

| CBME RESIDENT ADVISORY COMMITTEE MEETING | | | |
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| Meeting Minutes | Date: February 3, 2020 | Time: 5:30-6:30 pm | Location: HSA101 |
| Attendees | Dr. J. Vergel de Dios (Co-Chair); Dr. E. Chan (Resident Co-Chair); L. Champion; P. Morris; J. Binnendyk; K. Trudgeon; M. Weiler; A. Forster; M. McLean; A. Bridgen; K. Komsa; K. Pianosi; Y. Atwan | | |
| Note taker: | Nicole Filson (nicole.filson@schulich.uwo.ca) | | |
| Agenda Topics: | | | |
| OVERVIEW OF KEY PLAYERS | | | J. Vergel de Dios |
| Discussion: | <ul style="list-style-type: none"> • A general introduction to everyone at the meeting was completed as well as J. Vergel de Dios went over the general purpose of the RAC Meeting • Introduction to Dr. Lois Champion the new associate Dean of Post Graduate Medical Education • J. Vergel de Dios went over the members of the CBME PGME team, national CBME leads which is the link to the Royal College level. Also went over the Steering committee and PGE committee and all the other committees that the operations team will reach out to with regards to CBME and Elentra. • Went over the specialty committee which is where all the EPA's and milestones come from; which does not have anything to do with Western or the program. The Specialty committee is made up program directors nationally and a couple other members. | | |
| Action: | <ul style="list-style-type: none"> • N. Filson will distribute the slides with the meeting minutes that goes into further detail about the key players of CBME | | |
| REPORTING FEATURE UPDATE | | | P. Morris; J. Vergel de Dios |
| Discussion: | <ul style="list-style-type: none"> • The reporting feature went live this morning and a communication was sent out to the RAC and the Steering Committee. • M. Weiler said that she did look at the reporting feature and she thought it was great. It is nice to have everything available on one page and can see where she is at. She states it is a lot of text in one spot but she is happy with it. • J. Vergel de Dios also encouraged residents to fill out the survey that was sent out as well to get more feedback on the reporting feature. • While other residents in the RAC were reviewing the reporting feature on Elentra it was brought forward that they can see all of the residents in their programs reports not just their own. Residents were advised to exit the reporting feature until the bug has been fixed. The 'Resident EPA Summary' seems to be the report that you can see everyone's data (<i>since the meeting the bug has been fixed by IS and residents can only see their own data now</i>) | | |

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| | <ul style="list-style-type: none"> • Internal Medicine is having an academic half day and were going to go over Elentra and the reporting feature on Wednesday – J. Vergel de Dios or P. Morris will let Dr. Kane know if they need to hold off on looking at this if the bug is not fixed. • There are a couple residents on the RAC that have only used Elentra as an assessor. They are not a CBD resident technically and only do the EPAs on Mainport. Only residents who are CBME learners in launched programs (excluding Anesthesiology and Otolaryngology) will have data available to review in the Elentra Reports Portal. J. Vergel de Dios advised that there are screencast and screen shots that they can still look at regarding reporting in Elentra to see if there is any feedback that they would like to give as that would be helpful. • Next steps in reporting would be to include what you still need to do to achieve an EPA, also cohort comparison and then faculty aspect so that PDs can see how the faculty are doing as well. • In general the residents are very happy with the layout of the reporting feature in Elentra so far. |
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| Action: | <ul style="list-style-type: none"> • P. Morris will look into the reporting bug to make sure that residents can only see their own data. <i>(This issue has since been resolved)</i> |
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| CBME PROGRAM FEEDBACK FROM RESIDENT CONTACTS | E. Chan; J. Vergel de Dios |
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| Discussion: | <ul style="list-style-type: none"> • E. Chan appointed a resident from the RAC to each CBD program as a contact program for residents to reach out to with questions or concerns about CBME or Elentra. • Members may not be representing their own program as it is based off who ever had volunteered to join the RAC committee • E. Chan stated that he has not had any concerns come forward in his program so far. • K. Guekers had reached out to E. Chan with the General Internal Medicine program that external assessors are a concern for them as they have rotations outside of LHSC. • P. Morris went over the external assessor process in Elentra. When you drop down the list of assessors you can search for the person that you want and if they are not there you can start typing 'external assessor' and you will be prompted to add a first name, last name, and email address and once that is completed you can trigger an assessment as normal. • The second concern that K. Guekers brought forward to E. Chan is that there are some difficulties with Elentra and Internet Explorer (Elentra does not work on Internet explorer and there is not chrome on the hospital computers). • P. Morris does not have an update on Internet Explorer. L. Champion has reached out to hospital management again to see if they can facilitate something like chrome on hospital computers because of the interface barrier we are having with Elentra and Internet Explorer. <i>(Since the meeting the hospital has advised us that there is a desktop app that has chrome on all hospital computers and this information has been passed on to the RAC members to distribute to their programs)</i> • E. Chan thinks that having a FAQ page about Elentra somewhere would be beneficial to residents. P. Morris has suggested having an FAQ page on our website and would also like to create an Elentra resident user guide that could also be on our website or within Elentra under the post grad community. • E. Chan brought forward whether there is an Elentra app. P. Morris said that Elentra does have an app but it does not work properly so we do not |
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recommend using that. You can bookmark Elentra on your phone and use it from there. It is not an actual app but the webpage that essentially functions like an app and it has been adjusted to fit properly to a mobile device but there is some functionality that is lost on your mobile device – like changing your password.

- L. Champion asked if people preferred using their phones over the hospital computers. J. Vergel de Dios stated that it seems to be what ever works best in the moment. P. Morris had pulled some data and the majority of people are opening Elentra from a desktop.
- E. Chan believes that if you have a discussion in person that is more beneficial than the EPA form itself as long as the form reflects your discussion.
- J. Vergel de Dios brought up that she often hears from faculty that residents are afraid to ask for EPAs and wonders how much of the form the resident is actually filling out and the faculty is just signing off.
- It was brought forward that in general residents are going to ask for feedback or EPAs to be completed by faculty that will give good reports and pass EPAs as opposed to getting a broad spectrum of results amongst other faculty.
- Residents are also more apt to ask faculty that they know will actually fill out the EPA and complete the form in a timely manner, and those faculty members are often the faculty that give good feedback.
- L. Champion asked if they find that faculty are reluctant to give residents the full 'I didn't have to be there and you were fine to do it by yourself' feedback. L. Champion believes that faculty are hesitant to give the full sign off because they are not realizing that it is a 'just in the moment' sign off for a particular skill.
- K. Pianosi stated that they have had staff say that they will never give the full clear of an EPA because they feel like if a resident could do it completely on their own then they wouldn't be a resident. It was also stated that even though CBME is suppose to stop the time based approach it still seems to be very important.
- Some faculty have also made statements that they will accept 3's as a pass for some of the EPA's which would change some of the criteria for what is considered a pass.
- J. Vergel de Dios said that the entrustment scale is not always the best source when it comes to real life practice and it may have some flexibility with implementing. But issues should still be brought forward and brought up to PDs because this may get the ball rolling on looking at the EPA's and making changes to put up to the specialty committee.
- Specialty committee needs to hear feedback from residents about the EPA's and it is valued especially if we are saying that 3s or 2s are fine for a pass on the entrustment scale – maybe the EPA itself needs to be looked at.
- Many programs have changed their EPA's to make them more functional or even to decrease the number of EPA's. The specialty committee will be revising EPA's and looking them over. The Royal College has stated that it can not be done every year due to time.
- J. Vergel de Dios also emphasized the importance of 2-way communication between residents and faculty if there are issues with an EPA.
- E. Chan stated that it may be beneficial to residents to have a general overview of how other residents in their program are doing on EPA's. Just because one resident is struggling with an EPA may not be the case for others. It is also nice for residents to see where they stand in regards to their colleagues.

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| | <ul style="list-style-type: none"> • It would be nice from a reports perspective for there to be a bar graph to show how other residents are doing so you can get a sense with where you are at (J. Vergel de Dios advised that this is something that they do to an extent in anesthesiology – but it is not universal in Elentra) • J. Vergel de Dios has stated that there have been improvements each year with regards to EPAs which is reassuring. • Another issue that was brought up from Surgical Foundations was that there are still layers of assessments (narrative assessments) that are not in Elentra but they have been assured that they will be included in next years roll out. Right now they are still submitting paper forms. • An issue that is also coming up in Mainport after CC meetings that some of the EPAs are getting archived and are not included in the current EPAs – in Elentra there are no archived EPAs in Elentra • Anesthesiology and Otolaryngology are not yet using Elentra and they do not have any issues to bring forward right now. • There seems to be a very common theme with residents picking faculty that will complete EPAs or give good feedback throughout all of the programs in CBME |
| Action: | <ul style="list-style-type: none"> • P. Morris and N. Filson will look into adding a FAQ page on our website. • P. Morris will inquire with IS about constructing our own Elentra app. Or see whether the Elentra app will improve. • Will look in to having a report in Elentra that shows where people stand with each EPA – both at a resident and faculty stand point. • P. Morris brought up the EPA issue in Mainport to the Royal College and their response was: <i>“For the Otolaryngology program, we updated a new version of the program for the Transition to Discipline and the Foundations stage in 2019. How versioning works in the system is that whenever a new version of the program is applied, any existing residents who were registered prior to the new version will remain on the older version until they are promoted to the next stage. Upon promotion, the latest version of the program will be applied to the stage that they are promoted to and any subsequent stages. When promoted, the EPA’s that were not valid/updated and had observations against them are moved to the Archived Observations section.”</i> |
| RESIDENT FEEDBACK SURVEYS, RECEIVING FEEDBACK – RESIDENT DEVELOPMENT | |
| J. Vergel de Dios | |
| Discussion: | <ul style="list-style-type: none"> • J. Vergel de Dios put forward the importance of doing surveys and that a lot of improvement and change comes from the responses from the surveys – at least at the faculty level which has brought more resources towards CBME at the Schulich level • A survey at the resident level is also important because it is confidential and a place where more sensitive issues can be brought forward in an anonyms fashion. Especially now when we have a wide variety of programs in CBME. • It is very challenging to do an implementation without actually knowing how the residents feel about it. • E. Chan brought forward some ideas for topics and questions to put in a survey – depending on what the goal of the survey is. • A common positive aspect of CBME is that there is a lot of give and take and this is all coming from feedback that comes from residents and the CC finding trends so they can make changes to EPAs as they see fit which is reassuring as it seems to be a very fluid transition • Anesthesiology has done a lot of surveys and they generally get a good number of feedback results and it is nice to feel like the resident’s opinions are taken into consideration. |

- We want to know how residents feel about their learning because it is hard to get that perspective from faculty.
- M. Weiler brought up the suggestion of using CBME as an academic exercise maybe something for publication which she thought was very interesting especially with Internal Medicine where you need to complete a research project. She was wondering if there were faculty members interested in taking on QI or creating a survey or if there would be an ethics barrier with creating this. J. Vergel de Dios stated that there is a new process that started in January that would give you an REB exemption so it is certainly possible.
- It was expressed that there would definitely be residents interested in doing a QI as long as there is a faculty member that would also be willing to lend their support to that project.
- If any resident is interested, then they can get a hold of J. Vergel de Dios as she personally thinks that there is a lot of potential with this in an academic stand point.
- J. Vergel de Dios advised that how this would work would be that this would be more of a program evaluation and we would get an exemption and from there you would produce technical reports and then you have your same project ID withy the REB and from there it could grow if you do repeated biopsies.
- K. Trudgeon let the RAC know that the resident teacher boot camp is coming up next week as well as a resident symposium this May. They are always looking for new ways to reach out to all the residents and programs with the accreditation standards.
- J. Vergel de Dios stated that one of her residents had brought forward that we focus a lot on giving feedback but receiving feedback is not a skill that has much been focused on and what are some ideas on how to tach receiving constructive feedback.
- E. Chan felt that in order to receive feedback in an effective manner that you need to have been given yourself some sort of similar feedback along the way and are aware of your deficiencies. But it could be very difficult to receive negative feedback if you were not expecting it.
- K. Pianosi thought that at this stage in residency that you should already know how to receive feedback and that this is an issue that should potentially be addressed during medical school.
- J. Vergel de Dios asked that if someone giving feedback should be aware of the person receiving the feedback is going to feel about your feedback.
- E. Chan advised that when he is giving feedback to a Jr. resident that sometimes they do not seem to receive it and often just stare with a blank gaze and don't always appreciate the feedback which makes him hesitant to give feedback at times. He feels as though their mindset is sometimes on 2 different planes in regards to expectations and maybe there needs to be a way to bridge these expectations.
- M. Weiler would like to know what are some strategies that you could use if your trainee disagrees with the feedback that you are giving them and are providing resistance to you. How do you improve your communication skills to ensure that you are getting your point across during a feedback session? Subjective markings and opinions are one thing but concrete things should be easier. There will always be some difficult learners.
- In general residents also feel like that environment is huge when giving or receiving feedback – it is most beneficial if the feedback is given at the time or shortly after the skill is performed.
- It may also be important to set standards before rotations take place so you are familiar with what the Jr. resident wants to achieve and they know what your expectations are, this may help with receiving and giving feedback.

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| | <ul style="list-style-type: none"> • It was also brought forward that some residents if you give them any form of feedback they chalk it up as that you just have something out against them, or that you just don't see how good they are and if we were to run a session on how to receive feedback that the ones that need the session won't think they need it or will not pay attention. • It would be beneficial to have both a session on how to receive feedback as well as how to give feedback to a difficult learner or to someone who is not receptive to your feedback. • There will be some receiving and giving feedback topics at the resident teacher boot camp that K. Trudgeon is running but they are looking at ways on how this can be dispersed to all residents and even to faculty not just the select few that attend the boot camp. |
| Action: | <ul style="list-style-type: none"> • RAC members to think of what kind of survey they would like to send out to other residents – what should the focus topic be or should it be more broad. • M. Weiler and other RAC members will send out feelers to residents about a potential QI or research project regarding CBME and let them know if they are interested to get a hold of J. Vergel de Dios. • If residents have any ideas for K. Trudgeon to reach out to all the residents regarding accreditation standards to let her know. • RAC members to think about ways to improve the way we receive and give feedback –potentially ideas for the summer before things get very busy |
| SENIOR RESIDENT TRIGGERING EPAs TO A JUNIOR | |
| P. Morris | |
| Discussion: | <ul style="list-style-type: none"> • Sr. residents not being able to trigger an assessment to a Jr. resident is an issue in Elentra especially with Internal Medicine, and a feature that residents feel would be very beneficial • This would be considered something of high priority for the Internal Medicine program for sure as Jr. residents rarely have time to fill out the form and send to the Sr. resident after the Sr. resident has given them feedback. • P. Morris advised that there is nothing on the radar with Elentra the core group to allow this feature right now but they do have something on their radar where when a resident goes to trigger an assessment they have to chose whether they are the assessor or the assessee which would probably fix this issue but they do not have a scheduled deployment yet so it may be something we could look into building in house with Schulich IS. |
| Action: | <ul style="list-style-type: none"> • P. Morris will connect with IS to see how long it would take IS to develop this feature in Elentra. |
| NEXT RAC-CBME COMMITTEE MEETING: APRIL 2020 | |