

## CBME RESIDENT ADVISORY COMMITTEE MEETING

<b>Meeting Minutes</b>	Date: June 1, 2020	Time: 5:30-6:30 pm	Location: Zoom
<b>Attendees</b>	Dr. J. Vergel de Dios (Co-Chair); Dr. E. Chan (Resident Co-Chair); L. Champion; P. Morris; J. Binnendyk; A. Forster; K. Komsa; A. Zaki; S. Edgerley; D. Nicholl; Y. Atwan; E. Walser; S. Verma.		
	Regrets: K. Pianosi; Desai, Karishma;		
<b>Note taker:</b>	Nicole Filson (nicole.filson@schulich.uwo.ca)		

### Agenda Topics:

#### UPDATES FROM PROGRAMS

**J. Vergel de Dios**

**Discussion:**

- J. Vergel de Dios called meeting to order and called for updates from each rep given COVID-19.
- E. Chan (Urology): they were doing a one-week/one-week off structure, which has limited the amount of EPAs. They also have not been in the operating room as much or in clinic. They have been trying to find alternative ways to complete EPAs via virtual clinics. Urology's Competence Committee meeting is coming up followed by a bi-annual resident review.
- D. Nicholl (Nephrology): his program built in some float weeks and didn't adopt the one-week on/one-week off model. They had a CC meeting and all the PGY5s are on track to be finished and they have submitted to the Royal College that all residents will be ready to complete the exam in the fall. All of their clinics have been shut down so they are mainly doing telephone visits, which is a difficult setting to complete EPAs. Some faculty have set up mini sessions for residents who are missing some clinical EPAs so they do not get behind. He does not have any updates on Rheumatology
- S. Edgerley (Internal Medicine): adopted the one-week on/one-week off rotation and most of their clinics have been shut down for learners. They have been able to maintain the ability to get EPAs, but the amount isn't as much as normal. Next block clinics are suppose to open up so things should start to get back to normal. She is not sure if there has been a CC meeting as she is not on the committee but they have had their one on one meetings with their PD about a month ago. Sarah also represents Pathology and she emailed them but they do not have any concerns or major issues to bring up.
- A. Zaki (Internal Medicine: there were a couple of hiccups with the clinics being cancelled. The PGY1s had a town hall to discuss EPAs and CBD. Some of the issues highlighted were 1) dashboard changes that show what parts of EPAs have been completed 2) a lot of the Jr Residents are spending more time with Sr. residents instead of with staff – only 38% are getting completed by faculty and they would like this percentage to be increased. 3) They are interested in a feature in Elentra where they could hit a button and the site would send a reminder to faculty to complete EPAs so that residents didn't have to send them reminders all of the time. 4) in regards to feedback a lot of EPAs have no or generic feedback so some faculty development in that

sense would be beneficial, also providing feedback and completing EPAs in the moment or more timely could help with the quality of feedback that is put into Elentra. 5) residents were wondering about EPAs that need to be created by allied health professionals who can not set up a PIN. 6) Right now a lot of procedures are being logged on One45 but EPAs are done on Elentra – wondering if there is a timeline to merge these. 7) In terms of attendings, sometimes it would be useful for attendings to see previous EPAs that were completed by other attendings. 8) In general some residents wondered about an Elentra app – one work around is to save the Elentra website as a bookmark on your phones home page. 9) Some fellows stated that they did not have access to Elentra – specifically those who did not do their core Internal Medicine at Western.

- P. Morris states that all Fellows and residents should have access to Elentra as long as they are active in our registration data base
- A. Zaki – also represents Neurosurgery. Some issues brought up: attendings and senior residents were not familiar with how to use Elentra and many of them did not have their PIN set up. Leaving the only option to have the EPAs sent as email, which drastically reduces the likelihood of them being completed. Some faculty don't complete EPAs for various reasons, either they leave the OR early or they missed the part that the resident was involved in or they wanted the resident to mention ahead of time that they wanted the EPA to be done. Some of the residents asked instead of having a PIN to have a feature to login using your fingerprint or facial recognition.
- E. Chan stated that they try to set the expectations with the attending before the OR so they know what you want to be assessed on so the attending can focus on that task. In terms of not getting feedback about things the attendings didn't see, potentially a case discussion could work.
- K. Komsa (Anesthesiology): they did week-on/week-off as well but now that elective surgeries are starting to open up they are back to their usual schedules. They have a CC meeting on Thursday this week but after speaking with some of the members they are not expecting a whole lot from residents regarding EPAs. Main concerns are sub-specialty blocks that were missed. The thought is that their schedules will be altered going forward so they can re-do those blocks in the future.
- Y. Antwan (Orthopedic Surgery): similar to other surgical programs. Some sites had clinics cancelled for residents but things are slowly ramping up in the OR.
- E. Walser (General Surgery): similar to other surgical programs. Junior residents were having issues getting some Foundation EPAs done. He reached out to ICU to see if anyone had any concerns but he has not hear back from them.
- L. Champion states that Adult Critical Care was prepared for many patients but they have not seen a huge surge and, in general, volumes have been down because of the lack of elective surgeries. She states that ICU always varies but seems to be the same or less busy these days.
- A. Forster (Surgical Foundation): about 50% of the learners have achieved their EPAs before COVID but the other 50% are struggling. At a Royal College level there may be some flexibility to ensure all residents complete the Surgical Foundations rotation in the allotted time. With the decrease time in the OR and ER the amount of EPAs have been restricted to ward management and virtual clinics. They are hoping things will ramp up soon with the reintroduction of service.
- S. Verma (Pediatrics): they are trying to incorporate the EPAs as much as possible to try to work out any kinks. There have been a few issues but right now their schedule is mostly inpatient visits with virtual clinics.
- Regarding virtual consults; E. Chan states that he has had some assessments done during a virtual visit. There have been 2 types of assessments done. 1) Where they see the list of patients and then go over everything at the end, which is a big, step in responsibility in assessing and managing patients and 2) Where the assessor is actually a 'silent member' on the call, which has worked well for direct observations. Nephro had a similar process as option 1) where they would sit down with their supervisor before

and go over the list of patients and then call them.

Action:

- **P. Morris will check to make sure all fellows in IM have access to Elentra**

## ELENTRA UPDATE

P. Morris; J. Vergel de Dios

Discussion:

- J. Vergel de Dios reported that faculty assessor reports are now available. Faculty can now see metrics like number of EPAS requested, declined, and now number of EPAs that are expired; a spread of their entrustment scores; and the narrative feedback they have recorded for residents. L. Champion and J. Vergel de Dios also presented this to the Department Clinical Chair in March and there was enthusiasm for these reports. This will help to encourage faculty and assessor accountability.
- We are looking into adding how the EPA was completed (ie via email or PIN and how much residents filled out vs faculty). Faculty have found a work around by putting a space in the comments section of EPA assessment since comments are mandatory or there are very generic comments. This will need to be a culture change not a technical fix.
- EPAs now expire after 30 days as of last week. 28 days after an EPA is triggered the assessor will receive an email advising them it is going to expire in 2 days. The expiry date also appears on the assessor's dashboard for each EPA. If it is still not completed after 30 days, it will be expired and the resident will receive an email saying that EPA has been expired. The original plan was to have EPAs expire in 14 days but due to the circumstances of the pandemic we have increased it to 30 days to give faculty a bit more time to fill out EPAs.
- P. Morris showed a mock up of what the Elentra-provided dashboard looks like. The Assessment plan builder has been in progress for the last couple months and then we can apply the assessment plan builder to the dashboard. Once this dashboard is complete, they will use it to complete a dashboard that the residents will see. The dashboard is very busy, colourful, and doesn't show what contextual variable and assessment plan variables that are missing. Western's dashboard is in staging right now and the calculations are working but they are concerned about the user interface as it can be very busy. IS and P. Morris will be working with the Steering Committee to see what the program dashboard should look like and they will also be working with the RAC for the resident dashboard to see what their needs would be and how they would like it to look.
- P. Morris advised that she is aware that there are issues with the PIN set up and that they need to provide more training on that.
- P. Morris also went over how to trigger an assessment to an external assessor. When you are selecting the faculty if you start typing their name and they do not appear there is an option to add them in and all you need is an email and the external assessor will get an email to complete an EPA assessment. It is working but it is problematic because there is no user interface to manage anyone who has been added externally so an administrator cannot go in ahead of time to add external assessors who assess residents regularly. This is hoping to be fixed later this summer or this fall.
- For the Elentra app there is currently an app but it is created by Elentra and does not include any of Western's customizations. IS has no plans on developing our own internal app.
- In regards to Sr. residents being able to trigger assessments to Jr. residents, IS had almost finished developing this in March but it was put on hold because IS had to shift priorities to undergrad to help them put their curriculum online. IS now feels that they can have this ready in August by the latest.
- The browser issue with Elentra in the hospital has been resolved and according to LHSC IT, 90-95% of the computers in the hospital now have Google Chrome installed.
- J. Vergel de Dios stated that it is encouraged for members of the committee to share their opinions on what they would like to be top priority when it comes to Elentra

	updates and needs.
Action:	<ul style="list-style-type: none"> <li>• <b>P. Morris/N. Filson will share documents with residents regarding how to add external residents and how to save the Elentra webpage to their phones home screen.</b></li> </ul>
<b>INTERNAL MEDICINE AND PENDING TTP EPAs WHEN GOING TO SUBSPECIALTY</b>	
	<b>J. Vergel de Dios</b>
Discussion:	<ul style="list-style-type: none"> <li>• J. Vergel de Dios stated that this is an issue that has come up and it is especially if you are moving on to a subspecialty program and you do not have all your EPAs complete for lets say Internal Medicine. And a lot of the sub specialty program schedules do not allow for residents to do the missing CORE or TTP EPAs from Internal medicine. This has been an issue nationally not just at Western and there has been discussion about it.</li> </ul>
Action:	<ul style="list-style-type: none"> <li>• <b>None</b></li> </ul>
<b>ADVICE FOR INCOMING RESIDENTS</b>	
	<b>J. Vergel de Dios</b>
Discussion:	<ul style="list-style-type: none"> <li>• J. Vergel de Dios has requested committee members to email her advice they wish they had for incoming residents regarding CBD. She is currently working on resident orientation modules for CBME – focused at the Royal College level and it would be really nice to have a few things from a resident perspective so she can incorporate it into the orientation modules.</li> </ul>
Action:	<ul style="list-style-type: none"> <li>• <b>Committee members to email J. Vergel de Dios some advice/things they wish they new in PGY1 for CBD orientation modules.</b></li> </ul>
<b>RESIDENT CO-CHAIR POSITION</b>	
	<b>E. Chan</b>
Discussion:	<ul style="list-style-type: none"> <li>• E. Chan starting in July will be stepping down as the resident co-chair for the RAC-CBME committee. He is happy to provide guidance or orientation as to what the position entails. It is not overly time consuming position.</li> <li>• J. Vergel de Dios thanks E. Chan for all of his involvement, leadership and work with the RAC-CBME over that last two years.</li> </ul>
Action:	<ul style="list-style-type: none"> <li>• <b>Residents who are interested in the co-chair position or know of someone who would be interested are to email E. Chan and J. Vergel de Dios</b></li> </ul>
<b>NEXT RAC-CBME COMMITTEE MEETING: TBD</b>	