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# **GME Workshop on CCC Guidebook**

**Nov. 10, 2020**

# Learning Objectives

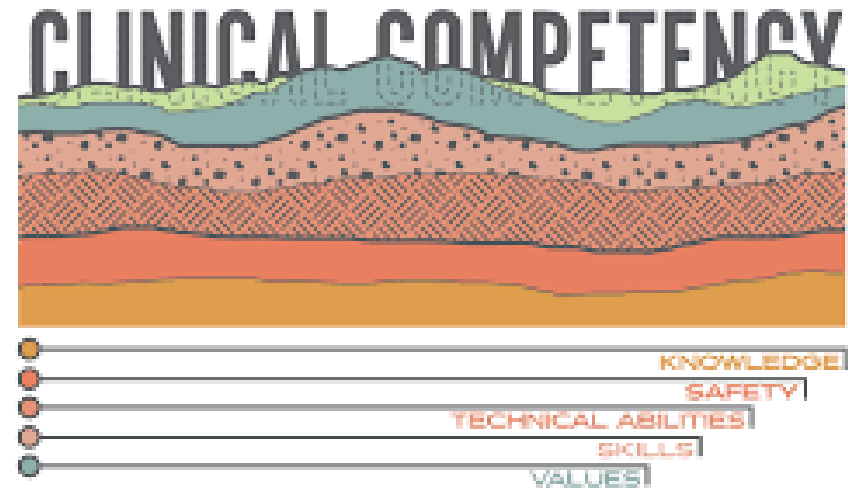
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By the end of the workshop, you'll be able to...

- Recognize the structure of an effective and impactful Clinical Core Committee (CCC)
- Know your role before, during, and after CCC
- Use GME's CCC guidebook to facilitate your CCC

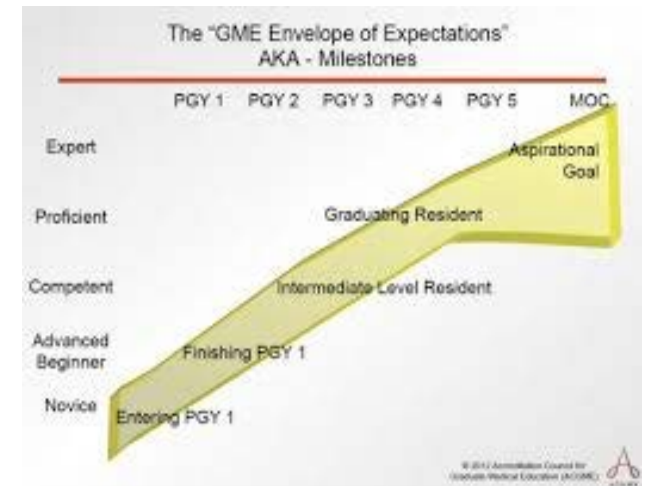
# Clinical Competency Committee (CCC)

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

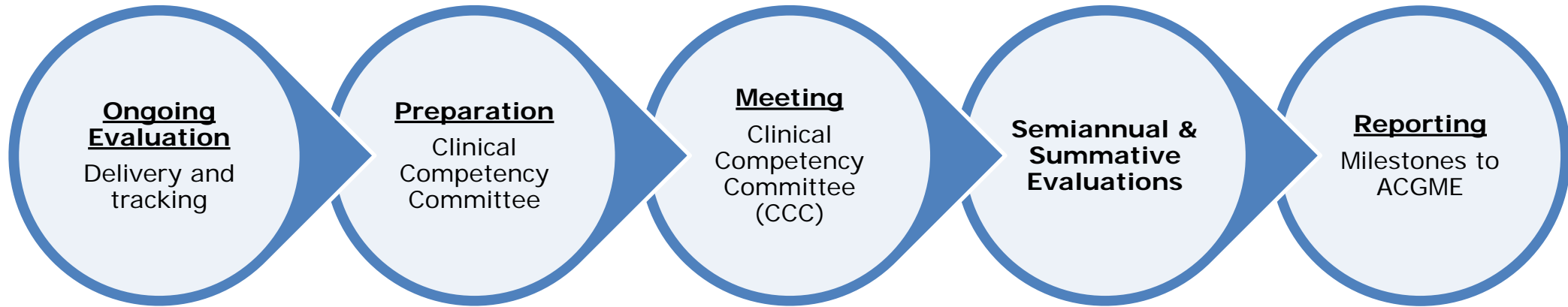


# CCC Is Intended to.....

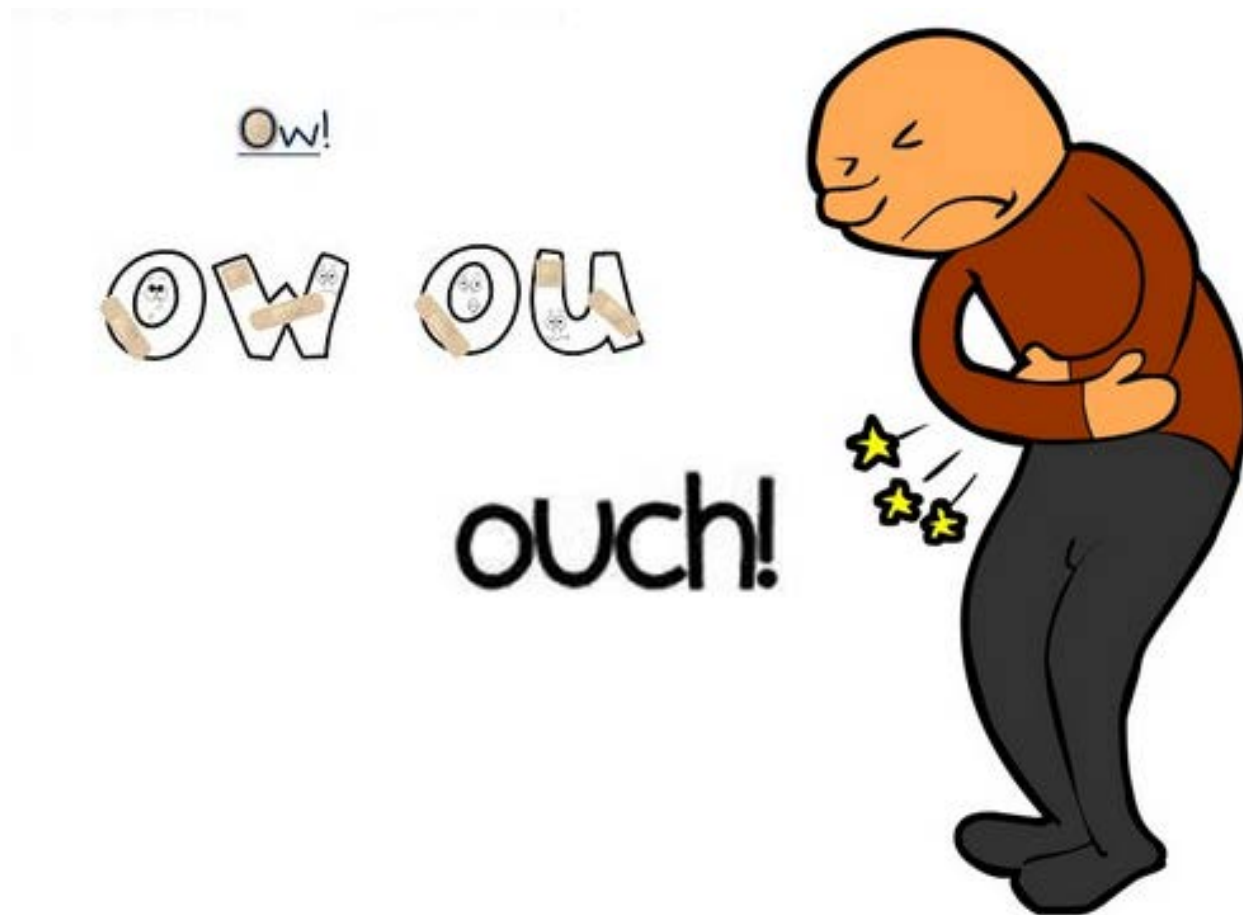
- Synthesize front line evaluations
- ★ ➤ Inform/determine milestone evaluations
- Facilitate identification of “challenged” trainees
- ★ ➤ Provide input on actionable individual learning plan (ILP) for **all** trainees
- Initiate creation and implementation of remediation as needed
- Inform promotion, probation and dismissal decisions
- Inform program evaluation processes



# Trainee Evaluation



# What Are Your CCC Pain Points?



# What Are Your CCC Pain Points?

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- 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

# The Impact on Trainees and Education

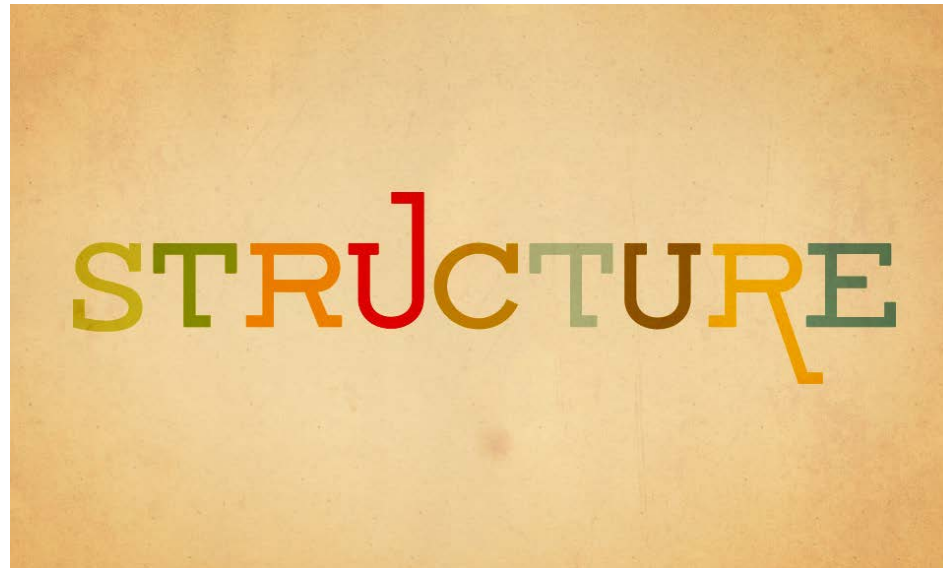
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- Subjectivity associated with implicit bias
- “Halo” and “Horn” bias – difficult to recover from a rough patch
- Lack of actionable feedback to trainees, especially those who are not struggling
- Vague comments that do not guide growth and learning
- 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

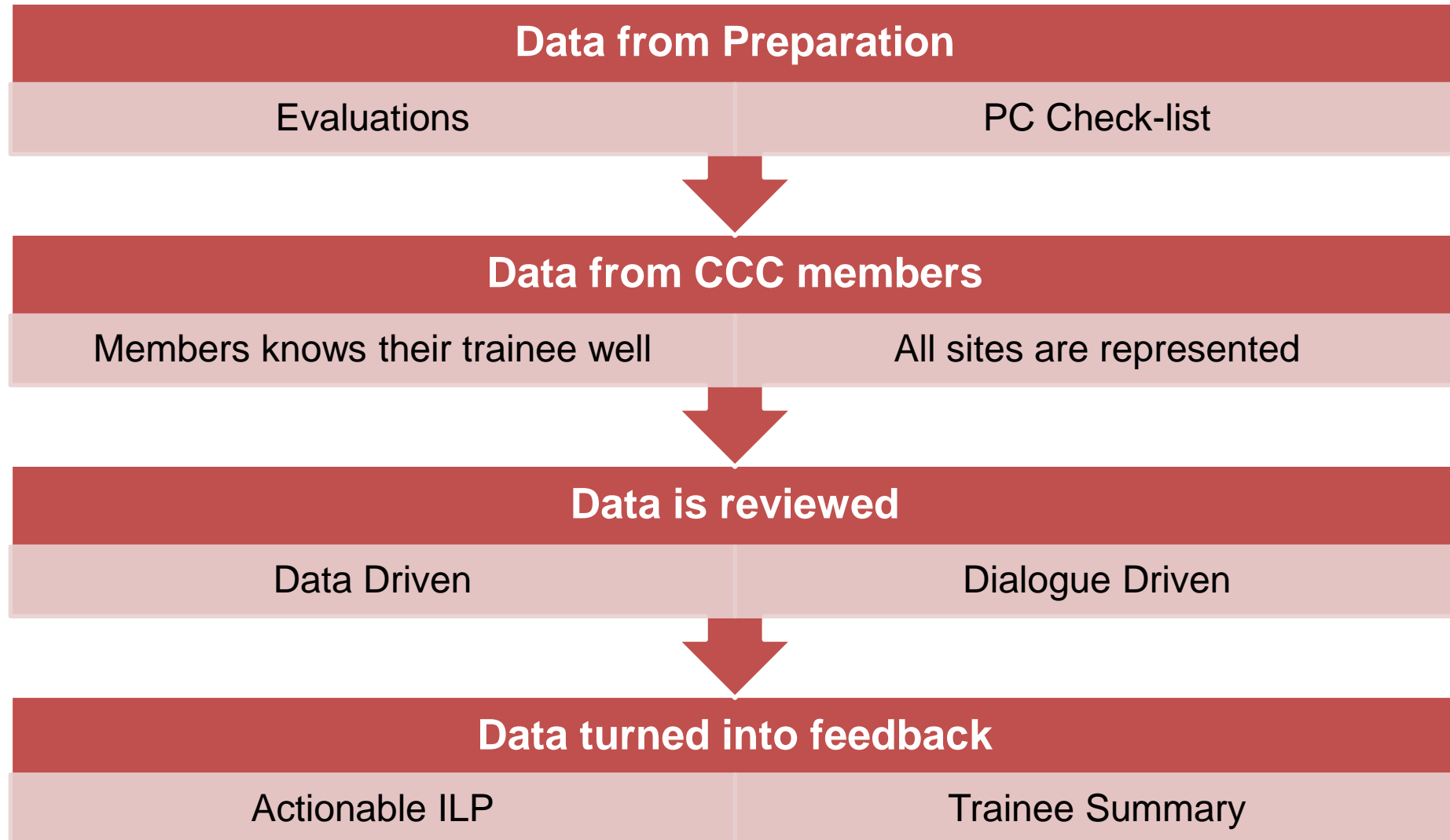


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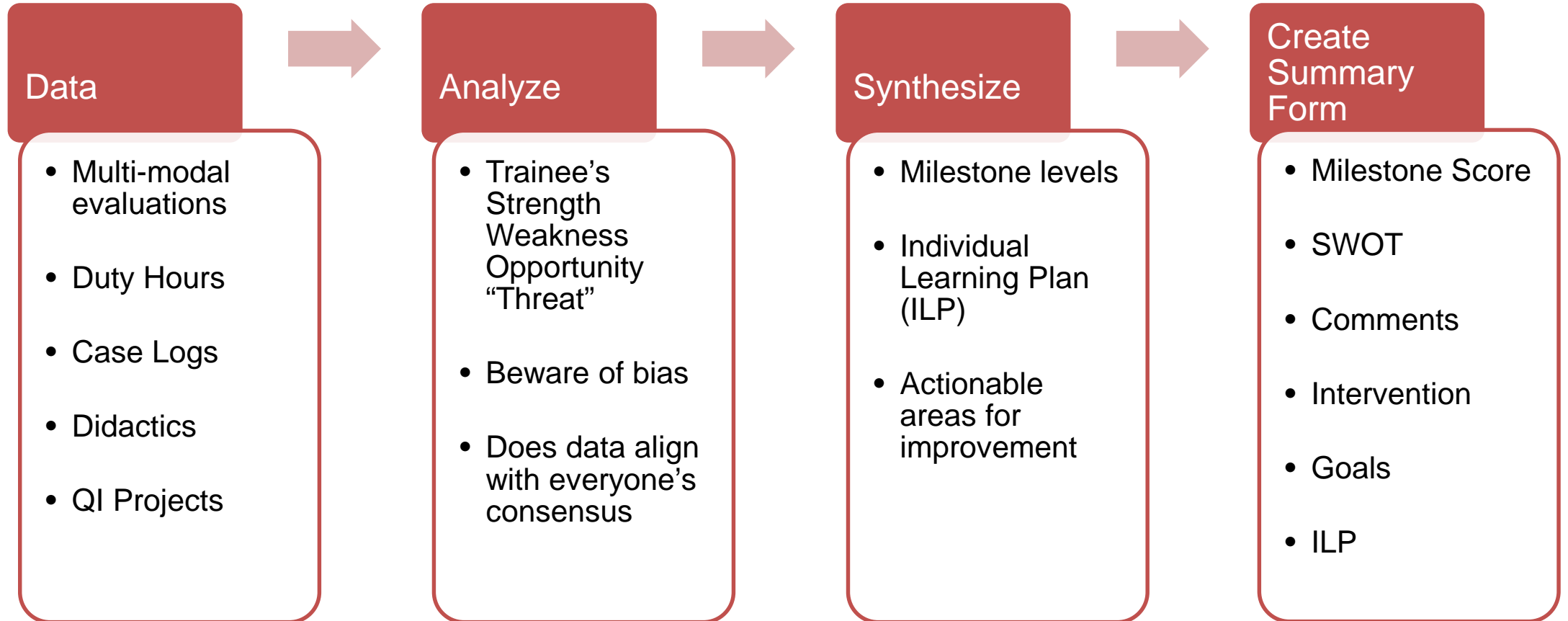
The Solution:  
**STRUCTURE!**



# Structure to Support a Meaningful and Impactful CCC...It's the Data



# Structure of the CCC Process



# Benefits of CCC Guidebook (or a formalized structure)



1. More meaningful and impactful CCC discussion

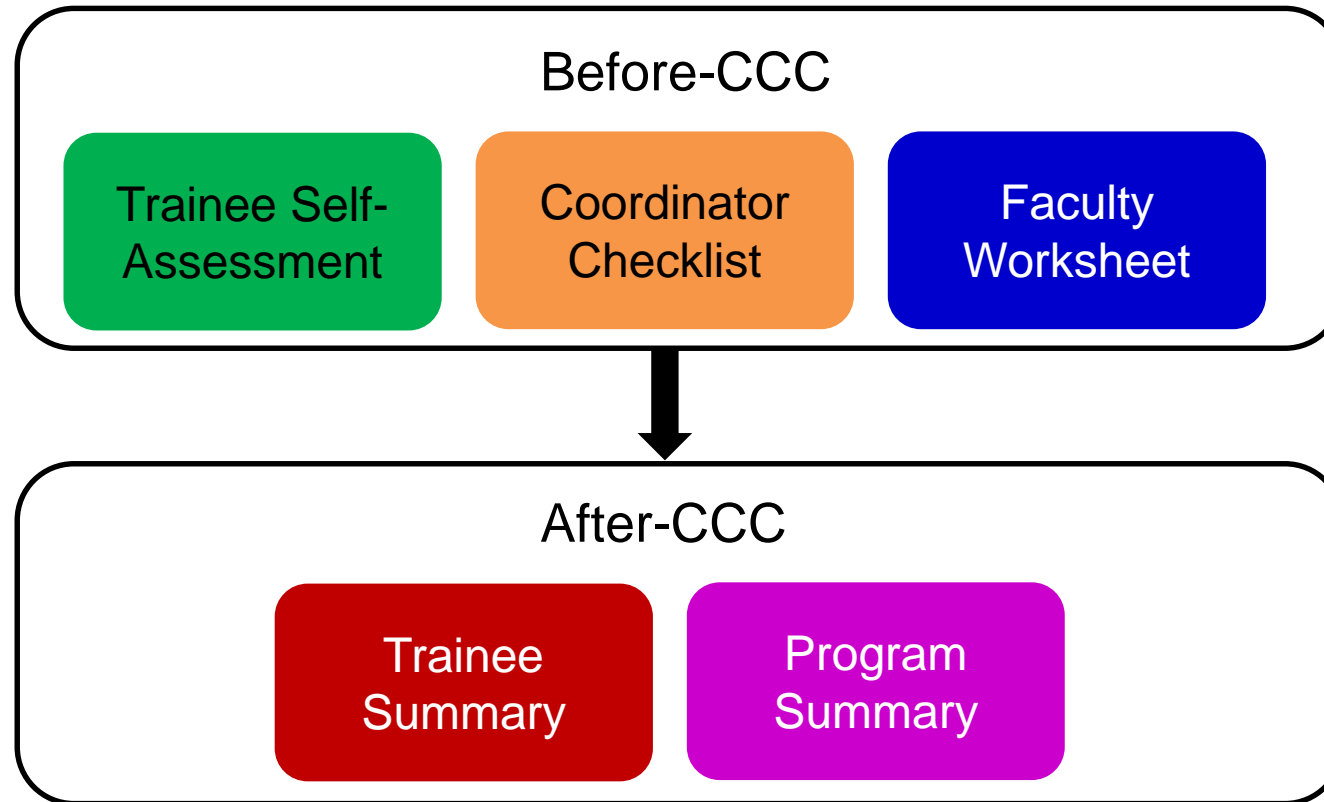
2. Comprehensive data collection

3. Individualized learning plans (ILP)

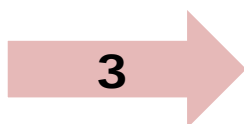
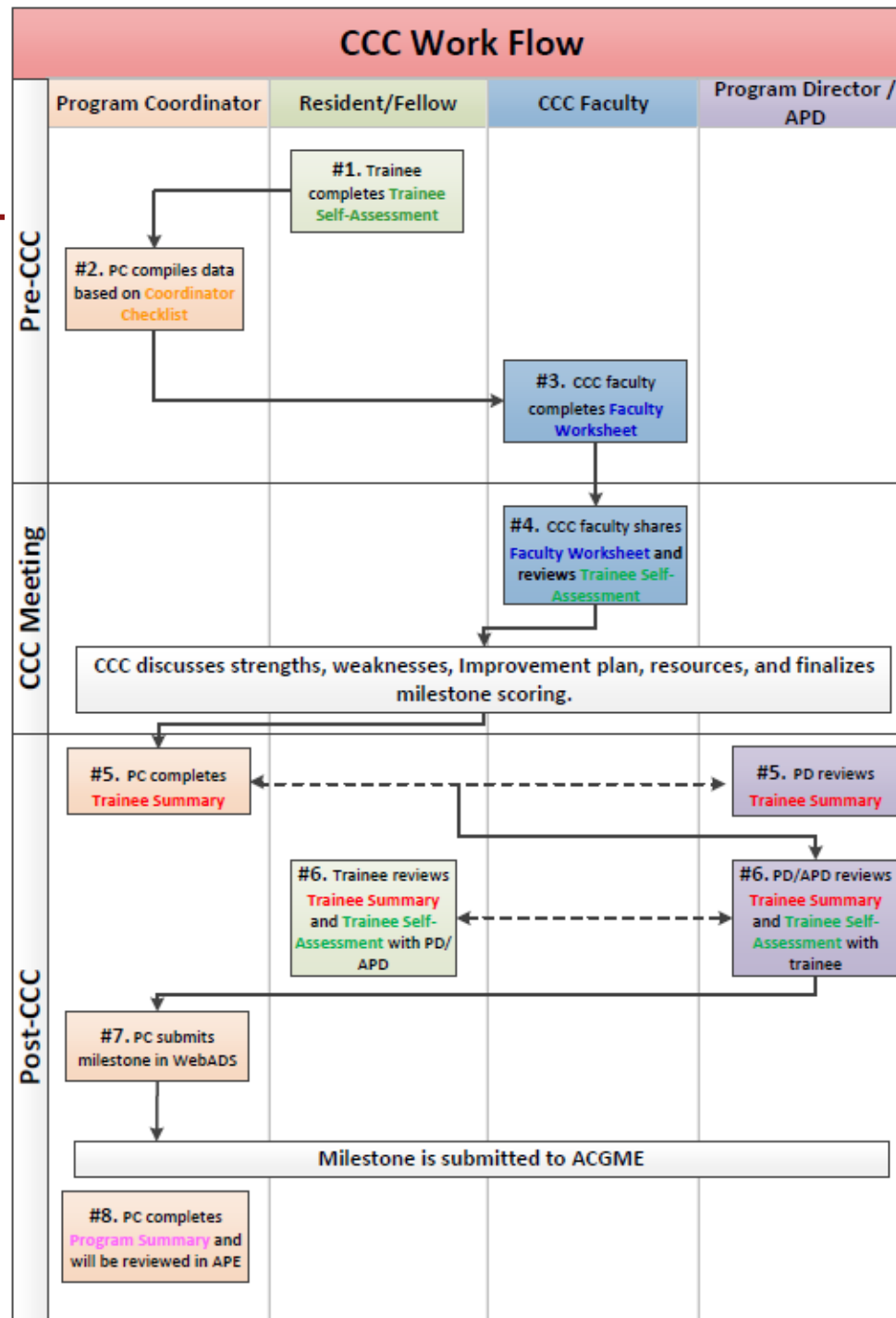
4. Feedback on program improvement

# Tools to Facilitate CCC Process

## CCC Timeline



# CCC Work Flow



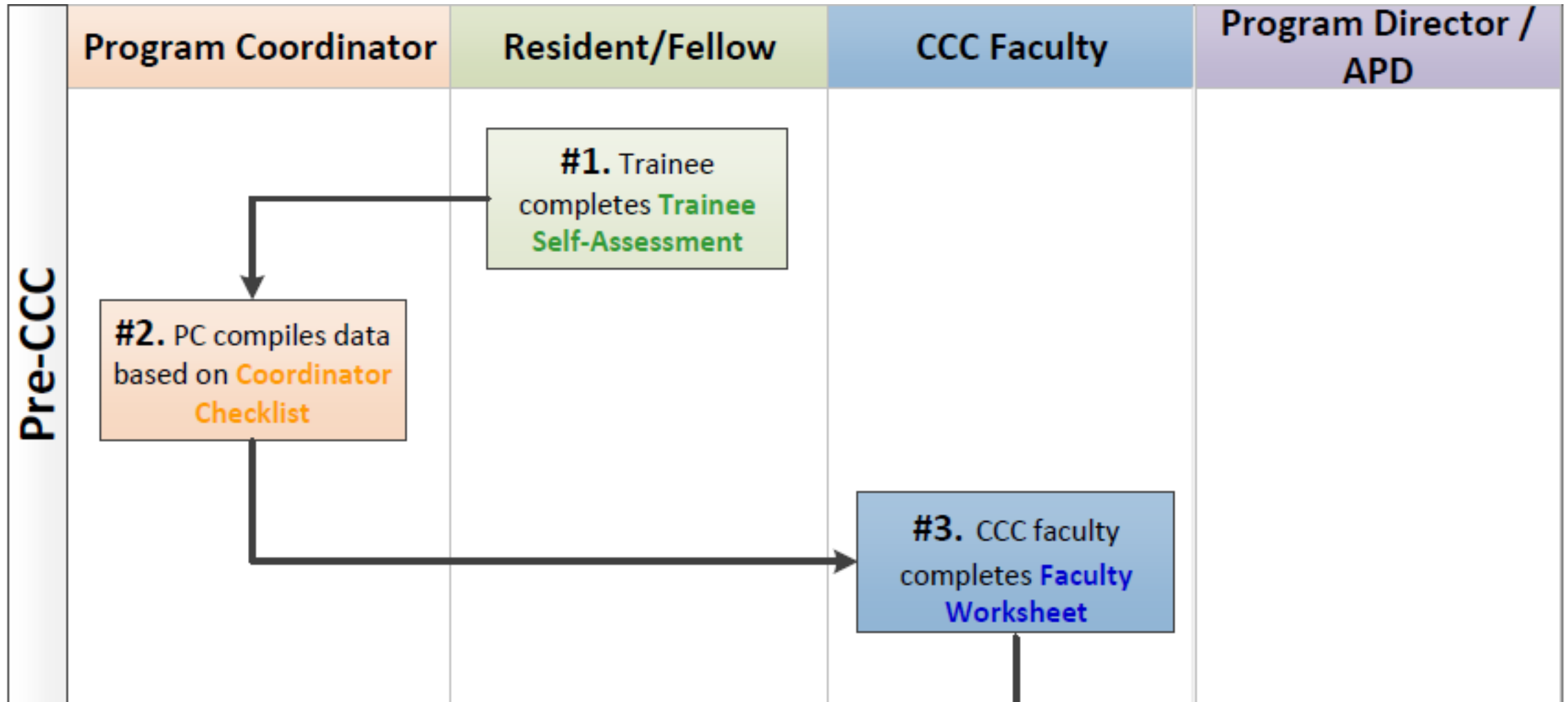
# Program Coordinator's Role: BEFORE the CCC

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- Collect **Trainee Self-Assessment**
- 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 SELF-ASSESSMENT

Milestone Summary <Anesthesia>

Milestone Abbreviation	Sub-Competency	Average	Range	Self-Assessment
PC-01	Pre-anesthetic Patient Evaluation, Assessment, and Preparation	3.3	3.0 - 3.5	
PC-02	Anesthetic Plan and Conduct	3.3	3.0 - 3.5	
PC-03	Peri-procedural pain management	3.3	3.0 - 3.5	
PC-04	Management of peri-anesthetic complications	3.3	3.0 - 3.5	
PC-05	Crisis management	2.5	2.0 - 3.5	
PC-06	Triage and management of the critically-ill patient in a non-operative setting	3.5	3.5 - 3.5	
PC-07	Acute, chronic, and cancer-related pain consultation and management	3.3	3.0 - 3.5	
PC-08	Technical skills: Airway management	--	--	
PC-09	Technical skills: Use and Interpretation of Monitoring and Equipment	--	--	
PC-10	Technical skills: Regional anesthesia	--	--	
MK-1	Knowledge of biomedical, clinical, epidemiological, and social-behavioral sciences as outlined in the American Board of Anesthesiology Content Outline.	2.8	2.5 - 3.5	
SBP-1	Coordination of patient care within the health care system	3.5	3.5 - 3.5	
SBP-2	Patient Safety and Quality Improvement	--	--	
PBLI-1	Incorporation of quality improvement and patient safety initiatives into personal practice.	3.5	3.5 - 3.5	
PBLI-2	Analysis of practice to identify areas in need of improvement.	3.3	3.0 - 3.5	
PBLI-3	Self-directed learning	--	--	
PBLI-4	Education of patient, families, students, residents, and other health professionals.	--	--	

# TRAINEE SELF-ASSESSMENT

Reflect on your learning experience in the past 6 months, what are your strengths and weaknesses?

Strengths	Weaknesses

What are your learning goals in the next 6 months and how are you planning to achieve them?

Learning Goals & Improvement Plan in Next 6 Months
<p><b>Learning Goals (focus on the Core Competencies):</b></p>          <p><b>Improvement Plan:</b></p>

# COORDINATOR CHECKLIST

**Metric Checklist**

Metric	Data Path	Comments
Milestone Summary	<b>**<a href="#">MedHub</a>: Evaluation-&gt;Milestone Summary</b>	Average level of each sub-competency based on the evaluation completed in the past 6 months.
Evaluation by Faculty	All evaluations are stored in <a href="#">MedHub</a> . Reports with averages can be generated. <b>**<a href="#">MedHub</a>: Aggregate Evaluation Report, Aggregate Evaluation Report, Evaluation Completion Summary</b>	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 ( <i>Trainee Self-Assessment</i> )		Compare self-evaluations to evaluations by others to look for discrepancies and consistencies.
Rotation	Stored in <a href="#">MedHub</a> <b>**<a href="#">MedHub</a>: Resident Rotations Report</b>	Is the trainee on track with the required rotation counts?
Case/Procedure Logs	Stored in <a href="#">MedHub</a> or reported to the ACGME WebADS system	Is the log up-to-date and meeting minimum requirement?
Scholarly Work	Option1: Self-reported Option2: <a href="#">MedHub</a>	Has the trainee done any scholarly work in the past 6 months?
QI Projects		Has the trainee done any quality improvement work in the past 6 months?
Work Hours Logged	Stored in <a href="#">MedHub</a> <b>**<a href="#">MedHub</a>: Work Hours Summary</b>	
Work Hours Violations		
Absences Logged (LOA and sick)		
Conference Attendance	<b>**<a href="#">MedHub</a>: Conference Attendance by Resident</b>	
Grant Rounds Attendance		
In-Service Exam		
Other Metric		
Other Metric 2		
Other Metric 3		

Use a "Resident Dashboard" in [MedHub](#) to consolidate and present information ([MedHub homepage](#) -> [Resident Dashboard](#))

# 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)		
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

Strengths	Weaknesses

## Learning Goals, Improvement Plan & Program Resources in Next 6 Months

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## Comments and Feedback

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# FACULTY WORKSHEET

## Pre-CCC Milestone Ratings <Anesthesiology>

Milestone Abbreviation	Milestone	Level
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

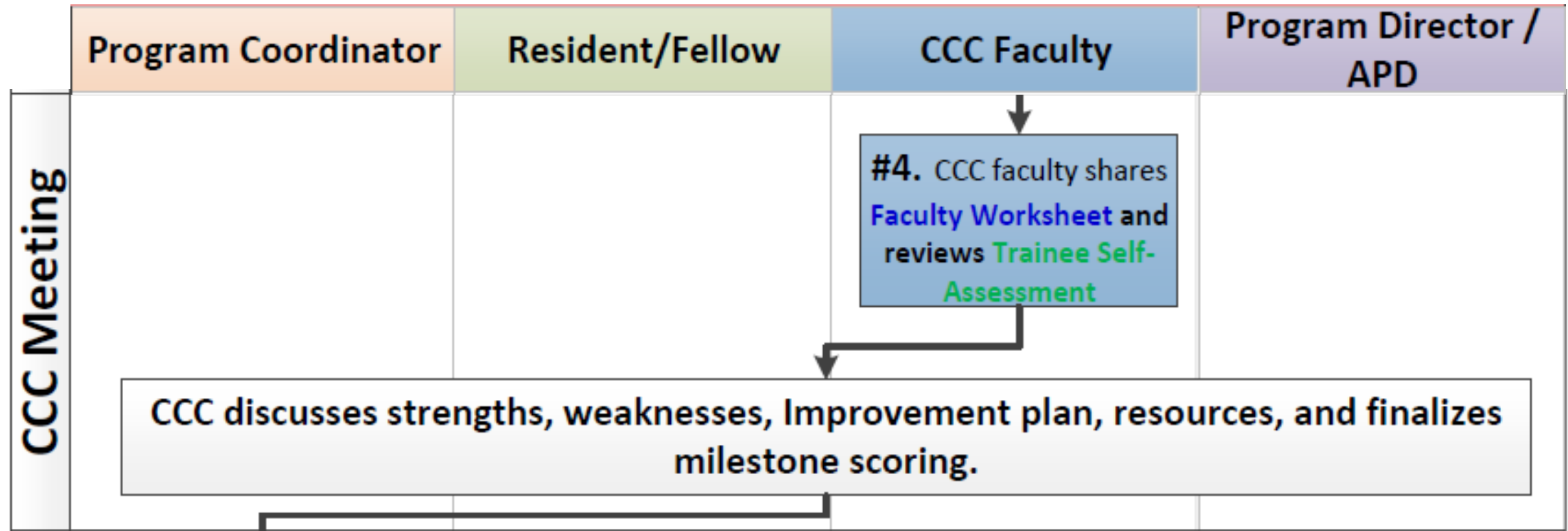
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- Take notes that reflect the conversation
- Note if conversation and data inputs are inconsistent
- Encourage team to seek non-conforming data
- Ensure final milestone determinations align with faculty input and CCC dialogue





# CCC Workflow – During the CCC

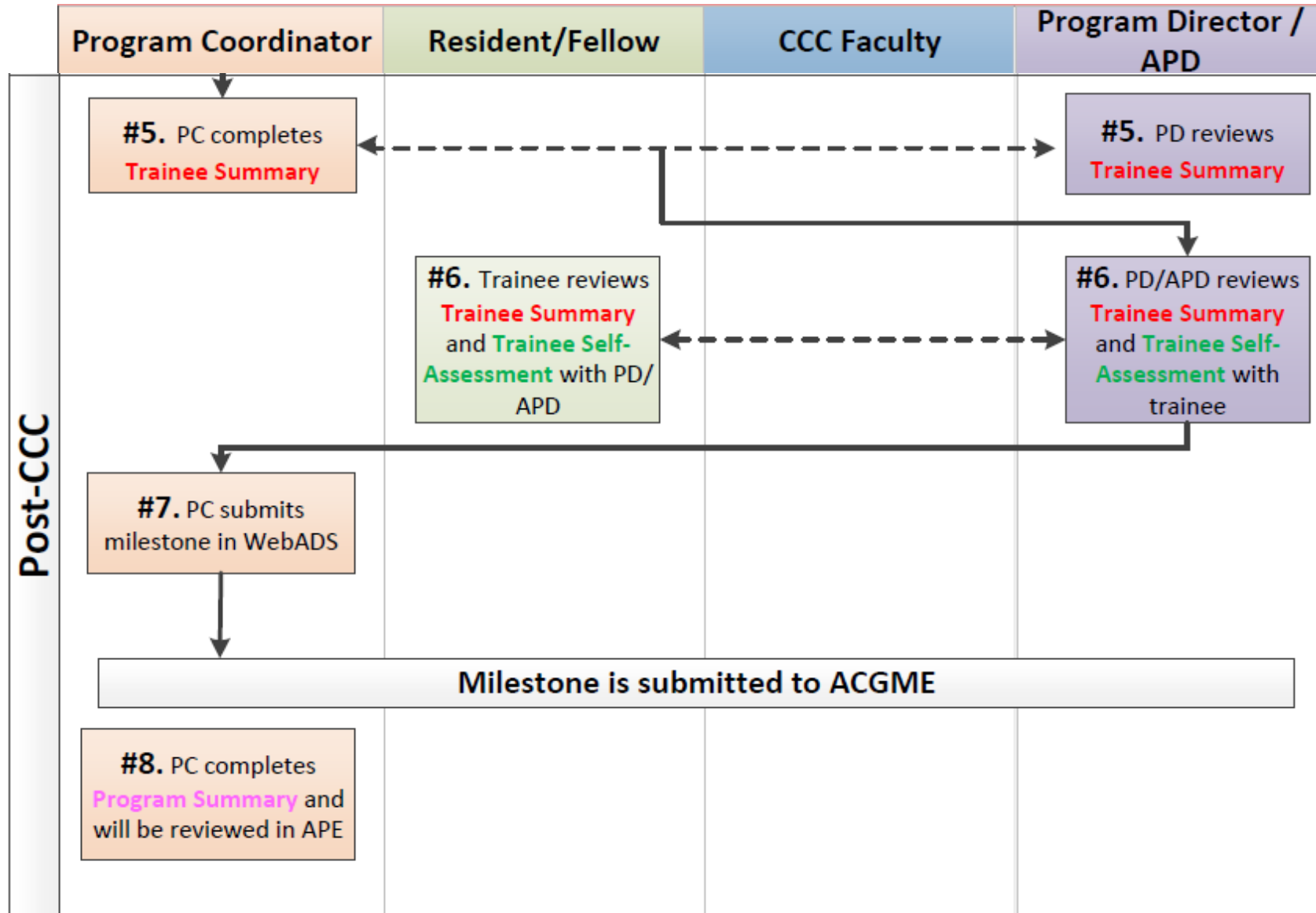


# Program Coordinator's Role: AFTER the CCC

- 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 MedHub



# CCC Workflow – After the CCC



# TRAINEE SUMMARY

Strengths	Weaknesses

## Learning Goals, Improvement Plan & Program Resources in Next 6 Months

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## Comments and Feedback

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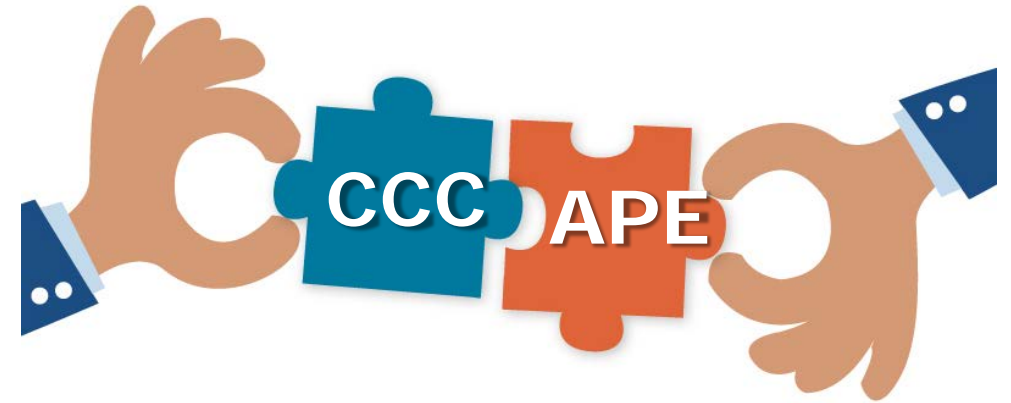
## TRAINEE SUMMARY

### CCC Milestone Ratings <Anesthesiology>

Milestone Abbreviation	Milestone	Level	Off-Track*
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		

# 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



## PROGRAM SUMMARY

Milestone Abbreviation	Sub-Competency	Lowest*	Highest*	Number of Off-Track** Trainees
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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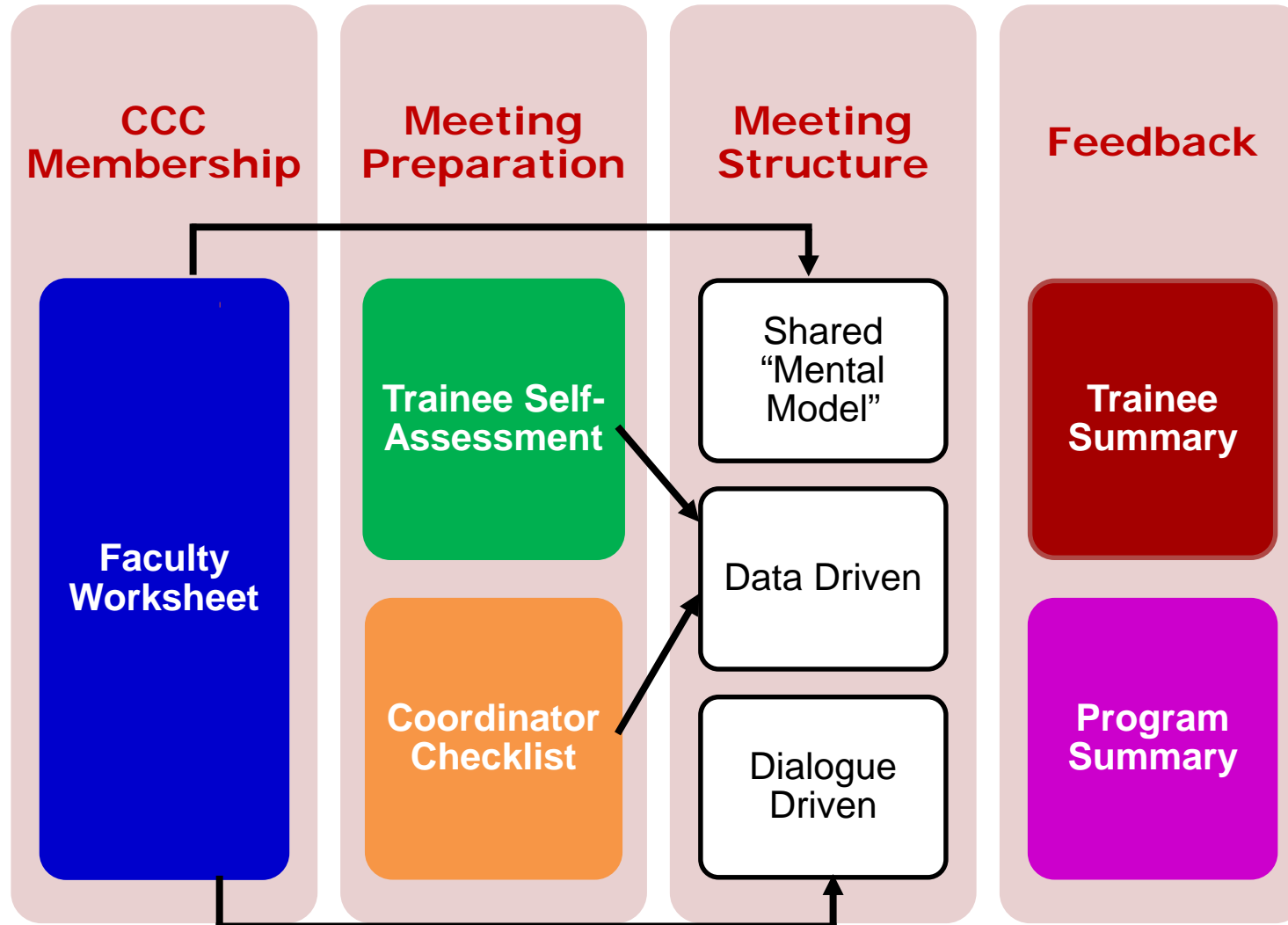
# PROGRAM SUMMARY

**Program Dashboard**

Metric	# of Greens	# of Yellows	# of Reds	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				



# Structure to Support a Meaningful and Impactful CCC

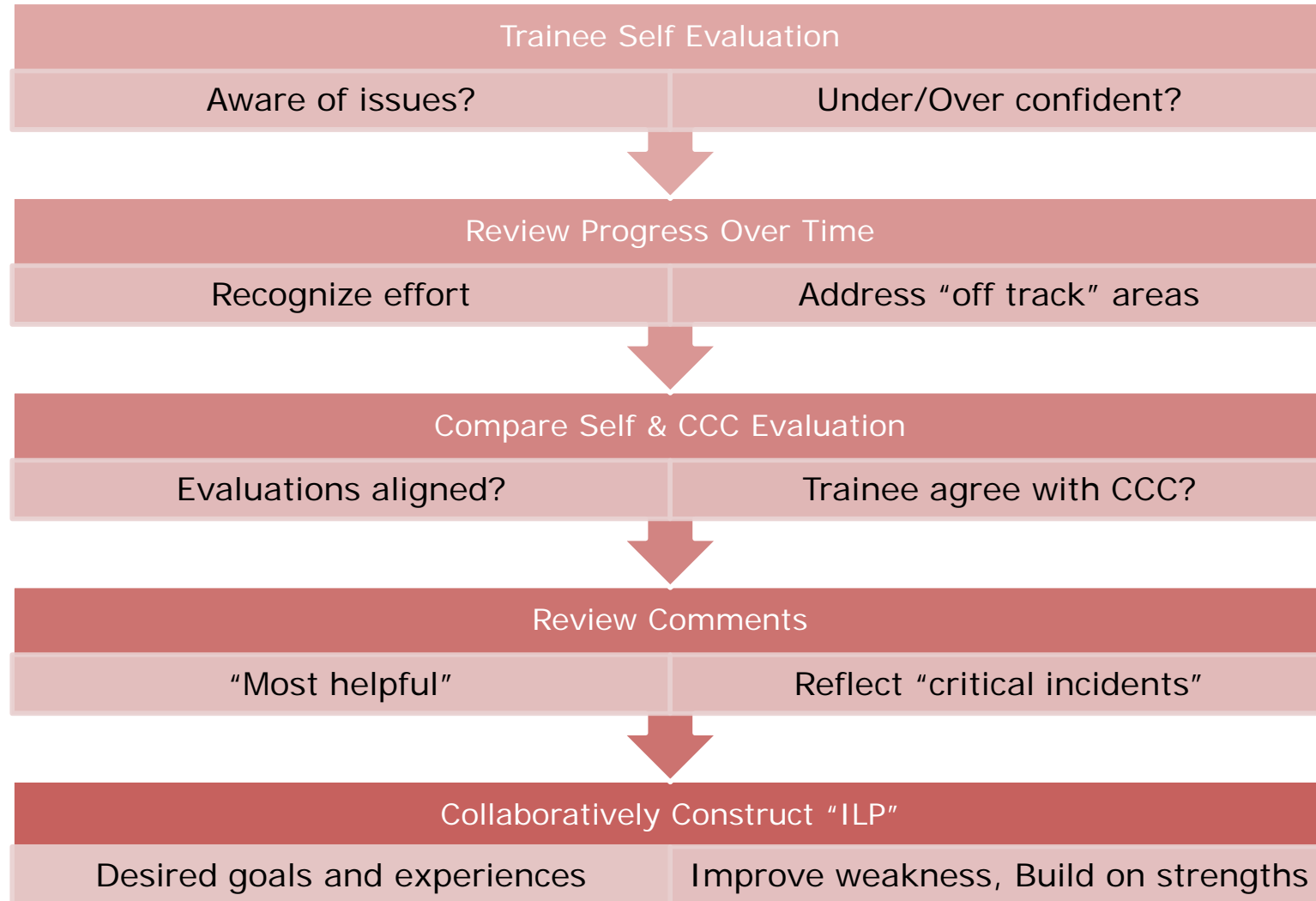


# Questions & Discussion

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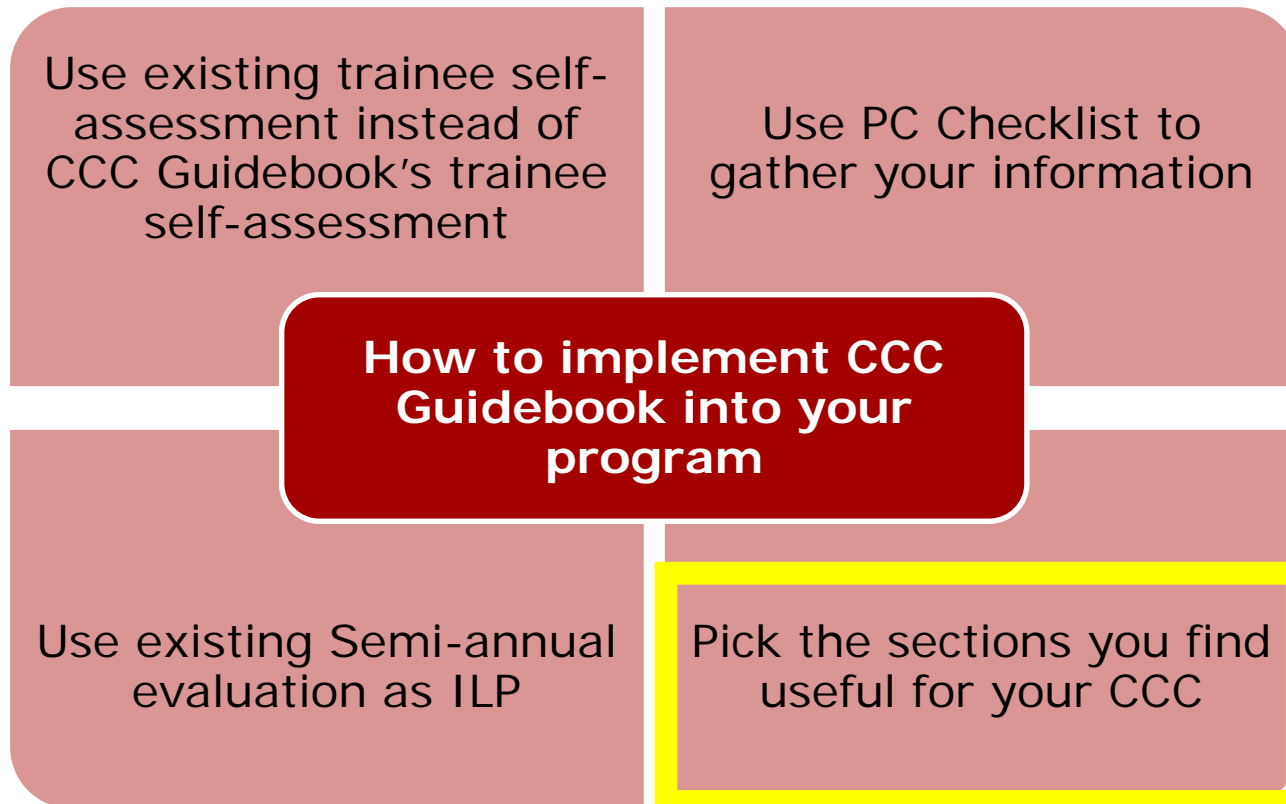


# Post CCC Feedback Session for Trainee



# Implementation of CCC Structure

- Ensure Program Director and Faculty buy-in
- Allow sufficient time and resources to complete preparation



# Use CCC Data to Facilitate Program Improvement



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



Is feedback:

- Specific
- Behavioral
- Realistic
- Actionable
- Fair

# Use CCC Data to Facilitate Program Improvement



- 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?

# Program Improvements Based on CCC Metrics

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- 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

- **CCC Guidebook will be distributed via email**

Or

- 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

ACGME

AAMC

GRA

MedHub

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 \(zip file\)](#)



# Questions and Discussion

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