

MEETING MINUTES

Postgraduate Medical Education Advisory Committee (PGMEAC)

Friday, November 25, 2022 | 12:00 – 2:00 pm
Zoom Meeting

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- Present:** Meredith Giuliani (Chair), Caroline Abrahams, Anne Davies, Susan Done, Michele Farrugia, Savannah Clancey, Hadeel Aljazzaf, Jennifer Nguyen, Maryam Obidallah, Victoria Reedman, David-Dan Nguyen, Adelle Atkinson, Andrea Bezjak, Larry Erlick, Vincent Lin, Mojgan Hodaie, Jeannette Goguen, Seetha Radhakrishnan, Giovanna Sirianni, Nicola Jones, Amandeep Rai, Maureen Morris, Lisa Bevacqua, Kevin Weingarten, Mary Bell, Shaheen Darani, Cheryl Jaigobin, Linda Probyn, Eric You-Ten, Adrienne Tan, Jackie James, Barry Pakes, Melissa Kennedy, Shannon Spencer, Laura Leigh Murgaski, Charlene Sturge (Recorder)
- Guests:** Heather Flett, Peter Tzakas, Lindsey Fechtig, Ryan Giroux, Jerusha Retnakanthan, Onye Nnorom, Dawn Maracle, Angela Mashford-Pringle, Lisa Richardson
- Regrets:** Rachel Fleming, Stu Murdoch, Walter Tavares, Lindsay Baker, Shari Thompson-Ricci, Arno Kumagai, Patricia Houston, Ashna Bowry
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1. AGENDA/MINUTES

- a) M. Giuliani welcomed members and provided a brief roll-call of representatives at today's meeting. The agenda was approved as written.
- b) Minutes of the Friday, October 21, 2022, meeting was accepted as circulated.

2. CONSENT AGENDA

Motion to approve the consent agenda was accepted as circulated.

3. NEW BUSINESS

- a. **Sunset PGME Wellness Committee** (*see attachment*)

H. Flett put forth the motion to sunset the PGME Wellness Committee as it will be replaced by the Learner Wellness Advisory Committee. This new committee was formed in alliance with integration across the continuum to provide a leadership structure to support both undergrad (UG) and postgraduate (PG) learners. This advisory committee has key representation from both faculty leaders and learner leaders looking at learner wellness who will oversee learner wellness, programming, policy and curriculum development and review, creating key toolkits and frameworks that will be shared between UG and PG.

The motion to sunset the PGME Wellness Committee was unanimously approved by all members. The motion to accept the Terms of Reference for the Learner Wellness Advisory Committee were approved by all members.

The terms of reference for the Learner Wellness Advisory Committee are attached.

b. Resident Update

H. Aljazzaf provided an update on PARO activities:

RDAW

Resident Doctors Appreciation Week (RDAW) is an annual initiative organized by Resident Doctors of Canada (RDoC) to promote the important work done by residents across Canada and it provides an opportunity for hospitals, PGME, and Programs alike to celebrate residents.

This year, RDAW will run from **February 6 – 10th** and we would encourage hospitals and programs to think of ways to celebrate residents during RDAW. We asked our PARO GC team at our last site meeting of initiatives that residents would appreciate, and they suggested:

- Free food/coffee – we would suggest the food be healthy, especially for residents on call, (aka not just fast food)
- Provide time for residents to go home early
- Care Packages
- Messaging from PGME/hospitals/programs that acknowledge all the hard work and long hours residents contribute

c. **Holiday Closures** (*see attachment*)

M. Morris provided the holiday closure dates for University of Toronto - PGME, CPSO, and CMPA, with a reminder that PGME will send this information to learners, programs and sites to plan appropriately as CPSO licenses and CMPA protection will not be issued during the holiday closure. Full details can be found in the attached slides.

d. **CaRMS Self Identification Questionnaire (CSIQ)** (*see attachment*)

L. Bevacqua introduced the new questionnaire that CaRMS has created for programs to use. This CSIQ allow applicants who are members of an equity seeking minority group to identify themselves by way of an optional survey.

PGME fully supports a program to consider piloting in 2024 R-1 Match. PGME will have internal consultation and review in preparation for this pilot.

CaRMS will make the completed CSIQs available to programs that indicate they will accept the questionnaire as part of the application and selection process.

More information about the CSIQ is available on the CaRMS website and can be accessed [here](#).

e. **Office of Inclusion and Diversity Update** (*see attachment*)

J. Retnakanthan shared on upcoming initiatives and areas of collaboration. The OID is always open to collaborating on an equity event or project. If assistance is needed on EDI and human rights issues the OID supports this. OID provides referrals for equity workshops for Temerty Faculty of Medicine learners, staff and faculty members. The goal of OID is to be a hub that brings people together from across the continuum through councils, committees and working groups. OID offers various established and long-standing programs such as the Diversity Mentorship Program, the EDI Action Fund to support any type of EDI/IA initiative, the Learner Equity, Action and Discussion (LEAD) Committee, and the Diversity Dialogue Series that focuses on a specific topic and how it connects to healthcare.

New projects will have a long-term focus, with the opportunity for meaningful engagement in projects over time rather than a set session. Offerings will include unique opportunities where the educator works on a tailored model for programs and/or departments. In keeping with the Temerty Medicine Diversity statement, many new projects are underway while staying intentional about communication and advanced planning of events.

PGME and OID collaboration include promoting events and opportunities, referrals for learner support (issues of discrimination or harassment), and mentorship to improve the learners' experience in their program.

Further information on OID programs, equity offices, resources and organizations can be found on their [website](#) and in the attached slide presentation.

f. **Office of Indigenous Health Introduction** (*see attachment*)

L. Fechtig and R. Giroux provided an overview of the Office of Indigenous Health (OIH), current observations and future directions. The OIH supports learners, faculty and staff across the education continuum, and is informed by the principles and practices of Indigenous self-governance. The overall goal of the OIH is to cultivate and promote a learning and working environment which is culturally safe and where Indigenous knowledges are respected and valued whilst co-creating an ecosystem of partnership and wellness. OIH continues to build their infrastructure and build their team to provide outreach and supports to various programs and departments.

Current Observations for Discussion

Admissions Pathways in Residency Programs – examining various ways of increasing Indigenous resident enrolment. Specifically, that the CaRMS CSIQ use of data is being used correctly.

Indigenous Health Teaching in Residency – having topics that are relatable, reducing the burden of OIH and few Indigenous faculty by having more teachers. Improve coordination between smaller programs that hasn't existed in the past focusing on ways to coordinate and ensure that there is Indigenous content that is being taught and in a good way.

Future Directions:

- Separate admissions pathway
- Best practice guidelines
- Wholistic review
- Outcome focus where Indigenous residents are well supported to be able to provide for their communities in their careers
- Coordination across programs related to educational sessions would also be helpful for Wellness curriculum and offerings that are centrally supported.

g. **Decolonizing the PHPM Residency Curriculum** (*see attachment*)

O. Nnorom and D. Maracle presented on the changes to the Academic Half Day curriculum related to a specific piece of the program on advice of Indigenous leaders and scholars to focus on decolonization to reach this goal by removing the marginalized and colonial lens of western and white superiority in how we work and learn. It is important to note that in the lens of decolonization, PHPM is focusing on Indigenous communities and Indigenous ways of knowing first, but because this is decolonization and there are two pillars: i) one is the taking of lands and the dehumanization of Indigenous people; ii) is the stealing of Africans and bringing them to this land and their decolonization.

As part of standard rounds, the focus is on resident learning regarding basic Indigenous health and knowledge. It is mandatory for learners to incorporate and teach the content of two-eyed principles to look at more than one Indigenous concept as well as introducing anti-colonial concepts into their academic teaching.

PHPM is seeking faculty recruitment and collaboration on this impactful work.

Full details and information on this pilot project, including resources, can be found in the attached slides.

- If anyone is interested in the New Respect Cultural Safety online course, it will re-open in January 2023. It will have some changes including an in-person sharing circle at a midway.
- If you want to know more about decolonization vs indigenization, this is a nice page from Queens U: <https://www.queensu.ca/ctl/resources/decolonizing-and-indigenizing/what-decolonization-what-indigenizationnrcs.dlsph@utoronto.ca>
- PHPM program, to reach us please contact: [Lisa Chambers](#), Program Coordinator.

h. Site Director Update on Wi-Fi Resources – Mt. Sinai Hospital

J. James provided an update on the status of their site being identified in the Royal College external review as an accreditation standard that was deficient in Wi-Fi availability for learners (Institutional Standard 2.2.2.4: Residency programs have access to technology, such as videoconferencing and simulation facilities, and associated support staff). Previously, there was an open Wi-Fi access to the general public and learners would get kicked off periodically. MSH now has a dedicated secure learner network that learners can sign on with their single sign on and use to access the hospital Wi-Fi network. Overall, the learners have found this new access much better and identified a few spots where Wi-Fi can be improved on specific floors and IT is working on that. A reminder communication will be sent to all learners by MSH Med Ed to ensure all are aware. It was suggested posting a flyer in resident lounges at each site as well.

i. Site Director Update on Wi-Fi Resources – Michael Garron Hospital

P. Tzakas also shared an update on the status of their site being identified in the Royal College external review as an accreditation standard that was deficient in Wi-Fi availability for learners (Institutional Standard 2.2.2.4: Residency programs have access to technology, such as videoconferencing and simulation facilities, and associated support staff). Instructions will be posted in common resident areas on how to access the Wi-Fi network. Working with clinics and offices adjacent to the hospital so that Wi-Fi connectivity is consistent. Communication will be sent to all learners at this site as well.

j. PG Trainee Health and Safety Guidelines (see attachment)

As part of the institutional CQI standard, this guideline is due for review, revision and approval by this PGMEAC committee. L. Murgaski shared the tracked changes to the guideline and can be viewed in the attached document. This guideline is used by programs to build their specific safety guidelines.

Changes include:

- Title change: the word “trainee” to “learner” for consistency
- Specific wording of most recent institutional standards booklet
- Updated PARO’s title
- Updated specific standards as per accreditation standards
- Changed Postgraduate Wellness Office to Office of Learner Affairs
- The Appendices have been updated with relevant links and new additional links

PARO requested the implementation of a Safe Ride Home program for residents who are post call when fatigued. PARO is working on this initiative, and seeking feedback from other schools, and will submit to PGME for comments.

Please submit all input/edits of this guideline to PGME by **Friday December 9/22**.

Next Meeting | All PDs | Friday, December 16 at 12:00 pm via Zoom