POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE Minutes of Friday, May 23, 2014

C. Abrahams (PGME)

P. Campisi (Otolaryngology)

M. Fefergrad (Psychiatry)

S. Glover Takahashi (PGME)

J. Goguen (Med SS)

C. Hurst (PGME)

K. Iglar (Fam Med)

J. James (MSH)

J. Kronick (HSC)

M. Levine (Anesthesia)

J. Lloyd (Ophthalmology)

J. Maggi (SMH)

H. McDonald-Blumer (Core IM)

D. McKnight (AD Eq&Prof)

T. McLaughlin (PARO)

B. A. Millar (Rad Onc)

M. Morris (PGME)

L. Muharuma (PGME)

O. Nnorom (PHPM)

B. Pakes (PHPM)

L. Probvn (PGME)

N. Rosenblum (CIP)

F. Scott (PHPM)

S. Spadafora (VD PGME, Chair)

Regrets:

A.Atkinson (Peds); E. Bartlett (Diag Rad); S. Bernstein (UG Clerkship); R. Levine (Surgery); R. Richards (CPSO); J. Rosenfield (UG Dean); S. Sade (Lab Med); R. Schneider (Peds SS); D. Steele (ObGyn)

Guests: N. Korchagina, CIP Project Coordinator, W. Kubasik, Manager, Office of Integrated Medical Education; S. Verma, Deputy Dean.

AGENDA/MINUTES

- 1. a) Introductions
 - b) The minutes of the March 28, 2014 meeting were accepted as distributed.
 - c) S. Spadafora reminded members of the All Program Directors + Family Medicine Site Directors meeting on Friday June 20th to which all PGMEAC members were invited
 - d) The roster of presentations/ items for today would be changed from the agenda order due to presenter availability and timing.

REGULAR UPDATES & FOLLOW-UP

2. Update from COFM

With the halt on residency expansion, the schools are working collectively to shift and reallocate positions based on a social accountability mandate. The issue of whether CPSO applicants from a medical school not on the WHO directory must be approved by the Registration Committee remains unresolved. The CARMS criteria/descriptions regarding MCCEE and NAC-OSCE requirements are being revised for greater clarity.

3. Resident Update

Kaif Pardhan is the new president of PARO and the rest of the Board of Directors will be announced June 6th. PARO-CAHO negotiations are heading to arbitration in Fall 2014, and the first meeting will be in September.

4. Internal Review Committee

The IRC is recruiting faculty and residents for reviews in the next cycle. Child & Adolescent Psychiatry and Geriatric Psychiatry reports will be reviewed at the May 27th meeting. External review dates are being booked for Orthopedic Surgery (Spring 2015), and Respirology, Emergency Medicine, General Surgery, Urology for Sept/Oct 2015. Family Medicine Progress reports are due to the CFPC May 30th. Progress reports on Hematological Pathology, Internal Medicine, Adult Rheumatology, and Psychiatry are due to the RCPSC October 15th.

The IRC and Family Medicine IRC subcommittee were revised to better reflect the process and responsibility of the reviewers when presenting to the Committee, as well as clarity regarding reporting to PGMEAC and annual report at the All Program Directors meeting. Both revised Terms of Reference were approved as revised.

5. Policy/Guidelines/Consultation

Terms of Reference - Wellness Subcommittee

Chris Hurst presented the Terms of Reference of the Wellness Subcommitee, which is designed to bring together program wellness designates to share resources and best practices to support residents with issues affecting training. C. Hurst explained that many programs have a formal or informal wellness contact who the resident may contact first. The Subcommittee will create a community of practice which will be able to build capacity to assist more trainees that the current one-on-one pattern with Wellness staff. In discussion, there was some concern that faculty wellness contacts are not trained counselors. However, it was noted that an initial visit between resident and faculty member would be by definition non-therapeutic.

Regarding membership, it was suggested that a program administrator and hospital representative be added to potential membership. There was also discussion of a pr6. ocess to provide feedback to a site or site supervisor regarding recurring issues. S. Spadafora thanked everyone for their input, which will be reviewed by the Wellness Office and a revised document brought forward to the PGMEAC in the next academic year.

NEW BUSINESS

6. Teaching and Academic Capacity in Toronto.

S. Verma presented an overview of the TACT Steering Committee, the purpose of which is to oversee an environmental scan of learner capacity, provide recommendations on how to increase capacity, and develop a teaching capacity tool. The Steering Committee is chaired by G. Bandiera and S. Bernstein.

7. Clinician Investigator Program - the Integrated Physician Scientist Training Pathway

The briefing note on the Vision for the Integrated Physician Scientist Training Pathway was previously distributed. N. Roseblum provided an overview of the multiple entry points to the Physician Scientist stream and positive results to be achieved with flexibility, early exposure of students to science and medicine, and an integrated IPSTP curriculum. The IPSTP will be based on simultaneous entry of trainees in UME and the School of Grad Studies. Summers in the first 3 UME years would include introductory research training, and a LIC clerkship in a research-oriented placement. Flexibility would also be sought in the CARMS match process re start/transition date and a customized residency program. See slides for further description and graphic of the proposed pathway.

8. Transfers 2013-14

M. Morris and L. Muharuma provided a summary of this year's transfer requests. There were 39 requests and 12 were successful. Approximately 6% of the PGY1 cohort requested transfers. 7 trainees withdrew during the process. 5 were offered a transfer but declined. Inter and intra-provincial transfers: 1 resident transferred to McMaster and 8 residents were accepted from other schools at various training levels.

9. Best Practices in Rotation Evaluation (BPRE)

L. Probyn presented the background to creation of the BPRE working group and summarized the findings of the working group regarding current rotation evaluation forms – long and tedious, many irrelevant questions, confusion between the rotation evaluation and the ITER, the fact that CanMeds roles did not apply to rotations, no follow-up and that there should be more room for comments.

The new form was presented, which has a hyperlink to the goals and objectives, and nstructions stating that issues will be flagged for prompt response, teaching sites will receive aggregate comments. The scale is out of 5 and includes sections on Organization of the rotation and site, educational design, learning supports provided, learning climate, educational experience, facilities and overall rating. There is also an open text area to describe the Strengths and Areas for improvement of the rotation. In discussion, there was concern that it was not discipline specific and passing score vs comments. L. Probyn asked for volunteers for a trial of the revised form,

from big and small programs. Once the trial period is complete, there will be further revisions then implementation.

10. E-Learning Task Force

Dr. Dimitri Anastakis and Dr. Jay Rosenfield are co-chairs of the Faculty's e-learning task force in the Faculty which started in February 2014 and will be completing its work by Fall 2014. S. Glover Takahashi reported that the purpose of the Task Force is to make recommendations to FOM leadership that will help position the FOM as the leader in eLearning across the education continuum. There are 4 working groups: current investment in eLearning and identification of opportunities to coordinate; Engagement, Process, Content; Partnerships and Collaboration; Survey of best practices in other institutions. Surveys will be deployed in late summer and Fall 2014.

Meeting was adjourned at 2:30 pm.