

School of Medicine
Postgraduate Medical Education
Education Advisory Board: Terms of Reference

A. Mandate:

The Education Advisory Board (EAB) is a special committee convened by the Associate Dean, Postgraduate Medical Education (PGME), responsible for assisting programs with academic planning for residents in need.

B. Policy References:

Queen's Postgraduate Residency Program "Assessment, Promotion and Appeals Policy".

C. Major Responsibilities:

The EAB:

- is advisory to Residency Programs and the Associate Dean, PGME in addressing residents in academic difficulty.
- **must** review all remediation and probation plans for residents in academic difficulty.
- will review and provide recommendations relating to:
 - (a) the process by which the need for remediation or probation was determined, and
 - (b) the quality of the proposed remediation or probation plan.

D. Access to Information:

In all cases, members of EAB will have access to residents' files, including all performance information, other relevant documents and reports including without limitation assessments/recommendations of an independent process or board, such as the Academic Review Board (ARB).

All documents will be uploaded into the password protected EAB MEdTech community.

E. Membership:

Chair: Director of Assessment and Evaluation, PGME (Ex Officio member)

Director of Resident Affairs (Ex Officio member)

Faculty Panel (minimum of six faculty members)

Postgraduate Residents (Five)

- The committee should strive to include faculty and resident representation from a broad selection of specialties.
- Program recommendations for faculty and resident membership will be sought by the Chair in consultation with the Associate Dean PGME.
- Membership will be reviewed, and members appointed, by the Associate Dean, PGME in consultation with the Vice-Dean Education.

F. Functions:

Annual Review and Orientation Process

An annual meeting will be held each year. The focus of the annual meeting will be to provide opportunity to:

- Review EAB overall functionality and Terms of Reference
- Share lessons learned during the preceding year
- Orient in-coming members

Individual Case Reviews

- Working Groups function as a distributed network communicating by email.
- Working Groups will assume responsibility for reviewing individual cases.
- Working Group members will review case documentation, complete, and submit case review templates.
- The Chair assumes responsibility for writing case reports.
- Case reports are advisory to the Associate Dean, PGME and Residency Programs.
- The Chair may approve an amended remediation/probation plan submitted by a program or send it back for further review.

Working Group composition

- *Chair* - Director of Assessment and Evaluation, PGME
- *Director of Resident Affairs*
- *2 members of the Faculty panel*
- *1 postgraduate resident*

G. Responsibilities:

Chair:

- Chair annual meeting
- Prepare individual case reports
- Submit an annual report to the Associate Dean PGME

Director of Resident Affairs:

Attend annual committee meeting

Read pre-circulated material

Participate in all working groups, including:

- Reviewing case documentation
- Providing feedback on proposed remediation/probation plans, including a focus on how the plan relates to potential health issues and resident wellness supports

Responsibilities of Members:

Attend annual committee meeting

Read pre-circulated material

Participate in working groups as required, including:

- Reviewing case documentation
- Providing feedback on proposed remediation/probation plans

Term of Membership:

- 1) Faculty membership
 - All faculty members will normally commit to a full three-year term, renewable.
 - Membership should be staggered to ensure a regular turnover.
- 2) Resident membership
 - Postgraduate residents will commit to a one-year term, renewable for additional terms.
- 3) Ex Officio membership: Permanent members of the committee

H. Frequency and Duration of Meetings:

Annually, and at the call of the Chair.

I. Quorum:

A majority of members

J. Decision-Making:

- As an advisory committee to the Associate Dean, the EAB may submit recommendations for consideration by the Associate Dean, PGME.
- The committee is encouraged to reach consensus on recommendations made to the Associate Dean, but may vote should consensus not be reached.
- Case reports are advisory to the Associate Dean, PGME and Residency Programs.

K. Conflict of Interest:

An EAB member **must** declare a potential conflict of interest with any case presented for his/her review. Faculty panel and resident members concerns must be disclosed to the Chair, who will determine an appropriate course of action.

Potential conflicts of interest **could** include, but are not limited to:

- Any EAB member's close personal relationships with a resident under review,
- Clinical teacher or resident directly involved in a rotation/learning experience of concern.

L. Confidentiality:

All documents and files reviewed and prepared by the EAB are confidential.

M. Administrative Support:

Administrative support (secretarial) will be provided by the PGME Office.

Tasks will include but are not limited to:

- Uploading all relevant documents for individual cases into the EAB MEdTech community.
- Documenting minutes of annual meetings.
- Tracking responsibility of EAB members by case and types of remediation/probation issues.

N. Agendas & Minutes:

- Agendas and meeting minutes will be uploaded into the EAB MEdTech community by the recording secretary.
- Agenda and minutes will be stored in the EAB password protected MEdTech community with access restricted to Board members.

O. Reporting Relationship:

Case Reports:

- Submitted to the Associate Dean, PGME, and individual Residency Programs and uploaded to EAB Committee's MEdTech community.

Annual Report to the Associate Dean, PGME:

- Outlining the number and nature of cases reviewed and types of recommendations made.
- Recommendations for enhanced committee functionality as necessary.

P. Evaluation:

Terms of reference will be formally reviewed by the EAB on an annual basis, normally during the Annual meeting as required. Recommended changes will be submitted to the Associate Dean, PGME for review.

Revised - December 4, 2018 - **Approved at PGMEC meeting - December 13, 2018**

APPENDIX A: CONSENSUS-BASED DECISION MAKING

Rules for Building a Consensus

A consensus requires that everyone involved in the decision must agree on the individual points discussed before they become part of the decision. Not every point will meet with everyone's complete approval. Unanimity is not the goal, although it may be reached unintentionally. It is not necessary that everyone is satisfied, but everyone's ideas should be thoroughly reviewed. The goal is for individuals to understand the relevant data, and if need be, accept the logic of differing points of view.

The following rules are helpful in reaching a consensus:

- Avoid arguing over individual ranking or position. Present a position as lucidly as possible, but seriously consider what the other group members are presenting.
- Avoid "win-lose" stalemates. Discard the notion that someone must win and thus someone else must lose. When an impasse occurs, look for the next most acceptable alternative for both parties.
- Avoid trying to change minds only in order to avoid conflict and achieve harmony. Withstand the pressure to yield to views that have no basis in logic or supporting data.
- Avoid majority voting, averaging, bargaining, or coin flipping. These techniques do not lead to a consensus. Treat differences of opinion as indicative of an incomplete sharing of information, and so keep probing.
- Keep the attitude that the holding of different views by group members is both natural and healthy. Diversity is a normal state; continuous agreement is not.
- View initial agreement as suspect. Explore the reasons underlying apparent agreement on a decision and make sure that all members understand the implication of the decision and willingly support it.