

PGME COMMITTEE MEETING MINUTES

	Date: Wednesday, May 12, 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, K. Carter, A. Cave, A. Cheng, M. Clemente, S. Dave, G. Eastabrook, S. Elsayed, A. Florendo-Cumbermack, K. Fung, S. Gryn, A. Haig, Y. Iordanous, H. Iyer, A. Kashgari, T. Khan, J. Laba, D. Laidley, P. Leong-Sit, E. Lovett, A. Lum, S. Macaluso, M. Marlborough, D. Morrison, A. Mullen, ML. Myers, C. Newnham, M. Ngo, S. Northcott, M. Ott, A. Power, S. Pritchett, M. Qiabi, K. Qumosani, M. Rajarathinam, M. Rieder, B. Rotenberg, H. Salim, V. Schulz, M. Sharma, J. Thain, G. Tithecott, L. Van Bussel, J. Vergel de Dios, P. Wang, C. Yamashita, J. Yoo</p> <p>Hospital Rep: S. Fahner; PARO Reps: M. Cookson, P.A. Exec Rep: C. Sikatori, Guests: P. Morris, S. Ibdah, B. Ferreira, G. Castelo</p>		
REGRETS	W. Sischek		
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

ACCOUNCEMENTS

L. CHAMPION

DISCUSSION

- **2022 Virtual Simulated Office Oral (SOO) CFPC:**
 - Component of CFPC certification, in addition to written examination (Short Answer Management Problem (SAMP)).
 - Has not been offered last year or this year and the requirement was waived for all trainees, except those who had a prior unsuccessful exam.
 - Beginning April 2022, the SOO will be delivered virtually, vendor/platform to be announced.
 - Also, FYI - The MCC Part II exam is beginning next week with the first date May 18, ending in June (20 dates total), and they are hoping to review approximately 2000 candidates.
- **PD Status Report:**
 - Information as been sent out to all PDs and PAs. A status report provides information for all trainees joining program on July 1 (i.e. CPSO license, CMPA coverage, Medical Affairs requirements, etc). Please review the report to determine the status of each trainee for onboarding.
 - A trainee cannot begin clinical training until everything is complete and verified by the PGME Office.
 - Incoming trainees have been sent the AFMC information, as well as PGME Office messages and information.
 - An OWL website and orientation information will be available mid-June for trainees to begin completion of hospital modules, welcome information, CBD information, etc.
 - PGME is hoping all trainees will be ready to go by July 1, but the CaRMS match occurring so late this year creates a tight timeline for licensing.

- Question from Committee: who completes mandatory reporting to the CPSO? Response from L. Champion – it depends on the issue. It could be the individual, the Associate Dean, PGME, etc.
- **Visiting Elective Cap:**
 - There is an elective cap for visiting resident electives at LHSC only. This has been set by Medical Affairs.
 - **We are currently at capacity for blocks 12, 13, and 1, 2, and 3.**
 - Medical Affairs will reassess the restrictions in mid-September.
 - E. Lovett: How were the 10 elective trainees chosen? L. Champion: First come, first served. At the time that Medical Affairs made the decision, we were already at capacity. We are hoping there will be more capacity in September when this is being reassessed.

WINDSOR UPDATE

A. MULLEN

DISCUSSION

- Windsor is getting ready for the second iteration CaRMS match for PGY1s. There is one spot left to fill.
- Fulsome orientation being prepared, to be administered on June 30.
- Status quo for COVID-19 in hospitals. There appear to be some improvement in Windsor, but the wards are still busy with patients from the Toronto region.
- M. Ott: Many faculty in surgery in Windsor do not seem to have access/understanding of Elentra for assessment. Is there onboarding for Windsor faculty for Elentra? L. Champion: This can be taken offline with A. Mullen, L. Jacobs, and L. Champion to see if there is something that can be offered. A. Mullen will follow up.

COVID-19 UPDATE

L. CHAMPION

DISCUSSION

- Vaccination information for incoming residents and fellows has been provided. It is anticipated that most incoming trainees will have had at least one dose, and they will be able to book their second through the MLHU.
- Incoming residents or fellows from out of country are required to self-isolate regardless of vaccination status. This is the current MLHU guidance. This will be reassessed toward the end of the month or earlier as rules change.
- There is opportunity to decrease the delay between the first and second vaccination dose; however, this is restricted currently to high-risk workers (as per MOH guidelines). This information was circulated in yesterday's PGME newsletter.
- G. Eastabrook: Residents should be encouraged to report their vaccination status to LHSC or SJHC so it can be tracked through Medical Affairs.
- Additional remuneration is available for residents for additional work requirements above usual program/training (\$50/hr). This does not have to be COVID-19 specific and may exceed PARO work hour requirements (although we should not be encouraging it – it is allowed). This is available up to July 31 and may be extended as many COVID-19 patients are long-stay or have persisting complex issues.
- Numbers for covid-19 are decreasing in Ontario as a whole and in the region but there are still admissions every day and it is unclear whether we are really down-trending or approaching a new plateau. However, the impact of this will be with us for a number of years (i.e. surgical backlog).
- M. Ott: Each time a trainee wants to work in a separate area, do they need a new restricted registration license? L. Champion: yes, they need to identify a new supervisor. They can either revise their supervisor or do the \$50/hr available funding.
- With the current systems in place, there is adequate coverage through the ICU and medicine floors.

WELLNESS SESSIONS FOR INCOMING PGY1S

M. MARLBOROUGH

DISCUSSION

- M. Marlborough has reached out to many PDs who have expressed interest in arranging resident wellness-related sessions/talks for incoming PGY1 residents during orientation.

- These can also be offered any time outside of orientation, and for groups outside of PGY1.
- Includes interactive components, discussion, and these sessions are non-evaluative.
- Potential topics (non-exhaustive): transition to residency; team dynamics/human factors in medicine; managing stress and building resilience; dealing with adverse events; peak performance and mental readiness; self-care plans; vicarious trauma in medicine; intimidation and harassment; imposter syndrome; being a resident during the COVID-19 pandemic; becoming a reflective practitioner; fatigue management; receiving feedback; psychological safety in the learning environment; conflict management; civility in medicine, etc. (may be other areas for your resident group that are useful. If M. Marlborough is not confident speaking on those topics, she can speak to others in her office or find other resources).
- G. Eastabrook: Are these sessions available to clinical fellows or PGY6/7s? M. Marlborough: Yes, it is available for any postgraduate learners (fellows included).
- To arrange, contact: michelle.marlbrough@sjhc.london.on.ca

HIDDEN CURRICULUM

R. MACKIN / L. CHAMPION

DISCUSSION

- A video provided by Dr. R. Mackin was presented which describes the hidden curriculum. A link to the video is available [here](#).
- The hidden curriculum is important because it is an issue in the learning environment, and a requirement for CanERA accreditation standards. The hidden curriculum is what happens outside of the formal curriculum (i.e. behaviours that are inadvertently modelled, etc.)
- R. Mackin and K. Trudgeon have created materials and a workshop that facilitators can use to discuss hidden curriculum's role in the learning environment, and more. The hidden curriculum workshop was piloted with the neurosurgery program with great success.
- Workshop materials: [online module](#) (pre-workshop learning module); agenda (1.5-hr timeline but can be modified to 1-hour); facilitator guide; and, supplemental PowerPoint with speaker notes.
- Reserve a 60-90 min teaching slot and notify PGME, recruit faculty within your department to facilitate small group discussions (optimal group size approx. 6-7 trainees). Faculty often benefit as much as trainees from being involved in this exercise.
- Reach out to PGME if you need support facilitating the session. Additional questions can be directed to robin.mackin@lhsc.on.ca.

ROTATION EVALUATION TEMPLATE

A. GOOD

DISCUSSION

- As you are aware, PGME is creating a suite of templates to assist programs in building processes that align with accreditation standards. A rotation evaluation template has been developed to assist programs with Standard 9. As part of Standard 9, the RPC is responsible for evaluating and continuously improving their learning sites, academic program, etc.
- The template can be adapted to suit the needs of the program. It is meant to act as a prompt for programs to consider various data sources in their evaluation, ask fulsome questions, and track action items for improvement.
- The document can be prepared as a report pre-RPC meeting, or used at a program evaluation subcommittee, etc.
- The template has been posted to our [PA resources](#) website and will be emailed to all PDs and PAs later today.
- H. Iyer: We have forms on One45 where residents evaluate a rotation. Will this document replace those evaluations? Could this be uploaded into Elentra so there is one common source for evaluations? A. Good: The resident evaluations are sources of data that will feed into the rotation evaluation, so this will not replace those items. To evaluate a rotation, a program will consider many data sources (i.e. resident/teacher feedback, resource review, review of objectives/competencies, etc.) so this template allows all commentary about that rotation evaluation to be documented in one place. P. Morris: Resident evaluations and teacher evaluations will be added to Elentra in the future.

MEDICAL TRAINEE DATA**L. CHAMPION****DISCUSSION**

- Data required by MOH to capture the number of medical students, residents, and fellows in clinical work/training at hospitals.
- Data is submitted quarterly to the Ontario Physician Human Resources Data Centre (OPHRDS).
- The data is collected and then provides additional funding (as one piece of the MOH funding pie). This is in recognition that training learners in a hospital costs additional money in terms of time and resource requirements (i.e. call rooms, PPE, study centres, computers, etc.). Fixed bundle, so if we get less of the “pie” then other universities get more of the “pie”. A. Lum: Does not think that it impacts AMOSO funding.
- We care because: (1) data is submitted to universities by rotation and program administrators, and (2) time consuming, but money is involved so it is worth the effort.
- If there are infrastructure upgrades required for trainees, ask the Department Chair. If they are hospital related (i.e. computer access, call room availability, etc.) then the request needs to go to the hospital.

NATIONAL TRANSFERS**L. CHAMPION****DISCUSSION**

- A reminder that PGME has a [Transfer Policy](#) and [2019 National Transfer Guidelines](#) available on our website.
- After this year’s CaRMS match, there were quite a few requests through Learner Experience for transfers.
- A reminder that transfers are not possible in the first and last six months of a program. To request a transfer for PGY1s, contact PGME and submit a request by January 31. Transfers require capacity for a program to accept an additional resident, as well as a selection process.
- Funding is a barrier to transfers, both within Schulich and between universities (i.e. funding does not go with a resident who is transferring between schools, even within province). Transfers going both ways seem to facilitate the process.
- S. Northcott: There have been students contact us in past years about their disappointment with the match. However, this year was different because there are more requests, and there are some students who misunderstood how CaRMS/funding works (i.e. they applied to a five-year training program in the hopes they could take the funding and transfer to another five-year program). It would be helpful to have this information presented to students to correct the misinformation.
- L. Champion would be happy to speak to students, along with T. Coletti and C. Newnham from PGME. They could speak to how transfers work, but also the fact that CaRMS is a binding contract. Transfers are only successful approximately 10% of the time; therefore, not a good backup plan.
- S. Northcott: Virtual Career Night was a great opportunity for Program Directors to share what they were looking for regarding file reviews, interviews, etc.
- M. Ott: Last year, there was a cap regarding how many electives students could do in an area of interest (artificial gating). Some programs do not have capacity to take electives, but some do and were limited in how many students they could accept. Will this be the case this year? L. Champion: There are a few issues here. One is capacity and another is an AFMC capacity on certain electives so that students will get a mix of learning experiences. G. Tithecott: UME is developing a process on this that will be released later. A national rule (policy) set out by the AFMC must be followed, but in terms of the upcoming year, UME will be sensitive to student needs as much as capacity will allow. This will include students between campuses, where possible. G. Tithecott can be emailed with any questions.

ADJOURNMENT (8:00) AND NEXT MEETING**Next Meeting: Wednesday, June 9, 2021, 7:00 – 8:00 a.m., Virtual**