Executive Summary

# Running the Clinical Competency Committee Meeting

## Introduction
Multiple factors contribute to effective Clinical Competency Committee (CCC) meetings. These include the manner in which the meeting is conducted, and how group members develop a shared understanding of the goals of the committee and how to judge resident/fellow performance against the Milestones. Members should understand the role they play and come prepared to contribute to the process. They should understand that their input can have a significant impact in charting the progress of both the residents/fellows and the overall assessment system, ultimately benefitting the patients.

## History
Although the program director is responsible for appointing members to serve on the CCC, and taking their recommendations onto account in the final decision on a resident's performance on the Milestones, the CCC Chair has a critical role. The Chair must understand the skills each member brings to the committee, must help the group develop a shared mental model of roles and responsibilities, must recognize how program assessments inform the committee's judgements on resident /fellow performance on the Milestones, and must apply strategies to optimize the group process. Recommendations for CCC group process have been drawn through a review of the literature representing a broad range of fields. Good group process includes facilitating group discussion to adequately judge performance, encouraging all opinions, preventing hierarchical issues among members from negatively impacting the group, and avoiding "groupthink."

## Evidence-Based Practices: Prior to the Meeting
- CCC members must have a shared understanding of their role in the assessment system. Two distinct roles are "problem identification" (i.e., focused on identifying struggling residents/fellows) and "developmental" (i.e., focused on helping all residents/fellows on their trajectory towards developing competence demonstrated through achievement of the specialty Milestones). Effective CCCs spend more time with the developmental role discussing all residents/fellows.
- Members should avoid coming to the meeting with a decision already pre-determined or simply "ratifying" a decision made by the program director. This significantly undermines the benefits of group discussion.
- The members of the CCC should agree on ground rules for their work.

## Evidence-Based Practices: During the Meeting
- A consistent and structured process/format should be used to present each resident/fellow. All members should share their information about each resident/fellow to mitigate groupthink and minimize other potential biases.
- Discussion is enhanced by charts, dashboards, spreadsheets, or other visual aids that aggregate information.
- The Chair should ensure effective group process. Hierarchy may negatively affect group dynamics and is a particular issue when a more senior faculty member serves as Chair, or if the program director is present, when the program director speaks first. In effective CCCs, all members speak up, recognizing that diversity of opinions enriches the decision making process. Minority opinions, even when "wrong," often lead to better decisions.

- CCCs should develop a shared mental model as to which assessment data are most useful. When they lack adequate data, they should alert the program director so the program can ameliorate the gap. Members should periodically analyze the "value" of different types of assessments, and should expect to manage the tension between their valuing their own first-hand knowledge of a resident's/fellow's performance versus information obtained from the program's formal assessments.
- Several studies have explored CCC decision making. Three orientations have been described: "schema" (use of rules, guidelines); "constructivist" (members work together to develop meaning and understanding); and "social influence." "Moderators" such as time and leadership style impact the process. CCC members should use the Milestones as a criterion-based frame of reference, and avoid comparing a given resident's/fellow's performance to themselves or to a resident/fellow peer. If a resident/fellow has not rotated through an experience over the past six months, or there is no new information, the Milestones judgment from the previous reporting period should be maintained.
- The committee members will determine how best to allocate their time. Time spent discussing struggling learners may leave little opportunity for discussing those with satisfactory or exemplary performance. Large programs may develop "sub-CCCs" to ensure sufficient time for considering each resident/fellow. The educational plan for struggling residents/fellow may take an additional meeting or be referred to a different program committee with time and expertise to address remediation and to include the learner.
- CCCs should understand how feedback from the meeting is provided to the residents/fellows. CCCs may provide feedback to other stakeholders, such as program leadership and core faculty members.
- CCC Chairs should allocate some during the meeting for faculty development, which should include orientation for new members, debriefing and learning from past meetings, and enhancing members' skills.

## Evidence-Based Practices: After to the Meeting

- The discussion about each resident/fellow should be documented, but the ACGME does not proscribe the level of detail needed. (See "Legal Issues and Considerations")
- Transparency is important and achieved by ensuring all residents/fellows receive timely feedback, not just those for whom the CCC has concerns. Ideally, this is communicated to them by the program director during their twice-yearly performance reviews, or by an advisor, a designated CCC member, or another member of the faculty. Residents/fellows are justifiably frustrated when their only feedback is an email with a written report of the Milestones attached. A one on one conversation helps them make sense of the report and construct an individualized learning plan for future improvement.
- At the end of the meeting, the CCC should debrief the process and elicit suggestions for future improvements.
- In assessing each resident's/fellow's performance, CCCs will invariably assess the program's performance, providing insight into gaps and redundancies in the curriculum and assessment system. CCCs may also discover Competencies they wish to review not addressed by the Milestones and include their assessment into their review.

## Conclusion

CCCs must consider multiple issues at various stages of their work (before, during, and after each meeting). CCCs should revisit their purpose, shared mental model, and procedures at least annually. Ongoing faculty development is crucial. CCCs may choose to maintain a written "policies and procedures" document, describing their approaches. Doing so fosters a quality improvement approach to the workings of the CCC and allows for greater transparency to stakeholders.

For more information, see the full Clinical Competency Committee Guidebook and additional references on the Milestones Resources page of the ACGME website.