## The Clinical Competency Committee (CCC) – One Year Later, What Have We Learned

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## **Disclosures**

I have none.





# **Objectives**

Discuss the implementation of the CCC in our programs





# Clinical Competency Committee - General Program

Who makes up our committee?

**Program Director** 

Associate Program Director (designated Committee

Chair)

Key Clinical Faculty (5)

EP

Interventional

**Imaging** 

VA

Program Manager/Assistant





# Clinical Competency Committee

How often do we meet?

- December (all fellows)
- End of May for graduating fellows
- June for all other fellows
- And any other time as needed

Data is collected ahead of time and given to the Committee for review.





### Data collected

- ITE
- Aggregate report of all rotation evaluations w/ comments
- Aggregate Milestone report
- Peer evaluations (IM and ED residents)
- 360 Evaluations (Patient, ACP, Nursing and other support staff feedback)
- Direct Procedure Observation Evaluations(DOPS)
- QI and Research
- Procedure Log report
- Conference Attendance
- If Applicable,
  - previous summary CCC evaluation
  - Future CCC meetings will have a milestone summary report and graphs

**CARILION CLINIC** 



### **Other Data**

- At the front of the notebook Aggregate data is provided.
  - Aggregate Milestone reports by class year (deidentified)
  - PD ITE report
  - Copy of CCC Policy
  - Any other information the PD feels needs to be communicated





# Roles and Responsibilities

- Currently CCC members get a notebook with documents one week before meeting
- APD is Committee Chair and is responsible to lead the meeting efficiently
  - Any faculty can be Committee Chair
  - Program Administrator/ Coordinator not an official member





С	linical Comp	etency Comm	ittee Ev	aluation o	f Fellov	12/XX/201	X	
Fellow		XX Year Cardiovascular Disease			r Disease fellow			
Fellow Strengths								
ellow Weaknesses								
Committee Comment	s based on e	valuation rev	iew					
Key Clinical Faculty 9	Summary of a	areas to impro	ove upo	n in next 6	month	s		
		Fac	culty Pre	sent:				
Academica	liy	Below exp	$\dashv$					
		Above exp						
Research		Below expected level of training At expected level of training Above expected level of training.						
							<u> </u>	
TEE		Below expected level of training At expected level of training						
		Above exp			$\exists$			
Cath		Below expected level of training						
our.		At expected level of training Above expected level of training.						
Patient Care								
	Critical	Level 1		Level 2		Level 3	Aspirational N/A	
Medical Knowledge								
	Critical	Level 1		Level 2		Level 3	Aspirational N/A	
Systems Based Pract	tice							
	Critical	Level 1		Level 2		Level 3	Aspirational N/A	
Practice Based								
Fractice Daseu	Critical	Level 1		Level 2		Level 3	Aspirational N/A	

Critical

Critical

Interpersonal and Communication Skills

Level 1

Level 1

Level 2

Level 2

Level 3

Level 3





Aspirational N/A

Aspirational N/A

#### **Fellow Name and Date**

Milestone Evaluation	Clinical Competency Committee Evaluation of Fellow 12/XX/201X									
Patient Care										
	Critical Deficiencies	cies Level 1		Level 2		Level 3		Aspirational	N/A	
Gathers and synthesizes essential and							Г .	i		
accurate information to define each patient's										
clinical problem(s).*										
Develops and achieves comprehensive										
management plan for each patient.*										
Manages patients with progressive										
responsibility and independence.*										
Demonstrates skill in performing and										
interpreting invasive procedures.*										
5. Demonstrates skill in performing and										
interpreting non-invasive procedures and/or										
testing.										
6. Requests and provides consultative care.*										
Patient Care	Meeting Milestones	Not I	Meeting Milest	ones	M	eeting some, But	t not all 1	Milestones		
Medical Knowledge										
	Critical Deficiencies	Level 1		Level 2		Level 3		Aspirational	N/A	
7. Clinical knowledge*			_						1	
Knowledge of diagnostic testing and										
procedures.*										
9. Scholarship										
Medical Knowledge	Meeting Milestones	Not I	Meeting Milest	ones	M	eeting some, But	t not all I	Milestones		
Systems Based Practice										
	Critical Deficiencies	Level 1		Level 2		Level 3		Aspirational	N/A	
10. Works effectively within an										
interprofessional team (e.g. peers,										
consultants, nursing, ancillary professionals										
and other support personnel).*										
11. Recognizes system error and advocates										
for system improvement.*										
12. Identifies forces that impact the cost of										
health care, and advocates for, and										
practices cost-effective care.*										
13. Transitions patients effectively within and										
across health delivery systems.*										
Systems Based Practice	Meeting Milestones	Not I	Meeting Milest	ones	M	eeting some, But	t not all 1	Milestones		
Practice Based	goccordo	1,001			- 111					

i e									
	Critical Deficiencies	Level 1	Level 2	Level 3	Aspirational	N/A			
14. Monitors practice with a goal for			•						
improvement.*									
15. Learns and improves via performance									
audit.*									
16. Learns and improves via feedback.*									
17. Learns and improves at the point of									
care.*									
Practice Based	Meeting Milestones	Not Meetin	g Milestones	Meeting some, But not al	Il Milestones				
Professionalism									
	Critical Deficiencies	Level 1	Level 2	Level 3	Aspirational	N/A			
18. Has professional and respectful	Chilical Deliciencies	Level 1	Level 2	Level 3	Aspirational	IN/A			
interactions with patients, caregivers and									
members of the interprofessional team (e.g.									
peers, consultants, nursing, ancillary									
professionals and support personnel).*									
19. Accepts responsibility and follows									
through on tasks.*									
20. Responds to each patient's unique		-							
characteristics and needs.*									
21. Exhibits integrity and ethical behavior in					<del>-  </del>	+			
professional conduct.*									
Professionalism	Meeting Milestones	Not Meetin	a Milestones	Meeting some But not al	II Milestones	1			
meeting milestones meeting milestones meeting some, but not all milestones									
Interpersonal and Communication Skills									
	Level 1	Level 1	Level 2	Level 3	Aspirational	N/A			
22. Communicates effectively with patients									
and caregivers.*									
23. Communicates effectively in									
interprofessional teams (e.g. peers,									
consultants, nursing, ancillary professionals									
and other support personnel).*									
24. Appropriate utilization and completion of									
health records.*						1			
Interpersonal and Communication Skills	Meeting Milestones	Not Meetin	g Milestones	Meeting some, But not al	Il Milestones				
Comments:			<u>.                                      </u>						

# Program Administrator's role

- Manage agenda along with Committee Chair, Schedule meeting
- Data Gathering and Document preparation
- Meeting minutes
  - Notes on each fellow
- Participate in discussion of competencies related to administrative duties.
- Meeting facilitator
- Imput Milestone evaluations into ACGME and Residency Management software





### What We've learned.

- More time spent preparing the documents and educating Faculty = More efficient and shorter meeting
  - We continue to educate the Faculty
  - Most Faculty have
- Give faculty members NO MORE than a week lead time





### What We've learned

- Meeting time ≈15 min per fellow
- Schedule a second meeting to prepare for need of a second meeting.
  - Incentive to cancel if completed in one meeting!





### **New Information from ACGME**

- ACGME Guidebook
  - https://www.acgme.org/acgmeweb/tabid/430/
     ProgramandInstitutionalAccreditation/NextAccreditationSystem/Milestones.aspx





# **Questions/ Discussion?**





# Thank you.



