

**POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE**  
**Minutes of Friday, October 28, 2011**

**Present:**

C. Abrahams (PGME)	R. Levine (Surgery)	H. Shapiro (Ob/Gyn)
A. Atkinson (Peds)	H. McDonald-Blumer (Int Med)	S. Spadafora (VD PGME)
G. Bandiera (AD PGME)	D. McKnight (AD Eq + Prof);	J. Tepper (Sunnybrook)
S. Glover Takahashi (PGME)	B. A. Millar (Rad Onc)	F. Vira (PAIRO)
K. Iglar (Fam Med)	L. Muharuma (PGME)	I. Witterick (Otolaryngology)
J. James (MSH)	R. Razik (PAIRO)	C. Wang (PAIRO)
W-C Lam (Ophthalmology)	S. Raphael (Lab Med) - TC	A. Zaretsky (Psychiatry)
M. Levine (Anesthesia)	F. Scott (PH + PM) - TC	

**Regrets:**

R. Byrick (CPSO); J. Goguen (Medicine); L. Probyn (Diag Rad); A. Rachlis (UG Clerkship); J. Rosenfield (VD UGME); R. Schneider (Peds SS); P. Houston (SMH); N. Rosenblum (CIP);

**Agenda/Minutes**

1. a) Agenda Item #6 on IME with Wendy Kubasik was deferred to the November meeting. An item on Multi Source Feedback for Program Directors was added. With those 2 changes, the agenda was approved.  
b) The Minutes of the September 30, 2011 meeting were approved as circulated, motion to approve and seconded by I. Witterick and H. McDonald Blumer respectively. All in favour.

**New Business**

**2. Resident Exit Survey**

C. Abrahams presented the Resident Exit Survey results which focused on quality of education, resident well being, harassment and intimidation and job concerns/future plans. The response rate was 53%. A new question this year was how could your residency program/ residency experience be improved. Some of the suggestions were:

- formal eval with a discussion of goals and objectives
- help with career planning/career mentoring
- programs too large
- more exposure to community settings
- Increase opportunity for OSCEs
- Increase exposure to practice

The incidence of Intimidation and Harassment appears to have declined in this year's results, and the awareness of reporting mechanisms is higher.

J. James mentioned the "Red Button" on the UG website, which provides quick access re who to report. This has helped regarding reporting incidents of I+H.

S. Spadafora noted that the Intimidation and Harassment working group would be working with the Learner Experience group to identify easier reporting methods. It was also suggested that identifying the time period/when the incident occurred in during the resident's training would be helpful. In the section on future plans, the % concerned about securing position has decreased somewhat. Other items identified for improvement were practice management training, clear guidelines on the

role of the resident vs fellow, more administrative support, and more formalized feedback. C. Wang suggested surveying all residents, not just those exiting. In discussion, it was noted that this could be done but the purpose of this survey was to reflect on the entirety of their experience. Slides available.

### **3. Best Practices in Teaching Assessment – Implementation**

G. Bandiera explained that the BPTA committee started its work 2 years ago regarding how to better design teacher evaluation forms to elicit more meaningful feedback. The recommendations from that report are now being undertaken by an Implementation Committee, which has a designed a standardized form based on the Dept of Medicine form. Resident Assessment of Teacher Effectiveness (RATE).

The new form was deployed for the assessment of residents by clew which rks, and G. Bandiera asked for volunteer programs to be involved in the pilot. Pediatrics and Psychiatry volunteered. S. Spadafora supported this initiative which will eliminate long, complex forms which remain uncompleted, support programs in quantifying resident teaching experience and assist in ED24 in UG accreditation. It was noted that training will be required on the resident and PD sides to properly implement and interpret the scores. Incorporation of the scores and comments in a portfolio is planned. J. Tepper noted that many other professions are starting at zero in this area and Medicine should share its forms and experience on an IPE basis.

### **4. Guidelines/Policy Review: Resident Health and Safety**

Suggestions/comments on the Safety Guidelines included questions on the apparent inequity of application i.e. learners vs. employees. R. Levine noted that there is some confusion as some programs have their own process. It was noted that safety issues are quite varied and treated differently e.g. needlesticks, the response to which varies across programs and sites. It was suggested that a gap analysis between current and recommended practice be undertaken, and a template response to various safety issues be created.. S. Spadafora indicated that the Learner Experience group is also reviewing the Safety Guidelines and will bring forward its recommendations/comments to a future meeting.

### **5. Memo re Guidelines for Managing Conflict of Interest in Admissions Process**

G. Bandiera provided the background for the development of this memo, indicate implementation will assist in leveling the playing field for those applicants without a “connection”. As we are already in the CARMS cycle for 2012, the recommendation was that faculty who have been in a leadership position or have a role in UG should not be on Admissions Committees. This guideline was approved at UG Education Executive. The memo will be distributed to all PDs involved in CARMS direct entry, and it is suggested it be widely disseminated.

### **6. IME Update – deferred**

### **7. Quotas Allocation Committee**

The results of the Quotas Allocation Committee presented at the September 30<sup>th</sup> meeting were accepted, pending clarification with the Dept of Surgery. Moved by G. Bandiera and seconded by D. McKnight. All in favour. Slides attached.

## **8. Update from COFM, HUEC**

S. Spadafora noted that there was a discussion a PGM COFM regarding the universities' role in the PAIRO-OHA contract negotiations. It was stated that the University is a resource not a member of the negotiating team as the contract is about pay and the government supplies the funding to the OHA to provide service to the hospitals. The PG Deans can provide advice on the content, quality and structure of the medical education, but cannot decide on salary. J. Tepper indicated that there is traditionally a close communication between OHA and PG Deans but the universities remain neutral on the contractual issues.

## **9. Resident Issues**

Negotiations are ongoing. There is an information forum on the PAIRO website with the most recent information on the contract.

## **10. IRC and Pre-Accreditation:**

Workshop is scheduled for December 9<sup>th</sup>. Invitation will be forthcoming with agenda.

## **11. Multi-Source Feedback – Deferred**

The meeting was adjourned at 2:30 p.m.