Who Better Than Pediatricians?

Clinical Competency Committees

The Perfect Venue for Developmental Screening of Pediatric Residents

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We have nothing to disclose.
Learning Objectives

Participants will be able to:

- Format their CCC membership and structure to achieve maximal efficiency and effectiveness.
- Develop structured approaches for situational management to address the diverse challenges encountered in CCC function.
- Adapt materials provided for use in their own institutional CCC member development/training.
Mission Statement

- Purpose / Responsibilities
  - ACGME Requirements
  - Program Needs
- Composition of Committee
- Frequency of Meetings
- Confidentiality Statement
Committee Membership

- Size
- Composition
- Faculty availability
- Time commitment
“Whew! That was close! We almost decided something!”
Committee Size

- ACGME: minimum of three core faculty
- Dependent on program size / needs
  - Burden of work
  - Promote committee interaction
Committee Composition

- Commitment to Resident Education
- Significant Involvement in resident training
- Experience in resident Evaluation
- *Program Coordinator Should Not be a member*
- *Resident Should Not be a member*
  *(4th year chiefs are acceptable)*

Faculty Development

- Essential to a highly functioning, effective committee
- Begins with invitations to join
- Ongoing process
Faculty Development

- Importance of CCC Role
- Using New Innovations (or similar)
- Interpreting an Evaluation
- Identifying Red Flags
- Writing an Evaluation
  - Constructive Feedback
Faculty Development

- Program Policies:
  - Remediation
  - Academic Deficiency
  - Criteria for Supervisory Levels
  - Promotion/ Graduation
Faculty Development

- Group vs. Individual
- Confidentiality
- Understanding Milestones
- Semiannual Milestone Report Preparation

<table>
<thead>
<tr>
<th>PROF1.</th>
<th>Humanism, compassion, integrity, and respect for others; based on the characteristics of an empathetic practitioner</th>
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</thead>
<tbody>
<tr>
<td>Not yet Assessable</td>
<td>Level 1</td>
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<tr>
<td>Sees the patients in a &quot;we versus they&quot; framework and is detached and not sensitive to the human needs of the patient and family</td>
<td>Demonstrates compassion for patients in selected situations (e.g., tragic circumstances, such as unexpected death), but has a pattern of conduct that demonstrates a lack of sensitivity to many of the needs of others</td>
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Meeting Frequency and Duration

- Varies with program size and needs
- Adequate to Evaluate All Residents
- Meet goals of Mission Statement
Meeting Frequency and Duration

**Winthrop University Hospital**
- Quarterly
- 2 hours
- Additional meetings as needed

**Stony Brook Children’s**
- Monthly
- 1 hour
- Semi-Annual global Milestone Assessment
Pre-Meeting Preparation

- Assign Residents to Review (2 weeks prior)
- Committee Members Prepare Reports using documentation templates
  - WUH and SB templates
  - Significant time commitment !!
- Program Director Reviews all Evaluations
- Program Coordinator Essential to process
Program Coordinator Role
General Responsibilities

- Determine Faculty Availability for meeting
- Secure Meeting Room
- Order Lunch
- Take Minutes
Program Coordinator Evaluations

- Assign Residents to Faculty Reviewer (2 weeks prior)
  - One class per meeting (*semi-annual)
  - Continuity of Resident Assignments
- Advise members of Time Period being Assessed
- Resident Evaluations sent to Faculty
  - Email vs. Direct Access
Program Coordinator
Final CCC Evaluations

- Early on Members completed a written CCC Evaluation Form
  - Transcribed by coordinator
  - Program Director review

- Currently- members save an online “Draft”
  - Program Director review
  - Saves time
  - Reduces risk of errors in transcription
Program Coordinator

Barriers

- Troubleshooting issues in New Innovations
  - TIME!!!
  - Issues opening evaluations via email
  - Competency Committee Report hard to find
  - Duplicate reports appeared in NI
  - MedPeds subjects missing

- Still working out kinks!
Program Coordinator

An important part of the CCC

- Listening to issues/ concerns
- Understanding milestones and progression
- Insight to resident strengths/ weakness
- Input (administrative professionalism)
- Communication enhancement
Program Coordinator: Advice to PDs

- Communication- vital to success
- Coordinator is frontline
- Support of PD
- Confidentiality- residents and faculty/ staff
Meeting Organization

Winthrop University Hospital
- All Residents reviewed each meeting
- Faculty documentation template
  - core competencies
  - Supervisory level
  - Milestone level assignment (Dec / June meetings)
  - Promotion / graduation (Spring meetings)
- Summary / Recommendations

Stony Brook Children’s
- One Class reviewed each meeting
- Faculty documentation online
  - core competencies
  - Supervisory level
  - Milestone level assignment (Dec / June meetings)
  - Promotion / graduation (Spring meetings)
- Summary / Recommendations
- Recorded and Saved as draft in New Innovations
Meeting Organization

- Focus on Areas of Concern
- Ask Questions / Obtain Clarification
- Ongoing CCC Education / Development
Post-Meeting Documentation

Winthrop University Hospital

- Written Faculty Reports used to create CCC summary in New Innovations
- Milestone Reports entered in New Innovations
- Milestones reported to ACGME
- Program coordinator records minutes
  - attendance
  - content
    *(depth will be program specific)*

Stony Brook Children’s

- Faculty Reports are created online prior to the CCC meeting
- Milestone reports finalized in New Innovations
- Milestones reported to ACGME
- Program coordinator documents minutes
  - attendance
  - content
    *(depth will be program specific)*
Benefits of CCC Meetings

- Early identification of residents with Areas of Concern
- Identification of Program Educational Issues
- CCC Members Train Others re: evaluation
Clinical Competency Committee

Key Points for Success

- Clearly Defined Goals
- Committee Composition is Important
- Planning and Organization
- Ongoing Faculty Development
Our Approach to the CCC Meeting
ICS2. Demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions

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<th>Level 3</th>
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<td>Does not accurately anticipate or read others' emotions in verbal and non-verbal communication; is unaware of one's own emotional and behavioral cues and may transmit emotions in communication (e.g., anxiety, exuberance, anger) that can precipitate unintended emotional responses in others; does not effectively manage strong emotions in oneself or others</td>
<td>Begins to use past experiences to anticipate and read (in real time) the emotional responses in himself and others across a limited range of medical communication scenarios, but does not yet have the ability or insight to moderate behavior to effectively manage the emotions; strong emotions in oneself and others may still become overwhelming</td>
<td>Anticipates, reads, and reacts to emotions in real time with appropriate and professional behavior in nearly all typical medical communication scenarios, including those evoking very strong emotions; uses these abilities to gain and maintain therapeutic alliances with others</td>
<td>Perceives, understands, uses, and manages emotions in a broad range of medical communication scenarios and learns from new or unexpected emotional experiences; effectively manages own emotions appropriately in all situations; effectively and consistently uses emotions to gain and maintain therapeutic alliances with others; is perceived as a humanistic provider</td>
<td>Intuitively perceives, understands, uses, manages emotions to improve the health and well-being of others; fosters therapeutic relationships in any situation; is seen as an authentic role model of humanism in medicine</td>
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Evaluation Responses

7/1/2013 to 12/31/2013

Rotation Evaluations

Evaluators scored this subcompetency using the standard level 1-5 scale.

Scored levels

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AVG SCORE: 2.83
Successes and Barriers

- Care about what goes into the report/wording before release to the residents
- Excellent resident response to CCC feedback
- Faculty fatigue – flip faculty every 3 years
Successes and Barriers
Small Group Session

**CCC Challenges**

- Acting out CCC members
- Inadequate data
- Inadequate resident performance
- Inappropriate faculty evaluation
- Faculty disagreement with PD
- Remediation issues
- Other?
Small Group Session

**CCC Challenges**

- Discuss the list of commonly encountered CCC Challenges
- Devise approaches to managing these issues
- Identify key situational management points to share with the large group
Key Points for Situational Management

Small Group Recommendations

- Don’t put difficult faculty on your CCC
- Members who get off track from actual data – how do you bring them back
  - Ground rules
  - Faculty Development
  - “We are focusing on the data we have”
- Reminder about the role of the CCC – discuss again the goals and policies and procedures of the committee. Deal with data that is available, not new data
- Need a good facilitator, may be Chair of committee or another designated person
Key Points for Situational Management

Small Group Recommendations

- Do not let one member with personal anecdotes bias the decision

- Faculty disagreement with the PD –
  - make sure the committee understands and respects that the PD has the ultimate decision/responsibility – If not comfortable with that they should not be on the committee
  - PD can ask for more information

- Grade inflation – consider putting in anchors that would require an explanation to give that level
Q & A