



Postgraduate Medical Education Advisory Committee (PGMEAC)

Friday, November 26, 2021 12:00 – 2:00 pm *Via Zoom*

MINUTES

Present: Patricia Houston (Chair), Caroline Abrahams, Reena Pattani, Mary Bell, Andrea Bezjak, Alis

Xu, Paolo Campisi, Mergim Binakaj, Savannah Clancey, Richard Walker, Susan Done, Larry Erlick, Stu Murdoch, Alison Freeland, Adelle Atkinson, Adrienne Tan, Jeannette Goguen, Karl Iglar, Jackie James, Barry Pakes, Heather Flett, Melissa Kennedy, Arno Kumagai, Mojgan Hodaie, Laura Leigh Murgaski, Sue Glover Takahashi,

Charlene Sturge (Recorder)

Guests: Walter Tavares, Nadia Incardona, Pier Bryden

Regrets: Eric You-Ten, Michele Farrugia, Stacey Bernstein, Nicola Jones, Rachel Fleming, Giovanna

Sirianni, John Lloyd

1. AGENDA/MINUTES

a) P. Houston welcomed committee members to the meeting. The agenda was approved as written.

b) Minutes of the Friday, October 26, 2021 meeting were accepted as circulated.

MATTERS ARISING/REGULAR UPDATES & FOLLOW-UP

2. Resident Report

Alis Xu provided an update on PARO activities:

October Treats

To help boost resident morale, between October 27th and October 29th October Holiday Treats were successfully delivered by PARO to 12 hospitals: TGH, MSH, Sunnybrook, St. Mike's, TWH, SickKids, CAMH, Markham Stouffville, Women's College, Michael Garron, Royal Victoria, and St. Joseph's.

We hope to do a similar event in the future and include even more hospitals, including reaching out to administration/chief residents at hospitals sites that do not have GC reps to ask for help with the purchase and distribution of treats.

Access to Healthy Food while on call

In 2018-2019, the Toronto GC team completed an environmental scan of food available while on call at different hospitals. Based on this environmental scan, Dr. Bandiera reached out to select hospitals and made suggestions to have restaurants with longer hours or, to make ordering food easier. For example, that there could be a centralized site for pickup for things like Uber Eats, etc. Unfortunately, because of the pandemic and time constraints, Dr. Bandiera was not able to connect with all the hospitals.

This was discussed by the GC team at our site meeting on Monday November 22nd, and some of the initial comments raised by the GC team were:

- In most hospitals vegetarian/vegan food is very difficult to find. We need to push for restaurants to have more of these options available.
- There is a lack of access to coffee overnight in many Toronto hospitals, which is an issue when residents are on call.
- Sunnybrook has a vending machine for pizza, but we would suggest also including something healthier like a vending machine for salads. For example, Portions vending machine: https://www.portions.ca/a-smart-vending-solution/

Since the environmental scan was originally completed pre-pandemic, the Toronto GC team is looking to update and expand the scan and follow-up with the new PG Dean Dr. Giuliani in the New Year.

3. PAAC Report

S. Clancey reported on recent PAAC activities:

- First Program Administrators series session was held on November 9th which as a Post PA Conference Session. The session was well attended, and the feedback was positive. During the session we provided a high-level summary of the plenary sessions and workshops for the PAs who were not able to attend the conference.
- Planning is underway for the remaining admin series sessions throughout the academic year. The next session will be in December, which will be Tips and Tricks for tracking resident/fellow time off. This will be a panel discussion and a few selected PAs from both large and small programs will show how they track resident time off in their program
- In the new year, PAAC will be reviewing the award nomination criteria for the Positive Achievement Award and the Innovation award. PAAC will also be developing the criteria for the new award in memory of one of our colleagues.

4. COFM

No updates.

HUEC

No updates.

5. Accreditation Follow Up and IRC Update (see attachment)

L. Probyn provided an update on accreditation follow up and IRC activities, which included:

- Continually working on Action Plans and 3-Year follow-up for programs
- Internal review for 7 residency programs with follow-up by external review
- Reviewing action plans and draft APORs for 14 residency programs with follow-up by APOR
- Internal reviews for 4 AFC programs with follow-up by external review (newly accredited or off-cycle)
- Review of action plan and draft APORs for 1 AFC program with follow-up by APOR
- To date, IRC has reviewed 18 programs and 8 action plans have been reviewed
- Institutional Action Plan is currently under review by IRC. Edits and feedback will be sent to Drs.
 Houston and Giuliani; updates and adjustments will be made by PGME leads and appropriate working groups/committees; Action Plan to be reviewed for approval by PGMEAC
- Highlights of Leading Practice Improvements and more details on accreditation follow up will be shared at All PDs and FMSDs meeting in December
- A consolidated MD/PGME report will be sent to department chairs and education leads on learner assessment
- Medical Education will be requesting a response from departments on plans and supports in place to

help teachers with below expectations teaching evaluations. Faculty development and coaching will be provided based on the results.

6. Learner Experience

H. Flett, Professor of Learner Wellness shared on projects being developed to support learner wellness across the continuum looking at opportunities to develop programs and curriculum to support learner wellness. Collaboration will involve many people from various clinical sites based on an environmental scan looking at the different wellness initiatives offered and to address gaps in the system. Projects include developing a comprehensive job description for wellness leads that is rooted in theory of how one can be effective in the skills needed to support wellness effectively. Another project includes reviewing guiding principles and best practices for medical learners to optimize the learning environment in an evidence-informed way. Through the CFD, wellness leads will be presenting in the new year on how to create healthier and braver learning spaces addressing different aspects of the learning environment individually and in the system.

7. MD Program Update

No updates.

8. Update from Vice Dean Medical Education

P. Houston shared updates from across the continuum of Medical Education, and as Acting Dean, which included:

ACTING DEAN UPDATE

Focus on addressing anti-Semitic declarations, strife and division across the campuses. We must be vigilant in stopping racist actions towards learners, faculty and staff across the continuums.

Budget Model: managing cost-effective methods in grant supports for research; ensuring appropriate systems and processes are in place for all aspects of EDI

INTERIM ASSOCIATE DEAN

Focus on consistency, communication and understanding across the programs of the supports that are available to learners and the supports that we want to provide to the programs.

VICE DEAN MEDICAL EDUCATION UPDATE

Ensure that the MD, PGME and CPD programs have the resources and people that they need to develop programs that are aligned across the continuum.

9. Professionalism and Ethics Update

N. Incardona, Lead for Professionalism and Ethics, shared on the work taking place in medical education. Currently, sessions are offered to clerkship students and now exploring how to support the needs of postgraduate learners. Key points included:

- How to interact in a collegial way (learner-to-learner; learner-to-supervisor)
- How to have conversations with leads addressing difficult topics (i.e. breaking PARO rules, etc) and breaking down hierarchy power imbalances
- · Breaking down hidden curriculum of negative values that have been invading the learning culture
- Working group examining professionalism and how it is described, evaluated and what it means to be a medical professional in this era with an EDIA lens
- Faculty development on interconnecting professionalism and ethics principles when evaluating learners through an EDI and social accountability/responsibility lens

10. Process & Principles of Addressing Learner Mistreatment (see attachments)

R. Pattani and P. Bryden presented on the principles and processes of addressing learner mistreatment across the continuum. Key points include:

- Addressing disproportionate burden reported by equity-deserving groups on social justice issues
- Recognizing dual obligations to address learner mistreatment by faculty and patients/families
- Guidelines for MD Program and PGME programs are active resources for addressing learner mistreatment https://pgme.utoronto.ca/current-trainees/while-youre-training/learner-mistreatment/
- Addition to the team supporting the Learner Experience Office (LEO) is PGME Liaison, Dr. Chetana Kulkarni
- Process of what happens when a learner comes forward with a concern; addressing disclosing vs reporting
- Disclosures are kept confidential in the Learner Experience Office and tracked for future repeat behaviours
- Outcomes are recorded anonymously for the annual report
- Resolutions for concerns brought forward were enacted using the Vanderbilt Escalation Pyramid including expectation setting, awareness-building conversations, written apologies, removal of learners, and systems-level interventions.
- LEO System-Level Activities include: revised guidelines, learner-facing webpages, secure electronic
 case management system, review of IMG learner supports, learner-to-learner mistreatment working
 group, faculty development, launching of a new web-based program evaluation tool (2022), and
 positive reporting
- This system is in place to be transparent with faculty about the process, while protecting learner confidentiality and the role of the Learner Experience Office
- Processes for faculty to complement the work being done in LEO for leadership to raise concerns and for faculty to address concerns
 https://temertymedicine.utoronto.ca/sites/default/files/standardsofprofessionalbehaviourformedical-clinicalfaculty-05132020.pdf
- Alignment of all Temerty Medicine and its departments' policies and processes
- Faculty that is named also has rights to confidentiality, the right to be heard, and that LEO is living up to the tenets of procedural justice
- Raising awareness of the role of the <u>Clinical Faculty Advocate</u> (new CFA will be shared between two people). The CFA provides guidance to a faculty member and can also attend meetings with the respondent (faculty member). The CFA deals with matters related to work in the clinical academic environment, including clinical issues that intersect with hospital privileges, hospital or university appointments, compensation, etc

11. COVID Updates

No Updates.

Next Meeting | All PDs and FMSDs Meeting | Friday, December 10th at 12:00 pm via Zoom