

**BR22:**  
**Putting it All Together: Standardizing the CCC  
Process via a Strategic Resident Evaluation**



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**February 27, 2020**

❖ **SPEAKERS:** Ann Dohn, Nancy Ruddy, Jie Li, Thang “Trey” Huynh-Ngo



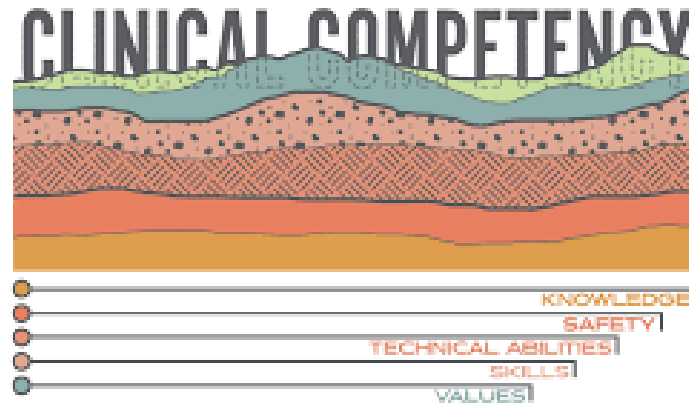
None of the above speakers have any conflicts of interest to report.

## Session Objectives

- Identify the foundational evaluation elements that CCC members need in order to synthesize various evaluation sources and formats into a meaningful and impactful “whole resident” evaluation.
- Communicate with colleagues in home institution regarding CCC challenges, to develop “buy in” regarding using an evaluation synthesis tool to improve the CCC process.
- Design and implement a resident evaluation synthesis instrument and process to inform the CCC process at their home institution.

## Clinical Competency Committee (CCC)

- CCC stands for Clinical Competency Committee
- Participants of CCC meeting
  - Core faculty members
  - Program Director/Associate Program Director(s)
  - Site Directors
  - No Trainees

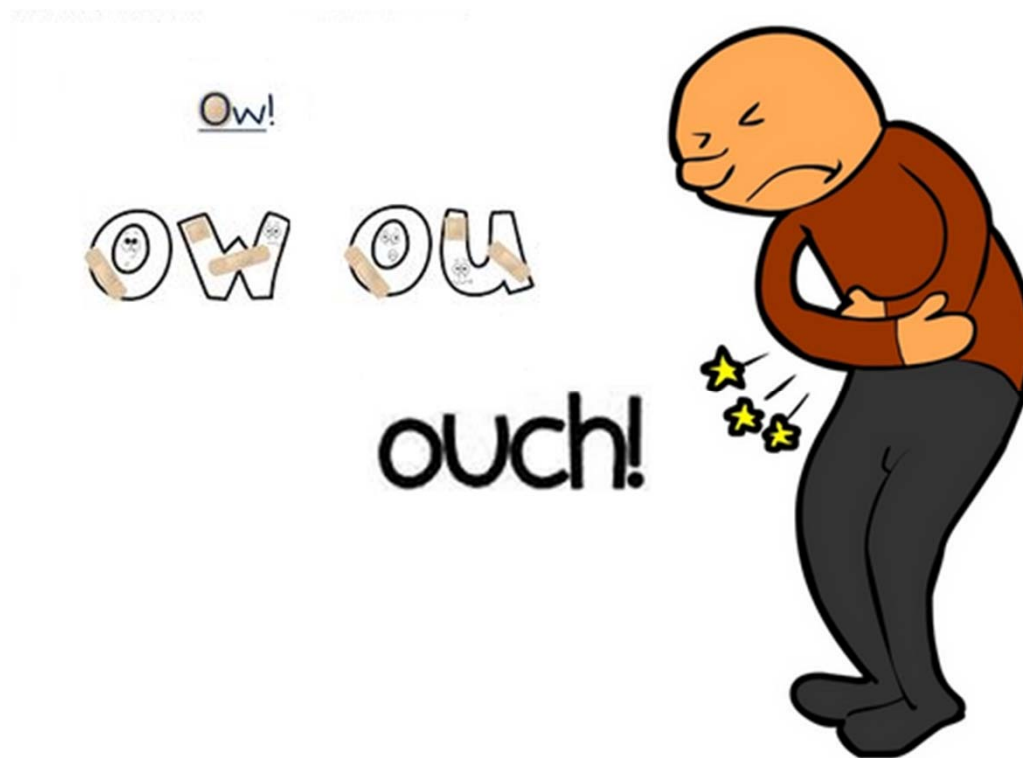


## CCC Is Intended to.....

- Synthesize front line evaluations
- Inform/determine milestone evaluations
- Facilitate identification of “challenged” trainees
- Create actionable feedback for **all** trainees
- Initiate creation and implementation of remediation as needed
- Inform promotion, probation and dismissal decisions
- Inform program evaluation processes



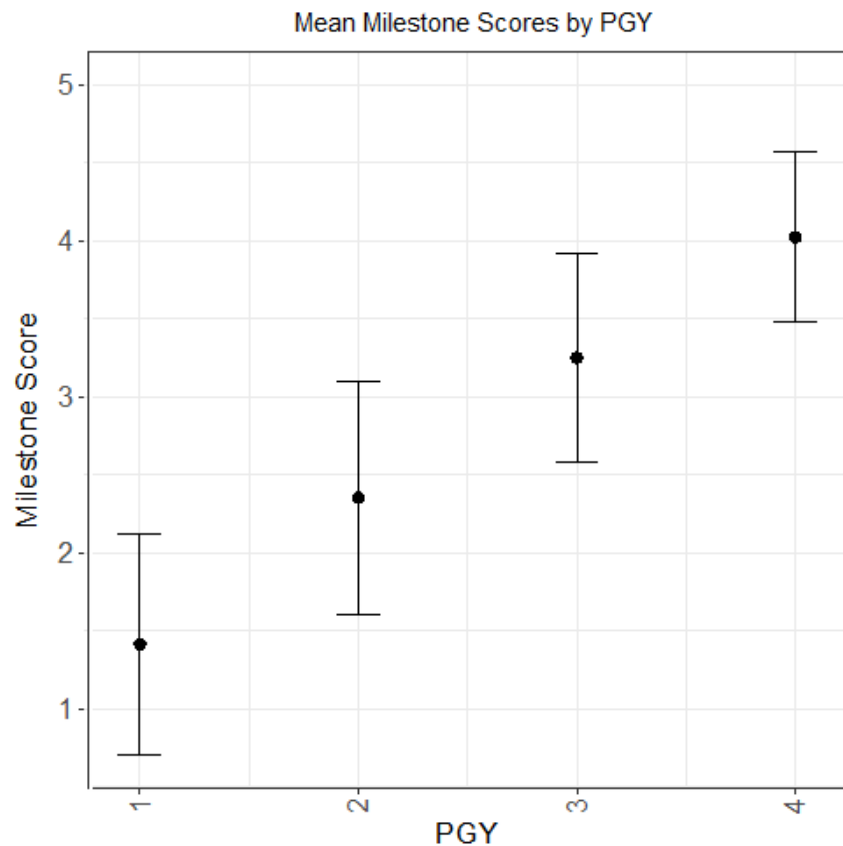
## What Are Your CCC Pain Points?



## What Are Your CCC Pain Points?

- Front line evaluations don't inform all milestones/competencies
- Faculty evaluations are cursory or incomplete
- CCC members don't review materials in advance
- Faculty have insufficient exposure to trainee for meaningful evaluation
- Focus on struggling trainees, others get limited attention
- Lack of actionable feedback
- CCC may not be data driven, fall back on "gossip"
- Dominated by only a few voices
- Time scheduling conflicts with CCC members

## “B” – OB/GYN (2013-2017)

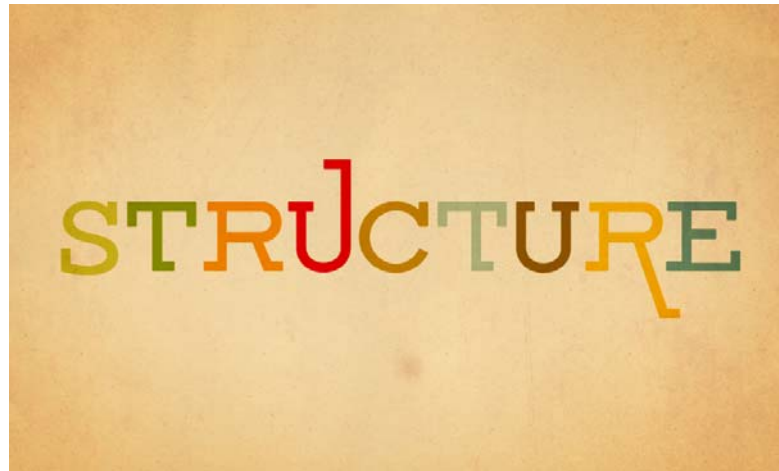


The rater is more predictive of the score than the trainee

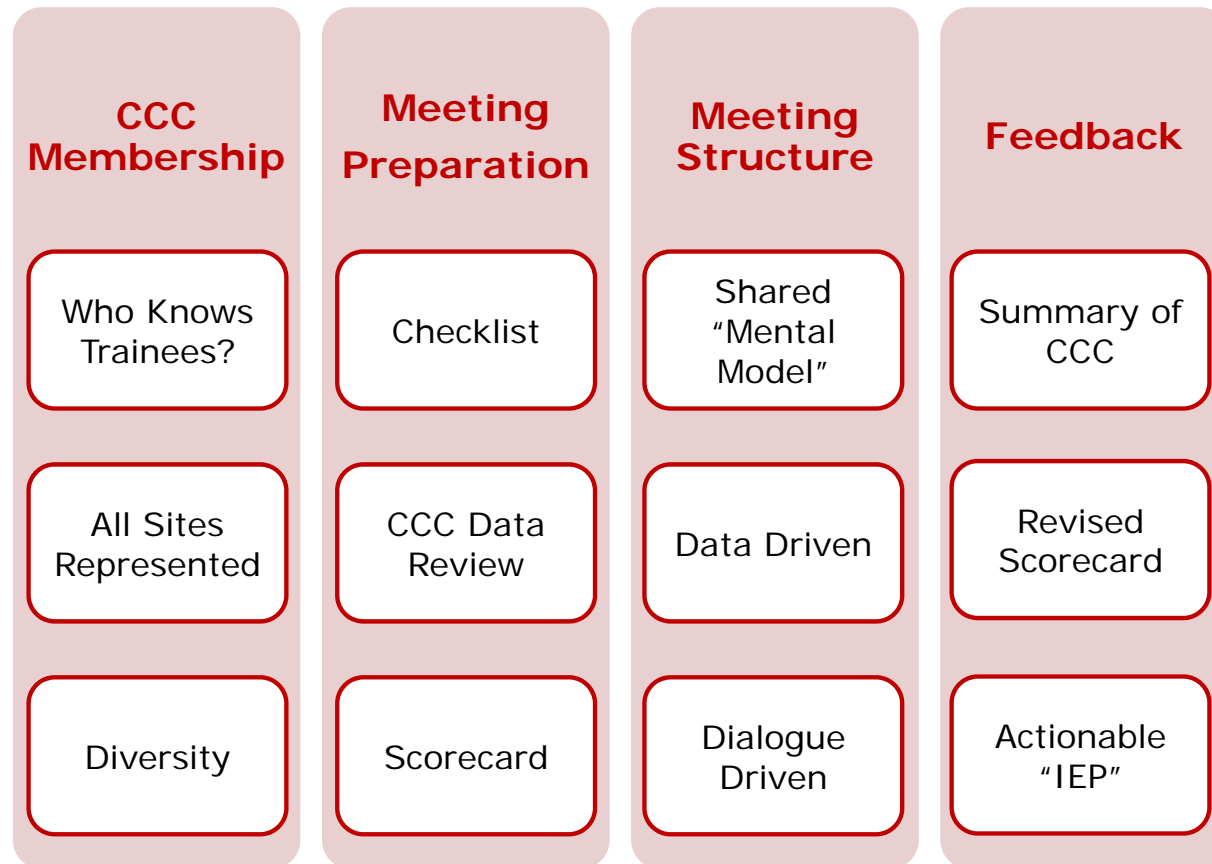


- Subjectivity associated with implicit bias
- “Halo” and “Horn” bias – difficult to recover from a rough patch
- Lack of actionable feedback to trainees, especially those who are not struggling
- Vague comments that do not guide growth and learning
- May not detect struggling trainee until it is too late
- Inconsistency in front line evaluations can make entry into remediation and dismissal challenging, feed trainee denial
- Program leadership may struggle to reconcile CCC input with trainee performance and individualized education plan

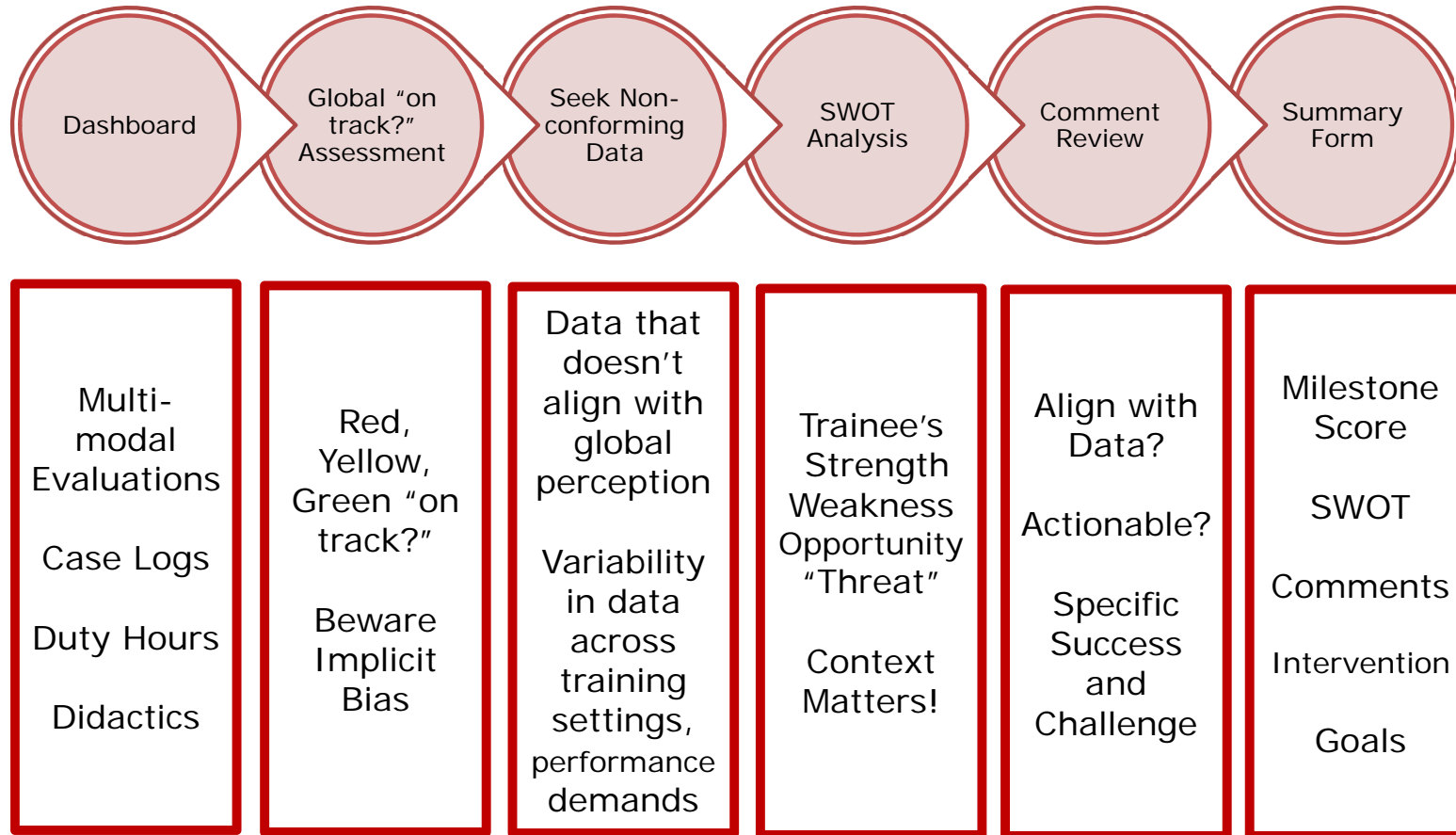
# THE SOLUTION: STRUCTURE!



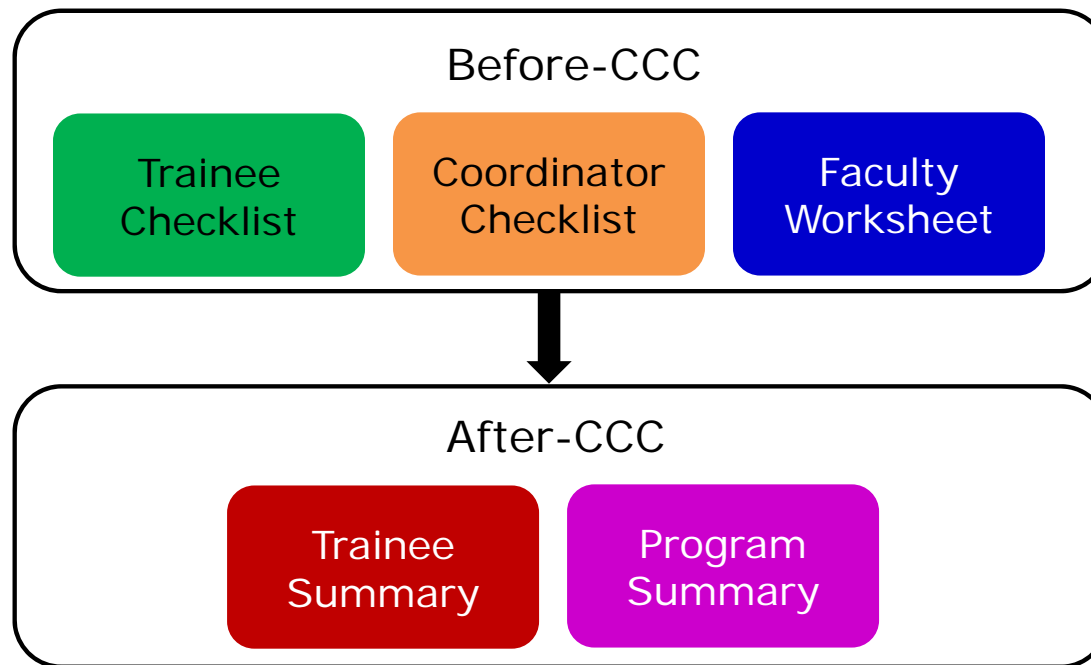
## Structure to Support a Meaningful and Impactful CCC

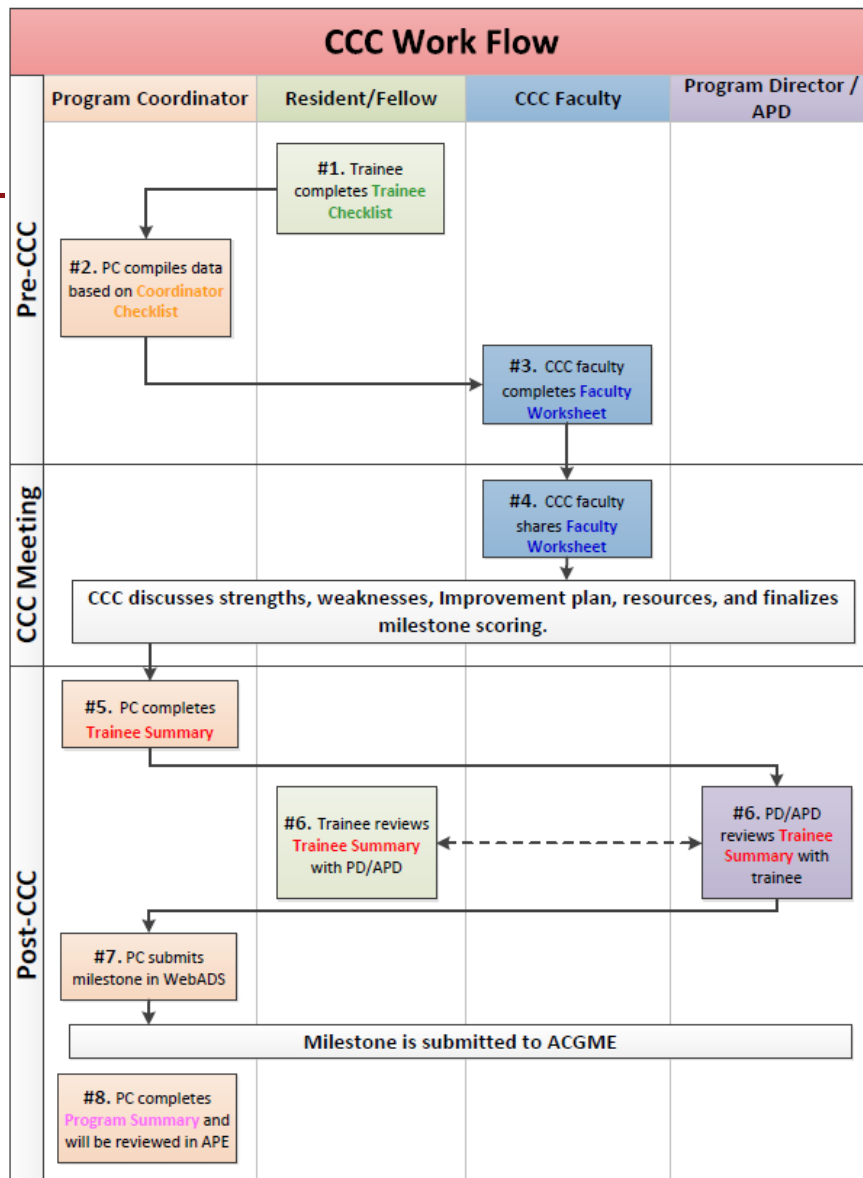


## Structure of the CCC Process



### CCC Timeline



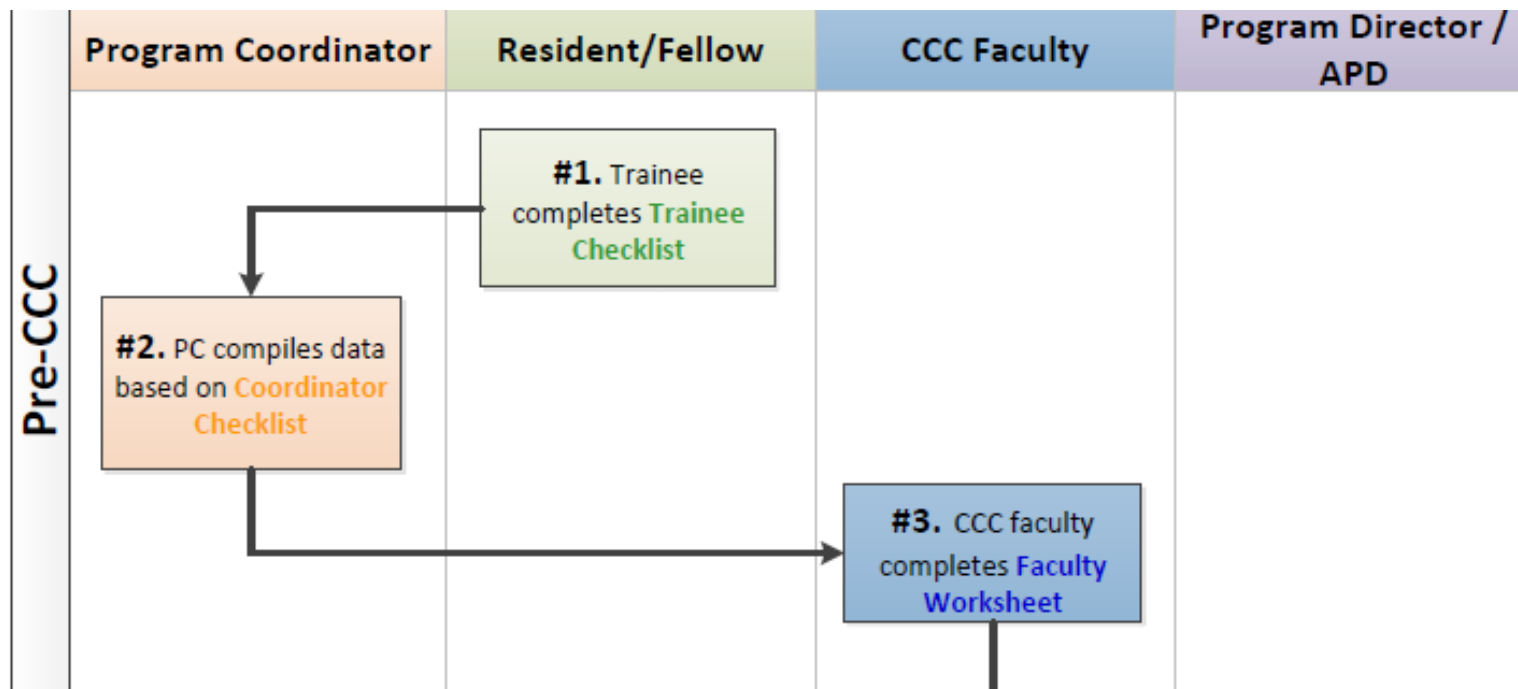


## Program Coordinator's Role: BEFORE the CCC

- Collect **Trainee Checklist**
- Complete data gathering based on the **Coordinator Checklist**
- Give **Faculty Worksheet** to CCC members and help them review and complete the worksheet



## CCC Workflow – Before the CCC







## TRAINEE CHECKLIST

<b>Trainee:</b>	<b>PGY Level:</b>
<b>6-Month Milestone Period:</b>	<b>Completion Date:</b>

In the past 6 months, have you done any **Scholarly Work**? Y / N

- *If yes, please provide a short summary of the work. If you have any publications or presentations based on your scholarly work, please provide the references.*

In the past 6 months, have you done any **Quality Improvement Work**? Y / N

- *If yes, please provide a short summary of the work. If you have any publications or presentations based on your QI work, please provide the references.*



In the past 6 months, have you attended any regional, state or national **Conferences**? Y / N

- *If yes, please provide the references.*

Metric Checklist

Metric	Data Path	Comments
Evaluation by Faculty	All evaluations are stored in the Residency Management System. Reports with averages can be generated.	Average milestone evaluations by faculty and qualitative comments.
Evaluation by Peers		Evaluations by peers and qualitative comments.
Evaluation by Staff		Evaluations by nurses and qualitative comments.
Evaluation by Patients		Evaluations by patients and qualitative comments.
Evaluation by Self		Compare self-evaluations to evaluations by others to look for discrepancies and consistencies.
Evaluation by Program Coordinators		
Other Evaluation 2		
Rotation	Stored in the Residency Management System	Is the trainee on track with the required rotation counts?
Case/Procedure Logs	Stored in the Residency Management System or reported to the ACGME WebADS system	Is the log up-to-date and meeting minimum requirement?
Scholarly Work	Option1: collect via the Pre-CCC Training Checklist	Has the trainee done any scholarly work in the past 6 months?
QI Projects	Option2: Residency Management System	Has the trainee done any quality improvement work in the past 6 months?

# FACULTY WORKSHEET

**Trainee Dashboard**

Trainee:
PGY level:
6-Month Milestone Period:

Metric	Color Coding	Comments
	Green: on track without major concerns	
	Yellow: needs close monitoring	
	Red: needs immediate intervention	
Evaluation by Faculty		
Evaluation by Peers		
Evaluation by Staff		
Evaluation by Patients		
Evaluation by Self		
Evaluation by Program Coordinators		
Evaluation by Others 2		
Rotation (is the trainee on track with the required rotation counts?)		
Case/Procedure Logs (up-to-date and meeting minimum requirement)		
Scholarly Work		
QI Projects		
Work Hours Logged		
Work Hours Violations		
Absences Logged (LOA and sick)		
Conference Attendance		
Grant Rounds Attendance		
In-Service Exam		
<u>Other</u> Exam 1		
<u>Other</u> Exam 2		
<u>Other</u> Related Metric 1		
<u>Other</u> Related Metric 2		
<u>Other</u> Related Metric 3		
<u>Other</u> Related Metric 4		

# FACULTY WORKSHEET

Trainee Dashboard		
Metric	Color Coding	Comments
		Green: on track without major concerns
		Yellow: needs close monitoring
		Red: needs immediate intervention
Evaluation by Faculty		
Evaluation by Peers		Hard to communicate
Evaluation by Staff		Condescending attitude
Evaluation by Patients	NA	
Evaluation by Self		
Evaluation by Program Coordinators		
Evaluation by Others 2	NA	
Rotation (is the trainee on track with the required rotation counts?)		
Case/Procedure Logs (up-to-date and meeting minimum requirement)		
Scholarly Work		
QI Projects		
Work Hours Logged		
Work Hours Violations		
Absences Logged (LOA and sick)		
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<u>Other</u> Related Metric 4		

Strengths	Weaknesses

Improvement Plan & Program Resources

Comments and Feedback

**Pre-CCC Milestone Ratings <Anesthesiology>**

<b>Milestone Abbreviation</b>	<b>Milestone</b>	<b>Level</b>
PC-01	Pre-anesthetic Patient Evaluation, Assessment, and Preparation	
PC-02	Anesthetic Plan and Conduct	
PC-03	Peri-procedural pain management	
PC-04	Management of peri-anesthetic complications	
PC-05	Crisis management	
PC-06	Triage and management of the critically-ill patient in a non-operative setting	
PC-07	Acute, chronic, and cancer-related pain consultation and management	
PC-08	Technical skills: Airway management	
PC-09	Technical skills: Use and Interpretation of Monitoring and Equipment	
PC-10	Technical skills: Regional anesthesia	

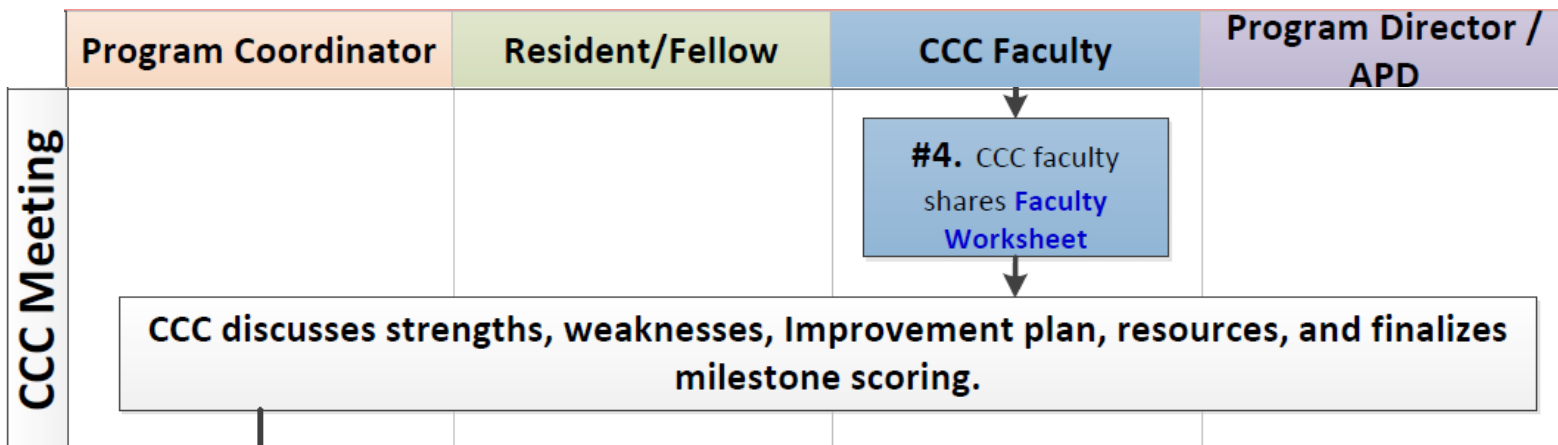
## Program Coordinator's Role DURING the CCC

- Take notes that reflect the conversation
- Note if conversation and data inputs are inconsistent
- Encourage team to seek non-conforming data
- Ensure final milestone determinations align with faculty input and CCC dialogue





## CCC Workflow – During the CCC

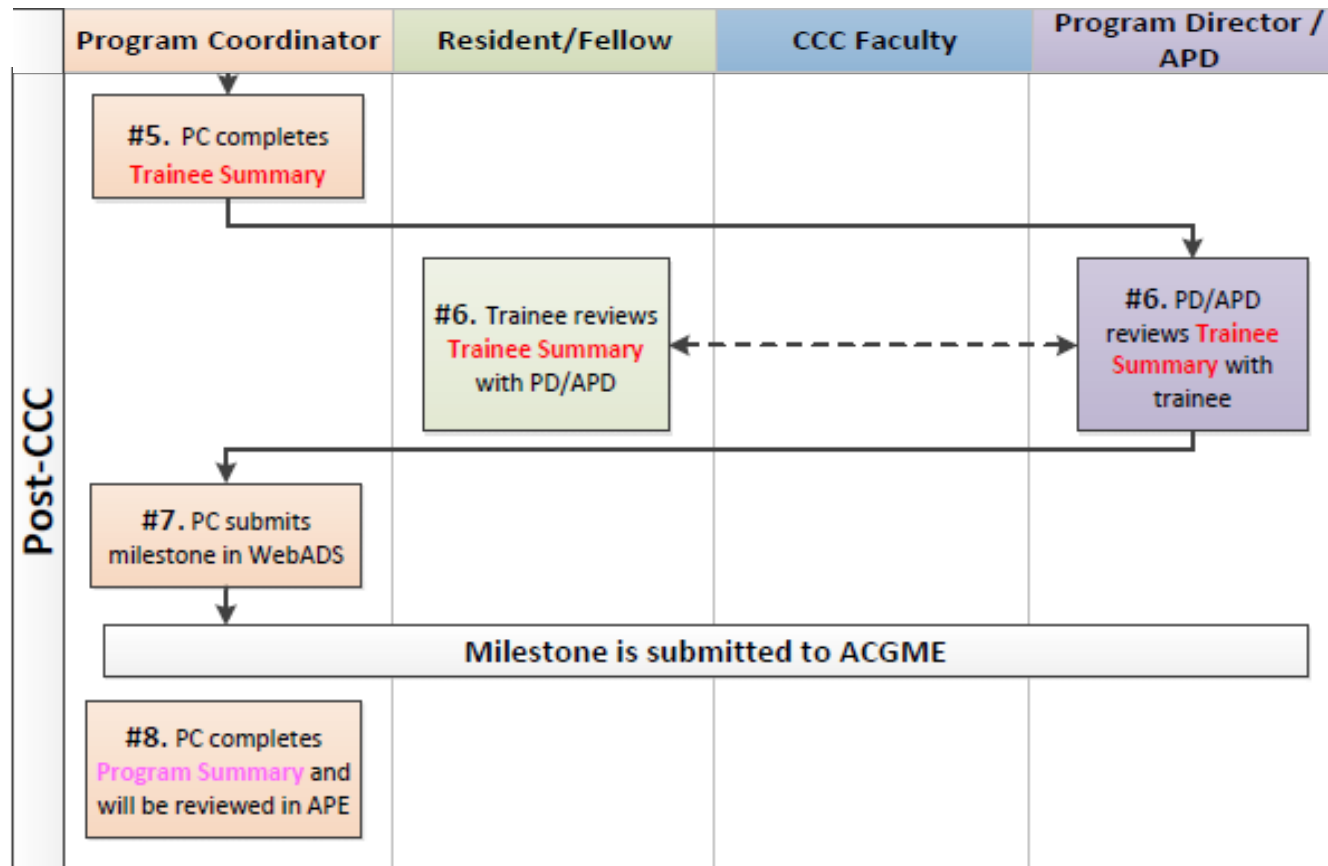


## Program Coordinator's Role AFTER the CCC

- Complete **Trainee Summary**
- Ensure milestones are loaded onto ACGME website
- Facilitate trainee feedback meetings
- Facilitate inclusion of CCC outputs into semi-annual review documents
- Ensure all signed documentation of feedback meeting is loaded into the RMS



## CCC Workflow – After the CCC



Strengths	Weaknesses

Improvement Plan & Program Resources

Comments and Feedback

**CCC Milestone Ratings <Anesthesiology>**

<b>Milestone Abbreviation</b>	<b>Milestone</b>	<b>Level</b>	<b>Off-Track*</b>
PC-01	Pre-anesthetic Patient Evaluation, Assessment, and Preparation		
PC-02	Anesthetic Plan and Conduct		
PC-03	Peri-procedural pain management		
PC-04	Management of peri-anesthetic complications		
PC-05	Crisis management		
PC-06	Triage and management of the critically-ill patient in a non-operative setting		
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PC-08	Technical skills: Airway management		
PC-09	Technical skills: Use and Interpretation of Monitoring and Equipment		
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## An Example of Semi-Annual Evaluation

**Resident Semi-Annual Evaluation**  
Stanford University  
Department of Ophthalmology

Academic Year: PGY4  
Resident Name: [REDACTED]

February 3, 2020

Dr. [REDACTED] performed in an excellent fashion during the past two and a half years of ophthalmology residency training, performing at current PGY-4 level in most areas. Performance was evaluated using the following competencies and include evaluations of patient care, medical knowledge, interpersonal and communication skills, practiced based learning and improvement, professionalism, and system-based practice.

Evaluations of **patient care** activities including history and physical examination, appropriateness of diagnosis, use of evidenced based treatment, and surgical skills, revealed the resident's performance was satisfactory, at appropriate PGY-4 level. There were no areas identified where significant improvement was needed.

Evaluations of **medical knowledge** including an understanding of basic science concepts, application of knowledge and use of scientific reasoning were considered and assessed as satisfactory, at appropriate PGY-4 level. There were no areas identified where significant improvement was needed. Performance on the Ophthalmic Knowledge Assessment Program (OKAP) exam was 490 (52<sup>nd</sup> percentile) in 2019, which will be an area for improvement in 2020.

Evaluations of **interpersonal and communication skills** including effectiveness as a team member/leader, patient counseling and sensitivity, and maintenance and appropriateness of medical records were considered satisfactory, at appropriate PGY-4 level. There were no areas identified where significant improvement was needed.

Evaluations of **practice-based learning** including use of constructive feedback, use of information technology, and active self-learning were considered satisfactory, at appropriate PGY-4 level. There were no areas identified where significant improvement was needed.

**Professionalism** evaluations based on ethical behavior, appropriate continuity of care, sensitivity to age, cultural and ethnic issues, and appropriate acknowledgement of criticism and medical errors were considered satisfactory, at appropriate PGY-4 level. There were no areas identified where significant improvement was needed.

Evaluations of **systems-based practice** including an understanding of the health care system, cost-effective medicine, and access to care were assessed as satisfactory, at appropriate PGY-4 level in most areas. There were no areas identified where significant improvement was needed.

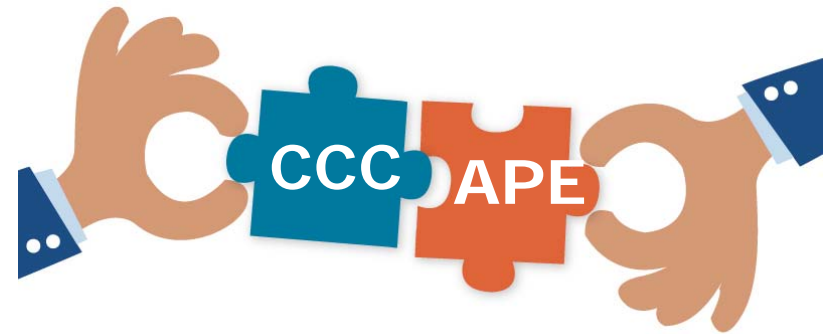
**Overall Areas for Improvement:** Dr. [REDACTED] stands out for her administrative and organizational leadership, ability to evaluate a systems-based perspective for care delivery, interactions with patients, and surgical skills. Areas for improvement include continued progress in clinical knowledge and skills. Dr. [REDACTED] has no areas of concern.

[REDACTED]  
Assistant Professor and Residency Program Director

[REDACTED]  
Resident

## Connecting CCC with APE: Program Summary

- The results of the CCC should inform the Annual Program Evaluation (APE)
- Complete the Program Summary
- Seek performance patterns that might reflect programmatic issues
  - Didactic attendance issues might reflect service/education imbalance
  - Poor procedure logs? Lack of volume, lack of trainee documentation



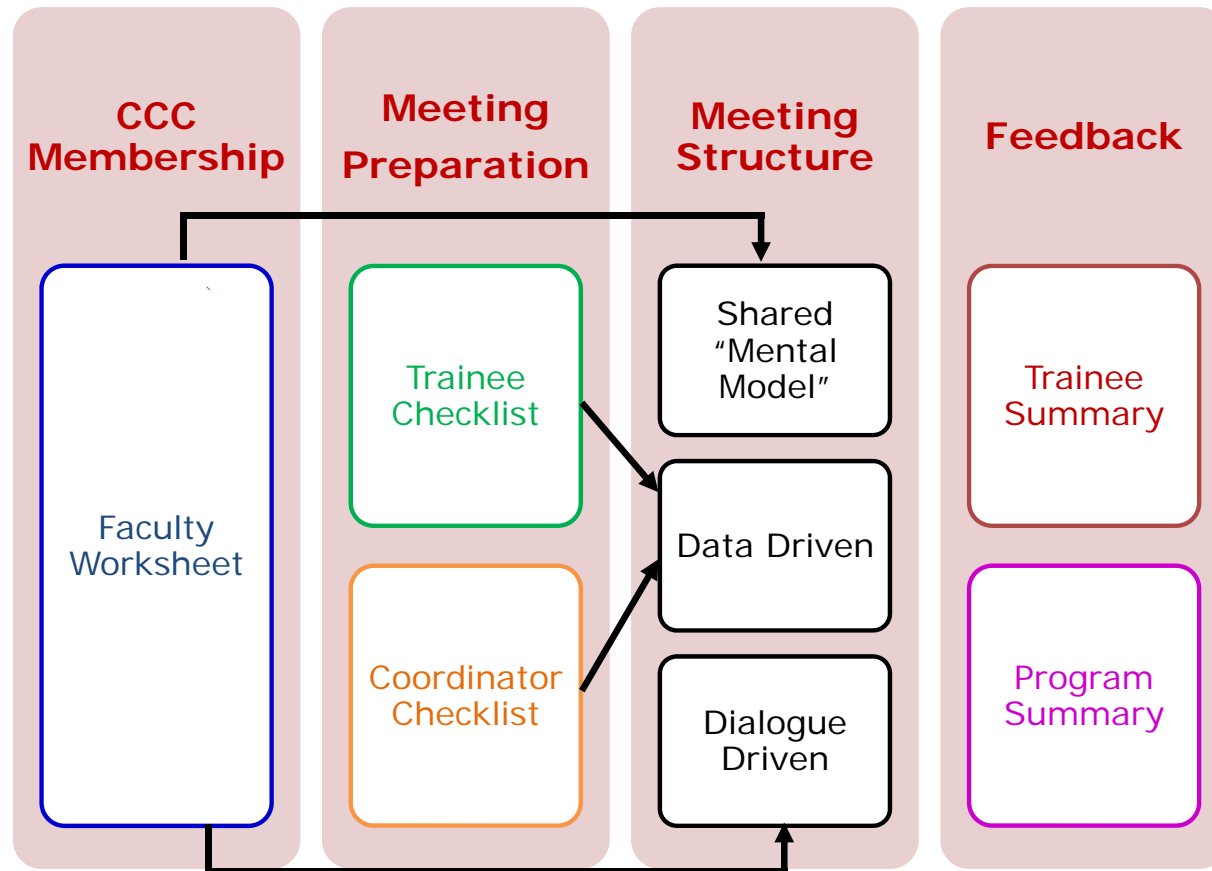
Milestone Abbreviation	Milestone	Number of Off-Track* Trainees
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## PROGRAM SUMMARY

Program Dashboard				
Metric	# of Greens	# of Yellows	# of Reds	Comments
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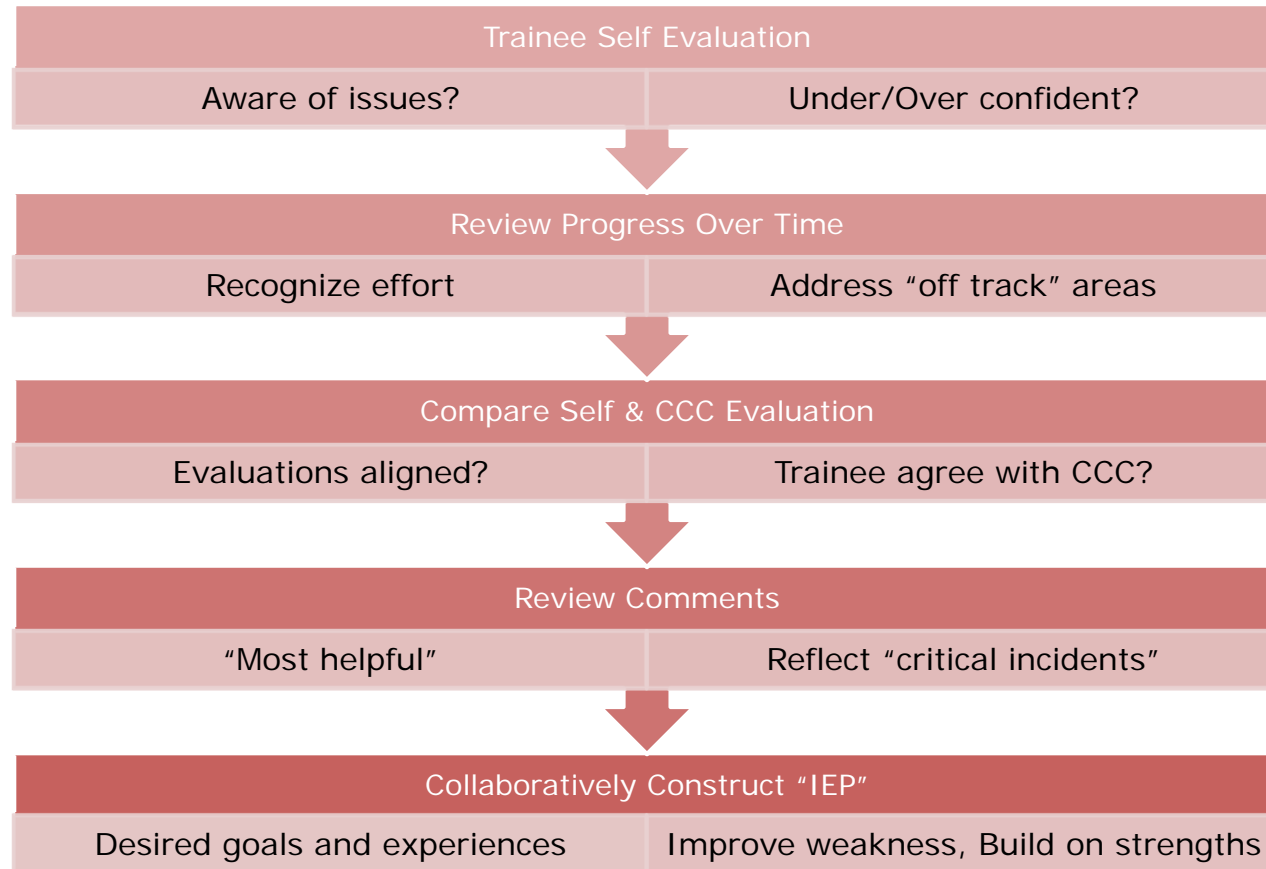
## Structure to Support a Meaningful and Impactful CCC



## Questions and Discussion



## Post CCC Feedback Session for Trainee



## Implementation of CCC Structure

- Ensure Program Director and Faculty buy-in
- Allow sufficient time and resources to complete preparation
- Facilitate CCC member review of evaluation data prior to meeting
- Ongoing faculty development
  - “Garbage in – garbage out”
  - Evaluation as foundation of education
  - Actionable ratings and comments
- Review process with trainees
- Ensure CCC data informs program evaluation process
  - Curriculum improvement
  - Developmental resources for trainees
  - Evaluation tools and process improvement



Common trainee weaknesses may reflect issue with educational program; can inform curriculum and clinical teaching design



Is feedback:

- Specific
- Behavioral
- Realistic
- Actionable
- Fair



- Poor completion rate?
- "Straight line" evaluations
- Performance issues not captured?



## Quality of Process

- "Catch" strugglers?
- Subjective?
- Open to implicit bias? "Halo/horn?"
- Does CCC dialogue appropriately impact decisions?

- Revisit weak curricular areas and revise
- Consider evaluation completion and usefulness in faculty evaluations
- Review evaluation tools
  - Milestones were never intended to be part of front line evaluations
  - Ensure evaluations reflect areas faculty likely to have observed
  - Create evaluations that inform CCC synthesis into milestones
- Feedback quality
  - Create comment checklists
  - Faculty development regarding meaningful evaluation
- Evaluation Process
  - Use data to determine if process is working



## Where to Download the Handouts

- Go to [https://med.stanford.edu/gme/gme\\_community.html](https://med.stanford.edu/gme/gme_community.html)
- Under “ACGME” in 2020
- Putting it All Together: Standardizing the CCC Process via a Strategic Resident Evaluation (zip file)

AAMC, ACGME, GRA & MedHub Conference Presentations

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ACGME AAMC GRA MedHub

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Jump to:

[2020](#) | [2019](#) | [2018](#) | [2017](#) | [2016](#) | [2015](#) | [2014](#) | [2013](#) | [2012](#) | [2011](#) | [2010](#)

2020

- [Putting it All Together: Standardizing the CCC Process via a Strategic Resident Evaluation \(zip file\)](#)

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## Questions and Discussion

