

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, November 23, 2012

Present:

C. Abrahams (PGME)	R. Levine (Surgery)	A. Pattern (PGME)
T. Bahr (PGME)	J. Maggi (SMH)	M. Paton (Edu Deans)
G. Bandiera (AD PGME via TC)	A. Matlow (WCH)	L. Probyn (Diag Rad)
P. Campisi (Otolaryngology)	H. McDonald-Blumer (Int Med)	R. Razik (PAIRO)
M. Fefergrad (Psychiatry)	B. A. Millar (Rad Onc)	S. Spadafora (VD PGME, Chair)
S. Glover Takahashi (PGME)	L. Muharuma (PGME)	F. Scott (PHPM)
J. James (MSH)	K. Pardhan (PAIRO)	D. Steele (ObGyn)
M. Levine (Anesthesia)		J. Tepper (Sunnybrook)

Regrets:

A. Atkinson (Peds); S. Bernstein (UG Clerkship); R. Byrick (CPSO); J. Goguen (Medicine); K. Iglar (Fam Medicine); W-C Lam (Ophthalmology); P. Houston (Acting VD UGME); D. McKnight (AD Eq & Prof); S. Raphael (Lab Med); N. Rosenblum (CIP); R. Schneider (Peds SS)

Guests: B. Cummings, G. Gatien – MD Management

AGENDA/MINUTES

1. a) The agenda was accepted as circulated.
- b) Correction to Minutes of October 26th – spelling of M. Paton’s name. J. Tepper moved that the minutes be accepted with the change, seconded by J. James. The corrected minutes were unanimously accepted.

REGULAR UPDATES & FOLLOW-UP

2. Update from COFM, HUEC

S. Spadafora gave an overview of items recently discussed at COFM:

- CARMS unilaterally changed the file review date.
- The COFM Blood Borne Pathogen Policy and PAIRO algorithm illustrating the proposed process of the CPSO maintaining trainee BBP data was discussed at the last PGE:COFM meeting. It will be brought forward for further review.
- The discussions regarding making the NAC-OSCE a “common benchmark” for IMGs applying through CARMS, as well as eliminating the AVP, are ongoing.

3. Resident Issues

- The discussions regarding the interpretation of the call stipend section of the PAIRO-CAHO contract are ongoing.
- A draft of the PAIRO paper on Residents and Public Health Emergency Preparedness was distributed at PGE:COFM.

4. Pre-Accreditation Preparation

G. Bandiera indicated that the Royal College has added an additional deputy chair to the Accreditation team. Hospital Pre-Survey Questionnaires are still being reviewed and will meet the January deadline for submission to the RCPSC. Template schedules are available for programs. It is recommended that all programs undertake schedules and bookings, which can be cancelled as required once the program review decisions are finalized by the RCPSC in early February. Surgical Foundations will be arranged to provide an overview of the common curriculum across surgery programs, and the same might be done for Medicine. This coordination will also help with multiple Chair meetings.

5. Policy/Guidelines/Consultation:

a) **Postgraduate Trainee Health and Safety Guidelines** – deferred to January meeting

b) **Approval of Terms of Reference for:**

- **Quotas Allocation Committee:** approved as distributed
- **PGCorEd Subcommittee:** recommendation to add resident representative was accepted. Membership will be revised. Document with revised membership approved.
- **POWER Steering Committee:** Under the first point under Goals and Objectives, define the kind of system i.e. “registration/evaluation system”. Also membership should specify titles only, not names. It was recommended that a HUEC representative (from a hospital) be on the committee.

With the changes noted above, a motion was made by J. Tepper to approve the revised Terms of Reference of the three subcommittees, seconded by L. Probyn. All were in favour.

c) **Statement on Accommodation of Medical Learners with Special Needs**

The statement was developed in June 2009 as a result of a request by the University Office of the Ombudsperson to formalize the PGME approach to accommodating learners with special needs. The approach of the PGME Office outlined in the document is that accommodation is a legal obligation, a shared responsibility, that disability covers a broad range of conditions, and there is no set formula for accommodation. It also states that medical learners must meet specific standards regarding observation, motor functions, and cognition. The revisions proposed to the statement were the 2 final paragraphs regarding accommodation for trainees with a communicable disease, including review by the Faculty’s Expert Panel and modification to the trainee’s future rotations.

In discussion of the document, it was suggested that we delete or re-word the last paragraph on page 1, the sentence regarding no services from the University’s Accessibility Services Office. S. Spadafora explained that we have approached Student Services who made it clear that who do not pay tuition or ancillary fees are not eligible for the University services. The PGME has paid for these assessments in the past – either partially or in full. It was acknowledged that there are gaps in the system and in communication between Program Directors, faculty, hospital staff, and the hospital Occupational Health Offices regarding this kind of accommodation. S. Glover Takahashi noted that many accommodations such as modified return-to-work plans are done with Program Directors/Site Directors in a case management system through the Office of Resident Wellness. **It was agreed that a flowchart/algorithm be added to the document to clearly outline options and responsibilities for performing and tracking the accommodations being made. With those additions, B.A Millar moved that the document be approved, seconded by H. MacDonald Blumer. All were in favour.**

d) **Statement on Protection of Personal Health Information**

G. Bandiera provided an overview of the document, developed by a HUEC working group on privacy. The document outlines the rationale for development of the statement in terms of the varying uses of PHI, focusing on the protection of the information in the context of the Health Information Custodian as a learning environment. The document establishes Guiding Principles, and specific direction on how learners must access, store, transmit, or remove PHI from the hospital/lab either electronically or hard copy via handheld device, computer, or portable storage. Direction is also provided regarding reporting any breach of privacy or security, but does note that the document does not replace other policies or regulations in place regarding PHI by the hospital or licensing bodies. **J. Maggi moved that the document be approved by PGMEAC, J. James seconded the motion. All were in favour.**

6. Practice Management Seminars

B. Cummings presented an overview of the Practice Management seminars hosted by MD Management. The seminars are offered twice a year, usually March and November/December and offer financial and practice establishment advice to senior residents. It was noted the numbers have dropped off in the last 2 years, despite excellent evaluations and comments from attendees. Members indicated that Program Directors needed more advance notice so that services might be adequately covered. It was also noted that an entire day might be too long and the Sunnybrook location not convenient. B. Cummings indicated that they would work with the PGME Office on more advance notice of the seminars which will be distributed to the Program Directors.

7. Dual Certification Approval Guidelines

S. Spadafora presented a process for Programs to request additional funding years to allow a resident to obtain “dual” certification. Departments would submit proposals to the PGME Associate Dean, Admissions + Evaluation up to December 31 annually, with a brief submission outlining the description and rationale for the program and years required. Requests would be reviewed in terms of HHR planning, funding availability and other factors. Departments would be notified by the end of January each year. **Members were asked to consider the proposal for discussion at the next meeting.**

8. Medical Training Days

a) UofT and Provincial Committee progress

C. Abrahams reported that the Provincial MTD Implementation Committee has made good progress and has developed a model where each of the six medical schools is assigned a group of teaching and community hospitals such that every hospital in Ontario with medical learners has a connection. The plan is for the “host” medical school to report on their learners (their own and those from other medical schools on electives). The Implementation Committee is working through details of the plan as well as communications to hospitals. The U of T Steering Committee is meeting January 11 and the MTD Working Group is working with K4Y to enhance screens to capture the granularity of rotations (e.g. multisite, longitudinal etc). New screens in POWER should be ready in the Spring and ongoing training is being offered by the PGME office through both group sessions and individual training.

b) Recording of Vacation

Many programs have requested a central electronic request/approval and tracking of residents’ vacation. Some software from Queen’s has been explored, and the question on internal/local methods of tracking vacation was asked. L. Probyn indicated that Medical Imaging has an internal system. A. Pattern will follow-up and report back on options.

9. Convocation – deferred

10. Teacher Evaluation Form – Best Practice Monitoring

The POWER Steering Committee reviewed enhancements to the Teacher Effectiveness Form (summary form) to improve reliability when # of evaluations is low. The template developed is based on a rate which includes **score frequencies** and **mean, median and mode** for “individual teacher” and “all teachers” by rotation. It is hoped that the new form will be rolled out after further consultation with PDs for 2013-14 session.

A recent review of use of the Resident Assessment of Teacher form showed a high percentage of non compliance. Of 90 programs reviewed, almost 60% were non-compliant re too many questions, no description of the 5-point scale, no overall questions etc. PGME will contact Departments/Programs individually to offer evidence for RATE form approach and support to update forms.

11. Case Log/Mobile Evaluation Initiative and Portfolios

The PGME Office is working with K4Y to update Case Logs function in POWER, which will include functionality for mobile devices. Focus groups were held with PDs and Residents week of November 13th. Key features of the changes are: ease of data entry; adding to existing logs; filtering, multiple procedures, teaching cases, integration with ITERs

Regarding e-portfolios, PGME surveyed PDs in October for interest, preferences and challenges. Preliminary results suggest all are interested with most seeking compatibility with POWER. Challenges include faculty/resident buy-in; technical support/know-how and resources. The PGME will consider next steps for development for a 2013-14 pilot implementation. The approach will likely be to create a "shell" for each program, enable it, and populate it with procedures.

12. Best Practices on Admissions Committee

G. Bandiera reported that the Committee has met once to date, and has developed the Terms of Reference and is engaged in an Environmental Scan. The Committee will identify best practices, create guiding principles, and make recommendations based on their findings.

S. Spadafora reminded all members to attend the All Program Director's meeting on December 14th at the Park Hyatt, followed by the PGME Office Holiday Reception.

The meeting was adjourned at 2:35 pm