

PGME COMMITTEE MEETING

Minutes Date: Time: Location:
 March 6th, 2019 7:00-8:00am HSA 101

Meeting called by	Dr. Chris Watling, Associate Dean Postgraduate Medical Education
Attendees	C. Akincioglu, P. Basharat, G. Bellingham, J. Binnendyk, R. Butler, A. Cave, G. Eastabrook, K. Faber, H. Ganjavi, A. Gunz, A. Haig, J. Howard, N. Huda, H. Iyer, M. Jenkins, A. Kashgari, S. Mioduszewski, B. Moote, D. Morrison, C. Newnham, M. Ott, A. Power, M. Prefontaine, A. Proulx, K. Qumosani, J. Ross, G. Sangha, M. Sen, A. Sener, M. Taabazuing, T. Van Hooren, J. Van Koughnett, A. Vilos, J. Wickett, A. Yazdani; PARO Reps: B. Chuong, C. Dion; Hospital Rep: B. Davis, S. Fahner; P.A. Exec Rep: L. Dengler; Guests: S. Giberson-Kirby, K. Nitz
Note taker	Kate O'Donnell; kate.odonnell@schulich.uwo.ca

Agenda Topics

1. CBME PROGRESS REPORT

Dr. C. Watling

Discussion	<ul style="list-style-type: none"> . Nearly all programs have established and are working with Competence Committees, and feedback concludes that the Committees are a stronger way by which to make decisions on how residents are doing, and improve how resident progress is monitored. Interested in feedback from program on how Competence Committees are working. . Approximately 10 programs are currently in CBME, and approximately 10 more are expected to begin CBME effective July 2019. . Requested input whether there are questions, concerns, or CBME agenda topics that programs would like to set for future meetings over the next six months. . Question was asked whether programs that are transitioning to CBME in future years could have early access to trial the use of assessment tools prior to starting CBME. Possibility exists to soft-launch CBME programs, e.g. Internal Medicine, prior to required national launch, however not possible to determine whether will have functional Elentra dashboard months in advance of CBME implementation date, but willing to troubleshoot ways to make it possible.
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2. ACCREDITATION UPDATE

Dr. C. Watling

<p>Discussion</p>	<ul style="list-style-type: none"> . The Learners, Teachers and Administrative Personnel Domain was reviewed. . This Domain is comprised of standards related to resident safety and wellness which will significantly impact a program’s accreditation status if a program is not in compliance. . A resident supervision policy exists centrally, taken largely from the CPSO policy on supervision. . Residents must be able to ensure that an appropriate supervisor is physically present when needed by the resident, or when required by the program. Programs may encounter problems with this requirement that are often faculty-specific, and now is the appropriate time to address those issues. . Important to ensure that surveyors will not receive feedback from residents that they repeatedly have instances where they contact supervisor for help, but don’t receive an answer for several hours. . There must be a mechanism, not necessarily formal, for disclosing resident involvement in patient care, and patient consent for such participation. Now is a good time for reminders that residents introduce themselves to patients as residents, to explain who their supervisor is, and for supervising physicians to do the same, so as to ensure that patients understand what the relationship is. . Surveyors may look for awareness of safety issues within a residency program. PGME hosts a central resident safety policy. Programs with safety issues specific to the discipline, e.g. radiation safety, need program-specific safety policies. . The central policy doesn’t address complaint management, however there are hospital policies for addressing complaints against physicians or residents. . Current policies don’t focus on fatigue risk management. If any programs have specific policies created, or are beginning to create policies around fatigue risk management, would be useful to share with group. . Important to stress not only that policies exist, but that residents and teachers are aware of how the extant policy translates into knowing what they can do in a situation they feel is unsafe, and understand what options are available to them for reporting and management. When programs sit down with residents and faculty before accreditation, flag that they are likely to be asked about both supervision and safety. . No central policy exists on resident wellness, but the Learner Equity & Wellness (LEW) office is what we point to as our approach, which is that under any circumstances, we engage with the LEW which has standard approaches taken to wellness and equity including confidentiality. . It is not an issue for residents to bring forward concerns about mistreatment, it is a problem for no action to be taken on those concerns. Important that residents understand the processes for reporting concerns, including reporting to their PD, Department Chair, PGME office, LEW, or even PARO, and that they are aware of these multiple avenues for reporting. . Faculty feedback at distributed sites can be challenging. Example from Internal Medicine: distributed faculty assessments involved changed reporting mechanism for limited-duties faculty
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	<p>to a three-year rolling cycle. Feedback is less timely, as it may include feedback from two previous years, but ensures that distributed faculty receive feedback each year.</p> <ul style="list-style-type: none"> . Struggle in some Departments with teacher support and recognition for contributions outside of the programs, e.g. peer reviews, committee and/or board membership. Would like for PDs to identify to PGME any specific activities that PDs and teachers feel they either are, or are not, receiving recognition for. . Administrative personnel is a new addition to the standards. PGME has a template job description for Program Administrator (PA). Professional development is available centrally including invitation of PAs to CBME retreats, PA Executive Committee that designs in-group professional development, and PGME encouragement of Department support for PAs attending the International Conference on Residency Education (ICRE) PA learning track. . Important for programs to know who PAs report to, and how that person is providing feedback to PAs. Would be challenging if PAs indicate that they do not receive feedback on their role. . Question raised regarding the generic document created by PGME that broadly indicated the amount of administrative time support each residency program should receive. Question was asked whether surveyors will look critically if that time allotment is not being matched. It is now an institutional standard to have a document outlining time support required by programs, and not matching that requirement will now be looked at more closely. If programs are not coming close to meeting the time requirement as outlined, without an explanation such as workload may be portioned among more than the PD or PA, it may be a problem if programs are way off the mark regarding administrative support time allocation, either by PAs or PDs.
<p>3. INTRODUCTIONS Dr. C. Watling, B. Davis</p>	
<p>Discussion</p>	<ul style="list-style-type: none"> . Bill Davis introduced Susan Fahner, Professional Staff Relations Specialist in Medical Affairs as of early March. She will regularly attend future meetings on behalf of B. Davis, and focus on talent management, physician/resident wellness and the hospital's role in the upcoming PGME accreditation. . Dr. Watling introduced Stephanie Giberson-Kirby, Faculty Development Specialist, who will work on faculty development for CBME across the School, including PGME, UGME and beyond. Currently assessing most important faculty development needs to train faculty to do what will be required within new system of CBME.
<p>4. T2R – TRANSITION TO RESIDENCY Dr. C. Watling</p>	
<p>Discussion</p>	<ul style="list-style-type: none"> . Eight sessions of 3 hours occurring Wednesday afternoons in July & August, targeted at PGY1s, built around common clinical cases or scenarios most PGY1s will experience regardless of training discipline. . Sessions are conducted by teams including faculty and senior residents, with goal to create interesting and interactive sessions for the purpose of helping new residents feel comfortable

	<p>managing situations they will encounter, as well as to ensure the whole range of CanMEDS roles related to transition to residency training are addressed.</p> <ul style="list-style-type: none"> . Currently the Educational Developer role is vacant in PGME, and PGME is struggling to find teachers, more so faculty than resident, for the T2R sessions, would appreciate any input from programs on appropriate faculty for certain sessions.
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5. CBME APPLICATIONS SYSTEMS SUPPORT SPECIALIST **Dr. C. Watling**

Discussion	<ul style="list-style-type: none"> . Inadequate dedicated support within Schulich Information Services (IS) department as needed for CBME. IS has reorganized and has articulated a role for a CBME technology support specialist to work with PGME technology support specialist to facilitate and strengthen implementation of Elenra, other technological implementation of CBME. . PGME technology support specialist will continue to be frontline contact for programs.
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6. INTERNAL REVIEW STIPENDS **Dr. C. Watling**

Discussion	<ul style="list-style-type: none"> . Question raised regarding importance of stipend rate for Internal Review Chair compared to Faculty representative, as Chair is responsible for writing the review report. No intention to remove the stipend, rather the question of whether to increase stipend for the Chair and correspondingly have to decrease the Faculty rep stipend because of budget restraints. . Conclusion that participation in Internal Review is motivated by learning experience for PDs to better understand what to expect from review of own program, and that increasing stipend amount won't increase engagement in the process, but removing the stipend would perpetuate the perception that non-clinical work of a PD is not valued. . Raised possibility of having educational roles, including participation in Internal Review, formally explained and documented in order to emphasize the amount of work involved, and value brought to a program. This could allow for effort made in non-clinical roles to be incorporated into promotional material during promotional process, which could result in increased participation in educational role. . No change will be made to stipends or rates for either Internal Review Chair or Faculty representative.
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7. ADJOURNMENT AND NEXT MEETING

Date and time	<p>The meeting was adjourned at 7:53 am. Next meeting scheduled for Wednesday, April 3rd, 2019, 7:00-8:00am, HSA101</p>
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