Hi everyone, nice to be with you today. It's great to see a group of people out that are interested in doing their best work with, with CBME.

So I'll just share a little bit of information based on the different roles that you'll connect with the across the program. So I work with internal medicine program. And so we'll have some different approaches than, than Wendy might have with a small program.

But the basic principles are the same. And Wendy’s done a great job of outlining things like looking at the bigger picture. So for me, my connections are with the competence committee chairs. In our case because it's such a big program we have co-chairs. With the competence committee itself, with the academic coaches, and with the residents, and I've left the program director off of this list because that's a that's a different step. Yhe program director is broader across all of these connections.

And so I don't have a specific list of things with the program director, but of course we work hand in hand through all of this. So with the competence committee chairs, a lot of this stuff is very logistical.

So determining the optimal ways to stay in touch, do they want to share documents in a particular place, in MedPortal, in Google Drives, in Dropbox, whatever. Do they want to communicate by phone, by e-mail, whatever. And that evolves as time goes on. Set and circulate the meeting dates. We've found because our committee is quite large, that we set our meeting dates for the whole year well in advance so that the residents are know what timelines they're working toward and the faculty members can set that time aside early on. Usually you'll have a responsibility to help set the meeting agenda.

And it'll depend on the competence shares, how you manage that. Circulating collect documents, that's of course a big part of any of our jobs. And the meeting minutes as well. And I would highly recommend when it comes to meeting minutes, that when you come out of that meeting, you have an individual record and an overall record.

So my very first meeting, I made the mistake of following the direction of the chairs where we just worked each person through with their individual record.

And then afterwards I had to go back through an open 38 different documents to determine the people we actually need to follow up on to have a centralized list of that. So now we have it a little bit more streamlined where I'm running one sheet that has everybody listed on it with just a quick, you know, we'll need follow-up or no follow-up.

And then as well as the individual record that goes out to the residents themselves. So any questions about the covenants committee or we can wait until we get through to the end.

But happy to take questions and feel free to interrupt.

Okay. So with the competence committee themselves, one of the things that's necessary is just that terms of reference. So once those terms of reference documents are developed by your program, then it's important to maintain those. And again, watch for role changes.

So for example, we recently had a rule change for our remediation chair. And so automatically that would flow through to our competence committee. Assign MEDSis access. So it's very, very important that your groups have appropriate MEDSis access for things. And they're going to see a lot of things very, very soon, like within a week. If not now with the new dashboard, it's going to be, it's going to be awesome from what I've seen.

And so you'll want to make sure that all of your people, and as they change that their access is change, provide pre-meeting documentation. So for example, for our committee, each member does a primary review before the meeting and then presents that person at the meeting.

So we want to make sure that we get the template so to them ahead of time so that they can complete their full review and a good timely way and reminding them of deadlines, distribute the CC results. So on behalf of the committee, those results go out. It will depend in your program how that works. Technically, the RAC is responsible for the results of the competence committee. We find that it's best for the RAC to mandate the competence committee to make these recommendations and to follow those recommendations rather than duplicating the process.

But we try to schedule our meetings close to an RAC meeting so that the RAC can sign off for the information goes to the residents, but that there's not a long timeline for the residents to wait and wait for the results. And assist with any meeting follow-up that's required. So there we have a and most programs do have a designation called progression with provision.

And so it's possible that maybe they just need to focus on one or two more EPA's. Basically they've met the mark. Their ITERs look good. There's been no professionalism issues. They're completing their research projects, whatever the whatever but the designated benchmarks are besides just EPA's.

We never want to make this about just a checklist for EPA's, although I have to say that it can feel like that at times. And I did actually, I sent a note to Jason Frank and he laughed and laughed and laughed.

I did have a dream one night that the residents could collect EPA's in marked boxes of granola bars. And they were busy rushing around buying granola bar packages to try and get their appropriate EPA's the same as you might with McDonald's monopoly pieces. But I actually dreamt that the residents were rushing around buying granola bars to get their EPA's marked boxes. So whatever follow-up is needed often, I have to say that often it will fall to you to make sure this doesn't fall between the cracks. And so again, I keep a tracker that says these are the residents that are having follow-up that need follow up and this is the date where their follow-up will occur.

And I keep that as a longitudinal document so that we can also have a record of who's having recurring issues with these problems. So we don't want it to just be a one time document. We want to be able to follow the residence longitudinally across the three years to see who could use some extra support.

So in terms of the academic coaches, for us, the coaches have on three to four residents that they're responsible for and they meet with them prior to the meeting, to the competence meeting in a bit of a lead up time.

So our timeline is the residents complete their resident reflection. That includes data information like how their exam scores are going, how they feel their ITERs are going, what themes they've been able to pull from their ITERs?

What kind of personal learning plans they're interested in meeting gaps or just expanding their information on. Then they meet with their coach who looks at that with them and does a coach report.

And then all of this is stored in MEDSis. We don't want to be emailing stuff around like fiend.

So all of this is stored in MEDSis. The template for this is stored in MEDSis. Again, we develop the template. It's a Word document so the residents can download it, fill it out and upload it.

The coaches download their report, fill it out and upload it. And then from there the primary reviewer goes to work fills of their template and then we have our meeting.

So again, the coaches need to know what their terms are, what the terms of reference are, as coaches change. You want to make sure that they are aware of those terms.

You want to provide timelines for them so that they know when's the next meeting?

How long do I have to meet with my residents? When is my report due and provide appropriate reminders for that. I don't check to see if this work is done because there's so many, we have two cohorts involved now.

So we have 70 residents in CBME. So that's up to the primary reviewer to notice if the coach report is done or not done. It's up to the coach to notice that the resident reflection is done or not done. Make sure they have the appropriate MEDsis access.

Of course, maintain your coach assignment lists. So as your coaches change, make sure that you know and your competence committee has accurate record of which residents are assigned to which cultures. So my list is just an Excel list that I have two tabs for.

One is by resident, so it's alphabetical ,and one is by coach. So it's alphabetical by coach. And distribute your CC results to coaches.

So I either send a note that says CC results are now available in MEDSis, or if there's anything particular with follow up, then I will send an individual note for the resident with their results and copy the coach.

And then the residents, you want to ensure that they have access to EPA data. So when Wendy talked about this, making sure that they have a list of what their EPA's are and provide…well, we'll talk about that in a minute. So we do this in two ways. One, we just provide the general list of EPA's to them from the Royal College. But we also have a map similar to Wendy, where each of our orientation documents for rotations list the high-yield EPA's, the likely high-yield EPA's for that document. So when they go into a rotation, they can check and see, oh, this is a good place to get, you know, EPA X or EPA Y? Provide a year at a glance, a roadmap for them. So help them know, when should I normally be finished the stage?

When is the competence committee meetings going to be like if they need to put on a sudden push to to get some more assessments and coaching completed.

It's just so that they know and also even that roadmaps helpful for them a year at a glance to know when their OSCI is coming in, when they're written exam is coming and those kinds of things. Remind the residents about their lead time for competence meetings. So, your reflection is due in two weeks.

And again, I don't check this. I can't check it for 70 people. But there we have a system in place. Assist the residence with any MEDSis issues. That's a big thing. Things will come up all the time where you need to help the resident. Either it's a learner difficulty where they don't understand what it is that they're supposed to do. Or MEDSis is having some glitches that particular day or that particular week or in that particular area. And then reassure. I think one of our biggest rules always is to make sure that the residents feel supported, that they don't feel stressed. That even if they're falling behind, that, there's a way to get a plan for them to get back on track and to help connect them with the right people.

That, whether it's a peer mentor, whether it's just a little booster conversation with you. Whether they'd like to talk to a CDMA lead or if they need to remediate their coach or things. But our job, I think always is to support the residents and so this is another opportunity to do that. So I'm happy to take any questions at this time.

I think I am right on time, but we were running a tiny bit behind before that. So I would say whether you're a larger program, smaller program. Some of this, as Wendy mentioned, is an evolution.

And you'll learn what your competence chair needs from you, what your competence committee needs from you. But I would say you're in the very, very best position to watch and make sure nothing falls between the cracks. So that if someone is assigned follow up after a meeting, that you can add it to your calendar and make sure that, you know that that doesn't just fall by the wayside, things like that.