CLINICAL COMPETENCY COMMITTEE: WHERE ARE WE NOW?

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DISCLOSURES

- Nothing to disclose

OBJECTIVES

- Describe the role and responsibilities of the CCC
- List the ACGME requirements for the CCC
- Outline our own CCC's evolution
- Identify our biggest challenges
- Propose future directions

WHAT IS THE CLINICAL COMPETENCY COMMITTEE?

- Required body by the ACGME
- Advisory to PD
- Reviews progress of all residents in the program

PURPOSES OF A CCC

- **Ultimate purpose: accountability to the public**
- Program director: fulfills public accountability, faculty buy-in, role of advocate, ultimate arbiter
- Program: early identification of poor performers, improve quality of assessments and evaluations, identify deficiencies/improve program
- Faculty: shared mental model of competencies
- Residents/fellows: better feedback, insight from group of faculty, earlier identification of suboptimal performance, transparency, improve goals for higher levels of competency

CCC RESPONSIBILITIES

- Monitor trainee's progression on milestones
- Recommend promotion and graduation to PD
- Recommend remediation or disciplinary actions when needed

- Early identification of trainees that are lagging behind
- Identification of "areas for improvement" and "aspirational goals"

CCC REQUIREMENTS

- Must be appointed by PD
- At least 3 members from faculty
- Must have written description of responsibilities
- Reviews all fellow evaluations semi-annually
- Prepares and ensures milestones reporting to ACGME semiannually
- Advises PD on fellow progress

CCC MEMBERS: WHO ARE THEY?

- Need to be the “right people”: committed, willing to make honest decisions
- Should reflect variability of training sites and composition of Divisional faculty
- Responsibilities: know role, familiarity with milestones, ensure voice is heard, follow through on tasks

Adopted from Sushma Cribbs, MD

CCC LOGISTICS

- Meet regularly
- Importance of Confidentiality
- Provide written summary to PD about each fellow's progress
- Duration of appt: familiarity with task vs fresh voices

Adopted from Sushma Cribbs, MD

EMORY'S CCC


That fellow did what??!
SCHOOL OF MEDICINE
JAMES B. WILLIAMS
MEDICAL EDUCATION BUILDING
2007

THE MEMBERS

- Our Program Director does NOT chair the committee but attends as an observer
- Faculty representation from all 4 teaching hospitals within Emory
- Everyone was educated on committee goals, purpose, milestones

THE PROCESS

- Fellows reviewed semiannually or more
- All evaluations are available to review

- Emory faculty evaluations translated into milestones*

- Each fellow is assigned to a member
  - CCC member reviews portfolio
  - Compiles data into a summary sheet and “presents” fellow to the group
- Each fellow is discussed, final consensus reached
- Finally summary with recommendations written by Chair*

Fellow Name: Date of CCC Semiannual:

GLOBAL EVALS/FACULTY FEEDBACK

Score for rotation since last semiannual visit:

Rotation	Min Score	Max score

Mechanical Ventilation Score:

AREAS FOR IMPROVEMENT/ COMMENTS

(use this space to add comments)

PROCEDURE LOG

Procedure	Done	Required	Competency form: Hodapp	Competent freq
Arterial line		3		1
Bedside Trach		NA	NA	NA
Bronch		100		3
CEUS		NA	NA	NA
Central line IJ		10*		3
Central line SC		NA	NA	NA
Chest tube		10		3
Echo		NA	NA	NA
CRIT		3	NA	NA
Intubation Direct Indirect (glidescope)		20		3
PA catheter		3		2
PFT		100	NA	NA
Pleural biopsy		NA	NA	NA
Thoracentesis		10		1
Other		NA	NA	NA

*only if not passed at orientation

Other Evaluations (Found in Global Evaluation)

Evaluation	Min score	Max score	Comments
360 Evaluations			
Peer Feedback			
Patient/Family Feedback			

IN-SERVICE EXAM PERFORMANCE

	Year 1	Year 2	Year 3
Percentile rank			

CONFERENCE ATTENDANCE

Conference	%Attended	%Required	Excused
Grand Rounds			
Core Curriculum			
Research			

Scholarly activity/comments on presentations

Overall Summary (compiled from CCC members' consensus)

Committee recommendations:

Promotion recommended: _____Yes _____No

Follow-up: ___6 months ___2-3 months ____Remediation ____Graduation

Chair Signature_____

GLOBAL EVALUATION AND PROCEDURE LOGS

GLOBAL EVALS/FACULTY FEEDBACK

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Central line IJ		10 *		3
Central line SC		NA	NA	NA
Chest tube		10		3
Echo		NA	NA	NA
CPET		5	NA	NA
Intubation Direct Indirect (glidescope)		20		3
PA catheter		5		2
PFT		100	NA	NA
Pleural biopsy		NA	NA	NA
Thoracentesis		10		1
Other		NA	NA	NA

**only if not passed at orientation*

OTHER EVALUATIONS

Other Evaluations (Found in Global Evaluation)

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Core Curriculum			
Research			

OVERALL SUMMARY AND RECOMMENDATIONS

Overall Summary (compiled from CCC members' consensus)

Committee recommendations:

Promotion recommended: _____ Yes _____ No

Follow-up: ___ 6 months ___ 2-3 months ____ Remediation ____ Graduation

Chair Signature _____

FEATURES OF AN EFFECTIVE CCC

- Understands your faculty
  - Normalizes the data based on the evaluator
- Distinguishes isolated experiences of poor performance from a pattern of poor performance
- Provides more than “thumbs up/thumbs down”
  - Discusses performance at length
  - Defines remedial steps, as needed

Adopted from David Schulman, MD

CRITICAL ASPECTS OF THE CCC

- Faculty need to be dedicated
  - Can't just "show up for the meeting"
- Training and understanding about milestones and evaluation tools required
- Need to be willing to provide negative performance ratings
- Try to avoid comparison to peers, instead aiming for "minimally competent" using milestones

Adopted from David Schulman, MD

WHAT HAS WORKED

- **Translating evaluations into milestones (easier but better?)**
- **Pre-meeting preparation**
- **Members' direct experience with fellow (+/-)**
- *Efficiency of chair to keep group on task*
- *Diversity of faculty*
- *Collegial environment*

CHALLENGES

- Paucity of narrative comments or discrepancy between score and comments
- Reconciling discrepancies in scores (e.g. continuity clinic)
- Time – limitations can lead to lower quality decisions, new information more likely to emerge with longer discussions *
- Not enough information: verbal complaints not mentioned in evaluation or not put in writing
- Burnout

* Devine DJ. Small Group Research.1999;30(5):608–634.

WHAT HAS CHANGED

- PD present at meetings: provides insights that may not be available to members of CCC, acts as advocate, not member
- Increased number of members from 6 to 10
- Staggering member's exits from CCC
- More consistent longitudinal look at fellow's trajectory

THOUGHTS FOR THE FUTURE

- Faculty development for:
  - CCC members to develop good understanding of milestones and minimal competency for our program
  - Division faculty to provide meaningful and truthful performance data
- Member of CCC to represent “society”
- Seeking more involvement from fellows:
  - By submitting self assessment
  - By involvement in own remediation plan
- Use committee to look at bigger picture (programmatic view)