

Many Hands Make Light Work: Maximizing the Efficiency of the CCC

Nikole J. Cronk, Ph.D.
Erika Ringdahl, M.D.
University of Missouri



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Overview

- Brief review of the evolution of the Clinical Competency Committee (CCC)
- Review the importance of the evaluations feeding into the semi-annual review
- Note OTHER CCC responsibilities
- Describe our system which requires 4 hours per year to evaluate 36 residents
- Describe rationale for our system
- Offer strategies to enhance the efficiency of CCCs in other programs
- Learn from other best practices

Many Hands Make Light Work: Maximizing the Efficiency of the CCC



3

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Brief history of the CCC



4

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Next/New Accreditation System

- 2009 beginning of process
 - Based on 6 Core Competencies
- Three aims:
 - Prepare physicians to practice in 21st century
 - Accreditation based on educational outcomes
 - Reduce burden associated w/ current process

AMERICAN ACADEMY OF FAMILY PHYSICIANS

New Accreditation System

- Semi-annual evaluations of each resident
- NAS:
 - Phase I began July 2013
 - **Phase II began July 2014**
 - Semi-annual reporting to ACGME
 - First reports due December 2014

AMERICAN ACADEMY OF FAMILY PHYSICIANS

New Accreditation System

- Clinical Competency Committee (CCC)
 - ≥ 3 faculty members
 - Active in evaluation of residents
 - No resident members

Semi-Annual Reports

- Alpha Testing: 12 programs
 - Recommended:
 - 2 residents from each year – total 6 residents
 - Variety of residents – top, middle & bottom of class
 - CCC averaged 6-7 members
 - Reviewed on average 6 residents
 - Avg time: 60 min./resident (range 36-84 min)
 - 6 hours twice a year
 - 36 hours twice a year for us!

Semi-Annual Reports

- Beta Testing: 31 programs
 - Recommended:
 - 2 residents from each year – total 6 residents
 - Variety of residents – top, middle & bottom of class
 - CCC averaged 5-6 members
 - Reviewed on average 6 residents
 - Avg time: 88 min./resident (range 47-122 min)
 - 8 hours and 48 minutes twice a year
 - 52 hours and 48 minutes twice a year for us!

Other CCC Responsibilities

- Identify residents who may be struggling
- Review overall “gestalt” of how residents are doing (“faculty feedback forums”)
- Create IEPs for residents in need
- Residents w/ difficulties need more time
 - CCC starts dialogue and hands off to ResMan

The CCC Overhaul Process

- Step 1: Update evaluations
- Step 2: Streamline data compilation for advisors
- Step 3: Coach advisors on milestone completion
- Step 4: Restructure CCC format

11

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Step 1: Update Evaluations



" I'VE PREPARED A SELF-EVALUATION WHICH YOU CAN REFER TO WHEN YOU DO MY ANNUAL REVIEW. "

12

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Step 1: Update Evaluations

- Modify evaluations to feed semiannual report
- Evaluations were modified to relate to the milestones most likely to be observed during that rotation or clinical experience
- Structured rotation evaluations to capture milestones
- Evaluations managed in *New Innovations*

Rotation	# Milestones	Milestones
Amb Peds	5	PC-3, MK-2, PBL-2, C-2, C-3
BH	10	PC-2, MK-1, SBP-3, P-1, P-3, P-4, C-1, C-2, C-3, C-4
CH	4	PC-3, SBP-1, SBP-3, P-3,
Chief	7	SBP-4, PBL 3, P-2, P-3, P-4, C-3, C-4
CICU	5	PC-1, MK-1, MK-2, SBP-2, C-2
Derm	3	PC-5, MK-1, PBL-2
Elective	2-3	To be identified prior by resident prior to rotation start
EM	6	PC-1, PC-5, MK-1, MK-2, C-2, C-3
FMC	12	PC-5, MK-1, MK-2, SBP-1, SBP-2, PBL-1, P-1, P-2, P-3, C-1, C-2, C-3
FMOP	17	PC-2, PC-3, PC-4, PC-5, MK-1, MK-2, SBP-1, PBL-1, PBL-2, PBL-3, P-1, P-2, P-3, C-1, C-2, C-3, C-4
Fulton	10	PC-2, MK-1, MK-2, SBP-1, PBL-1, PBL-2, P-2, P-3, C-1, C-2,
Geriatrics	8	PC-2, PC-4, MK-1, SBP-2, SBP-4, C-1, C-2, C-3
GS	3	PC-5, MK-1, P-2
IPFM	20	PC-1, PC-2, PC-3, PC-4, PC-5, MK-1, MK-2, SBP-1, SBP-2, SBP-3, SBP-4, PBL-1, PBL-2, PBL-3, P-1, P-2, P-3, C-2, C-3, C-4
MICU	7	PC-1, PC-4, PC-5, MK-1, MK-2, SBP-1, C-2
NICU	5	PC-1, PC-5, MK-1, MK-2, SBP-2,
OB	4	PC-5, MK-1, C-2, C-3
Ortho	3	PC-5, MK-1, P-2
Peds	3	MK-1, SBP-4, P-4
PM	4	SBP-4, PBL-3, P-1, P-4
RSA	3	SBP-2, PBL-1, PBL-3
SM	4	PC-4, PC-5, MK-1, C-3
SS	3	PC-5, P-2, P-4
WBN	5	PC-3, PC-5, MK-1, C-2, C-4
WH	4	PC-2, PC-3, PC-5, MK-1
Advisor	3	PBL-2, P-1, P-4

University of Missouri - Columbia S... Family Medicine (Residency) | Nikole Clark | Help

Administration | Personnel | Schedules | Evaluations | Duty Hours | Logins | Conferences | Portfolio | More

Welcome to New Innovations



Username: ncrank (change) | Logged into: UMGME | Notices & Setup | Save Page Layout

Welcome, Nikole Clark PhD | Department of Family Medicine/Family Medicine (Residency) | Policies & Procedures

Access my Policies & Procedures

RI Alerts and Information

- Recent Enhancements (Updated on 5/10/2017)
- RI Conferences
- Sign Up for Email Updates
- RI Survey



15 AMERICAN ACADEMY OF FAMILY PHYSICIANS

Step 2: Streamline data compilation for advisors



Streamlining Data



- Taking milestone data from multiple evaluators in multiple settings
- Comments from multiple rotations
- Outpatient “Shift Cards”
- Discussions from (non-review) CCC meetings

PC-1 Cares for acutely ill or injured patients in urgent and emergent situations and in all settings Family physicians provide accessible, quality, comprehensive, compassionate, continuous, and coordinated care to patients in the context of family and community, not limited by age, gender, disease process, or clinical setting, and by using the biopsychosocial perspective and patient-centered model of care



AVG
2.28

PEER
2.29


PRIOR
N/A

[View Details](#)

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p><input type="checkbox"/> Gathers essential information about the patient (history, exam, diagnostic testing, psychosocial context).</p> <p><input type="checkbox"/> Generates differential.</p>	<p><input type="checkbox"/> Consistently recognizes common situations that require urgent or emergent medical care.</p> <p><input type="checkbox"/> Stabilizes the acutely ill patient.</p>	<p><input type="checkbox"/> Consistently recognizes complex situations requiring urgent or emergent medical care.</p> <p><input type="checkbox"/> Appropriately prioritizes.</p>	<p><input type="checkbox"/> Coordinates care of acutely ill patient with consultants and community services.</p> <p><input type="checkbox"/> Demonstrates awareness of personal limitations.</p>	<p><input type="checkbox"/> Provides and coordinates care for acutely ill patients within local and regional systems of care.</p>

Clinic Shift Evaluation - Jan, May Sept

(Instructions)
Please complete this evaluation for each resident for which you collect a shift report.



TJ Tiger
CHIEF OF MEDICAL RESIDENCY
 TERRY WARDING
 JPM CONTINUITY CLINIC/PHYSICIAN LLC
 813.202.1111 / 0001102017


Examined by: **Erika Ringdahl**
Faculty
 Family Medicine

1. **Things the resident is doing well and should continue:**
2. **Area(s) for improvement:**
3. **Any additional feedback:**
4. **PC-P Cases for continuity ill or injured patients in urgent and emergent situations and in all settings**
 Family physicians provide accessible, quality, comprehensive, continuous, and coordinated care to patients in the context of family and community, not limited by age, gender, disease process, or clinical setting, and by using the best professional perspective and patient centered care when appropriate.

How well achieved (Level 1)	Level 1	Level 2	Level 3	Level 4	Level 5
	Resident actively identifies and/or anticipates when appropriate during patient care activities	Resident routinely performs historical and social support in emergent situations	Resident is recognized as a competent clinician during urgent or emergent patient care	Resident is able to identify and address complications during emergency patient care	Resident proactively identifies and/or anticipates when appropriate during patient care activities
	Resident identifies and/or anticipates when appropriate during patient care activities	Resident routinely performs historical and social support in emergent situations	Resident is recognized as a competent clinician during urgent or emergent patient care	Resident is able to identify and address complications during emergency patient care	Resident proactively identifies and/or anticipates when appropriate during patient care activities

Streamlining Data

- Coordinator and staff are critical!
 - Troubleshooting attending issues
 - Eliciting feedback from external attendings
 - Troubleshooting attending issues
 - Troubleshooting NI issues
 - Prompting residents to self-evaluate
 - Troubleshooting attending issues



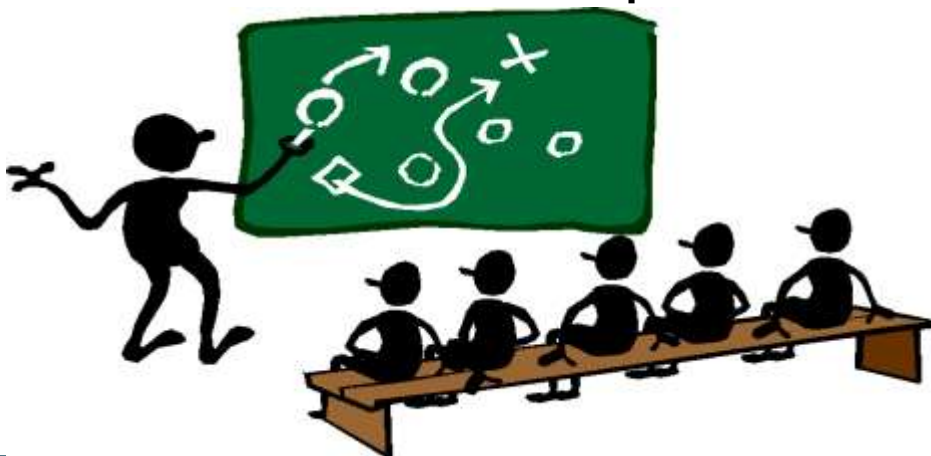
Coordinator/Staff

Current Process

- Work done in advance of meetings
 - Advisor reviews evaluations in New Innovations
 - Advisor meets with resident & reviews self-evaluations
 - Advisor drafts milestone report



Step 3: Coach advisors on milestone completion



Evolving Advisor Role

- Advisor criteria changed
 - Reliable
 - Efficient
 - Time available to fulfill expanded duties
- Accountability
 - If you don't do report, who will?
 - If you're not at meeting, who will present?



Evolving Advisor Role

- Advisor Time
 - 1-2 hours to meet w/ resident
 - 25-60 min. to draft report (median: 30 min.)
 - Two times per year
 - Ongoing mentorship duties in addition
 - We have to account for advisor time (from 5 to 20 hours/year)



Evolving Advisor Assessment Skills

- Work in progress
 - Advisors becoming more familiar w/ milestones
 - Continued discussions about group process
 - Ongoing faculty development



Step 4: Restructure CCC format



Our Experience

- Barriers – finding multiple protected days for many busy faculty to meet
- Are meetings the most efficient way to do this?

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Our CCC

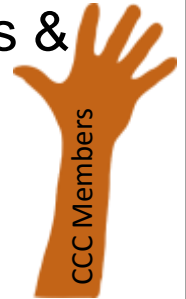
- Existing Resident Advisor Committee
 - Converted to CCC
 - Removed chief resident
 - 23 faculty plus PD
 - Behaviorist chairs the CCC
 - Meets 1 hour/month x 12 months/year



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Who is the CCC?

- Size of CCC – large enough but not too large
- Our advisors practice in multiple clinics & have other clinical responsibilities (IPFM, FMC, etc.)



Our CCC

- Advisors
 - 1-3 residents per advisor
- Advisors make recommendations to CCC
- CCC makes recommendations to PD

Behaviorist Chairs CCC

- Neutral
- Trained at facilitation, psychometrics & evaluation
- Holds advisors accountable
- Assists coordinator with data management



31

AMERICAN ACADEMY OF FAMILY PHYSICIANS

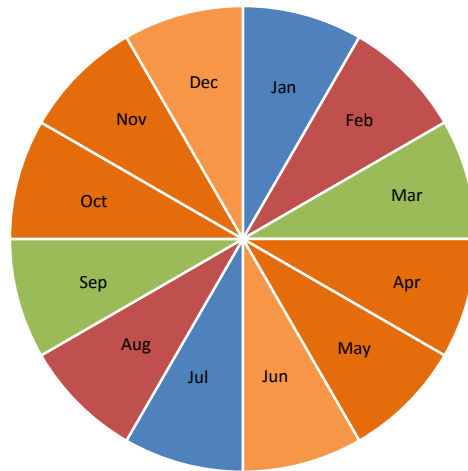
Meeting Format

- Resident reviews divided into two 1-hour CCC meetings
 - Each meeting subdivided into 2 groups according to 4 continuity clinics
 - Meeting 1: residents 1-9 and 10-18
 - Meeting 2: residents 19-27 and 28-36
- 6 minutes per resident



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Annual Schedule



■ R3 ■ R2 ■ R1 ■ Review 1 ■ Review 2 ■ (Review 3) ■ R3 ■ R2 ■ R1 ■ Review 1 ■ Review 2 ■ (Review 3)

Current Process

- Logistics
 - Tables set up conference-style
 - Resident agenda displayed and distributed in advance
 - Milestone reports copied for each group member
 - Milestone definitions copied for each group member

MK-1 Demonstrates medical knowledge of sufficient breadth and depth to practice family medicine

The practice of family medicine demands a broad and deep fund of knowledge to proficiently care for a diverse patient population with undifferentiated health care needs.

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates the capacity to improve medical knowledge through targeted study	Uses the American Board of Family Medicine (ABFM) In-Training Examination or American College of Osteopathic Family Physicians (ACOFFP) In-Service Examination resident scaled score to further guide his or her education	Achieves an ABFM In-Training Examination or ACOFFP In-Service Examination resident scaled score predictive of passing the certification examination	Successfully completes ABFM requirements for certification	Maintains ABFM certification
		Demonstrates capacity to assess and act on personal learning needs	Achieves an ABFM In-Training Assessment resident scaled score predictive of passing the certification examination	Appropriately uses, performs, and interprets diagnostic tests and procedures	Demonstrates life-long learning

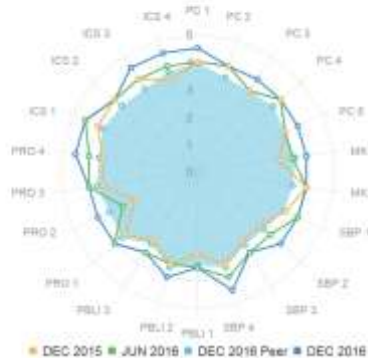


PGY3 Family Medicine

December 2016 Complete
100% Complete

Milestones Resident Review Attachments Meeting Notes Open Semi-Annual Review

Print



PC-1 Cares for acutely ill or injured patients in urgent and emergent situations and in all settings

4.5

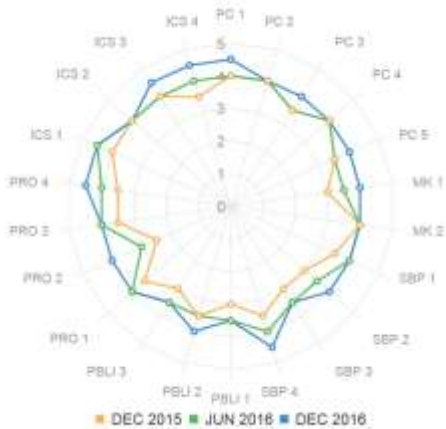
PC-2 Cares for patients with chronic conditions

4.0

PC-3 Partners with the patient, family, and community to improve health through disease prevention and health promotion

4.0

PC-4 Partners with the patient to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment, in a patient-centered, cost-effective manner



Summary of CCC meetings

- Meeting time reserved for advisor report and corrections are made as necessary
- CCC is divided into two groups according to frequency of contact with each resident
 - This allows twice as many residents to be reviewed in each meeting.

Summary of CCC meetings

- As a result, CCC meets for a total of 2 hours twice per year to complete 36 semi-annual reports
- Minimal disruption to the function of the CCC and maximizing information to inform the semi-annual reports
- 8 meetings/year are used to monitor progress of all residents and address those needing additional attention

Advantages

- More transparency in the evaluation of residents
- More efficient evaluations
- No additional meeting time required to create semiannual milestone reports

Limitations

- Not much time for extra discussion if there is disagreement
- Some variability between groups in evaluation standards
 - Challenges w/ different ideas re: grading (give a 2 so have room to grow; no one is a 5, other response sets)
- Advising time taken to be evaluating
- 4 months/year other CCC duties are ignored

Questions?

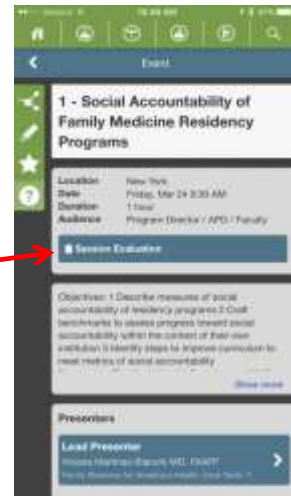


Best practices?

Please...

Complete the
session evaluation.

Thank you.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA