

Welcome to our new first year residents!



Hi! My name is Connor. I grew up in Cape Breton, worked as a military medic, and did my undergrad in nursing before starting medical school at Dalhousie. I love to bike, hike, camp, ski, or get outdoors anyway I can (so original, I know). My goal is to work as a rural community pediatrician, I have a special interest in the social determinants of health, and my idol is J.D. from 'Scrubs'. Looking forward to meeting everyone!

Hi! I'm Michelle and I'm a proud East Coaster having grown up in New Glasgow, Nova Scotia. I studied chemistry at Acadia University before attending Dalhousie Medical School where I met my husband, Alexander. When my nose isn't stuck in a textbook, I enjoy spending time outdoors, cooking, and creating music with family. I'm excited to get to know those working in the Department of Pediatrics at MUN.





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My name is Joanna and I was born and raised in Vancouver BC. I studied Microbiology and Immunology at the University of British Columbia, then went on to do my medical school training there too. In my spare time, I love playing Ultimate Frisbee and spending time with my dog Finn. I also love 1000-piece puzzles and everything Disney. I am excited to see what the opposite side of Canada has in store for me, and I cannot wait to start my journey of becoming a paediatrician!

My name is Abigail. I was born and raised in London, Ontario and then spent the better part of the past decade touring the rest of southern Ontario for school. I studied life sciences at Queen's University in Kingston and completed medical school at McMaster. I can't wait to explore St. John's with my precious cat, Bean.





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My name is Sophia Miao and I was born and raised in Moncton, NB. I did my undergrad in Chemistry and World Languages at Queen's University before coming back to the east coast to train at Dalhousie Medicine New Brunswick. I enjoy baking, hiking, exploring room escapes, and browsing at Costco. I'm also an aerial arts instructor and newly minted black belt in Taekwondo! I'm thrilled to be starting my pediatric training at MUN and looking forward to meeting all of you!



My name is Sara and I am an incoming first year Resident in the Pediatric program! I was born and raised in Ottawa, and completed my BSc, BEd, BA, and MD at the University of Ottawa. Prior to medical school, I was a teacher and as such I have a passion in education, pedagogy, and working with children and families. Having travelled to

remote indigenous communities during my professional and academic endeavors, I have developed an interest in advocacy and research. Outside of academics and medicine I enjoy hiking, travelling, spending time with my dogs, reading, and trying new cuisine. I am really looking forward to this new chapter and adventure in Newfoundland! I look forward to being part of the community and to become the best doctor and person I can be. Really excited to meet all the staff, residents, and members of the community in the weeks to come!



Hello! My name is Jessa and I'm thrilled to be starting residency here at the Janeway! I am a graduate of MUN Medicine and am proud to call Newfoundland & Labrador home. Before medicine, I studied music here at MUN and music therapy at Wilfrid Laurier University in Waterloo, Ontario. Outside of work, I enjoy anything creative, baking (and eating baked goods), visiting local restaurants, and staying active! I'm looking forward to meeting and working with everyone over the next few years!

Mark your calendars for Royal College Mock Review!!!

Please mark the dates of **September 21 and 22** in your calendars for our **Royal College Mock review**. This will be a practice and opportunity for feedback prior to our official review in the fall of 2022. Dr. Andrew Warren has kindly agreed to lead this review and will be accompanied by a MUN resident and faculty member from outside our Discipline.



CBD is here!

Our PGY-1's will be following the new curriculum with CBD and starting Transition to Discipline. PGY2-4 will continue with a time-based curriculum but will be continuing to help us with piloting CBD for the other stages.

Tips for CBD (*adapted from McGill website*)

CBD for Teachers:

In Competence by Design, competency involves more than 'know how', it requires that trainees also 'show how' and demonstrate ability to 'do' independently.

As a teacher, how will CBD affect me?

Going forward your residents will start to think of you as a coach, someone who helps them develop their skills. You will incorporate both direct and indirect observation into your work on a regular basis and in a way that is practical for the reality of you and your work team. You will give short focused feedback to your learners and complete brief records of the observed performance.

Is it feasible for me to do all of these assessments for CBD in a busy clinical practice?

Yes, CBD assessments are being designed so they are feasible to do within any busy clinical program. In CBD, you will make use of your clinical oversight activity to engage in work-based assessment of resident performance. With the introduction of EPAs and milestones, the assessment criteria will be more explicit and deliberate than it has been before. In a given encounter, you and your residents will focus on a small number of specific tasks or milestones.

EPAs – How to Use Them

EPAs are linked to a specific stage of the Competence Continuum³ and integrate multiple CanMEDS milestones from various CanMEDS Roles. As residents progress through the stages of the continuum, the Royal College EPAs become progressively more complex reflecting the residents' achievement of more sophisticated milestones.

As a supervisor, you will observe residents as they perform an EPA multiple times and each time you will coach the residents to improve their performance. You may initially refer to the milestones associated with an EPA to inform your feedback on specific elements of the task, but as you become familiar with the EPAs and milestones, you

may find that you ‘unpack’ an EPA (i.e. look at all of the milestones) only to plan your teaching or to help a resident who is struggling to progress.

Writing Narrative comments:

Narrative comments on assessments, be it EPAs or ITERs, enhance the learning derived from the assessment and are essential to defending any numerical or scale data that you provide. As such, these comments are essential to both the learner and the Competence Committee. Some key properties of high-quality comments are that they:

- Justify the ratings
- Have specific examples
- Provide recommendations for improving performance
- Are written in a supportive manner
- Are detailed enough for the Competence Committee to understand the strengths and issues

EPA vs Milestones:

The **key difference** between EPAs and milestones are that EPAs are the tasks or activities that must be accomplished, whereas milestones are the abilities of the individual.

We know what an EPA is. Let’s look at milestones more in depth:

A milestone is the expected ability of a health care professional at a stage of expertise. CanMEDS milestones illustrate the expected progression of competence from novice to mastery associated with each enabling CanMEDS competency. Every discipline will have hundreds of milestones, but for practical reasons you will rely on the educational concept of EPAs as the basis for assessing your residents.

Milestones:

- Illustrate the developmental nature, features, and progression of the competencies
- Assist learners in monitoring their own developmental progress



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- Allow individuals to monitor their progress
- Support the identification of learners whose progress is not following the typical development sequence to assist in early intervention
- Guide curriculum development

Assessment vs Feedback vs Coaching:

- **Assessment** - Comparison between a trainee's observed performance and a standard (judgment)
- **Feedback** - Specific information about the comparison between a trainee's observed performance and a standard, given to the trainee with the **intent to improve** the trainee's performance
- **Coaching** - One-to-one conversation focused on providing **practical suggestions for improvement** aimed at enhancing learner performance in a specific activity

CBD for Trainees:

The goal of CBD is to enhance patient care by improving your learning and assessment. This will help you demonstrate the skills and behaviours required to meet evolving patient needs. The Competence by Design title is meant to convey the idea that responsible medical education involves systematically thinking about (i.e. designing) a learner's journey through their entire career in medicine.

The systems, milestones and resources created for CBD will provide learners with

- more frequent assessment and meaningful feedback from faculty,
- well-defined learning paths and clarity around the competencies needed to progress to next stages of training,
- A learning plan that focuses on personal development, the chance to prepare for independent practice by honing skills and working more independently during the final stage of residency.

Highlighting Resident Research

Two confirmed cases of a rare genetic disorder

Dr. Allison Lamond (3rd Year Pediatric Resident)

Congenital myasthenic syndromes (CMS) are a group of genetic disorders caused by dysfunction of neuromuscular transmission at the level of the synapse. Dr. Allison Lamond, a 3rd year pediatric resident, along with Dr. David Buckley, Dr. Jennifer O'Dea and Dr. Lesley Turner published a case report describing the variation in presentation of two unrelated patients found to have a rare form of CMS.

Whole exome sequencing showed both patients had the same likely pathogenic variants of gene SLC18A3; a specific mutation that had not to date been described in the literature. Both patients showed feeding issues and failure to thrive with generalized weakness. The second patient also had life-threatening apneic events. While both patients have the same genotype, their presentations, response to treatment, and progress varied. Treatment with pyridostigmine was helpful for both patients, with the second patient's life-threatening apneas stopping once pyridostigmine started.

The case studies also indicated the use of 3,4-diaminopyridine in treatment should be done with caution due to the potential of insufficient acetylcholine release, but it can be considered in children older than two years for symptom improvement. With only five described clinical cases of CMS in the literature, Dr. Lamond and her colleagues added two further clinical cases confirmed through genetic diagnosis.

Their case study was published in BMJ Case Reports and is available at <https://casereports.bmj.com/content/14/1/e237799>.



Saying Goodbye

Our end of year event was held at the Rooms on June 17th, 2021. We said goodbye to Dr's Borodovski, Dinn, Hirtle-Lewis, Lamond, Kwan and Woodrow-Mullett.





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Many awards were handed out, congratulations to all the winners!!

Best Staff Teacher: Dr. Carey
Best Resident: Dr. Hickey
Best Advocate: Dr. Bowes
Best Go-Karter: Dr. Smith
Best Christmas rounds performance:
Dr. Goodyear

Worst Call Karma: Dr. Downton
Best Dad Jokes: Dr. Dancey
Resident Mom: Dr. Barter

Best Resident Teacher: Ryann Kwan

Best Research Proposal: Jen Mooney

Best Research Project: Allison Lamond