

PGME COMMITTEE MEETING

Minutes Date: June 11th, 2014 Time: 07:00am – 08:00am Location: H101, Western

Meeting called by	Dr. Chris Watling, Postgraduate Medical Education Associate Dean
Attendees	L.C. Ang, P. Bere, G. Cooper, D. Farquhar, J. Granton, V. Hocke, W. Moote, M. Ott, B. Rotenberg, S. Rumas, M. Sen, K. Sequeira, S. Smyth, J. Wickett, A. Yazdani; PARO Rep: C. Cookson, J. Lukovic, V. Bharath; Hospital Reps: M. Macpherson; P.A. Exec Rep: K. Nitz; Guests: A. Shanmugalingam
Note taker	Courtney Newnham, courtney.newnham@schulich.uwo.ca

Agenda Topics

1. CALL TO ORDER AND GREETINGS		Dr. C. Watling
Discussion	The meeting was called to order at 07:00am. The Agenda was approved as circulated. The minutes of the previous PGME meeting had been circulated previously and were in order.	
2. PGME MANAGER UPDATE		S. Rumas
Discussion	<ul style="list-style-type: none"> . Starting July 1st, 2014, the Postgrad Manager (Scott Rumas) will be on leave for four months . Please forward any issues that would normally involve Scott to the Acting Manager during this time (Sue Smyth, susan.smyth@schulich.uwo.ca) 	
3. HUGO UPDATE		Dr. C. Watling
Discussion	<ul style="list-style-type: none"> . Dr. Watling and Dr. Tithecott and Dr. Terri Paul met with hospital CEOs and clinical Chairs to establish a sense of urgency in addressing some of the issues of how HUGO is impacting residents and medical students . A standing committee is being established to meet regularly to identify what are the most pressing concerns, how they will be addressed, and relaying that information back in a timely manner to those who are affected . The committee will include the Associate Deans of UME, PGME, and LEW, 2 PARO resident representatives, 2 medical student leaders, an individual connected to hospital IT, and hospital leadership . Medical Affairs will send Program Directors a report outlining residents who are trained by the week of June 23rd to prepare for the July 1st start . Specialty specific training in conjunction with general training is being considered . Dr. Watling requires the following information from Program Directors and Program Administrators: <ul style="list-style-type: none"> 1. From each program, how are things impacting your residents? <i>The intent is to have</i> 	

	<p><i>resources targeted to programs who are affected in a way that is unsustainable</i></p> <p>2. Where are all of the PGY1s going to be placed on July 1st? <i>The hospital requires this information to understand where help is needed in order to provide 'on the ground' experts where new learners will be located to train them in that environment</i></p>		
3.1 Action item	Person responsible	Deadline	
1. Email Program Directors and Program Admins regarding HUGO experience and PGY1 placement	Courtney Newnham	June 20, 2014	
2. Email list of residents who are trained to use HUGO to Program Directors	Medical Affairs	June 23, 2014	
4. ACKNOWLEDGEMENTS			Dr. C. Watling
Discussion	<p>. Dr. Shamim Tejpar, Assistant Dean for Rural and Regional Medicine has finished her term; Dr. Watling formally acknowledged Schulich's appreciation for the work she has done in facilitating the spread of the school's programs across the region</p> <p>. Dr. Jatinder Takhar, Associate Dean for Continuing Professional Development, has finished her term; Dr. Watling acknowledged Schulich's appreciation for her work in creating and developing the CPD office</p> <p>. Successors for both positions will be announced shortly</p>		
5. ACADEMIC HALF DAY & T2R			J. Binnendyk
Discussion	<p>. The Transition to Residency (T2R) topics and schedule have been sent to Program Directors and Program Admins</p> <p>Topics include:</p> <ul style="list-style-type: none"> . Hypotension/Shock . Acute dyspnea . The Dying patient . Chest pain . Hyper/Hypoglycemia . Abdominal pain/ GI bleeding . Neuro emergencies . Altered mental status <p>. Intrinsic CanMEDS roles are embedded in each session; a map of where all roles are addressed through the T2R is available to Programs to incorporate in Accreditation documents</p> <p>. Please allow your residents to attend and release them from service</p> <p>Academic Half Days (AHD)</p> <ul style="list-style-type: none"> . Topics are reflective of what the residents are asking for . Goal is to avoid duplication with what Programs are offering <p>New: An AHD for Program Directors – Changes toward fully embedded competency based education puts a major emphasis on assessment. This session will be facilitated by RCPSC educators with the idea that PD's will leave the workshop with an assessment tool that can</p>		

	be used in his/her program		
6. APPROACHES TO RESIDENTS IN DIFFICULTY			
Dr. J. Wickett			
Discussion	<ul style="list-style-type: none">. Dr. Wickett shared the challenge of training residents with a learning difficulty which leads to accommodation of their training. A useful tool in creating a learning plan to support residents comes from the University of Ottawa and can be accessed using the following link: https://www.academicsupportplan.com. The tool identifies learning issues that residents are facing and breaks it down by CanMEDS competency and provides templates for developing learning support plans. Program Directors can request that neuropsychological or cognitive testing be part of a remediation plan and career counselling discussions with residents who struggle consistently is recommended		
7. RESIDENT SUPPORT TEAM			
Dr. D. Farquhar			
Discussion	<ul style="list-style-type: none">. The LEW office is planning a new initiative to respond to residents in difficulty and need with the intention of putting more pro-active programming around resident wellbeing and wellness and trying to engage the residents at large in maintaining their own wellbeing and support. As a result, the Resident Support Team will be piloted this coming year. The program is looking to recruit volunteers from the resident population who would be interested in 1) providing peer support and mentoring; 2) organizing social events and/or educational sessions, and 3) serving as an advisory to the LEW on resident wellbeing. Because of the size and diversity of the resident population, a pilot project using Surgical residents will determine how to extend the program to the rest of the resident population. Draft terms of reference will be circulated to Surgical residents within the next week, with the aim to have an initial planning meeting in July		
7.1 Action item		Person responsible	Deadline
Circulate terms of reference to surgical PD's, PA's, and residents		LEW office	June 25 th , 2014
8. RESIDENT MENTORING PROGRAM			
Dr. A. Shanmugalingam			
Discussion	<ul style="list-style-type: none">. The department of Psychiatry created a formal mentorship program for residents. PGY1s are paired with a PGY2 based on a profile submitted by the mentor and mentee, IMG residents paired with incoming IMGs. A manual was created to sustain the program and maintain consistency in how it is delivered. Aimed to help residents transition and create an environment where they feel informed and supported. The program is happy to share the manual with other programs who may be interested in		

developing a mentorship program		
8.1 Action item	Person responsible	Deadline
9. CAREER PLANNING FOR RESIDENTS		Dr. C. Watling
Discussion	<ul style="list-style-type: none"> . The RCPSC's report of Specialist Employment/Underemployment suggested the majority of residents feel they get no career counselling or inadequate career counselling during residency . Every program at Schulich does career counselling and accounts for how they do it in their accreditation documents . Clearly, there is a sense that what we are doing collectively does not give residents a sense of comfort that they are being prepared adequately for their transition to practice . Need to give some thought to what we could be doing to strengthen career counselling approaches 	
9.1 Action item	Person responsible	Deadline
10. AJOURNMENT AND NEXT MEETING		
DATE and time	There being no further business the meeting was adjourned at 8:00am. Next meeting scheduled for Wednesday, September 10th, 2014 in HSA101.	