



UNIVERSITY OF CALGARY | Cumming School of Medicine
Postgraduate Medical Education

2023 - 2024 ANNUAL REPORT

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**UNIVERSITY OF
CALGARY**

Table of Contents

| | |
|---|----|
| List of Abbreviations | 3 |
| Overview of PGME | 4 |
| Highlights and New Initiatives..... | 5 |
| PGME Office | 6 |
| Committees | 7 |
| Resident Education Overview..... | 8 |
| Training Physicians to Meet the Health Needs of Albertans | 13 |
| Physician Retention in Alberta..... | 14 |
| Accreditation..... | 15 |
| Competence by Design (CBD)..... | 16 |
| Wellness | 18 |
| Research..... | 20 |
| Resident Education Scholars Program (RESP)..... | 22 |
| Anti-Racism and Anti-Discrimination Task Force | 23 |
| Resident Surveys..... | 24 |
| Educational Workshops and Events..... | 25 |
| Challenges..... | 26 |
| Report Contributions..... | 27 |

List of Abbreviations

| Abbreviation | Definition |
|----------------|---|
| AHS | Alberta Health Services |
| AIMERS | Assessment of Internal Medicine Evaluations in Residency Study |
| AIMG | Alberta International Medical Graduates |
| CanERA | Canadian Excellence in Residency Education |
| CanRAC | Canadian Residency Accreditation Consortium |
| CaRMS | Canadian Resident Matching Service |
| CBD | Competence by Design |
| CCME | Canadian Conference on Medical Education |
| CFPC | College of Family Physicians of Canada |
| CMG | Canadian Medical Graduates |
| CPSA | College of Physicians & Surgeons of Alberta |
| CSM | Cumming School of Medicine |
| EDI | Equity, Diversity & Inclusion |
| EMR | Electronic Medical Record |
| EPA | Entrustable Professional Activities |
| FM | Family Medicine |
| ICU | Intensive Care Unit |
| LEaPP | The Learner Education Handover Pilot Project |
| MELD | Mentoring for Education Leadership Development |
| Non-CMG | Non-Canadian Medical Graduates |
| OHMES | Office of Health & Medical Education Scholarship |
| PARA | Professional Association of Resident Physicians of Alberta |
| PGME | Post Graduate Medical Education |
| PGY | Post Graduate Year |
| PPE | Personal Protective Equipment |
| RCPSC | Royal College of Physicians & Surgeons of Canada |
| RESP | Resident Education Scholars Program |
| SAC | Strategic Advisory Committee |
| SET | Simulation Educator Training |
| UME | Undergraduate Medical Education |
| U of C | University of Calgary |
| WISHES | Wellness Innovation Scholarship for Health Professions Education and Sciences |

Overview of PGME

The mission of Postgraduate Medical Education (PGME) at the Cumming School of Medicine (CSM) is to deliver outstanding clinical training that prepares graduating physicians to provide excellent health care to Albertans.

Each program offers unique, discipline-specific educational opportunities to support the development of competencies necessary for independent practice. Achievement of these competencies is also mandated to satisfy certification requirements of the Royal College of Physicians & Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC).

The PGME office oversees 65 accredited residency training programs which take place in a variety of clinical and academic settings in Calgary and in distributed sites throughout the province. Programs range from two to eight years in length, and each has independent, defined curricula established by the relevant College.

For a full list of our programs, please visit: [PGME | Residency Program Directory | POSTGRADUATE MEDICAL EDUCATION | Cumming School of Medicine | University of Calgary \(ucalgary.ca\)](https://pgme.cumming.ucalgary.ca/Residency-Program-Directory)

Highlights and New Initiatives

- There are 51 programs officially functioning in a CBME model, with an additional four targeted to launch in July 2024.
- Final contract negotiations with a successful vendor for a new IT system to support CBD were completed in April 2024 and the launch of the new platform is expected in May.
- The accreditation portfolio in the PGME office was restructured to address the need to demonstrate continuous quality improvement (QI).
- Mock external reviews with an external consultant have been implemented in preparation for programs scheduled for external reviews and APOR in 2025
- Support for all programs continues to be provided through Accreditation Health Checks to ensure that accreditation standards/Areas for Improvement (AFIs) are addressed consistently and gradually throughout the review cycle.
- [The Office of Resident Affairs and Physician Wellness](#) (ORAPW) has worked to review and streamline its counselling processes.

Building healthy communities through high-quality, innovative postgraduate medical education.



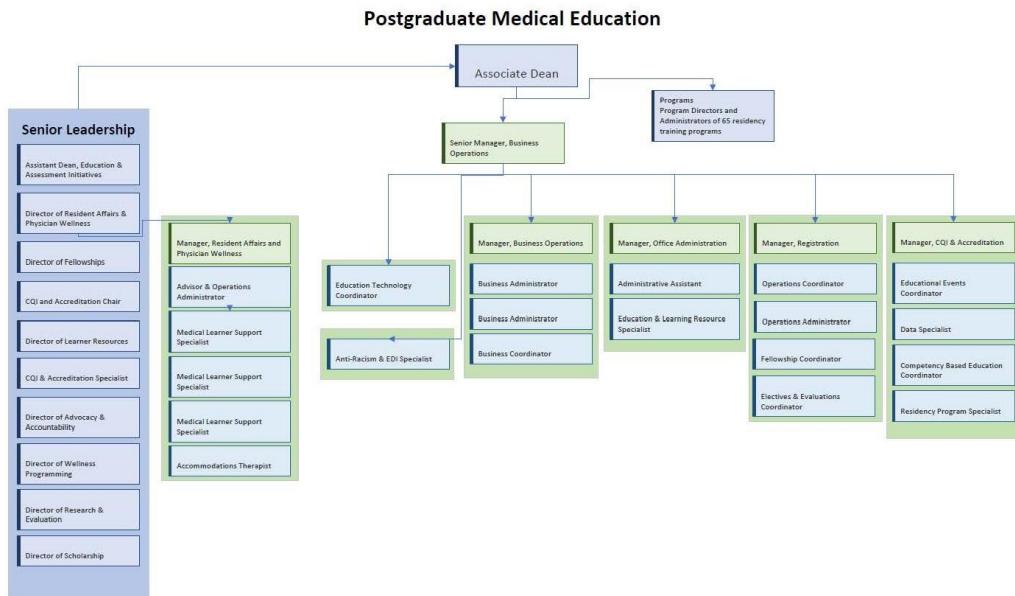
Postgraduate Medical Education (PGME) at the Cumming School of Medicine (CSM) strives to deliver an outstanding clinical experience that prepares graduating physicians for independent practice. Our mission is to offer training in a safe, inclusive environment that promotes patient-centered care and is socially accountable to the needs of individuals and health care systems both locally and nationally. This mission is advanced by a community that supports excellence in health care research, education, and innovation.

PGME Office

The PGME Office is organized into four functional areas:

- Accreditation and Quality Improvement
- Administration
- Business Operations
- Registration

These four functional areas represent the mandated and delegated authorities provided to it by the CSM and the accrediting Colleges.



Committees

The PGME Committee provides effective governance for the development and review of all aspects of residency education at the CSM. The committee includes 30 permanent voting members and 13 rotating voting members. Non-voting members include an Undergraduate Medical Education (UME) Assistant Dean, included to facilitate decision-making around shared issues at the UME and PGME level. Representation also includes the College of Physicians & Surgeons of Alberta (CPSA), Alberta Health Services (AHS), and Professional Association of Resident Physicians of Alberta (PARA).

| Subcommittees – Standing | Subcommittees – Ad Hoc |
|---|---|
| Accommodations Assessment Committee | PGME Learner Role in Obtaining Informed Consent Committee |
| PGME Accreditation Committee | PGME Rotation Vacation Requests |
| PGME Allocations Committee | |
| PGME Appeals Committee | |
| PGME Committee for Fellowship Program Directors (PD) | |
| Competency Based Education – Continuous Quality Improvement (CQI) Committee | |
| PGME Learner Academic Support and Assessment Committee | |
| PGME Learning Site Committee | |
| PGME Patient Safety Council | |
| PGME Policy Committee | |
| PGME Strategic Advisory Committee (SAC) | |

Resident Education Overview

Alberta Health funding enables PGME to provide financial support for a variety of professional development and education resources and activities completed by residents. These initiatives substantially enhance the quality of the postgraduate learning experience. This support is not limited to, but includes:

- Funding for conferences
- Special courses
- Educational events
- Visiting speakers

U of C PGME residents train and provide essential health care services at five acute-care hospitals in Calgary:

- Calgary Foothills Hospital
- Alberta Children's Hospital
- Rockyview General Hospital
- Peter Lougheed Centre
- South Health Campus

They are also assigned to train in community clinics, Alberta Provincial Laboratories, and in communities such as:

- Medicine Hat
- Lethbridge
- Red Deer

Distributed learning takes place in a variety of non-urban settings such as:

| | |
|------------------|-----------------|
| • Banff | • Longview |
| • Bassano | • Olds |
| • Bellevue | • Okotoks |
| • Bow Island | • Pincher Creek |
| • Brooks | • Ponoka |
| • Camrose | • Raymond |
| • Canmore | • Stettler |
| • Cardston | • Strathmore |
| • Claresholm | • Sundre |
| • Drumheller | • Taber |
| • Fort McMurray | • Three Hills |
| • Grande Prairie | • Whitehorse |
| • High River | • Yellowknife |

| Royal College - Number of Residents by Year and Program as at July 1, 2023 | | | | | | | | | | |
|--|--|------|------|------|------|------|------|------|------|-------|
| Count | Program | PGY1 | PGY2 | PGY3 | PGY4 | PGY5 | PGY6 | PGY7 | PGY8 | Total |
| 1 | Anesthesiology | 12 | 6 | 8 | 8 | 6 | - | - | - | 40 |
| 2 | Cardiac Surgery | - | 1 | 1 | 2 | 5 | - | - | - | 9 |
| 3 | Cardiology | - | - | - | 4 | 4 | 4 | - | - | 12 |
| 4 | Child and Adolescent Psychiatry | - | - | - | - | 2 | 2 | - | - | 4 |
| 5 | Clinical Pharmacology and Toxicology | - | - | - | - | 2 | 1 | 1 | - | 4 |
| 6 | Clinician Investigator Program | - | - | 1 | 2 | 3 | - | - | - | 6 |
| 7 | Colorectal Surgery | - | - | - | - | - | - | 1 | - | 1 |
| 8 | Critical Care Medicine | - | - | - | 1 | 2 | 3 | 2 | 1 | 9 |
| 9 | Dermatology | 3 | 3 | 3 | 3 | 3 | - | - | - | 15 |
| 10 | Developmental Pediatrics | - | - | - | - | 1 | - | - | - | 1 |
| 11 | Diagnostic and Clinical Pathology | 3 | 2 | 1 | 2 | 2 | - | - | - | 10 |
| 12 | Diagnostic and Molecular Pathology | 3 | 4 | 4 | 5 | 3 | - | - | - | 19 |
| 13 | Diagnostic Radiology | 5 | 6 | 5 | 6 | 5 | - | - | - | 27 |
| 14 | Emergency Medicine | 4 | 4 | 4 | 4 | 2 | - | - | - | 18 |
| 15 | Endocrinology and Metabolism - Adult | - | - | - | 1 | 4 | - | - | - | 5 |
| 16 | Endocrinology and Metabolism - Pediatric | - | - | - | - | 1 | - | - | - | 1 |
| 17 | Gastroenterology - Adult | - | - | - | 3 | 4 | - | - | - | 7 |
| 18 | Gastroenterology - Pediatric | - | - | - | - | 2 | - | - | - | 2 |
| 19 | General Surgery | 5 | 5 | 4 | 4 | 4 | - | - | - | 22 |
| 20 | General Surgical Oncology | - | - | - | - | - | 2 | 1 | - | 3 |
| 21 | Geriatric Medicine | - | - | - | 3 | 1 | - | - | - | 4 |
| 22 | Gynecologic Oncology | - | - | - | - | - | - | 3 | - | 3 |
| 23 | Hematology | - | - | - | 2 | 2 | - | - | - | 4 |
| 24 | Infectious Diseases - Adult | - | - | - | 2 | 3 | 1 | - | - | 6 |
| 25 | Internal Medicine | 38 | 40 | 38 | 2 | - | - | - | - | 118 |
| 26 | Internal Medicine - General | - | - | - | 7 | 6 | - | - | - | 13 |
| 27 | Maternal Fetal Medicine | - | - | - | - | - | 1 | 1 | - | 2 |
| 28 | Medical Genetics and Genomics | 1 | 1 | 2 | 1 | 2 | - | - | - | 7 |
| 29 | Medical Microbiology | 1 | - | 1 | 1 | - | - | - | - | 3 |
| 30 | Medical Oncology | - | - | - | 2 | 2 | - | - | - | 4 |
| 31 | Neonatal/Perinatal Medicine | - | - | - | - | 1 | 1 | - | - | 2 |
| 32 | Nephrology - Adult | - | - | - | 3 | 3 | - | - | - | 6 |
| 33 | Nephrology - Pediatric | - | - | - | - | 1 | - | - | - | 1 |
| 34 | Neurology - Adult | 5 | 3 | 4 | 3 | 4 | - | - | - | 19 |
| 35 | Neurology - Pediatric | 1 | 1 | 3 | - | 1 | - | - | - | 6 |
| 36 | Neuropathology | - | - | 1 | 1 | - | - | - | - | 2 |
| 37 | Neuroradiology | - | - | - | - | - | 1 | - | - | 1 |
| 38 | Neurosurgery | 2 | 2 | 2 | 2 | 1 | 2 | - | - | 11 |
| 39 | Obstetrics and Gynecology | 8 | 6 | 8 | 4 | 7 | - | - | - | 33 |

| | | | | | | | | | | |
|-----------|--|----|----|----|---|---|---|---|---|-----|
| 40 | Ophthalmology | 2 | 2 | 2 | 2 | 3 | - | - | - | 11 |
| 41 | Orthopedic Surgery | 5 | 5 | 5 | 5 | 5 | - | - | - | 25 |
| 42 | Otolaryngology - Head and Neck Surgery | 1 | 1 | 1 | 2 | 2 | - | - | - | 7 |
| 43 | Pain Medicine | - | - | - | - | - | 1 | - | - | 1 |
| 44 | Pediatric Emergency Medicine | - | - | - | 2 | 1 | 3 | - | - | 6 |
| 45 | Pediatric Hematology Oncology | - | - | - | 1 | 1 | 1 | - | - | 3 |
| 46 | Pediatric Surgery | - | - | - | - | - | - | 1 | - | 1 |
| 47 | Pediatrics | 16 | 14 | 11 | 6 | - | - | - | - | 47 |
| 48 | Physical Medicine & Rehabilitation | 3 | 2 | 2 | 2 | 2 | - | - | - | 11 |
| 49 | Plastic Surgery | 3 | 2 | 2 | 3 | 1 | - | - | - | 11 |
| 50 | Psychiatry | 9 | 10 | 9 | 9 | 6 | - | - | - | 43 |
| 51 | Public Health and Preventive Medicine | - | - | - | 2 | 1 | - | - | - | 3 |
| 52 | Public Health and Preventive Medicine with Family Medicine | 1 | 1 | 2 | - | 2 | - | - | - | 6 |
| 53 | Radiation Oncology | 1 | 2 | 2 | 1 | - | - | - | - | 6 |
| 54 | Respirology - Adult | - | - | - | 3 | 4 | - | - | - | 7 |
| 55 | Rheumatology - Adult | - | - | - | 2 | 2 | - | - | - | 4 |
| 56 | Thoracic Surgery | - | - | - | - | - | - | 1 | - | 1 |
| 57 | Vascular Surgery | 1 | 2 | - | 1 | 1 | - | - | - | 5 |
| Total | | | | | | | | | | 658 |

NOTES:

1. Only programs with registered trainees are listed. The current number of accredited RCPSC programs is 63.
2. Residents who are part of the Rockyview PGY1 and Surgical Foundations are included in the totals for their respective Residency Training Programs.
3. Resident totals for the Clinician Investigator Program (6) include residents from the following programs: Emergency Medicine, Internal Medicine-General,

Neurology-Pediatric, Neurosurgery (2), and Orthopedic Surgery.

4. Public Health and Preventive Medicine with Family Medicine resident numbers are included here.

Family Medicine - Number of Residents by Year and Program as at July 1, 2023

| Count | Program | PGY1 | PGY2 | PGY3 | Total |
|--------------|--|------|------|------|-------|
| 1 | Family Medicine | 87 | 63 | - | 150 |
| 2 | Family Medicine - Anesthesia | - | - | 3 | 3 |
| 3 | Family Medicine - Emergency Medicine | - | - | 7 | 7 |
| 4 | Family Medicine - Enhanced Skills - Addiction Medicine | - | - | - | 0 |
| 5 | Family Medicine - Enhanced Skills - Care of the Elderly | - | - | 4 | 4 |
| 6 | Family Medicine - Enhanced Skills - Health Equity: Local and Global Care | - | - | 1 | 1 |
| 7 | Family Medicine - Enhanced Skills - Maternal and Newborn Care | - | - | 4 | 4 |
| 8 | Family Medicine - Enhanced Skills - Palliative Care | - | - | 4 | 4 |
| 9 | Family Medicine - Enhanced Skills - Sport and Exercise Medicine | - | - | 2 | 2 |
| 10 | Family Medicine - Rural Alberta South - Lethbridge | 10 | 5 | - | 15 |
| 11 | Family Medicine - Rural Alberta South - Medicine Hat | 8 | 5 | - | 13 |
| Total | | 105 | 73 | 25 | 203 |

| Count | Program | Total |
|--------------|-------------------------------|------------|
| 1 | Anatomical Pathology | 3 |
| 2 | Anesthesiology | 4 |
| 3 | Cardiac Surgery | 1 |
| 4 | Cardiology | 10 |
| 5 | Colorectal Surgery | 1 |
| 6 | Diagnostic Radiology | 15 |
| 7 | Gastroenterology | 8 |
| 8 | General Surgery | 8 |
| 9 | Gynecologic Oncology | 1 |
| 10 | Hematology | 1 |
| 11 | Internal Medicine | 4 |
| 12 | Medical Genetics | 2 |
| 13 | Medical Oncology | 6 |
| 14 | Neonatal/Perinatal Medicine | 18 |
| 15 | Nephrology | 1 |
| 16 | Neurology | 27 |
| 17 | Neuroradiology | 4 |
| 18 | Neurosurgery | 8 |
| 19 | Obstetrics and Gynecology | 8 |
| 20 | Ophthalmology | 7 |
| 21 | Orthopedic Surgery | 17 |
| 22 | Otolaryngology | 1 |
| 23 | Pediatric Gastroenterology | 1 |
| 24 | Pediatric Hematology Oncology | 2 |
| 25 | Pediatric Nephrology | 5 |
| 26 | Pediatric Neurology | 2 |
| 27 | Pediatric Respirology | 1 |
| 28 | Pediatrics | 5 |
| 29 | Plastic Surgery | 5 |
| 30 | Psychiatry | 1 |
| 31 | Radiation Oncology | 4 |
| 32 | Respirology | 1 |
| 33 | Urology | 4 |
| Total | | 186 |

Training Physicians to Meet the Health Needs of Albertans

Timelines for the CaRMS PGY1 match were slightly earlier for 2024 with the first iteration match day which transpired on March 19th, 2024, followed by the second iteration which occurred on April 25th, 2024. Interviews continued to be held in a virtual format to avoid unnecessary travel across the country.

The U of C was very successful in the first iteration of the CaRMS match for the upcoming academic year 2024-25.

PGME offered 188 entry-level positions for the Canadian Medical Graduate (CMG) stream of which 11 remained unfilled going into the second iteration:

- Three in Family Medicine – Medicine Hat
- Two in Diagnostic and Clinical Pathology
- Three in General Surgery
- One in Medical Genetics and Genomics
- One in Medical Microbiology
- One in Neuropathology

The second iteration of the CaRMS match took place April 25th and 8 of the remaining 11 positions were filled. The 3 unfilled positions include:

- One in Diagnostic and Clinical Pathology
- One in Medical Microbiology
- One in Neuropathology

The percentage of unmatched medical school graduates across the country after the match was 1.9%. Four applicants from the CSM undergraduate medical program were unmatched after the second iteration of the PGY1 match.

PGME offered 24 entry-level positions for AIMG trainees of which one position in Emergency Medicine remained unfilled going into the second iteration.

Physician Retention in Alberta

The percentage of Canadian Medical Graduates (CMG) physicians who completed PGME training two years ago (June 2020) and continue to be geographically located in Alberta is 64.8%. The percentage for Non-CMG physicians is slightly lower at 56.1%.

The breakdown of these percentages is depicted in the following table:

| | RCPSC Programs | Family Medicine Programs | All Programs |
|---------|-----------------------|---------------------------------|---------------------|
| CMG | 61.3% | 71% | 64.8% |
| Non-CMG | 43.3% | 90.9% | 56.1% |

Accreditation

Following the external accreditation review of the U of C which took place during the week of September 18th through September 23rd, 2022, the accreditation portfolio in the PGME office was restructured to address the need to demonstrate continuous quality improvement (QI). This involved expanding the role of the Manager to include QI and Accreditation which was staffed in May 2023. Two new physician leads filled the roles of Chair of QI and Accreditation and QI and Accreditation Specialist. In addition, a Data Specialist was hired in August to facilitate data-driven decision making for PGME related to QI, accreditation, research, evaluation, and assessment.

As previously reported, the initial reports and recommendations were reviewed by the relevant colleges in February 2023 and the final accreditation status was determined for each of the 65 residency programs, all AFC programs and for the institution. Reports released in April 2023 included the following results for the 62 residency programs with active residents:

- Accredited Institution with follow up by Action Plan Outcomes Report (APOR) in 2025
- 43 programs accredited with follow up by regular review in 2030
- 11 programs accredited with follow up by APOR in 2025
- 7 programs accredited with follow up by external review in 2025
- 1 program accredited with notice of intent to withdraw with follow up by external review in 2025

There has been a major focus on providing support in preparation for those programs scheduled for external reviews and APOR in 2025. The primary initiative being implemented includes a mock external review with an external consultant. This started with introductory and preparatory meetings in the fall of 2023. Currently, APOR document review and onsite mock reviews are underway. The reviews closely emulate regular external reviews, involving documentation, review, and generated reports back to programs. In addition to the institution, 19 residency programs are participating in this exercise.

While resources are being emphasized for programs under review in 2025, support for all programs continues to be provided through Accreditation Health Checks. These periodic and continuous check-ins are designed to ensure that accreditation standards/Areas for Improvement (AFIs) are addressed consistently and gradually throughout the review cycle. This allows PGME to identify trends and themes across all residency programs, ensuring feedback and support are effectively distributed where and when needed. Ten programs have been identified as a pilot group to test the approach which will then be rolled out to all programs. The initial version of dashboards and tracking tools have been created and introductory meetings are currently taking place with the ten pilot programs.

In conjunction with the QI focused approach to accreditation, a framework is being designed to encompass this vision. Processes and activities being pursued include:

- Development of workshops to educate programs/portfolios on the basics of QI and the importance of accreditation as a QI tool
- Centralization and improvement of processes that have led to AFIs

To support ongoing improvement efforts, internal surveys will commence for all programs in 2027.

Competence by Design (CBD)

CBD is the RCPSC version of competency-based medical education. This nationally driven restructuring of medical education focuses on an outcomes-based approach to residency training. CBD is a multi-year initiative, represents a major shift in the delivery of medical education in Canada and applies to all RCPSC residency training specialty and subspecialty programs. This new methodology is designed to ensure physicians acquire the necessary skills needed to meet evolving patient needs. The RCPSC expects that all programs will have transitioned to CBD by 2025.

The transition to CBD requires extensive development of faculty leadership roles to implement new assessment mechanisms, curriculum updates and communication strategies. The U of C is in year seven of this significant initiative. Initially there were seven cohorts, representing all 63 RCPSC programs at the U of C, scheduled to transition to CBD. The number of cohorts has grown to nine as some programs experience delays. The RCPSC expects that all programs will have transitioned to CBD by 2025.

The CBD funding made available through AH has assisted programs in cohorts one through seven with the transition process. Funding has been used for:

- Leadership support
- Academic advising
- Courses to enhance readiness for CBD
- Development and implementation of new assessment strategies
- Curriculum mapping
- Simulation teaching
- Additional faculty development

At the start of this academic year, five additional RCPSC programs (Developmental Pediatrics, Ophthalmology, Pain Medicine, Palliative Medicine, and Pediatric Emergency Medicine) transitioned to the Competence by Design (CBD) curriculum. As of July 1st, 2023, there are 51 programs officially functioning in a CBME model. The following chart chronicles the progress to date:

| | |
|------|---|
| 2017 | <i>Anesthesiology, Otolaryngology-Head and Neck Surgery</i> |
| 2018 | <i>Emergency Medicine, Nephrology Adult and Pediatric, Medical Oncology, Surgical Foundations</i> |
| 2019 | <i>Cardiac Surgery, Critical Care Medicine, Diagnostic and Clinical Pathology (formerly General Pathology), Diagnostic and Molecular Pathology (formerly Anatomical Pathology), Gastroenterology Adult and Pediatric, General Internal Medicine, Geriatric Medicine, Internal Medicine, Neurosurgery, Obstetrics and Gynecology, Radiation Oncology, Rheumatology</i> |
| 2020 | <i>General Surgery, Neurology Adult and Pediatric, Orthopedic Surgery, Physical Medicine and Rehabilitation, Plastic Surgery, Psychiatry</i> |
| 2021 | <i>Cardiology, Child and Adolescent Psychiatry, Clinical Pharmacology and Toxicology, Forensic Psychiatry, Geriatric Psychiatry, Neonatal Perinatal Medicine, Pediatrics, Pediatric Hematology Oncology, Pediatric Surgery, Respirology Adult and Pediatric, Vascular Surgery</i> |
| 2022 | <i>Dermatology, Diagnostic Radiology, Gynecology Oncology, Hematology, Medical Genetics and Genomics, Maternal Fetal Medicine, Neuropathology</i> |
| 2023 | <i>Developmental Pediatrics, Ophthalmology, Pain Medicine, Palliative Medicine, Pediatric Emergency Medicine</i> |

The ongoing development of an IT system to support CBD is at a pivotal stage this year, with a keen focus on implementing a CSM-wide platform. This inclusive approach extends to both the Family Medicine residency programs and Undergraduate Medicine, emphasizing the comprehensive nature of the decision making process. As the Royal College plans to retire the existing system, an exhaustive search for a new learning management and assessment platform for the University of Calgary was carried out over much of this reporting period. Final contract negotiations with the successful vendor were completed in April 2024 and the launch of the new platform is expected in May.

An expedited implementation plan is required to replace the RCPSC ePortfolio platform scheduled for retirement by December 2024. The successful execution of this new platform signifies a critical juncture, necessitating substantial investments in financial resources for development, implementation, and ongoing IT costs, shaping the future of medical education and assessment practices for the entire CSM.

Wellness

Resident wellness continues to be a focus for PGME at the CSM. The Office of Resident Affairs and Physician Wellness (ORAPW) is responsible for addressing the physical, psychological, and spiritual wellbeing of PGME learners. Its role is to provide health and wellness resources for PGME learners and facilitate an environment in which they can be and stay well as they navigate the opportunities and challenges they will face throughout their medical training.

Organization & Structure

The organizational structure of the ORAPW has continued to evolve. An Advisor & Operations Administrator (1.0 FTE) was added in Q3. The position acts as a first point of contact for all stakeholders to triage requests and assist in providing information. The role plays an integral role in scheduling counselling appointments, coordinating programming delivery for specialty and subspecialty residency programs, and planning ORAPW-sponsored events.

In the current organizational structure, a full complement of Medical Learner Support Specialists (MLSS) totals 1.8 FTE across three positions. For the majority of this reporting period, the ORAPW functioned with a single MLSS (0.6 FTE). This was due to a 12-month maternity leave as well as some staff turnover.

Services

The Accommodations Therapist (AT) role was increased from 0.3 FTE to 0.5 FTE. This increase in time commitment enabled an expansion of scope for this role resulting in increased supports to trainees, primarily in the area of accommodations and other occupational therapy resources and services.

During this reporting period, MLSS provided counselling services to a total of 82 clients. This represented a total of 319.25 direct client hours.

Accommodations

The operating standard for the Postgraduate Medical Learner Accommodation process continues to be implemented. During this reporting period, the Accommodations Assessment Committee (AAC) addressed 17 new requests and 23 accommodation reviews.

The increase in FTE for the Accommodations Therapist position enabled the creation of a “Navigator Role” to proactively support trainees working through the Medical Learner Accommodations process. In this role, the AT addresses questions about the process, provides trainees with strategies to support learning in the interim period prior to meeting with the Accommodations Assessment Committee, discusses possibilities of how the trainee’s particular situation could be accommodated, and provides advice regarding how best to document experiences and conditions to better inform their care provider. In the Navigator Role, the AT also reaches out to Program Directors to understand any concerns about requested accommodations and the program’s ability to implement them without creating undue hardship.

Processes and Tools - Counselling

The ORAPW has also worked to review and streamline its counselling processes. Consent and intake forms have been updated and implemented. The Electronic Medical Record (EMR) was implemented and with it came the ability for trainees to schedule appointments directly with the MLSS and the AT.

Programming and Events

In addition to providing one-on-one services, the ORAPW also participates in and provides wellness programming targeted at groups. This wellness programming is delivered by the MLSS, the AT, the Director Resident Affairs and Physician Wellness, the Director of Wellness Programming and the ORAPW Manager depending on the topic, audience, and expertise required.

During this reporting period, the ORAPW delivered and/or funded 30 sessions with a reach of over 600 trainees. These sessions included a Mental Health Fair, Orientation Sessions, Wellness Sessions at Academic Half Days and Retreats, and a session at the 2024 Cabin Fever Conference hosted by the University's Distributed Learning and Rural Initiatives program.

In addition to the above sessions, the ORAPW also collaborated with the Alberta Medical Association's Physician and Family Support Program to deliver a session on Supporting Physicians in Distress and with the Centre for Suicide Prevention to provide a group debrief for a residency program in need.

Research

The Research Lead of Office of Postgraduate Medical Education (PGME), Dr. Aliya Kassam returned from sabbatical in September 2023. During her sabbatical year, Dr. Kassam visited the Centre for Health Education Scholarship (CHES), at the University of British Columbia and the Wilson Centre at the University of Toronto.

At these centres, Dr. Kassam presented her research in medical education and engaged in theory-driven discussions identifying educational problems and solutions in collaboration with health professions education (HPE) practitioners, learners, patients, and clinical partners.

Also in September 2023, Dr. Kassam welcomed three new graduate students (master's level). Of these, two graduate students will focus on projects related to postgraduate medical education. Dr. Kassam also continued her teaching which included new workshops and an additional undergraduate level course.

Over the 2023/2024 academic year Dr. Kassam's role in PGME changed and she is now the Director of Scholarship, encompassing other activities including awards and mentorship in research within PGME. The following publications were published during the 2023/2024 academic year.

1. Morrison, L. J., Joffe, M. H., Kassam, A., Temple-Oberle, C., Paolucci, E. O., & Schneider, P. (2024). A mixed methods analysis of barriers to and facilitators of scholarly education in orthopaedic surgery residency. *Global Surgical Education-Journal of the Association for Surgical Education*, 3(1), 75. <https://doi.org/10.1007/s44186-024-00274-1>
2. Kassam A, Page S, Lauzon J, Hay R, Coret M & Mitchell I (2024). Ethical issues in residency education related to the covid-19 pandemic: a narrative inquiry study. *Journal of Medical Ethics*, <https://dx.doi.org/10.1136/jme-2023-108917>
3. Kassam A & Martimianakis MA (2024). When I say ... wellness.. *Medical Education*, 58(4), 380-381. <https://dx.doi.org/10.1111/medu.15297>
4. Kassam A, Antepim B & Sukhera J (2024). A mixed methods study of perceptions of mental illness and self-disclosure of mental illness among medical learners. *Perspectives on Medical Education*, 13(1), 336-348. <https://dx.doi.org/10.5334/pme.1152>
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Resident Education Scholars Program (RESP)

The Resident Education Scholars Program (RESP) was developed by OHMES and Postgraduate Medical Education (PGME) in 2020-21 to support residents in their pursuit of scholarly work. It provides residents with a structured program, mentorship, and support in designing, conducting, and reporting on their scholarly activities during residency. Residents selected to participate develop their skills in health/medical education scholarship by either conducting educational research or developing an educational innovation.

The first part of the program focuses on foundational knowledge in practical education scholarship and on preparing a scholarly project. The second part is dedicated to the execution of the scholarly project. While each participating residency program configures the scheduling and expectations for their residents' participation in RESP, the overall format is common to all participating residency programs. The Office of PGME provides funding up to \$3,000 for each resident project to cover related expenses as needed over the 2+ year projects.

The program launched with seven residents in the 2021-2022 cohort. There are now a total of 17 residents across three cohorts, with representation from Anatomical Pathology, Anesthesiology, Emergency Medicine, Internal Medicine, Neurology, Pediatrics, Physical Medicine & Rehabilitation, Psychiatry, and Surgery. Three of the residents from the 2021-2022 cohort have completed their projects and their work has yielded five national and two local conference presentations to date, with two currently submitting their work to journals. Two RESP residents recently received best poster and best oral presentation awards at the 2024 Department of Pathology and Laboratory Medicine Research Day. These and other RESP resident accomplishments are featured at RESP Success Stories.

The RESP was recognized during the 2022 PGME Royal College accreditation review as a "Leading Practice Innovation". A report on the RESP three-year pilot project will be presented to the PGME Committee in Fall 2024 to inform a decision regarding the future of the program. Full details of the program are available on the OHMES website.

Anti-Racism and Anti-Discrimination Task Force

PGME continues to make a deliberate effort to better understand and address issues with respect to equity, diversity, inclusion, and accessibility. The Anti-Racism and Anti-Discrimination Taskforce, founded in 2020, envisions a postgraduate medical education culture that is just, safe, representative, and supports individuals and communities to thrive, and recognizes that racism and other forms of oppression are embedded in education and healthcare institutions through their culture, practices, policies, and curriculum. By centering on the Black, Indigenous and People of Colour (BIPOC) community, the Taskforce is committed to addressing gaps in medical curricula and policies that affect marginalized communities and to identify ways in which our educational and health care institutions can better prepare physicians to serve these communities.

In December 2023, Taskforce members met to review, revise, and clarify the team's draft recommendations, identify gaps therein, and to organize them into those elements within PGME's purview and capacity to enact, and those which required implementation at the Cumming School of Medicine, or University of Calgary level. The draft recommendations' relative feasibility, enablers, and barriers were also identified, and will inform the Taskforce's final report and future work within PGME.

After holding virtual sessions for the past 2 years, Taskforce members delivered an interactive orientation half day presentation to all incoming postgraduate learners in June 2023. Taskforce members have developed and delivered numerous sessions on anti-racism topics at residency program academic half-days, as well as to PGME staff and leaders. A previous multi-part seminar series on the implementation of a holistic review model to mitigate bias in postgraduate learner selection was adapted to an intensive half-day session for program directors and leaders, co-delivered with OFDP. The session incorporated prior series attendees who shared their experiences of change management in adopting selection best practices, thereby lending credibility and modeling feasibility through a community of practice model. Further adaptation into an asynchronous online course for orientation of future program leaders and administrators is underway.

Consultations around restyling the "Chief Resident" position title to that of "Lead Resident" were undertaken with ILGHO through a healing circle, with formal implementation planned for the next academic year. This collaborative approach with ILGHO also extends to the ongoing development of resources for Indigenous Health curriculum development for all PG programs, and Taskforce members actively supporting programs' placement of postgraduate learners in clinical practices within Indigenous communities. A town hall for Residents was held shortly before the start of the 2024-25 academic year.

The Taskforce is also involved with numerous research and scholarly activities related to Anti-Racism curriculum and initiatives, Just Culture, and a curriculum needs assessment of equity, diversity, and inclusion programs in the CSM. Taskforce members have been recognized for their excellence and work in this area, with numerous awards.

Contributions within the CSM also include multiple Taskforce members joining the Precision Equity and Social Justice Office's EDIA Leads Council to help guide school-wide initiatives in this space. Work also continues nationally to update accreditation standards to address Anti-Black and Anti-Indigenous racism for CanMEDS 2025 and for the Black Health Education Collaborative.

Resident Surveys

Since 2013, PGME has conducted an annual exit survey of all completing residents. This gives exiting residents the opportunity to anonymously provide a candid reflection of all aspects of their training experience. The findings of this survey create an opportunity to collect quality assurance data to improve on and sustain a supportive learning environment for residency education and help facilitate a successful transition to future practice.

In order to gain a better understanding of current issues in residency training, two Learner Feedback Surveys were implemented ahead of the Exit Survey in 2021. One survey is distributed specifically to PGY1 residents towards the end of their first year while another targets PGY3 residents completing their third year of training.

PGY 1 Survey

- In the second PGY1 Survey in 2023, there were 77 respondents, for a 39.9% response rate

PGY 3 Survey

- In the second PGY3 Survey in 2023, there were 45 respondents, for a 32.2% response rate.

Exit Survey

- In the most recent resident exit survey for 2023, there were 73 respondents out of approximately 267 exiting residents, indicating a response rate of 27%

Educational Workshops and Events

PGME offered several educational workshops for residents and fellows in 2023-2024:

| Workshop Name | Times Run |
|--|-----------|
| Anti-Oppression | X5 |
| Bias in Selection | X2 |
| Cognitive Overload | X1 |
| Critical Appraisal | X1 |
| Developing a Personalized Learning Plan Studying While Working | X1 |
| Fellows as Teachers Toolkit | X1 |
| Health Research Methods: How to Plan a Study Part I & II | X1 |
| Introduction to Biostatistics – 4 consecutive weeks | X1 |
| Let's Talk Social Media and News Reporters | X1 |
| Lifelong Learning & Productivity | X1 |
| Medical Ethics | X4 |
| Medical Legal | X7 |
| Money Management & Billing Mechanics for New Graduates | X2 |
| Patient Safety and Quality Improvement | X1 |
| Physician Financial Management | X1 |
| Positionality | X1 |
| RDocs Resiliency Resident Module | X1 |
| Residents as Teachers Toolkit | X6 |
| Study Strategies | X1 |
| Studying for Exams | X1 |
| Studying While Working | X2 |
| Task & Email Management | X1 |
| Transition to Practice | X1 |

| Faculty Development Workshops | Times Run |
|------------------------------------|-----------|
| RDocs Resiliency Leadership Module | X1 |
| Inclusive Language | X2 |
| Helping the Struggling Learner | X1 |

Challenges

Challenges over the past year have included:

- The ongoing concern regarding unmatched medical students continues to be a national challenge.
- The establishment of the IT systems needed to support CBD remain challenging and will require a significant investment of financial resources for the development, implementation, and ongoing associated IT costs.
- The decision by the RCPSC to retire the existing platform, ePortfolio by December 2024 has also added considerable pressure on the timeframe available to make this transition.
- Evolving accreditation standards over the next several years will also require an investment in data analysis activities to meet continuous quality improvement needs.
- Fractional assignment of PAs to other non-residency program and administrative activities has become a challenge for many residency programs to accommodate. The physician and administration roles require a commitment of time and initiative and the subsequent demand on financial resources to support these positions is increasing.

Report Contributions

1. University of Calgary, Cumming School of Medicine, Postgraduate Medical Education 2023-2024 Year-End Narrative Report
2. Office of Health & Medical Education Scholarship 2023-2024 Annual Report - Resident Education Scholars Program (RESP), Gretchen Greer

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