



**Postgraduate Medical Education Advisory Committee (PGMEAC)**

Friday, October 23, 2020

12:00 – 2:00 pm

*Via Zoom*

**MINUTES**

- Present:** Glen Bandiera (Chair), Caroline Abrahams, Adelle Atkinson, Lisa Bahrey, Bernice Baumgart, Mary Bell, Stacey Bernstein, Lisa Bevacqua, Andrea Bezjak, Paolo Campisi, Ben Cassidy, Ari Cuperfain, Susan Done, Larry Erlick, Michele Farrugia, Lindsey Fechtig, Mark Fefergrad, Heather Flett, Alison Freeland, Jeannette Goguen, Michael Gritti, Patricia Houston, Karl Iglar, Jackie James, Nicola Jones, Melissa Kennedy, Arno Kumagai, Ron Levine, Julie Maggi, Anne Matlow, Miriam Mikhail, Maureen Morris, Laura Leigh Murgaski, Stu Murdoch, Barry Pakes, Reena Pattani, Linda Probyn, Giovanna Sirianni, Shannon Spencer, Charlene Sturge (Recorder)
- Guests:** David Latter, Margaret Mah, David Rojas
- Regrets:** Eric Bartlett, Michaela Cada, John Lloyd
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**1. AGENDA/MINUTES**

- a) G. Bandiera welcomed committee members to the meeting. The agenda was approved as written.
- b) Minutes of the Friday, September 18, 2020 meeting were accepted as circulated.

**MATTERS ARISING/REGULAR UPDATES & FOLLOW-UP**

**2. Resident Report**

M. Gritti provided an update on PARO activities:

*Virtual Events*

Given the continuing increase in COVID-19 cases in the province, as of September 25, 2020, the PARO Board has determined that the responsible course of action is to continue to not to hold any in-person PARO events, including local social events. Residents have continued to work through the spring and summer caring for patients across the country. Though we continue to go to work and interact with others - many of us are in fact socially isolated. As we move into fall and winter, social isolation will be an even more pressing concern, and PARO will help foster the wellbeing of our members by facilitating opportunities to connect with one another. As a Site Team we are planning and facilitating virtual events that will help to mitigate feelings of loneliness and isolation, especially with the arrival of winter and second wave.

*Accreditation*

From May - September 14th 2020 PARO sent out to all Toronto residents the RDOC pre-accreditation questionnaire. Over 1000 responses were gathered from residents and a summary of the comments and information were collected and will be a part of the information provided to the RDoc resident representatives/surveyors. All response were confidential and not shared with the program, university, RCPSC or CFPC. PARO is also helping to prepare residents for the on-site review process, including helping them prepare for the meeting with the surveyors.

### *Access to Food While On-Call*

Based on an environmental scan conducted last year, looking at which hospitals provide food to residents when on call, a formal report will be provided to PG with a proposal to follow.

### **3. PAAC Report**

B. Baumgart reported on recent PAAC activities:

- No PAAC meeting since last PGMEAC although our sub-committees have been active
- The PAAC award judging is underway and the awardees will be announced at our next meeting on October 27, 2020.
- The PAAC Committee will be participating in Accreditation on Tuesday, November 24, 2020. Dr. Bandiera will be meeting with the PAAC on October 27 to provide a presentation about the upcoming institutional review.
- We continue to plan a virtual admin retreat in January 2020. As Accreditation is now two 2 weeks in length it was determined the next session should be in January so we have something to look forward to after the winter break. The Committee is discussing various ideas for the event and more information will be sent out once determined.
- ICRE was well attended by affiliated program admins. Several Toronto PAs including a PAAC member - Massih Bidhendi - have been active participants on the ICRE 2020 PA Steering Committee and also presented at the conference.

### **4. COFM**

Important updates included:

Discussion around harmonized approaches to vacation and trainee extensions related to COVID. Most programs/schools have a good approach that works for them (along with working with PARO). COFM province-wide policy on learners identifying workplace mistreatment. All schools now have a rigorous approach for how to deal with it locally that refers to specific structures individual schools have in place. COFM has sunsetted this policy as schools address any matters within their institution now.

Full COFM Deans and stakeholders met recently and they continue to advocate for the return of the reduced residency spots in Ontario as well as the promised expansion from years back with an ask to the Ministry. A renewed business case was submitted addressing the observations and vulnerabilities in the system that have been exposed by COVID to re-emphasize the importance of a robust physician workforce, including the numbers, the type and the distribution.

The CPSO has committed to having a solution for individuals on a restricted licence because they were unable to write their exams. The Medical Council of Canada (MCC) have had to cancel the MCCQEII iteration at all sites because they won't have a reference cohort due to cancellation at some large sites to write. The CFPC had data issues and the inability to provide a passing score on their exam and are working through it. PGME continues to support those individuals who are affected by these, including the Postgraduate Wellness Office. PGME continues to advocate with the MCC to go virtual with their exam delivery and it appears they have rededicated some work to find a solution. The CPSO continues to provide solutions for individuals to continue to work until this matter is resolved.

### **HUEC**

Ongoing efforts continue to manage the pandemic, trying to keep sites functional, trying to preserve educational continuity to the extent possible for trainees. Redeployment is underway due to the recent outbreaks. There remains heterogeneity in terms of the approach that certain Occ Health offices take and with the interpretation of the comprehensive pathway document about how to manage certain scenarios and issues are being worked through. Sites will be contacting all individuals through contact tracing, and PGME has sent correspondence to all trainees with instructions on the procedure process. The key principle for trainees is if they don't know what to do, contact the hospital they are

working at to seek advice and when doing so, to provide as much information as possible.

## **5. Accommodations Guideline for Trainees**

These newly developed guidelines to accommodate PG trainees with a disability were presented at September's meeting. PARO provided input and the revised version was presented today for approval. All members accepted the changes, and this guideline was approved.

## **6. Accreditation 2020 (see attached)**

L. Probyn provided an update on Accreditation 2020, which included:

- The schedules are in the process of being finalized and they will be sent to the RC and the CFPC for approval
- Document review files for programs will be uploaded via SharePoint - the deadline for upload is **Wednesday, October 28th**
- PGMEAC will be meeting with the RC review team **on November 26th at 11:15 am - 12:15 pm**
- PGME Leads continue to meet with programs' RPC meetings
- Workshops continue for Program Administrators
- Specialty Committee will send their comments to PGME around **November 9th** with a one-week turnaround for programs to respond with any comments
- Briefing Note for all committees and groups that will be meeting with the reviewers. It provides relevant information to help you with questions you may be asked by the reviewers - the questions are going to be based around the Indicators

## **7. BPEA (see attached)**

The committee met last week to discuss a proposal to create action plans based on feedback from the user data (both qualitative and quantitative) from faculty and residents. Also reviewed data from the Elentra system in terms of EPA numbers.

- Specific actions that PGME will be implementing based on consultation with residents and faculty with their experiences in CBD, include:
- Establish a Resident Advisory Working Group on faculty development (co-chaired by Evan Tannenbaum and Sue Glover Takahashi)
- Entrustment scale changes for EPA assessments will continue to be monitored for impact due to that change
- Continued work on system improvements (i.e. completion rates, clarity, etc)
- Audit samples of Competency Committee documentation to ensure they're consistent with PGMEAC and BPEA guidelines
- Review the impact of EPA completions and the numbers that were expiring

## **NEW BUSINESS**

### **8. MD-PGME Data Management Advisory Group (see attached)**

As part of continuous improvement, the Data Management Advisory Group (DMAG) was formed to align with the social accountability mandate. The advisory group serves as a forum for coordinated discussion, consultation and development of recommendations regarding the collection, evaluation/analysis and reporting of MD and PGME learning experience/environment data in a harmonized and aligned manner. This committee reports to Education Deans. These are in line with the recommendations from the Continuous Improvement Working Group and the RC Institutional Standard 9. The advisory group will inform all the different policies and intersects them across UG and PG and create processes that make us accountable for the data that is collected.

Key responsibilities of the group are:

- To recommend operational principles, guidelines and processes

- To enable and support harmonized and aligned learning experience environment, data collection, evaluation/analysis and reporting
- Development and revision to data collection tools (“Voice of The” surveys)
- Examine the methodology of the learning environment and standardize the learning tools in the MD program and PGME
- Reviewing the reporting structures, permissions and the pathways for dissemination and disclosure of data
- Data management roles and responsibilities
- Support the ongoing communication on what is available and how it is used
- Ensure consistency across the Temerty Faculty of Medicine and with UofT policies and guidelines

## 9. Guidelines for Managing Disclosures of Mistreatment

R. Pattani, Director Learner Experience, shared the updated *Guidelines for Managing Disclosures of Mistreatment*. This newly revised guideline on managing disclosures of mistreatment for PG learners was presented for consultation and to inform on the processes in place at the Temerty Faculty of Medicine. The revised guidelines will be sent to PGMEAC members for input and relevance to their environments (university-based and hospitals), with an accompanying briefing note and a feedback form. We want to ensure these procedures don’t create new disparities or widen disparities. The guideline will be re-visited at the November meeting for review/discussion and final approval at the January meeting.

A lot of work has been done in the MD Program with the approval of a protocol for address medical student mistreatment in March 2020 which included the launch of series of new web pages and an online disclosure form through consultation and the work of the Student Mistreatment Advocacy Response Team (SMART). Over the summer, PGME created the PG-SMART working group (co-chaired by Reena Pattani and Heather Flett) comprised of PG learners across the clinical years and programs, PG staff and teachers across the hospitals. Determined the distinction between the PG learners and create alignment between the MD Program and PGME. The end goal will be to have a single report that covers MD and PG. A Learner Experience Advisory Council (LEAC) spanning MD and PG was formed and met for the first time this month to address the learners needs across the system. Key foundations of the protocol are the definition for mistreatment: the intentional or unintentional behavior that shows disrespect for the dignity of others. Within that definition, operationally, there are three broad categories where mistreatment may be categorized: 1. Unprofessional Behaviour; 2. Discrimination and Discriminatory Harassment; 3. Sexual Violence and Sexual Harassment. This gives us a shared language to identify mistreatment. Learners are encouraged to review the materials on the website and push the conversation for coming forward to discuss, disclose or formally report mistreatment. Faculty, staff and PARO resident reps influenced the revised guidelines to ensure that all matters are covered.

### Overview:

- Last guidelines were reviewed in February 2016
- Change to title
- Updated definitions for mistreatment to align with MD Program
- Greater clarity to who is counted as a learner in PGME
- Aligned guided principles after discussion with PG-SMART, building on the work done in the MD Program
- More clearly delineated process for intake of learner concerns, trying to centralize it where possible so that we can have consistent application of procedures

### Improvements:

Built on the existing review and management steps that could be undertaken when an investigation is required whether lead by a university, clinical program, or hospital. Caveats include:

- Strive for diverse and representative members on investigational committees

- Unconscious Bias training for members prior to participation in the investigation
- Committee should meet in advance with the complainant and respondent to pre-specify the steps and planned actions
- Reviewed the potential resolution mechanisms and clarified the recommendations
- Outlined a more clear appeals process
- Created a companion document to address the steps learners may want to pursue

#### **10. Online Asynchronous Video Interviews**

Guest D. Latter shared his experience with online asynchronous video interviews. The virtual interview process allows equal accessibility to all applicants, even more so with the restrictions during the pandemic. This cost-efficient method proved itself beneficial in many ways including: allowing increased number of applicant interviews, ensure a fair process, interactive town halls with applicants, opportunity to practice for applicants where they learned the format of the interview and answered a practice question to prepare for the actual interview. The amount of preparation and practice offered reduced the number of “failed interviews”. An objective rater reviewed the interviews and provided their ratings. The virtual platform will visit the website and the third-party provider will record the interviews. The stations assess the applicants’ response to one of four topics: Ethics, Values, Collaboration and Reflection. Their maturity and professionalism and communication are also assessed. The reliability is comparable to in-person interviews. Feedback from applicants and raters was very positive overall.

**Next Meeting | Friday, November 13<sup>th</sup> at 12:00 pm via Zoom**