Clinical Competency Committees

Made Simple

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Melinda A. Feldkircher has more than 27 years of progressive GME experience, most of which was spent as the accreditation manager in an institutional GME office. In this role, she oversaw 72 accredited programs as well as institutional accreditation. She successfully conducted more than 220 training program internal reviews, acted as project manager for three ACGME institutional site visits, and provided consultation and interpretation of requirements and policies for training program directors, coordinators, and administrators. In her current role as the education manager for the Obstetrics, Gynecology and Women's Health Institute at Cleveland Clinic, Feldkircher oversees all educational activities of the Institute, including the management of the obstetrics/gynecology residency and fellowship programs. Feldkircher has made past editorial contributions to the HCPro publication *Residency Program Alert*. She has been asked to present at local and national conferences, including the Council for Resident Education for Obstetrics & Gynecology. In addition, the ACGME accepted her poster presentation for the Annual Educational Conference in 2013. This poster, entitled "Program Coordinator RX: An Institutional Prescription for Success" was coauthored with Lori Smith, assistant administrator of GME, Cleveland Clinic, and Krista Lombardo-Klefos, GME accreditation manager, Cleveland Clinic.

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Lisa Kempton, MEd, is the educational program manager/fellowship coordinator for the Division of Radiology at the Cleveland Clinic. In this role, she manages education activities for the diagnostic radiology residency program and five subspecialty fellowship programs, and oversees ACGME accreditation. She is a former radiologic technologist and has taught classes in medical terminology and radiography. Kempton is coauthor of the abstract "Predictors of Resident Performance on the American Board of Radiology Core Examination" (2014).

Krista Lombardo-Klefos, MBA

Krista Lombardo-Klefos, MBA, is the accreditation manager for GME at the Cleveland Clinic. Lombardo-Klefos manages the accreditation activities of 73 training programs and provides education consulting services to program directors and program coordinators regarding the ACGME requirements. She also serves as the project manager for the ACGME CLER visit and is an active member on the GMEC and GMEC quality/patient safety subcommittees. Lombardo-Klefos has had multiple poster presentations at the ACGME, AHME, and GRA national meetings. She also copresented "Technology Not Trees: Taking the GME Onboarding Process from a Paper World into the Electronic Age" at the 2014 ACGME Annual Educational Meeting with Lori Smith, assistant administrator of GME, Cleveland Clinic. Lombardo-Klefos received her bachelor's degree from Bowling Green State University and her master's degree from Cleveland State University.

Lori Smith, MBA

Lori Smith, MBA, is the current assistant administrative director/senior manager of GME at Cleveland Clinic. In this role, she oversees GME departmental operations and HR administration of 73 ACGME-accredited programs and 110 nonaccredited advanced subspecialized training programs, composed of 1,200 clinical and approximately 350 nonclinical trainees. She also directs operation and

maintenance of institutional GME database and analyzes data to provide financial and demographic information to the institution and regulatory agencies. Smith has more than 27 years of progressive GME experience, both as a program coordinator and as a GME administrator. She is a former otolaryngology residency coordinator and colon and rectal surgery fellowship coordinator. For her work in the field, Smith was awarded the Caregiver Excellence Award for Innovation in relation to cost repositioning efforts in 2015. She has given numerous local and national presentations, including for the ACGME, AHME, and AAMC.

Sylvia Zavatchen

Sylvia Zavatchen has served as the program coordinator of the diagnostic radiology residency program at Cleveland Clinic since 2007. In this capacity, she strives to ensure ACGME compliance in a program training 32 residents. An active member of the radiology program coordinator community, she has served on the Board of the Association of Program Coordinators in Radiology since 2012. Locally and nationally, she has presented at many conferences educating program coordinators and managers. Her desire to help program coordinators, especially new program coordinators, understand their responsibilities and the resources available to them has led to a collaboration on the podcast series *How Do I Do It?*

Introduction

Welcome! We are happy to share our knowledge regarding clinical competency committees (CCC) with you, and we hope you will find this book helpful. Under the Next Accreditation System (NAS), the ACGME implemented many new ideas. This book focuses on two new concepts: Milestones and CCCs.

Although your program may already have a CCC-type committee in place, there are idiosyncrasies associated with the ACGME requirements that you must learn and incorporate into your program. You will also want to familiarize yourself with the data that your CCC can use to effectively rate residents using Milestones. Both faculty and residents will need to be educated regarding these new requirements.

This book provides you with information and sample templates to help you form your own successful CCC. We hope you find these resources useful.

Acronym List

ACGME	Accreditation Council for Graduate Medical Education
ADS	accreditation data system
APE	annual program evaluation
CCC	clinical competency committee
DIO	designated institutional official
EPA	entrustable professional activities
FAQ	frequently asked questions
GME	graduate medical education
GMEC	graduate medical education committee
IT	information technology
NAS	Next Accreditation System
PD	program director
PC	program coordinator, program administrator, program manager
PGY	post graduate year
Residents	Refers to residents and fellows in accredited training programs
RMS	residency management system
RVU	relative value units

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The ACGME CCC Requirement

Since its inception on July 1, 2013, the Next Accreditation System (NAS) has brought many changes and challenges to GME. The most robust change is the concept of Milestones, which are developmental steps on which training programs must evaluate their residents every six months. Among its other responsibilities, a clinical competency committee (CCC) for each program is tasked with assigning and overseeing the process of reporting these Milestone evaluations to the ACGME.

As you develop your CCC, there are many items on the ACGME website (*www.acgme.org*) with which you should familiarize yourself, including the following:

- The most recent version of the ACGME Common Program Requirements; V.A.1. contains information regarding the CCC
- The ACGME Frequently Asked Questions (FAQ) document, which contains additional information for all programs and should be treated the same as any requirement
- The Milestone document for your specialty-specific training program

It is vital that you understand these requirements to ensure that your program and your CCC are successful.

Clinical Competency Committee

The CCC is tasked with three important responsibilities:

1. Semiannual review of evaluations that faculty have completed on the residents, test data (such as in-service exams), and other source data from a variety of tools, which we will discuss in later chapters

2. Complete the Milestone reporting via the accreditation data system (ADS)

3. Advise the program director (PD) on each resident's progress, including recommendations regarding their promotion, remediation, or dismissal from the program

Program Director Role

Per the ACGME requirements, the PD is responsible for appointing all CCC members. The ACGME does not preclude the PD from joining or chairing the CCC, but the ACGME cautions programs to consider the "program director's other roles as resident advocate, advisor, and confidante; the impact of the program director's presence on the other CCC members' discussions and decisions; the size of the program faculty; and other program-relevant factors." Programs should also review their residency review committee (RRC) subspecialty requirements for specific language on the PD participating on the CCC. If the requirements are not clear, contact the RRC for clarification.

There are both pros and cons to having the PD serve on the CCC. Pros to consider include the following:

» The PD has a vested interest in the program and all of the residents

» The PD usually knows the residents best, including their strengths and areas for improvement

» The PD would know the most regarding the new ACGME requirements, including the Milestones and the CCC

Cons to consider are as follows:

» Some members on the CCC may not be as open and honest with their feedback with the PD on the committee

» The PD may know more about the resident in question but may be unable to divulge the information

Most CCCs have the PD as a member of the committee but not as the chair because ultimately the CCC advises the PD. Whether the PD is an active member of the CCC is a decision that your program and committee must make.

CCC Chair Role

Although not stated in the requirements, each CCC should have a chair, an identified leader of the committee. The chair is responsible for ensuring that the committee functions properly, that every member has a voice, and that the committee is working within its written description of responsibilities. The chair should be well acquainted with the Milestones for your program and should be able to advise other committee members as needed. He or she should work closely with the program coordinator (PC) on organizing and keeping the committee on track to accomplish its tasks. If the PD is not part of the CCC, the chair will also report the Milestone data and resident progress to the PD.

CCC Members

At a minimum, the CCC must be composed of three members of the program faculty; these faculty members must be listed in ADS under the Faculty tab. Review your RRC specialty requirements for the definition of faculty to ensure that you comply.

Depending on the size of your program, you may decide to have more CCC members to complete the committee structure. For example, smaller fellowships may only have the required three members, and larger core programs may have 20-plus members. There is not a standard number that fits all programs, so your program will need to determine the best size based on its structure.

Faculty members from other programs and other healthcare professionals working with the residents in a direct patient care setting can be CCC members. Depending on your specialty, examples include the following:

- Faculty from the core program serving on fellowship committees
- Nurse managers
- Therapists
- Physician assistants
- Technologists

Consider adding your 360-degree evaluators to the CCC. These individuals are already providing valuable input as part of the program evaluation process and, if asked to join the committee, would most likely oblige.

Program Coordinator Role

What is the role of the PC? He or she cannot be an active voting member of the committee, but will play an active role in organizing and managing the CCC alongside the chair. The PC will not have the opportunity to voice an opinion when the CCC members are discussing residents during their meetings, but in most programs, the PC does have the opportunity to participate in the 360-degree evaluation. If the PC has completed evaluations on the residents in the program, then the committee will consider his or her opinion by way of the evaluation.

The PC is tasked with keeping the CCC on track with scheduling meetings, compiling the documentation needed, recording the minutes, etc. In most cases, the PC is considered the data source expert. This person helps CCC members gather and interpret the data that is reviewed at the meetings. Many programs also trust their PCs to record the Milestone reporting data directly into ADS, as PCs are most familiar with the database. The PC role should be discussed and defined with the chair of the CCC.

Residents' Role

As of July 2015, the new, focused revisions of the ACGME Common Program Requirements allow chief residents to serve on the CCC if they have completed the core residency program in their specialty and are eligible for specialty board certification. This situation mostly arises in internal medicine and pediatric programs. If you are in doubt about whether someone can be a member of the CCC, contact your RRC.

GME Office Personnel Role

Although there is variation among institutions, GME office personnel generally are not members of their programs' CCCs. They may offer educational training sessions or common resources for all training programs to utilize, but their role focuses on oversight rather than participation. More detail regarding institutional oversight will be discussed in Chapter 2 and educational strategies in Chapter 3.

Written Description of Responsibilities

Your program's CCC written description of responsibilities should answer all of these important questions regarding who is on the CCC and what their roles should be. This is an ACGME requirement, and many programs would call this a policy. Items you should consider including in this document will be addressed

further in Chapter 4, including whether to make your written description of responsibilities specific or general. It is important to review the written description of responsibilities annually and to update it if needed.

Because the CCC concept is new to your program, your committee may change over time. That is perfectly okay. All new processes may be tweaked periodically; the key is to set up your CCC, have a meeting, and then gather feedback. Some things will go really well the first time, and other things may not work so well. Faculty may want to join, or others may leave the institution. You need to be prepared for changes along the way. Make sure that your written description of responsibilities reflects any changes you do make and that all committee members are aware of those changes.

After reading this first chapter, you may realize that you already have a CCC, possibly under a different name. For years, anesthesiology programs have been required by the American Board of Anesthesiology to have a CCC, and other programs commonly referred to their committee as the promotions committee, evaluations committee, etc. If this is the case for your program, rename your current committee as CCC, and make sure that it is meeting the new ACGME requirements.

ACGME-accredited programs are required to establish a clinical competency committee (CCC) to evaluate their residents—a task made even more complicated by the lack of guidance on how to properly run a CCC.

Learn from the experts who formed competency champions before the ACGME requirement was established. ***Clinical Competency Committees Made Simple*** provides clear processes and guidelines to teach you how to build a successful and lasting CCC.

CCC

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