The **GME Office in the ERA of NAS**

Is your GME office ready for NAS?

*The GME Office in the Era of NAS* provides the office of graduate medical education (GME) the guidance it needs to successfully run its GME program under the Next Accreditation System (NAS). Author Vicki Hamm, C-TAGME, provides GME office staff with how-to guidance on adhering to the new components of NAS, including the Annual Institutional Review, the Clinical Learning Environment Review (CLER), and the evaluation process for programs.

This handbook will guide your GME operations so that you can achieve compliance with ACGME requirements; support your program coordinators, directors, and faculty; and most importantly, produce trainees who become skilled physicians as they move from the educational continuum to the independent practice of medicine.

This handbook will help GME officials:

- Meet ACGME institutional requirements through solid policies and procedures
- Develop strategies for protecting the time of program directors, coordinators, and faculty
- Prepare for NAS requirements, including a CLER visit
- Conduct special internal reviews to help underperforming programs
- Establish a competent and confident GME committee

Vicki Hamm, C-TAGME
The GME Office in the Era of NAS

Vicki Hamm, C-TAGME
Table of Contents

Chapter 1: What’s New: How NAS Affects the GME Office .................................................. 1
  Web-Based Reporting of Program Performance Measures (WebADS) ......................... 2
  Outcome-Based Evaluations: Milestones ................................................................. 3
  Clinical Competency Committees (CCC) ............................................................... 5
  Clinical Learning Environment Review (CLER) ..................................................... 6
  Ten-Year Self Study and Self-Study Site Visits for Accredited Programs ................ 10
  Institutional Self-Study and Institutional Site Visit .............................................. 11

Chapter 2: Right-Sizing Your GME Office Staff ......................................................... 13

Chapter 3: GME Finance and Workforce Committee .................................................. 15
  Program Director Protected Time ........................................................................ 17
  DIO Protected Time ............................................................................................. 19
  Core Faculty Protected Time ................................................................................ 19
  Program Coordinator Protected Time .................................................................. 20

Chapter 4: Program Coordinator and Program Director Support .................................. 21
  Support of Program Directors .............................................................................. 23

Chapter 5: The ACGME Institutional Requirements ...................................................... 25
  Structure of Educational Oversight of the ACGME Institutional Requirements .......... 25
  Institutional Resources ......................................................................................... 28
  Resident/Fellow Forum ......................................................................................... 28
  Work Environment ............................................................................................... 29
  Support Services and Systems ............................................................................ 30
  Resident/Fellow Learning and Working Environment .......................................... 31
  The Six Focus Areas of the Clinical Learning Environment ................................. 34

Chapter 6: Graduate Medical Education Committee .................................................... 35
  GMEC Composition .............................................................................................. 35
  Meeting Attendance ............................................................................................. 37
  The GMEC Agenda .............................................................................................. 38
  Oversight of the GMEC ....................................................................................... 40
Chapter 7: Institutional GME Policies and Procedures ......................................................... 45
  Resident and Fellow Recruitment .................................................................................. 46
  Crafting an Eligibility and Selection Policy .................................................................. 46
  Agreement of Appointment/Contract .......................................................................... 47
  Grievance and Due Process ......................................................................................... 59
  Resident Services ........................................................................................................... 69
  Supervision ................................................................................................................... 78
  Vendors ........................................................................................................................ 78
  Noncompetition ............................................................................................................. 78
  Disasters ........................................................................................................................ 83
  Closures and Reductions .............................................................................................. 83

Chapter 8: ACGME Resident and Faculty Surveys ............................................................ 87

Chapter 9: Special Internal Reviews (SIR) ..................................................................... 91
  Membership on the SIR .............................................................................................. 92
  SIR Interviews ............................................................................................................. 92
  SIR Report .................................................................................................................... 93

Chapter 10: Clinical Learning Environment Review (CLER) .......................................... 99
  The Site Visit ............................................................................................................... 100
  The CLER Evaluation Committee .............................................................................. 101
  Faculty Development .................................................................................................. 102
  The Six Focus Areas of CLER ..................................................................................... 102
  The Site Visit Report .................................................................................................. 109

Chapter 11: Evaluation and the Next Accreditation System .......................................... 111
  Program Evaluation Committee (PEC) ......................................................................... 111
  Annual Program Evaluation (APE) ............................................................................... 112
  Annual Program Review (APR) ................................................................................... 121

Chapter 12: Annual Institutional Review (AIR) .............................................................. 129
  ACGME Institutional Review Visits ............................................................................. 131
About the Author

Vicki Hamm, C-TAGME

Vicki Hamm, C-TAGME, is the graduate medical education (GME) program administrator at the University of Nebraska Medical Center in Omaha, Nebraska. Hamm began her career in GME in 1976 and has remained in her present position for more than 38 years.

She helps maintain institutional oversight of 46 training programs and 500 house officers. She works closely with the 42 program coordinators in all facets of administering the residency and fellowship programs at the University of Nebraska Medical Center.

Hamm has been active in the Association for Hospital Medical Education (AHME) and in the Association of American Medical Colleges’ (AAMC) Group on Resident Affairs. She obtained her Training Administrators of Graduate Medical Education (TAGME) certification in 2014.

She is the author/coauthor of several HCPro publications, including The Resident’s Orientation Handbook, first, second, and third editions, The Graduate Medical Education Committee Handbook, and Program Information Form Made Simple.
Acknowledgment

I would like to acknowledge Dr. Michael Wadman, DIO and associate dean, and Dr. James Stageman, former assistant dean for graduate medical education, for their support and encouragement in all my endeavors as a member of the GME community.
Introduction

“The times they are a-changing,” wrote Bob Dylan in 1964, and those words are never more appropriate when we look at how the process for accreditation of all graduate medical education (GME) programs in the United States has changed from the early 1980s to today’s Next Accreditation System (NAS) model, implemented fully on July 1, 2014. This handbook describes the responsibilities of the Office of Graduate Medical Education for the NAS and how your institution can meet these new mandates for change. We will examine the new components of NAS, such as the annual institutional review, the clinical learning environment review (CLER), and the evaluation process for programs, to name a few. The goal of this handbook is to help guide your GME operations so that you can achieve success, producing trainees who become the best physicians they can be as they move from the educational continuum to the independent practice of medicine, providing the safest, most efficient care to their patients and the medical institutions they serve.
1 What’s New: How NAS Affects the GME Office

In the United States, accreditation of GME programs by the Accreditation Council for Graduate Medical Education (ACGME) not only provides a framework for ensuring consistent educational quality between all programs but also serves as a mechanism to ensure the safety of the public as they receive their medical care at teaching hospitals. In this chapter, we will discuss the ACGME’s new accreditation model, Next Accreditation System (NAS), and explain its significance.

In this new system, many of the mechanisms by which our residency and fellowship training programs have been accredited since the early 1980s will be gone. Phase I of NAS began on July 1, 2013, with the complete overhaul of the accreditation process for seven specialties called “early adapters.” Those seven early adapters were emergency medicine, internal medicine, neurosurgery, orthopedic surgery, pediatrics, diagnostic radiology, and urology. Beginning July 1, 2014, all the other core specialties, subspecialties, and transitional year programs joined the early seven in following the new policies and procedures of NAS. Effective July 1, 2015, the two-year phase-in for the NAS should be fully implemented. No longer will programs with “continuous accreditation” have to prepare a mountain of paperwork known as the program information form (PIF). Gone are the periodic site visits from the ACGME to inspect programs and grant anywhere from a three- to five-year accreditation cycle (the exception being new programs applying for their initial accreditation or programs in which problems are reported to the ACGME); they will be replaced by a new type of site visit that may occur every 10 years. Gone is the mandatory cycle of internal reviews at the midpoint of the review cycle to ensure all programs are in substantial compliance with ACGME standards. These are replaced by special internal reviews, which will be discussed in Chapter 9.

Among the goals of the NAS is to prepare trainees for their future practice in the best way possible by using a system of self-assessment and peer review, giving more attention to educational outcomes, and getting rid of all the “process-based approaches” associated with the old accreditation
system. The new important parts of NAS are ongoing screening of performance measures for all accredited programs with emphasis on each program’s self-evaluation, monitoring semiannual resident milestone achievement reports, 10-year program self-studies and self-study site visits from the ACGME, clinical learning environment review visits from the ACGME, and institutional site visits, which will occur at longer intervals than before. All these program elements will help the ACGME in evaluating the health of each program and determining whether they are educating physicians in a system that provides a top-notch medical education and produces physicians who can enter the world of independent practice. It is also the intention of the ACGME to allow programs that demonstrate excellence to innovate and experiment to create new and better ways of educating their trainees.

**Web-Based Reporting of Program Performance Measures (WebADS)**

One of the most important requirements of the NAS is annual reporting of key performance measures for programs using the Web-based accreditation data system (WebADS). Under the old system, the ACGME site-visited all accredited programs and confirmed the information reported in the PIFs. PIFs were an excellent way to capture important attributes of the training program in a snapshot of time. Included in PIFs were prepopulated information supplied by the ACGME, narrative answers to questions about the training program, scholarly activities, block schedules, procedural numbers, and other elements of the program that each residency review committee (RRC) needed to assist them in making an accreditation decision about a program. This has been described by many as a “biopsy model” of accreditation, which did not focus on the more relevant ongoing quality improvement projects at the program level.

Today, in 2014, the NAS requires continuous accreditation, utilizing an annual screen of key performance indicators, including basic program data such as:

- Faculty rosters with certification status
- Major program changes
- Previous citations and updated responses
- Program characteristics
- Faculty and resident scholarly activity
- Block diagram of rotations
Programs must also report:

- Board test passing rates for their graduates
- Resident case log information
- Resident and faculty survey results (discussed in Chapter 8)

Each specialty’s RRC reviews this program data along with milestone data (discussed later in the chapter) and assigns an accreditation status which may be:

- Continued accreditation
- Continued accreditation with warning
- Site visit required
- Probationary accreditation (for a maximum of two years)
- Withdrawal of accreditation

In addition to the accreditation decision, the RRC may also recognize and commend programs for exemplary performance or innovations, identify areas for improvement, identify concerning trends, issue citations, extend prior citations, or request a progress report.

The annual accreditation notifications from the ACGME either identify or confirm focus areas for annual performance improvement activities. The “areas of improvement” and “concerning trends” allow program leadership to address problems earlier in the accreditation cycle than in the past. Using this information, in addition to other data, programs may now implement timely interventions to prevent citations from occurring, rather than recognizing major problems just prior to or immediately after a site visit (using the old accreditation model). For example, your program may be cited for lack of scholarly activity from the faculty members. Knowing this may give the chair or program director the ammunition he or she needs to encourage more participation in this deficient area of the training program.

### Outcome-Based Evaluations: Milestones

In the past, the ACGME largely followed a process-based model in the accreditation of GME programs. This model required programs to report components of the resident education process, such as didactic conference schedules and block schedules, but lacked any meaningful data on the actual performance of trainees. In 1999, the ACGME and the American Board of Medical Specialties (ABMS) introduced the concept of the six “domains” of clinical
competency for physicians. In subsequent years, the ACGME’s “Outcomes Project” required programs to use the framework of the six core competencies (domains) in curricular design and resident evaluation, and the ABMS certifying boards configured their initial certification and maintenance of certification (MOC) examinations to evaluate graduates based on these same six competencies.

The six core competencies are:

1. Patient care
2. Medical knowledge
3. Professionalism
4. Interpersonal and communication skills
5. Practice-based learning and improvement
6. Systems-based practice

For many years, residents/fellows have been evaluated using these six core areas. In addition, program and rotation goals and objectives were required to be written in this same competency-based system.

Although the core competency concept was an important “next step” in the development of “competency-based” education, it still described a “process” and did not address the issue of outcomes, or “did all this make any difference?” It certainly did not result in an evaluation system that would allow any type of program accreditation based on outcomes. The NAS milestone evaluation and reporting system are the newest “next step” in the evolution of an outcome-based accreditation system.

With the introduction of the NAS, the accomplishment of the milestones has become a major barometer of how a trainee is progressing through residency. The milestones are based on the six core competencies and are assessed by each program’s clinical competency committee (discussed in the next section). Each set of milestones has been created by a group of interested parties, including relevant certifying boards, ACGME review committees, and program director associations, all of which include resident representation. The milestones took many years to develop, and the seven aforementioned early-adapter specialties were the first to utilize them in the evaluation of their residents. As of now, all specialties are utilizing the milestones. These milestones are a way for programs to evaluate the clinical competency of their trainees as they progress through the program. All programs are required to report the completion of milestones to the ACGME on a semiannual basis.
For accreditation purposes, the RRC for a specialty reviews aggregate milestone data for a given program and, along with other program metrics, uses the data to make annual accreditation decisions. The milestone aggregate reports provide another means of continuous monitoring of programs, which may allow for significant lengthening of the site visit cycle. Additionally, the implementation of milestone evaluations may also end up driving curricular reform, not only at the program level but also nationally, as aggregate milestone data should demonstrate the true outcomes of GME programs.

Early experience with milestone assessments suggest that, for programs, milestone data may facilitate targeted curriculum development to address training needs. For example, if a program had a procedural milestone that was not being met by residents until very late in their training, the program could implement a series of laboratory and simulation experiences to allow for this experience to occur earlier in the course of the residents’ training.

Clinical Competency Committees (CCC)

If there were a buzz word for NAS, it would be “evaluation.” Evaluation of trainees has always been critical, but with NAS, the stakes just got higher. The Common Program Requirements now require each program director to appoint a clinical competency committee (CCC). This is the committee that formally evaluates the achievement of the milestones by the trainees throughout their training. ACGME standards tell us that the CCC has to have a minimum of three members from the program, which includes faculty that supervise residents at any major participating institution. You may also want to appoint others to your CCC, such as faculty from other programs or nonphysician members of the healthcare team in your institution (e.g., nurses, allied health professionals, or PhD educators). This is especially true if you are a smaller GME enterprise without a large number of faculty in each program. Figure 1.1 is a generic template for starting a CCC.

One of the responsibilities of the program director is to develop a written description of the responsibilities of this CCC (Figure 1.2 is an example), which should require the committee to review resident performance at least semiannually and to ensure submission of these evaluations to the ACGME. The CCC is an advisory committee to the program director and is required to advise him or her on resident progress, including promotion, remediation, and dismissal. In the past, you may have had a similar committee in place, and you may have called it the resident education committee or resident evaluation committee, etc.
Can the program director serve on the CCC? Yes, but this can be a slippery slope given the responsibilities of the program director. One can easily see where serving on the CCC could sometimes create a conflict of interest. The program director should never chair the CCC. Program coordinators may attend meetings but cannot be voting members. Residents cannot serve on the CCC or attend meetings. According to the ACGME, “program residents and chief residents in accredited years of the program may provide input to the CCC chair and/or program director, outside of the context of the CCC meetings, through the evaluation system.”

The work of the CCC is very time-consuming. The process of evaluation can take as little as 30 minutes per trainee or up to two hours. Generally, 30–60 minutes per trainee is a realistic expectation. Some programs have elected to spread out the work of the CCC and avoid trying to evaluate all of the trainees in a single meeting. This depends on the preference of your committee members and whether they want to meet more often for shorter intervals or get all the work done at once in a longer meeting.

Findings so far with the early adapters and their CCCs is that if a trainee has a deficiency in one of the milestones, this assessment will uncover those deficiencies. That may not be a very welcome message to the trainee but does go a long way in helping that trainee become an independent practitioner who practices safe and effective patient care.

Clinical Learning Environment Review (CLER)

Another critical part of the NAS is a formal review by the ACGME of the clinical learning environment, known as a clinical learning environment review (CLER). The ACGME has proposed CLER visits every 18–24 months to all institutions with one or more accredited programs. The purpose of these visits is to assess the institution’s efforts in six focus areas:

1. Patient safety
2. Quality improvement (including healthcare disparities)
3. Transition of care
4. Supervision
5. Duty hour oversight (including fatigue management and mitigation)
6. Professionalism

A more detailed discussion of CLER occurs in Chapter 10.
What’s New: How NAS Affects the GME Office

Figure 1.1 Sample Template for Starting a Clinical Competency Committee

Getting started:
- Obtain core program and/or departmental leadership support for the CCC; refer to ACGME requirements and use them as a directive to establish this committee.
- Include explicit expectations for departmental support for the committee and participation of its members, including potential premeeting work and attendance at formal on-campus faculty development sessions.
- Consider whether to award compensation or credit for participation.
- Create a document that contains formal processes and procedures for the committee. (See the attached for an example document.) This document should include:
  - Directive or charge to the committee and its role within the program.
  - Specific actions and roles expected of the committee and its members.
  - Formal committee structure, including membership, attendance, meeting dates, and locations.

Committee membership:
- Program director, associate program director(s), and core faculty should be on the committee. Other personnel to consider: clerkship director, noncore faculty, nonclinical faculty, nonphysician membership (e.g., program coordinators, nurses), department chair or designee.
- Who are the voting members of the committee? Who are nonvoting members?

Committee logistics:
- Determine committee leadership structure as well as roles and responsibilities of the leader. It is not necessary that the program director act as committee chair.
- Establish dates, times, and location for the entire academic year and include which trainees will be reviewed at those meetings (minimum is twice yearly).
- Ensure all members are aware of accreditation requirements for the program and institution.
- Ensure that all committee members are aware of departmental and/or institutional policies regarding remediation, performance improvement, and grievances.
- Establish person responsible for keeping minutes about committee meeting.
- Establish person responsible for keeping minutes for committee deliberations and outcomes regarding individual trainee performance.

Establish expectations of committee members, including:
- Threshold for attendance at committee meetings. Consider a provision for alternatives to attend in place of committee members who may be absent.
- Degree of participation and engagement, especially regarding pre-meeting work.
- Attendance at established faculty development opportunities to develop understanding of assessment, evaluation, and feedback procedures.
- Clearly establish rules for confidentiality and anonymity.
Review of resident performance and feedback:

- Define what resident/fellow performance data will be reviewed prior to a meeting, the timing of that review, and the person(s) responsible for that review. Will summary performance be presented to the CCC along with recommendation?
- Establish the process in which prior resident performance evaluations (i.e., CCC discussions) will be made available for review by CCC.
- Establish expectations of committee members in regard to seeking input and opinion from other faculty members in their division/section/clinic regarding a trainee’s performance.
- Establish how feedback will be provided to the resident/fellow from the CCC.
- Establish person responsible for carrying out/following up on recommendations of the committee, including feedback to the trainee on behalf of the committee.

Miscellaneous:

- Communicate the process and procedure document with the trainees, division heads, department chair, and the GME office.

Source: Kelly Caverzagie, MD, special associate dean for educational strategy, University of Nebraska Medical Center.
DIRECTIVE:
The role of the CCC is to advise and assist the program director on fellow, faculty, and program performance. Specifically, the committee will assist and advise the program director in decisions regarding:

- Fellow advancement/promotion to the next phase of training
- Final competency ratings for graduating fellow
- Initiation of a performance improvement plan for a fellow who is underperforming
- Termination or nonrenewal of a fellow’s contract when necessary
- Development of rotational curricula and evaluations
- Issues regarding suboptimal faculty performance
- A yearly review of program performance and development of a program improvement plan

MEMBERSHIP:
The voting members of the committee will consist of:

- Program director
- Core faculty (as defined in the RRC requirements)

Note: Program coordinators can attend meetings but can’t be voting members.

ATTENDANCE:
All committee members are expected to attend 75% of all meetings and commit to yearly CME in education, feedback, evaluations, or teaching methods. Faculty who will not be able to attend are expected to contact their chair or another committee member to provide input regarding a fellow’s performance.

Committee logistics and expectations:

- Leadership of the committee will be the program director.
- Unless otherwise noted, all committee meetings will occur on the 3rd Monday of every month from 4:30 to 5:30 p.m. Advanced notification via email will be used regarding any schedule changes. Committee members are responsible for managing and responding to schedule changes that are distributed via email.
- At least twice yearly, the fellow’s performance with respect to the milestones will be reviewed by the committee with feedback provided to the fellow regarding his or her performance. During this process, the committee will systematically review the fellow’s evaluation, adherence to policies and procedures, and other available information and advise the program director regarding the fellow’s development of competence for each ACGME competency domain. This may include recommendations to place the fellow on a performance improvement plan consistent with institutional policy.
- The program director will keep detailed minutes and attendance of all meetings and provide feedback to trainees regarding committee recommendations.
Ten-Year Self-Study and Self-Study Site Visits for Accredited Programs

Perhaps the greatest burden of the old accreditation model, if you were to query any seasoned program director, was the preparation of the PIF every three to five years. One goal of the NAS is to decrease the administrative burden of the accreditation process, and the 10-year self-study site visit should be a significant step in that direction. It is anticipated that the self-study visits will begin for some of the Phase I programs in 2015 and will include:

- Verifying self-reported data entered in WebADS (including milestones)
- Monitoring progress in addressing citations and other issues identified on resident and faculty surveys
- Tracking progress in enhancing strengths and addressing areas for improvement
- Assessing overall program goals and efforts to meet these goals

The self-study is a longitudinal evaluation process that requires an effective annual program evaluation system. In the NAS, each program is required to complete an annual program evaluation (APE) addressing the quality of the program or education experience, resident and fellow performance, graduate performance, and faculty development. This document should be submitted to the GME office for review and commentary. It is anticipated that a 10-year series of APEs may serve as the framework for the self-study. The APE should be structured to identify program strengths and areas of improvement based on a review of external and internal data, resulting in the development and implementation of action plans with defined timeliness and follow-up mechanisms. Overall, the self-study will be performance oriented rather than process oriented, noting a program’s progress toward its stated goals and the establishment of future goals. The process of program evaluation and institutional oversight of that evaluation will be discussed again in Chapter 11.

If any programs in your institution are already scheduled for a self-study visit, they should have begun the process of preparation. This includes great emphasis on the program’s annual performance improvement plan and the follow-up designed to address program deficiencies identified.
Institutional Self-Study and Institutional Site Visit

Just as accredited programs are required to conduct APEs, the GME office will begin conducting its own annual self-study, termed annual institutional review (AIR). And just like a program is required to use the action plan developed during its APE to inform its self-study, the institution is required to use the action plan developed by its AIR to inform its own institutional self-study in preparation for its institutional site visit. This institutional self-study is new with NAS, and GME offices are beginning to formulate a game plan on how to approach this new requirement. The Institutional Requirements give us the following information:

The GMEC must identify institutional performance indicators for the AIR which include:

- Results of the most recent institutional self-study visit
- Results of ACGME surveys of residents/fellows and core faculty
- Notification of ACGME-accredited programs’ accreditation statuses and self-study visits

As with all of the evaluation processes in NAS, there needs to be an action plan generated by the AIR, and your designated institutional official (DIO) must submit a written annual executive summary to the governing body of your institution.

This is a change from 2007. In the 2007 Institutional Requirements, the DIO or chair of your graduate medical education committee (GMEC) was required to “present an annual report to the Organized Medical Staff(s) (OMS) and the governing body(s) of the Sponsoring Institution. This report must also be given to the OMS and governing body of major participating sites that do not sponsor GME programs.”

The scope of the report for 2014 has narrowed and does not have to be sent to the participating sites in your education system. With the 2014 requirements, the DIO “must submit a written annual executive summary of the AIR to the Governing Body,” to include the items listed above. The governing body of your institution is that entity which has ultimate authority over your sponsoring institution and all your accredited programs. Information about AIR will be discussed further in Chapter 12.
Chapter 1

**Conclusion**

The NAS brings many new challenges to all programs, but the opportunities to train the highest-quality physicians are better now than ever before. NAS is a vehicle to achieve that success and to create an accreditation system that benefits everyone, not only the trainees themselves and the institutions they serve but also the patients who rely on a medical system that is second to none. We will take a look at your GME office and look at a new, innovative way to provide oversight of the GME budget. But we can’t neglect the cornerstone of the Institutional Requirements: educational oversight of your programs (GMEC), institutional resources, the trainee learning environment, and institutional GME policies and procedures.
The GME Office in the Era of NAS

Is your GME office ready for NAS?

The GME Office in the Era of NAS provides the office of graduate medical education (GME) the guidance it needs to successfully run its GME program under the Next Accreditation System (NAS). Author Vicki Hamm, C-TAGME, provides GME office staff with how-to guidance on adhering to the new components of NAS, including the Annual Institutional Review, the Clinical Learning Environment Review (CLER), and the evaluation process for programs.

This handbook will guide your GME operations so that you can achieve compliance with ACGME requirements; support your program coordinators, directors, and faculty; and most importantly, produce trainees who become skilled physicians as they move from the educational continuum to the independent practice of medicine.

This handbook will help GME officials:

- Meet ACGME institutional requirements through solid policies and procedures
- Develop strategies for protecting the time of program directors, coordinators, and faculty
- Prepare for NAS requirements, including a CLER visit
- Conduct special internal reviews to help underperforming programs
- Establish a competent and confident GME committee

Vicki Hamm, C-TAGME