

	PGME COMMITTEE ME		
	<b>Date:</b> Wednesday, Jan 11, 2023	<b>Time:</b> 07:00 – 08:00	<b>Location:</b> Virtual
MEETING CALLED BY	L. Champion, Associate Dean, Postgraduate Medical Education		
ATTENDEES	P. Basharat, M. Bhaduri, M. Bhimani, A. Cheng, M. Chin, J. Copeland, G. Eastabrook, S. Elsayed, A. Florendo-Cumbermack, A. Good, S. Gryn, C. Hsia, Y. Iordanous, H. Iyer, A. Kashgari, D. Laidley, J. Laba, L. Leite, Y. Leong, A. Lum, S. Macaluso, J. Manlucu, M. Marlborough, B. McCauley, D. Morrison, M. Ngo, S. Northcott, K. Qumosani, J. Ross, B. Rotenberg, P. Stewart, L. Van Bussel, J. Walsh, P. Wang, M. Weir, C. Yamashita, Q. Zhang Hospital Rep: R. Caraman, S. Taylor, PARO Reps: R. Barnfield, V. Turnbull, R. Woodhouse, Guests: S. Dave, P. Morris		
REGRETS			
NOTE TAKER	Sara Jamieson		
DISCUSSION	<ul> <li>Approval of minutes by L. Champion</li> </ul>		
2. ANNOUN	<ul> <li>PGME Manager ole filled by Andr to work with Andrea and now we a</li> <li>L. Champion received written wor allocations have been approved a second iteration. L. Champion will of the allocations.</li> </ul>	are looking for a new d from the Ministry of ind there was an app	Accreditation manager. Heath that our PGY1 roval of the blending of
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## 2.3 CMPA PATIENT SAFETY PRIMER

- L. Champion will include the links in the newsletter. CMPA Safety Primer provides medical legal essentials for residents.
- Learning Objectives:
   -Recognize the value of trust in the doctor-patient relationship
  - -Describe the importance of documentation
  - -Identify the elements of informed consent



	<ul> <li>-Describe strategies to encourage speaking up within your team</li> <li>-Describe the elements of disclosing a safety incident to a patient</li> <li>Registration available for 2023 with 10 dates for English Webinars. They are free so lots of residents should be interested in attending. Links and extra information will be available in the newsletter.</li> </ul>
3. UPDATE	ES
DISCUSSION	<ul> <li>3.1 COMMUNICATION ORDERS LHSC (Speaker name: L. Coutts)</li> <li>L. Coutts' position: Nursing Professional Practice Consultant for OneChart, LHSC</li> <li>According to Cerner; communication orders are being used inappropriately in very high numbers across LHSC which has resulted in patient safety incidents and hindered workflows. Misuse examples include: Orderable sentences that already exist in the catalogue, modifications to existing orders, physician progress/ consultation notes. Patient safety incident examples: Missing discontinuations of IV orders and discontinuations or updates to antibiotic treatment orders.</li> <li>Communication Orders should never be used to add, modify or update medication orders or diagnostic/ laboratory orders and for documentation or communication between providers. A Communication corder should only be added when there is no existing patient care order in the order catalogue and should never replace the need for verbal communication. Communication orders do not route to ancillary departments and do not create an actionable task.</li> <li>Working group formed to discuss Communication order practices and discover root cause of these issues. A new nursing procedure was implemented called "Nursing Management and Discontinuation of Orders" which directs nurses on how to respond to receiving inappropriate communication orders. Looking for a physician champion to engage with.</li> <li>Recommendations/Reminders:</li> <li>-Ensure searching of order catalogue is done prior to utilizing Communication order</li> <li>-Consider other options: documenting in a progress or consult note or verbal communication interact Clinical Informatics Team to request roder sentence creation</li> <li>For those working at LHSC: Please share this information with your residents.</li> <li>V. Tumbull resident feedback: V. Tumbul wid discontinue a medication but there is no way to suggest order that so they have to enter it as a communication order. Her suggestion was adding away to discontinue a medicat</li></ul>

	<ul> <li>3.3 CaRMS REMINDERS (Speaker: L. Champion)</li> <li>Equity Diversity Inclusion Questionnaire is an opportunity for students to self-identify. There is an option for University/Programs that have attended the CaRMS information session and will be incorporating into the selection process. There are no Western programs for the 2023 Match.</li> <li>The PGME Equity Diversity Inclusion Guidelines for Trainee Selection-approved and posted on website with PGME Resident Selection Policy.</li> <li>CaRMS Match Violation Policy: The link to this is on our policy website and the CaRMS website. Do not discuss or reference Rank Order Lists with applicants as these are confidential. Please make sure the application information is kept confidential including interview information, etc. Try to be cautious of conflict of interest. Don't request any information that is not in CaRMS such as formulative evaluations, additional Letters of Reference, etc.</li> <li>File review: Students must not have had "away" electives. There is no requirement for "Western" reference letter or for a program specific reference letter.</li> <li>Timelines: <ul> <li>January 10<sup>th</sup>: File review</li> <li>January 27<sup>th</sup>: Interview offer status updates entered into CaRMS. These must be completed by end of day January 27<sup>th</sup>. Do not reach out to applicants re: interviews until inputted into CaRMS</li> <li>CaRMS Rank Order Lists:</li> <li>ROL availability: February 13<sup>th</sup> Applicant ROL: March 9<sup>th</sup></li> <li>Pre-match Day - PGME and LE: March 21<sup>st</sup></li> <li>March 22: access for unmatched applicants</li> <li>March 23: programs and PGME</li> <li>Appli 2<sup>st</sup>: reference letters submitted April 3<sup>st</sup>: file review</li> <li>April 2<sup>st</sup>: reference letters submitted April 3<sup>st</sup>: file review</li> <li>Applicant ROL: March 9<sup>th</sup></li> <li>Pre-match Day - PGME and LE: March 21<sup>st</sup></li> <li>March 22: program salection available to applicants and CaRMS online available for programs and PGME</li> <li>April 2<sup>st</sup>: reference letters submitted April 3<sup>st</sup>: file review</li></ul></li></ul>
4. NEW BU	JSINESS M. BHIMANI
	<ul> <li>4.1 FAIRNESS IN CaRMS PROJECT         <ul> <li>A small group has been working on CaRMS fairness within our program for the</li> </ul> </li> </ul>
DISCUSSION	last five years and have been gradually been implementing the results of our work. This has led to a more diverse group of residents with qualities our program desires.
	<ul> <li>Went through a discussion of definition, discussion and discovery to identify biases using the 3D Approach.</li> <li>Notable biases include: gender, communication, geographical, exposure, language, cultural and social biases.</li> </ul>

	-based selection process was developed. This process focuses more on g qualities more than experiences.		
	estion to ask is what qualities do we want in our residents?		
	•		
	Jalities:		
	l thinking		
	I decision making		
	te ambiguity		
	nunication		
-Empat	hy		
-Resilie	ence		
-Integri	ty		
-Collab	oration		
-Respe	ct		
<ul> <li>Merit B</li> </ul>	ased Selection Implementations:		
-2019:	Bias Free Interview with cased based questions, MMI's and observed		
scenar			
-2020:	Added Anonymous File Review		
	2022: Added anonymous applications with standardized questions and al reviewers for LOR's		
<ul> <li>A merit</li> </ul>	orious based CaRMS process is available over several years and can		
	lemented into each program by asking questions, identifying biases,		
	the workshops and implementing some changes.		
literating			
ADJOURNMENT (8:00 AM) AND NEXT MEETING			
Next Meeting: V	Vednesdav. Feb 8. 2023 @ 7:00 – 8:00 a.m., virtual		