STEERING COMMITTEE MINUTES

Minutes | Date: February 20, 2020 | 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; C. Newnham; P. Morris; J. Binnendyk; H. Iyer; M. Boulton; A. Florendo-Cumbermack; J. Ross; T. Joy; E. Chan; K. McLean; J. Ciesla Zoom: A. Hegazy; S. Lam; A. Meiwald
Regrets	
Note taker	Nicole Filson; Nicole.Filson@schulich.uwo.ca

Agenda Topics

1. Call to Order and Greetings	**Dr. J. Vergel de Dios**
Discussion	• J. Vergel de Dios called meeting to order at 7:00am went over meeting agenda and pre meeting documents that have already been circulated

2. Feedback Survey	**Dr. J. Vergel de Dios**
Discussion	• J. Vergel de Dios thanked those who completed the pre-SC meeting survey and reminded that the Royal College has a Pulse Check survey for the 2019 CBD programs that closes tomorrow. • J. Vergel de Dios did not get any suggestions about changing the PGME CBME feedback survey that was sent out a year ago regarding CBME/PGME which was very helpful in identifying what our challenges are and implementing some changes including an increase in resources as well as overall awareness. J Vergel de Dios would like to repeat the survey next month and include the 2020 programs.
Action	• **N. Filson/J. Vergel de Dios will send out the 2020 PGME CBME feedback survey for implementers (PDs, CBME Leads, CC members, PAs) in March**

3. RAC-CBME Update	**Dr. J. Vergel de Dios; E. Chan**
Discussion	• The RAC-CBME committee met on Monday February 3, 2020

	• J. Vergel de Dios stated that at the RAC-CBME meeting as well as at the Resident as Teacher Boot Camp residents had brought up that some faculty still say that a Jr. resident cannot get a 4 or 5 on the entrustment scale for an EPA. • A. Florendo-Cumbermack advised that this is wrong because EPAs are written by stage of training so they are expected to get 4s and 5s if they are competent so they can move on to the next stage. • A. Meiwald from Emergency medicine stated that this is a huge problem that they have in their program particularly with Pediatric Emergency Medicine, so much so that they are changing the rotations for the 2020 residents so that they get an urgent care block in their first three months so that they can encourage them to see pediatric cases in urgent care because they can't get 4s and 5s in the Pediatric Emergency Medicine rotation. When their CC looks at the resident's overall progression and promotion they are taking into account that 4s and 5s aren't be achieved on their Peds Emerg rotation because if all of the residents are having the same issue, then it is not an issue with the resident. • J. Vergel de Dios advised that this is very stressful for both the residents and the competence committees. It was noted that Pediatric Emergency Medicine has not launched CBME yet. She also stated that there have been issues with this in surgical fields as well not giving Jr. residents 4s or 5s. • M. Boulton stated that he does not see that issue in Neurosurgery. • S. Lam in Internal Medicine stated that maybe there should be more education to programs and faculty in Peds. Emergency Medicine because EPAs are actually created and based on the certain stages of training. In IM, they have sent out examples of EPAs that are similar but from different stages of training and have highlighted the differences of what the EPA is looking for and the amount of independence that is expected from the resident. This is a strategy that other programs could use. • C. Chan from OB-Gyn agrees that there needs to be a communication sent out as she is finding that a lot of faculty in certain surgical departments are saying no to 4s and 5s to Jr residents. But if you have histories and comparisons of EPAs across the years it will make faculty more comfortable to say that for their level they are a 4 or 5. • E. Chan said that from the resident side there has been discussion about procedural things some consultants have said they would never give a 5 because they always felt like they needed to be there. • J. Vergel de Dios stated that this came up at the national level and she believes that most programs are accepting 4s or 5s as achieved EPAs she does not believe that there is a program that is saying only a 5 is considered achieved. Hopefully this will be balanced out once everyone gets more comfortable with the entrustment ratings. • E. Chan has also organized various members of the RAC and assigning them to each CBD program. This has been forwarded to PAs so that residents know who they should be contacting re: CBME concerns/questions. This might not necessarily be a resident in your

	program. N. Filson had sent out an email to all CBD program PAs with the name of the resident who is responsible for their program.
Action	• **S. Lam and Cynthia will email J. Vergel de Dios or N. Filson an example of a list or table of the EPA comparison that Internal Medicine is using to educate faculty.** • **N. Filson will email out a list of which resident has been assigned to each program to the Steering Committee members.**
4. Hospital Computer Browsers & Elentra	**Dr. A. Meiwald & P. Morris**
Discussion	• J. Vergel de Dios reached out to Dr. Tom Janzen – the Medical Director of Clinical Informatics at LHSC (re: hospital browser issue with Elentra not working in IE) and heard back from Rick Redfern from LHSC IT. They proposed physicians log into their personal LHSC or SJHC desktop and Chrome is available there. Secondly, LHSC is moving to Windows 10 and then they will move from IE to Edge which fully supports Elentra but there is no timeline for that and it does not seem like it will be anytime soon. • There was agreement that the first option is not desirable. EPAs are supposed to be completed in the moment. During a busy day, that is just enough to stop faculty and assessors from completing EPAs in the moment. • On a mobile device, Elentra has mobile responsive design, but the type of browser might still be an issue. • Another thing that keeps coming up is the potential of an Elentra app. There is a way to create an icon shortcut to a website on your phone. • J. Ciesla stated that he has not looked into the Elentra app in the past 2 months so he is not sure if they have made any improvements to it to see if it is usable for us. • M. Boulton stated that just using the regular website on a mobile phone works fine, it is not great but it does work fine. • P. Morris has tested the Elentra app and it only had access to EPA assessments and the log book (which we haven't set up yet) and it seemed to work fine, she was able to create assessments, complete assessments and she did talk to Danielle in IS who said they have not had time to really review the app and make sure that everything is working properly. The browser issue in the hospitals may be a really good reason to make the app a priority. We could either test the existing app and use it for assessments or is there a possibility to build our own app? • J. Ciesla's concern with using the existing app is that once we go down that path we are tied to it because we don't want to tell our users that here is an app use it and then when there is an update from iOS, we don't have the developers to support it in house. Queens can't fix it in time so we have to tell users not to use the app – as this looks really bad. J. Ciesla also stated

	that we do not have any capabilities in house right now to develop apps. He wants to look into the app though to see if it is going to be a sustainable solution. • A. Meiwald stated that the browser issue in the hospital has been an issue for Emergency Medicine but they have the benefit of having their own computer with them so they have gotten residents to log into that computer early in the day and then they keep it open all day and this actually facilitates multiple EPAs in one shift because they can do them as they go.
Action	• **J. Ciesla will bring up the app with M. Walsh and look into the Elentra app to see if it is a solution for the browser issue in the hospitals and will give an update at the next Steering Committee meeting of the state of the app and a bit of a road map as to where it can go.**
5. Elentra Update	**P. Morris**
Discussion	• J. Vergel de Dios brought up the survey responses to see what needs to be prioritized in Elentra for non-EPA features. Higher priorities from the survey are ITERS/ITARS, multi-source feedback, teacher evaluations and external assessor capabilities. This really helps the CBME team with sprint requests and our prioritizations. • K. McLean brought up that at the PA Executive meeting last week that Family Medicine had inquired about scheduling because that is one of their main focuses for Elentra. They pair their scheduling with their evaluations. This is applicable for all programs too. • J. Vergel de Dios advised that even though peer assessment was ranked low through the Steering Committee it was also brought up at the RAC-CBME meeting that that is a priority for Internal Medicine residents. For residents to be able to trigger assessments from Sr. to Jr. residents. M. Boulton advised that this is also a priority for Neurosurgery residents as well. This would go a long way with fostering the Jr. Sr. resident relationship. • External assessor capabilities are now available in Elentra per P. Morris. The ITERS, multi-source feedback and teacher evaluations are already being worked on with IS, it is not particularly user friendly right now or an easy thing to do but they are working on improving it. They were able to build an ITER. • H. Iyer thanked P. Morris for getting the external assessor feature going in Elentra as it has been very beneficial and a huge bonus for their program and many other programs. A resident can add an external assessor by clicking add external assessor and then put in the assessor's name and email address and the assessor will receive a link with the evaluation form. The external assessor cannot trigger the assessment themselves. The second stage of the external assessor feature will be the ability for an administrator to be able to log in and manage the list of external assessors so if you know in advance who external assessors will be they can be added into the system in advance so the resident does not have to.

- In an ideal world faculty would like the nurses and external assessors to be able to trigger an assessment to a resident without the resident having to trigger an assessment because a lot of times if a procedure doesn't go well then the resident will not trigger the assessment. In neurosurgery they are thinking of putting in a fake faculty and giving external assessors the login for it so all external assessors (external physicians in another city, for example, as well as allied health professions within the hospitals) could come in through the fake faculty and they would just have to put an identifier in the text somewhere or else the CC would disregard the assessment to prevent this from being an axe grinding tool rather than useful feedback. Critical Care has made an intranet where nurses can go in and give feedback about residents and assessments.
- J. Ciesla stated that they could potentially build something outside of Elentra that would authenticate external assessors through a single unified account that can still be audited. The worry is that external assessors triggering assessments someone could get feedback and then we cannot get back to audit it. Building it into Elentra would probably compromise the security.
- EPA expiry rates were discussed. J. Vergel de Dios showed a breakdown from the survey results and 7 days and 14 days were the top answers for when EPAs should expire in Elentra.
- T. Joy asked if there was data available for the average time that it takes faculty to complete an assessment after it is triggered. J. Vergel de Dios stated that there is data available but speaking from an ePortfolio perspective the EPA expiry was 7 days as built in to the program by the Royal College. This was stressful for residents, but it was a big push for faculty development to have faculty complete assessments in the moment. The expiry for EPAs in ePortfolio is now 30 days and there was not a reason given for the change. ePortfolio also has an email reminder to the faculty assessor the day before an EPA will expire. This is a feature that Elentra could incorporate.
- E. Chan advised that he does not feel an email reminder being sent to the resident 2 days before the EPA expires would be beneficial as it would just turn into the resident going to remind the faculty.
- It was expressed that a uniform expiry date would be ideal as residents don't just stay within their programs and if they are getting different information for different programs that could be stressful. The majority of Steering Committee members believed that a shorter EPA expiry date would be better (7 or 14 days) because then the residents are not having to have all these EPAs pending and finding out too late that they expired.
- Adult Critical Care had EPA expiry timelines as an agenda item at their last CC meeting and they thought that 30 days would be the most realistic timeline for their division. They think maybe program specific expiry dates would be better depending on department work flow. The issue with the longer expiry date is that if the EPA is not completed in 30 days and it expires then that is not fair to the resident who has to do another scenario with another staff to get that EPA covered and that block might already be over and the opportunity lost.

	• A. Florendo-Cumbermack also stated that if the EPA does not expire for 30 days it will go on the bottom of our to-do lists where as if the expiry time is shorter it becomes more of a priority, also the longer the expiry date is the lower the quality of feedback will be from the faculty. • A proposal for 14 days for an EPA to expire with an email reminder would be a realistic timeline and it can be put in as a sprint request and then trialed for 6 months. We will collect the data and report back to see how it is going. • It was discussed that the assessment plan builder is currently being worked on for Elentra and once that is completed the dashboard will be the next big request for IS. Currently residents have the first stage of reporting available to them where they can see how many EPAs have been completed.
Action	• **P. Morris will send a communication about how the external assessor feature works in Elentra** • **J. Ciesla will ask the development team what is possible with regards to external assessors being able to trigger assessments in Elentra.** • **Steering Committee members are instructed to vision in their perfect world how allied healthcare professionals and 360s would work as this would be helpful for the development team as well as each program will be different** • **K. McLean will bring the external assessor issues to the PA exec and see what their perspective on this is as well.**
6. Elentra Reports	**J. Binnendyk**
Discussion	• Faculty reports is in the testing stages of Elentra and there are currently 3 elements to it, J. Binnendyk showed slides as to how the faculty reporting feature would will look like. • Please see the meeting slides for screenshots of what the reports will look like. • The faculty reporting should be available in the next couple of weeks and then an email notification will be sent out. • This report will be live at any time when it is ready in Elentra reporting
Action	• **N. Filson will send out slides from the Steering Committee meeting that show the faculty reporting feature.** • **J Binnendyk or P. Morris will send out a communication when the faculty reporting feature is live and available in Elentra.**
7. Faculty Engagement (Carrots and Sticks); In Service	**J. Vergel de Dios**

Discussion	• J Vergel de Dios asked the group if faculty engagement is something that we need to filter up centrally in terms of accountability? • M. Boulton states that the CC should be looking at who fills out the assessments and who has not filled out assessments and then the Department or Division Chair should go back to those faculty and let the know that changes need to be made. • This may work for smaller programs but for larger programs this will not be realistic. It is also believed that it should not be the job of the Program Director either. • The next step after that would be to go to the Department or Division Chair/Chief. J. Vergel de Dios would like the different Clinical Chairs aware of what others are saying to their departments and divisions so that it is universal. • With CBME, the stress falls to the resident and the faculty that are engaged, especially when there are faculty members that are not contributing. Including the Clinical Chairs and seeing what carrots and sticks they will use will be the first step and who need to hear the issues with faculty who are not engaged in CBME. You may not be able to fix the problem immediately but it is a good step.
Action	• **J. Vergel de Dios and L. Champion will present CBME and faculty engagement issues at the Clinical Chairs meeting in March**

8. ADJOURNMENT AND NEXT MEETING	
Date and time	The meeting was adjourned at 8:00am Next meeting scheduled for April 9, 2020 at 7:00am