, 2016 – June 30, 2020)  General Wage Increase: July 1<sup>st</sup> 2016-2019 – 1.4%  Special Adjustments to PGY1, PGY2, and PGY4:  PGY1 – 0.5% in each year  PGY2 – 0.15% in each year  PGY4 – 0.4% in each year</p> <ul style="list-style-type: none"> <li>. Requests for relief of duties by 1200 hours for home call that is sufficiently intense, onerous or heavy can be granted based on the discretion of the program director or designate and will not be subject to a grievance</li> <li>. Requests for relief from call duty or time off prior to CFPC or RCPSC exam can be granted subject to operational requirements</li> <li>. Added flexibility to request vacation time in segments of less than one week in duration. Maintained requirement that professional and patient responsibilities must be met for requests to be approved</li> <li>. Amended relief from call duty for residents after 27 weeks of gestation (from 31 weeks) unless otherwise agreed by the resident</li> <li>. Added two new letters of understanding dealing with discussion on best practices for dealing with non-urgent pages and trial process regarding status of residents awaiting outcomes of university of CPSO appeals processes</li> </ul>
<b>6. NEW ACCREDITATION STANDARDS</b>	
	<b>Dr. C. Watling</b>
Discussion	<ul style="list-style-type: none"> <li>. Programs will be accredited using these new standards at the on-site visit in 2019</li> <li>. Surveyors conducting internal reviews in the summer and fall will be using these new standards</li> <li>. There is a new organization of the standards which is to try and align them with other accreditation standards and also to try and align the institutional standards and the individual program standards</li> <li>. Organized by domains; pay particular attention to the Continuous Improvement domain which for both institutions and programs raises the standard in terms of what we are doing to adopt a continuous quality improvement model with our educational programs</li> <li>. Schulich is the first school that will be accredited on these standards fully</li> <li>. These are jointly produced standards by the three Colleges in Canada</li> <li>. The RCPSC and CFPC have a history of iterative implementation which should give reassurance that the bar will be set differently for us than 10 years from now for other universities</li> <li>. This is new and there are some standards we won't have time to address</li> <li>. In 2019, two surveyors for each program rather than one</li> <li>. Accreditation Management System is a digital system to store and organize all of the information required at Accreditation time; workload in populating the system and then the hope is that once it is done, there will be a need for updates to individual items from time to time but there won't be a big process of getting ready in advance of Accreditation</li> </ul>

	. The hope is to get access to this system as soon as possible, along with training
<b>4. PHYSICIAN HEALTH PROGRAM</b>	
<b>Dr. C. Watling</b>	
Discussion	<ul style="list-style-type: none"> <li>. The new Medical Director of the PHP is Dr. Joy Albuquerque</li> <li>. 25% of their work is with residents</li> <li>. Their mandate is to help sick physicians become well</li> <li>. Residents can self-refer to PHP or be referred</li> <li>. This is not a treatment program but they can make referrals to treatment programs both in the province and outside the province that they use when they need specific types of assessment and treatment</li> <li>. When you have residents who have had health problems, substance abuse problems, behavior problems that could interfere with their ability to practice safely, they will have to disclose to CPSO when they do their annual renewal; the CPSO tends to look favourably on residents who have proactively engaged with the PHP</li> <li>. Tell residents who are wondering if this is going to cause problems for licensing to consider if they're disclosing something, whether or not it might be valuable for them to engage with the PHP</li> <li>. Contact the PGME office if you have any questions</li> </ul>
<b>5. ADJOURNMENT AND NEXT MEETING</b>	
Date and time	<p>The meeting was adjourned at 8:05 am.</p> <p>Next meeting scheduled for <b>Wednesday, September 13th, 2017, 7:00-8:00am, HSA101</b></p>