



Session 1

9:20 - 10:30AM

Clinical Competency Committees: How can they be most effective?



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William Hart is the ACGME-I Associate Executive Director. He joined ACGME in 1998 as the Administrative Secretary for the Review Committees for Dermatology, Medical Genetics, Orthopaedic Surgery, and Pathology. Before joining the ACGME, Mr. Hart was the shipping and receiving manager for Illinois Harley-Davidson in Berwyn, IL. Mr. Hart earned a diploma from Fenwick High School, where he served as immediate back-up to the soccer team's goalkeeper and routinely played non-speaking roles in the drama club's theater productions. He has also completed several leadership courses at Apple Podcast University



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ACGME-I Requirements for the Clinical Competency Committee

William Hart, Associate Executive Director, ACGME-I



ACGME-I Requirement Tiers



ACGME International

ACGME International Institutional Requirements

Institutional

Revised: 19 February 2021; Effective: 1 July 2021
Reformatted: 30 March 2016
Initial Approval: 1 January 2010



ACGME International
Foundational Program Requirements for
Graduate Medical Education

Foundational

Reformatted: 1 April 2022
Revised: 1 February 2020
Reformatted: 31 March 2016
Revised: 14 March 2013
Initial Approval: 8 December 2009



ACGME International

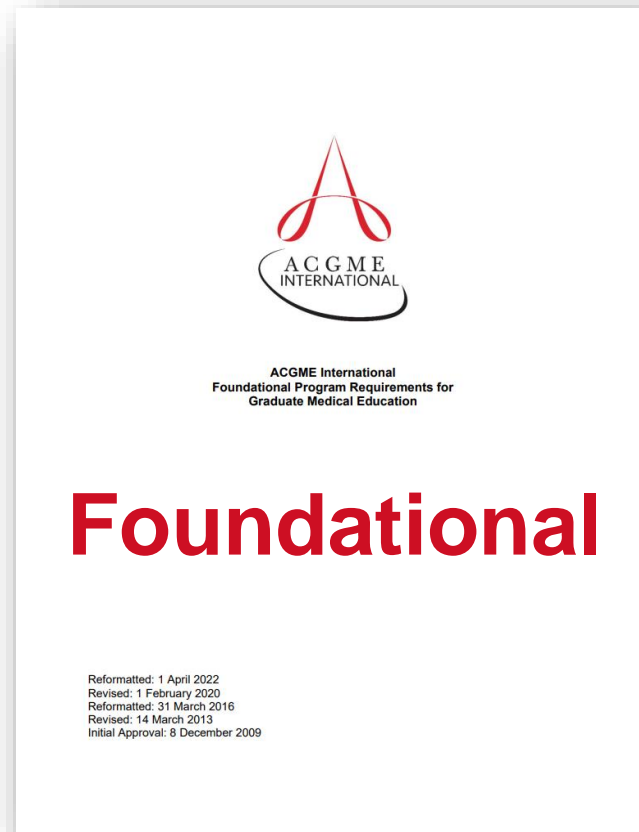
Advanced Specialty Program Requirements for
Graduate Medical Education in
Dermatology

Advanced Specialty

Reformatted: 1 April 2022
Revised: 21 July 2017, Effective: 1 July 2017
Revised: 12 February 2015, Effective: 1 July 2016
Initial approval: 6 June 2014



Foundational Requirements



V.B.

Clinical Competency Committee

V.B.1.

Programs must provide resident education based on the ACGME-I Core Competency Milestones.

V.B.2.

The program director must establish a Clinical Competency Committee (CCC) to review performance.

V.B.3.

The CCC must:

V.B.3.a)

be composed of at least



Redundant Requirement

Foundational Requirement V.B.1.

Programs must provide residents' objective performance evaluations based on the ACGME-I Competencies and regular evaluation of the Milestones.



Formative Evaluations

Foundational Requirement V.A.1.b)

- 1). The program must provide objective assessments of competence in [the six competencies].
- 3). The program must document progressive resident performance improvement appropriate to educational level in each of the milestones.



Redundant Requirement

Foundational Requirement V.B.1.

Programs must provide residents' objective performance evaluations based on the ACGME-I Competencies and regular evaluation of the Milestones.



CCC Creator

Foundational Requirement V.B.2.

The program director must appoint a Clinical Competency Committee (CCC) to review performance evaluations for each resident/fellow.



CCC Composition

Foundational Requirement V.B.3.a)

The CCC must be composed of at least three faculty members, at least one of whom is a core faculty member.



CCC Charter

Foundational Requirement V.B.3.b)

The CCC must have a written description of its responsibilities, including its responsibility to the Sponsoring Institution and to the program director.



CCC Chores

Foundational Requirement V.B.3.c).(1)

The CCC must participate actively in reviewing all resident/fellow evaluations by all evaluators, Case Logs, the Milestones, incident reports, and other data semi-annually.



CCC Chores

Foundational Requirement V.B.3.c).(2)

The CCC must participate actively in making recommendations to the program director for resident/fellow progress, including promotion, remediation, corrective actions, or dismissal.



CCC Communication

Foundational Requirement V.B.4.

The findings of the CCC and program director must be shared with each resident/fellow on at least a semi-annual basis.



CCC Common Question Quiz

1. Can the program director chair the CCC?



The requirements do not preclude or limit a program director's participation on the committee.

(But *should* the PD chair the CCC?)



CCC Common Question Quiz

2. Can a resident be on the CCC?



Only a “chief” resident who **completed** the accredited program and holds a faculty appointment can be on the CCC.

(But *should* a chief resident be on the CCC?)



CCC Common Question Quiz

3. Can a program coordinator be on the CCC?

Program coordinators can attend and provide administrative support, but should not be involved in the committee's deliberations.





CCC Common Question Quiz

4. Who has final responsibility for evaluation, promotion and dismissal of residents?

- A. The CCC
- B. The resident's advisor
- C. The program director
- D. ACGME-I





CCC Common Question Quiz

5. According to ACGME-I, CCC Minutes should be...

- A. Fully transcribed
- B. Retained in resident files
- C. Uploaded in ADS
- D. A and B
- E. A and C
- F. B and C
- G. A, B, and C
- H. None of the above.





CCC Common Question Quiz

5. According to ACGME-I, CCC Minutes should be...

- A. Fully transcribed
- B. Retained in resident files
- C. Uploaded in ADS
- D. A and B
- E. A and C
- F. B and C
- G. A, B, and C
- H. None of the above.**





Questions?





Thank you





Dr. Laura Edgar

Vice President

Milestones Development

ACGME-International

Dr. Edgar is the Vice President for Milestone Development. In her current role, she serves as an organizational and department leader. She leads volunteers and staff members through the development of Milestones and related materials for all ACGME accredited specialties. Dr. Edgar creates and manages the Milestones resources that aid program directors, learners, and Clinical Competency Committees. She serves as a liaison to the medical education community and is a frequent speaker on topics related to the Milestones, Clinical Competency Committees, assessment, education, and accreditation. She previously served as the Executive Director for Milestones Development and the Review Committees for Medical Genetics and Genomics, Pathology, and Radiation Oncology. Prior to working at ACGME, Dr. Edgar worked in the clinical laboratory for 10 years and then directed several domestic and international certification, accreditation, and scientific organizations. Dr. Edgar earned her doctorate in education, focusing on organizational leadership after obtaining a Bachelor's degree in medical laboratory sciences and a Master's degree in business administration. She is a certified medical technologist and a certified association executive



Effective Clinical Competency Committee Meetings

Dr. Laura Edgar, EdD

Vice President, Milestones Development

Disclosures

- Employee of ACGME

Session Objectives

To ensure a more effective Clinical Competency Committee, you will identify critical activities to be done

- before the CCC meeting
- during the CCC meeting
- after the CCC meeting



Small Group Discussion

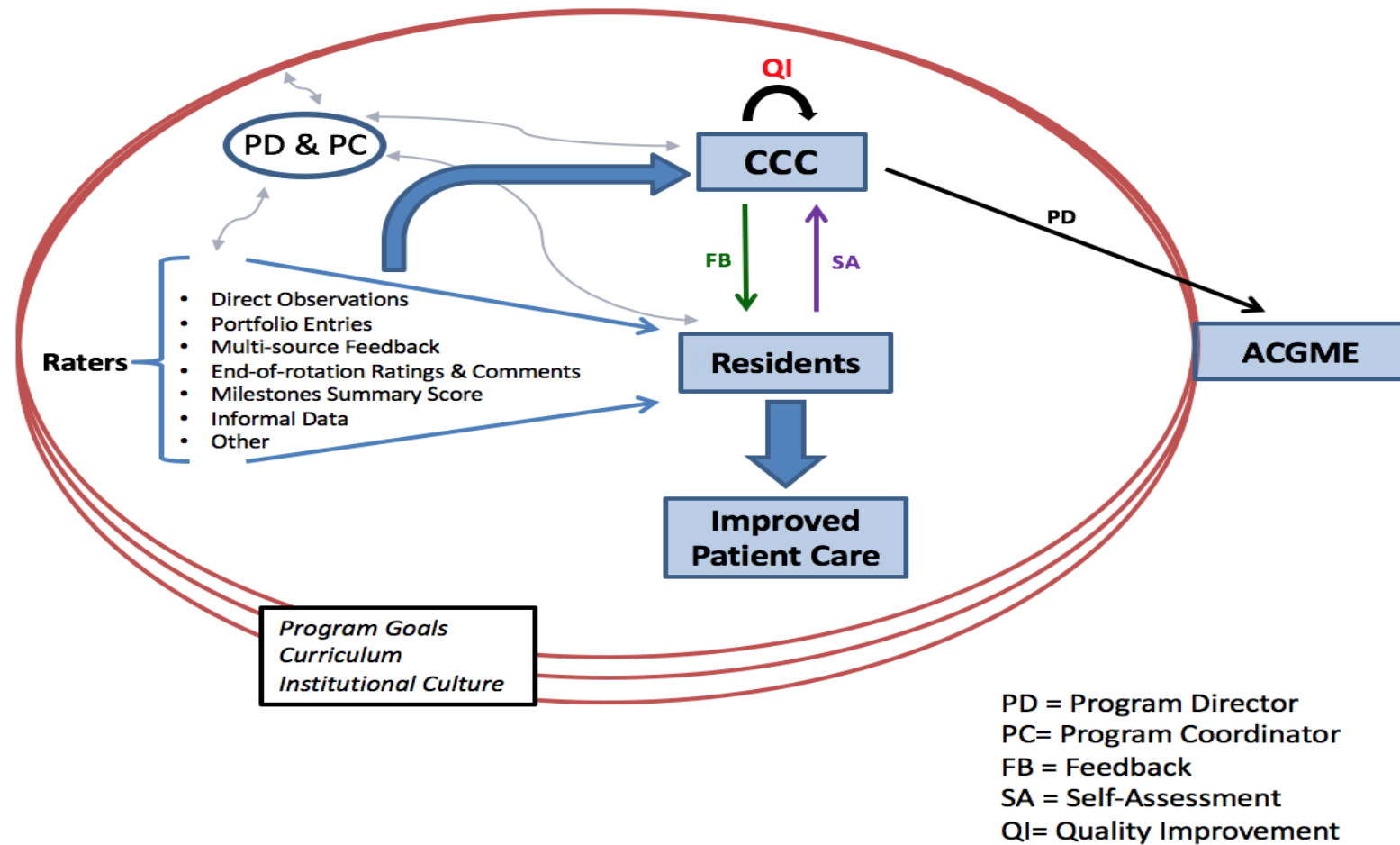
- If you have a CCC, what is working well and what needs improvement?
- If you do not yet have a CCC, who makes decisions about learner readiness for promotion? What problems arise with this?
- 5 minutes

Andolsek et al. ACGME CCC Guidebook 2020

“The CCC serves several purposes, for multiple stakeholders: the program itself, program directors, faculty members, program coordinators, residents and fellows, the institution and the ACGME... The ultimate purpose is to demonstrate accountability as medical educators to the public: that graduates will provide high quality, safe care to patients while in training, and be well prepared to do so once in practice.”

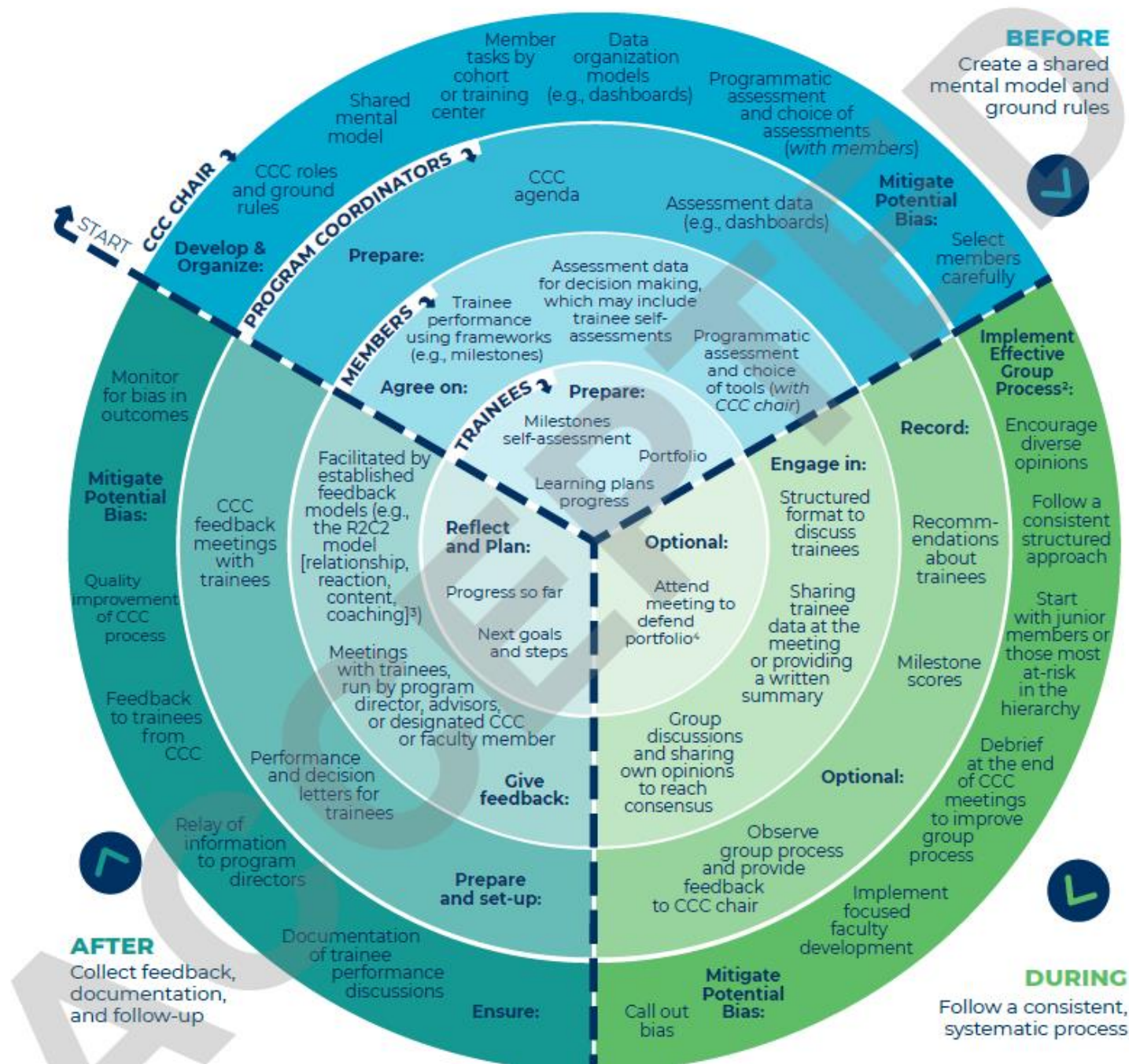
“A program’s creation of a CCC is, in itself, a “developmental process.”

Role of the CCC in the Assessment System



Updated from: Ekpenyong et al, A Textbook of Internal Medicine Education Programs 12th ed.

Used with permission: A. Ekpenyong





Before

- Create a shared mental model with your CCC members, faculty, and learners
- Develop ground rules for CCC group process



Shared Mental Model

- How many of you have developed a shared mental of the Milestones in your CCC?
- How many of you have developed a shared mental of the assessment tools used in your program?



Shared Mental Model: Small Group Exercise

- Please talk with those seated near you. What does this look like in your program? How do you assess it? How often?

PROF 1: Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in oneself and others



ACGME

Report Out



Group Process

- What happens when we do not have good group process?
- Are there some agenda items that never seem to go away?
- Does the process feel like a lecture or a discussion between only a few members?
- Why does this happen?

Group Process

“Group composition”


- Membership:
 - ✓ Importance of varied perspectives?
 - ✓ Expertise?
 - ✓ Enthusiasm/motivation?
 - ✓ Change in membership over time?
 - ✓ Physician/Non-physician members?



DIVERSITY

- Group size:
 - Big enough for robust discussion
 - BUT
 - Avoid becoming unwieldy
 - (Minimum- 3, ideally 5-10)

“Group Process”

- Clear sense of purpose
- Shared mental model
 - Role, using data, reaching decisions
- Develop shared knowledge:
 - Individual member knowledge & preferences (social decision scheme theory)  shared group knowledge
- Influence of the leader
- Time pressures
- Avoid “Groupthink”- “tendency towards harmony”
 - Is participation from all members encouraged?
 - *Be wary of hierarchy!*
 - *Do junior members present their ideas 1st?*
 - Willingness to voice contrary opinions?
 - All ideas explored before making decisions?



Before: CCC Chair

Develop and Organize:

- Assign tasks to members
- Develop a method to organize data for CCC
- With the CCC, identify program of assessment

Mitigate potential bias through careful selection of members



Before: Program Coordinators

Prepare

- Assessment data for review by CCC (e.g., dashboard)
- CC agenda, in collaboration with CCC Chair



Before: CCC Members

Agree On

- Learner performance against the Milestones
- Selection of which assessment data to use
- Identify program of assessment, with the CCC Chair



Before: Learners

Prepare

- Milestones self-assessment
- Portfolio
- Learning plan updates

Review

- Milestones Guidebook for Residents and Fellows



During: CCC Chair

- Implement Effective Group Process
- Call out Potential Bias



Good Group Process

- Shared Mental Model
- All members prepared
- All members participate
- Discussion of common and contrary opinions –
Wisdom of the Crowd
- All residents discussed with purpose



During: CCC Chair: Bias

Anchoring

- Maintaining initial impressions despite change in performance

Confirmation

- Only paying attention to data that “confirms” or supports your opinions and disregarding data that does not

Visceral

- Making decisions based on emotion instead of on performance data
- Not making decisions based on actual observations/specific data



During: CCC Chair: Bias

Availability

- More importance placed on recent/first-hand or memorable data

Reliance on gist

- Not making decisions based on actual observations/specific data



During: Program Coordinators

Record

- Milestones scores
- Recommendations for learners

Observe group process and share with CCC Chair



During: CCC Members

Engage in

- Good group process
- Sharing data about each learner
- Participate in group discussions about learners



During: Learners

- Optional activities: Defend portfolio



After: CCC Chair

Ensure

- Documentation of learner decisions and discussions
- Share outcomes with Program Director
- Ensure feedback to learners is provided
- Quality improvement activity for CCC process

Mitigate potential bias in outcomes



After: Program Coordinators

- Prepare reports for learners with their data
- Set-Up feedback meetings for learners with Program Director/mentor



After: CCC Members

- Give feedback
- As assigned, provide feedback to learners using effective methods (e.g., R2C2)



After: Learners

- Reflect on goals
- Update Learning Plan



Improving Your CCC

- Shared Mental Model
- Group Process
- Faculty development

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice

Overall Intent: To incorporate evidence and patient values into clinical practice

Milestones	Examples
Level 1 <i>Demonstrates how to access and use available evidence, and incorporate patient preferences and values in order to take care of a routine patient</i>	<ul style="list-style-type: none"> Identifies that a patient is taking a high-risk medication (i.e., hydroxychloroquine) and requires vision screening
Level 2 <i>Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care</i>	<ul style="list-style-type: none"> Recognizes that there are multiple appropriate screening modalities based on patients cumulative dose of a high-risk medication (i.e., hydroxychloroquine) and asks the appropriate questions of the patient in order to elicit preferences for ongoing screening
Level 3 <i>Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients</i>	<ul style="list-style-type: none"> Obtains and applies evidence in the care of a patient taking a high-risk medication (i.e., hydroxychloroquine) with a comorbid condition such as age-related macular degeneration
Level 4 <i>Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient</i>	<ul style="list-style-type: none"> Recognizes that ERG identifies up to 50 percent of patients taking hydroxychloroquine as abnormal whereas fewer than 5 percent develop maculopathy
Level 5 <i>Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of patient care guidelines</i>	<ul style="list-style-type: none"> Designs a study to determine threshold for ERG abnormality that is clinically relevant in patients taking hydroxychloroquine Contributes to the medical literature by documenting case studies of unique or challenging cases
Assessment Models or Tools	<ul style="list-style-type: none"> Direct observation Oral or written examination Presentation evaluation Research portfolio
Curriculum Mapping	<ul style="list-style-type: none">
Notes or Resources	<ul style="list-style-type: none"> U.S. National Library of Medicine. PubMed Tutorial. https://www.nlm.nih.gov/bsd/disted/pubmedtutorial/cover.html. Accessed 2019. Librarian presentation Duke University Medical Center Library & Archives. Evidence-Based Practice: Home. https://guides.mclibrary.duke.edu/ebm. Accessed 2019 JAMAevidence. https://jamaevidence.mhmedical.com. Accessed 2019.

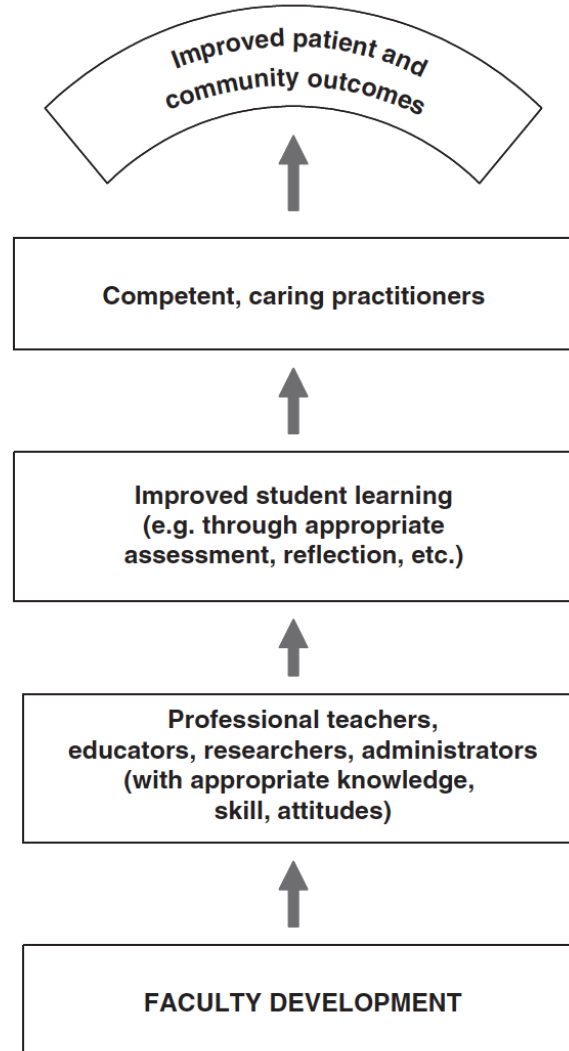


Group Process – How to Improve

- Understand how the group process works
- Strength in good group discussion
- Observe and reflect on each CCC – at the end of each meeting allow 5-10 minutes to identify what went well, what needs improvement



Faculty Development



Mclean et al. 2008 AMEE Guide No 36: Faculty development: Yesterday, today and tomorrow.

Used with permission: A. Ekpenyong



Faculty Development – and a lot of it!

- Do you have faculty who are “hawks”?
- Do you have faculty that are “doves”?
- What about those that straight-line everyone?
- Why do you think this happens?



How do I have time for this?

Retreat or 15 minutes a month:

- Every month select one subcompetency and review/discuss
- Discuss what it looks like in your program to achieve each level
- Discuss the best methods for assessment
- Discuss how to maps Milestones* to your assessment tools and curriculum
- *Milestones are not designed to be assessment tools



Small Group Discussion

- Based on this presentation, what will you bring back to your CCC?
- What improvements have you identified?

Milestones Resources

- Clinician Educator Milestones
- Guidebooks
- Faculty Development Courses
- Learn at ACGME



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Milestones 2.0 Assessment, Implementation, and Clinical Competency Committees



<https://meridian.allenpress.com/jgme/issue/13/2s>



Thank You!

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