

# Postgraduate Medical Education | UPDATE 2021





## Message from the Dean & Vice President



As Dean and Vice-President of the Faculty of Health Sciences, it gives me great pleasure to reflect on the accomplishments and impact of the Faculty's Postgraduate Medical Education (PGME) Program. For more than 50 years, the PGME has provided extraordinary postgraduate medical training, resulting in competent, caring physicians who have, and will, positively improve health care for generations to come.

In my role as dean, I have witnessed an incredible amount of resiliency, creativity, and commitment to fostering academic excellence among all of the faculty members, students, and staff of the PGME. Despite the challenges of the COVID-19 pandemic, PGME has continued to make meaningful contributions to the Canadian health-care system, playing an important role in our institution's vision to aspire to a culture of innovation, exploration, and collaboration.

Indeed, your remarkable effort is a key contributor in our placement among the top universities in the world for health and

medicine. This distinction is reinforced by the high placement the medical school continuously receives in some of the world's most influential rankings. One example is McMaster's ranking 19th in the world for clinical, pre-clinical and health subjects by the Times Higher Education (THE) World University rankings for 2022.

Congratulations to all members of the PGME for your dedicated approach that makes important contributions to our world in health care, research and teaching. I appreciate you remaining steadfast in our ambition to advance human and societal health and well-being.

Sincerely,

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





## Message from the Associate Dean, PGME



As Associate Dean of McMaster Postgraduate Medical Education (PGME) since 2016, I have watched our community continue to grow, transition, adjust and accomplish goals that are challenging at the best of times.

In November 2019, we began our internal reviews of residency programs and then in March 2020, the COVID-19 pandemic was upon us. The pandemic has turned our world and the way we do things upside down. We faced a myriad of challenges, but our community demonstrated resilience and perseverance, despite the challenges we encountered along the way. We also learned how to do some things better and more efficiently, both in medical education and patient care; lessons we will keep beyond the pandemic.

One of the biggest changes in education we have seen from this pandemic is the shift to the virtual platform. Throughout September 2020 to April 2022, the internal review process took place across our 57 residency programs, pivoting exclusively to virtual reviews. It was certainly a learning curve, but we successfully completed these reviews and have turned our focus to the Royal College and CFPC external review scheduled for May 2023. PGME, the residency programs, and the Area of Focused Competence (AFC) programs have been working extremely hard to prepare for success. There has been an emphasis on continuous quality improvement as we prepare, and the external review will validate the excellence of our programs.

This shift in the virtual platform not only affected how we ran the internal review process. It presented itself with both challenges and learning opportunities. New and innovative teaching methods and tools evolved. Our postgraduate learners became educational developers, building virtual simulation rooms and operating rooms to help offset the limitations presented in clinical experiences. Faculty attended more virtual workshops, learning how to lead in a cyber world. It has been a true honour to watch the PGME community strengthen when faced with challenges.

This publication will display the ongoing leadership, learning, and community contributions that we continue to put forward as a larger team. These positive impacts would not be possible without the strength, tenacity, and support that our PGME staff, program directors, administrators, faculty, and learners have shown. Thanks to all our stakeholders, hospital partners, regional campuses, and learners. We are united, which is why we continue to achieve excellence in postgraduate training.

*Parveen Wasi*

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**Parveen Wasi, MD FRCPC**

Associate Dean, Postgraduate Medical Education

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## PGME Mission Statement

Postgraduate Medical Education at the Michael G. DeGroot School of Medicine strives to empower medical learners by providing a safe, inclusive training environment rooted in values of lifelong learning, patient centeredness, and social responsibility. Leveraging our expertise in evidence-based teaching and practice, within a distributed education model, our mission is to equip the next generation of physicians with the knowledge and skills they need to serve our communities and advance the health and health system in Canada and beyond.





# Leading



“Leadership is lifting a person’s vision to high sights, the raising of a person’s performance to a higher standard, the building of a personality beyond its normal limitations.”

– Peter Drucker

## A reflection on leadership

The continued success and growth of Postgraduate Medical Education (PGME) at McMaster is a result of the leadership demonstrated by our program directors, the dedication of our faculty and staff, and the hard work that our learners continue to put towards becoming the best physician they can be. The mentorship provided by our program directors will shape our learner's future in healthcare. We want to thank each program director who served their term in 2021 and made invaluable contributions.

### Exiting Program Directors

Dr. Philip Chan	Pain Medicine
Dr. Sarab Mohamed	General Pathology
Dr. Azim Gangji	Nephrology
Dr. Ereny Bassilious	Pediatric Endocrinology & Metabolism
Dr. JoAnn Corey	Psychiatry
Dr. Tracey Cheng	Geriatric Psychiatry
Dr. Edward Matsumoto	Urology
Dr. Nalin Amin	Surgical Foundations
Dr. Lori Whitehead	Internal Medicine
Dr. Vladimir Belstovosky	Pediatric Nephrology
Dr. Teresa Chan	Clinician Educator Program
Dr. Andrea Hunter	Pediatrics



## Learning as a leader



As the former Director, Internal Medicine Residency Program I pose the question, "Who is the teacher and who is the learner?" When I first entered this position, I would have reserved the title of learner for the residents. After having completed a 5-year term, I have a new perspective. I have been inspired by the tremendous growth and adaptation made by students throughout their training. I now see myself as fitting into both roles. What have I learned from my residents?

I learned that seeking and listening to resident feedback is important. I saw the evolution of a collective strength within the resident body as agents of change. They developed formal and unofficial channels, communicating suggestions for improvement and informing the program of important barriers to learning. I learned how young leaders can trigger a call to action.

I learned that being responsive is key. I learned how each resident may have a unique response to stress, including the impact of COVID-19. A prompt assessment to identify a learner's concerns followed by an individual plan to address their situation is necessary to promote their personal health and learning needs. At the program planning level, it is essential to be nimble in making rapid curricular changes to accommodate fluid pandemic restrictions.

I learned how resilience is an asset when faced with adversity. The Internal Medicine residents have been front line to multiple stressors during their period of training. I have observed a demonstration of courage, professionalism, and personal growth in the residents. The transition to Competence by Design while adapting to pandemic chaos was a challenging feat. Exceptional strength was called upon to balance competing educational goals with clinical service. I respect how their dedication to patient care was always front and centre.

My term as Program Director for Internal Medicine has been the most rewarding phase of my career. It has been an honour for me to expand my professional horizons as both the teacher and the learner while leading a talented group of residents to a successful completion of training.

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### Dr. Lori Whitehead

Former program director, Internal Medicine

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“Training at McMaster University was a dream that became a major journey, allowing me to grow as a person and become a successful clinician.”

– Yasser Balhareth

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## Learning locally to leading internationally



In October 2018, I started the McMaster Neonatal-Perinatal Clinical fellowship program, training to gain the skills it takes to manage preterm infants with illness and conditions related to neonates. Despite being far away from home and the unique challenges presented by distance, coupled with the COVID-19 pandemic, I felt that I was always surrounded by McMaster friends, feeling supported and part of the McMaster family. During this two-year fellowship, I developed the medical knowledge that would allow me to assist with community health improvements, educate others, and contribute to clinical research back home.

When I successfully graduated from the program, I was excited to do an additional year of advanced training in Neonatal Hemodynamics and Targeted Neonatal Echocardiography (TNE). This is a new fellowship and I was the first trainee to participate, which presented both challenges and high rewards when successfully completing the training requirements.

In October 2021, I returned to Saudi Arabia and I started working as a Neonatologist in a neonatal tertiary care unit. I presented the McMaster TNE program to the hospital and the Saudi

Commission for Health Specialties. The credentialing committees reviewed my training and experience and I am pleased to share that the McMaster TNE program is now officially credited in Saudi Arabia. With this credentialing, I have been promoted to the TNE neonatologist.

After I did my first ECHO in the unit, the cardiology team provided the neonatal unit with an ECHO machine and invited me to join the ECHO lab committee. The faculty and I start to approach the most challenging neonatal hemodynamic cases, perform research, and demonstrate how our care presented the best outcomes.

Thanks to all the McMaster Neonatology division faculty, NICU staff and ECHO lab staff for supporting and teaching me during my training. Special thanks to Dr. El Gouhary and Dr. Gani for the wonderful supervision and coaching that assisted me in achieving my training and professional goals. McMaster University has played a significant role in my success and I feel honoured to share this story with all of you.

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**Yasser Balhareth**

Neonatal-Perinatal Clinical Fellow graduate, Saudi Arabia

## Expanding PGME education and training opportunities

With a team of strong leaders comes growth, and PGME grew in 2021 with the addition of two newly Royal College accredited residency programs and an additional Royal College accredited AFC program.

### PALLIATIVE MEDICINE



In June 2021, McMaster University was accredited to host the new Royal College Adult Palliative Medicine Residency program. The program has ties in the Department of Medicine and Department of Family Medicine. Its philosophy is to combine mentorship with formal curriculum and to provide residents with the necessary tools needed to become expert clinicians and leaders in Palliative Medicine across various settings.

The Adult Palliative Medicine Residency program is a multi-route entry program, opening its doors to both Royal College and Family Medicine residents. Through unique learning opportunities, such as integrative blocks in oncology and psychosocial work, trainees will experience a comprehensive training spanning over two years to address not only patients' physical symptoms, but also psychological, spiritual and social symptoms arising at any point along the disease trajectory of a life-limiting illness.

The Royal College Adult Palliative Medicine Residency program aligns with national efforts to promote a palliative care approach earlier in a patient's disease trajectory and broaden the scope of Palliative Medicine beyond end-of-life care. Across all disciplines at McMaster University, it will serve to shed light on improving the quality of life of patients and their families.

We are excited to welcome our inaugural resident, Dr. Jinbaek Kim, on July 1st, 2022.

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#### **Dr. Mino Mitri**

Program Director, Palliative Medicine

### PEDIATRIC EMERGENCY MEDICINE



The McMaster Pediatric Emergency Medicine Division began in 2012 and has rapidly grown, seeing over 51,000 patients a year with continued projected growth in patient volumes. From its inception, the Pediatric Emergency Department has been an exceptional and safe learning environment, having been recognized by the McMaster general pediatrics residency program as their "rotation of the year" numerous times in the recent past. It is a busy educational environment, serving both undergraduate and postgraduate programs. The growth and need for this specialty led the program to launching the pediatrics emergency fellowship in 2018, and in turn, becoming an RCPSC accredited program in 2021, allowing us to continue training subspecialists to serve the needs of our community and region.

As the number of children in our region grows, the need for pediatric emergentologists also increases, serving both children by providing direct patient care as well as support and education of other health care providers in the community at large. The division offers a broad range of expertise to mentor and support learners as they prepare for their future careers, with leaders in hospital administration, Point-of-Care ultrasound (POCUS), sports medicine, clinical research, medical education and simulation. Faculty are involved nationally and international in collaborations in these areas of expertise.

As our program continues to expand and collaborate with other PEM programs nationally, we see opportunities to both develop specialized training in areas such as POCUS and simulation and are also looking to ally with some of McMaster's international healthcare partners to help develop the specialty in those countries. We are so grateful for the support and leadership provided by McMaster's PGME office and are excited for the future!

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#### **Dr. Quang Ngo**

Program Director,  
Pediatric Emergency Medicine





## AFC POINT-OF-CARE ULTRASONOGRAPHY (POCUS)



Point-of-Care Ultrasonography (POCUS) is the area of enhanced competence within medicine concerned with the performance and interpretation of ultrasonographic examinations by the treating provider.

These examinations are limited in scope, problem-oriented, and immediately integrated by the performing clinician into the management of the patient. POCUS has experienced a broad inclusion in a wide range of clinical environments over the last ten years. In keeping with this expansion of use, demand for high quality education by trained and experienced providers has arisen.

Designed initially in 2010, the McMaster Acute Care POCUS curriculum is built upon a competency-based pedagogy with assistance from internationally recognized scholars in medical education. The program is administered within the structure of the Division of Emergency Medicine, Department of Medicine, and hosted within the Emergency Department at St. Joseph's Healthcare Hamilton. To date, 16 trainees have completed the

program and the core faculty has grown to 7 fellowship-trained physicians. In 2021 the program was accredited to satisfy the Royal College of Physicians and Surgeons of Canada objectives and requirements to qualify trainees for the Acute Care POCUS Area of Focused Competency Diploma.

The 2022-2023 academic year is an exciting one for our program. We have expanded to accept three trainees, and it will be the first full year as an accredited fellowship. We continue to collaborate with other training programs around the region, and have begun more fulsome collaboration with programs nationally. Within the university, we have worked with a variety of PGME programs to deliver educational content and to build capacity for ongoing trainee education.

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### **Dr. Ian Buchanan**

Program Director Acute Care PoCUS  
Subspecialty/RCPSC AFC

## Clinician Educator Program



The Clinician Educator Program (CEP) began in 2015 and has grown steadily since its inception. This year, we admitted 10 new learners into the program, and we have seen many individuals complete the program

and become Diplomates of the Royal College of Physicians and Surgeons of Canada (DRCPSC). Welcoming faculty members and senior residents/fellows from both RCPSC and CCFP programs, we are the largest Area of Focused Competency program in Canada. As a predominantly virtual program, we are also gaining a cohort of external participants. Recently, CEP helped foster and kickstart the University of Saskatchewan Clinician Educator AFC program. Graduates from the CEP leverage their skill set in leadership roles in various educational programs at McMaster and beyond.

I would like to take this opportunity to express my gratitude towards Jordan Hamilton, our program administrator for providing

essential administrative support to our growing program. I would also like to acknowledge the enormous contribution of a number of faculty members who have recently transitioned out of their leadership roles in the CE Program:

- Dr. Teresa Chan, immediate past Program Director
- Dr. Jonathan Sherbino, co-founder and Foundations unit lead
- Dr. Daniel Brandt-Vegas, Associate Program Director, Curriculum unit lead
- Dr. Leslie Martin, Assessment unit lead

We are happy to share that these faculty members will continue to supervise learners in the CE program, and support the program through mentorship of learners and faculty alike.

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### Dr. Catherine Tong

Program Director Clinician Educator Program

## Clinician Investigator Program

**ten**  
Seminars/Year  
Online Curriculum  
Trainees led

**123**  
Publications



**four** Graduate Programs



**six**  
Changes/QI

- Seminars online
- Presenter feedback
- Program Evaluations
- Faculty Evaluations
- Funding Commitments
- Trainee Self-evaluation

Trainees

**26**




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### Dr. Zena Samaan

Program Director, Clinician Investigator Program

**eighty-five per cent**  
Continuous Pathway

**18** Clinical Programs

**9**  
PhD

**16**  
MSc

**1**  
PD

## Education Advisory Board (EAB)



Heather Waters

The EAB supports residency programs, Program Directors, and learners through situations of learner academic difficulty. As a subcommittee of PGEC and an advisory group to the Associate Dean, PGME, the EAB reviews remediation plans and meets with those involved to offer recommendations that optimize learning, access to resources, and opportunity for academic success.

In 2021, the EAB met with six individual trainees from five residency programs for a total of six case conferences. The EAB summarized their findings and recommendations in a report for each case to guide the remediation process, provided to the Associate Dean, PGME, the Program Director, and the learner.

The EAB continues to track its work and outcomes through a database that has been expanded over the past two years and reports annually to PGEC. The EAB anticipates more sophisticated analyses and learning to guide programming and services as data accumulates.

In recognition of the expanding work of the EAB and the potential benefits of increased support to Program Directors, the role of EAB Chair was developed into the new and enhanced role of PGME Director for Resident Remediation Support. Services offered by the EAB Chair were augmented to include informal one-to-one consultation with Program Directors regarding questions about resident assessment, academic support, and remediation. The EAB Chair also undertook individual or small group orientation sessions for new Program Directors regarding

the services provided by the EAB and key policies and resources for dealing with situations of learner academic difficulty.

The EAB continues to offer faculty development workshops twice annually related to the resident in difficulty and remediation planning. In collaboration with Drs. Danielle O'Toole and Joyce Zazulak (Family Medicine), the EAB hosted a workshop in the spring of 2021 on the remediation of clinical reasoning difficulties. In the fall of 2021, in collaboration with Drs. Dorothy Bakker (Family Medicine) and JoAnn Corey (Psychiatry), the workshop focused on remediating resident professionalism difficulties.

Throughout the year, via regular monthly meetings and asynchronous work, the EAB focused on three priority development projects: building the online repository of remediation resources for Program Directors; creating a post-EAB feedback survey for learners and Program Directors to ensure continuous quality improvement of the EAB case conference process; and developing a Program Director needs assessment to better inform development of EAB services. EAB members also contributed to reviewing and revising key PGME policies, including Professionalism in Practice (PIP) and the Assessment of learners.

The EAB thanks outgoing resident representatives, Drs. Aneetinder Mann and Diana De Santis for their valued input and unique resident perspectives, which have enhanced the EAB's work over the course of their membership. The EAB also recognizes the valued leadership and contributions of Dr. Anne Niec, past EAB Chair for 10+ years, who stepped down from the EAB in December 2021.





## Fatigue Risk Management Committee

In the summer of 2020, PGME created a faculty lead role for Fatigue Risk Management in the Resident Affairs office. Supported by Dr. Catharine Munn and Dr. Wasi, Dr. Andrew Latchman was appointed the inaugural faculty lead. Across the McMaster PGME campuses, faculty, residents and their partners, and representatives from the HHS hospital medical affairs department formed the Fatigue Risk Management (FRM) subcommittee.

The committee began implementing a strategic plan to develop FRM curriculum and initiatives to support the application of evidence-informed FRM principals in resident work, life, and education. Despite the challenges faced by the pandemic, the sub-committee developed a number of FRM resources for learners, and educational resources for program directors and administrators. These included six FRM posters, which provide tips on fatigue management, including Extended Hours, Napping, Performance, Post Call, Ramadan, and Sleep, posted in call rooms and shared broadly. In February 2021, the FRM committee presented “Sleep is my Superpower” for Pediatric Grand Rounds, highlighting the importance of FRM and the resources available to facilitate organizational changes. Dr. Latchman also collaborated with MacPFD and recorded a Spark Podcast on FRM. The segment highlighted how to recognize fatigue, potential consequences

of fatigue among physicians and in the workplace, and possible solutions. The committee also worked with Endy, a Canadian mattress company, who subsequently donated mattresses for use in call rooms, initiated by a committee member and Ob/Gyn program director Dr. Michelle Morais. We subsequently engaged with hospital medical affairs departments and continue to prioritize replacing old mattresses with new, more comfortable ones for residents.

The FRM committee has launched a pilot post-call 2-way Taxi Ride Home (and back!) program in close collaboration with Erika Unelli, a committee member and HHS Medical Affairs administrator, and is working to ensure quiet time in surrounding call room areas to promote napping, with new signage and engagement with HHS and SJH. The committee continues to work with programs to educate and support the implementation of FRM principles and practice, tailored to each program’s needs. In addition, resources to support the development of call and work schedules which reduce and mitigate fatigue risk have been developed. We continue to work with stakeholders in PGME to integrate wellness, FRM and burnout prevention for all PGME learners and look forward to further developing and supporting these critical initiatives. We believe that a well-rested resident is a better and a happier resident!



## PGEC Subcommittee Updates

### GLOBAL HEALTH

In 2021, PGME launched the Global Health Subcommittee to facilitate novel and progressive global health curricula and opportunities for McMaster residents. Under the direction of Dr. Lynda Redwood-Campbell, the collective experience of committee members supports the development of a framework for global health education, which will lead to an exciting and innovative global health curriculum for residency training at McMaster University.

The subcommittee has been divided into two working groups. The first is dedicated to mapping the existing global health curriculum in postgraduate medical education and at McMaster University. The group has facilitated a needs assessment to understand the current state of global health education and clinical/experiential opportunities available to residents at McMaster. They surveyed over 1160 postgraduate trainees and 170 Program Directors and Administrators whose responses will help guide the second working group's initiative: the development of pre-departure training e-modules for trainees going on international electives. The pre-departure training working group is working diligently to develop e-modules planned to launch in 2023.

### EQUITY, DIVERSITY, AND INCLUSION

In July 2021, Dr. Suzanne Archie became the inaugural PGME Director, Equity, Diversity and Inclusion (EDI), with the mandate of establishing and developing policies that will bring an EDI lens to residency and fellowship training at McMaster University. Over the past year, the PGME Director, EDI, has collaborated with the McMaster Equity and Inclusion Office to create an equity selection committee training for CaRMS interviewers. Contributions have also been made towards the development of a series of online workshops on structural bias and barriers for underrepresented groups, implicit bias, and steps towards an equitable review process, as well as an online training module on structural racism and psychiatry for trainees in Psychiatry and Family Medicine.

Looking ahead at 2022:

- The EDI Resident Committee will host a mentorship night involving faculty, fellows, and residents.
- The PGME Director, EDI will conduct a workshop for Senior Residents on Anti-Black Racism and Medicine.
- The PGME EDI Committee will host its first committee meeting.

### PGME INDIGENOUS HEALTH COUNCIL

In 2021, the subcommittee changed their name to PGME Indigenous Health Council and widened its membership, including Indigenous residents across several programs. Dr. Jillian Roberge became the lead on the Council. Dr. Stacey Marjerrison, former lead, still remains on the Council. The Indigenous Health Council continues to work closely as part of/aligned with the Education and Curriculum working group, FHS Indigenous Health Initiative (IHI). On October 27th, 2021 the Indigenous Health Council hosted an introductory Indigenous Health session to all PGY1 residents. This session served as an introduction to cultural safety and caring for Indigenous patients. In 2021, the Council redesigned the website clearly outlining the objectives, the Council members, and the most up to date resources, particularly from the RCPSC.

In 2022, the Indigenous Health Council hosted a CaRMS welcome session for prospective Indigenous residents. The Council is planning various events and innovative ways to provide support for Indigenous residents in PGME and provide learning opportunities for non-Indigenous residents across the programs in 2022.

### QUALITY IMPROVEMENT AND PATIENT SAFETY EDUCATION

The PGME Quality Improvement and Patient Safety Education (QIPS-E) committee continues its work to support programs in developing QIPS training and assessment opportunities for their learners as well as faculty. The co-learning curriculum continues with 12 programs currently undertaking facilitated QI projects. In 2021, the committee finalized a toolkit for patient safety rounds to be used by faculty to provide them with a "how-to guide" and tips on implementation. This guide will be converted into a module that will be accessible on the McMaster PGME QIPS website. We continue to support the CMPA patient safety training program that is required for all PGY2 trainees (PGY1 in Family Medicine). The committee members also provided substantial contributions to the "Leader Role Toolkits" developed by the Royal College and these will be rolled out in 2022.

## Competency Based Medical Education (CBME)

### OUR CBME COMMUNITY STANDS STRONG



With the advancement to a competency-based framework, medical education at all levels is experiencing change across Canada and globally. With an enduring commitment to graduating competent physicians and lifelong learners, the CBME Office in Postgraduate Medical Education, turns to our exceptional program leaders, faculty, staff, and residents to embrace this opportunity to enrich the learning experiences and future success of our residents. It is across this expanding, highly collaborative community, that we find the willingness of many to steward CBME implementation through often uncharted territory. We continue to advance our goals during one of the most challenging times in medicine imposed by a global pandemic.

Implementing the core elements of a competency-based model is highly iterative, demanding a coordinated and collaborative approach. Our CBME Committee Chairs and various working groups are essential to moving strategy into action while creating the guidance, resources, tools, and pathway for programs throughout their transition. The new CBME Evaluation committee (July, 2020) adds a new lens to integrate a systematic, reflective, and informed approach to all we do.

### OUR CBME COMMUNITY IS GROWING

In Postgraduate Medical Education, Competence by Design (CBD), the model of the Royal College of Physicians and Surgeons of Canada, 40 of the 67 disciplines nationally have transitioned to CBD, with 8 more set to transition in July of 2022 (4 at McMaster). The CBME Office actively supports the transition of our Royal College speciality and subspecialty residency programs to Competency by Design (CBD), as well as, Family Medicine with their continued efforts to achieve the goals of their well-established Triple C Curriculum.

### OUR GOALS ARE RESIDENT-FOCUSED

Our goals are oriented around implementing the core elements of CBME and a vision of graduate physicians prepared to meet the health needs of their community.

- A curricular framework that supports sequenced progression to competence that is more developmental and based on achievement of core competencies, than time spent in training.
- Programs that have the support, resources, and tools they need to deliver a competency-based curriculum.
- Programs with revised curriculum that reflect progressive sequencing of competencies (EPAs) and their developmental markers (milestones).
- Competency-focused teaching, and clinical and non-clinical learning activities that align with discipline-specific professional activities.
- Coaching, feedback, and entrustment decisions that guide residents on their learning pathway, serving their progression and development as self-directed learners.
- A comprehensive program of assessment that empowers a Competence Committee with resident review and progression decisions, and prompt feedback and support for learners.
- Residents focused on optimizing their learning experience and practice facilitated by a responsive and efficient learning management system.
- Resident success supported by faculty, coaches, program leaders, and colleagues.
- Residents promoted through their stages of training in a curriculum balanced in the roles of a physician (CanMEDS, 2015).
- A systematic approach to program evaluation and continuous quality improvement.

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We are so grateful for the dedication of so many CBME ‘Champions.’  
Your expertise and leadership is essential to navigating the challenges and to creating  
the system and cultural shifts necessary for innovation and success.

– Lisa Colizza, CBME Lead, PGME and Dr. Parveen Wasi, Associate Dean, PGME



## OUR SUCCESSES REFLECT THE EFFORT OF MANY

Dr. Parveen Wasi and Lisa Colizza work closely with the Royal College of Physicians and Surgeons of Canada, our national counterparts, our CBME committees, program leaders, faculty and resident leads to advance a coordinated implementation strategy. Semi-annual Town Halls, CBME Retreats, discussion forums, webinars, and targeted, newsworthy communications keep our key stakeholders apprised of CBME activities, resources, guidelines, and tools. Our CBME website houses many key resources, searchable by role or topic, to assist programs with their transition. To address the needs of our key stakeholders, the CBME Office supports a robust faculty and learner development curriculum, and a responsive and efficient learning management system. Our CBME Committees have been instrumental to understanding and responding to the needs of programs in CBME.

“We continuously enhance our curriculum and work to incorporate various media and engaging delivery formats to meet the evolving needs of faculty in CBME.”

– Dr. Ereny Bassilious, Chair, CBME Faculty Development Committee

## ACTIVITIES, ACHIEVEMENTS, AND FUTURE DIRECTIONS

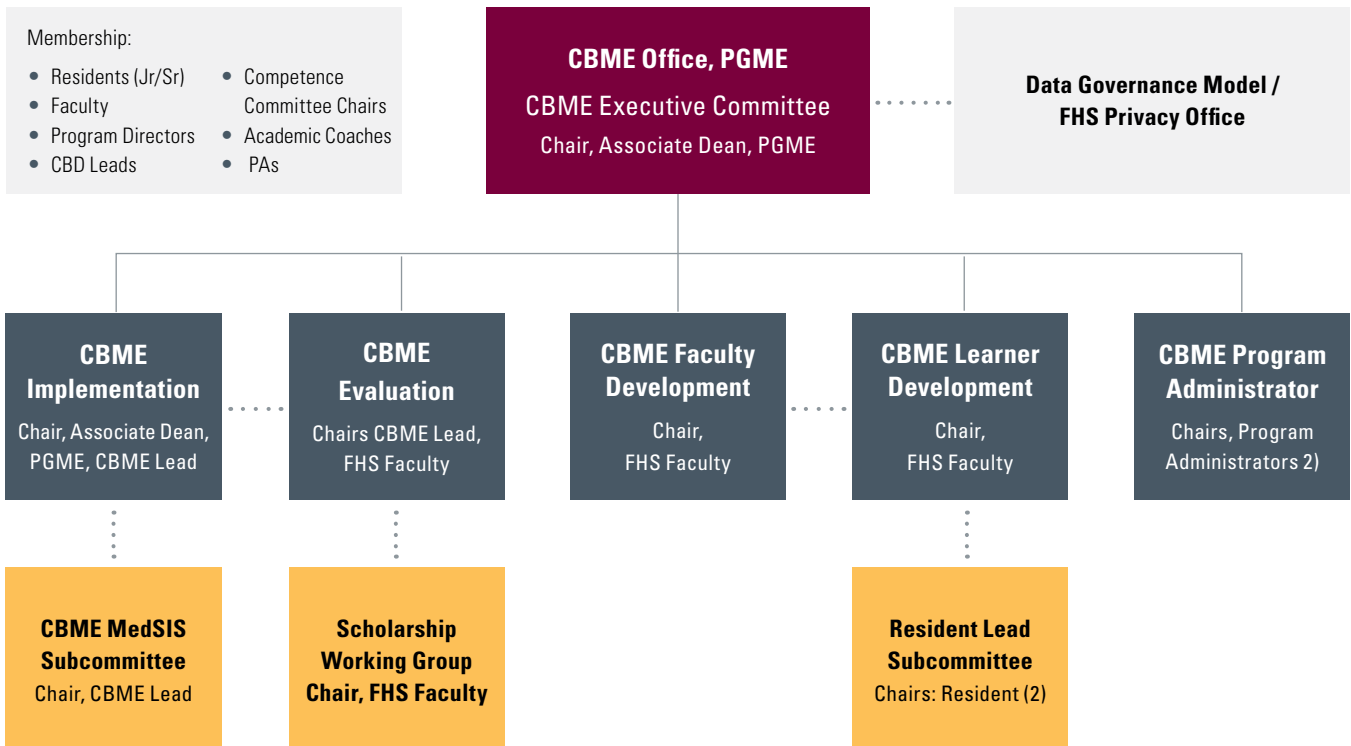
### Faculty Development

The CBME Office works closely with Committee Chair, Dr. Ereny Bassilious and faculty experts to deliver a robust curriculum. The recent pivot to a virtual delivery method introduced a flexible option while maintaining a preference for interactive and small group learning. With 40+ programs now in CBME, efforts have seen new additions to the line up and inclusion of clinical supervisors for training on EPA assessment.

Many topics core to CBME comprise the lineup of annual faculty development offerings:

- Introduction to CBD – eModule
- Curriculum Mapping (revised 2020)
- Direct Observation and Feedback
- Annual CBME Retreat – facilitated sessions, success stories, innovations, and scholarship
- Programmatic Assessment and Assessment Mapping (2020)
- Introduction to Academic Coaching
- Academic Coaching: Beyond the Basics (2020)
- EPA Assessment in MedSIS: The Rationale and Demonstration (2021)
- Competence Committee Forum (2021)

## COMMITTEE STRUCTURE



## **Learner Development**

Dr. David Callen, Chair of the CBME Learner Development Committee, works with faculty and residents to provide a more comprehensive approach to resident orientation to CBME. A new learner orientation package and monthly e-blasts direct to residents has been well received. A resident-led 'Introduction to CBME' has been added to PGME's resident orientation program and several resources serve to orient residents to various aspects of CBME. Resident participation in faculty development and CBME committees and working groups has proven extremely valuable. The CBME Resident Lead Subcommittee, Chaired to date by Drs. Spencer van Mil and David Sands, is a key resource and safe space for residents to discuss their experience in CBME with their counterparts. This committee brings forward the resident voice and issues for resolution to our committee tables.

## **MedSIS CBME**

Tracy Mestdagh and the MedSIS team has been an extraordinary support to CBME. The hands-on training and technical support provided by Chantelle Campbell, Business Analyst, ensures programs are supported throughout transition and enhancements to system functionality are informed by key users. A Competence Committee Review Dashboard was developed to help ensure the required documentation is readily accessible. Current priorities include a solution for EPA versioning and data visualization dashboards.

## **Program Administrators are Key**

Committee Chairs, Sarah Richardson and Julia Smerilli have provided exemplary leadership and practical guidance. PA Orientation, Lunch and Learns, and committee discussions inform what is happening, required, and feasible at the program level for many implementation initiatives.

## **Evaluation and Quality Improvement**

The CBME Evaluation Committee, Chaired by Dr. Ranil Sonnadara and Lisa Colizza, CBME Lead, PGME, is working to facilitate structures and processes to enable the evaluation of CBME implementation and continuous quality improvement at both the institutional and program level. A data governance policy was established, a master data export is provided to programs, and new data visualization dashboards are moving to development to enable program leaders and faculty access to learner data for program evaluation or scholarship purposes. Facilitating program evaluation and scholarship is a key goal of the committee and the Chairs work closely with national experts and local program leaders. A CBME Resident Experience Survey, conducted this past year by Drs. Ranil Sonnadara, David Callen, Spencer van Mil, Spencer Sample, and Kestrel McNeil, Deewa Anwarzi, and Lisa Colizza yielded significant insights. Resident focus groups will be conducted to gain a deeper understanding of the resident experience

and results are forthcoming. We are most excited to be working in collaboration with Dr. Brent Thoma, University of Saskatchewan and MedSIS to develop data visualization dashboards offering at a glance views of learner analytics useful to CBME evaluation and quality improvement at the program and institutional level.

## **Assessment – A key quality improvement focus.**

A focus on refining a programmatic approach to assessment is ongoing. Efforts to modify ITARs, increase quality narrative feedback, and customize work-based assessments aligned with discipline-specific competencies, remains a focus. An aim to reduce assessment burden, redundancy, and optimize efficiency has driven many enhancements to the CBME module in MedSIS. A programmatic assessment and assessment mapping workshop were added to the faculty development curriculum to support program leaders tasked with adopting innovative assessment practices under the CBME/CBD framework.

## **Competence Committee Evaluation**

An audit process informed the development an annual Competence Committee Checklist (2022), designed to support Chairs and Program Directors with establishing their committee structure, process, and function while meeting the standards of the Royal College. A Competence Committee Forum will provide opportunity for Competence Committee Chairs, Program Directors to examine the challenges, enablers and strategies that help them achieve their mandate in efficient ways.

## **LESSONS LEARNED LEAD THE WAY FOR OTHERS**

As evaluation and quality improvement efforts take shape nationally and locally, the CBME Office will continue to support our many stakeholders and address the challenges of implementing CBME. We have learned and shared a lot, and in doing so we have realized that despite the effort and successes to date, there is much more to examine, that this is an iterative process and best practices will reveal themselves over time.

We would like to recognize the partnerships, nationally and locally, in a variety of initiatives and the outstanding contributions of our program leaders, faculty, staff, and residents. Thank you for bringing your expertise, mentorship, and the momentum required to achieve our goals. We remain encouraged by the high level of volunteerism and collaboration.

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### **Lisa Colizza**

CBME Lead, Postgraduate Medical Education

# Accreditation Updates

## INSTITUTIONAL

Last spring, PGME facilitated a mock accreditation review. The external review team was led by Dr. Joanne Todesco, former Associate Dean, PGME at the University of Calgary, and supported by Dr. Beverly Chuong, external resident representative. The goal of the mock accreditation review was aimed at identifying both strengths and areas for improvement at the institutional level in order to better prepare for the Spring 2023 Regular Accreditation Review. Over a period of four days, the mock accreditation team met virtually with learners, hospital and FHS leadership, and various PGME committees to review and discuss postgraduate medical education at McMaster.

The final mock accreditation report highlighted the energy, commitment, and communication of McMaster PGME's leadership, the extensive central resources for Competency Based Medical Education, outstanding professionalism resources, and extensive policy development since the last onsite survey in 2015. The report also identified areas for improvement, such as the lack of documented workflows related to the management of learner complaints, and high service requirements experienced at some hospitals. In response, PGME has a plan to improve upon all areas noted in the report to ensure that they continue to deliver optimal postgraduate medical education training and experiences to our learners.

## SITE REVIEWS

In the fall of 2021, the PGME office facilitated the review of eight major sites across our Distributed Medical Education (DME) sites to identify site-specific areas of strengths and challenges experienced by postgraduate medical learners. Through meetings with learners, education leaders, hospital leadership and medical affairs/education offices, and by touring facilities at each site, the site review teams gained insight into areas of excellence and opportunities for growth and improvement of each site.

### **The following themes of excellence were commonly identified by the site reviews:**

1. Robust reporting structure between institutions
2. Faculty provide a great learning experience and excellent teaching
3. Excellent physical and mental health resources
4. Digital health care systems improving patient care and access to information
5. Cutting edge research used in clinical settings
6. Nice learning spaces
7. Committed hospital leadership
8. High clinical volume and a large group of clinical teachers

### **The review of Mac-CARE sites particularly detected the following themes of excellence:**

9. One to one supervision and training
10. Greater sense of autonomy for learners
11. Well-resourced with educational material and learner spaces
12. Well established simulation education training
13. Strong teachers within medical staff
14. Learners are valued members of the team

### **Some common themes for areas of improvement include:**

1. Access to healthy food options
2. Process for complaints and reporting mistreatment
3. Increased learner involvement in hospital committees
4. Orientation to potential safety issues at each block/unit change
5. Standardized approach to paging
6. Location of call rooms

McMaster PGME is committed to further developing our relationships with our site partners and continuously improving training experiences, facilities and access for our residents and fellows who train at all McMaster learning sites.



## RESIDENCY PROGRAMS

With the Regular Internal Review Cycle all but complete, PGME is focusing on the Regular Accreditation Review scheduled for May 28 to June 2, 2023.

### Many Thanks

We thank program directors, administrators, and leadership for their work during the internal review cycle to ensure their programs offer residents the best possible residency program experience. Their commitment to residency education is commendable.

We also extend our thanks to the faculty and learners who comprised the review teams that conducted the internal reviews. Their generosity in setting aside the time to prepare for and conduct the reviews is greatly appreciated.

Lastly, we thank the PGME Accreditation Committee, which has been instrumental in the internal review process. This group of residency education champions has guaranteed the quality of the process and helped to strengthen residency education at McMaster.

### Helping programs to prepare for the Accreditation Regular Reviews

With the changes programs have made in response to the internal reviews, coupled with the extensive resources on the Accreditation 2023 website, programs are well equipped to prepare for the 2023 review. The Accreditation Committee will also assess each program's CanAMS instruments and provide feedback so that programs can make the necessary revisions prior to the final submission to the college.

## What has happened since 2019 and how has PGME adapted?

### Introduction of the Digital Accreditation Management System (CanAMS)

Although not fully instituted, McMaster was granted early access to the CanAMS system for the internal reviews. Once exposed, PGME developed instructions and support through best practices and enhanced resources such as the CanAMS Guide that provides clarification and highlights common questions to all programs.

### New Accreditation Standards

Coinciding with the internal review cycle was the release of the new General Standards of Accreditation for Residency Programs (and later the revised version of these standards in 2020). Through the internal reviews, it was observed that some programs struggled with the interpretation of specific requirements. PGME offered Domain Standards workshops to review each domain in detail. Newsletters also supplemented these workshops.

### Common Themes & Special Focus

PGME collated common Areas for Improvement (AFIs) found during the internal review process. PGME communicated these to programs through newsletters and workshops, including ways to address these AFIs. For example, with the standards explicit focus on Continuous Improvement (CI), PGME found that many programs struggled to demonstrate a comprehensive CI process. PGME held two workshops and published two newsletters to highlight CI's importance and how to ensure programs are meeting this standard. Further, the significance of the learning environment and elements such as the hidden curriculum have been a focus throughout the process. Both workshops and newsletters have highlighted the weight of this element in accreditation decisions.

## Program for Faculty Development (PFD)



The McMaster Program for Faculty Development was established in the 1980s to support the growth and development of faculty members in the Faculty of Health Sciences (FHS). We are part of a network of

faculty development programs across the three McMaster Medical School campuses, including Hamilton (MacPFD), Niagara (NRC), and Waterloo (WRC). Team members include faculty from the School of Nursing, School of Rehabilitation Sciences, and faculty from the Hamilton, NRC, and WRC sites. The inclusion of faculty from across the FHS in our faculty development offerings promotes an interdisciplinary and interprofessional learning environment that supports the continued growth and development of both faculty and senior trainees. Our vision for Faculty Development is to equip and strengthen our faculty as a community of educators, innovators, scientists, and clinician-leaders to advance health professions education in the FHS and beyond. We focus our programs and offerings under four faculty development pillars: 1) teaching and learning, 2) scholarly practice, 3) leadership and management, and 4) creativity and humanism.

In the Spring of 2020, the Continuing Professional Development (CPD) office was created, and amalgamated the Continuing Health Sciences Education Program, the Program for Faculty Development, and the Learning Technologies Lab under one CPD office within the Faculty Affairs portfolio of the FHS.

Led by Dr. Ruth Chen, the Assistant Dean of the Program for Faculty Development, we collaborate with faculty across the FHS and across the university to organize activities (both virtual and in-person), create content (podcasts, archived resources, online learning modules, guides and manuals including the Health Professions Education Research Primer (HPER) and the Mentorship Playbook, all of which can be accessed on the MacPFD.ca website, and engage in a community of practice around faculty development.

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### **Ruth Chen, RN, PhD**

Assistant Dean, Faculty Development



## MedSIS Update & Developments

In 2021, PGME and MedSIS saw significant growth and development with various reporting tools that would allow programs to accurately monitor and report on their trainee's progress and their learning experiences.

### COI Reporting

In 2021 the ability to generate rotation reports was put in place, allowing PGME an overview of all rotations and their effectiveness. These reports give PGME the chance to identify low-scoring rotations and view the top and bottom percentile of all rotations based on the mean of all scores. This report has given both PGME and the programs the opportunity to identify rotations that learners have flagged with a poor learning environment, allowing for COI.

### Red Flag

The Red Flag functionality was implemented to alert programs when a trainee flags a rotation because of their concerns. Trainees who identify these rotations as low performing provide their consent for their program director to review the individual evaluation form. Flagged evaluation forms are released to the program director for review in an effort to rectify the concerns of the learners and to improve the overall rotation and experience of learners.

### Teacher Effectiveness Score Reporting (TES)

In 2021, MedSIS implemented the TES reporting tool, allowing for a smooth process of collecting and distributing teacher evaluations to their respective programs and the faculty departments. The implementation of the new Faculty Evaluation Dashboard for TES provides the Department Education Coordinators (DEC's) access to all their faculty evaluations for teaching completed in PGME and other FHS Schools/Programs using the MedSIS evaluation system. The Faculty Evaluation Dashboard will also be available for Chairs, Division Heads and Regional Education Leaders.

### CBME Modules

All programs that transitioned to CBME in 2021 successfully rolled over to MedSIS. CBME runs training sessions for all programs and faculty to ensure an efficient, effective and supported transition.

Updating the versioning functionality in MedSIS has been ongoing for several months and is expected to be implemented by July 2022. All updates are required to comply with the Royal College versioning policy.

The next large project is the data visualization project. These updates will enhance the user experience for viewing and tracking trainee data to inform trainee progress.

### Presenter evaluations

The PGME/MedSIS Forms & Reports committee has reviewed various event forms, including CBL/Problem Based Learning, Journal Club and Lecture forms. The presenter and event evaluations were combined, making it more likely for trainees to complete the evaluation. The Forms Committee is working on a separate event evaluation form that will allow programs to trigger an assessment of the event only (no presenters).

A new feature for Presenter Evaluations was also introduced in 2021, allowing programs to generate a Presenter Evaluation Report on individual presenters for a specific event. This report is available 14 days after the event to ensure completion by all trainees.

Various exports were also introduced in the Rotation Schedule and Evaluation Schedule for programs to run. These exports provide a summary or detailed report of the rotation schedule, which includes all trainee information and rotation information.

Programs can also print aggregate ITERs and exports on ITER completion by faculty to be able to follow up with faculty not completing ITERs.

### Addition of PGME MedSIS Position

In September 2021, PGME and MedSIS created a new position dedicated to providing MedSIS support to PG programs. The new Technical Support Specialist is responsible for the ongoing training and support of the programs as well as assisting PGME in running valuable COI reports to help with accreditation. PGME is happy to have Krithika Saravanan join the PGME/MedSIS team.



## Awards & Recognition

PGME distributed awards in 2021 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-modeling of the CanMEDS roles.

#### **Kesava Reddy**

Clinical Professor, Surgery

#### **Matthew Sibbald**

Associate Professor, Medicine

#### **Kathleen Tafler**

Obstetrics & Gynecology

#### **Connie Williams**

Associate Professor, Pediatrics

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### **Faculty Award for Excellence & Innovation in Residency Education**

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

#### **Ali Yiklimaz**

Assistant Professor, Pediatric Radiology

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### **Faculty Champion Award: Resident Wellness**

This award recognizes a faculty member who is committed to creating, promoting and advocating for a healthy and well-balanced training experience for learners.

#### **Brian Healey**

Assistant Clinical Professor, Oncology

#### **Heather Waters**

Associate Professor, Family Medicine

### **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-modeling of the CanMEDS roles.

#### **Allison Chan**

Physical Medicine & Rehabilitation

#### **Nina Mazze**

Pediatrics

#### **Gabriel Simchovich**

Anesthesiology

#### **Kristan Zahn**

Pediatrics

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### **Resident Leader Award**

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

#### **Ronelle Calver**

Physical Medicine & Rehabilitation

#### **Kaitlyn Hayes**

Family Medicine/Emergency Medicine

#### **Clara Lu**

General Internal Medicine

#### **Curtis Sobchak**

Internal Medicine

### **Resident Champion Award: Resident Wellness**

This award recognizes residents who are committed to creating, promoting, and advocating for a healthy and balanced training experience.

#### **Mallory Granholm**

Diagnostic Radiology

#### **Maggie Vincent**

Emergency Medicine

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### **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.

#### **Michelle Salfarlie**

Family Medicine Program

#### **Brooke Taylor**

Clinician Investigator Program

#### **Jay Taylor**

Internal Medicine Program

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### **2021 EXTERNAL AWARD RECOGNITION**

#### **ICRE Royal College Program Director of the Year Award**

##### **Azim Gangji**

Nephrology

#### **ICRE Program Administrator of the Year Award**

##### **Jan Taylor**

Internal Medicine

#### **2021 President's Award for Outstanding Service**

##### **Nancy Devlin**

Family Medicine Program





# Learning



“For the things we have to learn before we can do them, we learn by doing them.”

– Aristotle

## COVID-19

In 2020 our familiar learning environment changed drastically. Our community had to find innovative ways to teach clinical and surgical skills, host academic half days and other educational events, adapting to a level of virtual care never done before. As our faculty, staff, and learners navigated this 'new way' of learning, some of these modifications proved effective, efficient, and have been integrated into the curriculum.

Although in-person meetings build connections and relationships, virtual calls allowed learners and programs to keep in touch even more often than pre-COVID. Learners were resilient, embracing virtual care training. Faculty shared tips for on-line teaching clinics through videos and presentations. The RCPSC provided resources for virtual training in CanMEDS, clinical settings, AFC training and CBD. MedSIS generated ITARs for training during COVID-19. The supports put in place allowed learning to continue.

Like many traditions, the way of doing things naturally evolves and McMaster PGME saw the strength and collaboration of its entire team to work through all necessary changes. Without the support of our hospital partners providing PPE guidance, the PGME COVID-19 task force collaborating to navigate challenges and ensure learners were receiving the required training, and the regional site leadership communicating closely with PGME to keep the loops connected, the growth and experience would not have been possible.

Thank you to all of our stakeholders for coming together, staying as safe as possible, going above and beyond, being understanding and patient, and remaining committed to ensuring McMaster residents and fellows were supported and had the necessary tools they needed in pursuit of success despite the prevalent challenges and obstacles.



## Trainee Highlights



**Aneetinder Mann,**  
**Vascular Surgery,**  
**PGY5**

**Q:** What is your most memorable training moment at McMaster?

**A:** As surgical residents, we often get to see patients in various degrees of well being whether that be in the clinic, acutely in the emergency department, or after surgery. This requires us to be flexible in our interactions, and truly see the impact of disease on patients and their families. At McMaster, residents are fully immersed in the patient's journey and involved in case discussion and decision making, this also means we develop close relationships with patients and become fully invested in their outcomes. My most memorable learning moments have always been during discussions with patients and their families at critical times during their care, and understanding that despite our best intentions and motives, additional intervention isn't always the answer. Each patient has their own set of morals and values that guides them, which doesn't necessarily align with our mantra to "fix". Understanding the disease process in the context of the individual lends itself not only to informed decision making but to a rewarding training experience.

**Q:** How were you supported by your program and colleagues despite impacts of pandemic over the last 2 years?

**A:** The pandemic created an unprecedented time for residency training – the impact of which continues to permeate today. It required programs and residents to be flexible with rotations, and dramatically changed the landscape of a surgical residency with clinical restrictions to both elective ORs and clinics. Despite this, programs and colleagues alike came together to support residents whether that meant accommodating rotation switches, covering call shifts and optimizing educational experiences. As residents, we experienced a change in the delivery of medical care including the introduction of virtual care that has helped prepare us for an ever changing health care system.

**Q:** What puts McMaster at the top of residency training schools to choose from?

**A:** The last 5 years at McMaster have been amazing. Surgical residency is tough, consisting of long days, busy call shifts and minimal breaks. Despite this, McMaster fosters an environment in which residents can grow and learn, while feeling wholly supportive. The collegiality at McMaster also makes it unique, your colleagues and staff become lifelong friends and mentors. These in themselves make McMaster a great residency training school in addition to early operative exposure, and producing confident and competent trainees.



**Samantha Yang,**  
**Family Medicine,**  
**PGY2**

**Q:** What is your most memorable training moment at McMaster University so far?

**A:** My most memorable training moment at McMaster University came in my first year of residency when I was able to apply what I had learned and successfully advocate for one of my patients. In Family Medicine, we rotate through many different services, which allows us to learn from different specialties, and in this case, I was able to take knowledge from my Emergency Medicine rotation and use it on Internal Medicine rotation. In my Emergency Medicine rotation, I often had to discharge patients against medical advice and so my preceptor took great care in explaining and demonstrating how to do a proper capacity assessment. When I moved to my next rotation (Internal Medicine), I was caring for a patient with Korsakoff syndrome who wanted to desperately go home. She was presumed to be incapable by my staff, allied health, and her partner, who did not think she was safe to go home. However, I wanted to respect her autonomy and conducted a capacity assessment using my newfound skills, and proved to my entire team that she was without a doubt, capable of making her own decisions. I was really proud of this moment because I not only was able to empathize with the patient, but I was able to act on it and help her go home, even when no one else believed that she could. Without the teaching from my preceptor in Emergency Medicine, I would not have been able to change this patient's hospital course as drastically as I did.

**Q:** How were you supported by your program and colleagues, despite the impacts of the pandemic over the last 2 years?

**A:** I feel very lucky to have had the support of my program and colleagues throughout the difficult 2 years of the pandemic. In Family Medicine, we have support built into our program through our weekly sessions with our Mental Health and Behavioural Sciences group. I appreciated that even when it was challenging to develop friendships during lockdowns, I always had a group of residents and staff that I could check-in with whenever I run into difficult clinical encounters and needed people to lean on and debrief with. My colleagues are some of the most compassionate people I have ever met when it comes to caring for patients and for my own personal needs. We all understand the challenges of the pandemic and I believe that this ability to persevere in spite of these challenges has only made us stronger as a cohort.

**Q:** What puts McMaster at the top of residency training schools to choose from?

**A:** McMaster is at the top of residency training schools because of its exceptional teachers and researchers. No matter what rotation I am on, I am consistently met with preceptors who are excited to teach and want to prioritize my learning. My supervisors will highlight important learning points and find me if they see an interesting case. In Family Medicine, I appreciate how my preceptors can observe my patient encounters on camera and provide direct feedback. McMaster also has many of the top researchers in Canada, who have created guidelines and resources like the Osteoporosis guidelines and Thrombosis Canada. I feel privileged to have worked with these staff and been able to ask them all the questions imaginable. I also really love the research community at McMaster. With my own research project, I have found it very easy to ask for help because everyone from the research associates to the finance team is so eager to support me. I am grateful that I matched to McMaster for residency and would recommend it to all incoming medical students!



**Kristin Delcellier,**  
**Resident Psychiatry,**  
**PGY3**

**Q:** What is your most memorable training moment at McMaster University so far?

**A:** It is difficult to pinpoint one moment in particular, however I would say that my entire second year of residency was very important and memorable for me. In the McMaster Psychiatry program, our PGY2 year of residency is the year we really begin experiencing and learning on rotations which are completely psychiatry related. We spend half of our time in the acute psychiatry inpatient unit, and the other half in general outpatient psychiatry, in addition to being on-call in the psychiatric emergency department. This second year of residency really allows us to hone our craft, improve our skills, as well as gain confidence as a junior resident on our way to becoming senior residents. What was most memorable for me, was coming to the end of the PGY2 year and realizing how much I had learned, and actually feeling ready to become a senior resident. That feeling of self-confidence, and the feeling that I was able to make a difference in someone's healthcare outcome, is what made it the most memorable for me.

**Q:** How were you supported by your program and colleagues, despite the impacts of the pandemic over the last 2 years?

**A:** As a resident working through the pandemic, it really put things into perspective: not only were we completing our residency training, but we were doing so through supporting and managing patients in the middle of a global pandemic. Our program leadership, administrative staff as well as staff physicians were very supportive throughout, and really placed our safety and wellbeing first. They kept us informed of ongoing safety updates, advocated for us to have appropriate access to PPE and were available to help support us in whatever way we identified we needed. As residents, we really came together and worked as a team. We worked together to cover both emergency psychiatry calls, a back-up call schedule, provided coverage when co-residents were out sick, in addition to redeployment to other specialties such as internal medicine. We hosted wellness groups, as well as having a resident mentor program, allowing for one-on-one support in addition to group experiences. Safety, wellness, teamwork, and comradery; these are the types of things that make me feel comfortable and supported in a residency program, and things like a global pandemic really help bring those to the forefront.

**Q:** What puts McMaster at the top of residency training schools to choose from?

**A:** As an International Medical Graduate, I was lucky enough to have secured elective placements in Ontario during the summer of my third year. This gave me the opportunity to learn about the cities, the programs, the faculty and my potential future co-residents in each place, allowing me to make an informed decision when it came to choosing a program that would best fit my life and career aspirations. McMaster really stood out to me. As a city, Hamilton was a beautiful place; with lots of restaurants, festivals, sports teams and green space. I could easily see myself and my family settling into the area. The psychiatry program itself stands out through its strong psychotherapy program, its resident wellness initiatives, its on-call experiences through inpatient and psychiatric emergency services, as well as having the opportunity to choose our own supervisors for rotations. From when I was a medical student, until now as a senior resident, I have found the faculty and resident body to be warm, welcoming, supportive and collegial; all of the things I was hoping for and more. Since starting as a PGY1 I have been able to make professional relationships as well as friendships that I believe will be lasting, and will help me in pursuing my life goals as well as career aspirations after finishing residency. For these reasons, I believe McMaster is truly at the top of residency training schools to choose from.





**Andrés Valenzuela,**  
**Chile,**  
**Clinical Fellow,**  
**AFC Adult Thrombosis**

**Q:** As an international trainee, why did you choose McMaster for your postgraduate education?

**A:** I did extensive research before applying to the Thrombosis Fellowship. McMaster has an excellent international reputation in medical research and education. McMaster is recognized worldwide as a leading research and medical innovation institution in thromboembolism.

**Q:** What is your most memorable training moment at McMaster University so far?

**A:** Overall, my learning experience has been nothing but excellent. The faculty and staff are world-renown experts, and at the same time, they are approachable. I really appreciate the opportunity to participate in many decisions that impact my learning experience. There is an excellent balance between clinical responsibilities and learning opportunities.

**Q:** How were you supported by your program and colleagues, despite the impacts of the pandemic over the last 2 years?

**A:** I have felt supported by everyone at McMaster during these challenging times. Indeed, the pandemic has been a stressful situation for everyone. However, McMaster has shown great flexibility and quickly made arrangements to maintain an excellent educational level without compromising patient care.

**Q:** How will your training at McMaster influence your work when you return to Chile?

**A:** The collective experience I have had at McMaster will carry forward for the rest of my career. Working side by side with world renowned experts in the area of thromboembolism has been an incredible experience. I will take these experiences back to Chile to improve patient care and medical education in the area of thromboembolism.



**Fahd Alshammri,**  
**Kuwait,**  
**Pediatrics,**  
**PGY3**

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

**A:** McMaster University is well known worldwide as a leading name in medical education and research. Its reputation among my colleagues in Kuwait graduated from McMaster and specifically the Pediatric Residency Program proved that this would be the right fit for my career. It aligns with my objectives and goals.

**Q:** What is your most memorable training moment at McMaster University so far?

**A:** A lot to mention here; however, I believe that the friendly environment and the warm welcome I received from my colleague and the program when I joined made me feel that “this is home away from home”.

**Q:** How were you supported by your program and colleagues, despite the impacts of the pandemic over the last 2 years?

**A:** It has been 2 years now in the pandemic and it was a difficult time for all the residents, especially those living away from their families. The Pediatric Residency program made sure to maintain our mental and physical wellbeing during this time. They supported us in all means and accommodated our personal requests to their ability.

**Q:** How will your training at McMaster influence your work when you return to Kuwait?

**A:** I believe that the experience I gained during my training at McMaster will help me improve the medical care provided in Kuwait as much as I can. The experience I had with pioneers in medical research and medical education surely provided me with needed skills to enhance these practices in Kuwait.

## Innovative Displays of Learner Recognition

### RESIDENT DOCTORS APPRECIATION WEEK (RDAW)



PGME and the residency programs found a creative way to host Resident Doctor Appreciation Week in February 2021, despite social distancing and the inability to gather in groups. Similar to the campaign in 2020, e-gift cards were distributed to residents and fellows at the beginning of the week, and daily emails from various leadership groups were circulated to all learners as well as a token of appreciation for their hard work. In addition, roll-up banners were placed in the lobbies of various HHS, SJHH and regional hospitals, highlighting what it means to be a resident doctor. The RDAW subcommittee felt strongly about how residents came together and persevered despite the uncertainty of COVID-19. The theme of the 2021 campaign was – A Resident Physician is Resilient \* Advocate \* Ally \* Educator & Learner \* United. This was showcased on a button that all residents, faculty, and staff proudly wore during the campaign and beyond. Programs participated with their own displays of appreciation to residents and many of the celebrations were shared through social media.

### GRADUATION YEARBOOK & GIFT PACKAGES

Similar to the previous year, COVID-19 didn't allow for an in-person graduation gala at Liuna Station in 2021. PGME explored other options to acknowledge the accomplishments and hard work of the graduating class. Along with the yearbook, the graduates received a gift package that included a McMaster PGME toque, embroidered PGME fanny pack, and class of 2021 socks.

### SOCIAL MEDIA & AWARD WINNERS

McMaster PGME had plenty of nominees and award winners to celebrate in 2021 and social media allowed us to announce and recognize these individuals to a larger audience. The PGME Instagram, Facebook, and Twitter account acted as a venue to share and acknowledge each nominee and award recipient and showcase our strengths to those within and outside of our community.

## Connection with Social Media – Violin MD

### Siobhan Deshauer, Rheumatology, PGY5



At the start of my internal medicine residency 5 years ago, I created a YouTube channel called “Violin MD” to engage the public on medical topics.

With permission from the hospital, I started filming ‘behind the scenes’ while I was on-call, and then expanded to showcase exciting collaborations with allied health professionals. Through this iterative process I recognized something was missing – the patient perspective. That was the narrative I wanted to capture and share with viewers. I reached out to patients with rare and chronic conditions who were interested in sharing their stories and educating the public. These powerful stories filled with hope and positivity resonated both with medical viewers and the general public, creating a community of patients, family members and health professionals. I never expected the uptake the channel received, with over 70 million total views and 780K subscribers to date.

The process of creating these videos has allowed me to take a step back and reflect on my role as a physician – caring for people, not just treating medical conditions. My hope is that these videos play some small role in bridging the gap between medical experts and the general public.

Be sure to check out Violin MD! Channel link:

<https://www.youtube.com/c/ViolinMD>





# Community



“Alone, we can do so little; together, we can do so much”

– Helen Keller

## Niagara Regional Campus (NRC)



Throughout 2021, the impact of the global COVID-19 pandemic continued to be felt in health care and medical education as we experienced the impact of this pandemic within our community and our province.

Despite these challenges, the Niagara Regional Campus (NRC) continued to be actively engaged in postgraduate medical education. During 2021, NRC was home to 411 core and elective postgraduate placements for residents and fellows in a variety of disciplines totaling 36,790 days of training. We were pleased to welcome 115 residents and fellows from outside the region to participate in community-based core and elective rotations. All these rotations were able to continue despite pandemic restrictions and we appreciated the energy, optimism and patient care that come with the presence of postgraduate learners. As in previous years, we had strong applicant interest in our Niagara-based residency programs, and we were pleased to welcome our new residents into their programs despite the challenges of the COVID-19 pandemic.

The past year saw continued growth and refinement in pediatrics, internal medicine, obstetrics & gynecology, and emergency medicine thanks to our Postgraduate Liaisons who consistently found ways to provide meaningful learning experiences. Under the leadership of Dr. Ryan Fielding, our general surgery residency site lead, the thriving community-based general surgery program has successfully implemented competency-based education and organized some changes to physical space and administrative structure at the St. Catharines site of Niagara Health to further support our residents in their work and training. Dr. Karl Stobbe, the Niagara family medicine residency program site director, has further developed leadership within the family medicine training program by creating a role of Assistant Site Director and Simulation Lead, which will allow for increased faculty engagement in the administration of the program. Family medicine residents have continued to be highly engaged in community programs and have been involved in providing care to people with insecure housing through the REACH shelter health program, as well as providing on-call support to the local safe injection site. Our Resident Affairs Director, Dr. Aidan Jeffery, has spent the bulk of her time this year supporting residents through individual concerns and challenges because group programming was not feasible given pandemic-related restrictions.

In anticipation of the postgraduate program accreditation in 2023, a full site review at Niagara Health was conducted in the

fall of 2021 with an opportunity to review resources and facilities available to all resident trainees. No significant concerns were identified, and this represented a chance for us to review and ensure we were meeting resident needs as well as accreditation requirements in the best ways possible. Our Postgraduate Education Committee meets on a regular basis to share challenges, concerns, and opportunities in an environment where collaborative problem solving has allowed us to address issues as they arise.

Residents continue to be important and influential teachers for our undergraduate students in many ways and they have had the formal opportunity to teach clinical skills and many skills-based sessions as well as a great deal of informal teaching across many rotations. Our undergraduate learners look to the residents as mentors and role models and are inspired by learning alongside them. Our residents have supported 20 NRC students on QI and research projects in Niagara and we have residents from Hamilton and the University of Toronto working with local PIs and learners. Residents continue to further patient safety and systems change through their scholarly activity in Niagara.

Postgraduate training has remained an important opportunity for physician recruitment locally. NRC graduate retention locally remains high with 50% of our 2021 family medicine graduates setting up practice locally and anticipate retention of many of our 2022 graduates. We are particularly pleased that our graduates who practice in the region continue their engagement through involvement in education with many of them appointed, or in the process of being appointed, to faculty.

As we look forward to a brighter future, we recognize the substantial challenges and resilience demonstrated by the NRC faculty, residents, students, and staff. The academic presence of the NRC continues to be a driving force for improving the quality of and access to healthcare in the Niagara Region in partnership with our local hospital systems and clinics. Our postgraduate learners and faculty are valued and deeply appreciated in Niagara.

Wishing you health and wellness,



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



## Waterloo Regional Campus (WRC)



The Waterloo Regional Campus (WRC) continues to provide rich learning opportunities in Postgraduate medical education – for both WRC-based Residents and Hamilton-based Residents that train in the WRC clinical teaching settings - despite the challenges posed by the COVID-19 pandemic in the health care systems across Ontario. Clinical teaching, as well as clinical research, has continued to flourish in the Waterloo Region with the support of dedicated faculty and in partnership with local research institutions such as the Homewood Research Institute, the Research in Aging, the Grand River Hospital Office of Innovation and Research, and of course, supported by the WRC Research Department.

Over the last year, there has been significant activity and growth in opportunities for Postgraduate learners in medical technology and innovation. The WRC is situated in the hub of health technology, with neighbours of the campus being Google Health, Communitech, Velocity, and e-Health Centre of Excellence, in addition to the University of Waterloo. McMaster's President Dr. Farrar, along with Dean Dr. Paul O'Byrne of the Faculty of Health Sciences visited WRC and the University of Waterloo this year to meet the new President of the University of Waterloo, Dr. Vivek Goel, and to develop opportunities for collaboration in digital health, medical innovations, and entrepreneurship. These opportunities have been nurtured by the WRC Digital Health Lead (Dr. Mohamed Alarakhia), local health technology companies, the University of Waterloo's Artificial Intelligence, Health, and Engineering Departments.

Dr. Tony Wassef, WRC's Postgraduate Medical Education Lead, has developed a WRC Postgraduate Education Committee which includes the WRC Regional Education Leads in the 5 CaRMS matched disciplines, as well, Resident Affairs, and representation of Postgraduate residents. This group forms a Community of Practice and mentorship, and acts as a conduit of communication and information from the McMaster Postgraduate Education Committee. Dr Wassef has also been actively developing new clinical teaching opportunities for postgraduate training locally. In addition to the efforts of Dr. Wassef, the WRC has added two new Faculty Leadership roles in the WRC clinical teaching hospital system: Dr. Dave Vanderburgh of the Guelph General Hospital, and Dr. Morgan Kwiatoski of Groves Memorial, and the North Wellington Health Care hospitals of Mount Forrest and Palmerston. Drs Vanderburgh and Kwiatoski join the other WRC McMaster Education Leads at Grand River / St Mary's (Dr.



Rebecca Krusselbrink), the Homewood (Dr. Ben McCutcheon), and Cambridge Memorial (Dr. Smitri Nayan). These WRC McMaster Education Clinical Leads are responsible for both Undergraduate and Postgraduate clinical teaching opportunities, quality control, and accreditation issues in their respective hospital institutions.

WRC McMaster is committed to supporting Resident learning in our region. Through partnerships with the hospitals, WRC has financially invested in purchasing equipment and amenities to support at the clinical learning sites to better equip Residents with the tools that they need to succeed in their programs. These investments are a symbol of both the commitment of WRC to Postgraduate education as well as exemplifying McMaster – Hospital collaborations in the region.

Investing in the community by investing in medical learners and building vital 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 our community's strength and support, which is the most positive outcome of all.

**Dr. Margo Mountjoy, MD, PhD, CCFP(SEM),  
FCFP, FACS, Dip Sport Med.**  
Regional Assistant Dean, Waterloo Campus

## Director of Medical Education HHS



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 have been in this position since 2017 and have seen many changes over the past 5 years, including the impact the pandemic has had on the provision of care in a large teaching hospital.

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. As we move through this RCPC accreditation cycle we have identified both structural and system improvements that are needed to allow residents to feel safe and supported throughout their training. Second, I provide a communication conduit for process changes, creating smoother transitions that will better serve all involved. For example, throughout the pandemic there was frequent messaging to residents so they were aware of outbreaks and making sure they complied with employee and public health guidance to maintain their own and patient safety.

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. We have residents involved in hospital committees and if you are interested, engaging in these opportunities has the added benefit of supporting residents and fellows to meet training objectives related to Health Advocate, Leader and Professional.

Hamilton Health Sciences see PGME learners as important and valued members of the healthcare team. Not only are we responsible for your pay, we want to make sure that the hospital hears your voice as learners, as this ultimately helps us to improve and sustain the healthcare we provide. 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.



**Dr. Alison Fox-Robichaud**



## VP Medical Education SJHH



Azim Gangji



Rahima Nenshi

As a premier academic and research healthcare organization, St. Joseph's Healthcare Hamilton (SJHH) has earned a national reputation for

outstanding patient care and innovative medical and surgical treatments. In the area of education, we continue to focus on growth and innovation. Over the past three years, we have significantly grown our education team; this has allowed us to continue to build on the legacy of SJHH as an outstanding place for learners from all backgrounds.

Our team has had many successes to celebrate. We established the Centre for Education and Innovation in 2021. This has become a hub for learners and teachers alike. We are one of the first academic health science centres in the province to integrate NirvSystem for learners. This was particularly useful in the pandemic, where this system was used to provide ever evolving information about working in the clinical sphere in a timely and efficient manner. It has also revolutionized hospital orientation and acts as a centralized database for hospital specific information, policies and procedures.

In 2017, SJHH was the first academic health science centre in the province to implement electronic-only records. Over the past 5 years, Dovetale (EPIC) has improved the learner experience alongside patient care. Information is readily available and accessible at the bedside. This enhances the learners clinical learning environment and promotes collaboration between learners, teachers and patients.

Our physician education leaders continue to be recognized as outstanding and dedicated teachers who are strong learner advocates. SJHH is now in the process of providing our teachers additional skill building tools with our upcoming SJHH Simulation Centre to further encourage learning in the hospital environment.

For our residents, we have started a pilot project in furthering resident education and integrating residents in quality improvement initiatives in our organization, through the introduction of the SJHH VP Education Office Quality Improvement Grant Awards.

The coming years will have even more educational growth at SJHH. We are thrilled with the recent provincial announcement regarding psychiatry funding for SJHH which will further enhance the learning environment for all trainees in psychiatry.

SJHH also continues to work collaboratively with McMaster, our residents and regional hospital partners to build upon our SJHH Education Strategic plan. In the coming year, we are preparing to support PGME during accreditation. We are continually updating our call rooms, have introduced new learner lounges, and established a learners committee. We continue to enhance the physical environment and amenities for our residents by renovating existing lounge spaces and creating Centres for Education and Innovation at all of our campuses.

To our residents and fellows, we would like to share our appreciation for your adaptability and resilience in the face of an ever-changing curriculum in keeping with pandemic measures. You have volunteered your time, provided care as frontline workers, gone above and beyond the call of duty, and protected our community. We would like to thank you for all your contributions in providing high quality, compassionate care to our patients and for respecting our community's rich diversity and, in doing so, honouring our mission and vision.

We value our partnership with residents, fellows, faculty and McMaster PGME in our commitment to enhancing education at SJHH and introducing innovation to improve patient care and the clinical learning environment.

**Azim Gangji, MD MSc FRCPC**

Professor of Medicine, McMaster University  
VP Education, St. Joseph's Healthcare Hamilton

**Rahima Nenshi, MD MSc FRCSC**

Associate Professor, Dept of Surgery, McMaster University  
Director PGME, St. Joseph's Healthcare Hamilton

## Resident Affairs



Catharine Munn

The Resident Affairs (RA) Office has been busier than ever! We feel fortunate to be able to support our postgraduate learners during these challenging times, and are pleased to have gotten to know many residents and fellows in 2021-22. Resident Affairs has completed more than 500 individual appointments with postgraduate learners since March 1, 2021

The pandemic years have been an incredibly stressful and challenging time for trainees, which has reinforced the importance of our office in protecting and supporting trainee health and well-being, individually and systemically. Residents and fellows are an integral part of the healthcare system, which has been stretched and strained in COVID-19, revealing many cracks. We recognize and appreciate the dedication, service and skills of residents and fellows, who have shouldered a heavy load and helped to fill these cracks.

To meet the growing needs for support, in the Fall of 2021, Resident Affairs (RA) welcomed two new Directors to the team; Dr. Rosheen Grady (Pediatrics) and Dr. Sujay Patel (Psychiatry), who together with our Assistant Dean, Dr. Catharine Munn (who joined RA in 2020), have been seeing learners. RA has also extended the offering of appointments to residents at all 3 campuses with our Wellness Counsellor, Foluke Akinboyo! We also said goodbye to Penny Schmiedendorf and welcomed a new administrative assistant, Jessica Johnstone, joining Brooke Luke on our admin team.

Drs. Kathleen Nolan (Pediatrics) and Aidan Jeffrey (Family Medicine) continue as Directors in Waterloo and Niagara. We were very sad to learn of the death of Dr. Tom Ruttan in 2021 of glioblastoma, Tom was a Psychologist who has supported Waterloo campus residents for many years and was the Director of the University of Waterloo Counselling Services.

RA has been working hard this past year on developing and implementing new processes, covering important areas such as:

### **Accommodations:**

In 2021, PGME lost access to McMaster Student Accessibility Services for resident/fellow accommodations. Resident Affairs was tasked with taking on this role, together with Program Directors. To date, this has included a rewrite of the accommodations policy, redefining accommodations processes,



and facilitating individual resident accommodations together with programs. We are looking forward to hosting a workshop with PD's in May 2022.

### **Mistreatment:**

The Positive Learning Environment and Mistreatment (PLEM) Sub-Committee has been focused initially on identifying a new reporting process and platform for residents and fellows experiencing mistreatment. An online reporting platform has been developed, and a comprehensive mistreatment webpage with this new reporting platform will soon be launched. This will be a joint venture with UGME and the Physician Assistant Programs.

### **Framework for Traumatic Incidents:**

Working with the HHSC and SJH to identify a Framework for Notification and Support of postgraduate learners when they are involved in a traumatic incident.

There are several additional committees which fall under the RA purview, including:

### **Fatigue Risk Management (FRM) Sub-committee:**

Led by Dr. Andrew Latchman, introduced the Taxi Program for residents who are too tired to drive home post-call. This program has seen increasing uptake. This subcommittee has also worked with hospital partners to identify quiet sleep spaces for learners to 11am.



**Resident Well-being Advisory Group (RWAG):**

RA holds regular, monthly meetings with resident representatives to hear about issues they face, and to discuss and plan initiatives. RA is also currently seeking to identify additional resident and fellow wellness representatives within programs in order to invite them to be part of this advisory group.

**Resident Wellness Interest Group:**

Dr. Munn and Dr. Latchman are in the early stages of developing this faculty interest group. Several faculty wellness leads, together with Resident Affairs faculty, have expressed interest in coming together to share ideas and develop resources and opportunities focused on resident wellness.

**Talks, Workshops & Info Sessions:**

RA has connected with many programs in consultation and to offer a variety of sessions with themes including; Burnout, Moral Distress, Residents in Distress and Difficulty, and Stress and Anxiety in Residency. We also offer Treats and Talks sessions to meet with trainees, review our services and discuss the stressors they're facing. We have also co-presented on Professionalism, Academic Coaching, and on Chief Resident day. In the coming year, we plan to develop more resources (toolkits, slides, videos and workshops) which PDs can incorporate into their curriculum at their convenience.

**Brown Social Networking Grant:**

Residents have been very innovative in terms of navigating Public Health Guidelines to find ways to utilize this grant and socialize safely with their colleagues throughout the pandemic. RA approved 13 resident grant applications last year, some of the more unique events included virtual escape rooms, virtual cake and cookie decorating, and outdoor events like skating, and treetop trekking.

Many programs are looking forward to planning in-person activities over the coming months which has boosted recent applications.

**Wellness Research:**

Together with Dr. Enas El-Ghouhary (Perinatal Medicine Program Director), Dr. Munn and a research team are conducting the UnWRaP Study - Understanding the Wellbeing of Residents and Partners. We will be launching the UnWRaP survey in 2022, an anonymous, online survey which asks both McMaster residents & fellows and their partners (if applicable) questions about stress, coping, mental health, burnout, work-life integration, social supports and relationships during training and their ideas about what trainees/partners think would be helpful to improve their experience of and well-being during residency and fellowship. All participants receive a \$10 gift card for participating.



## MacCARE

The Mac-CARE Program (McMaster Community and Rural Education) is the gateway to clinical rotations in family and specialty medicine programs in the regions surrounding Hamilton. The Mac-CARE Program offers access to a rich diversity of high-quality community teaching sites in smaller cities, towns, and rural areas. The Mac-CARE Program Office provides the expertise and support to facilitate core and elective placements in Mac-CARE Regions. The Distributed Medical Education (DME) Campus Regions include Burlington Clinical Education Campus, Grand Erie Six Nations Clinical Education Campus, Halton Clinical Education Campus, Osler Clinical Education Campus, Niagara Regional Campus, and Waterloo Regional Campus.

This year, Mac-CARE has been instrumental in providing an abundance of teaching opportunities and quality experiences for all medical learners within the DME Campuses. The Mac-CARE Program would like to extend a very grateful thank you to our dedicated Medical Education Campus (MEC) Regional Assistant Deans, Clinical Education Campus (CEC) Directors, administrative coordinators, and teaching faculty who have continually put the education of our medical learners at the forefront during the pandemic.

During the past year, the Mac-CARE CECs have been strongly focused on re-directing workflows and streamlining central administrative processes to compensate for the volume increase in community rotations. As a result, for the 2020-2021 academic year, Mac-CARE has been able to provide Postgraduate medical learners with 780 clinical rotations (all specialties) across all four CEC sites. This includes 69 Visiting Residents & Fellows.

The Mac-CARE Program is proud to announce the Osler Clinical Education Campus will be welcoming the inaugural PGY 3 Enhanced Skills Program in Family Medicine/Emergency Medicine. This CaRMS matched position will begin on July 1, 2022. A huge thank you to Dr. Kamil Haider, Osler Mac-CARE CEC site Director and Dr. Jobin Varughese, Department of Family Medicine Osler CEC Site Director and team for the hard work and dedication to make this residency spot a reality.

The Mac-CARE CECs have also welcomed a new layer of learning to help with the delivery of medical education to all learners who rotate at the community sites. Simulation leadership was announced at all four CEC sites in September of 2020. Mac-CARE/Department of Family Medicine Simulation leadership work alongside the central Simulation Team in Hamilton in developing

content that can provide for all learners who come for core or elective placements in the community. This is a way for our CEC faculty to contribute to additional teaching and to also showcase the hands-on exposure and community feel.

### MacCARE community teaching sites

Mac-CARE regions:

- Waterloo Regional Campus (WRC)
- Niagara Regional Campus (NRC)
- Grand Erie Six Nations Clinical Education Campus (GE6N)
- Halton Clinical Education Campus
- Burlington Clinical Education Campus
- Osler Clinical Education Campus



## Program Administrators



**Lina Beltrano,**  
Program Coordinator  
Family Medicine/  
Enhanced Skills

My role in Family Medicine includes a variety of portfolios that involve site specific, site wide and program wide responsibilities. I work closely with 12-14 residents training in our Community Based Residency Training (CBRT) Unit as part of the larger Hamilton site. My Hamilton wide role is creating the Maternal Child schedule for all the PGY1's which can be quite challenging but one of my favourite tasks. Program wide, I coordinate some of the central academic events which allows me to work with all residents and education associates across all sites. My role is unique because my duties are all so different, and I get to experience and learn new things on a day-to-day basis.

Not seeing the residents in person and getting to know them on a more personal level affected my role the most during the pandemic. Virtual life can be a great way to communicate but not being able to have in-person events, academic sessions and just being in the office is missed. I miss walking over to one of my colleague's desks to ask for their advice or ask a question. Connecting by email or in a virtual meeting is not quite the same as in-person.

The best part of my job is the people I work with. I have never worked with a more supportive and helpful team than the Family Medicine team. Coming into this role 6 plus years ago I was very intimidated and scared I would not succeed but the support from my colleagues, my manager and the faculty was overwhelming. I love working and supporting the residents and getting to know them throughout their 2-year residency and seeing them succeed. Working in the Family Medicine department is truly a blessing and has taught me so much – I consider myself lucky!



**Wendy Clark,**  
Program Coordinator  
Adult Nephrology Residency Training Program  
AFC Solid Organ Transplantation Fellowship  
Glomerulonephritis Fellowship Program

I have been a Program Coordinator in Nephrology since January 2002. Over the past 20 years, I have seen many changes and innovations in residency and fellowship education. I have had the pleasure of working with four Program Directors who made this possible.

My role is to support all aspects of education including rotation scheduling, academic half day schedule preparation, planning of concurrent non academic half day curriculum, round coordination, implementation of enhanced education plans, OSCEs, retreats and event planning.

A highlight in my career was the opportunity to participate in the development of fellowship resources including creation of manuals for CBME and milestone evaluations, committee terms of reference and policy drafting. These have been implemented by programs nationally and have also been provided as a resource for local program use for manual development in their programs.

The pandemic has created unique challenges in my role. However, it provided the opportunity to use innovative practices in a virtual platform and development of an electronic information based system. Working remotely became a necessity unexpectedly and while the in person opportunities were limited, connections with residents continued virtually. With this our program continued to provide our trainees with the academic experiences required and for our previously in-person OSCEs, we transitioned to a virtual format. The virtual OSCE was subsequently implemented nationally.

I am grateful for the opportunity to work in a personally rewarding career assisting our trainees with achieving their educational and professional goals.



**Jan Taylor,**  
Program Administrator  
Internal Medicine  
Residency Program

Working as a Program Administrator with young professionals in medical education is such a rewarding experience. Residents are keen and dedicated, and I love assisting them to meet their goals. One of the biggest joys in residency is watching bonds develop among the residents, seeing how much they enjoy each other's company and how supportive they are to each other. Residents are both consumers and contributors to their education, allowing our program to continually find ways to improve and grow.

The pandemic had such far-reaching effects on residency programs, from bedside learning to redeployment to resident illness. Who could have imagined that CaRMS, OSCE or Research Day could be completely managed virtually? I'm grateful for electronic platforms that allowed one-on-one meet and greets with PGY1's before they began their training, for Christmas parties spent rotating through breakout rooms, and for times to chat at the start of half day. The support across PGME programs for redeployment to the Medicine service was heartwarming. Sharing tips and tricks with fellow PAs, sharing challenges and successes, and laughing together at the glitches got us through the toughest times. I'm particularly grateful to work in a program with multiple Program Coordinators who pull together as a team to get the job done in spite of any challenges. And the support of the PGME office every step of the way makes the PA role a true pleasure.



**Hilary Nolan Haupt,**  
Program Coordinator  
Public Health &  
Preventive Medicine

Administratively, the PH&PM program is managed by myself and my wonderful Program Director, Dr. Julie Emili. I am responsible for all operational management of the program, and it is the only residency program housed within the department of Health Research Methods, Evidence, and Impact. The program itself is unique even among its specialty counterparts in that the three training components (clinical/family medicine, graduate, and public health training) are integrated across the five years of training. This means that a resident can do family medicine training while simultaneously working towards a master's degree. Their ability to multitask is unparalleled! This integrated approach is important for residents not only to ensure that they are consistently applying a public health lens to all aspects of their training, but also to maintain ties with their resident group.

Over the last two years, I believe the pandemic only highlighted the importance of human connection. I was accustomed to seeing the residents weekly in person, and when we went virtual, they quickly identified that they valued our informal meetings. Although they know that I'm always available to chat, we also built an additional half hour into our academic half days, where I would join the group for coffee and a catch-up. This has been very meaningful for me, especially as I predominantly work alone.

My favourite part about working in this program is the people! We have such an incredible group of faculty and residents. Much of my job satisfaction comes from seeing my residents grow into exceptional physicians and knowing I've played a role in helping them to achieve their goals. I must also highlight that our faculty has demonstrated unbelievable resilience during this pandemic. They have bravely advocated for the safety of their communities, while faced with extreme adversity. Regardless of their unprecedented workload, they have still shown unwavering commitment to the program, which speaks volumes.



## McMaster Postgraduate Medical Education Office



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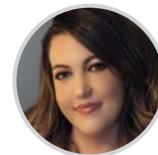
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