

## PGME COMMITTEE MEETING

Minutes      Date: September 11<sup>th</sup>, 2019      Time: 7:00-8:00am      Location: HSA 101

Meeting called by	Dr. Chris Watling, Associate Dean Postgraduate Medical Education
Attendees	C. Akincioglu, P. Basharat, G. Bellingham, R. Butler, A. Cave, S. Dave, P. Diamantouros, K. Faber, S. Gryn, A. Gunz, A. Haig, J. Howard, H. Iyer, S. Jeimy, M. Jenkins, S. Kane, P. Leong-Sit, S. Macaluso, B. McKelvie, D. Morrison, C. Newnham, M. Ott, A. Power, M. Prefontaine, J. Rosenfield, G. Sangha, M. Sharma, W. Sischek, M. Taabazuing, G. Tithecott, T. Van Hooren, J. VanKoughnett, J. Vergel de Dios, J. Wickett, A. Yazdani <b>Hospital Rep:</b> S. Fahner; <b>PARO Rep:</b> B. Chuong, D. Gillett; <b>P.A. Exec Rep:</b> L. Dengler; <b>Guests:</b> M. Qiabi
Note taker	Kate O'Donnell; kate.odonnell@schulich.uwo.ca

### Agenda Topics

#### 1. PGME ASSOCIATE DEAN ROLE

Dr. C. Watling

Discussion	<ul style="list-style-type: none"> <li>. Dr. Watling is stepping down after nine years as Associate Dean, PGME effective December 31, 2019, and moving to Director of CERI as of January 1, 2020.</li> <li>. Dr. Watling will be fully in the role of PGME Dean for the duration of the on-site accreditation review in November.</li> <li>. Goal to have new PGME Dean selected before November accreditation review in order for new Dean to gain experience by shadowing the review process.</li> <li>. Interested applicants are welcome to contact Dr. Rosenfield, Dr. Watling, and Dr. Sischek to discuss the role in further detail. Dr. Watling is not on the selection committee, and welcomes open discussion of the role with any interested applicants.</li> <li>. The role of PGME Dean will also include the role of Director of Integrated Medical Education under Dr. Bill Sischek, with specific job aspects continuing to developed, the goal being to increase integration and interaction between SSMD and the hospitals as relates to medical education.</li> <li>. <i>The invitation for applications was distributed to Program Directors, Department Chairs, Directors, and Managers of Administration and Finance on September 16<sup>th</sup>.</i></li> </ul>
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#### 2. CBME PROGRESS REPORT

Dr. C. Watling

Discussion	<ul style="list-style-type: none"> <li>. Programs that launched CBME one or two years ago are encouraged to bring forward any unexpected challenges as their residents enter their third and fourth year of training.</li> <li>. CBME team and IS team met recently to further discuss developing Elentra, with a pathway and timeline being mapped out. Highest priority being given to the development of reporting capacity to allow Competence Committees to review collated data on resident progression.</li> <li>. Interim solution of an excel spreadsheet report of data continues to be in place while the Elentra dashboard continues to be developed. IS has hired a developer who is building a data warehouse from which Elentra will be able to pull collated information. Over next few weeks, call will be made to programs to put together an advisory committee to give regular input to IS developer, to provide content expertise and input on user needs specific to reporting and construction of dashboard.</li> </ul>
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	<ul style="list-style-type: none"> <li>. Programs transitioning in 2019 have provided their Competence Committee meeting schedule to the CBME team, and informed the team of how far in advance they require the excel spreadsheet report. The CBME team will distribute the report to Competence Committees on the requested date.</li> <li>. Regarding Elentra soft launch; it's not possible to facilitate a complete soft-launch a year in advance of CBME implementation, as Royal College approval and documentation must be finalized beforehand, which typically occurs around February for programs launching in July. Can facilitate limited-launching, wherein a program can institute a few EPAs to allow faculty to become habituated and familiar with completing these type of assessments. Please connect with the CBME team if your program is interested in a limited-launch.</li> </ul>
<b>3. ACCREDITATION UPDATE</b>	<b>Dr. C. Watling</b>
Discussion	<ul style="list-style-type: none"> <li>. AMS program instruments were submitted to the Royal College on September 3<sup>rd</sup>. Documents will now be reviewed by the College Specialty Committees, and ultimately by the individual surveyors assigned to each program.</li> <li>. The Specialty Committees will prepare a list of questions based on review of the documentation that will be sent to Program Directors. The questions will not be within the AMS, rather will be distributed as a Word document. Programs are to prepare concise answers to these questions, which will then be shared with program surveyors.</li> <li>. Committees are instructed to ask questions specifically related to accreditation standards, but questions can be varied in topic, as well as in quantity.</li> <li>. Program Directors will receive the Specialty Committee questions two weeks in advance of the review week. Programs will likely have less than a week to prepare responses to these questions, as they must be returned to PGME, sent back to the College, and distributed to surveyors. The surveyors will bring these responses to the program review day.</li> <li>. Recommendation that Program Directors block time in the week of November 11<sup>th</sup> to prepare responses to these questions, as number of questions can vary from a handful up to several pages. There is also a possibility that Specialty Committees will be late with submitting questions, leaving even less time for programs to prepare their responses.</li> <li>. PGME is undertaking contingency planning to ensure there are no issues with surveyors accessing AMS instruments on review day.</li> <li>. PGME will provide information from the Royal College on what documentation to have available during the Document Review portion of the survey day. <i>This information was provided to Program Directors on September 16<sup>th</sup></i></li> <li>. Programs are welcome to contact Dr. Watling for input on answering the Specialty Committee questions.</li> <li>. Specific expectations for survey day: all PDs will have a one-hour meeting with the survey team. The types of questions to expect were reviewed, and the slides containing these questions will be shared with Program Directors. <i>The slides were distributed on September 17<sup>th</sup>.</i></li> <li>. Program Directors are advised to review their program standards, and relate challenges, strengths etc. to standards, as applicable.</li> <li>. Highlighting a problem that your program has had is not a vulnerability in accreditation, as it leads to discussion of how the program has solved challenges; accreditation is now very much focused on our internal approaches to quality improvement. The cycle of recognizing and addressing a problem is a real strength for a program.</li> <li>. Program Directors are encouraged to be forthright regarding support they receive; accreditation can help with advocacy efforts that have not been successful in other ways.</li> </ul>

	<ul style="list-style-type: none"> <li>. Department and/or Division Chairs will have a one-hour meeting with surveyors, and can expect to discuss their perception of strengths and weaknesses of the program, CBME support, the relationship and support of the Program Director, assessment of teaching faculty, program resources, as well as how education and research, including resident research, is valued.</li> <li>. All residents in the program will have a one hour meeting with surveyors. Problems with morale are biggest concern to surveyors; it's helpful for Program Directors to have a good gauge of resident morale, and what may be impacting it. Residents will be asked whether they would recommend the program to a friend, to comments on the programs' strengths and weaknesses, the balance of service and education, and on issues with bullying, intimidation or harassment and how they have been addressed. Concerns with intimidation and harassment are not necessarily problematic for a program, what is problematic is if residents feel that these issues are not addressed by the program. Residents will also be asked whether they are aware of learning objectives and/or EPAs, and asked for their input on feedback, policies, protected time, exam preparation, supervision on call, career counseling and change in level of responsibility as they progress through the program.</li> <li>. Clinical fellows not following the accredited residency training curriculum are not participating in the survey review. Clinical fellows in subspecialty programs who are following the same residency training curriculum as a Canadian resident, even if not planning to write the certification exam, can participate in the review. Program Directors can inform surveyors that they will meet with a mix of residents, including international fellows not planning to write the exam, as they may have a different mindset of what they want to take away from the program.</li> </ul>
<b>4. ONECHART</b>	<b>Dr. S. Jarmain</b>
Discussion	<ul style="list-style-type: none"> <li>. OneChart is the new name for the electronic health record, and is the continuation of the move toward implementing a comprehensive, fully electronic health record, in order to get away from the challenges with the current hybrid paper and electronic record which poses risk and efficiency issues.</li> <li>. Moving toward a digital health record makes other tools available, including real-time data to drive improvement in patient care such as sepsis monitoring, quality improvement and research. Other aspect is as a tool for physician and family care giver engagement, including initiatives toward a patient portal, self-management tools for patients, etc., that lead to a standardization of care across the care continuum.</li> <li>. Project implementation will be done using a continuous quality improvement approach. Phase One from Fall 2019 to Winter 2021 focuses on small tests of change before spreading the changes more broadly. In this phase, the areas that are moving forward are the Emergency Departments, Urgent Care Centre at St. Joseph's, Alexandra Hospital, Paediatric Inpatient Medicine, Paediatric Inpatient Surgery and Paediatric Oncology at LHSC, Mental Health at St. Joseph's Parkwood Institute, and all inpatient Nursing and Allied Health documentation across LHSC and St. Joseph's Hospital, Parkwood Institute and all regional hospitals. For device integration, bedside monitors will feed directly into the system, and in Anesthesia, the ORs will go live with electronic Anesthesia modules.</li> <li>. Residents not in core training in Emergency Medicine and non-EM physicians coming in to the ER will have access to view documentation in OneChart, but will not have to change how they complete their documentation.</li> <li>. Phase One deliverables include New working view summary pages, Problems and diagnoses, Handover work lists and documentation, Provider documentation, Mobile PowerChart app, Anesthesia module (UH &amp; VH OR's), New ED tracking boards (Launchpoint).</li> </ul>

	<ul style="list-style-type: none"> <li>. For the areas that are not early adopters, the impact of OneChart on a learner's day-to-day experience will be where they view information; Nursing and Allied Health notes will be electronic, and focus is on ensuring residents know where to go for this information. There will also be the ability to use problems and diagnoses electronically, which helps feed handoffs, if a service wants to go live with the handoff tool. Rather than using advanced clinical notes, or dictating into the system, there will be other options for using templates, and the ability to dictate into Powerchart Touch.</li> </ul>
<b>5. FUTURE OF FRIDAYS</b> <span style="float: right;"><b>Dr. A. Gunz</b></span>	
Discussion	<ul style="list-style-type: none"> <li>. Primer on climate change, and opportunities for advocacy work which is important for residents and faculty, applicable to advocacy piece of curriculum map.</li> <li>. Climate change directly and indirectly impacts human health, evident across all specialties.</li> <li>. The Canadian Medical Association and the Canadian Pediatric Society have made Climate Change and Health a major advocacy issue, with many resources available on their websites.</li> <li>. Fridays for Future is an international movement of protest for climate change. September 27<sup>th</sup> is the culmination of the Fridays for Future: Global #WeekForFuture. Adult healthcare professionals are being asked to participate from 3pm to 5pm on Friday, September 27<sup>th</sup> in front of London City Hall. <i>Contact information to obtain details for this event has now been shared with Program Directors.</i></li> <li>. The Canadian Association of Physicians for the Environment (CAPE) in collaboration with the Canadian Medical Association (CMA), the Canadian Nurses Association (CNA), and others, has developed a Call to Action on Climate Change and Health, detailed on the CAPE <a href="#">website</a>, and health care professionals are urged to endorse the Call to Action, via the CAPE <a href="#">website</a>.</li> </ul>
<b>6. OVERDUE eLearning for Residents &amp; Clinical Fellows</b> <span style="float: right;"><b>S. Fahner</b></span>	
Discussion	<ul style="list-style-type: none"> <li>. Medical Affairs is requesting that all overdue eLearning be completed by September 27<sup>th</sup>, currently 11 trainees remain outstanding. eLearning is a response to legislation and must be completed.</li> <li>. Medical Affairs will temporarily suspend hospital appointment effective October 1st for trainees who don't complete eLearning before September 27<sup>th</sup> deadline, result of which is trainee being pulled from service and suspension of pay.</li> <li>. Email notice was sent on September 6<sup>th</sup> to both the outstanding trainee and their PD.</li> <li>. Program Directors will receive an updated list of outstanding individuals on September 12<sup>th</sup>.</li> </ul>
<b>8. ADJOURNMENT AND NEXT MEETING</b>	
Date and time	<p>The meeting was adjourned at 8:05 am.          Next meeting scheduled for <b>Wednesday, October 9<sup>th</sup>, 2019, 7:00-8:00am, HSA101</b></p>