



Schulich
MEDICINE & DENTISTRY

Postgraduate Medical Education Planning Document

_____ for _____
2021 – 2022

INTERNAL REVIEWS

ADMINISTRATION

Administration - as recommended in the Institutional Review November 2019.

- Update PGME and subcommittee terms of reference, as well as policies, using a consistent format
- Begin a 3-year timeline for policy review by the Policy Subcommittee

PGME COMMITTEE INITIATIVES & INSTITUTIONAL REVIEW STANDARDS

1. Terms of Reference

Finalize and approve terms of reference for:

- PGME Committee
- Policy Subcommittee
- Postgraduate Appeals Committee
- Appeals Committee
- In addition, review Terms of Reference and revise as required: -
 - Internal Review Committee
 - Residency Allocation Committee

2. Policy Development and Review

Review, revise or develop the following policies:

- Program Director Selection Policy (complete – needs approval by Clinical Chairs, and ECSC)
- Principles for Resident Deployment (complete)
- Moonlighting policy for residents
- Selection policy – this policy needs to be updated to be consistent with ‘Best Practices in Application and Selection’ (BPAS), and considering the decreased opportunity for electives during the M3 and M4 years and the use virtual interviews.
- Review and revise the Appeals Policy
- Develop Principles of Fatigue Risk Management

PGME COMMITTEE

Celebrating our successes

Close to a dozen programs were cited as having a 'leading indicator or innovation' on their narrative survey reports - over the next year I hope to devote a few minutes of each PGME committee meeting to allow a program to present their leading indicator for discussion and as an opportunity to both celebrate our success and also for programs to learn from one another.

FACULTY DEVELOPMENT

1. Hidden Curriculum

– this was an area for improvement noted in both the Institutional Review, as well as for close to half the programs.

- Plan to develop information for program directors re: hidden curriculum – definitions, comparing and contrasting the intended vs hidden curriculum, recognizing the hidden curriculum in a program, and the effect of the hidden curriculum on emotional and professional growth of learners (both good and bad).
- This may become a 'curriculum in a box' that program directors can take back to faculty and residents.

2. Program Quality Improvement:

- With the change to an 8 year cycle the RCPSC and CFPC require programs to take ownership of constantly evaluating each component of their own program, implementing changes, and reviewing the success and effect of the changes.
- Faculty development will be planned in order to provide programs with the resources and tools required for ongoing Program Quality Improvement.

3. Patient Safety and Quality Improvement Initiatives by residents:

- This was another indicator identified in many programs as an 'area for improvement'
- The plan is to develop a toolbox for various programs to use with respect teaching and assessing QI and patient safety – which can be modified and built on for their individual program. This could be expanded over the following year.

4. **Competence by Design:**

- Improved utilization of LHSC Microsoft Teams to include all RCPSC Competence by Design (CBD) programs from 2017-2021 and continue to upload helpful documents for all faculty and resident development needs.
- Start the process of assisting 2021 CBD programs more coherently now that faculty development materials are updated and follow the core topics

COMPETENCY BASED MEDICAL EDUCATION – COMPETENCE BY DESIGN

This is the start of Phase 2 of CBD implementation

Phase 2: 2020-2023

Start of 2020-2021 year: 31 out of 47 Western residency programs launched

→ Focus on revising pre-implementation materials, program evaluation for launched programs, Elentra complex features (residents, program views), scholarly work; liaising with distributed sites, UME

→ PGME CBME Steering Committee of ~20 members with increased “on the ground” membership

→ Rely on broader CBME community for sharing resources, collaboration; more concierge efforts in 1:1 communications

Plans for 2020-2021 include the following:

- Continued involvement of the PGME CBME Steering Committee with CERI representatives and the Resident Advisory Committee on CBME (RAC-CBME)
- Comprehensive communications strategy utilizing our new PGME CBME website, LHSC Microsoft Team, and quarterly newsletters
- Elentra
 - Continued work on a resident dashboard
 - Integration of non-CBME features including a logbook, ITERs, etc.
 - Begin the first steps of onboarding 2017 CBD programs and Family Medicine
 - Plus much more!
- Launched programs (2017-2020)
 - Adaptation to new needs given COVID-19
 - Application of quality improvement and program evaluation of implementation efforts

- Further refinement of the needs of implementation after the 1st year
- Launching programs (2021)
 - Offer well organized package of faculty development resources, pilot launching select EPAs in Elentra in the spring of 2021, and increased resident orientation materials

CaRMS

The CaRMS changes will likely include:

1. New timelines – most likely compressed, and possibly delayed until later in the year.
2. Less opportunity for electives for medical students – which will mean that an historical indicator for ranking will not be available/have the same importance.
3. Virtual interviews

CaRMS

- Virtual interviews and less elective opportunities for our students may require some new and creative techniques in order to identify applicants for rank order listing. In addition, we will need to think carefully and plan ahead to highlight and showcase the strengths of our University, Hospitals, Distributed Education Network and Programs to attract the best applicants to our programs.
- PGME will need to lead efforts, ideas and help with resources for interviews, and showcasing the strengths of our programs. Resources will be required with IT and Communications support.
- A PGME CaRMS working group to identify best practices for virtual interviews, and provide creative ideas and options for highlighting our University and programs might be useful - this will be discussed in the fall with PGME Committee.

EDUCATIONAL SCHOLARSHIP

Collaborations:

Increase links between CERI and PGME – possibly by having educational research studies presented at PGME meetings, joint PGME-CERI meetings etc.

COMMUNICATIONS

The PGME website will continue to be updated and resourced with the most recent policies etc. Consider a document – sharing site for PGME.

There is a weekly/biweekly newsletter/update for PGME because of the rapidity of changes occurring with the pandemic that are affecting our hospital, programs, and residents. The updates will continue, but most likely be monthly or as needed in the future.

The residents and fellows have also been provided a number of updates and personal notes from PGME, particularly in such stressful times. We will continue with the notes as needed and sometimes ‘just because’.