RAC-CBME MEETING MINUTES

DATE: March 29, 2021	TIME: 5:30pm	LOCATION: Zoom
MEETING CALLED BY	J. Vergel de Dios, Director of CBME Implementation, PGME	
ATTENDEES	A. Dhaliwal; A. Good; A. Jaidka; A. Zaki; B. Ferreira; C. Baker; C. Koerber; C. Van Doormaal; C. Wang; E. Walser; J. Gencher; J. Krista; J. Vergel de Dios; K. Nelligan; L. Champion; M. Lugowski; P. Morris; S. Hinton; S. Ibdah; S. Ndoja; S. Wood; Z. Ali; Z. Hindi; Z. Merali	
REGRETS	H. Li; C. Cadieux	
NOTE TAKER	Clarissa Koerber (clarissa.koerber@schulich.uwo.ca)	

CALL TO ORDER & APPROVAL OF MINUTES

DISCUSSION	• Meeting called to order by Dr. J. Vergel de Dios at 5:30pm. • February 2021 meeting minutes approved. • J. Vergel de Dios welcomed new members from PGME: Susan Ibdah and Bela Ferreira. S. Ibdah is the new Curriculum & Assessment Specialist and B. Ferreira is the new Education Developer.

1. PREVIOUS ACTION ITEMS – DR. J. VERGEL DE DIOS

DISCUSSION	• 1.1 Where RAC-CBME Survey Results Were Shared
	   o In addition to the Steering Committee, the RAC-CBME survey results have already been shared and discussed with the PGME Committee. This will be an ongoing discussion point at future meetings including all program PDs and Medical Affairs reps. J. Vergel de Dios assured that based on prior discussions, PDs are advocating for residents.
	   o The survey results have also been shared with National CBME Leads, the RCPSC CBD Leaders, and Learner Experience.
	   o Looking forward, the survey results will be posted on the public website and Dr. L. Champion and Dr. J. Vergel de Dios will be presenting the results to Clinical Chairs in April. This will kick off the faculty accountability piece.
	   o J. Vergel de Dios explained that we are making sure the results are generating important discussion. If residents have not seen it distributed among their program(s), they are encouraged to do so as it is meant to be shared widely.
	• 1.2 Ottawa Resource for Visiting Elective Residents
	   o J. Vergel de Dios explained that several meetings ago, a resident mentioned being given a resource when visiting the University of Ottawa. K. Trudgeon had reached out to Ottawa and they are willing to share this resource with us, however they are unsure of what the specific resource is. J. Vergel de Dios asked whether anyone present at the meeting is able to speak to this.
	   o A. Zaki explained that his understanding is that it is a resource for residents on how to give effective feedback to clerks or junior residents. The resident that originally brought this up is unable to take the lead in developing a similar Schulich resource at this time, therefore there is an opening for someone else to do so if interested.
	   o J. Gencher shared this link: http://www.med.uottawa.ca/Students/Exam-online/storyline/Teaching-Medical-Students-Toolkit/story_html5.html
	• 1.3 Answers to resident-only portion summary from last meeting
	   o During the last meeting's resident-only portion, the issue of PDs sending conflicting messages about EPA requirements was discussed. C. Koerber reached out to PDs on the two questions that were raised. The questions and responses can be found below:
	      ▪ Question 1: In previous years, some options were not available to residents (e.g., allied health filling out EPAs) and we were told to ignore that requirement, however it is now being brought back up that residents missed this EPA and are in trouble for not getting it.
	         • Internal Medicine (Dr. Selay Lam): Decided not to hold residents accountable for the number of EPAs needed from allied health as technology was not available early on this academic year; we have not

		changed that. We also had difficulty with patient evaluation on Elentra that we had to make do with revisions of EPAs.
		• Neurology (Dr. Anita Florendo-Cumbermack): None of our EPAs are filled out by allied health – some to be completed in consultation with allied health. We have however maintained multi-source feedback.
		• Nephrology (Dr. Hari Iyer): Seeks feedback from allied health staff, which is communicated to the primary advisors, who then complete the EPAs for residents, so the residents don't miss out on those EPAs.
		• Neurosurgery (Dr. Keith MacDougall): Allied health does the 360 assessments, particularly for Surgical Foundations.
		▪ Question 2: Fellows previously counted as staff as you work one-on-one with fellows in certain clinical scenarios. In Oct/Nov fellows no longer counted as staff. This change was not communicated to residents and now residents are deficient in certain EPAs. Can fellows be changed back to staff?
		• Internal Medicine (Dr. Selay Lam): Fellows (R4-9) have always counted as senior residents in our program unless they hold an academic appointment at Western.
		• Neurology (Dr. Anita Florendo-Cumbermack): Our EPAs have always grouped fellows with senior residents and specify this along with how many need to be filled by staff. Due to variability in training experience/backgrounds of fellows in CNS, it is unlikely that we will switch to group fellows as staff.
		• OtoHNS (Dr. Brian Rotenberg): Fellows should be counted as staff for EPA purposes.
		• Neurosurgery (Dr. Keith MacDougall): Fellows are filling out EPAs.
		o J. Vergel de Dios explained that if these answers are not satisfactory, we are happy to bring any further questions/concerns to program PDs. Residents may also wish to further discuss during the resident-only portion of the meeting.
ACTION ITEMS		• **Committee is encouraged to continue sharing RAC-CBME survey results.** • **B. Ferreira to look into Ottawa resource and see if something similar can be created for Western.**

2. REP UPDATES – COMMITTEE

| **DISCUSSION** | • Program representatives discussed the following pre-meeting questions (please note questions 4 and 5 were saved for the resident-only portion of the meeting):
  o 1. Nominate a peer who has done a lot for CBME – either critically asking questions, advocating, mentoring juniors in the process, etc. We would like to locally recognize them.
    ▪ J. Vergel de Dios clarified that this means nominating a peer for local recognition, within PGME.
  o 2. Focus on RAC-CBME survey results: Pre-filling in your own EPA forms in Elentra before sending them – thoughts, suggestions?
  o 3. Do any residents currently incorporate CBME in their faculty evaluations of supervisors? What are you asked to evaluate?
  o 4. Would you like to draft a more focused response to the RAC-CBME survey results that focused on faculty accountability and professionalism?
  o 5. What do you think of the new "My Triggered Tasks" feature on Elentra?
• A. Zaki welcomed the new Cardiology representative, Atul Jaidka. Cardiology has not yet transitioned to CBME; however, they have been filling out EPAs.
• Physiatry – C. Baker
  o C. Baker explained that pre-filling evaluations has not proven to be helpful outside of getting ITERs completed faster. It was noted that the feedback is often not useful.
  o C. Baker is not aware of anyone that is formally evaluating staff, however, will encourage her residents to do so going forward.
• Nephrology – C. Wang
  o C. Wang explained that the consensus in Nephrology is that EPAs will be more likely to be completed and completed quicker when they are pre-filled. Often, staff ask for the EPAs to be pre-filled and then they edit and fill in the remaining sections. C. Wang feels the feedback diminishes when the EPA is filled in by the resident as it becomes more of a self-evaluation. |

- o Presently, CBME is not included in faculty evaluations. However, faculty are held accountable by staff members that identify those faculty that are behind in completing EPAs and remind them on behalf of residents.
- Plastic Surgery – K. Nelligan
  - o K. Nelligan explained that junior residents commonly fill out their EPAs as this is believed to be the best way to have them consistently completed. However, this method offers very little value as not much constructive feedback is added.
  - o K. Nelligan explained that EPAs do not always leave room for descriptive feedback. The prompts are often "did you have to be there" or "did you have to do it for the resident". Therefore, it may be difficult to offer constructive feedback when some evaluations are simply a matter of whether a task was completed or not, rather than how well it was done.
  - o A. Zaki explained that EPAs are set by the RCPSC/National Specialty Committee and therefore there may not be an opportunity to change this.
  - o K. Nelligan explained that it seems that EPAs are sometimes yes/no, when they could be qualified or worded differently to reflect the entrustable task.
  - o It was pointed out that it may be on the junior resident to notify an assessor when an encounter was challenging or a unique opportunity for them that they want detailed feedback on as this may be difficult for a senior person to know.
  - o J. Vergel de Dios pointed out that this resembles the RX-OCR framework that the RCPSC has developed in which R is about establishing rapport, and X is about communicating expectations. When implementing this framework, it allows for a shared understanding of what your interaction for the day will be.
- Orthopedic Surgery – S. Ndoja
  - o S. Ndoja explained that it is frustrating when pre-filled EPAs expire and then being told that you are missing EPAs, especially for those that are only available on certain rotations. Pre-filling EPAs leads to poor feedback.
- General Surgery – E. Walser
  - o In terms of nominating a peer, nobody comes to mind at this time, however, will continue to discuss with the group going forward.
  - o E. Walser explained that there is consensus among residents that pre-filling an EPA will lead to it being completed. However, he echoed that this is not an effective learning process. Faculty are 50/50 on whether they will fill it out themselves.
  - o Some residents do incorporate CBME into faculty evaluations and will continue to encourage more to do so.
- Anesthesia – C. Van Doormaal
  - o Anesthesia incorporates faculty evaluations into VENTIS evaluations, in which there is a section that focuses on faculty comfort with EPAs and how consistent they are in completing EPA evaluations.
- ICU – M. Lugowski
  - o M. Lugowski explained that in general, if an EPA is pre-filled it is more likely to be completed. There are a few staff members that are good with writing in comments, and some (although the minority) will trigger assessments themselves.
  - o There are no formal mechanisms whereby CBME is included in faculty evaluations, however it could be written in faculty evaluation comments if wanted.
- Pediatrics – S. Wood
  - o In terms of incorporating CBME into faculty evaluations, there has been talk of including a comment box in One45 to help keep staff accountable. This has not yet been implemented.
  - o S. Wood suggested that Pediatric ICU be grouped in with Pediatrics representative as they work closely together.
- GIM – Z. Merali
  - o Z. Merali explained that many fellows are pre-filling EPAs and agreed that this takes away from receiving meaningful feedback. In general, staff are fairly good at putting in their own comments. It was noted that at the fellow level, they are expected to evaluate themselves as well.
  - o Z. Merali suggested that the idea of including CBME in faculty evaluations be communicated widely so that more residents/fellows are aware and start doing so.
- GI – Z. Hindi
  - o Z. Hindi explained that most staff members ask for EPAs to be pre-filled. This is helpful to reflect on what was done from a procedural sense. However, when it comes to clinical experience, not much is gained by doing so.

	- Presently, CBME is not incorporated into faculty evaluations as they are still using the standard One45 forms. J. Vergel de Dios assured that this discussion will be brought up with the SC, PGME Committee, and the Clinical Chairs. Focus will be on the RX-OCR framework as it considers what both sides can do to make the most of encounters together. The idea of incorporating CBME into faculty evaluations will be brought forth in conversation with PDs and Clinical Chairs.
ACTION ITEMS	**Committee to consider peers to nominate for local recognition.** **J. Vergel de Dios to provide RAC-CBME update at upcoming SC and PGME meetings, as well as discuss with Clinical Chairs.**

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

DISCUSSION	3.1 Elentra Dashboard – Preview Mock-Up P. Morris provided a preview of the new CC Dashboard that will launch in approximately one month. The Resident Dashboard will launch by July 1st and will be very similar to the CC Dashboard, except for what is blurred out in the screenshots below. P. Morris explained that the widget items are flexible and can be adapted to show information that residents request. - The widget showing a comparison of yourself to other residents in your program at the same level will not be available to avoid breach in confidentiality. - The scatter chart shows entrustment scores for all EPAs in the selected time period. - The EPA metrics chart shows the number of EPAs requested, the number of EPAs triggered by faculty, how many entrustment scores are above or equal to 4, and how many EPAs have expired.

- o Notes (Resident Log) is where users can add a note or upload files, either general or related to an EPA. P. Morris asked whether residents would like the option to add notes for themselves as a form of resident reflection. Please note that this would not be completely confidential – both the IS and CBME team would have access. Committee to let P. Morris know whether this is something that should be included.
  - o P. Morris explained that they are open to designing a widget to display any desired statistics to fill the open space on the Dashboard. There is also a list of widgets available for PDs and residents to choose from for phase 2 development.
  - o Along the bottom of the Dashboard are the stages of training and resident progress.
  - o J. Vergel de Dios explained that we will be relying on the RAC-CBME for feedback on the Dashboard and to pass information along to peers.
- 3.2 My Triggered Tasks Feature
  - o A My Triggered Tasks flyer was sent to the RAC-CBME and all program PAs and PDs. Feel free to forward the flyer to anyone who has not yet received it. The My Triggered Tasks feature was requested by residents at the previous RAC-CBME meeting and is now live.

- o Under the assessment and evaluation icon in the top right corner, you will notice a new tab called My Triggered Tasks. Here, you will see a list of all EPA assessments that have been triggered where you are the learner (not as an assessor) and their status (in progress, completed, deleted and the reason for deletion).
  - o Residents now have the ability to send a reminder email. Please note that only one reminder email per EPA per day is permitted. This option will be greyed out if a reminder email has already been sent.
- 3.3 Outstanding EPA Reminder Email – Changed from 28 to 7 Days
  - o At the previous RAC-CBME meeting, the possibility of changing EPA reminder emails from 28 to 4 days was discussed. After looking at EPA statistics, it was found that most are completed within 7 days. In order to allow faculty a chance to complete EPAs and minimize email burden, we are considering changing the reminder email from 28 to 7 days. This will be discussed at the SC meeting later in the week. UPDATE – change to 7 days is now live as of April 5. An announcement will likely be sent shortly about the new change along with the automatic reminder email wording.
  - o Residents were asked to discuss during the resident-only portion of the meeting and make note of any questions/concerns.
- 3.4 Website will be Updated in April
  - o The public website will be updated in April.

ACTION ITEMS	• **Committee to determine whether they would like the ability to make comments in the Resident Log/Notes on the Dashboard.**

4. FEEDBACK FROM USING QUEEN'S ELENTRA APP – COMMITTEE

DISCUSSION	• J. Vergel de Dios followed up on the discussion from the previous meeting at which residents were asked to test the Queen's Elentra App. • A. Zaki explained that he prefers the full website to the app. • J. Vergel de Dios proposed that this discussion be continued at a future meeting in order to allow residents more time to test the app.
ACTION ITEMS	• **Committee to test the Queen's Elentra App and provide feedback.**

5. PGME COMMITTEE UPDATE – DR. J. VERGEL DE DIOS

DISCUSSION	• 7.1 Elentra Data Access and Sharing Policy – Approved 　o J. Vergel de Dios informed the committee that an Elentra Data Sharing and Access Policy exists outlining who has access to which reports. It has been approved by the PGME Committee. Once approved by the ECSC, it will be posted to the website. 　o L. Champion explained that the ECSC meeting was cancelled so it is not yet approved, however it will be within the coming weeks.
ACTION ITEMS	• None

6. UPCOMING ACADEMIC YEAR – J. VERGEL DE DIOS

DISCUSSION	• As we approach a new academic year, a call will be put out for the following: 　o New RAC-CBME co-chair (1 year term) 　o New RAC-CBME resident secretary (take notes during the resident-only portion of the meetings) 　o General call for interested members (no limit to numbers per program)
ACTION ITEMS	• **RAC-CBME members to reach out if interested in being the next co-chair or secretary.** • **Committee to encourage new peers to join.**

7. RESIDENT-ONLY PORTION – COMMITTEE

DISCUSSION	Should faculty evaluations include a CBME feedback section (e.g., incorporating whether filling out EPA's, agreeing to fill out an EPA & EPA's expired)? - Residents agreed that it would be helpful to be able to provide CBME-specific feedback to faculty e.g., via one45 when already completing faculty feedback. - Program directors/program heads, however, should independently also report cards on faculty that consistently let EPAs expire, don't trigger EPAs, or complete a small number of EPAs i.e., the onus should not only be on residents to identify faculty 　o The report card already exists. 　o There was no opposition to the above motion. - At this time there is no negative consequences for staff not doing EPA's so this would be a good first step towards that actually identify faculty who would benefit from further CBME coaching - Anaesthesia residents already have the option to provide CBME-specific feedback via Ventis (e.g., faculty completing EPA's, preceptors level of comfort/knowledge of EPA's, other comments). - Adding a box in one45 can likely be done for a large number of faculty in a short timespan (there can also be an option of "CBME does not apply to me" Residents are getting professionalism lapses but are sending EPA's and they are expiring. Do we need a statement sent to the PGME for staff accountability? - General consensus is that this should be done. - A google document will be circulated to create a first draft of the statement to be reviewed at the next Resident-Only portion. - In Nephrology there is a staff accountability that exists that was being driven by EPA's expiring. If a resident isn't progressing as expected, staff reach out to the resident to see what the barriers are. If it is staff allowing EPAs to expire then it is staff to staff discussion individually or as a generalized email. What do you think of the new "My Triggered Tasks"?

	- The onus is still on the resident but removes the step of reaching out to the staff directly via text or email to remind them.
	- The committee will inform residents and let them know about the feature for feedback at our next session.
	
	Some of the EPA's are very basic and do not need "good feedback" (could be prefilled) and others are more advanced. How do we change this to ensure that we do get "good feedback" on advanced EPA's and do not want to pre-fill for staff?
	    - Ideas include:
	        o Label some EPAs as qualitative vs. quantitative EPAs.
	            ▪ **Quantitative EPA examples:** Enter admission orders 5 times, do 20 central line insertions.
	            ▪ **Qualitative EPA examples:** Advanced care planning discussion, run a family meeting, manage a complex resuscitation
	            ▪ Residents really want to be able to get feedback on qualitative/advanced EPAs and don't find it helpful to prefill those EPAs (entirely)
	        o Remove the options to pre-fill on the qualitative EPA OR
	        o Include a comment section for those EPAs that cannot be pre-filled
	        o Add a checkbox that states that there was a discussion/debrief for the qualitative/more complex EPA
	
	Does the updated Elentra have a track changes feature to see if pre-filled EPAs have been changed and if so, what the changes are?
	    - Follow up with Patricia regarding this
	
	RAC Meeting format feedback:
	    - It may be more useful to send the Elentra updates as an email to shorten the meetings
	    - It would also be useful to start with the resident only section first to allow a group opinion to shorten the resident update and bring concerns from the resident only portion immediately to the committee.
	        o Consensus was to hold the resident portion from 5:30-6:00pm and then the meeting starting at 6:00pm. Want to trial this at the next meeting.
	
	Elentra App:
	    - The EPAs are cut-off so it can be difficult to know what EPA is being sent.
	    - Not sure if we have control over this since it's regarding the Queen's App

ACTION ITEMS	- **The committee to inform residents of the My Triggered Tasks feature and provide feedback at the next meeting.** - **P. Morris to investigate whether the updated Elentra has a track changes feature to see if pre-filled EPAs have been changed.** - **C. Koerber to reschedule RAC-CBME meetings to begin with resident-only portion.**

ADJOURNMENT & NEXT MEETING

	Date and time of next meeting: May 31, 2021 at 5:30pm