

STEERING COMMITTEE MINUTES

Minutes **Date: December 5, 2019** **Time: 7:00am-8:00am** **Location: MSB 105**

Meeting called by	Dr. Jennifer Vergel de Dios, Director of CBME Implementation
Attendees	J. Vergel de Dios, K. Trudgeon, P. Morris, J. Binnendyk, J. Ciesla, C. Newnham, L. Champion, S. Giberson-Kirby, S.L. Kane, A. Florendo-Cumbermack, J. Ross, K. McLean, M. Boulton, H. Iyer, T. Joy Zoom: E. Chan, K. Nitz, M. Ott, A. Ens, R. Rasoulinejad, A. Hegazy, B. Yan, S. Lam, P. Cameron
Note taker	Nicole Filson; Nicole.Filson@schulich.uwo.ca

Agenda Topics

1. Call to Order and Greetings		Dr. J. Vergel de Dios
Discussion	<ul style="list-style-type: none"> Dr. Vergel de Dios called meeting to order at 7:00 am and went over meeting agenda and pre-meeting documents that were circulated 	
2. Introduction of Committee Members		Dr. J. Vergel de Dios
Discussion	<ul style="list-style-type: none"> Introduction of attending and Zoom committee members. Special introduction to Lois Champion the new Associate Dean of PGME starting January 1, 2020, as well as Nicole Filson the new PGME CBME administrative assistant. 	
3. Royal College Update (Hybrid programs, Pulse Check, Exam Eligibility)		Dr. J. Vergel de Dios
Discussion	<ul style="list-style-type: none"> Hybrid programs with CBME and non-CBME residents: what is the Royal College perspective on transitioning over the traditional residents – can traditional residents be switched over to CBME framework? Original thoughts were they would continue to follow the traditional framework but could complete EPAs as extra evaluations and be discussed at Competence Committee (CC) meetings. This may be different for subspecialty programs that are shorter in length, i.e. 2 years. → Dr. Vergel de Dios will follow up on December 16, 2019 during the National CMBE Leads teleconference to see what other schools and the Royal College's perspective on this is. 	

- **Addendum: from the December National CBME Leads teleconference:**

“Re. Informal CBD Programs

- a. Can residents who started in the “traditional” model be changed to CBD? If so, do the CBD standards of accreditation then apply?

Dr. Ken Harris informed the CBME Leads that it is essential that residents meet the specialty-specific standards for their cohort. As such, programs with time-based trainees are expected to follow a ‘cohort effect’, applying the standards that were in place when a resident began training at PGY1. While residents who begin training in a time-based program will be required to follow the specialty-specific standards of their cohort (OTR/STR, FITER, examination), programs are welcome to identify the best aspects of CBD (e.g., new assessment tools, EPAs, certain education experiences, competence committee structure) and incorporate these into the training of non-CBD residents. The CBME Leads requested clarification about which standards to follow in combined programs in which one program is following a CBME curriculum and the other a time-based curriculum. Dr. Harris indicated that the Royal College is working on a case-by-case basis to find solutions for these scenarios and that the topic was discussed in length with the Postgraduate Deans during their meeting on December 12. Dr. Harris encouraged the Leads to send the Royal College an email to discuss individual cases.

- b. Do these residents no longer require a FITER, or need to meet other traditional accreditation requirements?

Dr. Harris clarified that the Royal College will still require a FITER for all residents from a time-based cohort but that the document has been much simplified. In its new form, the FITER is similar to an attestation from the Program Director and Postgraduate Dean that a trainee has passed their training.”

- Exam eligibility largely has not changed for CBD residents. Similar to pre-CBD, but now the CC will be able to determine if the resident is on track to complete Core and/or Transition to Practice and thus be exam eligible as the timing fits for a program’s upcoming exams. If at any point that certainty of completing EPAs changes and programs think residents are not ready to write the exam, the CC and then the RPC can change the initial status of ‘exam eligible’.

→ **Dr. Watling to see what this would look like in a post-FITER world – still need some clarity but looking into it.**

- **Addendum: See separate document for communications from the Royal College**

	<ul style="list-style-type: none"> Royal College will be sending out Pulse Check surveys to see how programs are doing with CBME and how implementation is going. Likely later in the spring just prior to 2020 programs launching in July. Want to be made aware so that we do not over survey. Dr. S.-L. Kane (Internal Medicine) brought up a question: If you have a core program and people are going to be applying to a subspecialty match but they are off-cycle (i.e. took time off for parental leave, illness, etc. and are now behind their cohort), will they be at a disadvantage when applying during CaRMS? This was a concern raised by residents and whether CBME residents who are off-cycle will be at even more of a disadvantage? → Dr. Vergel de Dios will bring this up to the other leads to see if they have had this issue and will also bring it up to the Royal College on December 16 during the CBME Leads teleconference Addendum: Dr. Vergel de Dios emailed the Program Directors from subspecialty CBME programs at Schulich (Adult Critical Care, Cardiology, Clinical Immunology & Allergy, Gastroenterology, General Internal Medicine, Geriatric Medicine, Medical Oncology, Nephrology, Respiriology, and Rheumatology) and all said that off-cycle residents are welcome, not at a disadvantage for CaRMS selection, and the best candidate will be selected regardless of whether they are off-cycle or not. The secondary question of potentially missing a boot camp during Transition to Discipline and negatively impacting an off-cycle resident was raised. The PDs did not feel this would affect desirability of an applicant. It is also an issue for residents transferring to another school or program or transferring to our school that are going to be coming from CBME or going to a CBME program, how do you transfer credits? This has been raised at the CBME Leads teleconferences with the Royal College. In time-based/traditional residency programs, credit for previous rotations were submitted to the Royal College's Accreditation Committee. The Royal College has proposed models for Overlap Training in CBD, but these will only apply when the receiving program and original program of a transfer resident are in CBD. For now, transfers and the stage and EPA requirements will be determined on an individual basis and at the PD and RPC discretion.
4. Faculty Development	
J. Binnendyk, K. Trudgeon	
Discussion	<ul style="list-style-type: none"> K. Trudgeon and J. Binnendyk are working together on creating resources for faculty development that can be interchangeable throughout programs to prevent programs from having to do a lot of the initial creation of materials, a "curriculum in a box" for a PD or CBME Lead with templates of a workshop or event agenda, lesson plan, exercise templates, slide decks, and tips. There would be scripts so that

those who are not experts in the topics can still run the faculty development event in a 'plug and play' manner. Hopefully this will be available in the new year. The topics that they are focusing on are:

- CBME background & rationale
- Assessment and feedback,
- Coaching
- Competence Committees
- Dr. S.-L. Kane raised the issue that some programs have distributive sites and those faculty still need the CBME support. Faculty development would be beneficial if we partnered with our distributive sites.
- The topic of program evaluation (PE) was mentioned. Is there potential if we all have similar assessment information to collate this information and do something scholarly across programs? Can we evaluate the actual workshop and do a pre and post evaluation and comparing programs? Important to give academic credit towards the work we are doing. Dr. Watling and Dr. Vergel de Dios met with the Western Research Ethics Board to start discussion about a shared need to efficiently handle the QI and PE exemption process – there is going to be an electronic form for an exemption starting January 2020. REB was very receptive to this. There is the potential for 1-2 PE projects to act as a 'test' and 'example' case for other programs.
- Faculty who are not heavy into education really do need the development especially with Elentra training and to help and get people on board. It was discussed that this needs to be done in layers and repeatedly so that people who are not heavy into CBME are still familiar with the CBME lingo.
- Attendance for faculty at workshops is a challenge for programs – Dr. Ross (Psychiatry) would like short videos that faculty could watch and if there is a broad interest from other programs, then it is something that could be explored centrally.
- We need a multi-prong approach when dealing with faculty and faculty development because there is a wide range of needs and availability.
- Academic Advisors (AAs) are another separate group with their own development and requirements. AAs are just responsible to shepherd residents through their CBD in Internal Medicine. Each program has different expectations for this role – for smaller programs this is not an option to have an AA. So development needs to be different for smaller and larger programs.
- There will be updates on faculty and resident development at each meeting.

Discussion	<ul style="list-style-type: none"> • J. Ciesla, Director of Information Services (IS) gave a PowerPoint presentation on Elentra which was circulated prior to the meeting. He discussed the consortium model, how IS does development, and challenges with the consortium model. • Elentra is based on the consortium model with Queen's University along with 8-10 other universities which are not all CBME or Canadian members, so they do not all have the same goal or features they want. They all went in on Queen's product, Queen's developed the base code and would release product updates as 'major releases'. As a consortium member we provide resources and development effort in an attempt to develop the code base together and release features together. • We are allowed to modify our own local code, but when a major release comes out from the consortium, there is work to merge it with our local changes. QA (quality assurance) is the one thing that IS really struggles with right now and they are running automated tests that go backwards to see if the previous code still works when they move to an updated version. QA testing is difficult due to system complexity and the specialized nature of CBME requirements. • New releases come out quarterly, on average, and we do not have a lot of control over it – and are not usually delivered on time. It is very hard to get firm dates from them. Need to consider as a whole how many local updates we want to make because it is a lot of work for IS to make sure all these features still work when Queen's releases new updates. We have to consider if we should wait for a release or develop internally. • IS uses an Agile software approach when working with Elentra – not the waterfall approach. The Agile software development approach has 3 different roles – product owners (UME, PGME), developers, and scrum master. Work is done during 'sprints' which are intervals of time that define the time between deploys (1-4 weeks). Features and bug fixes are added iteratively as the product is refined and enhanced. The 6 stages of Agile development are Requirements, Plan, Design, Develop, Release, Track and Monitor. • Additional questions for James have been answered and circulated out in a separate document. • Some medical schools have decided to develop internally – they have taken a specific release and then branched off – we do not have the development resources to do this right now. We would need to make an investment and large commitment to do this.
6. Elentra Updates & Priority Areas P. Morris	
Discussion	<ul style="list-style-type: none"> • 18 Programs are currently using Elentra for EPA assessments and 12 more will be using it as of July 2020. The 12 programs are currently in the process of meeting with P. Morris and J. Binnendyk to prepare for pilot launches in January 2020.

	<ul style="list-style-type: none"> • Elentra was updated to version 1.15 in the summer – most improvements supported undergrad issues, but it also made enhancements to the logbook feature which is beneficial for PGME as well as major changes to the clinical schedule feature and then minor bug fixes. • Launching the Assessment Plan Builder – it allows us to set the minimum completion requirements for all of the assessment tools and will enhance our reporting system – it will eliminate a lot of manual efforts. • IS has automated the creation of the upload files from the Royal College documents so we are no longer dependent on Queens to wait for the upload files. This will mean we can start building EPA assessment forms in Elentra much earlier in preparation for the July launch. • We are currently investigating non-EPA assessments and logbook features. On the radar is allied health assessors, clinical schedules/vacation requests, communities/document repository, faculty and resident dashboards, multisource feedback forms, and automatic expiry of EPA assessments. • When all the non-EPA forms are available, we need to consider who will create and maintain those forms – will it be done centrally, or will the program have to run it and provide the training? • We are also looking for a solution for residents who are on elective placement and need to trigger EPA assessments to non-Schulich faculty - there is a feature to enter someone's email and send them an evaluation form, but still ironing out the details to make sure that it runs properly and there is currently a bug in Elentra for this method of triggering an assessment so it is not functional at the moment. • The first phase of reporting is almost available in Elentra – a screencast can be created prior to the February SC meeting. This is a very helpful report especially for the CC and will give all the information on all the residents. Also want to have this available for each resident.
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7. Communication Strategies

Dr. J. Vergel de Dios

Discussion	<ul style="list-style-type: none"> • The PGME CBME team will send out a newsletter after the RAC-CBME meeting taking place on Monday December 9th. There may be some flash surveys and e-mails to keep in contact before the next meeting in February. • An Intranet is also in the works that will hopefully be running in the beginning of January-February where we can share sensitive data – it will all be behind a protective login.
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8. ADJOURNMENT AND NEXT MEETING

Date and time	The meeting was adjourned at 8:09am Next meeting scheduled for February 13 20, 2020 at 7:00am
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