



POSTGRADUATE MEDICAL EDUCATION WEEKLY UPDATE January 29th, 2021

1. Resident Rotation Change – Tuesday February 9th (Block 9)

- The next rotation is Block 9 on Feb. 9th. If a resident is not working on a outbreak unit at the time of rotation change they may rotate to their next block as scheduled. If they are working on a outbreak unit they will be required to self-isolate for 14 days OR until the outbreak is declared over, whichever is shorter.
- There is only one outbreak at LHSC/St. Joseph's currently – Adult ER at UH declared January 15th which involves staff and no patients at this time. Hopefully it will be resolved by the rotation change date.
- There may be new outbreaks identified at any time, so I will keep you updated closer to rotation change about the impacts.

2. CaRMS Update



- CaRMS Update for Programs and Program Directors:

January 28th, 2021

CaRMS has been working closely with the AFMC, CFMS, FMEQ and other stakeholder representative organizations throughout the 2021 R-1 Main Residency Match. The pandemic has disrupted many processes throughout the year, and we appreciate your patience and adaptability as we continue to navigate this match year.

The following clarifies the implementation of the recommendations made by the Application and File Review Subcommittee of the AFMC Resident Match Committee for the 2021 R-1 Match process, as well as other issues that have arisen since the development of the document. We ask you to review the following text, as the expectations for some of the recommendations have evolved. The full set of recommendations can be found here: http://afmc.ca/sites/default/files/pdf/armc-subcommittee-application-file-review_en.pdf

Reference letters

Recommendations:

- *A Letter of Reference from the institution to where the applicant is applying must not be a criterion for file review and ultimately, for file ranking.*
- *There will be no requirement for a Letter of Reference from the discipline to which the applicant is applying.*
- *Each program may request a maximum of three (3) Letters of Reference from an applicant.*

These recommendations have been implemented, acknowledging there may be a few outlier program descriptions yet to be updated.

Personal letters

Applicants should proceed with the instructions as currently provided on the program descriptions. This recommendation was presented as an opportunity to provide clarity to applicants. Revising criteria at this time may be disruptive to those applicants who have already proceeded in drafting their letters. If a program has not provided guidance on desired content or maximum length, applicants are to submit a personal letter using their own critical lens to determine how to best present themselves to the program.

ITERS

The opportunity for programs to request an ITER as part of an application package has been removed from program descriptions, and applicants are not required to submit them.

Medical school transcripts and MSPRs

Programs **cannot** request medical school transcripts or MSPRs be notarized or certified (irrespective of the program description). In addition, applicants **may** submit an “unofficial” version of an MSPR or medical school transcript. This is due to the policy change allowing CMG applicants to upload their own versions of these documents.

Applicants must understand that revising or altering an MSPR or Medical School transcript (including removing results from prior university training at the school) is a Match Violation and would disqualify an applicant from their Match result.

Provincial proof of language proficiency requirements

It is understood that solutions have been found for the proof of language proficiency requirements that have been disrupted. Before PGME offices update the program descriptions, we request that the solutions are tested for viability. It has been brought to our attention that some schools have indicated the IELTS Indicator is an acceptable alternative to the IELTS Academic, however this exam is not available in Canada.

Please use the **Master Program Description** functionality found within CaRMS Online to update the relevant CMG and IMG program descriptions as soon as possible.

Learners will be encouraged to check the language testing requirements listed in the CaRMS program descriptions. If students are unable to meet any language testing requirements listed due to lack of availability of testing, they are encouraged to contact their Student Affairs Dean and/or UGME Dean who may reach out to your offices.

As noted earlier, we appreciate your patience and adaptability as we navigate through these unprecedented times.

CaRMS Update Learner News week of January 25th (basically the same information has been provided to learners on the CaRMS website.)

<https://afmc.ca/en/news-publications/learner-news>

3. Cohorting within LHSC/St. Joseph's – Notice January 29th to staff/faculty

- An update on cohorting is being sent out which you will receive, it says in part:
- "COVID-19 cases continue to be high and the virus is still spreading in our community. As such, cohorting and communities will continue with no change until at least March 31. Any future changes to cohorting and communities will continue to be re-evaluated, as appropriate." This means restricting clinical work to a site/unit as much as possible. For consults, or cross-city or unit coverage it means limiting the number of individuals involved as much as possible.

4. Vaccination Update

- As you know supply is very limited currently, and LongTermCare staff, residents, and essential workers are prioritized.
- Approximately 250 of our 1000 residents/fellows have received their first dose, the second dose has been delayed for 21 – 42 days.
- Residents and fellows are prioritized in the vaccination scheduling once doses become available.
- A reminder: As vaccinations begin to be received by staff and physicians, it is important to note while it has been proven to provide protection against symptomatic COVID-19 infection, the effectiveness in preventing the spread of the virus to other people is still to be determined. Given this fact and that wide spread vaccine rollout will take up to a year, everyone – vaccinated or not – must continue to mask, practice physical distancing and maintain hand hygiene.
- Residents have been updated and will receive another update next week.

5. AEMS and WORS reminders for faculty, residents and fellows, staff.

A reminder to complete AEMS reports, and encourage learners to use this for capturing any issues affecting staff/patient safety including 'near misses.' Hospital notice from LHSC appended.

6. Examination Update:

- Royal College: There have been some changes to Royal College examination dates and/or format this year. Information has been forwarded to any programs affected.
- MCC II examination dates have not been provided at this time. CPSO is considering providing an exemption to the MCC II requirement for our residents who have successfully completed their CFPC or Royal College training, so that they are able to have an independent license to practice. Ontario PGME Deans have sent a letter to CPSO advocating for the exemption. Decision likely March.

7. Schulich Update:

- i. Strategic Planning for Schulich underway. Residents will be asked to participate in focus groups as part of the process.
- ii. Anti-Racism Report:
https://www.schulich.uwo.ca/docs/about/AntiRacismReport2021_FINAL.pdf

LSHC Communication re: AEMS Utilization

AEMS is a tool that assists the organization in understanding where gaps and risks exist in the systems and processes we use to provide care to our patients. AEMS capture adverse events and near misses related to patients, employees, property (hospital and patient), affiliates, and visitors. It is an important quality improvement tool at LHSC, particularly as we navigate this unprecedented pandemic

It has been brought to our attention that there are occasions where employees or leaders are not completing AEMS reports, for a variety of reasons. As a reminder, it is the expectation of all staff under our Internal Responsibility System (IRS) to do so. Further, as an academic health sciences centre that embraces “curiosity” and “accountability” as two of its key values, this data is critical to improve our processes and our patient care. We must always ask ourselves “how can we do this differently and better?” AEMS reports are an important part of this quality improvement journey and are a shared accountability for staff, physicians and leaders.

Beyond the legal requirements on workers and leaders to report physical hazards, poor conduct, or other safety issues, it is imperative that we as leaders continue to build a safe space for reporting. Over 85% of our leaders have been trained in Just Culture. Using those principles, ensure your staff understand that completing AEMS reports contribute to quality improvement. They assist us in improving culture. We do not discipline our people for simple mistakes, or gaps in knowledge. Our goal is to continue to build a culture of learning.

While we appreciate that all of our staff, physicians and learners are incredibly busy, everyone in the workplace has a role to play in keeping LHSC safe and healthy.

We thank you for your shared and demonstrated commitment to health and safety. Please ensure you continue to encourage your staff and colleagues to comply with this important request.