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**FELLOWSHIP EDUCATION ADVISORY COMMITTEE**  
**Minutes of March 9, 2021**  
**8:00 AM to 9:30 AM – Via Zoom**

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**Present:**

Caroline Abrahams, Dr. Jennifer Amadio, Dr. Glen Bandiera, Samantha Chin, Dr. Jennifer Croke, Jennifer Fischer, Dr. Karl Iglar, Dr. Cheryl Jaigobin, Dr. Helen MacRae, Maureen Morris, Laura-Leigh Murgaski, Dr. Linda Probyn, Dr. Rayfel Schneider, Dr. Giovanna Sirianni, Shannon Spencer, Dr. Adrienne Tan, Dr. Doreen Yee

**1. Minutes of last meeting, October 20, 2020, Introductions**

The meeting was brought to order by the Chair, Dr. Rayfel Schneider. The minutes from the last meeting of October 2020 were pre-circulated and these were accepted without changes.

**2. Learner Experience (Dr. Reena Pattani)**

Dr. Schneider introduced Dr. Reena Pattani, Director of Learner Experience, Temerty Faculty of Medicine to speak to FEAC on the Learner Experience.

Dr. Pattani describes the creation of the Learner Experience office from a 2019 working group called “*Optimizing the Learning Environment*” chaired by Dr. Tony Pignatiello and Dr. Heather Flett. A prominent issue that presented itself was that of learner mistreatment. Four recommendations of this working group were given to the Dean, they are:

- establishing institutional leadership;
- clarity on procedures to intake concerns of mistreatment and how to respond,
- greater accountability;
- increased awareness.

Results of surveys examined demonstrated mistreatment is prevalent and occurs primarily in the clinical setting. Sources of mistreatment vary among faculty, patients/families, and other learners, while a disproportionate burden of reporting was experienced by equity-deserving

groups. This experience is not unique to Toronto and there is literature to support the existence of this issue over decades and across many jurisdictions.

The goal of the Learner Experience Office is to “create an inclusive and supportive learning and working environment which it is rare for mistreatment to occur, the environment remains psychologically safe for victims when it does occur, and we take a rehabilitative approach with sources of mistreatment when possible.”

This is being addressed in the Temerty Faculty of Medicine through the appointment of a Senior Advisor, Professional Values and Clinical Affairs (Dr. Pier Bryden), the creation of the role of Director of Learner Experience (Dr. Reena Pattani), revised guidelines for managing disclosures of learner mistreatment, publication of an annual report, and the creation of the Learner Experience Advisory Council.

Within the Revised Guidelines, it was vital to create a shared framework.

The definition of ‘mistreatment’ was adopted from AAMC: intentional or unintentional behavior that shows disrespect for the dignity of others. ‘Mistreatment’ has been categorized into three (3) categories: Unprofessional behaviour; discrimination and discriminatory harassment; and sexual violence and sexual harassment. New to the guidelines are guiding principles, process for intake of learner concerns, clarity on jurisdictions and integrated approaches, and a webpage for online reporting to allow for anonymous reporting will be forthcoming. Improvements that have been made include building on potential review and resolution steps including guidelines for investigations, what possible outcomes may occur, and request for review of processes.

Approach to allegations of mistreatment is an integrated approach working alongside educational leaders to have a shared expectation of the learning environment. Learners who come forward are informed about the differences that occur between discussing vs. disclosing vs. reporting so they are aware of how to proceed. When a learner reports an incident, they are advised of next steps and their reporting will be escalated for review. After this occurs reporting is brought back to the Learner Experience Office to maintain accountability, report back to learners on the incident, and include incidents in the Faculty of Medicine annual, aggregated, de-identified report.

Future directions discussed are:

- alignment across MD Program and PGME so learners have the same expectations
- iterative changes to standard operating procedures to ensure fairness and being learner-centric
- systems-level interventions
- education and communication, so everyone is aware of these guidelines and reporting
- program evaluation
- mistreatment by patients/families
- promoting positives

Dr. Pattani took questions.

Dr. Schneider asked about the Learner Experience Advisory Council and if there are fellows being represented on the council, Dr. Pattani indicated there is one from the Department of Medicine, but they are welcome to recommendations. Dr. Pattani stated there are two (2) representatives from PARO on the Council.

On the topic of awareness, Dr. Schneider inquired about smaller programs and their fellows being made aware. Dr. Pattani welcomes input and states that there will be a one (1) page information sheet that can be distributed to MD and PGME learners during orientation. Slides are also being created for programs to include in their slide decks for orientation presentations about the resources being offered. Dr. Pattani is open to suggestions for how to reach learners in various situations to provide multimodal communication avenues.

Dr. Pattani thanked FEAC for all feedback.

### **3. PGME Update (Dr. Glen Bandiera)**

#### i- Accreditation

This has been the first FEAC meeting since Accreditation wrapped up. The outcome of the institutional review was for an Action Plan Outcome Report (APOR) in two (2) years. Three (3) items were identified to be followed up on and provide evidence of progress on:

- 1) Onboarding issue at various hospitals, which was linked to a wellness standard. This is being addressed by a working group under HUEC that has been in place for about a year to date, which is co-chaired by Dr. Bandiera and Dr. Jacqueline James.
- 2) Hospital resources. The concern was PGME did not have structures in place to monitor resource issues in hospitals and was therefore affecting provision of care and learner well-being. Example given that of Wi-Fi not available in some hospitals and learners were relying on their own mobile data plans to carry out clinical duties.
- 3) Issue of lack of confidence residents had that teacher assessments would remain confidential; this was linked to learner environment standard. Processes are currently in place that a teacher cannot see evaluations until three (3) or more have been completed. A new model is now in place where assessments can be triggered by a learner at any time and not just at the end of a rotation. The new model just launched July 2020 and not ready for review by the Royal College for accreditation.

Leading practices identified are:

- 1) University of Toronto Global Health Initiatives
- 2) Data informed approach used for decision making (particularly the Voice of the Fellow survey)

- 3) Academic and scholarly approach to decision making and practices utilized
- 4) New EDI initiatives

Previously, only the programs were reviewed according to the accreditation standards by the Royal College of Physicians and Surgeons of Canada, but this year the University of Toronto PGME Office was reviewed in accordance with the new standards.

Special thanks to Laura-Leigh Murgaski and her team, with Dr. Linda Probyn's oversight, for negotiating with the Royal College for a virtual platform for the accreditation process while still achieving an accurate reflection of the University of Toronto and producing meaningful input.

#### ii – Redeployment

Mainly a resident issue, with fellows remaining 'at home' due to the complexities of their paymaster and having highly specialized skill sets.

#### lii - Vaccinations

Since fellows are attached to hospitals, they are likely to be vaccinated there, as hospitals have included learners to the list of who they will vaccinate. There have been some issues with Residents who are not assigned to index hospitals not being able to be vaccinated, but that is being addressed.

#### iv - Fellows return from travel, 14-day isolation, and payment of salary during self-isolation

At the request of HUEC hospitals, it is mandated that all learners returning from international travel self-isolate for 14 days even though they are designated as essential workers. It must be emphasized that anyone who has to self-isolate, for whatever reason, especially if it is a requirement of the employer, must be paid from the first date they are scheduled to start clinical activity. This is a requirement of IRCC.

#### v - Chair, FEAC

Dr. Schneider has served notice that he is stepping down as Chair of FEAC. This is an open call for candidates for the Chair of FEAC, all interested parties or recommendations should contact to Dr. Bandiera.

### **4. COVID related Feedback from Department of Medicine Town Halls – Dr. Cheryl Jaigobin**

Dr. Cheryl Jaigobin and Dr. Arno Kumagai, Professor and Vice Chair for Education Department of Medicine, called for two town halls to occur within the Department of Medicine; one for all fellows, the second was for IMG fellows.

Four major topics arose:

- i. Job insecurity

Fellows are concerned that hospitals are not hiring after they complete their fellowships. While training, fellows aim to make connections and as calls are being done remotely, they are concerned these connections are not being made.

The Department of Medicine is looking to create mentorship programs to assist fellows with looking for jobs.

ii. Workloads

As residents are being redeployed, fellows are being asked to move into those roles and take over their duties, resulting in an increased workload

iii. Mental Health and Wellness

Many fellows are isolated from their families who have not been able to come to Canada due to restrictions and health concerns. Fellows are also not able to create a sense of community as in pre-pandemic times.

Wellness sessions for fellows are being organized to provide additional resources and fellows are being guided to the Wellness Office at PGME. Jennifer Fisher noted that fellows mentioned Wellness sessions being offered are often Band-Aid solutions and not addressing the root problem. Ms. Fischer also noted that fellows were experiencing email fatigue, so in order to keep fellows abreast of news surrounding COVID-19, the Department of Medicine is highlighting key issues so fellows can target emails that are pertinent to them.

iv. Childcare

Since the start of the COVID-19 pandemic, childcare availabilities have reduced causing additional stress to fellows, predominantly among female fellows. Ms. Fischer stated that fellows are concerned childcare that is open would turn them away as they are frontline workers are at an increased risk. The Wellness office is assisting with addressing the issue of childcare for fellows.

During question period, Dr. Jaigobin indicated she has not heard of fellows telling their supervisor(s) there is a workload issue. Ms. Fischer indicated that fellows find their supervisors are very supportive and helpful, but that supervisors are also indicating they are experiencing burnout as demand on service has increased across the board.

Dr. Schneider shared an anecdotal observation that when there are cohesive groups among residents and fellows they often make a positive impact on such things as mental health among the people in their immediate environment.

Dr. Jennifer Amadio noted that with COVID-19, team rounds have been disrupted. Dr. Amadio echoed that fellows are being asked to do more work in the Department of Medicine as residents are being redeployed. Fellows also do not have the opportunity to teach junior residents and the experience that brings is disrupted. Dr. Helen MacRae noted that many in the Department of Surgery are experiencing the opposite in terms of workload and are experiencing a decreased clinical volume.

## 5. Voice of the Clinical Fellow Survey Update – Caroline Abrahams

After making revisions suggested by FEAC, the survey was with research ethics (REB) before it will be deployed on the target date of March 16, 2021. It will target all clinical fellows who were enrolled in a U of T Clinical Fellowship in the 2020-2021 academic year and were active for one month or more in that fellowship (not including the PEAP). Approximately 1300 recipients will receive the survey and a minimum threshold for departmental reporting is 10.

The reporting being proposed is the following:

- ***Topline report:*** provide an extensive report of all quantitative and relevant narrative findings for Decanal Leads and FEAC.
- ***Departmental Topline Reports:*** an extensive report of all quantitative and qualitative findings by individual departments and/or programs. Provide randomized and blinded results of other departments/programs to draw comparisons. For Department leads and their stakeholders
- ***Key Findings:*** high-level document identifying 'what we heard', analysis of findings, implications for the Temerty Faculty of Medicine and next steps to address findings. For survey respondents and the public.

Ms. Abrahams confirms her team will aim for FEAC's next meeting to provide the Topline Report. The survey for residents has been deployed a couple of weeks prior and response rates are similar to previous years, which is hopeful for the Voice of the Clinical Fellow response rate.

## 6. AFC update – Laura Leigh Murgaski

Previously the Paediatric Urology AFC application was reviewed by FEAC and submitted; the accreditation committee has approved it.

The next deadline for AFC applications is June 30, 2021. Any applications submitted **after this date must be submitted in the new standards** as residency programs moved to new standards in years previous. Any program working on an AFC application now and does not receive approval before June 30, 2021 will be required to complete new documentation.

Currently four programs are working towards completing an application for AFC. Any applications that are ready to move forward will be sent to FEAC at the beginning of June 2021.

The new standards are not fundamentally different from the previous standards. Three applications for AFC in the Fall 2020 were piloted in the new standards and did well. Ms. Murgaski requested that some time at a meeting in the Fall 2021 be set aside for FEAC to review the new standards.

## 7. Clinical Fellow Selection

Not addressed, carried forward to the next meeting.

### For Next time...

Dr. Schneider has brought forward the topic of benefits for fellows to bring forward to the next meeting. He wishes to obtain data from different Departments regarding this. Dr. Bandiera recommends we seek advice from the University of Toronto's legal counsel.

**Meeting adjourned – next FEAC Meeting, June 1<sup>st</sup> at 0800am.**