

STEERING COMMITTEE MEETING MINUTES

DATE: January 6, 2022	TIME: 7:00am	LOCATION: Zoom
MEETING CALLED BY	J. Vergel de Dios, Director of CBME Implementation, PGME	
ATTENDEES	L. Champion; J. Vergel de Dios; C. Newnham; P. Morris; A. Good; C. Koerber; S. Ibdah; B. Ferreira; H. Iyer; S. L. Kane; M. Ott; A. Florendo-Cumbermack; J. Thain; S. Dave; M. Boulton; M. Chin; A. Ens; S. Lam; R. Viana; M. Thomson; A. Zaki; S. Hinton; K. Cordiner; M. Walsh	
REGRETS	P. Rasoulinejad; T. Joy	
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. November meeting minutes were approved.
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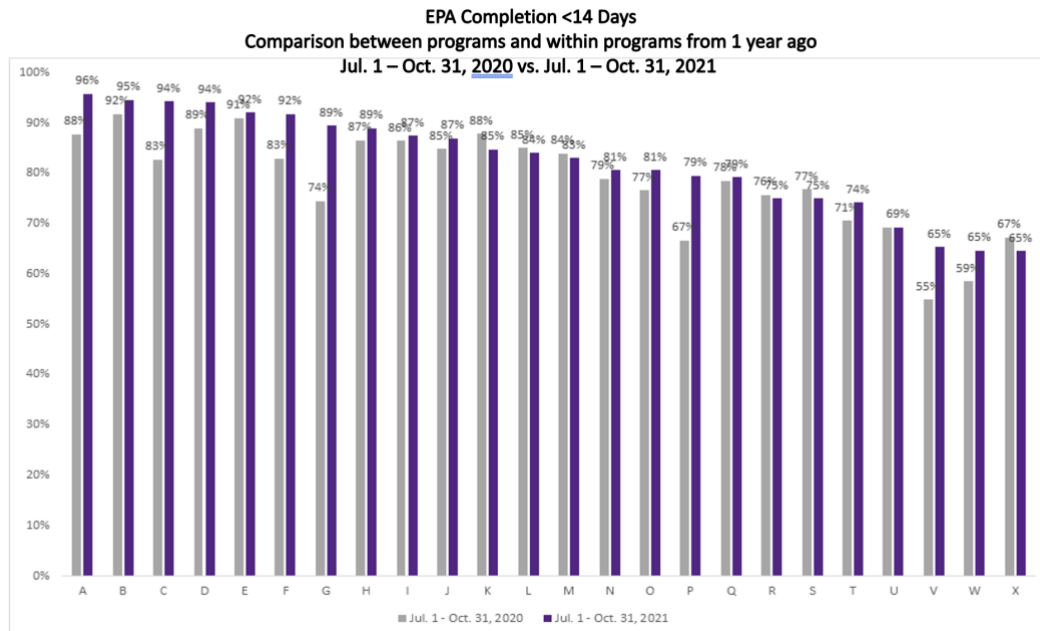
1. PREVIOUS ACTION ITEMS – COMMITTEE

DISCUSSION	<ul style="list-style-type: none"> All previous committee action items have been completed.
ACTION ITEMS	<ul style="list-style-type: none"> None

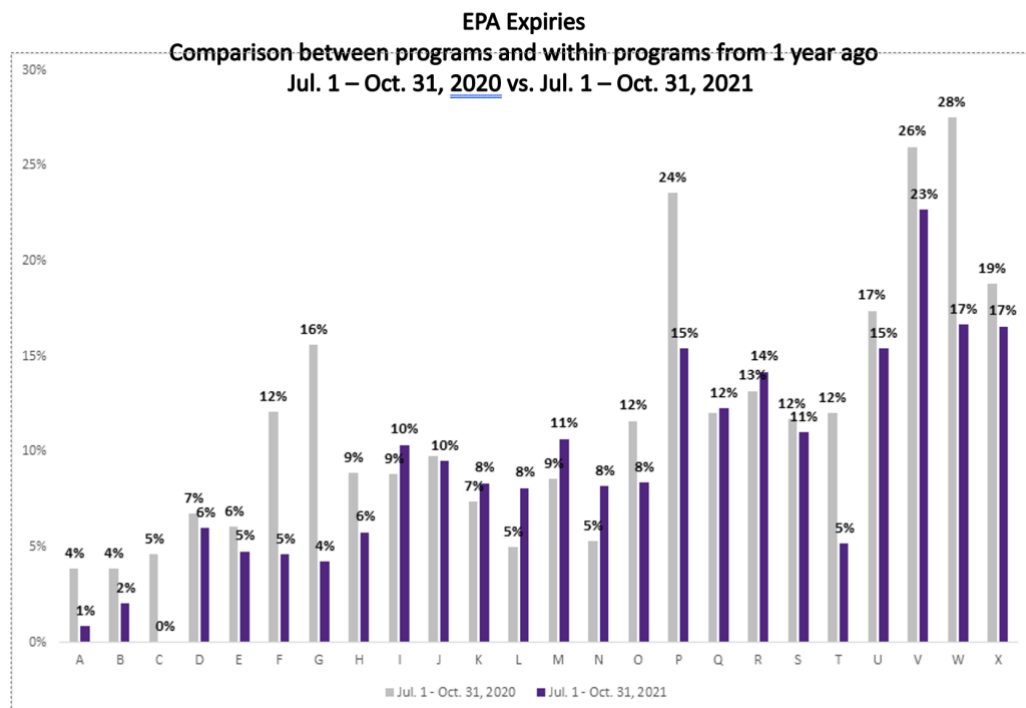
2. UPDATE FROM CLINICAL CHAIRS MEETING – DR. J. VERGEL DE DIOS

DISCUSSION	<ul style="list-style-type: none"> Dr. J. Vergel de Dios and L. Champion provided a second update at the Department Clinical Chairs meeting on December 3rd. Department Chairs were updated on the matter of expired EPAs. They were encouraged to play a larger role in helping PDs, and in ensuring faculty wellness and fair distribution of work around EPA completion. Fortunately, they were very interested in how they can support this and need guidance from PGME and their respective PDs. A. Good will be providing EPA reports twice per year going forward, rather than quarterly. The next report is expected to be released at the end of January and will cover the previous 6-month period. Reports will be sent to department and division Chair/Chiefs, PDs, PAs, and CBME leads. Dr. J. Vergel de Dios shared the data that was presented to Chair/Chiefs: 			
		July 1, 2020 – April 7, 2021 280 days 24 residency programs		April 8, 2021 – November 26, 2021 232 days 33 residency programs
		n (all programs)	% (all programs)	n (all programs)
	Completed EPA assessment forms	17735	88	17095
	Deleted EPA assessment forms	305	2	287
	Expired EPA assessment forms	2015	10	1738
	Faculty Triggered Assessments	2018	10	2086
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Comparison data from first vs. second Clinical Chair presentation on EPA data.
Overall numbers are relatively similar; however, we now have 33 residency programs (previously 24 programs).



Shows percent of EPA completion within a 14-day period (the encouraged target) one year apart. Each letter designates a residency program, e.g., Resident program A, program B, etc.



Shows EPA expiry rates one year apart.

	<ul style="list-style-type: none"> Dr. J. Vergel de Dios posed the following question and opened the floor for discussion: <ul style="list-style-type: none"> <i>Chairs are interested in how they can help make EPA completion a priority while balancing faculty wellness. We are looking for suggestions on how to hold faculty accountable and/or any examples in which you have worked with your chair on EPA completion strategies.</i> <ul style="list-style-type: none"> Dr. H. Iyer noted that their Division Chair reads EPA reports and sends an email to the division acknowledging faculty participation. This serves as a booster and reiteration of the fact that faculty must stay on top of EPAs. There is also a 10-minute time slot devoted to CBME and education at the quarterly city-wide division meetings. Finally, the Chair discusses this with faculty at the annual CDP meeting. Dr. H. Iyer noted that there has not been much resistance or sense that faculty are overwhelmed, however this could be because they are several years into CBME at this point and expectations are clear. Dr. S. Dave noted that a list is sent to each faculty member showing where they stand in comparison to all other faculty. Additionally, in order to prevent EPA expiry, faculty are encouraged to complete EPAs in the moment, which also contributes to improved feedback quality. Dr. J. Vergel de Dios asked the committee for any tips on how to complete EPAs in the moment. <ul style="list-style-type: none"> Dr. S. L. Kane noted that for some EPAs it is important to read the resident's dictated consult note prior to EPA completion in order to get the full interpretation of the case. Therefore, it is not always advantageous to complete EPAs in the moment. Dr. A. Florendo-Cumbermack explained that making it known where faculty stand in comparison to their colleagues has been helpful. They highlight that most complete EPAs within 7 days, so those that are outside of this window feel compelled to complete them in time. CNS is working on developing a GRS (global rating scale) that incorporates CBD as part of the teaching requirement. Dr. M. Ott noted that Chairs sometimes need to be the heavy hand in instigating character change and cannot only be the role of PDs. It was suggested that implementing a faculty award for EPA completion might help instigate change. Dr. S. L. Kane noted that until we incorporate quality, we must be careful about introducing financial remuneration. To simply click submit on a pre-filled EPA does not advance a resident's education. This is a caveat in introducing remuneration. <p>Dr. J. Vergel de Dios outlined next steps: when the next EPA report comes out, herself and Dr. L. Champion will be sending individual emails to department chairs offering individual consultation to answer questions, form networks, etc.</p> <p>Dr. L. Champion noted that the current supervision policy is from 2012. It has been updated and will be going to the policy subcommittee in February. As part of the update, attendings will be required to assess residents as per program requirements.</p>
ACTION ITEMS	<ul style="list-style-type: none"> Dr. J. Vergel de Dios and Dr. L. Champion to send individual department chair emails for consultation on the EPA reports, once released.

3. NATIONAL LEADS UPDATE – DR. J. VERGEL DE DIOS

DISCUSSION	<p>Time Off/Absence Requests</p> <ul style="list-style-type: none"> Dr. J. Vergel de Dios explained that residency is not shortened once EPAs are complete. PGME has a policy in place to reflect this and will have a new training waivers policy as well at the upcoming policy subcommittee meeting. This will clarify that if a resident is on accelerated progression, they have available time for additional research or subspecialty elective work. They are not able to leave early or take time off in such situations. <p>New Technical Guides</p> <ul style="list-style-type: none"> Dr. J. Vergel de Dios noted that three new technical guides will be published covering credentialing by the end of January. <p>Upcoming Topics</p> <ul style="list-style-type: none"> Dr. J. Vergel de Dios explained that upcoming topics for discussion include sustainability and fatigue. <p>Discussion Question</p> <ul style="list-style-type: none"> Dr. J. Vergel de Dios noted that the Royal College in consultation with RDoC published the following findings:
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	<ul style="list-style-type: none"> • <i>Residents feel their inability to meet EPA requirements is threatening their career.</i> • <i>Programs are interpreting targets as literal (i.e., need 10 EPAs, have 9 so can't be promoted).</i> • <i>Push for more resident champions at each institution.</i> • Dr. J. Vergel de Dios asked for committee thoughts on these statements. <ul style="list-style-type: none"> • Dr. S. L. Kane explained that the ability to interpret the number of EPA requirements more liberally is a slippery slope because there is a real potential for bias to enter into decision making (i.e., 10 observations are required but 9 is acceptable, then are 8 also acceptable? Where does the bar stop?). There are potential legal implications for CCs. • Dr. M. Ott explained that he has conducted research on this issue and the stress/concern that residents feel is national, not just local and must be addressed. Dr. M. Ott also noted that failing to meet set requirements becomes a surrogate for professionalism. Residents can be labeled as unprofessional for not meeting EPA requirements which creates additional stress and poses legal issues. • Dr. S. Lam noted that they do not tend to label residents as unprofessional unless they are far behind or refusing to participate in CBME by refusing to ask for EPAs. There also must be a uniform approach within each specialty in order to ensure a fair process in determining promotion. • Dr. J. Vergel de Dios emphasized the importance of defining how and when the professionalism category is used and keeping track of any deviations/changes for program evaluation purposes. • Dr. M. Chin noted that the entire process is quite stressful for faculty as well. It is hard to say whether resident's careers are threatened without experience as Anesthesiology has yet to graduate the first cohort and therefore do not know what the entire cycle looks like. Dr. M. Chin noted that faculty must reassure residents when necessary, as residents often get anxious too early about not getting experience in one area when faculty know that these opportunities will come around. Dr. M. Chin explained that individual exceptions have been made, but these exceptions are made in consideration of how many observations are required on an EPA. For example, 19/20 observations on an EPA is different from ½ observations. Finally, if the Royal College gives targets but then says to not take them literally, how are we to measure competence? This presents stress among faculty and CCs. To add to the professionalism issue, Dr. M. Chin notes that in her department, professionalism is defined as not responding to feedback that has been repeatedly given.
ACTION ITEMS	<ul style="list-style-type: none"> • None

4. ELENTRA UPDATE – P. MORRIS

DISCUSSION	<ul style="list-style-type: none"> • P. Morris provided an Elentra update. <ul style="list-style-type: none"> ○ P. Morris has received the EPA import files from the Royal College for Diagnostic Radiology, Hematology, and Maternal-Fetal Medicine. The files are now being prepared for import into Elentra. P. Morris will be reaching out to these programs in the coming days to begin the form building process. ○ Neuropathology's import files are still pending. ○ P. Morris is also waiting for the files outlining changes for Otolaryngology and Medical Oncology. ○ P. Morris is also supporting Anesthesiology's transition to Elentra for July 2022. • P. Morris is currently in the testing phase of the new version of Elentra. This is on schedule and going well. This will likely take several more weeks. Most changes have minimal impact to Elentra users. All changes will be outlined when the new version goes live at the end of the month. <p>Milestone Trends</p> <ul style="list-style-type: none"> • Dr. J. Vergel de Dios continued the conversation from the last SC meeting as to whether milestones should remain mandatory on EPA assessment forms. • Dr. J. Vergel de Dios noted that a feature flyer was created and circulated on the milestone trends feature in Elentra. This feature allows for the capability to filter through milestones, specifically by CanMEDS roles.
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	<ul style="list-style-type: none"> • Dr. J. Vergel de Dios clarified that milestones must remain available on EPA forms, however they do not all need to be assessed. Dr. J. Vergel de Dios asked the committee for their thoughts on pros vs. cons. <ul style="list-style-type: none"> ○ Dr. A. Florendo-Cumbermack noted that Neurology would like to keep them as mandatory as it useful to see the breakdown of tasks. ○ Dr. M. Chin agreed as milestones allow for valuable data analysis. ○ Dr. S. Dave would also like to keep milestones as mandatory as it is a way to justify scores. • Dr. J. Vergel de Dios presented on pros vs. cons: <ul style="list-style-type: none"> ○ Pros of removing milestones as mandatory include: <ul style="list-style-type: none"> ▪ Reduced administrative burden ▪ Greater likelihood of EPA completion ▪ Unclear utility at the moment so not losing much • Cons of removing milestones as mandatory include: <ul style="list-style-type: none"> ▪ Could be difficult to add back in the future ▪ Potentially lose intrinsic/non-CanMEDS roles being assessed ▪ Potentially lose an area for CCs to investigate • Dr. S. L. Kane asked whether programs are able to trial optional milestones for 6-months to determine whether it helps with assessment fatigue. <ul style="list-style-type: none"> ○ P. Morris noted that this would require significant development by the IS team. Therefore, while this is possible, we would need to prioritize our requests from IS. • Dr. S. L. Kane also noted that it would be great to have a PGME evaluation tool available to look into assessment fatigue. Dr. J. Vergel de Dios agreed and suggested that we work towards this with A. Good.
ACTION ITEMS	<ul style="list-style-type: none"> • Dr. J. Vergel de Dios and A. Good investigate a potential PGME evaluation tool to investigate assessment fatigue.

ADJOURNMENT & NEXT MEETING

Date and time of next meeting: March 3, 2022 at 7:00am.