

## RAC-CBME MEETING MINUTES

DATE: January 10, 2022	TIME: 5:30pm	LOCATION: Zoom
MEETING CALLED BY	J. Vergel de Dios, Director of CBME Implementation, PGME	
ATTENDEES	C. Koerber; A. Good; S. Hinton; A. Zaki; P. Morris; S. Ibdah; A. Teel; B. Ferreira; E. Li; E. Mitchell; H. Li; J. Garabon; L. Cormier; L. Calderon; L. Balaghi; L. Champion; M. Nuaaman; M. Swiha; P. Xiong; J. Vergel de Dios; C. Wang	
REGRETS	H. Rotz	
NOTE TAKER	Clarissa Koerber ( <a href="mailto:clarissa.koerber@schulich.uwo.ca">clarissa.koerber@schulich.uwo.ca</a> )	

### CALL TO ORDER & APPROVAL OF MINUTES

DISCUSSION	<p>The resident-only portion began at 5:30pm. The meeting was called to order by Dr. J. Vergel de Dios at 6:00pm. November meeting minutes were approved.</p>
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### 1. NATIONAL LEADS & ROYAL COLLEGE UPDATE – DR. J. VERGEL DE DIOS

DISCUSSION	<ul style="list-style-type: none"> <li>Dr. J. Vergel de Dios provided an update from the previous national leads meeting. <ul style="list-style-type: none"> <li>No results have been released yet from the national resident feedback survey that was administered in collaboration with RDoC.</li> <li>Future topics of discussion include fatigue, CBD sustainability, and the impacts of Covid-19. Resident thoughts and perspectives are welcome and valuable.</li> </ul> </li> </ul>
ACTION ITEMS	<ul style="list-style-type: none"> <li><b>Residents to reach out with thoughts/insights on fatigue, CBD sustainability, or the impacts of Covid-19 to pass onto the Royal College.</b></li> </ul>

### 2. CLINICAL CHAIRS MEETING UPDATE – DR. J. VERGEL DE DIOS

DISCUSSION	<ul style="list-style-type: none"> <li>Dr. L. Champion and Dr. J. Vergel de Dios presented to the Department Clinical Chairs for a second time on December 3rd. <ul style="list-style-type: none"> <li>The focus of the presentation was on how Chair/Chiefs can support faculty in completing EPAs.</li> </ul> </li> </ul>
ACTION ITEMS	<ul style="list-style-type: none"> <li>None</li> </ul>

### 3. PRE-MEETING QUESTIONS & DISCUSSION – COMMITTEE

DISCUSSION	<ul style="list-style-type: none"> <li>Please note: pre-meeting questions were open to program representatives only given the timing of this meeting after the holidays.</li> <li><i>Question 1: Residents completing their own forms without any modifications by the observer is a known issue. What kind of feature in Elentra could help decrease this or inform that a resident has completed the form themselves and no feedback was given?</i> <ul style="list-style-type: none"> <li>It was noted that a lot of staff depend on residents pre-completing EPA forms. Residents found that forms are less likely to be evaluated if they are not pre-completed.</li> <li>It was suggested that a feature be added in Elentra that prompts faculty to make further edits to an EPA form when they go to submit a pre-completed EPA without making any changes. The pop-up could read something along the lines of “You have not modified this form, would you like to make any changes?” in order to prompt faculty to add feedback.</li> <li>Dr. J. Vergel de Dios asked the residents how they discover when a faculty member has made changes on a pre-completed form and if they were aware of the change, how did they feel about what was added? <ul style="list-style-type: none"> <li>A resident explained that they discovered changes were made when reviewing completed EPAs and noticed that it was different from what was pre-filled. In this</li> </ul> </li> </ul> </li> </ul>
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instance, the resident felt blindsided by what was changed. This only occurred once and was not by a faculty member.

- A second resident noted that they have had a few EPAs edited and noticed these changes when reviewing EPA forms. The resident found what was added to be helpful as generally, they will write up the case description and allow the evaluator to provide feedback. The resident feels more comfortable submitting a form in this way rather than providing self-directed feedback.
- Another resident explained that they will generally ask staff up front whether they should pre-complete or send a blank form. If they are working with a staff member that is known to not complete EPAs, they will include humor in the comment box to see if it will be approved or not. Sometimes this is approved, other times it is not. When EPAs have been changed, the resident found the description to be appropriately changed to accurately reflect the situation.

*Question 2: Resident feedback on whether the feedback, written or verbalized for EPAs is important. How would you suggest providing feedback if an EPA's comments, written or verbal, are useful to you? Could this be a feature in Elentra or something done outside of Elentra?*

- It was noted that several programs have a faculty member that will review written feedback to identify any themes.
- Residents think it is important to have both written and verbal feedback and that written feedback is more useful as opposed to self-reflected feedback.

*Question 3: We plan on repeating the resident feedback survey at Schulich. Are there any questions you would like to modify or add?*

- Residents thought it would be useful to include a question related to pre-meeting question #5 as to whether residents feel that programs are too rigid with EPA requirements or whether there should be more flexibility in regard to being able to progress if residents are short one or more EPAs.
- Dr. J. Vergel de Dios clarified that pre-meeting question #5 is in regard to the number of observations on an EPA and not entire EPAs.
- Once survey questions are drafted, they will be sent to all representatives for any additions/edits.

*Question 4: Are you told what EPAs are applicable during a rotation, both on service and off service rotations?*

- Many programs do provide residents with a map outlining which EPAs to complete during each stage.
- Core Internal Medicine does not provide a map. Pathology has not provided a map either, however they are in the process of creating one.
- It was noted that it often depends on the program's admin as to whether or not residents get the map on time and whether it is complete.
- Dr. J. Vergel de Dios asked about off-service rotations.
  - Of the representatives present, residents do get a map for both on and off service rotations.
- Dr. J. Vergel de Dios ensured that for those programs that do not currently receive maps, we will work to ensure that this is provided. S. Ibdah works with programs on mapping and can work towards this with programs. If any other programs do not receive maps, please notify Dr. A. Zaki or Dr. S. Hinton so that PGME can be made aware.

*Question 5: The Royal College recently shared these points from their consultation with the RDoC: Residents feel their inability to meet EPA requirements is threatening their career; Programs are interpreting targets as literal (i.e. need 10 EPAs, have 9 so can't get promoted). Thoughts?*

- It was noted that some programs threaten resident's professionalism when EPAs are not completed. However, often this is because residents do trigger the required number of EPAs, but several of them may expire. It was asked what residents should do in such a situation. Should residents find new EPAs or ask their PA to reopen it? What happens if the EPA that expired is one that is not come across very frequently?
- Dr. J. Vergel de Dios clarified that expired EPAs are a faculty and program issue. This is something that we are working with PDs and department chair/chiefs to fix. Next steps are in ensuring faculty accountability when it comes to expired EPAs. It was suggested that residents be aware of the status of their EPAs so that they can make use of reminder emails through Elentra. Residents should also raise this issue to their academic advisors and/or PAs so that trends can be identified.

	<ul style="list-style-type: none"> <li>It was noted that there may be differing expectations between residents and faculty/CCs. Some residents have been told that it is still their responsibility to get more EPAs if they expire. It was asked whether CCs can see triggered and expired EPAs. <ul style="list-style-type: none"> <li>P. Morris confirmed that CCs can see this in the resident dashboard and they can also run reports.</li> <li>Dr. J. Vergel de Dios noted that whether they are reviewing this and taking it into account may be a different story. However, PGME continues to encourage CCs to be aware of this.</li> </ul> </li> </ul>
<b>ACTION ITEMS</b>	<ul style="list-style-type: none"> <li><b>PGME to look into the possibility of incorporating a pop-up in Elentra to include a prompt for faculty to add feedback on pre-completed EPAs.</b></li> <li><b>S. Ibdah to work with the programs that do not currently provide EPA maps to begin doing so.</b></li> <li><b>Residents to reach out if their program does not provide EPA maps.</b></li> </ul>

#### 4. MILESTONES – DR. J. VERGEL DE DIOS

<b>DISCUSSION</b>	<ul style="list-style-type: none"> <li>In preparation for discussion at the next RAC-CBME meeting, Dr. J. Vergel de Dios asked residents to consider whether they find milestones useful.</li> <li>We are investigating whether programs (on a program-by-program basis) want to continue making milestones mandatory and would like resident's perspectives on the matter.</li> <li>Dr. A. Zaki clarified that milestones are present at the top of EPA forms and are marked as either not achieved, in progress, or achieved.</li> </ul>
<b>ACTION ITEMS</b>	<ul style="list-style-type: none"> <li><b>Residents to consider the usefulness of milestones in preparation for discussion at the next RAC-CBME meeting.</b></li> </ul>

#### 5. COVID-19 – DR. J. VERGEL DE DIOS

<b>DISCUSSION</b>	<ul style="list-style-type: none"> <li>Dr. J. Vergel de Dios asked residents how their learning experiences and/or rotations have been affected by Covid-19. <ul style="list-style-type: none"> <li>Physiatry <ul style="list-style-type: none"> <li>It was noted that in Physical Medicine and Rehabilitation (PMR), all clinics will be going virtually this week. Trying to get procedures will be difficult in the coming months and they are anticipating that over the next two weeks there will be more of a panic to get EPAs done.</li> </ul> </li> <li>Internal medicine <ul style="list-style-type: none"> <li>It was noted that in Internal Medicine, residents have not yet been redeployed in the current wave, however were in all previous waves. Residents do a lot of CTU but not any outpatient work. As a result, procedure skills are lacking.</li> <li>Lunchtime teaching has been canceled. Even during community rotations, residents are asked to do ICU rather than outpatient to meet demands.</li> <li>Physical exam skills and knowledge have gone by the wayside. Physical exams were stopped in the first wave of the pandemic and have not come back with the same expectations since then.</li> </ul> </li> </ul> </li> </ul> <p>Dr. J. Vergel de Dios noted that the chronic educational effects of Covid will be discussed at the upcoming PGME meeting this week. Resident experiences will be brought forward to PDs during the PGME meeting and to the Royal College at the next National Leads meeting.</p>
<b>ACTION ITEMS</b>	<ul style="list-style-type: none"> <li><b>Dr. J. Vergel de Dios to speak on the chronic educational effects of Covid at the upcoming PGME and National Leads meetings.</b></li> </ul>

#### ADJOURNMENT & NEXT MEETING

	Date and time of next meeting: February 28, 2022 at 5:30pm
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