STEERING COMMITTEE MEETING MINUTES

DATE: April 1, 2021	TIME: 7:00am	LOCATION: Zoom
MEETING CALLED BY	J. Vergel de Dios, Director of CBME Implementation, PGME	
ATTENDEES	A. Florendo Cumbermack; A. Good; A. Thain; A. Zaki; B. Ferreira; C. Chan; C. Koerber; C. Newnham; D. Giroux; J. Ciesla; J. Krista; J. Ross; J. Vergel de Dios; K. McLean; M. Boulton; M. Ott; M. Ott; M. Walsh; P. Morris; P. Rasoulinejad; R. Viana; S. Dave; S. Ibdah	
REGRETS	None	
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 7:00am • February 2021 meeting minutes approved

1. REVIEW PREVIOUS ACTION ITEMS – COMMITTEE	
DISCUSSION	• Dr. J. Vergel de Dios has reached out to M. Olanski and was told that they will not be looking into Elentra clinical integration at this time.
ACTION ITEMS	• None

2. ROYAL COLLEGE NATIONAL LEADS UPDATE – DR. J. VERGEL DE DIOS	

DISCUSSION	• 2.1 EPA Expiry, Polling all Schools
	   ○ Dr. J. Vergel de Dios explained that there is a spreadsheet in circulation amongst the National Leads to gather information on EPA expiries across all schools. It is interesting to see the variation: not all schools have expiries; for some schools, only certain programs have expiries; expiries range from 7 to 30 days.
	• 2.2 Credentialing Requirements
	   ○ Dr. J. Vergel de Dios read a memo sent by the RCPSC: "Sometimes an attestation of eligibility to write the exam is given for a resident more than a year in advance. It is the responsibility of the Competence Committee to review the list of exam eligible residents closer to the date and inform the Royal College if any residents should be removed. Not all Competence Committees may be aware of this requirement. This should be communicated to them by their CBME leads."
	   ○ This is not much different from what was done pre-CBME. The only difference is that now there is an entire group responsible for this, whereas it used to be the PD.
	   ○ Dr. J. Vergel de Dios will continue to share this message with CC Chairs, beyond those present at the meeting.

ACTION ITEMS	• **C. Koerber to share credentialing requirements with CC Chairs.**

3. RAC-CBME UPDATE – DR. A. ZAKI, DR. J. VERGEL DE DIOS	
DISCUSSION	• Dr. A. Zaki provided a RAC-CBME meeting update. Two main issues were discussed. ○ First, it was asked whether there is some way to incorporate CBME feedback into faculty evaluations that residents complete for their clinical supervisors. Some programs have their own way of doing this (e.g., Anesthesiology added three specific questions about CBME for their residents to complete in their evaluations of faculty clinical teaching: completion of EPAs by faculty; faculty's level of comfort with CBD and EPAs; general comments about CBD and that faculty).

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o Second, residents have asked whether EPAs can be flagged as simple (and can/should be pre-filled by residents) vs. complex (and require faculty feedback). Residents feel their EPAs are more likely to be completed when they are pre-filled, however, often this leads to a lack of useful feedback. They are willing to compromise and fill in simple EPAs, as long as there are certain EPAs that are deemed more complex and have at least one section that is not pre-filled by the resident. Dr. A. Zaki reviewed two EPA examples to show the difference between a simple (requires only a check-box) and complex (requires a sit-down discussion) assessment.

- It was asked how those EPAs requiring in-depth feedback are to be determined, by residents or by both residents and faculty together?
- Dr. R. Viana explained that it is nice to have the flexibility to give detailed feedback even on the simple EPAs as he would not want to take away such an opportunity for early learners who may require more feedback. Dr. R. Viana explained that he does not usually use pre-filled EPAs often, and if he does, it is to test a resident's insight on their own learning and is followed-up with a sit-down discussion.
- Dr. A. Zaki explained that some residents spend their entire first year giving themselves feedback. The idea behind this is that if faculty are not able to give feedback on all EPAs, to at the very least, make it mandatory to do so on complex EPAs. Some EPAs are very straightforward (e.g., "Have you completed a discharge summary?") and require feedback in the first year. However, once a resident has completed enough of these encounters, they do not require feedback any longer.
- Dr. Mary Ott emphasized that programs should always be considering what the educational value is in what they are asking residents and faculty to do. If a decision is guided in sound educational value and is having the intended effect, then the decision is valid. However, if a decision is made without considering the educational value, then it is not. M. Ott explained that this is a great example of residents taking ownership of their learning and feels strongly that the committee needs to listen.
- Dr. R. Viana asked why residents are continuing to be assessed on EPAs they have already shown competence for. Dr. J. Vergel de Dios explained that it is to meet the required number of observations as outlined in the assessment plan. This raised the question whether these EPAs should be critically appraised, and some be turned into milestones. The committee agreed that if a resident has learned something sufficiently, they should not be required to sign off on subsequent encounters and this is an opportunity to bring those EPAs to the respective Specialty Committee for revision.
- Dr. A. Zaki explained bringing EPAs to Specialty Committees for review is a good long-term solution, however distinguishing between simple and complex EPAs for the purpose of feedback is a quicker fix in the meantime.

- 3.1 Feedback Survey Focus: Faculty Accountability
  o Due to time constraints, this item was not discussed.
  o Dr. J. Vergel de Dios and Dr. L. Champion will be presenting to the Clinical Chairs next week on CBME updates with a focus on faculty accountability. Clinical Chairs are being brought into the discussion in order to help with engagement and accountability.

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<td>**ACTION ITEMS**</td>
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- **Committee to consider RAC-CBME questions (I.e., how to incorporate CBME into faculty evaluations; distinguishing between simple and complex EPAs for the purpose of receiving feedback [see slide deck from SC meeting]) and discuss at a future meeting?**

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4. EPA EVALUATION REPORTS – FEEDBACK – A. GOOD

DISCUSSION	- Due to time constraints, this item was not discussed. - Programs will be receiving their second quarterly EPA report from A. Good within the next few weeks.
ACTION ITEMS	- None

5. REPORTING RESIDENT STATUS TO PGME – DR. J. VERGEL DE DIOS

DISCUSSION	• Due to time constraints, this item was not discussed. • Dr. J. Vergel de Dios to send the approach for communicating to PGME the required resident statuses via email. This includes residents who are 'Progress is Accelerated' and 'Failure to Progress'. It has been confirmed by Dr. L. Champion that PGME should hear of resident statuses using paper forms as a temporary measure until the process is automated within Elentra.
ACTION ITEMS	• **Dr. J. Vergel de Dios to send draft of temporary paper form for reporting mandatory resident statuses to PGME.**

6. FACULTY EVALUATIONS FOR CBME – DR. J. VERGEL DE DIOS

DISCUSSION	• Due to time constraints, this item was not discussed. • Dr. J. Vergel de Dios explained that this conversation will be continued via email and she will circulate the Anesthesia example.
ACTION ITEMS	• **Dr. J. Vergel de Dios to circulate Anesthesiology example of incorporating CBME into faculty evaluations.**

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

DISCUSSION	• 7.1 Dashboard
	    ○ P. Morris provided a preview of the program Dashboard, which is now available in the test environment.
	    ○ The Dashboard is colour coded according to stage of training and this colour coding continues throughout Elentra.
	    ○ P. Morris explained the available widgets. All widgets are standard across all program Dashboards at this time. Information bubbles have been added throughout where users can access further explanations of what is displayed.
	        ▪ **Resident Profile**: Displays resident information (level, start year, CC status, last EPA achieved, date of the last CC meeting) and photo.
	        ▪ **Cohort Comparison**: Shows the resident's current stage of training and progress, compared to the average in their cohort (residents in the same program, at the same level, in the same stage).
	        ▪ **Scatterplot:** Where users can review entrustment scores of and comments on EPAs completed over the last 30 days, 90 days, 1 year, or since the last CC meeting (colour coded by stage).
	        ▪ **EPA Metrics**: Numbers pertain to the stage of training that the resident is currently in. Users can see how many EPAs were triggered, by a resident or faculty, as well as the number of EPAs completed and expired.
	        ▪ **Notes:** Anyone with access to the Dashboard (CC members, PAs, PDs, CBME Leads) can add a log entry and/or upload files. Four note types are available: CC related notes, EPA related notes, general comments, and narrative comments. EPA related notes and narrative comments are visible to residents. This feature will also be available to any faculty member within their own profile, even if they do not have access to the Dashboard.
	            • P. Morris explained that over time, the list of notes will become lengthy and IS is working on a solution (e.g., archiving old notes).
	            • It is also recognized that when searching for uploaded files the need to open every note is problematic. A possible solution is to add an attachments tab.
	        ▪ **Accordion**: Displays EPAs for each stage of training and the resident's progress.
	            • P. Morris asked the committee whether they would prefer that 4/3 (125%) be displayed for those residents that go above and beyond, or to cap it at 3/3 (100%).
	            • The committee preferred that percentages above 100% be displayed. P. Morris explained that for some EPAs, if there is a CV that has not yet been met, but a resident has exceeded in other CVs, it may show as 100% even though CVs are missing. It was suggested that a note be added to flag those that show above 100% but are not yet complete.
	    ○ General Comments:

| | Some programs have added CVs to their forms that were not part of the assessment plan. Please note that this information will not be displayed on the Dashboard but will continue to be displayed in the reports. The way in which IS has developed the Dashboard, it will be easy to adapt/add items as needed in the future. This is not the end, only the beginning. Eventually, there will be a second page and a widget repository is being developed from which programs can choose. Next Steps: Limited access can be granted to anyone that is interested in trialing the Dashboard in the test environment. Data is anonymized and users may not have access to their own program, depending on the number of interested users. Testing will be limited to 2 weeks in April (to meet the May deadline). If we proceed with no preview, assessment plans will continue to be entered for all programs with full deployment in May as scheduled. At that time users will be able to play around with it in the live environment using their own program's data. If anyone is interested in trialing the Dashboard in the test environment, reach out to P. Morris by mid-week next week. If enough users would like a preview, the full deployment date will be pushed in order to allow enough time for testing. 7.2 My Triggered Tasks Feature The new My Triggered Tasks feature was recently deployed which allows residents to see the status of any outstanding EPAs, including reasons for deletion. Residents are now also able to send reminder emails (limited to one reminder per EPA per day). A feature flyer was distributed. If more information is required, please reach out and an additional flyer can be sent. 7.3 Outstanding EPA Email Reminder – 28 to 4 or 7 Days? Reminder emails are currently sent to assessors with outstanding EPAs at 28 days post-trigger. The RAC-CBME has requested to move the reminder email up to 4 days. After discussion with programs, it is suggested that it be moved to 7 days as the majority of EPAs are completed within a week. No concerns were raised. The change will take place on Monday, April 5th. This will not affect the 30-day expiry of EPAs. 7.4 Elentra Data Sharing and Access Policy The Elentra Data Sharing and Access Policy was approved by the PGME committee. It is now waiting on ECSC approval within the coming weeks. Once approved, it will be posted to the website. |
| **ACTION ITEMS** | **SC members to reach out to P. Morris by April 7th if interested in trialing the Dashboard in the test environment.** **SC members to reach out if additional information on the My Triggered Tasks feature is required.** |

8.   RESIDENT RECOGNITION – DR. J. VERGEL DE DIOS
DISCUSSION
• This item was removed and will be discussed at a future meeting.

DISCUSSION	• This item was removed and will be discussed at a future meeting.
ACTION ITEMS	• **SC to discuss resident recognition at a future meeting.**

ADJOURNMENT & NEXT MEETING
	Date and time of next meeting: June 3, 2021 at 7:00am