



Postgraduate Medical Education Advisory Committee (PGMEAC)

Friday, March 26, 2021

12:00 – 2:00 pm

Via Zoom

MINUTES

Present: Glen Bandiera (Chair), Caroline Abrahams, Lisa Bahrey, Bernice Baumgart, Mary Bell, Stacey Bernstein, Lisa Bevacqua, Andrea Bezjak, Paolo Campisi, Ben Cassidy, Savannah Clancey, Ari Cuperfain, Susan Done, Larry Erlick, Michele Farrugia, Rachel Fleming, Alison Freeland, Jeannette Goguen, Michael Gritti, Karl Iglar, Jackie James, Nicola Jones, Melissa Kennedy, Arno Kumagai, Ron Levine, Mirriam Mikhail, Maureen Morris, Stu Murdoch, Barry Pakes, Reena Pattani, Linda Probyn, Giovanna Sirianni, Shannon Spencer, Adrienne Tan, Charlene Sturge (Recorder)

Guests: Margaret Mah

Regrets: Adelle Atkinson, Michaela Cada, Patricia Houston, John Lloyd

1. AGENDA/MINUTES

a) G. Bandiera welcomed committee members to the meeting. The agenda was approved as written.

b) Minutes of the Friday, January 29, 2021 meeting were accepted as circulated.

MATTERS ARISING/REGULAR UPDATES & FOLLOW-UP

2. Resident Report

M. Gritti shared provided an update on PARO activities:

Lounge Review:

After the last PGMEAC meeting results from PARO's lounge review was shared with the committee. A couple of hospital sites have gotten back to us to thank the team for their hard work, but to also ask what residents feel is an example of a good lounge. We took this question back to our GC team and we created a list of what residents would like to have included in their ideal lounge. Please note that this is for lounges in non-COVID times when residents do not have practice physical distancing.

- Computers should be in lounges, as the call rooms with computers can be far away.
- A fridge and microwave are essential.
- The square footage and the size of the lounge is important. It should be large enough to allow comfortable use by many residents.
- The location is also important. Some sites have the resident lounges in the furthest location of the hospital, which discourages residents from using it.
- Good lounges are either associated with call rooms, so people on call can use the lounge, or program specialty lounges. Standalone general resident lounge ends up not being used because of location.
- Making lounges have badge access would be helpful instead of asking residents to learn various codes.

Call Room Review

This year, PARO is conducting a province-wide review of the resident on-call facilities to ensure that the rooms are in keeping with requirements under Article 18.2 of the PARO-CAHO Collective Agreement. In

addition to being a requirement under the Collective Agreement, we know that access to appropriately appointed calls rooms can help to mitigate fatigue and enhance well-being as residents work to provide optimal patient care.

The review will be taking place over the next few months and once it is complete, we would be pleased to share the results of our review with the hospitals.

PARO Face Masks

We know everyone is working harder than ever these days and your commitment to healthcare inspires all of us at PARO to continue our efforts to keep our members and colleagues healthy and safe, each and every day.

PARO has produced 3-ply non-medical face masks that we are distributing to all residents. During the week of March 29th Toronto GC reps will be distributing face mask at the following hospital lounges for residents to pick-up: CAMH, Royal Victoria, Southlake, Michael Garron and Women College.

The Toronto General Council PARO Reps are currently working to deliver face masks to all Toronto hospitals and residents. If your hospital is not included in this list, please contact Sarah Reyes (sreyes@paroteam.ca) and we will work together to get them delivered to your location.

Redeployment

Again, we wanted to reiterate how the latest redeployment continues to be an ongoing concern and is taking a toll on residents' wellness and mental health.

We wanted to reinforce the importance that postgrad respect and make effort to be transparent and flexible in need for redeployment, as we have heard from residents how much they would appreciate regular updates from PG regarding COVID and redeployment.

3. PAAC Report

B. Baumgart reported on recent PAAC activities:

- With the assistance of PGME, the PAAC Accreditation Feedback Survey was conducted early February and PAAC is looking forward to receiving the results shortly.
- The PAAC Awards Adjudication Committee recently met and have revised the PAAC award criteria and nomination process. The nomination process has been simplified and now only a nomination letter is required. Information about nominating for the 2021 awards should be emailed within the next few days, if not already sent. The nomination deadline is **Wednesday, April 14**.
- PAAC held our virtual wellness session today, Friday March 26, 2021. Over 60 Program Administrators, Education Coordinators participated. We focussed on PA collaboration between programs / institutions, organizing a program / hospital PA committee for local issues, wellness, and professional development. We also had a short presentation on Zoom Fatigue followed by breakout discussions on wellness, working remote and combating zoom fatigue. We concluded the event with the options of participating in a Guided Meditation or an invigorating workshop on Irish Dancing.
- PAAC is currently planning our virtual appreciation event which will be held **Wednesday, April 28**. The presentation to the PAAC awardees for 2020 and 2021 will occur as well as other activities. More details coming soon. All education admins will be encouraged to attend.

4. COFM

Important updates included:

- Combined UG and PG committee meeting took place recently with the Ministry of Health, where the MOH presented on HHR Planning – no new data that will be released, but we are on target with physician numbers in the province with no compelling need to increase spots. The Deans have been lobbying with the Minister around increased UG and PG spots – these discussions are going quite well, but no final

decision yet.

- Resident redeployment discussions around the principles of resident learner response in times of crisis including pandemics and other situations. This detailed document highlights the important role of the PD and their involvement in decision-making for redeployment as the license is tied to program activities.
- PARO reps thanked all who advocated for the CPSO to temporarily exempt the cohorts of residents from taking the MCCQEII.
- CPSO movement to increase the rigour and parameters around extra clinical training for people who want to change their scope of practice – similar to the Colleges’ movement towards putting extra training and supervisory obligations on physicians entering practice, there is a movement to move that into an academic setting under the auspices of a university training program. Leadership has flagged numerous concerns about capacity, conflict of interest, impact of current PG learners, etc More details will be shared when a decision is made.

HUEC

No meeting since last PGMEAC. The TASHn education group continues to meet weekly about vaccinations and redeployment.

5. Accreditation Follow Up and IRC Update (see attachment)

L. Probyn provided an update on accreditation team activities, which included:

Accreditation preliminary program reports have been sent to programs with returned factual corrections. RC and AFC reports submitted March 1st; FM reports due March 31st.

Presentation to RC and FM Residency Accreditation Committee(s) May 3rd and May 4th with final transmittal letters expected end of May.

A workplan/strategy will be presented to PGMEAC for addressing the AFIs in the institutional plan [resource issues in hospitals (WiFi, call rooms etc)], improving onboarding inefficiencies and redundancies for residents, and the teacher evaluation system (preserving confidentiality and safe environment for feedback to teachers). Resource and onboarding proposal will be presented to HUEC next week. Ramping up LACT model for teacher assessments to address the confidentiality concerns along with addressing the learning environment issues, which include Reena and Pier Bryden for input.

The Internal Review Committee (IRC) resumed meeting at the beginning of March. Membership has changed to fill the spots of those whose terms ended; will be adding a diversity role member in line with EDI goals; call for resident membership will be later in the spring; updating the terms of reference and will be presented to PGMEAC at a later date. IRC has accepted the mandate to include oversight of the institutional review and response.

6. COVID Updates

Redeployment

- The third wave is much more dramatic than the first two waves. ICU admission numbers are going up very quickly and the patients seem to be sicker and much younger, which creates different challenges for the caregiving team this time around. There are two dedicated groups meeting regularly to plan for CTU and ICU needs and what skill sets are required to fulfill these needs. PGME is matching needs with program availability of trainees and their skills.
- PGME will continue to provide a report to programs on redeployments at the end of each block.

Vaccination/Isolation Requirements

- PGME is centrally working on the impact of vaccinations on isolation requirements. Nationally and

local hospitals are currently requiring 14-day isolation after exposure to an outbreak. The need to revisit this policy has been brought to the IPAC leads for further discussion.

- PGME and TASHn leads will draft a letter with Barry Pakes to send to the Chief Medical Officer and the Premier's office about how significant an issue this is to have consistencies in place.

7. Elentra for CBD Enhancements (see attachment)

C. Abrahams shared an update on the enhancements in Elentra, which include, in real-time, the progress of a program's learners' completion of their EPAs; detailed information of completed EPAs; detailed information of outstanding EPA requirements; stage completion; program statistics; learner dashboard. All details can be found in the attached slides.

8. BPEA Update (see attachment)

S. Glover Takahashi provided an update on two QI projects:

- A QI project on Competence Committee documentation review – the results were shared and are in the attached slides
- A different QI survey is planned for April consulting residents and frontline faculty who have completed three or more assessments in comparison to the survey done last year

9. VOTR Survey

The Voice of the Resident survey is in the field right now – response rates are a bit low – a reminder to encourage learners to complete.

10. Learner Environment

If a hospital-based complaint is filed against a PG trainee and if HR is involved, please notify either Reena Pattani or Glen Bandiera for situational awareness and so that support can be provided to the affected learner.

If a chief resident is the recipient of a complaint, it must be re-directed to a faculty member so they can provide guidance in adherence to the [Guideline on Managing Disclosures about Learner Mistreatment](#).

A communication strategy plan is underway to host Chief Resident Town Halls, Faculty, and Leadership Town Halls. The plan will be presented to HUEC for approval.

11. Other Business

Call for applications for the Associate Dean position at PGME has been distributed. Interested applicants or if you would like more information, please contact Patricia Houston or Glen Bandiera.

Next Meeting | Friday, April 30th at 12:00 pm via Zoom