

PGME COMMITTEE MEETING MINUTES

	Date: Wednesday, January 13, 2021	Time: 07:00 – 08:00	Location: Teleconference
MEETING CALLED BY	L. Champion, Associate Dean, Postgraduate Medical Education		
ATTENDEES	<p>P. Basharat, V. Beletsky, R. Butler, K. Carter, J. Copeland, S. Dave, G. Eastabrook, S. Elsayad, A. Florendo-Cumbermack, R. Ganesan, A. Haig, J. Howard, N. Huda, A. Huitema, Y. Iordanous, H. Iyer, L. Jacobs, T. Joy, T. Khan, S. Lam, D. Laidley, P. Leong-Sit, E. Lovett, A. Lum, S. Macaluso, K. MacDougall, M. Marlborough, D. Morrison, A. Mullen, M.L. Myers, C. Newnham, M. Ngo, S. Northcott, M. Ott, K. Potvin, A. Power, S. Pritchett, M. Qiabi, K. Qumosani, M. Rajarathinam, B. Rotenberg, M. Sharma, P. Teefy, J. Thain, G. Tithecott, T. Van Hooren, 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, K. Trudgeon, S. Jones</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

ANNOUNCEMENTS

WELCOME TO NEW PROGRAM DIRECTORS

L. CHAMPION

- DISCUSSION**
- Welcome to Julie Copeland (Program Director) and Daniel Grushka (Associate Program Director) for the Family Medicine central program. We also welcome Kyle Carter as Program Director for the Family Medicine Enhanced Skills program.
 - Welcome to Dr. M. Rajarathinam as Program Director for Pain Medicine. M. Rajarathinam is a part of the Department of Anesthesia and is taking over this new role from G. Bellingham.
 - PGME is available to support these new Program Directors.

UPDATES

PARO UPDATE

M. COOKSON

- DISCUSSION**
- Resident Awareness Week is taking place from February 8-12, and the Western PARO team will be developing a plan to support resident wellness throughout that week.
 - PARO is hosting a second talk at the end of January on financial independence.
 - PARO has been contacted by PGME Offices about the delayed CaRMS match dates this year, which will delay incoming PGY1 schedules. The PARO Optimal Working Conditions team is developing a prospectus to identify important factors for consideration within PGME Offices, and to provide guidance on how to mitigate the impacts of the potential

delay on incoming residents. This has been shared with PGME Offices and has been posted on PARO's COVID-19 webpage.

- L. Champion noted that the delays will mean the second iteration match day is not until May which may create challenges in obtaining CPSO registration. However, we may be able to initiate registration as we did last year, so we do not believe there will be a delay. PGME is aware of the deadlines and working toward them.

PGME EDUCATION UPDATE

K. TRUDGEON

DISCUSSION

- The CMPA Virtual Workshop on Medical Legal Essentials, for PGY1 Family Medicine and PGY2 Specialty program residents, is being held virtually in May.
- Many dates are available. The CMPA may need to be contacted if your program would like to book it as an academic half day. It could also be made a requirement for your program's residents to join one of the dates already available.
- Sessions are 3 ½ hours, interactive, and require one hour of advance prep work. The curriculum is based on CMPA medical-legal risk data as well as CanMEDS 2015 and CanMEDS FM competencies. Essential topics are covered, from informed consent, to documentation, disclosure of patient safety incidents, etc.
- It includes a teamwork component, and there is an opportunity for a Q&A period with CMPA lawyers and CMPA physicians.
- K. Trudgeon will send another reminder email to PDs and PAs. L. Champion strongly encourages your residents to attend. It is a great way to cover CanMEDS competencies without drawing from your own program's resources.
- This is K. Trudgeon's last PGME meeting. L. Champion wants to thank K. Trudgeon for her commitment, leadership, and organizational skills throughout her time with PGME, especially during this recent challenging time. K. Trudgeon has developed and hosted the T2R series virtually with great success, as well as developed resources for virtual interviews, and virtual orientation. She has been on contract with PGME and is transitioning to a permanent role in Undergraduate Medical Education.

NEW BUSINESS

CARMS PGY1 MATCH

L. CHAMPION

DISCUSSION

- There are some differences between the CaRMS PGY1 match this year compared to previous years. There have been training disruptions, limited to no electives due to compressed training times and COVID-19 restrictions, and limited or no opportunities for specialty-specific letters of reference. PDs cannot expect nor require students to have done electives in their desired specialty, nor have letters of reference in that area.
- New Rules:
 - All interviews will be virtual (including London and Windsor students)
 - Maximum of three letters of reference provided
 - Students are not allowed to provide information on electives or clinical experiences not approved by the UGE institution in their CaRMS application.
 - No video introductions (i.e. a video CV cannot be requested).
- New timelines for 2021 (2022 will look similar):
 - February 8: File Review opens (including letters of reference, due Feb. 7)
 - March 8 – 28: National Interview Period (one week is spanning a reading week at each university)
 - April 1: Program Rank Order List due
 - April 8: Applicant and PGME Rank Order List to be submitted
 - April 20: Match Day (students have not had the same exposure to electives as in the past so there may be gaps in knowledge, procedural skills, etc. that should be considered).
 - May 20: Second Iteration Match Day
- Discrimination legal consideration: Any candidate who discloses that they have had an undiagnosed disability which has impacted their ability to perform, and they were not

provided accommodations, please inform PGME. PGME will work with programs and legal to assist with the response, application file review, etc.

- Context: in December 2019, an applicant to the University of Waterloo was denied entrance based on low grades from another institution several years prior. The applicant explained that their low marks were due to a previously undiagnosed and unaccommodated disability and provided reference letters and supplementary information in their application. Waterloo accepted the application and convened an Admissions Committee; however, they ultimately rejected the application based on grades and did not evaluate the supplementary materials nor engage with the applicant regarding accommodation. This case went to the Ontario Court of Appeals and a case of discrimination was established. Note: The Court did not say that Waterloo should have accepted the candidate; rather, that they should have properly considered the supplementary materials.
- Do not ask candidates whether they have an undiagnosed disability; however, follow up with PGME if a candidate discloses this information to you.
- Please follow the Schulich [PGME Resident Selection Policy](#) that was approved by this Committee and the ECSC in the fall of 2020.
- The new CaRMS Match Violation Policy is in effect. Please be aware of this policy and be vigilant in ensuring that your process is consistent with good practice (i.e. fair and equitable).
- There is a Virtual Interview Handbook from AFMC posted on our [website](#).
- If you are declining students for interviews, it is recommended that a nice letter be written to those students.
- Pay attention to deadlines, confidentiality/privacy, and conflict of interest. There was a conflict of interest complaint last year that needed to be addressed so these must be considered.
- Regarding discrimination, is it reasonable for procedural-based specialties to include phrasing in their selection criteria that the candidate must have demonstrated bimanual dexterity? Do not include that phrasing. Trainees may not have had opportunities in a program's exact area, but programs can look at whether the candidate has demonstrated interest/acumen in other ways (i.e. maybe other surgical areas, etc.)
- Can the program have candidates complete a simulation that they can use to demonstrate bimanual dexterity? This would need to be determined ahead of time so all candidates can be notified. It must be something that can be done using household items that all candidates would have access to at no cost to them, which could be difficult.
- As in previous years, programs cannot ask for information or documentation that they are not supposed to have (i.e. formative evaluations, etc.).
- It is not acceptable to ask students about age, race, religion, ethnicity, family/marital status, disability, sexual orientation, or gender identity. Ensure these questions are not being asked at virtual social events either.
- A reminder that applicants may record the interviews. If this is something you want to consider, when sending letters to candidates inviting them to their interview, state that you ask they do not record the interview in the letter.
- Question from the Committee: Is it reasonable to ask or create a form for a candidate to attest to the fact that they are not going to record the interview? There is a concern about recording questions if they are being used for multiple years. L. Champion stated that she would have to get a legal opinion to confirm but believes that is not a good idea because there may be legal implications. The recommended procedure is to state in the letter that the expectation is that the candidate does not record, and for programs to state what they are doing as well. It then speaks to professionalism if they do not follow it. Technically programs can record but it must be treated as any other confidential information in the CaRMS process.
- If there are any other CaRMS questions, please contact L. Champion or the PGME team via email. Lois will send out more CaRMS or AFMC information as she receives it.

DISCUSSION

- LHSC requirements as of January 13 – cohort healthcare workers within units as much as possible.
 - VH medicine outbreaks are declared over. There is an outbreak on B4 Antenatal and one in the Geriatric Behavioural Unit. A reminder that an outbreak occurs when there are two or more individuals with COVID-19 within 14 days, presumed to have acquired it within hospital.
 - 24 medicine beds opened at VH, another 12 planned for the week of January 11, and an additional 12 beds available as required.
- Internal Medicine program update: For block 8, the program did 7-days on, 7-days off in high exposure units with the CTU and Respiriology. The program deployed everyone from ambulatory care and research to provide essential service. The program was notified earlier this week that residents in Windsor need to be quarantined for a week and swabbed before going back on service. The program is having challenges as a result, delayed release of schedules and distressed residents. Residents are already being stretched thin, and leadership has been told by the internal medicine program that their residents cannot staff the new beds; they will have to be covered by staff or other programs. As PDs, it is difficult when trainees' learning has been compromised.
- L. Champion thanks S. Lam and H. Salim for their work. It has been difficult for medicine teams. With the outbreaks being declared over, residents will no longer have to self-isolate, allowing them to move without delay. Additionally, the PPE supply is okay right now which helps (except 1870 mask which is not widely used).
- Requiring cohorting within sites, it places stress on the system. Cardiology is a program that is dispersed physically and geographically with consults all over the hospital. It is difficult to find the line between following hospital regulations and easing the resident burden. L. Champion has stated that as much as possible, we should be keeping people to one site, but call must be done, and call schedules will have people moving to different places. This is unavoidable. The recommendation is to do as much as you can, but it is a balance. There are also opportunities to consult over the phone where possible, but teams still will have to move back and forth out of necessity.
- SJHC requirements:
 - Wherever possible, residents should cohort to a single site (i.e. St. Joseph's, Parkwood, etc.)
 - Residents who have worked in an outbreak unit should not work until the outbreak is over, or 14 days of self-isolation has taken place (whichever is sooner).
- At what point in the pandemic are we redeploying staff and other groups to cover for residents? There is a PGME redeployment guideline that will be sent out to the committee after the meeting. Within medicine, there is a requirement to maximize all medicine opportunities, which will include all subspecialty cohorts, then family medicine as additional coverage, as well as faculty and hospitalists.
- Clarification should be made around the differences between outbreak units and treating patients with COVID-19. All patients should be treated as COVID-positive unless it is known that they are not. Residents treating COVID-positive patients do not need to quarantine or isolate, as they should be following precautions. This isolation and quarantining discussed is related to outbreak units.
- Clerks' movement is being monitored by the services they are on and by the UME Office.
- There are programs that are making decisions based on other programs' resident exposure. Some programs have not been allowing residents from certain subspecialties to complete their rotations in their areas because they also do consults in high exposure areas. This is an issue when residents are not able meet their Royal College requirements.
 - If the program will not let these residents complete their rotation, they should be developing other education opportunities to compensate and meet the competencies/objectives. This only works in non-procedural areas.

	<ul style="list-style-type: none"> ○ L. Champion states that if these are mandatory components of Royal College training, programs should be allowing residents to come on service. COVID patients are everywhere so we cannot limit things based on that. L. Champion has asked more information about this issue be emailed to her directly. ○ Doing a consult in a unit is considered transient behaviour and considered low risk if there is adequate PPE, which has been directed by Infection Control. There is a balance between maintaining clinical service and extreme precautions. Infection Control is aware of outbreaks and cases around the hospital and is involved in ensuring that residents who are required to quarantine do so, but otherwise it should be business as usual with the appropriate precautions and PPE. ● Electives Updates as of January 13: <ul style="list-style-type: none"> ○ All incoming and outgoing electives are cancelled at the following: Alberta (8-10), Calgary (8-10), Dalhousie, UBC ○ All incoming electives cancelled at Ottawa for blocks 8-9 ○ Memorial is not cancelled but there is a required two-week self-isolation ○ Toronto has cancelled non-mandatory internal medicine electives for blocks 8-10 ○ Queen's requires one-week self-isolation and a negative COVID test for incoming electives ○ McMaster has cancelled incoming and outgoing electives for internal medicine subspecialty blocks 8-10. ○ Western is not requiring quarantining or isolation for incoming residents unless they have been working on an outbreak unit in another hospital. We have not cancelled internal medicine electives, but we are considering incoming residents, cohorting to one hospital and not placing them on outbreak units upon arrival.
VACCINATION	L. CHAMPION
DISCUSSION	<ul style="list-style-type: none"> ● Windsor has recently begun vaccinating residents based on their available supply. Residents have signed a list and they are distributing through that list. ● Approximately 5000 doses are arriving per week at the Agriplex. There is capacity to vaccinate 800 per day. Priority 1 staff are nearly complete (Emergency, ICU, long term care, Medicine). Vaccination workers are also being sent out to long term care to vaccinate staff and residents. ● The hope is to have LHSC completed by the end of March. There is frustration around who receives the vaccine and when. The main limitation is supply. ● A request from the Committee: please send information more frequently. L. Champion is happy to send out weekly updates with up-to-date information. They will be circulated every Friday. ● It is worth noting that social media can increase concerns as residents see those in their programs at other Canadian institutions posting online about having been vaccinated. ● More information will hopefully enable more transparency around the process.
MCC UPDATE	L. CHAMPION
DISCUSSION	<ul style="list-style-type: none"> ● Held until next meeting.
ADJOURNMENT (8:10) AND NEXT MEETING	
DATE AND TIME	Next Meeting: Wednesday, February 10th, 2021, 0700 – 0800 by Teleconference