# Smoothing out the Milestones & CCC Meetings

An Advanced Course in GME Evaluations

PARTNERS IN MEDICAL EDUCATION, INC.

Presented by:

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### **Introducing Your Presenter...**



#### Heather Peters, M.Ed, Ph.D

- GME Director & DIO
- Seasoned speaker at ACGME & subspecialty national meetings
- Institutional and Program accreditation experience
- 3 decades in education; Masters of Education in curriculum & evaluations, PhD concentration in secondary education & adult learning theories



### **Learning Goals**

- Develop responses to common complaints about milestones and the CCC process in ways that promote understanding and growth
- Increase your portfolio of resources for milestones and the CCC
- 3. Review legal implications of CCC evaluations
- Learn how to reduce the amount of data presented at CCC meetings
- 5. Review case studies from real-life CCCs





### Taking Cognitive Learning Breaks to Assist with Retention

- Why is listening not enough?
- Short term Longer term
  - □ Auditory learning is only one learning mode
  - □ Visual is another (which PowerPoint is ideal for)
  - □ Kinesthetic a third taking notes
- Processing at a deeper level
  - □ Problem-solving
  - □ Listing options
  - Brainstorming





### **Common Complaints**

- "there is just too much data to review in a single CCC meeting"
- "setting up meetings for CCC is difficult—there are too many schedules to coordinate"
- "I'm a mentor/advisor, and I feel like my voice isn't heard regarding my residents. Why can't I advise the CCC?"
- "Now that we have a CCC, we, as faculty are 'off the hook' because they are responsible for everything now"
- "the CCC relies too much on the evaluation system data and doesn't incorporate other evaluations"
- "why can't we just use the milestone scores in the evaluation system"
- "the data we get is substandard...scores are too high from certain rotations and there are holes in the data from other rotations"
- "the CCC meetings are soooo long"



### **Today's Learners??**

- Coordinators
- GME Staff
- DIOs
- Program Directors/APDs
- Chair of CCCs
- CCC Members





#### Adoption of CCCs/Milestones

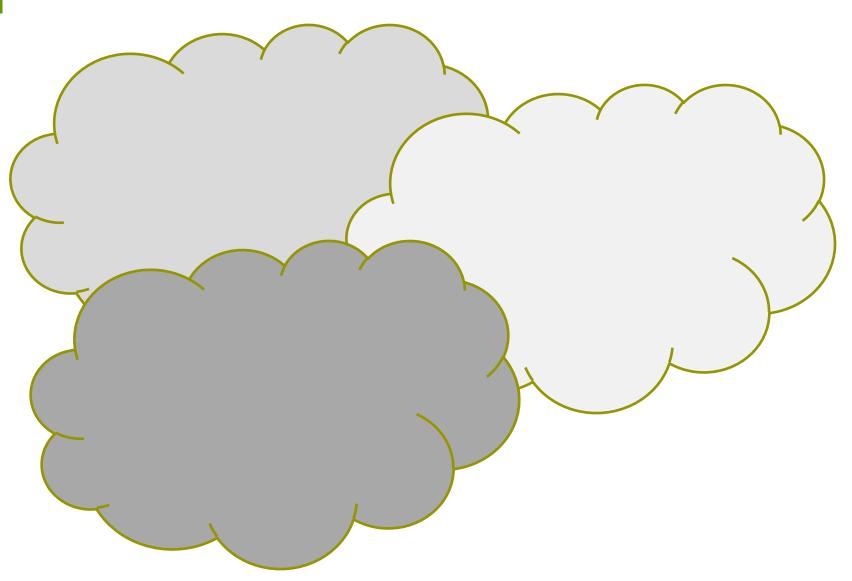
- Most programs have set up CCCs and started to integrate the milestones into their evaluation system
- Even for those programs that are not just starting, now is the time to refine the CCCs and review the milestone integration





## Where are you????

- **Level 1:** Just starting the process have a vague understanding of milestones and the duties/responsibilities of the CCC
- Level 2: Started to integrate milestones into rotation evaluations & have CCC members who are knowledgeable about their responsibilities
- Level 3: Fully integrated milestones into all evaluations; Developed reduced data report for CCC members
- Level 4: CCC has made suggestions for improving the data derived from the evaluation process; CCC meetings are focused and efficient
- Level 5: Comfortable with the milestones, evaluation integration, and the CCC process; Provide presentations to your institution; CCC members are willing to mentor other CCC members; Considered a role model for milestones & CCCs



How can you get to the next level??

# Roles & Responsibilities



#### Roles & Responsibilities: Program Director

- Ultimate arbiter of whether a resident will enter unsupervised practice
- CCC
  - □ Chair?
  - Member?
  - Observer
  - □ Not present?
- Appoint CCC members
  - Minimum of 3
  - Must be MDs
    - Small programs can use faculty from other specialties
    - Use other health professional's input





#### Roles & Responsibilities: Coordinator

- Pre-Meeting
  - Schedule meeting and location
  - Notify attendees
  - Aggregating data sources
  - Providing information to members prior to meeting
  - Summarizing data, preparing "scorecards" or "snapshots"
- At the Meeting
  - Provide any information needed by committee members
  - Take minutes
  - Document any necessary information to resident/fellow record
  - Record recommendations on each resident/fellow by milestone
- Post-Meeting
  - Communicate results to program director (if not present)
  - Schedule meeting with resident/fellow to review milestone scores with PD/mentor
  - □ With program director, submit Milestone information each resident/fellow to the ACGME



#### Roles & Responsibilities: CCC Members

- Committed to confidentiality
- Committed to meeting attendance
- Committed to participating in required professional development around this role
- Committed to preparation in advance of meeting
- Committed to the CCC process





### Thoughts to ponder...

Does the CCC have any other task(s) besides that of evaluating each resident and assigning them milestone scores??

- Any others??
  - □ 1.
  - □ 2.
  - □ 3.

## **Data Compilation**



#### **CCC Members**

- Less is more...as long as the data is meaningful
  - Current milestone scores from residency management systems
  - □ In-service exam scores for the entire program
  - Professional performance data
  - □ Previous milestone scores





#### **CCC** Coordinator

 Be able to pull up on the computer or have reports of the resident's scores by rotation in case there are questions about the current score





#### **New CCC Members**

- Copies of the Milestones
- Description of the of the CCC process & responsibilities



## **Legal Implications**



### **Legal Implications**

- What happens if...
  - Adverse decision reached by CCC
- University of Missouri v. Horowitz (1978)
  - Provided <u>notice</u> of her deficiencies through private verbal feedback and her rotational evaluations
  - Provided an <u>opportunity to cure</u> deficiencies
  - Decision was made carefully and deliberately
- University of Michigan v. Ewing (1985)
  - Decision-making process was <u>conscientious and made with care</u> deliberation, citing the regularly called faculty meeting structure
  - □ Faculty rightly reviewed the complainant's <u>entire academic record</u>, not just a single test, rotation, or incident, to provide context to the decision

### **Case Studies**

Examples of CCC common dilemmas and situations



#### The PD wants to chair the CCC

- What do you do if you have too few faculty to form a CCC without the PD? Or the PD really feels the need to sit on the CCC in order to ensure that they are following the ACGME guidelines?
- How might this inhibit the discussion?
- If you are an anesthesiology program, this is specifically precluded





# What if there are too many residents to review at one single meeting?

- Some programs have over 90
  - More meetings
    - A separate CCC for each PGY cohort
    - Organizing the CCCs around specific activities (scholarly activity; PS/QI)
  - □ Have each CCC member review a cohort of resident prior to the meeting and then present their findings to the CCC, soliciting feedback from the group
- Innovation and flexibility are acceptable as there are no requirement regarding structure of the CCCs.



# Everyone feels the chief residents should be on the CCC

- Isn't their input valuable?
- Yes and No
  - Weigh their input potential against having too many people on the CC
  - □ Experience and objectivity might be lacking
  - Provide useful information in certain areas



# Program wants to keep extensive minutes during the CCC

- Good idea?
  - □ ACGME is silent on this issue
- To remember about CCC Meeting documentation
  - A concise summary of each resident's performance and any action or follow-up items
  - Confidential
  - □ Archived for several years
    - Consult your Human Resources and Legal experts to understand what should be retained, where it should be archived, and for how long.





#### CCC vs PD

- Who makes the final decision?
  - ☐ The program director makes the final decision on resident performance against the specialty-specific milestones





#### To share or not to share?

■ In the first round of CCCs, the decision to share or not share the milestone decisions with the residents were multi-faceted and made sense at the time.

But now...



# The resident doesn't agree with the CCC

#### What now?

- CCC description should include this situation so that the residents and faculty are clear on what a resident should do if he/she disagrees with the CCC or program assessment.
- Questions to ask?
  - When can a resident exercise due process and grievance procedures in regards to milestones and the CCC?
  - How will we inform residents/faculty of this revision in the program policies?

# CCC Frustrations Revisited

How to respond?



setting up meetings
for the CCC is too
difficult—there are
too many schedules
to coordinate

I'm a mentor/advisor, and I feel like my voice isn't heard regarding my residents. Why can't I advise the CCC?



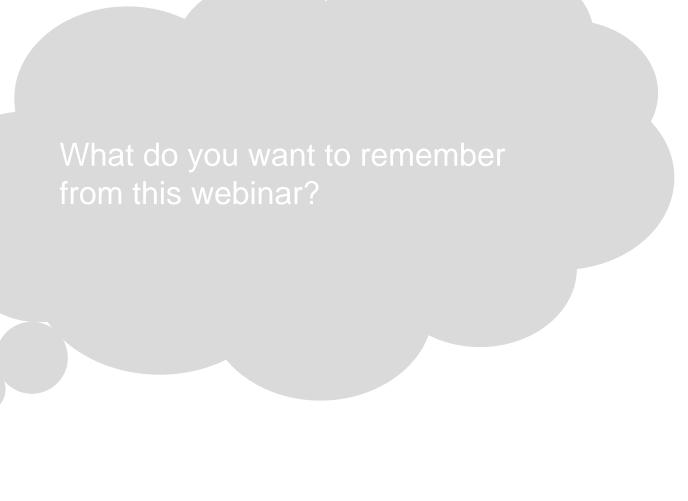
Now that we have a CCC, we, as faculty are 'off the hook' because they are responsible for everything now

the CCC relies too much on the evaluation system data and doesn't incorporate other evaluations

why can't we just use the milestone scores in the evaluation system









#### Resources

- ACGME Guide to the CCC
- ACGME Meetings
- Specialty Meetings
- Toolboxes on Specialty Websites
  - APDS
  - □ AAP
  - CREOG
  - ABIM
- Listserves





#### What next?

- Upcoming Webinar: Evaluations to Support Milestone Assessments
  - November 19
- What personal goals will you set for yourself and for your program
  - Yourself
    - **1**.
    - **2**.
  - □ Program/CCC
    - **1**.
    - **2**.





#### **Upcoming Live Webinars**



#### **On-Demand Webinars**

#### **Special Review Process**

Thursday, September 24, 2015 12:00pm – 1:30pm EST

#### **Keep Your Eyes on the Dashboard**

Thursday, October 15, 2015 12:00pm – 1:30pm EST

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#### Meet the Experts - Fall Freebie

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