

PGME COMMITTEE MEETING MINUTES

	Date: Wednesday, April 14, 2021	Time: 07:00 – 08:00	Location: Virtual
MEETING CALLED BY	L. Champion, Associate Dean, Postgraduate Medical Education		
ATTENDEES	<p>P. Basharat, V. Beletsky, P. Bere, R. Butler, K. Carter, J. Copeland, S. Dave, G. Eastabrook, S. Elsayed, A. Florendo-Cumbermack, A. Grant, S. Gryn, A. Haig, J. Howard, C. Hsia, Y. Iordanous, H. Iyer, L. Jacobs, T. Khan, J. Laba, R. Lalgudi Ganesan, D. Laidley, P. Leong-Sit, E. Lovett, A. Lum, S. Macaluso, K. MacDougall, M. Marlborough, D. Morrison, A. Mullen, C. Newnham, S. Northcott, M. Ott, A. Power, S. Pritchett, M. Qiabi, J. Ross, B. Rotenberg, V. Schulz, M. Sharma, P. Teefy, J. Thain, L. Van Bussel, T. Van Hooren, J. Van Koughnett, J. Vergel de Dios, M. Weir, C. Yamashita</p> <p>Hospital Rep: S. Fahner; PARO Reps: M. Cookson, B. Chuong, P.A. Exec Rep: C. Sikatori, Guests: P. Morris, S. Ibdah, B. Ferreira, J. McComb</p>		
REGRETS	W. Sischek, A. Kashgari, K. Fung, M. Ngo		
NOTE TAKER	Andrea Good, andrea.good@schulich.uwo.ca		
CALL TO ORDER (7:00 AM) & APPROVAL OF AGENDA/MINUTES			
DISCUSSION	Agenda, Minutes – Accepted, no changes or additions		
WELCOME TO NEW PGME STAFF		L. CHAMPION	
DISCUSSION	<p>Welcome to Bela Ferreira as PGME's new Educational Developer. Bela will assist programs the educational work provided by PGME for our residents, including orientation for new PGY1s and the initial Transition to Residency program. Bela can be reached using her Schulich email at bela.ferriera@schulich.uwo.ca</p>		
EDI SPECIALIST - FYI		L. CHAMPION	
DISCUSSION	<p>Melanie Katsivo, PhD, is Schulich's EDI Specialist. We hope in the next couple of meetings we can invite Melanie Katsivo to the PGME Committee to speak to various initiatives.</p>		
LHSC OUR PEOPLE SURVEY		L. CHAMPION	
DISCUSSION	<ul style="list-style-type: none"> ▪ LHSC is doing an Our People Survey that is going out to residents as well. Please complete the survey and encourage residents to complete the survey as well. ▪ It is anonymous and no individual responses are included in the reports. ▪ There is a resident/fellow survey with specific questions related to their group (i.e. hospital resources, culture, communication, etc.) ▪ Previously, there were not enough responses for each area to receive their own report. The goal is to get at least 5 responses so that divisions can receive their own report. ▪ Survey is open from April 6 – April 30. Please circulate the link to residents. 		
WINDSOR UPDATE		L. JACOBS & A. MULLEN	

DISCUSSION	<ul style="list-style-type: none"> On Sunday, Apr. 11, Windsor Regional Hospital changed their electronic management system to E-Volve. The Windsor Education team is providing all learners with support with this transition. This year will have the first Psychiatry postgraduate graduating cohort. L. Jacobs is not aware of any current outbreaks right now in Windsor. The region has been quite flat with respect to new cases.
PARO UPDATE M. COOKSON	
DISCUSSION	<ul style="list-style-type: none"> Rates of burnout in residents is higher than ever. PARO has resources on their website that can be shared. Residents, their families, and medical students have access to the PARO 24-hr helpline. Concerns have been raised about the COVID-19 vaccine second dose, amongst those trainees transitioning out of London and those incoming in July. What will their access be to the second dose? L. Champion spoke to the MLHU. Dr. Alex Summers reached out provincially and there are no exceptions for anyone getting access to the second dose earlier, as per MOH guidelines. However, Dr. Summers has stated that other health units would be able to provide the second dose and that MLHU would provide vaccines to the incoming cohort (both doses and second dose only). M. Cookson stated that there are no issues with this plan, as long as residents would be able to receive their second dose elsewhere. The Royal College has cancelled the oral exam for Internal Medicine Residents. This is for Internal Medicine only – there are no plans for this cancellation amongst other programs at this time. PARO is updating their contract. There is a one percent increase and hopefully clarification on wording around bereavement leave, etc.
CBME UPDATE J. VERGEL DE DIOS	
DISCUSSION	<ul style="list-style-type: none"> RAC-CBME Update: faculty accountability was a focus of the resident feedback survey. The RAC representatives suggested including a CBME-specific feedback box to faculty evaluations in One45. If you could include a question about how EPAs are completed, concerns about those not completing EPAs, etc. on One45, that would be appreciated. RAC-CBME: pre-filling EPAs – residents have identified that there are differences in EPAs amongst the programs. Some EPAs are straightforward (i.e. charts, handovers, etc.) and some are complex. Some residents are filling out all their own EPAs, and this can be an issue depending on the situation. Residents are aware that pre-filling EPAs is not going away, but this will be something further explored. It is being put out to PDs to think about which EPAs are straightforward and the considerations for pre-filling them. A reminder from the Royal College that attestations for eligibility can be given more than a year in advance. CCs must review their list of exam-eligible residents and contact the Royal College if any residents should be removed from that list. L. Champion and J. Vergel de Dios met with the Clinical Chairs Committee on April 9 to discuss faculty accountability and filling out EPAs. They were told about Faculty Assessor reports and Quarterly EPA reports. The clinical chairs will be receiving the Quarterly EPA reports going forward. Elentra training is available, from the basics to understanding reports. Please contact Jenny Krista at elentra.support@schulich.uwo.ca if you are interested. A comprehensive Elentra User Guide has been developed by Jenny Krista. This will be updated as changes are made to Elentra. Also, the PGME tab of the CBME website is getting an overhaul. M. Ott asked if there is an option for new trainees to receive Elentra training or information. J. Vergel de Dios mentioned that orientation modules were made last year for covid-19 virtual orientation and that these modules will be used again this year. The modules are available online but need to be updated. The link will be shared when it has been updated and it is recommended that PDs reference the modules as well.

- FYI – The first Incubator for CBME Innovators is tomorrow, April 15. Please feel free to register and drop in for the whole sessions or just parts of it. There is also a session on May 6 with different speakers.
- Question from committee member – do all new faculty hires receive Elentra training? This is being discussed at the PGME level and will hopefully be provided soon. Right now, the User Guide and website are available to provide orientation.
- FYI from Lois Champion – the Elentra Access Policy and PEAP Policy were approved at ECSC. The PD Selection Policy was presented and approved at the Clinical Chairs Committee and will be going to ECSC for approval.
- New resident training will be available for all PGY1s. Information and self-learning modules will be available through OWL a few weeks in advance of the June 30 formal orientation day. The Elentra User Guide will also be posted through the OWL site. If your program is interested in in-person Elentra training for residents, please contact elentra.support@schulich.uwo.ca. Orientation will be virtual. Match day is late this year so there is a lot to do in a short period of time. PGME will be busy ensuring that the incoming trainees are credentialed before their start days, and residents will be sent information with things to start thinking about, so they are ready to go when they get a match.
- There will not necessarily be an option to honour fit testing from other institutions because they may not be using the same masks.

COVID-19 UPDATE

L. CHAMPION

DISCUSSION

- There are increasing numbers of patients across the province, including ICU patients.
- The GTA is at capacity and is opening adult critical care beds at children's hospitals. They are also transferring patients to LHSC, including the MSICU and CCTC. All transport teams across the province are overwhelmed and at capacity so as of Monday, LHSC is sending out their own transport teams made up of an RN, RT, and MD to pick up patients from Toronto. Transport teams are mostly staffed by ICU consultants and fellows. The operation is 7-days a week, but daytime only.
- There are specific criteria for accepting patients for transport, largely because of oxygenation issues due to limited supplies of oxygen on transport. Another worry is that patient age is lower than previous seen.
- The MSICU, CSRU and CCTU currently have capacity to accept more patients but this will likely change quickly. Planning to add 18 additional beds (8 in MSICU, 10 in CCTU). Unfortunately, these beds will not be in the same area geographically.
- As a result of the additional beds, there are resource limits. RNs and RTs are being redeployed with an additional 10 PSWs to units.
- For physician coverage of both the transport team and the ICU, faculty and critical care senior residents are being redeployed from outreach call and service call (i.e. extended ICU/CCOT doubled up, etc.). However, junior residents will be required to support nights.
- The current plan: the ICU is modelling the current residents on service for blocks 11-12 and will provide a trigger that requires additional nighttime support. We need to discuss how to provide these services. We do not expect to sort everything out at this meeting.
- There is limited desire to redeploy medicine residents for three reasons: 1) They have already been significantly redeployed; 2) Medicine teams have been adding extra teams during the outbreaks; 3) if the ICU is busier with COVID-19 patients then the medicine teams will likely be busier too. The medicine teams have borne the brunt of this up to this point. There is also the ability to open additional in-patient beds, including a field hospital.
- The recommendation is to not use medicine residents, which means that the redeployment will likely include surgery and anesthesia residents (with ORs being decreased) and emergency medicine residents. L. Champion has opened this up to comments/questions from the group.
- H. Iyer – agrees that medicine residents may not be the best option as the Dept. of Medicine (DOM) has established protocols that may soon be activated which will require PGY4 and 5 from subspecialties to pitch in, so they will be stretched.

- L. Champion – while FM has residents who rotate through the MSICU, it is preferred not to redeploy this group as they may need to support medicine teams and their 2-year subspecialty has little room to manipulate training experiences.
- M. Ott – agree with all points but wondering about redundancy. Surgical programs have small numbers of residents so it may take an entire cohort out of rotation which is very disruptive. Other programs may have a larger capacity for redundancy. L. Champion stated that they redeployment would be across many residency programs (all surgical subspecialties, as well as anesthesia and EM) so this will not likely be an issue. There is little redundancy left in medicine. “Surgery” involves Department of Surgery (vascular, ortho, etc.).
- A. Power - Does this include ENT and Obstetrics and Gynecology as well? L. Champion – it would include ENT but not ObsGyn because their work is still moving ahead, and they have limited ICU training.
- The current model would be to have redeployment in shifts rather than for entire rotations or blocks.
- E. Lovett – Obstetrical residents also have very little redundancy and COVID-19 has provided a significant bump in pregnancies (and high-risk pregnancies). This program would have difficulty maintaining safety if their residents were redeployed.
- Reminder that we have redeployment principles posted on our PGME policies website. They will be recirculated.
- There are still no issues with moving residents to different services unless there is an outbreak.
- L. Champion would like to know if this plan is best established by Program Directors or Clinical Chairs? Committee members agreed that PDs would be better suited to plan for redeployment because they are more aware of call schedule issues at the ground level.
- L. Champion will get information from the ICU and follow-up with PDs, but recommends that surgery, anesthesia, and emergency medicine be prepared.
- M. Ott – Agreed that surgical residents would be able to function at a high level in the ICU but surgical call schedules are tight. If surgical residents are redeployed, the problem is being moved from one program to another. Is it possible to pull residents doing surgical rotations in the community to come back on site? L. Champion – that is the plan from the redeployment principles. However, that will only fill a few places. The best option is likely to pull from anesthesia and emergency medicine.
- L. Champion will send a newsletter to residents with an COVID-19 update, which raises the possibility of redeployment. It will also include information on vaccines.
- L. Champion would like to thank PDs for their patience and understanding during this time.

INTERNAL REVIEW AND APOR REVIEW UPDATES

A. GOOD

DISCUSSION

- Internal review programs will have received reminder emails last month, including all pertinent documentation (i.e. schedule templates, CanAMS reminders, etc.) and deadlines for submission to PGME.
- All programs that received the status of external review or notice of intent to withdraw are being reviewed this coming fall to prepare for the external reviews taking place in November 2022.
- All internal reviews going forward will be using the CanAMS system so we encourage all programs to remain familiar with that system and keep everything updated.
- All reviews are virtual. Information about virtual review logistics have been sent to Program Administrators.
- Thank you to all faculty who have signed up to participate as internal review chairs or faculty representatives: M. Ott, T. Van Hooren, H. Iyer, S. Dave, A. Florendo-Cumbermack, K. MacDougall, J. Van Koughnett, S. Kane, J. Wickett, K. Qumosani, J. Johnson, D. Fortin, M. Ngo, N. Huda, V. Beletsky.
- A reminder for all programs that received the status of action plan outcomes report (APOR) – a progress update must be sent to PGME in either May or June of this year. Emails were circulated last fall and this winter which include APOR progress update

templates and timelines. All progress updates will be reviewed by the internal review subcommittee, with feedback sent to programs to assist them in preparing for November 2022.

ITEMS TABLED FOR NEXT REGULAR MEETING OR NEWSLETTER

L. CHAMPION

DISCUSSION

- Royal College Policy on Appointment of Program Directors
- PEAP vs. AVP Comparison Chart
- Medical Trainee Data (MTD)

ADJOURNMENT (8:02) AND NEXT MEETING

DATE AND TIME

Next Meeting: Wednesday, April 28, 2021, 0700 – 0800, Virtual (Ad hoc meeting)