

PGME COMMITTEE MEETING

Minutes	Date: September 7, 2016	Time: 7:00-8:00am	Location: HSA 101
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Meeting called by	Dr. Chris Watling, Postgraduate Medical Education Associate Dean
Attendees	C. Akincioglu, P. Basharat, J. Binnendyk, G. Cooper, B. Davis, S. Gryn, A. Haig, V. Hocke, J. Howard, C. Hsia, N. Huda, M. Jenkins, S-L. Kane, G. Kim, S. Levin, S. Macaluso, K. Nitz, M. Prefontaine, R. Rai, S. Ratner, B. Rotenberg, S. Rumas, G. Sangha, S. Sato, F. Siddiqi, J. VanKoughnett, S. VanUum, S. Venance, J. Wickett.
Note taker	Megan Baxter, megan.baxter@schulich.uwo.ca

Agenda Topics

1. Introduction to the PGME Committee

Dr. C. Watling

Discussion	<p>. Dr. Watling presented an overview of the purpose and functions of the PGME committee. The PGME Committee functions as the central decision-making committee for postgraduate medical education. Specifically, it is responsible for discussing, approving, or amending policies, for internal reviews, resource allocation, and maintaining an educational environment across all programs.</p> <p>. Policies expected to come up for renewal over the next year are those on Assessment, Remediation, Probation, and Appeals, to adapt to the needs to competency-based programs.</p> <p>. In respect to the internal review process, the Committee will be hearing from the Internal Review Committee regularly on those that have been done. The more robust the internal system, the more likely the Royal College will entrust follow-up reviews to Schulich's internal review process.</p> <p>. There is also an opportunity for the committee to consider what Professional Development would be useful across all programs.</p>
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2. CBME UPDATE

Drs. C. Watling/
S. Venance

Discussion	<p>. The move to CBME has started to rollout, with several of the first cohort piloting projects for the full move to CBME next year. Medical Oncology is using the new Royal College forms on paper, as the eportfolio was delayed. Otolaryngology has rolled out the first stage of EPAs for</p>
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early stages of residency training, and used the College forms through one45 to collect evaluations.

- . The PGME office has developed a communications strategy, including a logo and branding, and Schulich-wide information will be distributed starting with the Dean's video newsletter at the end of September.
- . Program Directors are encouraged to go to a CBD workshop, as they will be key point people in their respective departments
- . The first World Summit on CBME occurred recently and was attended by representatives from Schulich, providing good examples of implementation and renewing a focus on patient outcomes, quality of care, and learners.
- . There will be a fall retreat on November 4th on CBME assessment, at which participants will work to develop common assessment tools.
- . The Royal College has distributed a draft terms of reference for competency committees. Programs may wish to use it as a reference when developing their own competency committees, which they are encouraged to do over the next year. Even if specialty committees have not formulated EPAs and milestones, all programs could benefit from creating a sub-committee that sits three or four times a year and looks at all residents to assess where they are, and any needed changes to their training.
- . For smaller programs, this may end up being the same people as are on the RPC. The Program Director is not usually the chair of the competency committee. The suggestion was made to consider including an external committee member from a different department. Programs that already have evaluations and promotion subcommittees already do many of these things and can be converted to competency committees.
- . Engaging residents from the beginning of the process was discussed. Dr. Rotenberg from Otolaryngology – H&N Surgery relayed the experience of that program in engaging residents to take more responsibility for their own education. They gave seminars to residents on the changes and included residents on committees that determined where EPAs fit into existing rotations and built models of evaluations. Their residents were enthusiastically engaged in beta testing the evaluations. The new PARO site chief emphasized that residents want to be involved in the process.
- . Concerns were raised about confidentiality in assessment. Presently, programs avoid forward-feeding information to avoid both the possibility and the perception of bias. But a competency committee would open up all evaluations to larger numbers of faculty.
- . There may need to be shift in how we think about assessments. Although the practice has been to keep evaluations confidential between PD and residents except in case of problems, it is not a requirement. In choosing a competency committee, members will have to be

	<p>selected carefully, and confidentiality about what is discussed in meetings will be expected, but having a group discuss evaluations should lead to decisions considered more trustworthy than those made by a single individual.</p> <p>. Hopefully, there will be advantages to having a resident's progress considered at the start of each new learning experience in order to help them learn, instead of starting with a blank slate each time. The committees will have to look at creating longitudinal training without creating bias.</p> <p>. Shannon Venance relayed the experience at Vanderbilt University and their CBME model, where they have found that students and residents are fine with forward feeding of information when they trust that it is for the benefit of their learning, and only goes to specific people. That trust starts with being very clear to residents about what information goes to whom and when.</p> <p>. There were also concerns about making changes to one resident's training that might come at the expense of another resident's learning and could compromise hospital service. Dr. Watling relayed that one consideration may be to think about what other ways there are to accommodate learning needs other than changing rotations. If programs share information with supervisors, then the experience within a rotation can be examined to see how areas of concern can be addressed.</p> <p>. The move to more observation of competencies was discussed, with concerns that it would make a great deal more work for faculty. It was pointed out that senior residents at this highest level can be entrusted to observe and evaluate junior residents, so this will not necessarily all fall on faculty. To do so, residents will have to be taught teaching and evaluation skills more comprehensively.</p> <p>. The Royal College and CFPC don't get to see evaluations on an individual basis, but will get to see the endpoint when programs sign off on their residents as being competent. The Colleges, however, would like aggregate information, and there will have to be discussion about how that can be done while maintaining confidentiality.</p> <p>. There have been problems recently with the CPSO requiring residents to disclose whether or not they've undergone remediation. This is a problem because it leads to restrictions when that was not the purpose of the original policy. The language of the policy may be revisited as to when remediation is used versus individualized training plans that do not need to be reported to the CPSO.</p>
4. INTERNAL REVIEW SURVEY TEAMS Dr. C. Watling	
Discussion	<p>. Filling some of the survey teams for internal reviews has proven difficult. Program directors were reminded that participating in the process is in the job description, and having a robust</p>

	internal review process benefits all programs when accreditation comes around. Participation is remunerated. Those who have not yet signed up for internal reviews or who are willing to participate in more were encouraged to contact Megan Baxter.
4. WAIVERS OF TRAINING	
B. Davis	
Discussion	<p>. Every year, there are many requests for waivers of training. Residents can have a certain amount of leave time waived, depending on how long their program is. This waiver is only for leaves – those who start off-cycle cannot have the time before they began waived. Some universities never grant waivers of training, some sign off on them if the PDs support the application. The policy says that they should be granted in cases of exceptional residents, but that is difficult to determine.</p> <p>. Under CBME, this process will change, but until it does, the committee was canvassed for ideas on principles under which to grant waivers for some residents and not necessarily others. It was suggested that in the meantime, the issue be taken to competency or residency program committees. Residents should be reminded that waivers of training are not guaranteed and will be given only if the resident is deemed to have completely met competencies.</p>
5. TRANSITION TO RESIDENCY	
Dr. C. Watling	
Discussion	<p>. Attendance at the Transition to Residency series was disappointing this year, right from the beginning. Program Directors were informed that if they were giving their residents time away to attend, many were not.</p> <p>. Online access was provided for residents at distributed education sites, but it was found that residents in London were using it. Because the sessions are designed to be interactive, this meant the experience suffered. At the next meeting, the series will be discussed to see if there are ways to bolster attendance next year.</p>
6. ADJOURNMENT AND NEXT MEETING	
Date and time	<p>The meeting was adjourned at 8:00 am.</p> <p>Next meeting scheduled for Wednesday, October 5th, 2016, 7:00-8:00am, HSA101</p>