

PGME COMMITTEE MEETING MINUTES

	Date: Wednesday, February 10, 2021	Time: 07:00 – 08:00	Location: Teleconference
MEETING CALLED BY	L. Champion, Associate Dean, Postgraduate Medical Education		
ATTENDEES	<p>V. Beletsky, P. Bere, R. Butler, K. Carter, A. Cave, J. Copeland, S. Dave, G. Eastabrook, S. Elsayed, A. Florendo-Cumbermack, S. Gryn, A. Haig, J. Howard, N. Huda, A. Huitema, Y. Iordanous, T. Khan, J. Laba, S. Lam, D. Laidley, P. Leong-Sit, E. Lovett, A. Lum, S. Macaluso, K. MacDougall, M. Marlborough, B. Moote, D. Morrison, C. Newnham, M. Ngo, S. Northcott, M. Ott, S. Pritchett, M. Qiabi, K. Qumosani, M. Rajarathinam, B. Rotenberg, V. Schulz, P. Teefy, G. Tithecott, L. Van Bussel, T. Van Hooren, J. Van Koughnett, J. Vergel de Dios, M. Weir</p> <p>Hospital Rep: S. Fahner; PARO Reps: M. Cookson, B. Chuong, P.A. Exec Rep: C. Sikatori, Guests: P. Morris, T. Drysdale, A. Zaki, C. Iellamo, D. Ross</p>		
REGRETS	W. Sischek, ML. Myers, C. Yamashita		
NOTE TAKER	Andrea Good, andrea.good@schulich.uwo.ca		

CALL TO ORDER (7:00 AM) & APPROVAL OF AGENDA/MINUTES

DISCUSSION Agenda, Minutes – Accepted, no changes or additions
Motion to accept agenda: S. Elsayed, S. Northcott

ANNOUNCEMENTS

OMA NEW RESIDENT PROGRAM

L. CHAMPION

- DISCUSSION**
- Transition to Practice webinars are taking place on Wednesdays from 6:00 – 7:00 p.m., sponsored by the OMA.
 - Topics include: getting ready to practice in Ontario; medical billing principles in Ontario; legal considerations when starting a practice and taking care of your health; medical record keeping; using virtual care tools in your practice; and privacy and security in a digital world.
 - Those interested must register. Registration is free.
 - Link to register: <https://events.eply.com/ResidentTransitionWednesdays>

CHANGE PROJECT IN REGIONAL DICTATION SERVICES

D. ROSS

- Nuance provides transcription services for London-region hospitals; about 1 million dictations, most notes globally, 4330 dictators.
- eScription v11 is phasing to ESONe: Go Lives (by site) planned for April – June; LHSC and St. Joseph's Go Live is June 1-2 or 8-9. Smaller regional sites are going live first to work out any issues before transitioning to larger regional sites like LHSC and SJHC.
- This will impact provides region-wide by standardizing the dictation work type numbers key prompts, automatic distribution rules, across all sites. This will largely impact smaller regions.

- There is interest in gathering pilot dictators (both residents and consultants) to test new system. D. Ross will be reaching out to all physicians to request pilot dictators.
- Engaging perspective – starting pilot in next month and developing learn now resource, now standardized regional tool so there's one source of information
- Providers will be engaged through the pilot phase as well as through a LearnNow resource.
- Paper dictation cards are really important to maintain. A request from a PGME Committee member was to have paper cards ready with a hole punch to attach to lanyards by July 1. D. Ross reiterated that paper cards will be available and distributed by July 1.

UPDATES

PARO UPDATE

B. CHUONG

DISCUSSION

- A reminder that it is currently resident awareness and resident appreciate week. This past year, everyone has been very appreciative but this is a week to especially focus on it.
- PARO will be providing treats at different lounge spaces today across the hospital and hosting virtual activities for residents to connect, build community, and combat any potential loneliness.
- L. Champion wanted to reiterate that residents are the backbone of patient care and their work and dedication is definitely appreciated.

CBME UPDATE

A. ZAKI / J. VERGEL DE DIOS

DISCUSSION

- A. Zaki provided an update from the RAC-CBME.
 - A recent survey of all residents in Royal College CBME programs was distributed and analyzed. The survey asked 22 questions and had 191 responses, mostly from PGY1 and PGY4 residents. The survey report was circulated with the pre-meeting materials.
 - Barriers regarding CBME implementation are primarily around assessors not completing EPAs and residents forgetting to request EPAs. This is response is similar whether the assessor is faculty or another resident.
 - A primary challenge faced by residents is around faculty engagement regarding EPA completion and the quality of teaching and feedback around EPAs.
 - Most residents felt that faculty expressed positive or somewhat positive attitudes toward the idea of completing EPAs.
 - Detailed comments were provided in the survey report. A post-survey interview also provided a comment around residents being threatened with professionalism lapses if over 25% of the EPAs expire when the reason behind the expiry is not explored. There does not seem to be the same level of accountability on faculty to complete the EPA.
 - Key takeaways: 1) there needs to be more faculty initiative around completing EPAs, triggering EPAs, knowing their Elentra logins and PINs; 2) there needs to be more support for residents in their dual role as teachers and learners; and 3) improved Elentra tracking (which is underway).
- J. Vergel de Dios and L. Champion highlighted the importance of reviewing this document. J. Vergel de Dios emphasized that she expects every PD in a CBME program to read the survey report, as well as RPC members, Competence Committee members, and frontline faculty. This is being taken very seriously. Programs are encouraged to share the survey with anyone in their program, including residents. J. Vergel de Dios is happy to share the Qualtrics questions with anyone who is looking to implement a similar survey within their own program.
- Programs also need to consider what it looks like when a resident fails to progress vs. progressing as expected, etc. and be transparent about that criteria with residents.

- There will be a Coaching and Feedback workshop with Dr. Chris Watling on April 9 and May 11. The focus is on 2021 programs, but this can be expanded. It will be open to both faculty and residents.
- There are some CBME Innovator Incubators taking place on April 15 and May 6. We are looking for speakers and presenters.
- Other projects: 1) working with Windsor on faculty development projects; 2) overhauling the CBME website; 3) monthly zoom drop-in sessions with the PGME CBME team are starting up; and 4) an Elenra Data Access and Sharing Policy has been drafted that will be reviewed at the upcoming policy subcommittee meeting.

NEW BUSINESS

LEADING PRACTICE – WELLNESS CURRICULUM

M. NGO

DISCUSSION

- Child & Adolescent Psychiatry (CAP) had a leading practice indicator (LPI) in their accreditation review around their wellness curriculum. L. Champion reiterated that LPis are difficult to get, as they require that the program be doing something different and innovative and congratulates all the programs that were given and LPI.
- The CAP program is a PGY5/6 with the first year overlapping with the final year of the general psychiatry program. CAP is a small program with 2-3 residents. M. Ngo highlighted and acknowledged that the wellness curriculum was developed before she was PD, and this initiative was led by Drs. Patricia Hall and Sandra Fisman. The curriculum was created in collaboration with the residents.
- A didactic curriculum is woven into both years. It includes “Becoming a Reflective Practitioner: Reflected Best Self Exercise” online, where residents identify both professional and personal contacts in their life who they would like to receive a reflection back from. They reflect on times they have seen the resident at their best.
- Also included in the didactic curriculum is Strengths-Based Leadership, a book by F. Gallup, where chapters are assigned and discussions take place around it. There are also sessions on coping with vicarious trauma and adverse outcomes, and indigenous health led by a local expert, Bill Hill.
- There is a resident-led reflection group, led by a senior resident, where residents come together to discuss difficult cases. There is no faculty involvement in this group. The senior resident is well-trained in psychotherapy and reflective practices by this point in their education.
- There are activities and events that take place. Specifically, two full-day resident retreats per year, as well as a volunteering day where the residents select a volunteer experience as a group. There is also a child psychiatry interest group to engage with others on any topics related to children’s mental health. Movie nights also take place with medical students and residents to recruit potential residents, where a movie with a mental health theme is picked and discussed afterward.
- There is also a mentorship component, but this is currently evolving, as originally mentors were assigned. This may become a coaching or academic advisor program in the future.
- There is a Safety and Wellness lead on the RPC where a faculty member has been dedicated to that role. It is a standing agenda item on the RPC as well.
- Rotation supervisors and faculty incorporate wellness into everyday practice, whether through modelling or by building a personal wellness objective into each rotation with their resident. For example, this could be mastering how to streamline and improve documentation.
- The links to the reflective self exercise and the book will be shared in L. Champion’s next newsletter. M. Ngo is happy to have other PDs contact her directly with any questions as well.
- The CAP program funds this curriculum through a small piece of their postgraduate budget, which covers most items except the Strengths books, where the faculty member typically pays out of pocket (for the small number of residents that they have).

- The CAP program has only been in place since 2013 and the wellness curriculum has been in place for 2-3 years. The feedback from residents has been positive, as they were collaborators in the curriculum development. They are provided with protected academic time to complete all components of the curriculum except for the movie nights.
- M. Marlborough will be reaching out to each PD to create or modify a similar curriculum or set of experiences within each program.

RESIDENT-GRADUATE STUDENT COLLABORATION FUNDING

T. DRYSDALE

DISCUSSION

- T. Drysdale is the Associate Dean of Graduate and Postdoctoral Studies. He is looking at a collaborative effort between graduate students and residents undergoing their own research project to see if there are opportunities to help both.
- A proposal is being put forward to support a resident research project/scholarly activity by providing funds to support a graduate student who will work with the resident. The resident receives assistance for one semester with the expectation that the graduate student will spend approximately 5 hours per week on the collaboration. The graduate student receives financial support (\$6000 for one term).
- The resident will benefit from: developing new research skill sets that will provide them with greater career opportunities; expanding the scope of their resident scholarship and increase the impact of their scholarly activity; and, developing interdisciplinary skills in collaboration and communication.
- The graduate student will benefit from: a source of funding that can be provided to any graduate student currently enrolled (as this is not a TA position); an opportunity to work on a project that can provide a clinical research experience which may benefit them in future career options; and developing interdisciplinary skills in mentoring and communication.
- Examples of potential collaborations include statistical analysis from a senior epidemiology and biostatistics graduate student; imaging analysis for neurology residents from a senior medical biophysics student; or bioinformatics advice for an oncology student.
- T. Drysdale has met with Clinical Chairs, Basic Science Chairs and the decanal group and some issues have been identified with proposed solutions.
 - Ensuring that both parties recognize that this is a collaborative arrangement and not an employer – employee relationship. A solution is to have both parties sign a contract outlining the terms of the arrangement.
 - Where does the funding come from? The resident's program will have to provide some funding but Schulich will cover 50% of the costs. Thus, each will contribute \$3000.
 - Graduate student supervisor concerns regarding the added extracurricular activity. A solution is to communicate that the expected hours are essentially the same as having the student act as a TA. Supervisors must agree to the student's participation.
- T. Drysdale is aware that this is similar to the resident support programs that already exist in certain departments. The idea would be for the collaboration to take place for a semester. The best times for residents will vary by program and by resident (i.e. their research block). The summer is typically not the ideal time for residents due to vacation.
- The application process will probably include the program's faculty to identify a project and a resident who would be well-suited to that project, they then find a graduate student, who will then go to their supervisor to put together an application. This will likely gain the most buy-in.
- Many Program Directors expressed their support for this collaboration through the comment box.
- General surgery has a research component but there may be concerns around the departmental funding. This is something that M. Ott will advocate for, but it may take 1-2 years to realize funding. Residents have expressed their interest in learning the skillsets discussed.

- Clinical Chairs are aware of this collaborative opportunity. It may be possible to do smaller collaborations. For example, a resident may need just six hours over several weeks to wrap their heads around a project or complete the statistics. The collaboration (and funding) could be scaled accordingly. They have currently been designed around one semester, but smaller contracts could be considered.
- A few projects could be funded right now (i.e. May 2021) and then more going forward. The goal is to fund around 10 projects across all programs per year. It will require an application to be designed. The projects will likely be funded through a first-come, first-served basis as residents' research opportunities are spread throughout the year.

MCC UPDATE

L. CHAMPION

DISCUSSION

- To be placed in weekly newsletter.

ADJOURNMENT (8:10) AND NEXT MEETING

DATE AND TIME

Next Meeting: Wednesday, March 10, 2021, 0700 – 0800 by Teleconference