RAC-CBME MEETING MINUTES

DATE: December 7, 2020	TIME: 5:30pm	LOCATION: Zoom
MEETING CALLED BY	Dr. J. Vergel de Dios, Director of CBME Implementation, PGME	
ATTENDEES	Dr. J. Vergel de Dios (Co-Chair); Dr. A. Zaki (Resident Co-Chair); A. Good; A. Teel; C. Baker; C. Cadieux; C. Koerber; C. Li; C. Wang; E. Walser; H. Li; J. Krista; J. Vergel de Dios; K. Trudgeon; L. Calderon; L. Madrazo; M. Abufarhaneh; M. Lugowski; P. Morris; R. Barnfield; S. Ndoja; S. Wood; S. Young; Y. Fanous; Z. Merali	
REGRETS		
NOTE TAKER	Clarissa Koerber (clarissa.koerber@schulich.uwo.ca)	

RESIDENT WELLNESS

	This is just a reminder that any resident who is feeling overwhelmed and in need of support can reach out to Dr. Michelle Marlborough, Assistant Dean, Postgraduate Learner Experience, anytime. Dr. Marlborough can be reached via email at michelle.marlborough@sjhc.london.on.ca or on her cell phone at 647-272-1188. Additional resident support resources can be found at Learner Experience.

CALL TO ORDER & APPROVAL OF MINUTES

DISCUSSION	- Meeting called to order by Dr. J. Vergel de Dios on December 7, 2020 at 5:30pm. - October 2020 meeting minutes were approved. - Dr. J. Vergel de Dios welcomed Clarissa Koerber (Administrative Assistant, CBME) to the team. - Interim Questions: - What are your programs' ground rules? - What are your experiences with distributed faculty and CBD? - Do you know about the reports portal? - Do you have a curriculum map from your program (or one you created yourself) where you can see which EPAs are applicable for each rotation?

1. NATIONAL CBME LEADS MEETING UPDATE – DR. J. VERGEL DE DIOS

DISCUSSION	J. Vergel de Dios provided an update from the National CBME Leads Meeting. - Dashboard needs are the same across the country, with exception of the few schools where the dashboard was created from the ground-up locally. - Overlap training when moving from specialty to subspecialty was discussed, specifically as related to Internal Medicine (IM). IM needs to negotiate with each subspecialty about which Transition to Practice EPA in the IM residency program can be brought over to the specific subspecialty. - Psychiatry and its 2 subspecialties have figured this out and have moved to what is called a 'Delegated Model' in which the subspecialty will take full ownership of that EPA – the subspecialty will provide the training experience, assess the TTP EPAs, and the Competence Committee (CC) for that subspecialty will determine when the TTP EPA is achieved. More details to come once confirmation and final decisions are received from all sub-specialties. - Contextual variables were also discussed as to whether or not they need to be included on EPA assessment forms in such detail or number.
ACTION ITEMS	None

2. STEERING COMMITTEE MEETING UPDATE – DR. J. VERGEL DE DIOS

DISCUSSION	• J. Vergel de Dios provided an update from the Steering Committee Meeting. The dashboard development for CCs is coming along and to be discussed later during the Elentra update portion of the meeting.
ACTION ITEMS	• None

3. REP UPDATES 2017-2020 & INTERIM QUESTIONS – DR. A. ZAKI	

DISCUSSION	• Physical Medicine & Rehabilitation Update – C. Baker
	  ○ C. Baker explained that they would like the ability for Allied Health to be able to complete EPA assessments. A. Zaki explained that this is a possibility. Within Elentra, when triggering an assessment there is an option to add an individual by email. This will allow residents to include Allied Health as assessors.
	  ○ Physiatry has CBME ground rules and all staff are familiar with CBD. They have experienced no troubles with any of the other interim question items.
	• Internal Medicine (PGY1) Update – A. Teel
	  ○ A. Teel explained that it is difficult to get responses to EPA assessments. Often, an EPA is sent, and no response is received prior to expiration. There is no specific timeline for when to have EPAs completed by. There are also no defined criteria of when to ask staff, but rather a cultural matter dependent on the staff member.
	• General Surgery Update – E. Walser
	  ○ E. Walser reported that there are no systemic concerns within General Surgery. There are ground rule guidelines in place regarding what EPAs are required for each rotation and when they need to be completed by. Reports go out to residents and staff on a monthly basis showing the number of EPAs they receive and how this compares to peers. A curriculum map is in place. In-house concerns are being addressed at a program level.
	• Anatomical Pathology Update – H. Li
	  ○ H. Li explained that Anatomical Pathology has flexible ground rules in place. Each day, residents work with a pathologist on a case and it is expected that one EPA is completed per day. No ground rules exist on when to request an EPA. Senior residents do not complete EPAs, the main reasoning being that most are not familiar with the process. In the meantime, only staff are completing assessments as individuals become familiar with the process. In terms of entrustment scales, there is not much of a shared understanding with regards to the meaning behind different levels. Anatomical Pathology does not have distributed faculty; all are based locally. In terms of curriculum maps, they had one in Transition to Discipline, however not since.
	  ○ H. Li explained that there is an ongoing issue with staff not being proficient with computers and accessing the Elentra portal. It was asked if it would be possible to use paper EPA assessment forms. J. Vergel de Dios explained that volume may be a challenge as we do not want the burden to fall on residents to transcribe paper forms.
	• Orthopedic Surgery Update - C. Cadieux, S. Ndoja
	  ○ C. Cadieux explained that residents have felt overwhelmed by the volume of EPAs they are expected to complete. S. Ndoja asked whether it is possible to show in Elentra where you are in terms of achievements and what is needed to progress, as the current process involves cross-referencing multiple documents. P. Morris explained that there is currently no simple way to view this in Elentra, however there will be in the Resident Dashboard (launching in the Spring). J. Vergel de Dios identified the reports portal as a resource to view some of this information.
	• Rheumatology Update – L. Calderon
	  ○ L. Calderon explained that there is no target number for the number of EPAs to complete in a given block as it is a 2-year program split into 4 stages that can vary in timeline anywhere from 3 blocks to 1.5 years. They do have a simulated session in which EPAs can be completed if they were not done in clinic. Some staff members are very proactive in completing EPAs, whereas others are not.
	• Internal Medicine (PGY2) Update – L. Madrazo, Y. Fanous
	  ○ All residents are aware of the reports portal, ground rules, and guidelines around asking for EPAs. L. Madrazo explained that it can be difficult to acquire EPAs as some are very specific and hard to come by. Additionally, as residents move into more senior roles, it can be difficult to find a qualified observer, especially overnight when there are no supervisors.

- o Y. Fanous raised two concerns. First, Elentra is not as user friendly as it could be with regard to tracking EPAs that are pending, showing when EPAs need to be completed, etc. Second, very little staff are initiating EPAs. Y. Fanous suggested that staff could complete EPAs for their residents when completing end of rotation evaluations. L. Madrazo confirmed this issue and added that the majority of EPAs completed during the first year were done by senior residents rather than staff members. A. Zaki explained that having staff complete EPAs at end of rotation evaluations defeats their intended purpose of in-the-moment feedback.
- Adult Critical Care Update – M. Lugowski
  - o M. Lugowski reported that they have explicit ground rules set at the beginning of the year, however she is unsure whether there is written documentation of this. Residents generally complete approximately 1-2 EPAs per call at the very least because they have a short time to complete them. There was some challenges when the auto-expiry feature launched as staff would eventually fill in assessments when reminded. Residents had encountered situations where they would remind a staff member but when they logged in, the EPA had expired and is difficult to recover. In terms of distributed faculty, community supervisors do not have much knowledge on CBD, however the platform allows them to easily complete EPAs. Not many residents are aware of the reports portal, however the program PA generates and circulates these reports prior to the CC meeting so that residents remain updated on their progress. The program does not have a curriculum map. There is opportunity for simulation EPAs for those that are challenging to obtain.
  - o M. Lugowski reported the main concern is staff not completing assessments on time.
- Neurology Update – C. Li
  - o C. Li explained that the main concern among residents is that within an EPA there are multiple requirements, and it is difficult to know which have versus have not been met. P. Morris touched upon this issue and it will be addressed in the Resident Dashboard.
- Adult Emergency Medicine Update – R. Barnfield
  - o R. Barnfield explained that CBME works well in the emergency department because residents work one-on-one with staff therefore collection of EPAs is encouraged. EPAs are requested at each shift and between 2-6 on average are completed. Some staff members fill out the forms themselves whereas others simply sign off on pre-completed forms. R. Barnfield identified the issue that sone staff differ when it comes to shared entrustment scales. For example, a junior resident may be assessed at a staff level however, this has not led to any issues in achieving EPAs. There is no formal ground rules document.
  - o R. Barnfield stated they do not have experience with distributed faculty and CBD.
  - o R. Barnfield stated that she has just learned about the reports portal.
  - o There is no curriculum map in terms of asking for EPAs off-service, however it would be helpful. A. Zaki asked whether residents have made curriculum maps on their own. R. Barnfield explained that this is not the case, however there is a document containing all EPAs (similar to the reports portal), but no curriculum maps have been passed along to them.
- Pediatrics Update – S. Wood
  - o A. Zaki welcomed S. Wood to the RAC as the new Pediatrics representative.
  - o S. Wood explained that Pediatrics is in the early stages of implementing CBME; it is a soft launch. It is currently more heavily implemented in PGY1 than in upper years. PGY1s are expected to complete 1 EPA per day, whereas upper years are expected to complete 1 EPA per week.
  - o Pediatrics has ground rules in place.
  - o S. Wood explained that Pediatrics has not yet transitioned to Elentra but will be in the new year. Currently, they use One45 to complete EPAs which causes some difficulty.
  - o Pediatrics has a curriculum map, however more so for PGY1s. PGY1s have received a curriculum map card whereas upper years have a list of EPAs to achieve on their website.
  - o S. Wood stated that the reports portal is not as relevant for Pediatrics and that they have not encountered any issues concerning distributed faculty.
- Radiation Oncology Update – S. Young
  - o In terms of ground rules, there is not a formal document however residents are expected to complete approximately 2-3 EPAs per week. There is no set number of EPAs required per block, but residents are encouraged to get as many as they can. Residents meet with a mentor mid-block and with the PD once every couple of blocks. There are no specific limitations as to which EPAs much be completed by staff versus senior residents,

however there are specific EPAs that must be completed by staff members. Staff tend to fill out the forms themselves, whereas senior residents on off-service rotations prefer to sign off on pre-completed forms.

- o S. Young stated that they have not discussed entrustment scale ratings, however they have not experienced any issues and are always evaluated based on their respective levels (R1, R2).
- o S. Young explained that there is an issue with some off-service EPAs being challenging to obtain as they are specific to cases or symptoms that many patient encounters do not fit. S. Young has received feedback that EPAs may be better if they are more generalized. Additionally, the number of EPAs being requested of staff may be making it difficult for staff to give helpful feedback. S. Young suggested it may be better if fewer EPAs were requested.
- o S. Young learned at this meeting about the reports portal and will update co-residents.
- o There is a curriculum map in place that was created by the PD.
- General Internal Medicine Update – Z. Merali
  - o Z. Merali explained that they have a curriculum map in place that is shown on orientation day and outlines exactly which EPAs should be obtained on each rotation.
  - o GIM faculty are good at filling out EPAs, however the struggle comes with off-service or out-of-town rotations. Residents are expected to go to a community ICU and diagnostic imaging. In these instances, trainees are able to see EPAs, but program faculty cannot. This means that faculty are unable to keep track of EPAs and alert a resident when they may be missing something.
  - o Z. Merali reported that no residents are currently aware of the reports portal.
- Nephrology Update – C. Wang
  - o C. Wang stated that they do not have a formal ground rules document in terms of EPAs, but that the majority of EPAs are sent over to faculty. There is a variation in terms of evaluations being sent out blank versus pre-completed however, a soft-spoken rule exists that assessments will be returned more quickly if they are pre-completed. There are no rules in terms of how many EPAs to complete per week or block, however they are given a general timeline on completing Transition to Discipline, Foundations, and Core Competencies. They have received a foldable card outlining expected EPAs to reference on rotations.
  - o C. Wang stated that they are unaware of the reports portal but that she will look into it.
  - o C. Wang stated they do not have a formal curriculum map, however the way their EPAs are set up correlate well to rotations.
  - o It was asked whether there are any strategies to encourage staff to complete EPAs on time as there have been many expired EPAs.
- A. Zaki thanked everyone for their feedback and summarized the 3 main points of concern: residents experiencing difficulty in tracking the EPAs completed vs. remaining; difficulty in getting attendings to complete EPAs before expiry; and strategies to encourage attendings to complete EPAs at all.
- A. Zaki discussed the possibility of creating a best practices document that lists strategies residents can use to encourage attendings to complete EPAs. A. Zaki offered his personal strategies which include letting attendings know ahead of time and following-up a few days later. He also advised that in Elentra there is a feature that will send assessors a reminder 48 hours before an EPA is going to expire. A. Zaki stated that this conversation will be continued during the resident-only portion of the meeting.

ACTON ITEMS	• **RAC members to discuss possibility of creating an EPA best practices document for residents.**

4. ELENTRA UPDATE – P. MORRIS, J. KRISTA	

DISCUSSION	• Dashboard, Reports Portal, & Assessor Stats
	     o P. Morris provided an update on the Competence Committee dashboard which is starting development next week by the IS team and will be available in April/May. Planning for the resident dashboard will begin mid spring.
	     o J. Krista provided an explanation of the reports portal (screenshot below). Directions on how to access the reports portal are as follows: log into Elentra; click reports button on the main banner which will open a new webpage; log in with UWO credentials; click "Elentra Reports"; click "PGME". There are 5 reports displayed.

- Assessor statistics displays assessor history such as the total number completed and the number that expired. The other reports provide information on the EPAs that are complete vs. outstanding. A reports portal flyer was previously circulated and will be sent out again.
- J. Vergel de Dios shared her screen to show the reports portal and examples of available reports. The question was raised as to whether the reports portal shows the proportion of required EPAs that are complete. J. Vergel de Dios explained that this information will be available in the resident dashboard.

Reports Portal & Assessor Stats
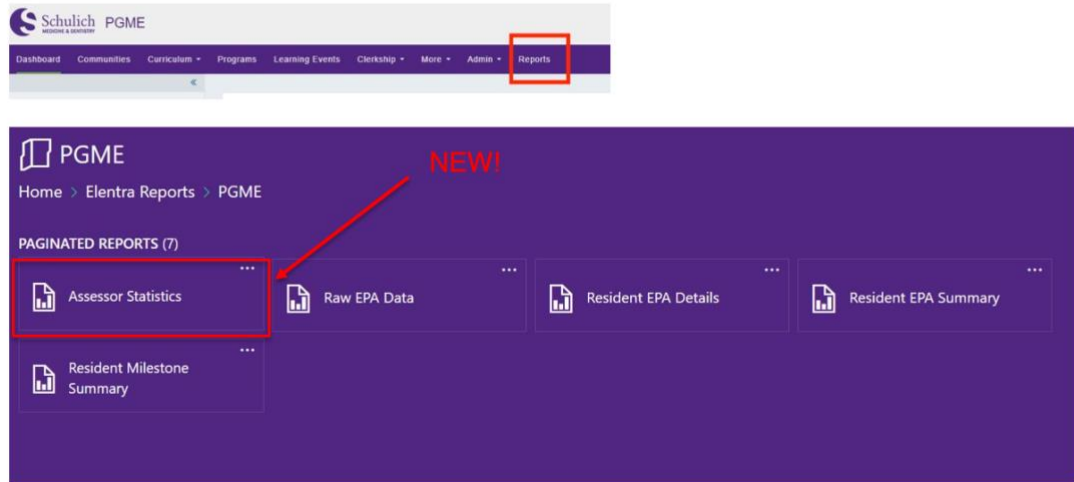
- J. Krista provided an update on the Elentra update to version 1.18 which will occur on December 9th. Users will experience a maximum downtown of 4 hours between 6:00-10:00am. Minor changes can be reviewed in the screenshot below:

1.18 Upgrade – Dec. 9
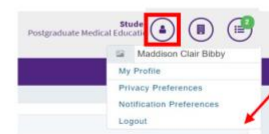
- Chrome Functionality
  - P. Morris explained that there have been reports from both residents and faculty concerning performance issues with Chrome. The Schulich Information Services (IS) Director spoke with LHSC

		IT and it is suspected the problem is due to a network issue between LHSC and Western. Steps are being taken to find a solution.
		o P. Morris provided an update on the Elentra shortcut. The IS Director was told by LHSC IT that the shortcut is not possible due to a policy to not implement shortcuts unless the majority of LHSC users access the application. The PGME CBME Steering Committee was vocal that the vast majority of LHSC users do access Elentra and that it would enhance the ability of residents to complete their work. Dr. J. Vergel de Dios and Dr. L. Champion will be taking this issue to higher levels. J. Vergel de Dios explained that there is the possibility of implementing a startup menu shortcut (as opposed to a desktop icon) and asked that attendees discuss the topic of Elentra access on computer hospitals during the resident-only portion of the meeting.
	• Patient Identifying Information on EPA Forms	
		o There have been instances of residents including patient-identifying information on EPA forms. P. Morris provided a reminder that no patient data should be included within Elentra.
ACTION ITEMS	• **C. Koerber to re-circulate the reports portal flyer.** • **RAC members to share the reports portal flyer with colleagues.** • **RAC members to discuss possibility of startup menu shortcut for Elentra.**	

5. EPA EXPIRY DATA & SURVEY RESULTS – A. GOOD

DISCUSSION	• A. Good explained that the purpose of this study was to look at what has been going on since the implementation of the 30-day expiry in the spring and whether the expiry date should be moved up further. Data was derived from all EPA assessments across all programs between the period of July 1 to September 30 (2020). Results show that 8% of EPAs expired. The majority were completed within 7 days and 84% of all EPA assessments across all residency programs were completed within 14 days, with some programs doing better than others.
	• Program PDs will be notified with individual program reports. 17/24 programs completed 90% of assessments in under 14 days.
	• A. Good explained that the purpose of the faculty and resident surveys were to gather opinions on and experiences with the 30-day expiry.
	    o Faculty survey results: The survey yielded 62 responses across 16 programs. 66% of respondents preferred moving the expiry to 14 days or less. Justification for the proposed dates included: 7 days – feedback most relevant when timely; 14 days – 7 days too short for busy clinicians on rotation but 30 days too long for meaningful feedback; 30 days – time constraints (do not check Western email account often)
	    o Resident survey results: The survey yielded 43 responses across 9 programs. No participating resident preferred moving the expiry date up to 7 days. Most residents reported preferring an "other" option (no expiry or unlimited). General feedback received includes: completing an EPA seems to be done in an "all-or-nothing" approach depending on the faculty member; EPA assessments are expiring and the onus is on the resident to complete a new one; the belief that "no expiry" leads to accountability, as the incomplete EPA remains in the system.
	    o A. Good brought attention to the Faculty Assessor Reports where an assessor can look at how many assessments are complete vs. expired. The challenge is to get the word out and hold faculty accountable in completing EPAs.
	• A. Good outlined that the next steps include pulling this data 3 times per year and compiling it into individualized reports that will be sent to individual program PDs. The first report will be updated to include November data and will be distributed later this month. A. Good explained that they do not want to cause an extra burden by moving the expiry date up and therefore will only consider doing so once the threshold of 90% of all assessments being complete within 14 days is met. Presently, 17/24 programs are already hitting this threshold. Factors to consider include Elentra ramifications associated with moving the EPA expiry. A. Good explained that data will be further analyzed to ensure outliers are not skewing results.
	• A. Good and J. Vergel de Dios emphasized that resident wellness is being considered in these decisions by ensuring that no extra burden is being placed onto residents in the form of unintended consequences.

ACTION ITEMS	• **A. Good to distribute program reports to PDs.**

6. PROGRAM EVALUATION – DR. J. VERGEL DE DIOS

DISCUSSION	• Schulich-Wide Resident Survey
	     o A. Zaki to provide an update during the resident-only portion of the meeting. A reminder will be sent out on December 8 and the survey will close on December 11.
	• Surveying Recent Graduates
	     o A. Zaki to discuss this topic during the resident-only portion of the meeting. J. Vergel de Dios explained that we would like to gather resident thoughts on this matter and specifically, what questions current residents have for recent graduates (within the past 1-2 years).

ACTION ITEMS	• **RAC-CBME members to discuss surveying recent graduates.**

7. GENERAL QUESTIONS – DR. J. VERGEL DE DIOS

DISCUSSION	• Feedback & Coaching Workshop with Faculty
	     o J. Vergel de Dios explained that they are in the early stages of planning a workshop on feedback and coaching for both faculty and residents in the Spring. If interested in attending or helping out, please feel free to reach out.
	• CBME Innovators with CERI – Spring 2021
	     o J. Vergel de Dios explained that they are in the early planning stages and open to including residents. The purpose is to show and tell what you have been doing as medical education innovators (even if it is just an idea or concept). Assistance will be provided to write it in an abstract form to either submit to a journal or create a poster presentation for the Incubator presentation. Anyone with ideas is welcomed to reach out as resident participation is encouraged.

ACTION ITEMS	• **RAC-CBME members to reach out if interested in attending or helping with the Feedback & Coaching Workshop.** • **RAC-CBME members to reach out if interested in participating in the CBME Innovators with CERI event.**

8. RESIDENT-ONLY PORTION – DR. A. ZAKI

DISCUSSION	• Is there anyway to be able to access the Elentra report section without needing to retype the password in? This was brought up in the past and wasn't possible because they are separate systems. Is there a way to set it up that the link to someone's report pre-fills their login or is unique? • Residents didn't really feel that adding an Elentra short-cut to hospital computers would increase the number of EPAs people get. Instead, we should focus our efforts on asking attendings to set up their PINs. This was a recurring theme in the resident-only section. (Most ER docs have their PINs set-up. R. Barnfield try to look into what they did to get it all done that way) • Residents were wondering if there could be a formal time of the week that attendings are expected to meet with them to give them feedback. Many residents feel that asking attendings to stop and complete an EPA can be annoying/disrupt the workflow. Instead, what could happen is that attendings can give residents feedback throughout their interactions and then there is an expectation that, for example, on Thursday at 2 pm, the attending and the resident will sit down and complete all the EPAs that were discussed throughout the week/that day. • Can we set a generic PIN for allied health that is known to residents for the allied health EPAs. This code could be something like 0000 and for the allied health EPA it would work through an honour system/the allied health completing the EPA adds their name to the assessment in case someone wants to follow up on it. • This would significantly help residents complete the allied health EPAs and would not make the residents feel that they are burdening the allied health with extra work, since 1. It's not really part of their job to complete EPAs for residents. 2. If EPAs are emailed to allied health, it is very unlikely for them to be completed. 3. Allied health staff generally do not have their own PINs. • When an EPA is about to expire and residents are told that an EPA is about to expire, they can't easily find out, which EPA will expire and to who it was sent. To find out, they would need to log on, go to the pending EPA section, find out which EPA was sent 12 days ago and log on to see what the attending's name is. It would be great if the email reminding them of an expiring EPA mentioned who the EPA was sent to and what the EPA is.

	- An earlier reminder that an EPA will expire, for example, many felt that if they were told at the 7-day mark that an EPA was not done and again 48 hours before an EPA was going to expire that they would have more opportunities to remind attendings about them. - Can the default setting be that EPAs are sent to attendings' LHSC email instead of UWO. A. Zaki stated that this is unlikely as it is a Western system, but that attendings can add their LHSC email to it. - Sometimes when attendings click on the link to complete an EPA from their LHSC email, it requires them to log into Elentra (often they don't remember their passwords), other times it does not require them to log in.
ACTION ITEMS	

ADJOURNMENT & NEXT MEETING

	- Date and time of next meeting: February 1, 2021 at 5:30pm