STEERING COMMITTEE MEETING MINUTES

DATE: December 3, 2020	TIME: 7:00am	LOCATION: Zoom

MEETING CALLED BY	Dr. J. Vergel de Dios, Director of CBME Implementation, PGME
ATTENDEES	A. Ens; A. Florendo-Cumbermack; A. Good; A. Hegazy; A. Zaki; B. Yan; C. Chan; C. Koerber ; C. Newnham; D. Giroux; H. Iyer; J. Binnendyk; J. Ciesla; J. Howard; J. Krista; J. Vergel de Dios; K. McLean; K. Trudgeon; M. Ott; M. Ott; M. Walsh; P. Morris; P. Rasoulinejad; R. Viana; S.-L. Kane
REGRETS	J. Ross; L. Champion; M. Chin; R. Pack
NOTE TAKER	Clarissa Koerber (clarissa.koerber@schulich.uwo.ca)

CALL TO ORDER & APPROVAL OF MINUTES

DISCUSSION	- Called to order by Dr. J. Vergel de Dios at 7:00am. - October 2020 meeting minutes approved. - Dr. J. Vergel de Dios welcomed new member, Clarissa Koerber (Administrative Assistant, CBME) and announced the departure of Joan Binnendyk as of December 11, 2020. - Interim Questions: - How would you suggest faculty are evaluated regarding EPAs and CBD? - How have you used the faculty assessor reports in Elentra?

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

DISCUSSION	- Dr. J. Vergel de Dios provided an update on relevant discussions from the National CBME Leads meeting on November 9, 2020. - Overlap with subspecialties continues to be a work in progress. Psychiatry has figured out the delegated model for 2/3 of their subspecialties. - Where it is still not official yet is Internal Medicine and their subspecialties. Some will be in delegated models. The challenge is ward experience in subspecialties for Internal Medicine to delegate TTP EPAs completely to subspecialties. There should be communications within Speciality Committees surrounding these issues.
ACTION ITEMS	None

2. 2021 PROGRAMS LAUNCH PLAN CHECKLIST – DR. J. VERGEL DE DIOS

DISCUSSION	- Dr. J. Vergel de Dios advised that before the next meeting, she will be circulating the launch plan checklists of three out of the four original 2021 programs: Child & Adolescent Psychiatry, Clinical Pharmacology & Toxicology, and Pediatrics. - SC members will be asked to look through the checklists and offer thoughts on progress so far in preparation for the July launch and to offer any support.
ACTION ITEMS	**SC members to look through 2021 program launch plan checklists and offer ideas, concerns, and/or support.**

3. RAC-CBME UPDATE – DR. J. VERGEL DE DIOS

DISCUSSION	- An upcoming RAC-CBME meeting is scheduled for Monday, December 7, 2020. - There is an ongoing resident feedback survey in progress that was distributed by PAs to their respective residents. The survey has yielded 100+ responses as of present.

	· Dr. A. Zaki explained that survey data will be used to identify any areas of improvement going forward. The survey will be helpful to give insight into the EPA expiry decision and will be an opportunity for residents to provide feedback in a safer and more private environment. · Programs that have launched CBME and are in need of a RAC-CBME representative include: Otolaryngology, Medical Oncology, Pediatric Critical Care, Cardiac Surgery, Neurosurgery, Nuclear Medicine, Urology, and Surgical Foundations.
ACTION ITEMS	· **SC members of the above programs to ask if any residents interested in being a RAC-CBME rep and/or communicate back to Dr. A. Zaki that there is no resident interested from their program.**

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

DISCUSSION	· Desktop Shortcut
	  o J. Ciesla discussed with Keith Lawson (LHSC IT) the possibility of adding a desktop shortcut for Elentra. He was advised that this is not a possibility as there is a strict policy to not implement a desktop shortcut unless the majority of LHSC users (including administrative staff) use the program as shortcuts are applied at an overarching level onto all computers across the hospital.
	  o The concern was raised that policy should not be prioritized above the functionality of the hospital or patient safety, and that there should be pressure to reconsider a policy change to enhance the ability of residents to complete their work and receive feedback.
	  o Dr. J. Vergel de Dios suggested that the team work together by (1) collectively signing in support of the desktop shortcut, and (2) consulting Dr. L. Champion on bringing this issue to a higher level within Schulich. Dr. J. Vergel de Dios stated she has been in contact with Jennifer Joyce (Medical Affairs) about the possibility of implementing a shortcut in the start-up menu, rather than on the desktop.
	· Chrome Functionality
	  o There have been reports that certain VDI (Virtual Desktop Image) machines across the hospital infrastructure encounter issues with performance when accessing Elentra.
	  o J. Ciesla explained that they are looking into whether this is an issue with the Elentra application, the physical hardware, or a network issue. Suspicion is that it is a network connectivity issue between Western and LHSC. Steps are being taken to further isolate the problem by implementing web monitoring software across servers so that issues can be identified and responded to proactively. This will also establish a baseline of reasonable user experience and can be used to monitor deviations from this expected level of service. This will be ruled out in January 2021.
	  o J. Ciesla asked that when users experience performance issues, to report it immediately using the "Give Feedback" option on the left-hand side panel within Elentra (include description of the problem, machine number, and what module you were accessing).
	· P. Morris informed that since the last meeting, they have finalized Phase 1 requirements for the Competence Committee Dashboard. IS to begin development later this month with a "go live" target date of May 2021.
	· P. Morris informed that an extensive month-long testing of the upgrade to Elentra version 1.18 is now complete and it will provide several enhancements (Logbook, Non-EPA Assessments, bug fixes). Upgrade will be launched on December 9 at 6:00am.
	· Functionality of the existing Assessor Statistics Report has been expanded to include statistics on residents as assessors. Residents can now see their own statistics related to the number of assessments they have had requested of them, completed, expired, etc. and a comparison of their own distribution of entrustment scores to scores given to

	- all residents within their program as well as a summary of their narrative comments to junior learners. - Current focus going forward is to look at logbook and non-EPA assessment functionality to determine if any further customization will be required prior to launching these features. - The first feature to be made available for use will be a logbook and communications for this will go out within the next month. - Assessment Plans will also be entered into Elentra for all launched programs in preparation of the Dashboard being activated in May. - Additionally, preparation for 2021 program launches is ramping up, with a specific focus on EPA assessment form building and training sessions are being scheduled. - Finally, we will be working with residents to determine requirements for the development of the resident dashboard which will go live in the Spring. - Helper Text P. Morris discussed the request to include helper text on the narrative comment section of EPA assessment forms as a way to help assessors provide more constructive feedback. P. Morris suggested the use of a start-stop-continue model. The addition of helper text will be applied to all forms, both past and future, and can be changed/updated as needed. - Fellow/Junior Attending Designation - Received inquiry from RAC member on whether residents should classify themselves as 'faculty/staff' or 'senior resident' when filling out an EPA assessment as an assessor. Dr. A. Zaki explained that this issue is program dependent. Dr. J. Vergel de Dios advised attendees to have this discussion within the program so that it is clear to residents which designation they should choose going forward.
ACTION ITEMS	**J. Ciesla to follow-up in regard to implementing an Elentra shortcut on Chrome as a bookmark website and reconsider the desktop shortcut.** **Dr. J. Vergel de Dios to follow-up with Dr. L. Champion regarding next steps for advocating for ease of access to Elentra on hospital computers.** **Dr. J. Vergel de Dios to follow-up with Monica Olanski (Director, IT) in regard to integration of Elentra with hospital electronic health records.** **J. Krista to put together a flyer related to how to report feedback within Elentra to help with determining Chrome functionality.** **P. Morris to send out communications of new changes associated with Elentra Version 1.18.** **P. Morris to provide further details about helper text in EPA forms in Elentra – if straightforward addition without ramifications for reports in Elentra, then can add the 'start-stop-continue' prompt.** **SC to clarify with respective programs how residents should classify themselves when filling out EPA assessment as an assessor.**

5. DISTRIBUTED EDUCATION NEEDS ASSESSMENT – DR. J. VERGEL DE DIOS	
DISCUSSION	- Dr. J. Vergel de Dios summarized the distributed education (DE) needs assessment survey that was sent out. The survey was sent out to 795 individuals (379 Windsor; 416 DE; 295 Family Medicine; 500 other specialties) across all faculty associated with distributed education and yielded a total of 261 responses. Most respondents reported that they supervise fewer than 5 RCPSC residents per year while some have 1-2 residents per block. Results will be helpful in developing faculty engagement across distributed education as needs will be different amongst different residency programs. - The survey also demonstrated that most respondents are moderately knowledgeable about CBD. Some respondents had completed forms in Elentra, however there is a need to educate on the basics of Elentra.

	- Dr. Mike Ott raised the concern that there are many physician supervisors across Ontario (Strathroy, Stratford, Chatham, Windsor, North Bay, Sudbury) who do not have access to Elentra which is a barrier to participation in CBD. Dr. Ott suggested that a workaround be implemented so that external assessors are able to complete assessments. Dr. J. Vergel de Dios advises that there is a way for external assessors to complete a form (see flyer for external assessors in Teams). In terms of engagement and education, it is unlikely that Schulich would have the resources needed to reach out to each assessor any resident comes across outside of the Distributed Education network. This would need to continue to be the Program Director's purview for their own residents. PGME can assist with any faculty development materials applicable for these external assessors outside of Schulich and the public CBME website is being updated to include those materials. - P. Morris confirms that anyone with a formal faculty appointment at Schulich does have Elentra Access, however they may not know their login credentials. WTS is available to help with such issues. - The question was raised if residents are allowed to be supervised by non-adjunct faculty if in the Distributed Education network. Dr. J. Vergel de Dios confirms that anybody within the network should have an adjunct appointment, however this may be a work in progress.
ACTION ITEMS	- **Dr. J. Vergel de Dios encouraged attendees to bring forward any ideas or challenges as related to the above.** - **C. Newnham will investigate if residents must be with an adjunct faculty if in the Distributed Education network.** - **Continue working on the public website so that it contains the basic information on how to use Elentra.** - **P. Morris to look into obtaining an estimate of the number of people that do not have a formal faculty appointment within the distributed education network.**

6. PRE-MEETING QUESTIONS – DR. J. VERGEL DE DIOS	
DISCUSSION	- Due to time constraints, the pre-meeting questions were postponed and to be discussed at the next meeting.
ACTION ITEMS	- **SC to think about pre-meeting questions and be ready to discuss at the next meeting.**

7. EPA EXPIRY DATA AND SURVEY RESULTS – A. GOOD	

DISCUSSION	- EPA expiry data across PGME from July 1 and September 30, 2020 was analyzed.
	- 84% of all EPA assessments were completed within 14 days across all programs. When looking at the programs themselves, 17/24 programs were completing 90% of their assessment in under 14 days.
	- Two surveys were also sent out, one to faculty and the other to residents
	    ○ 66% of faculty preferred a 14-day expiry or less. Justification for each window include:
	        ▪ 7-days: feedback most relevant when timely
	        ▪ 14-days: 7 days is too short for busy clinicians on rotation, but 30 is too long for meaningful feedback
	        ▪ 30 days: time constraints, do not check UWO email account often
	- The resident survey was sent out to collect resident preferences as related to EPA expiries. Results showed that no resident respondents preferred the 7-day expiry options. Rather, most preferred no expiry or unlimited. Justification for this and general comments include:
	        ▪ EPAs tend to be completed as an "all or nothing" approach depending on the faculty member

	- EPAs are expiring and the onus is on the resident to complete a new one - Belief that "no expiry" leads to accountability, as the incomplete EPA stays in the system (potential lack of awareness of faculty assessor reports) Going forward, PGME plans to pull this data 3 times per year in order to provide individual program reports to PDs. Reports will include resident data, EPA data, and guidance benchmarks. The first report will be updated to include data from November 2020 and will be sent to PDs in December 2020. A goal to have over 90% of all assessments completed in 14 days or less was set and once this is achieved, can consider moving the expiry date forward. Presently, 17/24 programs have already achieved this goal. It is important that we do not put a large burden on residents by moving expiry date closer and will need to work with P. Morris to ensure that the transition in Elentra runs smoothly. Question raised as to whether the date is at the clinical encounter or the trigger date. A. Good clarified that it is the trigger date. Dr. S. Kane offered to present data from internal medicine at the next meeting.
ACTION ITEMS	**A. Good to send program reports to PDs in December 2020.** **A. Good to work with P. Morris in considering Elentra ramifications associated with changing EPA expiry.** **Dr. S.-L. Kane to present data from Internal Medicine as related to EPA expiry at next meeting.**

8. YOUR INNOVATIONS – DR. M. OTT

DISCUSSION	Dr. Mary Ott spoke about a research study that will look at the consequences, both intended and unintended, of implementing CBD. Principal investigator is Dr. Mike Ott. Quotes gathered from both faculty and residents demonstrate how the EPA practice as implemented is creating a burden for both faculty and residents. This study is intended to better understand how this is happening, to identify possible points of improvement, and to determine how to effectively implement change. The study will be conducted using semi-structured interviews of individuals at all levels of CBD implementation. A recruitment email will be distributed, and Dr. Mary Ott asked that it be circulated to colleagues and that any interested participants reach out.
ACTION ITEMS	**SC to circulate recruitment email to respective colleagues.**

ADJOURNMENT & NEXT MEETING

	Meeting Adjourned at 8:00am. Date and time of next meeting: February 4, 2021 at 7:00am