

Postgraduate Medical Education | UPDATE 2018



BRIGHTER WORLD

 **Michael G. DeGroot**
SCHOOL OF MEDICINE

HEALTH SCIENCES
Postgraduate
Medical Education

McMaster
University 



Paul O'Byrne

Here at the Michael G. DeGroot School of Medicine, we are tremendously proud of the quality of doctors and researchers we produce, the excellence of our faculty members and our ever-growing reputation. Our focus creates high calibre physicians with a thorough grounding

in the specialty of their choice. Our faculty members with the school of medicine include many nationally and internationally renowned clinicians and researchers working in a vast array of specializations. These faculty members serve as teachers as well as lifelong mentors.

McMaster has a well earned reputation for excellence. The Michael G. DeGroot School of Medicine is internationally renowned for innovation both in learning and discovery.

McMaster has a well earned reputation for excellence. The Michael G. DeGroot School of Medicine is internationally

renowned for innovation both in learning and discovery. In several international ranking systems, McMaster's medical and health sciences programs consistently rank within the top 40 in the world. That ranking is important because we strive to be the best in teaching, research, knowledge transfer and international outlook and in integrating these with the needs of our communities. Rankings validate our long and continuing history of innovation and inspire us to do even better.

Our postgraduate program at McMaster is reliant on partnerships with our affiliated teaching hospitals and training sites, including those in rural and community settings in both northern and southern Ontario. We are appreciative of the staff and faculty at all of these sites and on campus for their roles in fostering academic excellence. The future practitioners being trained through the Postgraduate Medical Education (PGME) Program at McMaster are important contributors to the Canadian health care system.

Collectively, we are creating a brighter world.

Paul O'Byrne MP, FRCP(C), FRSC
Dean and Vice President, Faculty of Health Sciences
Michael G. DeGroot School of Medicine
McMaster University



Alan Neville

Although I have spent much of my time involved in undergraduate medical education, I have been closely associated with postgraduate medical education (PGME). Many years ago, I was the clinical teaching unit director for the internal medicine program at what was then called the Henderson Hospital and subsequently I was the residency program director for medical oncology.

As I look back over the more than 30 years of participating in residency education, I reflect on some of the significant changes that I have observed. There has been growth in the number of subspecialty residency programs available to learners as well as a large increase in the number of postgraduate residents and fellows. The education of postgraduate medical trainees has become more formalized with greater attention paid to developing a coherent and comprehensive curriculum. The introduction of CanMEDS in 2005 provided postgraduate medical education programs with a competency framework around which to structure curriculum and assessment.

The next big step from anchoring curriculum around a CanMEDS competency framework has been to move postgraduate training into a full competency-based medical education (CBME) framework which has implications, not only for how

medical education is delivered, but how learner performance is assessed. Evaluation of learners in a CBME context has moved resident workplace performance evaluation to the next level, providing teaching faculty with new challenges in the training and evaluation of residents.

Postgraduate residency programs have had to adjust to changes in work-education and work-life balance for residents. Some of these changes have occurred as a result of effective advocacy by various resident groups. Other changes to residency programs include increased involvement of residents in research, increasing participation of postgraduate trainees in continuous quality improvement, interprofessional education and greater attention to role modeling and evaluation of professional behaviour.

Our residents are now entering a healthcare workforce that is facing increasing demands by an aging population and a healthcare infrastructure that many believe is both under resourced and inefficient. Those of you now training at McMaster in our PGME programs will hopefully graduate not only with the competencies to be excellent healthcare professionals, but with the insights and determination to develop a better healthcare system.

Alan Neville BMedBiol (Path), MBChB, MEd FRCP (Lond), FRCPC
Vice Dean, Health Professional Education
Faculty of Health Sciences, McMaster University



Mark Walton

Postgraduate Medical Education (PGME) at McMaster has evolved significantly since welcoming its first trainees in 1967. Five decades of outstanding contributions from program directors, faculty members, residents, fellows and administrative staff have made us a leader in postgraduate

medical training across Canada and throughout the world. During my 2004-2016 tenure as assistant dean, I have had the privilege to work with many of these talented and dedicated people, who I see as the heart and soul of the postgraduate enterprise.

My work with postgraduate medical education residents, training programs and faculty is instrumental in my new position as Vice Dean of Faculty Affairs for the Faculty of Health Sciences (FHS). In this role, I oversee a strategy aimed at strengthening the success, well-being and academic advancement of faculty members.

Attracting the best to our institution is crucial, but the real test is in retaining them by doing all we can to make sure they are happy to come to work every day.

Our faculty members are the past, present and future of medical education at McMaster. They are dedicated educators, clinicians and researchers who make it possible for us to offer an exceptional clinical experience to medical students and postgraduate trainees. Ensuring that they feel valued and supported by the FHS is a tremendous opportunity to further build on McMaster's reputation. My focus is on promoting widespread inclusiveness, equity, diversity and a renewed focus on aboriginal and indigenous health. Bringing awareness to these matters and pushing them forward will require that faculty affairs be approachable, willing to listen, supportive and open to collaboration. In doing this, our goal is to achieve a vibrant workplace culture that promotes engagement and professional development.

As a surgeon, I am drawn to solving problems. For me, the core of this inquiry has always been about the people, as they are the engine that drives everything we do at McMaster. Attracting the best to our institution is crucial, but the real test is in retaining them by doing all we can to make sure they are happy to come to work every day. I believe that achieving this goal will help our faculty make themselves – and McMaster – proud of the work they do.

Mark Walton MD, FRCSC, FAC
Vice Dean, Faculty Affairs, Faculty of Health Sciences
McMaster University



Parveen Wasi

“It’s been a time of transition, growth and adjustment since I became Associate Dean of Postgraduate Medical Education (PGME) at the Michael G. DeGroot School of Medicine in 2016. I’ve established working relationships with many stakeholders who share a

common vision: To provide excellence in residency training that will ensure the success of our residents as they transition to independent practice. From navigating different reporting structures and planning for the implementation of competency-based medical education (CBME) to understanding how to best advocate for program directors and residents, it has been an exciting time.

I am pleased to share this update of activities and achievements in PGME over the the last few years. In this publication, we look at postgraduate medical education through the three lenses of leading, learning and community and use this opportunity to acknowledge the contributions of our staff, faculty and residents.

For the past 50 years, McMaster has offered challenging and rewarding postgraduate training that supports the continuum of medical education. These programs have been and continue to be taught by dedicated and exemplary physicians and

scholars in outstanding teaching hospitals, health systems and training sites. Our rich history has grounded PGME in a tradition of excellence that has prepared us well for the next phase of growth. Over the next five to ten years, we will advance residency education with new initiatives that will change the way postgraduate medical training is delivered at McMaster in both size and reach.

Our goal is to produce competent, caring physicians and clinicians who have the skills, drive and leadership ability to meet the medical needs of a changing society. Not just today, but for the generations to come. We have been doing extraordinarily well at achieving this goal since 1967. The next few years will see transformative changes in the ways we teach and assess residents, develop curricula to advance social accountability in training and incorporate meaningful outcomes to measure the success of residency programs in training our next generation of physicians.

Here are some of our top priority projects.

1. CBME IMPLEMENTATION

CBME will fundamentally change the way we deliver postgraduate medical education at McMaster. Our trainees and programs will be positively impacted by a competency-based

framework and assessment system that is more responsive to each resident's unique educational trajectory. It will take time and effort to fulfill the CBME vision across all of our residency programs, so providing our program directors with the support they require through implementation will be a primary focus of the PGME office until rollout is complete. The transition to CBME over the next few years will continue the ongoing conversations about best practices in postgraduate training with all of our stakeholders and create opportunities for innovation and development of educational leadership.

2. ACCREDITATION

Accreditation by the Royal College of Physicians and Surgeons of Canada (RCPSC) provides external validation of the excellence to our residency programs and opportunities for continuous quality improvement. The standards and process of accreditation are changing to an outcomes-based accreditation system with a renewed focus on continuous improvement. Our next external accreditation review is in the fall of 2022. Ensuring that the university, teaching site partners and all of our programs are positioned to meet these new standards is a high priority for the PGME office and we will do all we can to support program directors and other key stakeholders in this regard.

3. PROFESSIONAL DEVELOPMENT FOR PROGRAM DIRECTORS AND PROGRAM ADMINISTRATORS

The PGME office is committed to supporting our program directors and program administrators to ensure that their professional development and programs are ahead of the curve in providing exemplary residency training. We believe that continuous development of these professionals, creates an environment where we can learn from one another and recognize excellence.

4. INNOVATION AND SCHOLARSHIP

The people associated with PGME are highly-respected scholars, researchers and practitioners doing work that impacts curricular practices, inspires learning and fosters leadership on our campuses, affiliated hospitals, training sites and beyond. We have a renewed commitment to celebrate these accomplishments and to provide resources and support to promote innovation and tenacious curiosity in scholarly work within postgraduate medical education.

Other initiatives we are embracing include:

- a. Collaborating with our partner hospitals in the implementation of new residency and institutional standards that will support our residents in a continuously evolving learning environment.
- b. Supporting and developing postgraduate training in our regional campuses.
- c. Developing a comprehensive and visually appealing PGME website that will communicate information relevant to prospective learners, current trainees, faculty, staff and alumni.
- d. Developing PGME central templates for curriculum relevant to all residency programs in response to local, provincial and national societal needs. A top priority is the development of a central educational and clinical curriculum for indigenous health and cultural competency as part of an Indigenous Health Initiative for the Faculty of Health Sciences.

This plan is the framework for a much higher purpose, which is ultimately to improve the practice of medicine in Canada and beyond. To achieve this vision, we will ensure that PGME continues to provide residents and fellows with an outstanding experience that will prepare them for challenging and productive careers through the delivery of postgraduate medical training that reflects the best in patient-centered healthcare.

We will ensure that PGME continues to provide residents and fellows with an outstanding experience that will prepare them for challenging and productive careers through the delivery of postgraduate medical training that reflects the best in patient-centred healthcare.

Expanding the vision and scope of PGME in this way comes down to a team of people dedicated to residency training. To that end, I extend my gratitude to the program directors, administrators, trainees and faculty for their invaluable contributions to our training programs. Specifically, I would like to thank my predecessor Mark Walton for ensuring the vitality and growth of PGME during his 12-year tenure



as assistant dean. Not only did he successfully navigate two accreditations during that time, he expanded PGME to more than 60 training programs and 1,000 trainees. He has set the bar high and I am honoured to follow in his footsteps. I would also like to express my sincere appreciation for Sharon Cameron, who was the PGME program manager from 1991 to 2016. Not only is she nationally renowned for her knowledge of postgraduate medical education, she was quite correctly referred to as the “heart and soul” of PGME at McMaster during her tenure.

Last, but far from least, I would like to thank the current PGME staff. They are a tremendously helpful team who have made my transition into this role infinitely smoother. From patiently answering my steady stream of questions to bringing a high level of expertise to each of their roles, their support is deeply valued and appreciated.

With any endeavour, success and growth always comes down to the people who make it happen. It is definitely the people of McMaster’s PGME who make it possible for us to maintain our unparalleled learning and teaching environment. Their valuable contributions have paved the way. As the recently renamed associate dean of PGME, I am incredibly grateful for each and every one of them and I am pleased that this update is a celebration of their successes.”

Parveen Wasi MD, FRCPC

Associate Dean, Postgraduate Medical Education
Michael G. DeGroote School of Medicine
McMaster University

Postgraduate Medical Education Programs

RESIDENCY PROGRAMS

College of Family Physicians of Canada

Family Medicine	Enhanced Skills
-----------------	-----------------

Royal College of Physicians & Surgeons of Canada

Anatomical Pathology	General Pathology	Obstetrics and Gynecology
Anesthesiology	General Surgery	Ophthalmology
Cardiac Surgery	Geriatric Medicine	Orthopedic Surgery
Cardiology – Adult	Geriatric Psychiatry	Otolaryngology – Head and Neck Surgery
Child and Adolescent Psychiatry	Gynecologic Oncology	Pain Medicine
Clinical Immunology and Allergy – Adult	Gynecologic Reproductive Endocrinology & Infertility	Palliative Medicine
Clinical Immunology and Allergy – Pediatric	Hematology	Pediatric Hematology/Oncology
Clinician Investigator Program	Infectious Diseases	Pediatric Surgery
Critical Care Medicine – Adult	Internal Medicine	Pediatrics
Critical Care Medicine – Pediatric	Maternal-Fetal Medicine	Physical Medicine and Rehabilitation
Developmental Pediatrics	Medical Biochemistry	Plastic Surgery
Diagnostic Radiology	Medical Microbiology	Psychiatry
Emergency Medicine	Medical Oncology	Public Health and Preventive Medicine
Endocrinology and Metabolism – Adult	Neonatal-Perinatal Medicine	Radiation Oncology
Endocrinology and Metabolism – Pediatric	Nephrology	Respirology
Forensic Pathology	Neurology – Adult	Rheumatology
Forensic Psychiatry	Neurology – Pediatric	Thoracic Surgery
Gastroenterology – Adult	Neuroradiology	Urology
Gastroenterology – Pediatric	Neurosurgery	Vascular Surgery
General Internal Medicine		

FELLOWSHIP PROGRAMS

In addition to the above residency programs, McMaster Postgraduate Medical Education offers over 70 fellowship programs, including the following Royal College of Physicians and Surgeons of Canada Area of Focused Competence (AFC) programs.

Adult Echocardiography	Clinician Educator Program	Solid Organ Transplantation
Adult Thrombosis Medicine	Interventional Cardiology	Transfusion Medicine

Postgraduate Medical Education Growth

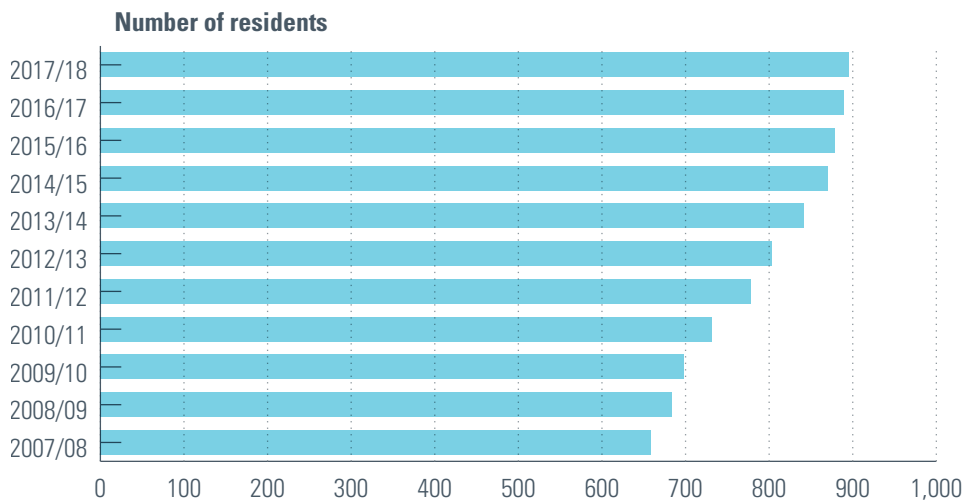
2007/2008 – 2017/2018

21

Additional Royal College of Physicians & Surgeons of Canada specialty & subspecialty residency programs offered

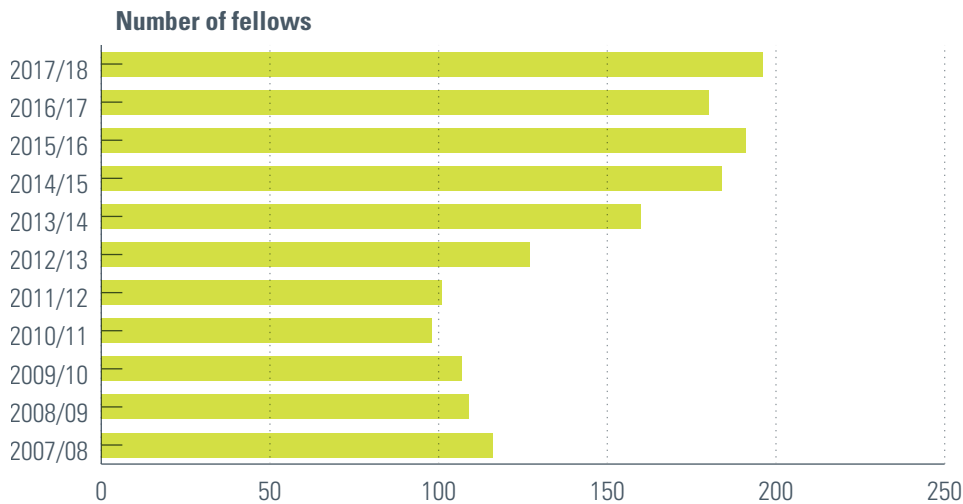
6

Additional Royal College of Physicians & Surgeons of Canada Area of Focused Competency (AFC) programs offered



36%

Growth in residents training at McMaster



69%

Growth in fellows training at McMaster

Contents



LEADING	11
Accreditation.....	12
Recognizing leadership – Sharon Cameron.....	13
Wisdom – Past program directors reflect.....	14
Trainee profile I – Connecting with social media	16
Innovation – Office of Education Science.....	18
McMaster Education Research, Innovation & Theory Program (MERIT).....	19
Area of Focused Competence Clinician Educator Program	20
Clinician Investigator Program.....	21
Awards & recognition	22



LEARNING	24
Postgraduate training – Family Medicine.....	25
The quintessential teacher’s teacher – Allyn Walsh.....	26
The evolution of family medicine training.....	27
Competency by Design & Competency-Based Medical Education.....	28
Trainee highlights.....	30
Trainee profile II – Those two hours a day	32
Collaboration – McMaster University & Gulf State Trainees	33
Gulf social club – Arabian Gulf Physician Association.....	34
Gulf state trainee highlights.....	35



COMMUNITY	36
Director Medical Education, Hamilton Health Sciences	37
Regional campuses	
Niagara Regional Campus	38
Waterloo Regional Campus.....	39
Resident Affairs	40
Trainee profile III – In dark times a family emerges	41
Program Administrators – Supporting programs, faculty & trainees	42



Leading



As one of the world's top 100 universities, it is no surprise that McMaster attracts the best and brightest physicians, faculty and researchers. Postgraduate Medical Education (PGME) and McMaster is paving the way for innovation in health sciences education, on a local, national, and international scale. This section highlights achievements in leadership and innovation beginning with an introduction to the new standards for accreditation that will take effect in July 2019.

We celebrate the leadership success of faculty, staff, and trainees. The perspectives of staff, faculty, and trainees that demonstrate leadership and commitment to learning is highlighted in this section. Their wisdom and experience is shared throughout the pages of this update. Discover how McMaster is leading the way through its programs, scholarship, and innovation in postgraduate medical education.



Accreditation

One of the most important goals for Postgraduate Medical Education (PGME) is ensuring that our residency programs are meeting the standards of accreditation as defined by the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC). The accreditation process serves not only to help us to improve programs for our trainees, but also provides external recognition of the many superb programs we already have in place at McMaster.

Accreditation is an important process for postgraduate medical education as it promotes uniform training experiences across the country. It also serves as an impetus for the implementation of national initiatives in residency education (e.g. CanMEDS). Over the past several years, the RCPSC, CFPC and College de Mediciens du Quebec (CMQ) have worked collaboratively to adjust accreditation standards and processes to build on the strengths of our current system while addressing some of the issues that have been highlighted by program directors and postgraduate deans across Canada. New standards for programs and institutions have been developed that will take effect in July 2019 and used for our next onsite accreditation review, which is scheduled for 2022. These standards emphasize outcomes in residency training and continuous quality improvement with a greater emphasis on the learning environment. The standards are applicable to programs transitioning to Competency by Design (CBD) and those that continue with the current system.

One of the strategies in place to facilitate the accreditation changes is the implementation of a digital Accreditation Management System (AMS). It is anticipated that the AMS will make it possible for PGME and programs to make changes on the system as they occur. To ensure that PGME programs are meeting all required accreditation standards, our office will support program directors and staff with transitioning to the new standards, implementing a new tracking system and further integrating our affiliated hospitals into residency and institutional standards.

The internal review process is an essential part of accreditation and allows program directors to have peer-reviewed evaluations of their programs prior to the onsite visit. During our 2015 onsite survey, our internal review process was identified as a key strength, which will serve our 2022 accreditation process well. I would like to acknowledge the members of our accreditation committee as well as program directors, faculty and residents who have already spent countless hours involved in the internal review process. Specifically, I extend my sincere gratitude on behalf of the entire McMaster postgraduate community to Karen Finlay. As chair of the internal review committee, she introduced many initiatives that have made our internal review process extremely robust. She will continue to serve as a member of the accreditation committee, for which we are very thankful.

Accreditation is an important process for postgraduate medical education as it promotes uniform training experiences across the country. It also serves as an impetus for the implementation of national initiatives in residency education.

Our program administrators are vital to a successful accreditation visit. I have reserved my final words of acknowledgement for Brenda Montesanto, PGME's accreditation expert. Coordinating all the programs and accreditation activities is a monumental task and one that Brenda does tirelessly; we owe her a debt of gratitude for her expertise and dedication.

Parveen Wasi MD, FRCPC
Associate Dean, Postgraduate Medical Education
Michael G. DeGroote School of Medicine
McMaster University



Recognizing leadership

Sharon Cameron

This McMaster Postgraduate Medical Education (PGME) update is a celebration of the people who have made tremendous contributions to PGME's success and growth. We would like to recognize Sharon Cameron, an individual whose career has been dedicated to leading postgraduate medical education at this university.

As program manager of PGME from 1991 to 2016, Cameron says she had the opportunity to work with "many, many amazing people" during her 25-year tenure. These people include deans, program directors, residents, program administrators and PGME staff, all of whom she describes as, "wonderful, dedicated people that I admire deeply and have learned so much from. These people have made my work very fulfilling."

The admiration is mutual. Cameron is widely acknowledged for her abilities, helpfulness and commitment to excellence. Mark Walton, PGME assistant dean from 2004-16 describes her as having a significant impact on postgraduate medical education. "I cannot say enough about her work. She is widely respected across the country for her knowledge of the medical education system."

This national regard was demonstrated in April 2017, when she received the Ross Award for Service to Resident Doctors from the Resident Doctors of Canada (RDoC) association. Given by an organization that represents more than 9,000 resident doctors, this national award was presented to Cameron to recognize all of the work she has done to enrich resident life in Canada.

When asked about the highlights of her career with PGME, Cameron was characteristically humble and focused on what it takes to bring about change that benefits residents and helps others. "Remember that the reason why we are here is for the residents. It can get to be very busy and sometimes we lose sight."

Cameron brings all of her knowledge and experience to her role as manager of Competency-Based Medical Education (CBME). "I am excited to be part of the change process, and excited that I can use my knowledge and skills to help implement CBME in our programs."



Sharon Cameron

Cameron received the Ross Award for Service to Resident Doctors from the Resident Doctors of Canada (RDoC) association. Given by an organization that represents more than 9,000 resident doctors, this national award was presented to Cameron to recognize all of the work she has done to enrich resident life in Canada.



Wisdom

Past program directors reflect

In many ways, the strength of Postgraduate Medical Education (PGME) at McMaster lies in the leadership of the 60+ program directors who oversee each of the programs that engage trainees in PGME. These individuals are caring physicians, respected scholars and gifted teachers and researchers. They work hard to ensure that residents get the kind of educational experiences that will help them achieve the competencies necessary to transition to independent practice.



Moyez Ladhani | Pediatrics, Program Director 2005-2016

As a former program director, I am most proud of the innovative ideas that were implemented in my program. This includes some features of competency-based medical education, such as frequent observation-based on milestones and the integrated pediatric rotations. If I were to offer a new program director advice, it would be to ensure that you collaborate with your colleagues locally and nationally and learn from what others are doing. Share your ideas by making them scholarly, such as submitting abstracts for posters, oral sessions and workshops to the various medical education conferences and publications. Use your residency program committee (RPC) effectively, especially for difficult decisions and remember that you are not alone in this.

Implementing new ideas and working with my national colleagues was a highlight during my tenure as program director and I especially enjoyed getting to know the residents personally and professionally. Participating in the changes that are occurring in medical education was also a highlight. I am happy that I was able to practice the skills of leadership, change management and collaboration. They continue to serve me well in my career.



Julie Emili | Public Health & Preventative Medicine, Program Director 2008-2016

Seeing residents graduate from a program is truly special. You can't help but feel proud when you get to witness them being successful in practice and know that the program you directed played an important part in helping them reach their potential. This, for me, was the highlight of being a program director. I also enjoyed developing our program to ensure it met Royal College of Physicians and Surgeons of Canada standards and provided the best educational experience for residents. It was also great to work with colleagues from across Canada on educational initiatives.

As a program director, my skills were always evolving, but my ability to mentor residents was especially strengthened. I learned to balance giving both positive and constructive feedback with the goal of building residents' strengths and addressing their weaknesses. As program director, you are usually the one called on to fix situations. You quickly learn about conflict resolution and how to be fair but firm. When negotiating with other programs or faculty, I learned to have a willingness to compromise while achieving my goals. With all of this experience behind me, if I were to give any advice to a new program director, I would emphasise that there is a team of people supporting you. Feel comfortable asking for help, as there is likely someone who has dealt with this before and would be happy to share their experience.



Program directors strive to facilitate a learning environment that will foster professional and intellectual curiosity and lay the foundation for outstanding clinical education. They have a lasting impact on the practice of medicine in Canada and throughout the world by working diligently to shape postgraduate trainees into physicians that will excel as clinicians and teachers. Their outstanding skill in achieving this is encapsulated in their stories.

JoAnn Corey | Psychiatry, Program Director 2009-2014

The number of new initiatives that were launched in our program during my tenure as program director, including the development of our Waterloo regional campus, is something that I am very proud to have been a part of. I am also extremely pleased with the calibre of residents that have graduated from our program. Not only are they outstanding people, they are caring physicians who work at a consistently high level and with a wide array of interests within our specialty.

In my role as program director, I learned that if the answer to a problem is not immediately obvious, it is wise to take a pause before making a decision. Almost every challenge that arises can afford a bit of time to be thoughtfully considered before taking action. As program director, I enjoyed watching residents progress in their journey to become capable, confident physicians. It was an honour to be a part of their lives during this period of significant transition. I also enjoyed the opportunity for creativity in designing new elements for our program. Through my work as a program director, I believe I became stronger in the promotion of change, attention to process, policy development and application of learning theory.



Shariq Haider | Internal Medicine, Program Director 2011-2017

McMaster is leading the way with the establishment of a community-based postgraduate training program for Internal Medicine in Kitchener/Waterloo. This is the only program in Ontario that has a separate CARMS matched position for community-based internal medicine residency. I am equally proud of systematic changes we have instituted to deal with the nationally proposed changes to reduced resident working hours.

The aspect of my role as program director that I appreciated the most was definitely working with the residents. It provided me with many opportunities to appreciate the necessary skills, knowledge, attitudes and personal sacrifices that make a resident successful. Being a program director led to significant growth in my personal and professional development as an academic physician leader. With its competing stakeholders, this role requires exceptional interpersonal, negotiating and listening skills. The position really helped me develop my mentorship abilities, as I learned how to empower others by giving them the opportunity to be leaders. If I were to offer advice to a new program director, it would be to say that it is critically important to avoid making major changes during your first six to 12 months. Instead, take that time to be a good listener and absorb the input of all stakeholders while getting a good grasp of all aspects of the training program.



Connecting with social media

Trainee Profile I: Alvin Chin, Emergency Medicine PGY3



Blair Bigham

Story submitted by Blair Bigham, MD MSc, ACPf, emergency medicine resident (PGY4) and journalist. His work has appeared in the *Globe and Mail* and the *Toronto Star*.

Vlogs, tweets and hashtags are not a part of the lexicon that medical students are taught,

but for McMaster Emergency Medicine resident Alvin Chin, the internet's social media world held more wisdom than textbooks.

Like many of his medical school peers, Chin would use the internet in search of knowledge, part of a growing phenomenon known as Free Open Access Medical Education (FOAM Ed). Chin has been exploring the expanding bodies of medical podcasts and blogs. "It really helped me identify active academic physicians who were leaders in their field," he explains.

"In emergency medicine, many of the leaders are on Twitter or writing blogs," he says. At first, he followed along, using the information to help him understand new concepts. Over time, however, that evolved. Before long he was making connections on social media or email. "Connecting with a consultant doctor is easier on social media," says Chin. "It takes a bit of the stress away from that first person-to-person interaction that comes with a very junior learner meeting someone who is very established." Avatars, the icons people use to represent themselves on social media, quickly became real people and mentorship relationships developed with a few emergency doctors from across Canada.

"You can get a sense of what they're like without having to travel around the country networking," he says of one of the benefits of social media. "I found a mentor in Saskatchewan who actually knew another doctor right up the street from me at McMaster," he recalls, adding that being able to communicate over multiple platforms, like email, Twitter and Facebook makes it easier to connect with busy physicians.

Those social media relationships eventually became real as he met his mentors in person. Chin shares, "I think the link between

social media and medical education drew me towards doing emergency medicine at McMaster. I think that medicine is, by nature, very social and collaborative but it's easy for people to isolate themselves. A lot of the physician educators understand this and have a great online presence."

"I think the link between social media and medical education drew me toward doing emergency medicine at McMaster." – Alvin Chin

McMaster emergency physician Teresa Chan is one of those mentors. As an education scholar, she researches how social media is impacting the way young doctors learn. "I think that social media is an absolute must-have competency for medical trainees. Knowing how to use it for good and not to make any accidental slip ups is crucial for success," she says. "Alvin is an example of someone whose work is now being noticed, as he has recently been invited to speak internationally for his work on the Canadian Journal of Emergency Medicine Infographic series for the FOAM Ed website CanadiEM."

When asked if the tables have turned now that he is a resident, he laughs and shifts in his seat. "Well I guess I have had a chance to talk to some medical students about residency and helped them develop their interests."

He is underselling himself. A casual search for medical students who have been inspired by Chin revealed that there is no shortage. Virtually every medical student in the emergency medicine interest group has nothing but praise for his influence and mentorship.

A casual search for medical students who have been inspired by Chin revealed that there is no shortage. Virtually every medical student in the emergency medicine interest group has nothing but praise for his influence and mentorship.





His influence isn't just local, either. Simon Huang, was a third year medical student at the University of Saskatchewan, when he met Chin virtually while developing a post for CanadiEM. "Alvin was there to teach me the basics and help me develop my graphic design skills," he says. "I had no experience making infographics." Their relationship has extended beyond CanadiEM. "Alvin has been an excellent mentor. His advice will be extremely beneficial when it comes to landing an emergency medicine residency."

All that mentoring takes time. "For me, I think it's more like a pay-it-forward thing", Chin says. "I think all of us are where we are not only because of how hard we've worked or what we've achieved, but because of the people that helped us along the way."

As for the future, Chin doesn't mince words. "When it comes to mentorship, social media is a game changer. I just want to give the effort and time to med students that others have given to me, and hopefully they'll do the same in the future." That seems to be a common philosophy here at #McMaster.

"When it comes to mentorship, social media is a game changer. I just want to give the effort and time to med students that others have given to me, and hopefully they'll do the same in the future."

— Alvin Chin

"I think that social media is an absolute must-have competency for medical trainees... Alvin is someone whose work is now being noticed."

— Teresa Chan



Innovation

Office of Education Science



Ranil Sonnadara

The Department of Surgery's Office of Education Science (OES) was created to assist surgical specialties with improving educational programs at all levels of training as well as to create and incorporate the best and latest evidence and ideas in surgical education. While it

provides assistance with many aspects of training, one area of focus is helping McMaster's surgical programs adopt the Royal College of Physicians and Surgeons of Canada's Competence by Design (CBD) initiative. OES works closely on this with other educational leads across the university including Postgraduate Medical Education (PGME) and the McMaster Education Research, Innovation and Theory (MERIT) program.

OES has several projects on the go. It has partnered with the division of orthopedic surgery to implement a standardized approach to assessment and feedback in their training program, which will lay the foundation for the upcoming transition to CBD in 2020. OES produced a new suite of assessment tools that are being piloted across the division to assist learning at different stages of training. OES is also working on a study with the division of orthopedics that includes exploring neural correlates of mind wandering. In addition to this, they are examining the efficacy of video-based training and undertaking a project on how different learning modalities affect attention and knowledge retention for surgical procedures.

OES partnered with Surgical Foundations to develop and implement a 'boot camp' designed to provide incoming trainees with an opportunity to improve their medical knowledge, confidence and procedural and technical skills before beginning their clinical duties. OES is engaged with the Division of Otolaryngology-Head and Neck Surgery (OTL-HNS), which is the first surgical training program to transition to CBD. OTL-HNS began accepting residents into its new curriculum in July 2017. In preparation for this, OES developed and implemented five new assessment tools that will be used to assess the initial Entrustable Professional Activities (EPAs). OES is highly committed

to the development of the next generation of medical educators and has supported the training of over 24 graduate students since its inception. It has created development opportunities to promote educational scholarship for several new faculty members. Their new quarterly journal club focuses on surgical education research. Attended by surgeons, residents, research faculty, graduate students, undergraduate medical students and research staff; this journal club stimulates diverse, thought-provoking discussions. OES is very receptive to ideas around new projects and collaborations and encourages faculty, students and staff to connect with them.

Ranil Sonnadara PhD, MSc

Director, Education Science & Associate Professor

One area of focus is helping McMaster's surgical programs adopt the Royal College's Competence by Design (CBD) initiative.

The Department of Surgery's Office of Education Science (OES) was created to assist surgical specialties with improving educational programs at all levels of training as well as to create and incorporate the best and latest evidence and ideas in surgical education.





Members of the MERIT team. Front row, left to right: Anita Riddell, Darci Hill, Mary Lou Schmuck. Back row, left to right: Tamara Caceres, Dana Russell, Lawrence Grierson, Meredith Vanstone and Jonathan Sherbino.

McMaster Education Research, Innovation & Theory (MERIT) Program



Jonathan Sherbino

The McMaster Education Research, Innovation and Theory (MERIT) program, until recently known as the Program for Educational Research and Development (PERD), has served the Faculty of Health Sciences (FHS) for more than 45 years. In collaboration with faculty, MERIT's goal is to engage in high-impact, high-value education scholarship with a vision of growing a community of scientists and clinicians to advance the education of health professionals.

There has been a consistent rise in scholarly project submissions. Even with a team of five education scientists and six administrative staff, requests for collaboration across FHS are high. To address this need, MERIT has recently launched an education research consultation service. This is a vibrant part of medical education. Faculty members and residents with a faculty sponsor in health sciences can submit an abstract to the MERIT think tank. The abstract provides the context and background of the proposed research, as well as the research question that the principal investigator is working on.

Faculty members and residents who are accepted will present their abstracts to a meeting open to FHS members where MERIT scientists in attendance will offer constructive feedback in a facilitated round table format. The end goal is an improved research question and an early version of a methodology.

The partnership between MERIT and the Postgraduate Medical Education (PGME) office has tangible opportunities to strengthen the training of the next generation of physicians. MERIT appreciates the tremendous changes that are currently underway in PGME. MERIT is poised to evaluate aspects of these changes, helping educators understand which elements of competency-based medical education (CBME) should be refined, reinforced or retired. For education researchers, the transition to CBME is a once-in-a-generation opportunity to investigate a change in how we teach and assess doctors and accredit residency programs. Collaboration between MERIT and PGME is essential to guiding this process. It has been a successful year of transition at MERIT. There is great opportunity for growth moving forward.

Jonathan Sherbino
BSc, MD, MEd, FRCPC, FAcadMEd
Assistant Dean, MERIT



Area of Focused-Competence

Clinician Educator Program



Karen Finlay

Recognizing that a medical training program that produces the best possible physicians requires clinical educators with finely honed educational expertise, McMaster has become the only program to offer a Royal College accredited Clinician Educator (CE) Area of Focused Competency (AFC) program in Canada.

The CE AFC program was approved by the Royal College in April 2012 and was designed in response to a needs assessment surveying Canadian deans of medicine, academic chairs and program directors. McMaster applied to the Royal College and achieved a new program status in December 2015. Since that time, the CE AFC program has evolved as a strong addition to the options for enhancing formal medical education at McMaster, building capacity for CE expertise in many different medical specialties and departments. Cohorts must demonstrate interest, proficiency and engagement in teaching and their current clinical practice must provide opportunities for education activity.

CE AFC features practical training, modular design and the ability for candidates to proceed at their own pace with a curriculum that applies education theories to real time projects and initiatives. Candidates complete four mandatory core units (foundations, teaching and learning, curriculum and assessment) as well as two of three selectives (simulation, education scholarship, education leadership). Each unit has defined milestones and a portfolio is used to demonstrate theory application, knowledge acquisition and skills development.

Housed under the umbrella of PGME, CE AFC accepts candidates from various professional stages including senior residents, junior faculty and seasoned postgraduate faculty educators from multiple departments. Educational projects completed as diploma milestones include curriculum redesign, new education curriculum, simulation activities, development of innovative evaluation tools and techniques, as well as new initiatives in the clinical teaching unit. These highlight the potential resources the program offers for medical education in various departments at McMaster University.

Karen Finlay MD, FRCPC
Professor, Department of Radiology
Inaugural Director, Clinician Educator Program



Teresa Chan

McMaster University continues to maintain its pre-eminent status as a place to develop great educators. Following in the tradition of those who have come before in pioneering innovations such as problem-based learning, progress testing, multiple mini-interview, McMaster University currently is the host site to the world's first accredited Area of Focused Competency (AFC) for Clinician Educators. Our AFC candidates must demonstrate interest, proficiency, and engagement in teaching and their current clinical practice must provide opportunities for them to engage in a "learning lab" where they can innovate and improve educational activities.

The aim for the program in the coming years will be to continue providing high-quality, practical education for those who wish to develop their skills as Clinician Educators. The program has just accepted its fourth cohort, and as of this fall will have 42 trainees who have been admitted since 2015. The participants range from senior residents to seasoned educators from a wide range of disciplines and departments, including multiple candidates from the regional campuses in Niagara and Kitchener-Waterloo. The Practice Eligibility Route (PER) for the Clinician Educator AFC is now also open. In the near future, the CE program will work with other local groups to foster the development of unique programming that will allow local educators with realworld experience to create their own PER portfolios within our educational community of practice.

Projects completed by the program's candidates include a full revamp of an existing academic half-day curricular redesign, new assessment tools and systems, simulation curriculae and boot camps, and novel strategies for improving clinical teaching units.

Teresa Chan MD, MHPE, FRCPC, DRCPSC
Assistant Professor, Department of Medicine,
Division of Emergency Medicine
Director, Clinician Educator Program



Clinician Investigator Program



Clive Kearon

The Clinician Investigator Program (CIP) is a Royal College of Physicians and Surgeons of Canada (RCPSC) postgraduate training program designed to train future clinician scientists who will be physicians that also spend a large proportion of their time doing

research. McMaster offers CIP trainees integration of clinical and research training, including when research training should occur, as well as connection with a research supervisor who fits well with their needs and goals. In addition to salary and other financial support during research training, CIP trainees receive a broad range of academic sessions presented by leading clinician investigators as well as advice and advocacy.

The CIP program is thriving at McMaster. Over the last 15 years, the average number of CIP trainees has increased from 2 to 11 per year, a growth due in part to the Ontario Ministry of Health and Long-Term Care funding six one-year CIP positions annually since 2010. This has increased access to CIP, particularly for surgical trainees who often want to obtain research training before completing their clinical residency programs.

CIP is important to McMaster in many ways. Not only does it optimize training for individuals, it also integrates clinical departments and graduate programs within the university. CIP training serves to improve physicians' roles as clinicians, educators, administrators and researchers, and helps them answer a broad range of important questions regarding current and changing societal needs. CIP plays a vital role in growing our clinician investigator and leadership pool. It's worth noting that almost all of the trainees have completed their graduate degrees at McMaster. Of the 54 trainees who completed CIP between 2002 and 2012*, 27 currently hold faculty positions at McMaster University.

CLINICAL DISCIPLINES

The clinical disciplines of the 96 trainees who have completed CIP in the last five years or are currently in the program include orthopedic surgery (9); cardiac surgery (5); plastic surgery (3); other surgical programs (4); hematology (14); cardiology (3); gastroenterology (2); nephrology (3); other medicine subspecialties (15); medical oncology (12); radiation oncology (2); pediatrics (9); critical care medicine (7); psychiatry (10) and anesthesia (1).

GRADUATE PROGRAMS

About two-thirds of McMaster CIP trainees complete a Masters of Science. Those who choose a PhD typically take three to four years to complete their programs. In both degrees, trainees dedicate a minimum of 80% of their time to research. While research training is usually completed as a continuous block, they can also choose to intersperse research and clinical training. Trainees can choose any research-focused graduate degree program that culminates in a thesis. The graduate program disciplines of the 66 trainees who have completed CIP in the last six years or are currently in the program include health research methodology (73), health sciences education (7), medical sciences (9), biochemistry and biochemical sciences (4) and other programs (6).

**More recent trainees are not included as they often have not completed their clinical and research training.*

Clive Kearon MB, MRCPI, FRCPC, PhD

Over the last 15 years, the average number of CIP trainees has increased from 1.8 to 10.6 per year.

CIP training serves to improve physicians' roles as clinicians, educators, administrators and researchers, and helps them answer a broad range of important questions regarding current and changing societal needs.



Awards & recognition

Postgraduate medical education awards

PGME introduced awards in 2017 as a way to recognize and reward exceptional residents, faculty, and staff who contribute to residency education.

FACULTY MENTOR AWARD

This award recognizes a faculty member who has demonstrated outstanding advocacy for residents through individual mentorship and exemplary role-modelling of the CanMEDS roles.

2018

Lua Eiriksson

Assistant Professor,
Obstetrics and Gynecology

John Hadley

Assistant Clinical Professor,
Family Medicine

Khurram Khan

Associate Professor, Medicine
Gastroenterology

Snezana Popovic

Associate Professor, Pathology
and Molecular Medicine

2017

Sharon Grad

Associate Clinical Professor,
Medicine
Physical Medicine and
Rehabilitation

Elizabeth Shaw

Professor, Family Medicine

Anand Swaminath

Associate Professor, Oncology
Radiation Oncology

FACULTY AWARD FOR EXCELLENCE AND INNOVATION IN RESIDENCY EDUCATION

This award recognizes the outstanding contributions made by a faculty member in advancing residency education.

2018

Muzafar Gani Abdul Wahab

Assistant Professor, Pediatrics
Neonatology

Som Mukherjee

Associate Professor, Oncology
Medical Oncology

Matthew Sibbald

Assistant Professor, Medicine
Cardiology

Alena Skrinskas

Assistant Clinical Professor,
Anesthesia

2017

Sheila Harms

Assistant Clinical Professor,
Psychiatry and Behavioural
Neurosciences
Child Psychiatry

Moyez Ladhani

Professor, Pediatrics
General Pediatrics

Karen Raymer

Clinical Professor, Anesthesia

RESIDENT MENTOR AWARD

This award recognizes a resident who has demonstrated outstanding advocacy for medical students and resident colleagues through individual mentorship and exemplary role-modelling of the CanMEDS roles.

2018

Tea Rosic

Psychiatry

2017

Robert Coke

Critical Care Medicine

Alexis Jozefacki

Family Medicine

Natasha Larocque

Diagnostic Radiology

RESIDENT LEADER AWARD

This award recognizes a resident who has demonstrated outstanding contributions to residency education in their own program, or provincially and/or nationally.

2018

Ha-Yeon Lisa Kim

Internal Medicine

Ben McCutchen

Psychiatry

Hassan Mir

Cardiology

2017

Darren de SA

Orthopedic Surgery

Patrick Kennedy

Diagnostic Radiology

Leslie Martin

General Internal Medicine

PROGRAM ADMINISTRATOR AWARD

This award recognizes an administrator who has demonstrated outstanding contributions to residency education in their own program, or provincially and/or nationally.

2018

Sharon Ciraolo

Clinician Investigator Program

Menika McKeegan

Psychiatry Program

Hilary Nolan-Haupt

Public Health & Preventive
Medicine Program



Provincial and national awards

Several McMaster residents, faculty members and an administrator were recognized provincially and nationally over the past academic year for their outstanding leadership, teaching talent and significant contributions to postgraduate medical education.

Provincial awards

Professional Association of Residents of Ontario [PARO] Awards

PARO RESIDENCY PROGRAM EXCELLENCE AWARD

This award was created to recognize programs that consistently provide an exceptionally positive and rewarding experience to their residents while producing physicians who are expertly trained to deal with the challenges in their upcoming careers. It is given to one residency program in Ontario annually. We are proud that since the inception of this award in 2006, four of our programs have been honoured by PARO with this distinguished award, most recently 2017.

2017 Diagnostic Radiology

Accepted by
David Landry
Program Director, Diagnostic Radiology

2015 Pediatrics

2014 Orthopedics

2010 Internal Medicine

PARO RESIDENT TEACHING AWARD

This award is given to one resident at each Canadian university centre who provides outstanding clinical teaching experiences to junior house staff and clinical clerks.

2018

Robin Mackin
Pediatrics

2017

Kara Schnarr
Radiation Oncology

PARO EXCELLENCE IN CLINICAL TEACHING AWARD

This award is a public acknowledgement of the essential role that good clinical teachers play in the training of new physicians.

2018

Craig Ainsworth
Assistant Professor,
Medicine
Cardiology

2017

John Neary
Associate Professor,
Medicine
General Internal Medicine
Cardiology, Department of
Medicine

National awards

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA PROGRAM DIRECTOR OF THE YEAR AWARD

Awarded to only one or two program directors each year who have demonstrated a commitment to enhancing residency education, we are proud that since its inception in 2009, five of our faculty members have been honoured.

2018 **Brad Petrisor**
Orthopedic Surgery

2016 **Moyez Ladhani**
Pediatrics

2013 **Ian Preyra**
Emergency Medicine

2012 **Karen Finlay**
Diagnostic Radiology

2010 **Parveen Wasi**
Internal Medicine

CANADIAN MEDICAL ASSOCIATION AWARD FOR YOUNG LEADERS

The CMA presents this award to residents who have exemplified creativity, initiative and are committed to making a difference.

2018

Blair Bigham
Emergency Medicine

2017

Colm McCarthy
Orthopedic Surgery



Learning



With its world renowned models, programs and access to specialties and subspecialties for medical training, Postgraduate Medical Education (PGME) is an environment of great discovery for residents and fellows who represent the best of the best from Canada and other countries from around the world. For PGME, learning is all about training excellence in all facets of a program, which ultimately ensures that the next generation of physicians are among the very best. In this section, readers will have the chance to learn more about curricular innovations driving exciting changes in postgraduate medical training, from family medicine's comprehensive Tripe C curriculum to the

implementation of CBME in all PGME programs. Trainees share their story of why they chose McMaster, and their experience in their programs. McMaster has always had strong ties with its regional communities and international countries where many of its residents are from. Learn about their unique paths and experiences while studying at McMaster and how they plan to make a difference to their home communities' or countries' health care system after they complete their training. PGME's ties with community and international partners will continue to be strengthened as its teams, departments, faculty, and staff foster a welcoming and inclusive place to learn.



Postgraduate training

Family Medicine



Sarah Kinzie

McMaster's residency training program for family medicine has welcomed 202 residents across 12 sites. The program is known for fostering relationship-centered care and teaching, effective learning and remediation strategies for all learners, professional identity formation

and curriculum development in the postgraduate training environment.

This program follows the Triple C Curriculum and has three main pillars:

1. COMPREHENSIVE

Family medicine residents experience comprehensive patient care and education across the breadth of the specialty. This includes care throughout the life-cycle, in different clinical settings, and across a broad spectrum of clinical responsibilities, with special attention to the needs of vulnerable populations.

2. CONTINUITY

The longitudinal nature of family medicine requires a specialized skill set in relationship centred care. This is emphasized in training by ensuring residents have a clinical home base where they build continuity with a group of patients, and a primary family medicine preceptor who acts as supervisor and mentor.

3. CENTRED IN FAMILY MEDICINE

Training follows family medicine generated goals and curriculum and is delivered primarily using family medicine contexts and teachers, augmented with focused experiences and specialist teachers as appropriate. This ensures high relevance to family medicine and enhances professional identity formation.

In many ways, the fourth 'C' supports the development and demonstration of competencies through a training curriculum that provides relevant experiences, uses effective teaching and learning strategies, and maps to expected outcomes. Family medicine adopted a competency-based approach to education a number of years ago. Since Triple C, program staff has worked

to make their approach even more robust and comprehensive. The Royal College of Physicians and Surgeons of Canada's introduction of Competency By Design (CBD) is building local energy and momentum in support of a culture of innovation and collaboration that family medicine is excited to engage in together.

When it comes to the future of family medicine, efforts to better prepare family doctors for the unique complexities of their independent practice are guided by the Family Medicine Professional Profile as well as CanMEDS-FM 2017.

When it comes to the future of family medicine, efforts to better prepare family doctors for the unique complexities of their independent practice are guided by the Family Medicine Professional Profile as well as CanMEDS-FM 2017. These initiatives, introduced by College of Family Physician of Canada (CFCP), refine and re-articulate the scope and work of the family physician. Their emphasis on generalism and community responsiveness highlight the important role family physicians serve for their patients and broader communities.

Other areas of focus for family medicine include Indigenous health and culturally safe care for vulnerable populations. Quality improvement is also an overarching priority as a key part of a comprehensive program evaluation and feedback strategy that inspires the family medicine team to improve on a continuing basis.

Sarah Kinzie BSc, MD, CCFP, FCFP
Program Director of Family Medicine





The Quintessential teacher's teacher – Allyn Walsh



Cathy Risdon

It is an honour to write about Allyn Walsh, an esteemed professor in the Department of Family Medicine at McMaster. Since joining the department in 1979, she has stepped into successively broader leadership roles; first as postgraduate director and then as department education

coordinator. The quintessential “teacher’s teacher”, Walsh has continually acted as an advisor and role model to her fellow faculty. An acknowledged expert in pedagogy, Walsh swiftly moved into roles within the Faculty of Health Sciences, first as the assistant dean for the program for faculty development, followed by a tenure as chair of student affairs for the undergraduate medical education program. She was also one of the founding curricular designers for the Masters of Science in Health Science Education leadership course. The common thread woven throughout these roles is Walsh’s recognition of the value of robust faculty development as both a vital part of the academic career path and as a key component of ensuring a superior learner experience.

Walsh’s expertise and passion for mentorship, medical education and faculty development have led to recognition at the national and international level. She has brought that expertise to

numerous external bodies, with roles that have included chair of the World Organization of Family Physicians (WONCA) working party on education and the lead for the WONCA initiative. Walsh chaired the Association of Faculties of Medicine of Canada’s Committee on Faculty Development from 2002 to 2006 and is the current chair of the Faculty Development Education Committee for the College of Family Physicians of Canada (CFPC). In 2011, she became a member of the Triple C implementation task force for the CFPC. In 2016, she became the president of the Canadian Association for Medical Education, a national professional body of medical educators with a mission to promote scholarship and excellence in medical education.

Throughout her career, Walsh has never strayed from her clinical teaching practice, grounding her theoretical work in real world experience. Her ability to identify those elements of medical education and faculty development that directly impact the primary care patient experience has influenced the way the next generation of family physicians is being trained. She has expanded the definition of what a family physician can be, beyond the traditional boundaries of family medicine.

Cathy Risdon MD, DMan, CCFP, FCFP



The evolution of family medicine training



Allyn Walsh

When I did my residency at McMaster 40 years ago, I felt my training was very good. I worked with family physicians who were wonderful role models and my primary preceptor, Jacqui Wakefield was not only an excellent teacher, but she inspired me as a medical educator. But on reflection, I can see how the system was not set up for family medicine training. We spent most of our time outside our own discipline, rotating through various specialties. While certainly interesting and helpful at times, much of what we did bore little relationship to the work we would do as comprehensive family doctors. Family medicine training was based on the rotating internship and not on the outcomes needed to be a good family doctor. We picked up what we needed eventually, as learners tend to do, but one of the biggest shifts in the last five or so years has been the move towards assessment based on required outcomes. Because family medicine training is so short and the competencies required are so broad, it is crucial that the training be efficient and focused.

The release of the Triple C competency-based curriculum and the new assessment processes by the College of Family Physicians of Canada (CCFP) have been challenging for our postgraduate programs, but a very necessary move. Of course, even before the

Triple C, residency training in family medicine had increasingly been distributed across a variety of sites and settings, rather than being concentrated in centres with academic health science centres.

As educational programs, we are very aware of our social accountability: we must provide family doctors who are prepared to meet the priority health needs of the communities we serve.

Residents have the opportunity to train in a variety of settings, including those that are rural and remote, affording opportunities to be well prepared for future practice. As educational programs, we are very aware of our social accountability: we must provide family doctors who are prepared to meet the priority health needs of the communities we serve. This includes not just clinical activity but also collaboration, advocacy and research. A big challenge for our discipline indeed! But we have rolled up our sleeves...

Allyn Walsh MD CCFP FCFP
Professor, Department of Family Medicine



Competency by Design and Competency-Based Medical Education

Competence by Design (CBD) was established by the Royal College of Physicians and Surgeons of Canada (RCPSC) as the framework for implementing competency-based medical education (CBME) in residency training. This is a transformational change initiative designed to enhance medical education across the country. The primary purpose of this initiative is to produce physicians who will:

- graduate without knowledge gaps
- feel prepared for independent practice
- receive timely and effective assessments and feedback
- have a clear understanding of the learning objectives of their program
- maintain (needed) required clinical practice time
- take a balanced approach to exam preparation
- understand when new abilities and skills are needed in practice

With the implementation of CBME, residency training in Canada will become a more accountable and enriched competency-based approach to postgraduate medical education delivery.

CBME AT McMASTER

The CBME office at McMaster has now been in existence for two years. Led by Moyez Ladhani and Sharon Cameron, this office is in place to support PGME residency programs in their transition to competency-based medical education. While the focus of the office has been primarily on the Royal College specialties / subspecialty transition, it remains paramount that planning and development meet the needs of Family Medicine. Family Medicine's move to their Triple C curriculum is already well underway.

In addition to providing support and determining what programs need to prepare for this transition, the CBME office has established governance, faculty and learner development initiatives and resources to assist in competency-based curricular and assessment practices.

EPAs AND MILESTONES

In the RCPSC Competence by Design model, all postgraduate trainees will move through four distinct stages of learning. Before they can proceed to a new stage, they will need to demonstrate

that they have achieved competence in the clinical tasks and activities expected of them. To determine this competence, they will be assessed using Entrustable Professional Activities (EPAs). Each EPA will integrate multiple milestones, which are meaningful markers of a resident's progression. If the EPA is successfully performed, then all skills that make up the various milestones within that EPA have been learned. This means that the trainee has demonstrated his or her overall competence.

CURRENT STATUS

2017 cohort: anesthesiology and otolaryngology transitioned into CBME in July 2017.

2018 cohort: emergency medicine, forensic pathology, medical oncology, nephrology, surgical foundations, and urology made the transition in July 2018.

2019 cohort: Fourteen more programs have been approved to move ahead for July 2019 – anatomic pathology; cardiac surgery; gastroenterology (adult and pediatric); critical care (adult and pediatric); general internal medicine, internal medicine, general pathology, neurosurgery, radiation oncology, geriatric medicine, obstetrics & gynecology and rheumatology.

Anesthesiology and otolaryngology-head, neck surgery have been the pioneers and in some way are blazing the trail for other programs. However, this being said, all programs are still learning – what works and what doesn't – the transition will be iterative.

Early on some key themes / messages are:

- resident engagement is key for successful CBME implementation
- it is important to take time to learn from each other
- residency education is more than just Entrustable Professional Activities (EPAs) and there is an encouragement for a holistic approach to residency education
- the transition will be an iterative process that will need attention and course correction as we move along
- focus should be on how to optimize learning rather than focusing on completion of an assessment form; while recognizing assessment does need formalization



ASSESSMENT FOR LEARNING

By 2022, all residency programs will have completed this transition. However, because the competency-based curriculum will only apply to the intake cohort for that year and beyond, there will be a transition period where programs will have both CBME learners along with learners in the traditional curriculum. It is predicted that McMaster will have a full complement of CBD learners by 2025.

CBME GOALS

A shift to a competency-based system like this will help us achieve our most important goal, which is to ensure that the next generations of learners become better physicians. Our goals for CBME at McMaster include:

1. An optimal medical foundation system that is focused on achievement of competence rather than focused on time spent in training.
2. Supervision and entrustment decisions will be based on comprehensive information regarding the learner's overall strengths and weaknesses.
3. Residents will be provided with consistent assessments and increased feedback to guide progression and development.
4. Residents will be promoted to the next stage of training when they are ready and at a logical juncture in their training, mirroring promotions in their career to follow.
5. Variations in physician performance in practice are minimized where possible.
6. A medical system that results in high performing graduates, regardless of training location.
7. Seamless transitions between stages of training and a new, true view on an integrated continuum of training and practice.
8. A coordinated and responsive medical education and healthcare system that promotes positive health outcomes and fosters innovations in patient care.

CBME SURVEY

To determine the readiness of each program, the CBME office conducted a survey. The results of this survey were very positive, reflecting that program directors are knowledgeable about CBME and have already started to implement some CBME concepts into their programs.

Below are some highlights from the survey.

50% of programs already have or have recently implemented a promotions or competence committee, of those that have not, 80% plan to implement one in the next year. 60% of programs already have or have recently implemented work-based assessments (WBAs), with 50% of those programs assessing residents weekly with WBAs. A variety of assessment tools are being used by programs.

Assessment Tools used by Programs	
Assessment Tool	Number of Programs
In Training Assessment Reports (ITARs) formerly ITERs	26
Mini-CEX	9
Multi Source Feedback	21
Encounter Cards	9
Field Notes	1
Ottawa Surgical Competency Operating Room Evaluation (O-SCORE)	2
Procedure Logs	11
Direct Observation of Procedures (DOPS)	12
Objective Structured Assessment of Technical Skills (OSATs)	3
Portfolio	14
Narratives	4
Multiple Choice Questions (MCQ)	15
Short Answer Questions (SAQ)	18
Objective Structured Clinical Examination (OSCE)	15
Entrustable Professional Activities (EPA)	3
Other	6



Trainee highlights



Sarah Payne MD, MSc, BSc
Psychiatry, PGY4

Q: What stands out as an important learning moment for you as a resident at McMaster?

A: As psychiatry residents, we have the privilege of building strong relationships and understanding the narratives of our patients' lives. The value of a therapeutic alliance cannot be underrecognized and this is especially true within the realm of psychotherapy. In my psychotherapeutic interactions, I have learned that it is not always about those 'aha' moments. Sometimes, it's just about guiding a patient to make very small changes that can then blossom into bigger positive changes. It is rewarding to bear witness to our patients overcoming adversity and seeing their quality of life improve.

Q: Why would you recommend McMaster as the place to complete a residency?

A: I have been fortunate enough to have entered into a residency program that continually challenges me and offers a variety of clinical and research experiences, including access to the many specialized clinical facilities within the Hamilton region. The self-directed learning opportunities, extracurricular activities and resident run initiatives are just a few of the many facets of the McMaster program that make it exceptional. Above all, it's the close-knit residency community and supportive faculty that have contributed most to making my time in residency such a rewarding experience. I would recommend McMaster University as a place for residents to best realize their academic and professional goals.

The self-directed learning opportunities, extracurricular activities and resident run initiatives are just a few of the many facets of the McMaster program that make it exceptional.



Yasmin Essaji MD, BSc
General Surgery, PGY4

Q: What stands out as an important learning moment for you as a resident at McMaster?

A: Surgical residency involves long days, few breaks and a fast pace that can sometimes be dizzying. That pace is matched in the operating room. As residents, we are always learning and as we progress through residency, we are then expected to become teachers to junior residents and medical students. It is easy to forget the importance of learning to become a good teacher when caught up in the pace of trying to keep the OR on schedule so that our last case is not cancelled. At the beginning of this year, I remember my staff challenging me to teach a junior resident a procedure in the OR. The junior resident asked questions about facets of the case I had never even thought about. By the end, we both shared a deeper understanding of the procedure. Learning to be an effective teacher is a key skill that is emphasized at McMaster.

Learning to be an effective teacher is a key skill that is emphasized at McMaster.

Q: Why would you recommend McMaster as the place to complete a residency?

A: McMaster is built on camaraderie. Whether it's between medical students, residents, staff physicians or allied health, the list goes on. We're always trying to create a positive learning environment to help learners of all forms to thrive. This is particularly valuable in surgical residencies. Everyone at one point or another in residency will struggle. It is in those moments that the place, the people and the environment you are learning in matters most. How a residency program supports its learners at their lowest moments matters equally, if not more, to how it supports its learners at their best. McMaster has always fostered a supportive learning environment and knowing that this support system is in place for myself and my resident colleagues played a key role in choosing McMaster for residency and in recommending it to aspiring medical students.



Haris Jafri MD, BSc
Internal Medicine, PGY3

Q: What stands out as an important learning moment for you as a resident at McMaster?

A: Residency is a journey of key learning moments, some of which define the type of doctors we become. One learning moment that I recall was during a “code blue”, which is a respiratory or cardiac arrest. Those who have participated in such an experience will appreciate its frenetic nature which often masks the significance of the event – a possible death of an individual. The family of the individual is often forgotten until much later into the code. During this particular code, the son of the patient was outside of the room. He likely stood there shocked and confused at the events transpiring in front of him. It was at this moment that one of the staff physicians attending the code approached the son and invited him into the room. The experienced physician calmly explained the situation to the son and allowed him the opportunity to be with his father during his last moments. The presence of the family member also allowed the code team to end the code affirmatively, as a family member was present to guide their decision. Amongst the vast knowledge and skills learned in residency, it is often the softer skills that leave the most impact on patients and their families. This experience reiterated that each patient is an individual with a unique life story and loved ones, a lesson we must always remember.

Q: Why would you recommend McMaster as the place to complete a residency?

A: McMaster is the ideal place to complete the lengthy, obstacle-ridden journey that is residency. The majority of medical residents around the country possess the internal tools required to excel in residency. The challenge lies in creating the ideal environment for these talented individuals. McMaster is well known for its academic excellence and abundant research opportunities. The more attractive factor and ultimately, the reason I chose McMaster, was the collegiality that exists between staff and residents. Although I had a glimpse of this



Amongst the vast knowledge and skills learned in residency, it is often the softer skills that leave the most impact on patients and their families.

as a visiting medical student, I was only able to experience it once I began residency. For example, during my first year of residency, a close family member had passed away, which required me to take a few days off during a busy service. The support I received from the staff and fellow residents was overwhelming. My attending checked in several times and expressed that the residency program is now a part of my family that is there to support me whenever needed. This experience revealed that staff at McMaster are not intimidating, absent creatures. They are mentors, teachers and friends.



Those two hours a day

Trainee Profile II: Ashley White, Family Medicine



Blair Bigham

Story submitted by Blair Bigham, MD MSc, ACPf, emergency medicine resident (PGY4) and journalist. His work has appeared in the *Globe and Mail* and the *Toronto Star*.

I'm having breakfast in downtown Hamilton with McMaster family medicine resident, Ashley White. Our eggs get cold and we don't even realize it as we have a spirited discussion about urban versus rural residents.

She has driven into the city from Brant County to sit down with me, a city resident training in emergency medicine at Hamilton General. White is one of a handful of residents training to be the next generation of family doctors. "I'm the only resident at Norfolk General," she explains of her role in the small hospital that covers an area larger than Hamilton.

White is accustomed to being the only resident in a hospital. She struggles to recall how many times she's travelled across the province from Bancroft to Woodstock, but guesses it's at least 15. "I spend a lot of time in my car," she laughs.

Her typical day begins at 6:30am and ends in the evening. Almost all of it is spent in her official capacity as a resident. "Even when I'm home, I'm working. Forms, logs, organizing...the minutia of being a resident takes up all my spare time," she says without a hint of disdain.

"Multitasking is my baseline. I don't know how to do only one thing any more. I've adapted to be like this," she says of the effects of a busy residency.

Her typical day might start in a clinic in the town of Delhi, about 20 minutes from Norfolk General. Many days, she drives back to the hospital where she checks in on patients in the wards before helping her preceptor, Bill Thorogood, in the operating room

where he does anesthesia. Other days she drives to Brantford, about 45 minutes north, to work in the ER.

"Some days I visit all four floors of the hospital," she says smiling. The ER, on the ground floor, the operating room on the second floor, the labour and delivery ward on the third and the inpatient unit on the fourth. "I'm the only resident, so people seek me out for opportunities to learn," she says.

When she covers a week of obstetrical call she stays in a small house beside the hospital. "It's a 45 second run if I take the stairs," she says of her response time to labouring moms-to-be.

Her training has prepared her well for when she will begin working as an independent physician in Bancroft, about five hours away. "Generalization as a philosophy of care is about serving a community in as many ways as possible," she says, adding that she focuses on how to deliver care "when there is no CT scanner for a hundred or more kilometres."

"I'm very lucky to have her here," says her preceptor Bill Thorogood. "She has a lot of life experiences that make her more mature and well-rounded than many residents." Rural training allows residents like White to be "first in line for learning opportunities," he says. By comparison, as a city resident I often

stand in a line-up of residents when rare skills need to be performed.

Her preceptor thinks rural residencies can be more stressful than those in large urban centres. "You have to keep many plates spinning all at once. Finding a balance between work and personal life is something I really try to teach residents."

"Those two hours a day I spend behind the wheel is valuable," she says of driving. "The best decisions are made in a contemplative way, but moments like that are few and far between. My car is the one place I can think straight."



Ashley White

"She has a lot of life experiences that make her more mature and well-rounded than many residents."

— Bill Thorogood



Collaboration

McMaster University & Gulf State Trainees

McMaster University PGME has enjoyed a longstanding relationship with the Persian Gulf countries, accepting the first Saudi Arabian sponsored resident in internal medicine in 1982. Almost 35 years later, this program has grown considerably. With 152 postgraduate trainees registered in 2016-17 from Gulf countries, including Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates, this represents approximately 14% of the total complement of trainees.

Postgraduate learners from the Gulf countries are a mixture of residents who are training in Royal College of Physicians and Surgeons of Canada's accredited programs, leading to certification in that specialty and clinical fellows who are gaining post-certification training in an area of focused competence.

These postgraduate trainees come into a wide spectrum of McMaster's specialties. These specialties include, but are not limited to: anesthesiology, cardiac surgery, cardiology, clinician investigator program, critical care medicine, developmental pediatrics, diagnostic radiology, emergency medicine, gastroenterology (adult and pediatric), general surgery, geriatric medicine, hematology, infectious diseases, internal medicine, medical biochemistry, medical microbiology, medical oncology, neonatal-perinatal medicine, nephrology, neurology, neurosurgery, orthopedic surgery, pediatric critical care, pediatrics, psychiatry, radiation oncology, respiratory medicine, trauma and urology. These range from postgraduate year 1 residents (junior), through to postgraduate year 6 residents (senior) as well as highly trained clinical fellows. This demonstrates the breadth and depth of the Gulf state trainees in the healthcare system in the city of Hamilton and surrounding regions.

The relationship between the Gulf state trainees and McMaster enriches the programs and impacts the practice of medicine in the community and beyond Canada's borders. Gulf State trainees provide highly valued healthcare to the citizens of the Hamilton region and contribute valuable expertise to training programs.

At the same time, the standard of training that these individuals receive at McMaster – in programs that are regularly reviewed



and accredited by both the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada – are highly regarded in their home countries. McMaster understands that this is making a positive difference to the delivery of care in their communities and that the individuals who train here return home to become academic leaders. This is a truly global initiative that has made significant strides over the past 35 years and continues to have a positive impact on medicine and medical training in both countries.

There are other ways that the medical and academic environment and community at large are enriched by Gulf State trainees. Within the Faculty of Health Sciences at McMaster and Hamilton teaching hospitals, they offer a valuable and vibrant cultural perspective which is the foundation of a wonderful, stimulating academic environment. This extends beyond the walls of the university and into the community where the trainees live and are actively and positively engaged. This experience has reciprocal benefits for Gulf State trainees and their families and is magnified by the openness with which they embrace the uniqueness of the regional and national culture here. It is a mutually beneficial relationship that we hope will continue well into the future.



Gulf social club

Arabian Gulf Physician Association

In any given year, there are about 150 physicians from the Arabian Gulf in postgraduate medical training at McMaster. While there is no doubt about the value of the training and experience, the transition to a new country can be challenging. Easing this transition and building community is the goal of the Arabian Gulf Physician Association, a place where physicians can maintain familiar ties to their culture while living in Canada. Often separated from family and friends while here, the association provides members with a valued network of friends who often stay connected long after they finish their residencies or fellowships. With a location on the Hamilton mountain, members meet informally on a weekly basis and gather for holidays and formal events.

Emergency medicine resident, Mohammad Althobity, began his studies at McMaster in 2015 and was elected by colleagues as a Saudi physician representative in July 2017. "The association helps to celebrate this culture and meet new people all the time," he explains. "The group holds special events in the space, observes the high holidays together and enjoys being in the community."

New physicians from Gulf states arrive every year, so the network is always growing. For those physicians whose families have travelled with them to Canada, the association gives their spouses and children an inviting place to gather. Spouses and children can often be found engaged in activities at the association while their physicians-in-training are working.

Recognizing that it can be lonely or difficult to move to a new country for a long stretch of time, Althobity views the association as "very important for physicians as it helps them and their families feel a little more at home during such a new experience. They all come to rely on one another and help each other especially when there is a new family or person arriving or leaving. This is a network of support that becomes family."

Althobity shares that one of the culture's most celebrated occasions is the birth of a child. The association has held many joyous baby celebrations where everyone brings food and welcomes the new addition. "McMaster's medical training program is one of the best in the world. Having a place and people to share these experiences with makes the time in Canada so much better."



Gulf state trainee highlights



Sulaiman Alrashidi, MD, Kuwait
Cardiology, PGY4

Q: As a Kuwaiti physician, why did you choose McMaster for your postgraduate education?

A: McMaster has an excellent international reputation in medical research and medical innovation. I did extensive research before applying for residencies. The ground-breaking research and work happening in Internal Medicine in particular, put McMaster at the top of my list. McMaster is also a pioneer in medical education which is also one of my interests.

Q: What have you enjoyed most about being at McMaster?

A: I really appreciate how learner centric my experience has been. As a resident, I am able to participate in many of the decisions that have an impact on my teaching. The faculty and staff are also very approachable and collegial, which makes me feel supported.

I believe that the collective experience I have had in clinical medicine, medical education and research will carry forward the rest of my career in medicine.

Q: How do you envision using this training when you return to Kuwait?

A: I believe that the collective experience I have had in clinical medicine, medical education and research will carry forward for the rest of my career in medicine. I will take these experiences back to my country with the commitment of continually working to improve as a physician.



Shada Shesha MD, Saudi Arabia
Pediatric Complex Care, Clinical Fellow

Q: As a Saudi Arabian physician, why did you choose McMaster for your postgraduate education?

A: McMaster's reputation as one of the finest postgraduate medical education programs in Canada was the reason I chose it. It is a world-class training program affiliated with world-class teaching hospitals. It also has one of the best research centres in the region.

It [McMaster] is a world-class training program affiliated with world-class teaching hospitals. It also has one of the best research centres in the region.

Q: What are the strengths of training here?

A: McMaster has really well-structured programs for postgraduate training. The availability of so many subspecialties offers postgrad trainees like me amazing opportunities to learn. There are excellent research opportunities here as well.

Q: How do you envision using this training when you return to Saudi Arabia?

A: I will have the chance to access the grand rounds through tele-video, which is a great way to remain involved in any recent updates and learning. Also, I am planning to establish a similar system at home, to strengthen our training programs by providing appropriate supervision and supporting systems. The training that I have gained here has enhanced many of my skills and my life, which I will use to help improve my community when I go back.



Community



McMaster's Postgraduate Medical Education (PGME) is a community made possible by contributions of many valued people and places. This section provides readers the opportunity to learn more about the PGME community, and the people who drive it forward on a daily basis. It is an in-depth look at the stories and achievements of those who have forged new programs and built a community of learning with the PGME family of hospitals, training sites, and campuses. The work-life

balance of residents has never been so complex. The Resident Affairs Office is committed to the health, wellbeing and success of McMaster learners through every stage of their journey. This section demonstrates how residents, faculty, and staff work harmoniously to deliver the very best learning experience that defines PGME's delivery of quality health care in the many communities it serves.





Director of Medical Education

Hamilton Health Sciences (HHS)



Alison
Fox-Robichaud

As the director of medical education for Hamilton Health Sciences (HHS), my goal is to facilitate integration of the physician and physician assistant learners into our hospital. To achieve this, I spend a lot of time working with other health professional educators and leaders to bring the physician perspective to the performance of the health professional team.

I am able to provide a communication conduit for process changes, creating smoother transitions that will better serve all involved.

I see a particularly important relationship between what I do in this role and Postgraduate Medical Education (PGME) at McMaster. First, it allows me to support PGME during accreditation by facilitating the reporting of learner environments. Second, I am able to provide a communication conduit for process changes, creating smoother transitions that will better serve all involved. For example, as PGME moves through the introduction of CBME, I can facilitate links to different groups in the hospital that may be impacted by the changes before they happen. Similarly, I can provide a channel from the hospital to PGME should there be changes that will impact stakeholders at the hospital level. Another example is with the new Accreditation Canada standards. Residents and

faculty need to be aware of the role they will play in helping the hospital meet these accreditation standards and how they integrate with standards for their own training programs.

HHS is the second largest acute care health provider in Ontario. We serve patients from prenatal care through to chronic care and the end of life, with all the milestones in between. While hospitals have not traditionally been involved in the ongoing health of the populations they serve, this is beginning to change. As a result, there are an increasing number of opportunities for learners to get involved in meaningful ways at HHS. Engaging in these opportunities will have the added benefit of supporting residents and fellows in meeting the CanMEDS identified roles of Health Advocate, Leader and Professional.

I see PGME learners as important and valued members of the healthcare team. As director of medical education, I want to make sure that the hospital hears the voices of these learners, as this ultimately helps us to improve and sustain the care we provide to the patients that come through our doors. Similarly, I would like PGME learners to understand the processes that make the hospital function. Many of today's learners will become the next generation of leaders in our hospital. That journey will be much smoother if we work with both groups to encourage open communication and get our learners engaged early in the hospital's processes and in understanding the organization as a whole.

Alison Fox-Robichaud BSc, MSc, MD, FRCPC
Director, Medical Education





Niagara Regional Campus



Amanda Bell

As of 2018, the Niagara Regional Campus (NRC) has hosted 13 fellows, 110 residents on core rotations and 156 residents on visiting electives. The NRC opened in 2008 with the first graduating class in 2011. Today the campus is home

to 84 undergraduate medical students over the three years of the program along with 26 CaRMS-matched residents in family medicine, general surgery and family medicine-emergency medicine. The campus hosts visiting residents in core and elective rotations in family medicine, pediatrics, anesthesia, general surgery, intensive care unit, internal medicine, obstetrics and gynecology, vascular surgery, oncology, otolaryngology, internal medicine and subspecialties of emergency medicine, psychiatry, radiology, urology, immunology, ophthalmology, public health and dermatology.

Our postgraduate education programs offer residents an excellent opportunity to gain experience in hospital and community settings and to explore employment options. Many of our new physician and faculty recruits are previous resident learners in our region and we warmly welcome them back as they begin practice. All of our general surgery residents have returned to practice in the region as have many of our family medicine-emergency graduates, and half of our family medicine residents chose to stay in Niagara to practice. We are pleased that over one third of our inaugural undergraduate medical school class has returned and settled in Niagara. We now have

family physicians, specialists and even leadership positions at the campus that are held by our own graduates.

Our postgraduate education programs offer residents an excellent opportunity to gain experience in hospital and community settings and to explore employment options.

We have devoted leadership positions to postgraduate education development in pediatrics and psychiatry in Niagara and have developed strong learning opportunities in many other disciplines. Many of our clinical skills teaching positions are held by local postgraduate learners and we have teaching opportunities in simulation and clinical teaching for residents who are on rotations here. We are enthusiastic about the learning, teaching and practice opportunities available at the Niagara regional campus and warmly welcome postgraduate learners to explore the possibilities both within the campus and the community. Our learners are clearly becoming a part of the fabric of Niagara, which has great benefits to all stakeholders.

Amanda Bell BAartsSc, MD, FCFP
Regional Assistant Dean, Niagara Campus





Waterloo Regional Campus



Cathy Morris

It has been an honour to have played a part in establishing a clear vision for the Waterloo campus and it is bittersweet to have handed over the reins to a new director, in June of 2018. I am pleased to share that Margo Mountjoy is the new program director who will build on the strengths of the campus and the wonderful Kitchener-Waterloo (KW) community.

So much has changed in 11 years, especially the fact that the region of KW was underserved for primary care back then. We were thrilled to collaborate with the University of Waterloo, where the campus was built in 2007 and many symbiotic relationships have grown over time to provide a medical training experience that ties our learners, faculty, staff, patients and community together. With such a committed, laser focused program and staff, graduating physicians have an increased potential of being hired in the community. In fact, 60% of our family medicine graduates remain in the region to work.

The two biggest achievements that make this campus unique are building opportunities within our location and community and, developing a sustainable research base.

The two biggest achievements that make this campus unique are building opportunities within our location and community and, developing a sustainable research base. With the program physically sitting adjacent to the Waterloo School of Pharmacy, working together has fostered a connected learning experience. There are opportunities to replicate this through successful relationships with other programs such as the School of Optometry, Social Work and Conestoga College's School of Nursing.

Having a strong research focus that supports evidence-based learning will ensure that the efforts we have made and infrastructure built so far, remain sustainable. Community-based partnerships and collaboration for research is a really strong component of the campus location. Investing in the community by investing in learners and building strong resources ultimately makes our region, school, faculty, staff and physicians stronger. Learners challenge us all to be better physicians and gratefully, our campus is built on the strength and support of our community, which is the most positive outcome of all.

Cathy Morris MSc, MD, FRCP(C)
Regional Assistant Dean,
Waterloo Campus



Resident Affairs

Physicians dedicate their lives to taking care of others, but in the challenging, fast pace of the profession, their own wellness needs can sometimes be missed. This seems especially true for doctors in postgraduate training. A 2017 survey by the Canadian Medical Association that included 394 residents from across the country, identified that 38% experienced symptoms of burnout; 69% declared a high level of emotional exhaustion and 25%, a heightened sense of depersonalization. 27% of residents surveyed had considered suicide, 54% of them in the last 12 months. The Resident Affairs offices at McMaster aim to improve these sobering statistics by offering supports and resources designed to help residents manage the stresses of medical education and practice. With more than 60 programs and close to 1,100 postgraduate trainees in multiple sites to accommodate, McMaster has established three Resident Affairs offices, located on the Hamilton, Niagara and Waterloo campuses. Each offers a broad range of wellness services. In addition to free and confidential mental health supports, they facilitate everything from social gatherings, wellness symposia and academic guidance to career planning, accommodations, leaves of absence and professionalism.

“Our residents are as diverse as their issues. They come from all over the country – sometimes the world – and each have unique life situations.” – Adrian Crowe

John Miller, Director of Resident Affairs at the Hamilton campus says that this diversity of services is critical in meeting the needs of residents faced with a pressing set of challenges. “Residents are not just students. They are also teachers and practicing physicians with grueling schedules. Juggling these many roles can be demanding and stressful and may contribute to burnout. Providing access to compassionate services that

bridge the gap between their professional responsibilities and personal wellness helps them navigate this demanding time in their careers.” “Our residents are as diverse as their issues. They come from all over the country – sometimes the world – and each have unique life situations,” adds Adrian Crowe, Director of Wellness Affairs at the Niagara campus. “This diversity of needs makes it very interesting and requires an individual approach to every situation.”

Identifying common and unique challenges for residents is a critical step in developing supports that offer lasting solutions for residents at McMaster. Margo Mountjoy, who served as the Director of Wellness Affairs at the Waterloo campus until July 2018 says, “With 74 residents from family medicine, pediatrics, internal medicine, psychiatry and emergency medicine that fall under the umbrella of resident affairs, we know that there are comprehensive needs. Those needs must be met with an equally comprehensive set of supports.”

All three directors, including Kathleen Nolan, who is the new Director of Wellness Affairs at the Waterloo campus, believe that fostering a culture of wellness and mental resilience will benefit McMaster residents today and sustain them as practicing physicians well into the future. To achieve this, they work together to change the conversation about resident burnout to one of personal, professional and academic wellness at McMaster. They have also developed programs designed to meet the unique and emerging needs of the residents on their campuses and recently, added the services of Lisa Giles, wellness counselor.

This kind of guidance is the ultimate goal of the resident wellness program on all three campuses. As Miller says, “Residents represent a group of physicians with an alarming prevalence of fatigue, depression, relationship and financial strain. All of this can culminate in a state of burnout. To prevent this from happening, they need a non-judgmental, confidential space to help manage or resolve these sensitive, personal issues. Whether it’s counselling, mentorship, advocacy, workshops or assessment for a referral into the community, we’re here to ensure that our residents feel supported.”



In dark times a family emerges

Resident Profile III: Colm McCarthy, Orthopedic Surgery PGY 5



Blair Bigham

Story submitted by Blair Bigham, MD MSc, ACPf, emergency medicine resident (PGY4) and journalist. His work has appeared in the *Globe and Mail* and the *Toronto Star*.

It's no secret that residency is hard, but despite the long hours and stressful work, most young doctors put on a brave face. Behind this mask, lies the fact that four out of five residents report feeling burned out, frustrated or depressed at some point during their residency. For Colm McCarthy, that was just a few months after starting residency.

McCarthy was born in Quebec but grew up in the United States. Trained as an emergency medical technician, he didn't hesitate to serve with the Federal Emergency Management (FEMA) in Louisiana when Hurricane Katrina hit. Witnessing medical heroism during this disaster inspired him to seek a career in medicine, enrolling in McGill's medical school in Montreal after completing a second bachelor's degree.

Originally keen to be an emergency doctor, McCarthy eventually fell in love with orthopedics. He landed a residency spot at McMaster, and he and his wife, an American, moved to Hamilton. "There were a lot of ups and downs," he recalls of the start of training. "The first year was definitely the hardest for me."

McCarthy was thrown into the busiest orthopedic site in the city, Hamilton General. "I was getting slammed being on call for spine and orthopedic services and was arriving at the hospital at 4:30am every day to round on 45 patients. I thought about dropping out," he admits. To top it off, his wife was having trouble with the immigration process and couldn't work. "She was miserable. I was miserable. I had an unhappy house and a tough time at work."

During one particularly dark month, he was pulled aside by McMaster faculty member, Dale Williams, who expressed concern about McCarthy's well-being. The moment caught McCarthy by surprise. "It was awkward," he admits, but Williams' intervention gave him a sense of belonging and "turned everything around," says McCarthy. "If it wasn't him, it would have been someone else," he says confidently, naming off staff surgeons who he now knows, many years later, are watching out for residents who may be silently struggling. McCarthy believes times are changing.

Many residency programs now begin with a boot camp; a focused period of training to provide confidence to residents and orient them to the inner workings of the hospital. In fact, resident wellness has become a focus at McMaster and resiliency training – which provides practical tools and skills for managing stress and uncertainty – is gaining popularity in Canada.

Thanks in part to Williams, McCarthy emerged from his dark experience to become a physician leader at McMaster. He won the Canadian Medical Association leadership award and served on the boards of directors for both the national and provincial residents' associations, where he vigorously advocated for residency wellness. "Every surgeon thinks about quitting and no one ever talks about it. It's the big dirty secret," he says. "It's good that things bother

you. If seeing problems with patient care doesn't bother you, that's a problem," he says. The key, he says, is to have support, be it a person, a group or an activity. For his part, he has worked to develop a sense of cooperation among residents. "I've never had an experience at McMaster where someone doesn't want to help, but residents need to know that it's ok to ask."



Colm McCarthy

In fact, resident wellness has become a focus at McMaster and "resiliency" training – which provides practical tools and skills for managing stress and uncertainty – is gaining popularity in Canada.



Program administrators

Supporting programs, faculty and residents

For each of the 60-plus programs associated with PGME, there is a program administrator. They are often referred to as the glue of the program and provide a home base for residents and fellows, nurturing lifelong bonds that will have an impact on medicine and medical training at McMaster and beyond. While an entire report could be dedicated to the program administrators, the three profiles below are fine examples of the depth of professionalism, skill and dedication shared by this valued group.



Andrea Howe

Education Program Coordinator,
Cardiac Surgery and Vascular Surgery

As the education program coordinator, my role is to coordinate the education sessions and provide support for surgical residents in both cardiac and vascular surgery. When I came into this role, I was new to the field of medical education. I was quite intimidated by the surgeons and residents, as I was aware of their tremendous achievements and held them in the highest esteem. As I worked with each of them and came to know more about them as surgeons and residents, my intimidation faded and my respect for their dedication and expertise continues to grow today.

I am very inspired by the people I work with. Their drive inspires me to help them succeed. Everything I do to support them, from arranging learning opportunities, supporting new initiatives and completing tasks, is all about making things easier. Anything I can do to help them to be successful makes me feel successful, too.



Menika McKeegan

Postgraduate Program Coordinator,
Tenure and Promotion Coordinator,
Psychiatry & Behavioural Neurosciences
*Recipient of 2018 McMaster PGME
Program Administrator Award*

In my role as program coordinator, I work closely with our program director, regional education lead and education coordinators to ensure day-to-day program operations run smoothly. I am

responsible for overall program administration including program inquiries, rotation scheduling, academic half-day and enrichment events, tracking of residents' progress and evaluations, organization of OSCE exams, annual recruitment events and other event planning, program expenses and monitoring of budgets and postgraduate education committees' support.

While there are many things about our program that I am very proud of, one of the most heartwarming for me is the annual psychiatry elves initiative that our residents organize to ensure that all psychiatric in-patients receive a gift during their hospital stay over the holidays. Residents collect all the donations and create gift bags that include things such as self-care items, gift cards, board games, treats and clothing. This initiative is such a positive experience for psychiatry patients and it grows every year.



Nancy Devlin

Manager, Education Experience,
Family Medicine

My role is the manager of education enterprise for the Department of Family Medicine. I have 25 staff members across two divisions, six rural and six urban sites. We welcome 100 residents each year to these sites, for a total of 200 in the program. I am involved in the strategic visioning and planning for our education program and also contribute to curriculum changes and delivery, innovative system solutions and process improvements, as well as oversee the operational aspects of all of the above.

The best part of my job is the people I work with. From staff to faculty, we work as a team for the common goal of contributing to the training of competent family doctors. It feels good to know that even if it is in a small way, I am helping a resident's experience in our program to be a positive one.

Recently, in Owen Sound, my father-in-law visited a family doctor who made the connection to me. The doctor spoke of how I was always a great help to him during residency and asked that my father-in-law say hello to me. That warmed my heart.



McMaster Postgraduate Medical Education Office

The McMaster University Postgraduate Medical Education (PGME) office works collaboratively with a wide array of stakeholders to guarantee the administrative and educational needs of programs and trainees is supported. They not only act as the registration gateway to PGME at McMaster but also

engage with trainees, faculty, programs, hospital departments, accrediting bodies, professional organizations and associations, and a multitude of training sites to ensure that the training our learners receive is among the best in Canada.



Parveen Wasi,
Associate Dean,
Postgraduate Medical
Education



Jessica Klunder,
Administrative
Coordinator



Dana Gordon,
Administrative Assistant
(Electives)



Sophia Boljanic,
Manager



Shauna Ferguson,
Administrative Assistant
(Residents)



Brooke Taylor,
Administrative Assistant
(CIP, CEP, International
Outreach Program)



Stuart McAslan,
Assistant Manager



Beth Bierema,
Administrative Assistant
(Residents)



Moyez Ladhani,
Director,
Competency-Based
Medical Education Team



Linda Chan,
Educational Lead
Developer



Colleen Willson,
Administrative Assistant
(Fellows)



Sharon Cameron,
Manager,
Competency-Based
Medical Education Team



Brenda Montesanto,
Project Coordinator



Jordan Hamilton,
Administrative Assistant
(Fellows)



Liz Degrow,
Administrative Assistant,
Competency-Based
Medical Education Team

CONTACT

Postgraduate Medical Education Program
Michael G. DeGroot School of Medicine
McMaster University

Michael G. DeGroot Centre for Learning and Discovery
(MDCL) 3101a
1280 Main Street West, Hamilton ON L8S 4K1
CANADA

905-525-9140 ext. 22118
postgd@mcmaster.ca
fhs.mcmaster.ca/posgrad

Printed in Canada 10/2018.

Graphic Design:
Media Production Services
McMaster University



