How to build an effective clinical competency committee

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Quiz answers:

1. The ACGME expects each program to form a CCC and develop its’ members by
   A. 2013

2. According to the ACGME, faculty development needed by the CCC members include:
   C, D, E: Reaching a common agreement of milestones narrative meaning;
          Determining how many assessments are needed for any given milestone;
          Applying QI improvement principles to the evaluation process.

3. The CCC must include:
   D. Core faculty members

4. The CCC members:
   B. Provide a consensus on each resident

5. A resident rotates on another specialty service. That specialist evaluates them as performing poorly. The CCC should...
   C. Take the evaluation and apply it with other data to the resident’s program milestones

6. Pilot assessments on the milestones have found that the first time the evaluation is done it takes approximately _____ for each resident.
   F. Up to an hour
What is a clinical competency committee supposed to do/be?

• Responsible for promotion, graduation, dismissal, remediation of residents
  – Must review all resident evaluations
  – Must “triangulate” progress of each resident
  – Must report milestones twice annually
• Members should be “interpreter/synthesizer experts”
• Members must include core faculty (devote ≥ to 15 hours per week in resident education)
• Members can be non-physician educators, residents, patients
• Appointed by the Program Director, Chair, Vice Chair of Education
What is your experience?

• COMSEP/APPD
• Do you have a clinical competency committee?
• What is your role?
  – PD, APD, Coordinator, other?
• How large is your program?
  – Small, <30
  – Medium, 30-70
  – Large, >70
Brief discussion-

• What do you want to get out of this workshop:
UT Southwestern Dallas Experience:

• All resident mentors and chief residents are members of the clinical competency committee
• Meet at the end of each block, and review all evaluations (12 meetings annually)
  – Mentors bring a summary to each meeting
• Committee (as a group) develops
  – intervention strategies for struggling residents- including delay of promotion to next level or decision for dismissal
  – Remediation plans
  – Career development strategies for successful residents
UT Southwestern Dallas Experience:

• Committee insures fairness
• Leads to early identification/intervention for problems
• Has developed:
  – Core faculty invested in education via open discussion and sharing of ideas
  – Improved timeliness and quality of evaluations and feedback
UT Southwestern Dallas 2013
Opportunities (challenges):

• Incorporating milestones assessments
  – 100 residents; developing efficient mechanisms
    • Subgroups for each PG year
    • Development of evaluations that more effectively address milestones
  – Faculty development

• Individualized curriculum
  – Oversight will be committee member responsibility
  – Faculty development
UT Southwestern Austin Experience: Past

- Committee= program director, associate program director, chief residents, and 2-3 select members of core faculty
- Advisors were mixture of core and volunteer faculty with 1-2 resident advisees

UT Southwestern Austin Experience: Present

- Committee= program director, associate program director, chief residents, and 2-3 select members of core faculty
- Advisors now all members of core faculty with 2-3 resident advisees
UT Southwestern Austin Experience: Future

• Committee = program director, associate program director, chief residents, and all resident advisors

• Advisors selected by program director with 5-6 resident advisees
Baylor College of Medicine Experience (Challenges)

• Large program (166 residents, > 800 faculty)
• Every resident has a faculty advisor (~80 advisors)
• Time spent in discussion during C3 meetings estimated at ~ 1 hour/resident (~42 days/yr if discussing twice per year)
• Faculty Development: Creating shared mental models among C3 members
Baylor College of Medicine Experience

• Divided all residents into 13 distinct societies (12-13 residents per society)
• Each society has 2 faculty “coaches” (Sr/Jr)
• C3 = 26 faculty “coaches” who are dedicated to resident education, span the spectrum of pediatrics, represent major sites and most are also core faculty
• Additional C3 members (program leadership including chief residents and non-MD educator)
Baylor College of Medicine Experience

• Faculty development
  – Milestones and Evaluation principles
  – Integrating/synthesizing data
  – Providing feedback for growth
  – Shared mental models
  – Thresholds of concern
• Review of all evaluations and compare to milestones (examining data gaps)
• Process: NIH type review (1°/2° Reviewer-society “coaches”) 2X/yr
• Mandatory attendance of 1 of the 2 faculty members from each society at each meeting
• Society “coaches” will provide feedback on developmental progression to residents 2X/yr
Food for Thought: Legal Issues

• Discuss with your legal department
  – Determine if C3 meetings and practices are “peer protected”
  – What is considered “discoverable” and by whom?
  – What about meeting minutes?
  – How will differences among the C3 and PD be managed?
  – What is the appeals process?
BRAINSTORMING
Structure:
Process:
Faculty development:
Implementation: