STEERING COMMITTEE MEETING MINUTES

DATE: March 3, 2022	TIME: 7:00am	LOCATION: Zoom

MEETING CALLED BY	J. Vergel de Dios, Director of CBME Implementation, PGME
ATTENDEES	C. Koerber; P, Morris; B. Ferreira; A. Good; L. Champion; B. Yan; S. Hinton; S. Ibdah; J. Vergel de Dios; M. Sanatani; K. Cordiner; C. Newnham; D. Giroux; M. Walsh; A. Thain; S. Lam; H. Iyer; M. Chin; A. Ens; J. Howard; J. Thain; A. Florendo-Cumbermack; R. Viana; S. L. Kane; J. Ross; A. Zaki
REGRETS	S. Dave; P. Rasoulinejad
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. Previous meeting minutes were approved by L. Champion. Dr. J. Vergel de Dios welcomed Dr. M. Sanatani (CBME Lead, Medical Oncology) to the meeting.

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

DISCUSSION	• Covid-19 Message
	  ○ Dr. J. Vergel de Dios asked for an update on messaging surrounding Covid-19 now that it is a chronic issue.
	  ○ Messaging remains the same. They asked that we bring forward any new issues and stressed the importance of flexibility.
	  ○ Refer to the recently reviewed memo from the Royal College: RCPSC Guide on Meeting CBD Requirements During Covid (2022)
	• Technical Guides
	  ○ The RCPSC was supposed to release new technical guides at the end of January, however they are still pending.
	  ○ Dr. J. Vergel de Dios has sent a follow-up but has not yet heard back on this matter.
	• Exam Timelines Clarification and Memo
	  ○ Dr. J. Vergel de Dios forwarded Dr. M. Chin's questions regarding exams and timelines.
	  ○ The RCPSC has created a timeline memo, however some details were missing and clarification was requested. This should provide clarification on the entire process once available.
	• CC Oversight – Institutional Accreditation
	  ○ The RCPSC will be paying closer attention to this in order to ensure there is alignment in principles and goals. This is still in the early stages, but will ensure support and guidance for CCs.
	  ○ Dr. L. Champion noted the intent of the RCPSC is for standards to have additional requirements by 2023.
	  ○ This is for institutional accreditation standards (i.e. Schulich) and not for individual residency program accreditation standards.
	  ○ The CBME team has already made materials available, including: templates, CC agenda guidelines, CC Terms of Reference guidelines, reporting guidelines, etc.

ACTION ITEMS	• None

2.   PGME-CBME OPERATIONS TEAM UPDATE – DR. J. VERGEL DE DIOS

DISCUSSION	• Focus is on preparing 2022 programs to launch in July.
	  ○ Four programs that will be launching: Diagnostic Radiology, Hematology, Neuropathology, and Maternal-Fetal Medicine.
	  ○ Two of these are subspecialty programs and have some prior CBD experience already.

	- o At this time, 75% of residency programs at Schulich have launched CBD, therefore program needs are evolving. - The PGME-CBME team is planning to repeat the Coaching and Feedback Workshop in May 2022. - o Workshops will be open to 2022 programs first. - o Given that this is an in-demand topic, the PGME-CBME team is open to adapting materials to program needs so that programs can deliver workshops to their respective faculty and residents. - In response to the semi-annual EPA reports, Dr. J. Vergel de Dios and Dr. L. Champion are offering individual program consultations. - o This is an opportunity to check-in with launched programs and may or may not include chair/chiefs. - o Meetings will be tailored to individual program needs. - Dr. J. Vergel de Dios, Dr. L. Champion, and P. Morris are also offering CBD refresher presentations. - Schulich is involved in a 6-institution program evaluation collaboration led by the University of Alberta and the University of Toronto. - o Invites for feedback surveys and qualitative interviews will be sent out and data will be shared.
ACTION ITEMS	• **SC members to contact J. Vergel de Dios if they would like a CBD Refreshers presentation for their faculty members**.

3. ELENTRA UPDATE – P. MORRIS	
DISCUSSION	- The upgrade to Elentra version 1.21 went according to schedule on January 29th. - o Most updates are not visible to end users but were required to keep Elentra running. Security patches were also applied. - o IS is aware that there are still intermittent speed issues in loading the Dashboard. They are investigating potential solutions and are hopefully it will be addressed in the coming weeks. - Current focus is on 2022 launching programs. All programs are on schedule. P. Morris noted that she is hoping to get Logbook set up in the next month for those programs that expressed interest. - Rotation Schedule - o P. Morris is working towards having the PGY1 schedule in Elentra and One45 for the coming academic year. - o The Elentra schedule will be hidden for users but monitored by PGME to ensure the functionality is appropriate to meet program needs. - o This is a necessary step to bring the remaining non-EPA assessments into Elentra in the future. Tentative plan for that is July 2024.
ACTION ITEMS	• None

4. SEMI-ANNUAL EPA REPORTS – DR. J. VERGEL DE DIOS; A. GOOD	
DISCUSSION	- Semi-annual EPA reports were circulated by A. Good. The PGME team is curious as to how EPA reports are used and can be improved. - Metrics provided at this time include: - o % EPA assessments completed <1 day, <7 days, <14 days - o % EPA assessments expired - o % EPA assessments triggered by faculty - o Comparison to previous year - o Comparison with programs with similar assessor contexts - o Program comparison to all other programs - It was asked whether there is a way to identify the discrepancy between an encounter and when the EPA is triggered. Often when speaking with faculty, there is a large delay between when the assessment is triggered and the actual encounter. - o A. Good noted that this is available in the raw data report through the reports portal. It shows the time of the encounter compared to the time of triggering and completion date. For the purpose of EPA reports, A. Good explained that they had run a logarithmic

	assessment which found this metric to not be statistically significant. A. Good will look into this again and potentially add it as a metric on future EPA reports.
	o Dr. S.-L. Kane noted that her study showed a mean of three days from encounter to assessment trigger.
	o Dr. A. Florendo-Cumbermack noted that for some EPAs, the delay is due to waiting on the dictated note. The proportion of EPAs requiring this varies from program to program.
	• Dr. J. Vergel de Dios asked what should be changed/added/removed from EPA reports.
	o It was asked why the % triggered by faculty statistic is included if this is a resident-centered model in which they are encouraged to initiate their own assessments.
	▪ Dr. J. Vergel de Dios explained that when a program first launches, CBME is advertised in this way to increase buy-in. However, some residents have expressed that too much responsibility is falling on them to the point where they often write the entire EPA on themselves and not receiving valuable feedback. With time, residents have said that they begin to choose assessors based on who they know will score them highly or is known to actually complete assessments. Certain faculty may be avoided due to scores given, despite the value in their feedback. Therefore, we may be missing the bigger picture for each resident's progress. There must be a fair balance to ensure everyone is doing their part.
	• It was noted that for faculty with zeros, it may not be a lack of willingness, but a lack of exposure to residents.
	▪ Dr. J. Thain noted that they are a small program with 3-4 residents. Residents are often on off-service rotations and some faculty do not work with them the entire year. When statistics come out, it is not that they haven't tried but that they have not interacted with residents.
	• P. Morris clarified that some faculty may have been added as external users by mistake by residents. The IS team is working on something so that the PGME office is able to blend records in a more timely fashion. They are also working on securing the search to make it less likely that residents will add faculty with Schulich appointments as external assessors. Please reach out if you suspect a faculty member may have been falsely added as an external assessor and we can blend the records.
	• Dr. R. Viana pointed out that faculty should be triggering assessments as they may see teachable moments that residents are not aware of.
	Dr. J. Vergel de Dios noted that herself and Dr. L. Champion will be updating Clinical Chairs again in May.
	• L. Champion noted that there is a new supervision policy stating that supervision is not just being available, but also includes knowing what competencies and objectives are expected and completing assessments in a timely fashion.
	Dr. J. Ross noted that some have suggested QR codes to make assessments more available.
	• P. Morris explained that this was a point of discussion at the Incubator for CBME Innovators in the spring, however we have not looked into it yet.
	• Dr. J. Vergel de Dios noted that it was Dr. M. Sharma that presented on this at the Incubator. He was using QR codes for non-EPA assessments. Dr. J. Vergel de Dios will forward presentation slides and recording after the meeting to Dr. Ross.
ACTION ITEMS	• **Dr. J. Vergel de Dios will forward presentation slides and recording about QR codes after the meeting to Dr. Ross.**

5. ASSESSOR STATISTICS REPORT – DR. J. VERGEL DE DIOS

DISCUSSION	• Dr. J. Vergel de Dios explained that the focus of the assessor statistics report is on faculty, whereas the PGME Semi-Annual EPA reports focus on the program. The assessor statistics report is available in Elentra in the reports portal.
	• Dr. S.-L. Kane brought up a previous discussion regarding implementing a feature for residents to provide feedback on EPA assessments (such as a yes/no button as to whether they found the feedback useful).
	o P. Morris noted that this is on the list of development requests for IS, but we have not looked into it much further at this time. However, there is functionality within Elentra already in which residents can view a form and provide feedback using the 'thumbs up' feature. Residents can provide a comment as to whether they found feedback useful. At

	this time, there is not a 'thumbs down' available. P. Morris will prepare slides on this to promote this feature among residents at the upcoming RAC-CBME meeting next week.
	• Dr. J. Vergel de Dios asked the SC committee to reach out with any thoughts/suggestions regarding the assessor statistics report.
ACTION ITEMS	• **SC members to reach out with thoughts/suggestions on the assessor statistics report.** • **P. Morris & C. Koerber to create a Feature Flyer on the 'Thumbs Up' feature for residents to provide to individual EPA assessments.**

6.	ASSESSMENT FATIGUE – S. IBDAH

DISCUSSION	• S. Ibdah explained a new PGME project looking at the function of milestones in collaboration with Dr. S.-L. Kane and Dr. J. Thain, as well as any interested SC members.
	• S. Ibdah noted that there is no available up-to-date information in terms of how milestones may or may not be contributing to evaluation fatigue.
	• The proposed research question is "Milestones: Do They Contribute to and/or Mitigate Assessment/Evaluation Fatigue?"
	• In her literature review, S. Ibdah found the following:
	   o There is confusion on milestones and how they differ from EPAs or ITERs.
	       ▪ According to the RCPSC, milestones represent the building blocks of EPAs, whereas EPAs are the day-to-day entrustable activities of the resident. Milestones are the overall trends of the competence of residents. Milestones focus on the 7 CanMeds roles to help ensure that we are facilitating competence in all roles.
	       ▪ A feature flier was previously distributed outlining the milestone trends feature in Elentra. This feature allows users to sort according to CanMeds roles.
	• Assessment fatigue is a term used only among residents. When talking about assessor fatigue, it is called administrative burden. Alternatively, we have the opportunity to coin a new, more specific term.
	• Existing information in literature focuses mainly on the extra time required to complete assessments. Research shows it take 3-minutes for each assessor for each assessment. What we want to investigate is whether the benefits are worth this extra time.
	• Some articles praise milestones, stating this system is ideal for residents because of their generation. However, we cannot neglect the faculty/staff that are implementing and delivering the curriculum.

ACTION ITEMS	• None

7.	SCAN OF EPA AND # OF MINIMUM OBSERVATION NUMBERS ACROSS ALL PROGRAMS – P. MORRIS
DISCUSSION	• At a previous meeting, it was asked how many EPAs there are for an entire program, in addition to the minimum number of achieved observations that are expected for that program. P. Morris presented the following chart with this data:

Program	# EPAs per EPA Guide	Min # of achieved observations	Average achieved observations per yr		Program	# EPAs per EPA Guide	Min # of achieved observations	Average achieved observations per yr
Anat Path	32	638	128		Neurology	22	65	13
Anesthesiology	49	297	59		Neurosurgery	61	181	30
Cardiac Surgery	55	257	43		Nuclear Med	31	168	34
Cardiology	36	154	51		Obs/Gyn	36	214	43
Child & Adol Psych	18	79	40		Ortho Surgery	47	133	27

Clin Imm & Allergy	20	83	42	Otolaryngology	34	137	27
Clin Pharm & Tox	19	63	32	Ped Critical Care	31	145	73
Critical Care (adult)	30	159	80	Pediatrics	32	179	45
Emergency Med	37	521	104	PMR	21	107	21
Gastroenterology	17	108	54	Plastic Surgery	53	158	32
GIM	26	147	74	Psychiatry	20	114	23
General Surgery	32	220	44	Radiation Onc	15	147	29
Geriatric Med	25	112	56	Respirology	19	85	43
Geriatric Psych	20	64	32	Rheumatology	24	98	49
Internal Medicine	28	201	67	Surg Foundations	16	47	24
Medical Oncology	15	124	62	Urology	39	247	49
Neonatal Perinatal	24	191	96	Vascular Surgery	27	176	35
Nephrology	37	116	58				

- The third column represents the average minimum number of *achieved* observations per year, to take into account program length (2 vs 5 years in program length).
- The total number of EPAs vary across programs, ranging from 15 to 61 EPAs.
- The minimum number of *achieved* observations for the entire program, as recommended by their Specialty Committees, ranged from 47 to 638 *achieved* observations.
- Please note: data shown above has been revised to now show corrected numbers.

ACTION ITEMS	- None

8. SCHULICH RESIDENT FEEDBACK SURVEY ON CBME – DR. J. VERGEL DE DIOS

DISCUSSION	- The second Schulich resident feedback survey has been distributed among residents. - At the time of the meeting, the survey had received 81 responses out of a total of 595 residents. - The survey will remain open until March 25th. - Results should be available to share at the next SC meeting. - The survey link will be distributed to all PDs, CBME Leads, and PAs. Please encourage your residents to participate.
ACTION ITEMS	- **SC members to encourage residents to participate in the resident feedback survey.**

9. FACULTY DEVELOPMENT – DR. J. VERGEL DE DIOS

DISCUSSION	- Dr. J. Vergel de Dios asked the committee to share their faculty development needs and/or how they have adapted faculty development.
	  o Dr. A. Florendo-Cumbermack noted they are running an online introductory module that is MOC Section 3 accredited.
	    ▪ Dr. J. Vergel de Dios will reach out to Dr. A. Florendo-Cumbermack about the potential to create something similar, but broader for all programs. Dr. A. Florendo-Cumbermack will share the module link with Dr. J. Vergel de Dios and Dr. L. Champion.
	  o Dr. M. Sanatani explained that Medical Oncology is not doing well in terms of their EPA numbers. The EPA assessment statistic was helpful in kickstarting the division to consider how to improve their metrics.
	    ▪ The ability to add Elentra as one of your URL links in PowerChart is another tool that can help with CBME adoption. Unfortunately, at the moment, it still automatically opens Elentra in Internet Explorer (IE). IE is not a supported

	browser for Elentra and IE is set to retire this summer. So we will wait until July to see if the hospital will consistently make supported browsers like Microsoft Edge the default browser before we broadly circulate and suggest to how add Elentra as a URL shortcut in PowerChart.
	○ Dr. R. Viana noted they are doing something similar in installing Elentra onto phone home screens.
	• Dr. J. Vergel de Dios noted that if any program would like a CBD refresher (or any other presentation from PGME), to reach out.
ACTION ITEMS	• None

10. CBD SPRING TOWN HALL WTH JASON FRANK – DR. J. VERGEL DE DIOS	
DISCUSSION	• The CBD spring town hall with Jason Frank will take place on a Wednesday morning at 7am. The specific date will be shared once available. • Please reach out with any specific discussion topics or questions.
ACTION ITEMS	• **SC members to reach out with discussion topics and/or questions for the CBD town hall.**

ADJOURNMENT & NEXT MEETING
Date and time of next meeting: May 5, 2022 at 7:00am