

PGME COMMITTEE MEETING MINUTES

	Date: Wednesday, March 10, 2021	Time: 07:00 – 08:00	Location: Virtual
MEETING CALLED BY	L. Champion, Associate Dean, Postgraduate Medical Education		
ATTENDEES	<p>V. Beletsky, P. Bere, R. Butler, K. Carter, A. Cave, A. Cheng, M. Clemente, J. Copeland, S. Dave, G. Eastabrook, S. Elsayed, A. Florendo-Cumbermack, S. Gryn, A. Haig, A. Huitema, Y. Iordanous, H. Iyer, L. Jacobs, T. Joy, A. Kashgari, R. Lalgudi Ganesan, S. Lam, D. Laidley, P. Leong-Sit, E. Lovett, A. Lum, S. Macaluso, M. Marlborough, B. Moote, D. Morrison, ML. Myers, C. Newnham, M. Ngo, S. Northcott, M. Ott, A. Power, S. Pritchett, K. Qumosani, J. Ross, B. Rotenberg, V. Schulz, M. Sharma, P. Teefy, J. Thain, G. Tithecott, L. Van Bussel, J. Van Koughnett, J. Vergel de Dios, P. Wang, M. Weir, C. Yamashita</p> <p>Hospital Rep: S. Fahner; PARO Reps: B. Chuong, P.A. Exec Rep: C. Sikatori, Guests: P. Morris, S. Ibdah, S. Kane, D. Alcock</p>		
REGRETS	W. Sischek. K. Fung		
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

ANNOUNCEMENTS

WELCOME TO NEW PGME STAFF

L. CHAMPION

DISCUSSION

Welcome to Susan Ibdah, PhD, as PGME’s new CBME Curriculum & Assessment Specialist. Susan will assist programs transitioning to CBME. She will also support resident assessment across all PGME programs on an as-needed basis, along with faculty development as it relates to CBME. Susan can be reached using her Schulich email at susan.ibdah@schulich.uwo.ca.

WELCOME TO NEW PROGRAM DIRECTORS

L. CHAMPION

DISCUSSION

- Welcome to Dr. Alia Kashgari. Dr. Kashgari successfully applied for a new Area of Focused Competence (AFC) program in Sleep Disorder Medicine. The program has been approved by the Royal College as an accredited new program. Congratulations to Dr. Kashgari on the successful application, and we are excited to have you as part of this group.
- Welcome to Dr. Michael Clemente, the new Assistant Program Director for Emergency Medicine. Dr. Clemente has recently taken on this role, and we look forward to working with him in PGME and as part of this Committee.

PARO AWARDS

L. CHAMPION

DISCUSSION	Congratulations to Dr. Shane Freeman for receiving the PARO 2021 Trust Fund Resident Teaching Award. Dr. Freeman, PGY4, Emergency Medicine, is being recognized for his exception efforts in providing clinical teaching opportunities for junior residents and clerks, specifically in the area of Point of Care Ultrasound.
CSCI-CIHR ANNUAL RESIDENT RESEARCH AWARD L. CHAMPION	
DISCUSSION	Congratulations to Dr. Michal Krawczyk, PGY4, Neurology, for his CSCI Resident Research Prize Nomination for his project: <i>Atrial Fibrillation Diagnosed after Stroke and Increased Risk of Dementia: A Cohort Study of First-Ever Ischemic Stroke Patients</i> .
CBME INNOVATOR INCUBATOR L. CHAMPION	
DISCUSSION	A reminder that PGME is hosting a CBME Innovator Incubator Event in collaboration with CERI. There are two dates available, with different speakers at each: Thursday, April 15, and Thursday, May 6, both from 9:00 – 11:00 a.m. A poster with the link to register will be circulated by the PGME CBME team. It is also available here .
NEW BUSINESS	
INDIGENOUS HEALTH D. ALCOCK	
DISCUSSION	<ul style="list-style-type: none"> ▪ The Anti-Racism Retreat held on Sept. 30, 2020, presented issues and goals for improvement. ▪ Firstly, Learner Experience and Learning and Working Environments: Racism occurs in clinical environments and there needs to be support for reporting safely due to fear of retribution. In addition, there is a need for education around Indigenous health, anti-racism, and anti-oppression to be provided to learners and educators. ▪ Recruitment and hiring: Increasing diversity in faculty can bring mentorship, lived experiences and community-based research. Mentorship needs to be provided to new hires to ensure retention. ▪ Leadership: There should be a creation of EDI Committees across faculties. The request is for the creation of a decanal role for accountability of Schulich as an institution and to meet the TRC Calls to Action 23 and 24. ▪ Indigenous Physicians Association of Canada (IPAC) is a resource for learners. There is a registration fee of \$25 per year, and it provides formal mentorship, resources, and supports. There will be funding available to provide the registration cost for self-identified Indigenous learners paid by Schulich. ▪ In January 2021, the Indigenous Health Content In Postgraduate Medical Education: An Environmental Scan report was published by the Royal College. During the interviews, non-Indigenous people and allies were reported as often hesitant to be involved in Indigenous health programming and initiatives due to a lack of expertise, not wanting to do the wrong thing, or being afraid of offending Indigenous peoples. ▪ Closer proximity to Indigenous communities increases the amount of programming being offered. ▪ While Indigenous health related curriculum and initiatives at the PGME level was considered to have high importance, a lack of resources, community relationships, and dialogue were commonly reported. The lack of human resources, specifically Indigenous peoples working at the university, and in the PGME program, was a dominant theme in the interviews. ▪ Other reported barriers to incorporating Indigenous health education and training into the curriculum including stigma and a lack of understanding about local Indigenous culture as well as a lack of access to Indigenous communities or relationships to share knowledge. The latter was the reported dominant obstacle to inclusive and reciprocated education with eight of the 15 (or 53%) of the universities indicating this as a barrier. ▪ Recommendations: <ul style="list-style-type: none"> ▪ Website update: If rotations or supports are available, make them accessible to find on your website to attract learners.

- Provide resources currently available: Indigenous healing spaces at LHSC, Indigenous Services at UWO (counselling, finances, Elders, connection, meals and medicines)
- Learning opportunities: San'yas cultural safety training, Indigenous Canada Course offered through the University of Alberta, Indigenous Equity offered through Public Health Training for Equitable Systems Change
- Dr. Alcock would like to know whether there is a process for asking for self-identified Indigenous physicians in PGME or for faculty? Are there supports in place that Danielle should be aware of? What supports do you see? Are there gaps? L. Champion specified that the PGME website is being reviewed and it's important that we put this information on our website.

POLICY REVIEW

L. CHAMPION

- Three policies for review: Pre-Entry Assessment Program (PEAP); PD Appointment; and, Elentra Reports and Access Policy.
- PEAP Policy: PEAP is a 4- to 12-week assessment period which can be extended by up to 4 weeks if a better assessment is required.
 - The PEAP policy models the ACP policy by following the language and requirements from the CPSO. PEAP is essentially an extended interview for PDs with IMGs and fellows completing them. If the PEAP is satisfactory, the trainee enters the program. If they are not satisfactory, the PEAP ends and the individual cannot apply to a PEAP in Ontario in the same program again.
 - No questions or concerns about the policy. Motion to approve: L. Jacobs, D. Morrison. Approved. Next steps: ECSC.
- Program Director Appointment Policy:
 - This policy provides a process for Program Director appointment, in place of the current PGME guidelines.
 - The accreditation standards for institutions require a collaborative process between the academic lead of the discipline and the Postgraduate Dean for the appointment of a PD. This should include a conjoint process with a call for applications and interviews.
 - The PD role is a very important position and requires a lot of dedication and work. This process ensures credibility and transparency.
 - The PD needs to have the support of the residents so residents should be involved in the process.
 - This process will also allow for others who may be interested in the role to put their name forward. If there is only one person, a process with an interview, CV review, etc. should still be performed.
 - This will be circulated to Division Chairs for their feedback and presented at the Clinical Chairs meeting on April 9.
 - Motion to approve: M. Ott, T. Joy, Approved.
- Elentra Report and Access Policy:
 - Guidance for access of reports and data from the Elentra site. This policy is specific to PGME (not UGE) and has been developed by CBME team.
 - It is meant to encapsulate and identify who has access to what information within Elentra.
 - This policy came about as there is different accesses for specialties and subspecialties. There is also the reports portal that has access based on rigidly defined roles in Elentra. This policy is meant to clarify those roles and provide access accordingly.
 - No questions from group. Motion to approve: Dr. Morrison, A. Florendo-Cumbermack

LEADING PRACTICE INDICATOR (LPI) – ADMINISTRATION ROTATION

S. KANE & J. THAIN

DISCUSSION

- The administration rotation was developed by Dr. Kane when she was the PD for the Geriatric Medicine program. It was meant to address the CanMEDS leader roles above

and beyond what residents observe in their day to day practice. Being a leader is fundamental to the role of physician but is difficult to achieve in training, particularly in a small program. Graduates of Geriatric Medicine programs may go on to be the sole Geriatrician in hospitals and required to start services and programs. This rotation is meant to prepare them for that. This is the first rotation of its kind in Geriatric Medicine in Canada.

- CanMEDS roles: contribute to the improvement of healthcare delivery teams, organizations, and systems; engage in the stewardship of healthcare resources; demonstrate leadership in professional practice; manage career planning, finances and health human resources in practice.
- These CanMEDS roles are difficult to gain in training without mentorship and practice. Within CBME, there are EPAs requiring the observation of residents and attesting that they have achieved these competencies.
- When the program was developed, it focused on three common scenarios that a resident might experience when going into practice. The residents would work through a specific administration project on paper, not to the implementation stage. It has since evolved with other Program Directors.
- Goals and objectives: allows the resident to experience a typical administrative project that a consultant may be asked to assist with once in practice; develop the skills required to participate or lead such projects; opportunity to research the framework(s) used in project management.
- When this rotation first started, it was based on a core Falls Program to which goals and objectives were tailored. Since that time, projects have evolved as trainee career goals and interests have shifted. Some projects are clinically focused, and some are educationally focused.
- The program also supports trainees in learning administrative “language” that they are not necessarily taught as clinicians but will need in their future careers.
- Supervision is carried out through a physician content mentor and with an administrator collaboratively. Meetings can be done separately or together.
- A project management course offered through Schulich’s Graduate and Postdoctoral Affairs is also done during the rotation. This course is best completed when a trainee has a project in mind as the project informs the course’s topics and tools. Right now, it is not running due to COVID but if enough programs want their residents to take this course, Dr. Champion will explore how PGME can support it.
- Assessment – the resident produces a report that outlines what they have learned and is able to be presented to leadership as if they wanted to initiate their project. Both mentors review the report and provide feedback. There is also a formal ITER in One45.

RPC TERMS OF REFERENCE AND AGENDA TEMPLATES

L. CHAMPION

DISCUSSION

- FYI the MLHU has been notified that the 112-vaccine day change will impact residents transitioning out of their programs who will no longer be in the province or even potentially the country. The vaccines are no longer being run by hospital need. It is with Windsor-Essex and the MLHU.
- Templates for RPC terms of reference and RPC meeting agendas have been created by PGME. They have been reviewed by our policy subcommittee and are based on the accreditation standards. They are meant to support programs in ensuring they discuss all required elements and document everything appropriately.
- While they are not mandatory at this time, they may become mandatory in the future to promote unanimity amongst all Schulich PGME programs. Please ensure that you are including all elements from these documents if you do not adopt them directly.
- They have been emailed and will be posted online [here](#).

ADJOURNMENT (8:10) AND NEXT MEETING

DATE AND TIME

Next Meeting: Wednesday, April 14, 2021, 0700 – 0800, Virtual