Transforming Your CCC into a Well-Oiled Machine

Tips and Tricks

APPD, Fall Meeting 2016

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ACGME Guidelines for a CCC

- Appointed by the PD

- Minimum of 3 faculty members with various disciplines

- Others eligible for appointment include faculty from other programs and non-physician members of the health care team

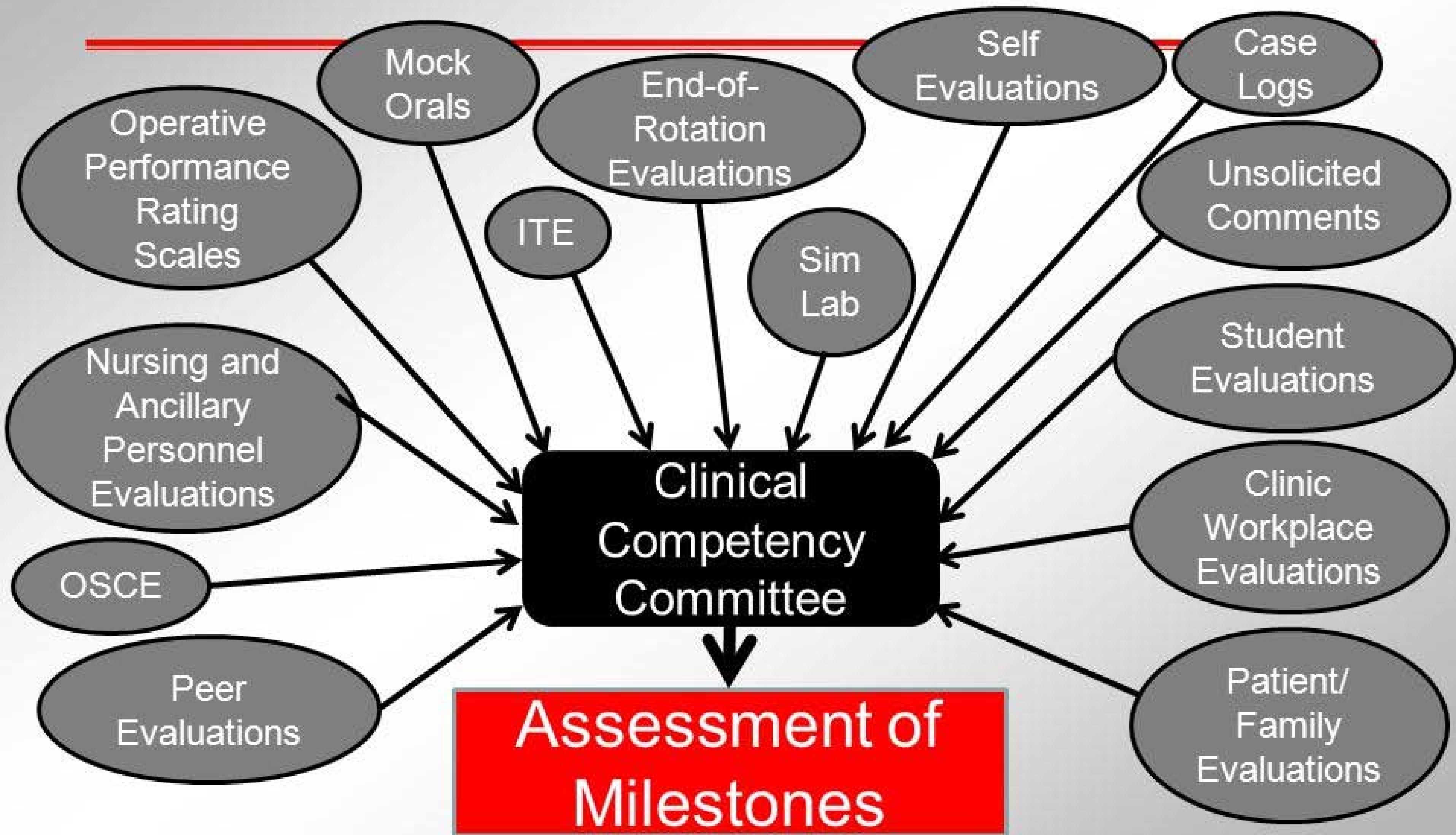
ACGME Guidelines for a CCC

- Must be a written description of the responsibilities of the Clinical Competency Committee.

Duties include:

- Review all residents evaluations semi-annually
- Prepare and approve the reporting of all Milestones evaluations of each resident semi-annually
- Advise the PD on resident progress, remediation, and promotion.

Clinical Competency Committee



Information current as of December 2, 2013

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Questions to Consider: CCC Pre-Work

- Confidentiality Agreement?
- Faculty development – shared mental model?
- Number and roles of members?
- Role of program leadership?
- How is this all information pulled into electronic portfolio?
- Amount of pre-work per resident (in hours)?
- How many assessments are needed for one milestone?

Questions to Consider: CCC Meeting

- Meeting structure:
  - Do you assess by learner? By Milestone?
  - How is data discussed?
  - Is ACGME site populated during meeting?
- Length of meetings?
- Number of meetings?
- Timing of meetings (what month)?
- What kind of reports are generated?
  - Milestones Reports?
  - Formative Comments?

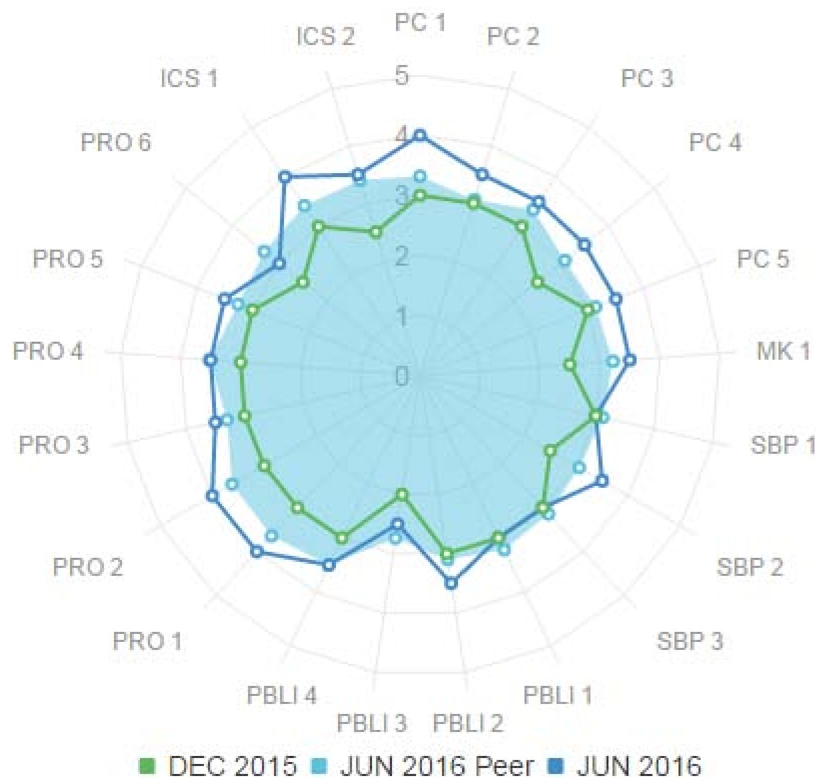
Questions to Consider: Post-CCC work

- Report of data to residents—format, timing, by whom
- Generation of performance improvement plans for residents if needed
- Program Quality Improvement
- Evaluation of the process with debriefing

After the CCC Meeting

ALL CLASSES RADAR CHART FOR A SIX MONTH PERIOD

Individual Resident Milestones by year and with peer values- Radar Chart Ex. PGY-2

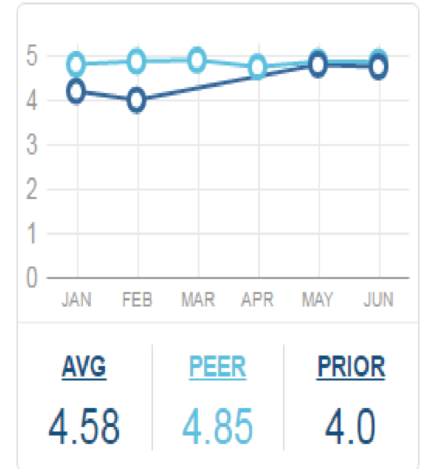


Individual Milestones- Narrative Review   Ex. PGY-3

Milestones | Resident Review | Attachments | Meeting Notes

PC1. Gather essential and accurate information about the patient

Level 1	Level 2	Level 3	Level 4	Level 5
Either gathers too little information or exhaustively gathers information following a template regardless of the patient's chief complaint, with each piece of information gathered seeming as important as the next. Recalls clinical information in the order elicited, with the ability to gather, filter, prioritize, and connect pieces of information being limited by and dependent upon analytic reasoning through basic pathophysiology alone	Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but has the ability to link current findings to prior clinical encounters allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives, as well as broad diagnostic categories	Demonstrates an advanced development of pattern recognition that leads to the creation of illness scripts, which allow information to be gathered while simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations. Data gathering is driven by real-time development of a differential diagnosis early in the information- gathering process	Creates well-developed illness scripts that allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems	Creates robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) that lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex or rare clinical problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features



View Details

ACGME Narrative Summary

Resident Milestone Evaluation: Year-End 2015-2016

Program: **University of Louisville Program 3202021088 - Pediatrics**

Resident: **Ancil Abney** Date Evaluation Completed: **June 20, 2016 (Year-End)** Resident Year in Program: **1**

This form documents the most recent resident attainment of the milestones within each of the competencies as formally observed. Evaluation of the resident's developmental progression is based on numerous formative evaluations and the overall judgment of the resident's performance by the Clinical Competency Committee.If the resident was evaluated in between developmental levels, the narrative of the lower level is displayed.

Competency	SubCompetency
Developmental Milestone Narrative	
1 Patient Care	**Gather essential and accurate information about the patient (PC1)**
Dr. Abney is at Level 4. Creates well-developed illness scripts that allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems.	
2 Patient Care	**Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient (PC2)**
Dr. Abney is between Level 3 and Level 4. Organizes the simultaneous care of many patients with efficiency; routinely prioritizes patient care responsibilities to proactively anticipate future needs; additional care responsibilities lead to decreases in efficiency and ability to effectively prioritize only when patient volume is quite large or there is a perception of competing priorities; interruptions in task are prioritized and only lead to prolonged breaks in task when workload or cognitive load is high.	

Faculty Evaluations- Getting the Numbers

Month	PC 1	PC 2	PC 3	PC 4	PC 5	MK 1	SBP	SBP 1	SBP 2	SBP 3	PBLI 1	PBLI 2	PBLI 3	PBLI 4	P 1	P 2	P 3	P 4	P 5	P 6	ICS 1	ICS 2	Rotation
Nov 2015		4		4.5			4										3.5						Ambulatory
																							Vacation
Dec 2015		4		4				4							4				4	4		4	ED
	Full month rotation																						
Jul - Dec 15					4.5			5								5			5		5		Clinic
Jan 2016		5	4.5	4.5		5				5					5								Night Team
						4		4	4							4				4	4.5	5	Nephrology
Feb 2016		4		5			4										4						Ambulatory
				4				4			4.5	4			4			4			4		Pulmonary
Mar 2016	Full month rotation																						
																							Vacation
Apr 2016	Evaluation not completed																						NICU
	Full month rotation																						
Avg Score	-	4.3	4.5	4.4	4.5	4.5	4	4.3	4	5	4.5	4	-	-	4.3	4.5	3.8	4	4.5	4	4.5	4.5	
Self Eval	3.5	3.5	3.5	3.5	4	4	-	3.5	4.5	4.5	4	4	4	4	4.5	4.5	4.5	4.5	4.5	4	4	3.5	

***Gray text indicates non-reportable milestone data that can be used to inform reportable milestone score.*
*SBP, SBP2, and SBP3 can be used to inform score on PC6***

Availability of Residency Milestones for Subspecialty fellowships

- Core residency programs must provide fellowship programs with verification of each entering fellow's level of competency using ACGME Milestones

  ~ Only final set of Milestones provided

- New reporting feature for subspecialty programs in ADS