

PGME COMMITTEE MEETING MINUTES

	Date: Wednesday, Oct. 12, 2022	Time: 07:00 – 08:00	Location: Virtual
MEETING CALLED BY	L. Champion, Associate Dean, Postgraduate Medical Education		
ATTENDEES	P. Basharat, P. Bere, M. Bhaduri, J. Borger, P. Cameron, L. Cardarelli Leite, A. Cheng, S. Elsayed, A. Florendo-Cumbermack, C. Hsia, Y. Iordanous, H. Iyer, L. Jacobs, S. Jeimy, A. Kashgari, D. Laidley, J. Landau, J. Laba, Y. Leong, S. Macaluso, K. MacDougall, J. Manlucu, M. Marlborough, A. McConnell, D. Morrison, C. Newnham, M. Ngo, S. Northcott, K. Qumosani, J. Ross, P. Stewart, L. Van Bussel, T. Van Hooren, J. Van Koughnett, S. Venance, J. Vergel de Dios, J. Walsh, P. Wang Hospital Rep: S. Taylor, PARO Reps: V. Turnbull, R. Woodhouse, Guests: S. Dave, B. Ferreira, S. Ibdah, P. Morris, M. Williams, , S. Muto, A. Edwards, F. Siddiqi		
REGRETS	K. Fung, P. Rasoulinejad, B. Rotenberg		
NOTE TAKER	Andrea Good, andrea.good@schulich.uwo.ca		

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

- DISCUSSION** ▪ The agenda and previous meeting minutes were approved.

ANNOUNCEMENTS

L. CHAMPION

- DISCUSSION**
- **CBD Town Hall for Program Directors (PDs):**
 - Targeted toward both PDs and PAs.
 - Topic: 5 Things to Start and 5 Things to Stop in CBD
 - Dates: [Nov. 2, 2022](#), at 11:00am-12:30pm (Bilingual); [Nov. 30, 2022](#), at 10:00-11:30am (English)
 - **[Resident Pulse Check Survey:](#)**
 - The RCPSC, in collaboration with RDoC, ran a Pulse Check survey on CBD. Please read the results report as it will be a topic for discussion at the next PGME Committee meeting in November with the CBME team.
 - Western is coded as institution F and falls in the midrange when compared with other schools.

HOSPITAL ACCREDITATION REQUIREMENTS

M. WILLIAMS

- DISCUSSION**
- Medication reconciliation at discharge is a CPSO accountability, required organizational practice for accreditation Canada, and a quality improvement indicator.
 - Since 2017/18, Schulich has struggled with medication reconciliations. We have been on an upward trajectory until the fourth quarter of 2019 when the target was raised.
 - By department, Medicine is performing consistently well. However, the majority of departments are below the 85% target.
 - A Medication Reconciliation Optimization committee was put in place with the goal of determining the barriers to medication reconciliation completion.
 - Found that for all visits, best possible medication reconciliation was done at a rate of 89%, and 82.9% were done within the first 24 hours of the encounter.
 - BPMH was not found to be a barrier.
 - Through conversations with chair/chiefs, found that information was not being passed down to those actually doing the work. As a result, data has since been

shared more frequently (monthly rather than quarterly) and with division leads as of June.

- Found that residents do the vast majority of discharge summaries and medication reconciliations – 60.4% done by residents, 22% done by physicians. Found that residents were not being engaged in awareness efforts. The committee would like to partner with residency PDs to address this issue and broaden communication.
- It was asked whether medication reconciliation learning modules are available. There are modules available in PowerChart that can be used in-the-moment. M. Williams will draft a briefing note outlining resources for distribution.
- It was asked whether reports cover ambulatory admissions/discharges. At this time, the monthly reports cover inpatient only. The ability to accurately pull data from ambulatory environments is currently being developed.
- A common theme among programs that are performing well is that this is routinely raised at the RPC level.
- Even if there is no change in medication, this must be indicated in a medication reconciliation.
- L. Champion noted that one of the standards of accreditation across all programs is the requirement for a curriculum and understanding of quality assurance, improvement, and patient safety. Discharge medication reconciliation is a matter of patient safety.
- Next steps/action items:
 - Information will be shared with PDs.
 - M. Williams to create a briefing note on available modules.
 - L. Champion to request a summary of the top five barriers from RAC-CBME and PARO reps. Modifiable barriers can then be addressed.
 - Track progress over the next six months.

PGME EDUCATION REMINDERS

L. CHAMPION

DISCUSSION

- [CMPA Patient Safety Primer: Medico-Legal Essentials for Residents](#)
 - Targeted towards PGY1 and PGY2 residents
 - Maximum capacity of 100 residents
 - ~ 1 hour of pre-work
- **Resident as Teacher Bootcamp:**
 - Tentatively scheduled for February 2-3, 2023.
 - On-site course for up to 30 residents, with the intent that one resident from each major program attends and then disseminates the information among their program.
- **Leadership Certificate Course:**
 - ~30 PGY2 residents have registered at the time of the meeting.
 - Four sessions running in the evenings.
 - A number of residents that took the course last year are facilitating.
- **Hospital iLearn Reminders:**
 - The deadline for the completion of mandatory ilearn modules is October 31, 2022
 - Physicians that have not completed the modules by the deadline will lose privileges and residents will lose their pay.
 - Program directors should remind trainees of ilearn module deadline. L. Champion will send a reminder email via UWO email to remaining residents in one week.
- **Career Night:**
 - Nov. 8, 2022, at 6:30-8:30pm in the Physics & Astronomy building.
 - Family Medicine will have a separate session – date TBD.
 - Session will not be recorded, however recordings from last year are available on the Learner Experience website.

PARO UPDATE

V. TURNBULL

DISCUSSION	<ul style="list-style-type: none"> ▪ The next PARO meeting will take place on Oct. 17 at which time the social events calendar will be made. ▪ There has been some interest in teaching sessions. Workshops can be delivered to individual programs. If interested, please reach out.
-------------------	---

CARMS MATCH & CANPREPP	L. CHAMPION
-----------------------------------	--------------------

DISCUSSION	<ul style="list-style-type: none"> ▪ 2023 Match Reminders: <ul style="list-style-type: none"> ▪ There are no visiting electives available. ▪ Please do not provide 'pseudo-elective' opportunities. ▪ Class of 2024 can do away electives. The portal is now open for CMGs. IMGs will have availability in January. ▪ 2024 Match: The timeline is not yet available but will be a variation on the two proposed timelines. ▪ CaRMS Self-Identification Questionnaire (CSIQ) <ul style="list-style-type: none"> ▪ CaRMS strategic objectives: <ul style="list-style-type: none"> ▪ Gather diversity data that can inform medical education regarding application, selection, and matching through an EDI lens. ▪ CSIQ is voluntary. ▪ Piloted with Dalhousie in 2022. ▪ Questionnaire asks a number of self-identification questions. ▪ Programs may use the CSIQ questionnaire during the 2023 match, however there are some caveats: <ul style="list-style-type: none"> ▪ Must be in program description. ▪ PD must attend the CaRMS educational program (Oct. 18 or 20). ▪ Must create text for how the information will be used as part of the selection process. ▪ Must be very clear on how/what information would affect ranking and/or file review. ▪ L. Champion noted that the pilot response rate was quite low and there is little data available on the intended and unintended consequences on the match process. It is recommended to hold off on implementing the CSIQ until more information is available. ▪ S. Northcott asked whether there is a requirement for verification. L. Champion explained that it is a self-identification process without verification. ▪ It was noted that students are desperate during the CaRMS match, and some may view this as an additional hurdle, or may "cheat" the system by falsely claiming to be a part of a certain group. V. Turnbull noted that if learners are so desperate during the CaRMS match, then this should be examined and addressed in and of itself without impeding learners from self-identifying as part of the communities to which they belong. L. Champion noted that the expectation of professionalism is providing truthful and accurate information during the CaRMS match. ▪ CanPREPP <ul style="list-style-type: none"> ▪ The events calendar has been revamped, with a new comparison tool. It is now easier to read and add to.
-------------------	---

INTERNAL REVIEW, IRC & ACCREDITATION	A. GOOD
---	----------------

DISCUSSION	<ul style="list-style-type: none"> ▪ Internal Review Subcommittee (IRC) Update <ul style="list-style-type: none"> ▪ The IRC meets 4x/year and is currently focused on reviewing resident reports from the two-year pilot project that began last spring. ▪ The first round of resident reports have been reviewed and the IRC will be following up with all programs, including: Adult Critical Care Medicine, Anatomical Pathology, Clinical Immunology & Allergy, General Internal Medicine, Infectious Diseases, Nephrology, Neuropathology, Otolaryngology, Sleep Disorder Medicine AFC, Solid Organ Transplantation AFC, Thoracic Surgery, Urology
-------------------	---

- The next set of resident reports (to be distributed in October 2022) will be reviewed at the December IRC meeting. Feedback for programs also undergoing internal review next winter/spring will be aggregated with their review feedback: Acute Care POCUS AFC; Adult Interventional Cardiology AFC; Child & Adolescent Psychiatry; Clinical Pharmacology & Toxicology; Cytopathology AFC; Gastroenterology; Diagnostic Radiology; Neurology; Nuclear Medicine; Orthopedic Surgery; Pediatrics; Pain Medicine; Respiriology
- Internal Reviews – Winter/Spring 2023:
 - Callout for residents to participate as resident surveyors for winter/spring 2023 internal reviews. An email will be sent out to PAs and PDs to distribute to residents so that programs can identify interested residents.
 - It is a great leadership opportunity for residents.
 - Please support your residents in participating and forward the names of any interested residents to A. Good (andrea.good@schulich.uwo.ca).
- Internal Reviews – Fall 2023:
 - For the internal reviews taking place next fall, A. Good will be reaching out to the following programs with potential review dates:
 - Internal Medicine
 - Family Medicine (Core)
 - Plastic Surgery
 - Medical Oncology
 - Endocrinology
 - Rheumatology
 - Gynecologic Reproductive Endocrinology and Infertility
 - The signup sheet will go out in late November. Please sign up for at least two reviews between 2023-2025. Signup is on a first come first served basis. You will receive compensation for your time. The chair positions are for those that have completed at least one review in the past and are responsible for the written report.
 - It was asked whether a stipend is provided to residents. No stipend is provided for residents; however, they will receive a letter of recognition and a \$100 UWO bookstore gift card.
- Reminder: External Reviews and APORs, Fall 2022
 - Reminder that external reviews continue this fall.
 - Seven programs are undergoing external reviews and another seven programs are submitting action plan outcome reports by Nov. 30.

MINISTRY OF HEALTH UPDATE

L. CHAMPION

DISCUSSION

- In March, the MOH provided a plan for rolling out a total of 28 PGME positions: 10 in 2023; 10 in 2024; 8 in 2025.
- The total, with the addition of metropolitan universities, is 295 additional PGME spots over the next 5-7 years. However, this rollout is happening prior to Canadian CMGs graduate and enter the CaRMS match, which causes problems.
 - For the 2021 match, there was a basic ratio of spots to applicants (always more positions than applicants). As a result, there were 89 unfilled positions, and 15 of these are in Ontario in Family Medicine in 2022.
 - The presented solution is to reallocate to IMGs until CMGs graduate.
- Current issues include:
 - No clarity from MOH regarding the 60% FM requirement. It was implied that this was an absolute requirement.
 - FM enhanced skills is not able to be used for PGME positions for 2023 (not in budget – R3 salary).
 - No information on funding and no plan regarding unfilled positions.
- Next steps:
 - Provide initial allocations to MOH.

- Provide a budget proposal based on the 2010 expansion funding, corrected for inflation.
- Recognition that additional funding for the start-up of new FM sites, etc.

PGME APPRECIATION

L. CHAMPION

DISCUSSION

- L. Champion recognized M. Weir, Cytopathology AFC program director.
- M. Weir is an AFC expert and sits on the Policy Subcommittee, as well as being heavily involved in undergraduate education. L. Champion thanked M. Weir for all her hard work.

ADJOURNMENT (8:00 AM) AND NEXT MEETING

Next Meeting: Wednesday, November 9, 2022, 7:00 – 8:00 a.m., Virtual