

MEETING MINUTES

Postgraduate Medical Education Advisory Committee (PGMEAC)

Friday, April 26, 2024 | 12:00 – 2:00 pm
Zoom Meeting

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- Present:** Meredith Giuliani, Linda Probyn, Maureen Morris, Adrienne Tan, Arno Kumagai, Andrea Bezjak, Adelle Atkinson, Caroline Abrahams, Eric You-Ten, Heather McDonald-Blumer, Janine Hubbard, Laura Leigh Murgaski, Lisa St. Amant, Rachel Fleming, Melissa Hynes, Mojgan Hodaie, Peter Wu, Julia Kfoury, Shaheen Darani, Shima Shakory, Stu Murdoch, Susan Done, Vaibhav Kamble, Jackie James, Heather Flett, Mariana Da Silva Jardim, Seetha Radhakrishnan, Hemen Shukla, Alison Freeland, Shannon Spencer, Mark Rapaport, David Rojas, Anne Matlow, Jennifer Dare, Sheri Johnston, Tessa Catchpole (Recorder)
- Guests:** Elizabeth Poon, Andrew Broeren, David Makary
- Regrets:** Ahmed Al-Awamer, Ashna Bowry, Amandeep Rai, Nicola Jones, Patricia Houston, Samir Grover, John Granton, Nirit Bernhard, Shari Thompson-Ricci, Lindsay Baker, Vincent Lin, Katina Tzanetos, Kevin Weingarten
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1. AGENDA/MINUTES

- a) M. Giuliani welcomed new and returning members. The agenda was approved as written.
- b) Minutes of the Friday, February 23, 2024 meeting were accepted as circulated.

2. CONSENT AGENDA

Consent agenda was pre-circulated and shared in the chat.

3. NEW BUSINESS

a. Markham Stouffville Hospital (Oak Valley Health) Site Update

E. Poon provided a broad overview of Oak Valley Health, a community hospital with two sites: the main Markham site and a rural site in Uxbridge.

Oak Valley has a dedicated education coordinator who manages all incoming medical learners, and ensures that onboarding is as seamless as possible. Currently the site is undergoing a significant management change and moving to Computerized Physician Order Entry (CPOE). There is a learner representative appointed to ensure that their needs are considered when making any training changes.

E. Poon noted that there are challenges with learner space at Oak Valley, including having an appropriate amount of space and private spaces to feel safe and interact with their colleagues.

Available space:

- Dedicated Family Medicine lounge and call rooms
- Physician lounge with two designated resident call rooms, with aims to increase that number in order to ensure space for all learners.

- Learning Center which is open to all learners, and includes a simulation center with two simulation experts and a large computer lab.

Facilities and Services:

- Staff Wi-Fi which learners can access using their hospital login details.
- Onsite parking for \$45/month.
- Wellness services on site with dedicated wellness expert staff.
- Cafeteria which functions as a shared space for eating (no facilities there).
- There is a full-service Tim Horton's and Druxy's operating until 9pm, with a Tim Horton's kiosk available 24/7. Improved healthy options planned to be added to the vending machines.
- Safe drop off space is available at the Emergency Department for food delivery services.
- The Markham site is attached to the Cornell Community Center with exercise facilities, accessible at a discounted rate for learners and staff.
- A collaboration is in place with the Markham Public Library, and a hospital employed librarian is available for research assistance.

b. Royal Victoria Regional Health Centre (*see attachment*)

A. Broeren presented an update on the Royal Victoria Regional Health Centre Health (RVH) and medical education program. Program objectives are to make long-term connections with learners, create an exceptional learning environment, and translating the long-term connection to community recruitment.

An overview of the learner experience at RVH was provided:

- All learners receive a survey to provide feedback on their RVH experience, in an effort to **continually improve the learning environment**.
- The **onboarding process is streamlined**: by leveraging automation through redcap, learners complete their onboarding up to 21 days before arriving on site to maximize the amount of time they can spend in clinic on their first day.
- **The medical learner experience is individualized**: each learner is met in person on their first day, provided with their badge, taken to the parking office and provided a tour of the facilities prior to attending computer training.
- Learners are provided with the contact information of the medical education office and are encouraged to reach out with any questions via cell phone or email to ensure continuous **support throughout a learner's rotation**.

Facilities:

- Physicians lounge with touchdown spots
- Surgery lounge
- Onsite 24/7 gym access
- Discounted parking with daily, weekly, and monthly rates
- Wi-Fi access
- 24/7 food court and local restaurants
- Multiple on-site call rooms
- Simulation Center (Manikin and Virtual Reality) which RVH has recently made a multi-million-dollar investment in; will be a Center for Education and Research opening in September 2025.
- Education office in the Health Library reachable by telephone or email at any time.

A. Broeren discussed housing options for learners coming to do an elective at RVH. RVH is a Rural Ontario Medical Program (ROMP) site, so for ROMP learners there are two homes within walking distance. Support is also available to facilitate short-term rentals or hotel stays, as well as residences at nearby Georgian College.

c. Southlake Regional Health Centre Update (*see attachment*)

D. Makary provided an overview of Southlake, its facilities and support for the residency program.

Southlake supports a robust educational program, hosting around 152 unique learners over the past year, including medical observers and paramedic learners. It runs a Family Medicine residency program with 9 PGY1s/year. The Family Medicine teaching unit is well-equipped with 6 dedicated resident rooms with AV observation equipment, a resident work room, kitchen, a dedicated family medicine call room, shared procedure room and a gynecology room.

Additional amenities include a 24/7 on-site gym, a multi-faith prayer room, flexible lactation accommodations, multiple locations for lockers and change rooms, a simulation room for training (ACLS, PALS, mock codes), and various food service options including a new on-site kitchen and an upcoming full-service Starbucks, in addition to the current 24/7 Tim Horton's.

The educational program is supported by the Vice President, Medical Affairs, Executive Vice-President, Quality, Practice and Patient Experience and Chief Nursing Executive, and a newly created Director of Medical and Academic Affairs role. This comprehensive support structure ensures that both medical staff and residents have the resources they need for their professional development and daily needs.

d. PARO Update

S. Shakory, Site Chair for Toronto PARO Council, provided an update on PARO activities:

Recent/Upcoming Events

- Facilitated a talk for medical students on April 8th which was well attended and well received.
- The first of two Touchstone presentations for incoming IMG residents during their orientation sessions was held on April 12th, and the second session is upcoming to be held on May 17th.

Call Room Audits

- The results of the call room review were submitted and there have been positive developments in the response from the hospital sites.
- S. Shakory thanked the hospitals for implementing changes and noted that questions or feedback about the review process are always welcome and can be sent to her or to PARO Central.

e. Leadership Strategic Initiatives Portfolio Update (*see attachment*)

A. Matlow provided an update on the PGME Leadership portfolio, highlighting three key initiatives.

Leading by Example Education Series

- Offers 18 topics related to leadership, such as emotional intelligence and teamwork, and the topic list will be sent out in June.
- PGME maintains a list of speakers available to present on the topics.
- This series is designed to help program directors find suitable speakers for academic half days or resident educational retreats, and provide educational opportunities for learners.
- This year the initiative has filled upwards of 30 different slots to positive feedback.

Postgraduate Leadership Certificate Program

- A competitive program for residents and fellows that includes an action learning project.
- This program aims to empower learners to implement changes in their medical practice through hands-on projects.
- This is a program with a competitive selection process for approximately 30 post graduate learners, residents and fellows.

- In May, the program will be advertised to all learners, and Program Directors will also be asked to circulate the call for applications to learners.

Multisource Feedback (MSF) Process

- This initiative is crucial for meeting accreditation standards and providing formative feedback to program directors.
- This process involves collecting feedback from various sources, including faculty, administrators, and learners, to review the performance of program directors.
- This is a central feedback process (separate from the individual process that some Departments may have in place) that is conducted collaboratively between the academic lead of the discipline and the PGME office, ensuring a comprehensive evaluation.
- The MSF process will be implemented for Residency and AFC PDs, and Fellowship Directors at year two, five and eight in their role.
- The Vice Chair, Education is able to participate in the debrief and receives a copy of the aggregated final report.

2024-2025 Priorities:

- Develop a repository of online resources
- Support for leadership program design
- Leadership day: speakers, posters, etc.
- Recruit more faculty to be involved with leadership education
- Individual and team coaching for PDs to enhance their leadership capabilities

f. Spring All Fellowship Directors Meeting

J. Hubbard provided an update on the upcoming *Spring All Fellowship Directors* meeting. A Save the Date for May 10th, in-person from 9am – 1pm had been previously circulated. The meeting format and timing has since changed and will now be held on **May 10th virtually from 9:30 – 10:30am**, for a broader audience in order to maximize attendance. Fellowship supervisors and administrators are encouraged to attend, as the session will focus on PEAPs, fellows in difficulty, available resources and information on processing work permits. An invitation for this event will be sent out on Monday, April 29th.

PGME will be asking Departments to forward the invite to their fellowship supervisors who would benefit from the session. The meeting will be recorded via Zoom webinar so the presentations can be viewed later. If there are questions about this event, they can be directed to [Janine Hubbard](#).

g. Guideline(s) Approvals

M. Hynes presented updates to two PGME guidelines for committee approval. The guidelines were reviewed and updated as part of a PGY guidelines renewal project, started in 2023, aiming to update and align postgraduate year (PGY) guidelines with current policies and procedures from various regulatory bodies (e.g., COFM, CPSO, CMPA). The renewal process involves revalidating guidelines with legal counsel, the medical education community via PGMEAC, and, when necessary, the University Governing Council.

M. Hynes summarized the revisions and additions to the guidelines:

Guidelines for Residency Leaves of Absence

- Original approval in 2009, last revision nearly 10 years ago
- Web links were updated
- New preamble outlining the role of the Office of Learner Affairs
- Added expectations for conduct based on external policies
- New sections on sick leaves, medical leave, long-term disability, and professional responsibility.

- Enhanced user-friendliness with updated links to payroll changes.
- Procedures related the Office of Learner Affairs (OLA) were added
- New section on medical certificates in alignment with COFM LOA policy

Guidelines for Accommodations for Postgraduate Learners with a Disability

- Original approval four years ago
- Health and safety section made independent
- Clarified roles for learners, the OLA, and the program to help PDs navigate the process with learners
- OLA's role highlighted more prominently in the guideline

M. Hynes noted that the review timeline is set around the accreditation cycle. Going forward, guidelines will be reviewed annually, with renewal set at every four to five years.

M. Hynes called for a motion to approve the "Guidelines for Residency Leaves of Absence" – S. Shakory moved to approve, J. Johnstone seconded the motion, PGMEAC approved.

M. Hynes called for a motion to approve the "Guidelines for Accommodations for Postgraduate Learners with a Disability" – S. Johnston moved to approve, M. Rapaport seconded, PGMEAC approved.

h. Assessment Committee (ACT) Terms of Reference (see attachment)

J. Johnstone presented an overview of the proposed Assessment Committee for Temerty Postgraduate Medical Education (ACT) and the draft Terms of Reference.

ACT will be responsible for strategic planning and process development to improve learner and faculty assessment within PGME, focusing on both Family Medicine and the rural programs. The committee aims to develop and implement adaptable assessment strategies across diverse programs. Its main goals are Learner Assessment, Faculty Assessment, Program Assessment, and developing Best Practices for Assessment Scholarship and Collaboration.

The committee will work closely with programs and learners to address the diverse needs of the system, prioritizing EDI, scholarship, program evaluation, external partnerships, technology, and curriculum alignment.

J. Johnstone called for a motion to approve the creation of the Assessment Committee for Temerty Postgraduate Medical Education (ACT) – H. McDonald-Blumer moved to approve, D. Chan seconded, PGMEAC approved creation of this subcommittee.

i. PGCORed Communication (see attachment)

H. McDonald-Blumer provided background details and an update on PGCORed. A PGCORed working group was formed to review the modules and several changes were suggested and implemented by the Curriculum Committee:

- "Teaching and Residency" module will remain mandatory within the first three months of training, while the other modules will now be optional, allowing programs to decide their necessity and integration into academic schedules
- Program Directors have been informed, and updates to the website are underway to reflect these changes.
- A communication will be sent to residents directly next week, outlining the changes.

The Curriculum Committee recognizes the importance of continuing to teach the essential components covered by these modules. Programs will need to ensure that topics such as communication and

leadership are incorporated into their academic or clinical teaching activities. The goal is to provide flexibility while maintaining the quality and comprehensiveness of the training.

j. Chief & Senior Resident Leadership Workshop (*see attachment*)

H. McDonald-Blumer provided a planning update for the Chief & Senior Resident Leadership Workshop:

- Thursday, August 15, 2024 from 8:15am – 12:00pm, in-person at Chestnut Conference Centre
- Working agenda includes introduction to PG leadership, PARO, PG resources, CIP and PGLC programs, etc. Full details can be found in the attached slides.
- Invitations will be extended to Chief Residents and Senior Residents with leadership roles, aiming for around 100 participants.
- There is consideration for holding this event more than once a year in the future, TBD.

k. Accreditation Update: New Standards of Accreditation (*see attachment*)

L. Probyn provided updates on the accreditation cycle and new standards. Currently halfway through an eight-year cycle, with the last survey in 2020 and the next in 2028. The focus now is on internal reviews of all programs. L. Probyn highlighted the different standards of accreditation for institutions and residency programs, noting upcoming changes to the General Standards of Accreditation for residency programs in July 2024:

- New Standard **1.1.3.8**: *The program director or delegate attends at least one specialty committee meeting per year in person or remotely.*
- PGME is actively reminding program directors about these meetings and offering support for any agenda items that may need additional input. This proactive approach aims to ensure programs are well-prepared for the new standards and the next accreditation survey.

The institution standards, still in draft form, include a new requirement for all internal reviewers to receive anti-racism and implicit bias training before reviewing programs. To ensure compliance, PGME will be offering workshops and an attestation process for those who have already completed such training. This proactive approach aims to prepare program directors and internal review committee members for the upcoming standards.

L. Probyn introduced the Accreditation Program Evaluation (APE) form, developed to simplify the internal review process. The APE form combines self-evaluation and accreditation questionnaire elements and is pre-populated based on the 2020 accreditation questionnaire to reduce the workload on programs. PGME is also offering workshops and one-on-one support to help programs with their reviews and areas for improvement. With 76 Royal College programs, 26 family medicine programs, and 15 AFC programs, the accreditation team at PGME is committed to supporting all programs through this intensive review process.

l. Other Business

With no other business, the meeting was adjourned at 2:00pm.

Next Meeting: All PDs/FMSDs | Friday, May 31; 9:00 – 11:00 am – *in-person*; DoubleTree by Hilton