NAS Update and Clinical Competency Committees

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Executive Director, Pathology Review Committee
Discussion Topics

• Pathology Review Committee

• Cytopathology Program Requirements

• NAS

• Clinical Competency Committee
Pathology Review Committee

- James R. Stubbs, MD, Chair - BBTM
- Barbara A. Sampson, MD, PhD, Vice Chair - Forensic Pathology
- Sara Abbott, MD, Resident Member
- Melissa Austin, MD, General Pathology
- Stephen Black-Schaffer, MD - Cytopathology
- Barbara Castleberry, PhD, MT (ASCP), Public Member
- Susan A. Fuhrman, MD - Clinical Chemistry
- Karen L. Kaul, MD, PhD - MGP
- Steven Swerdlow, MD - Hematopathology
- Charles F. Timmons, Jr., MD - Pediatric Pathology
- Rebecca Johnson, MD (ABPath), Ex-officio Member
Cytopathology Program Requirement Revisions
Program Requirement Revisions

- You have until December 2\textsuperscript{nd} to review and comment
- Several changes are to categorization (e.g., Detail to Core)
- Clarification for Faculty – must be at least 2, including the program director
- Inclusion of better described Outcomes in Systems-based Practice (similar to Milestones)
- Addition of supervision responsibilities to Fellow experience
- Addition of Evaluations to be done semi-annually
- Clarification of pass rate language
Cytopathology Programs

- Continuous Accreditation – 90 programs
- Initial Accreditation – 1 program
- Warning, Probation or Withdrawal – 0 programs
NAS – What’s Next

• All programs evaluated annually

• RC meets in February

• Milestone reporting for Fellowships begins this year

• Site Visits start 2016 – subspecialties will be visited at the same time as core Pathology program
CLINICAL COMPETENCY COMMITTEES
Purpose of the Clinical Competency Committee – Role of the Program Director

• Residents who successfully complete program can practice the specialty-specific core professional activities without supervision
• Create greater “buy-in” from a group of faculty members to make decisions regarding performance
• Enhance credibility of judgments about resident performance
• Facilitate role of “advocate” for the resident
Purpose of the Clinical Competency Committee – Role of the Program

- Develop shared mental model of what resident/performance should “look like” and how it should be measured and assessed
- Ensure assessment tools sufficient to effectively determine performance across the competencies
- Increase quality, standardize expectations, and reduce variability in performance assessment
- Contribute to aggregate data that will allow programs to learn from each other by comparing residents’ and fellows’ judgments against national data
Purpose of the Clinical Competency Committee – Role of the Program

• Improve individual residents along developmental trajectory
• Serve as system for early identification of residents who are challenged
• Improve program
• Model “real time” faculty development
Purpose of the Clinical Competency Committee – Role of the Faculty

- Facilitate more effective assessment that may be easier for evaluators
- Help faculty develop a shared mental model of the competencies
- May result in simplified “more actionable” assessment tools to help faculty document more effectively and efficiently what they observe trainees doing in clinical settings
Purpose of the Clinical Competency Committee – For the Resident

• Improve quality and amount of feedback; normalize constructive feedback
• Offer insight and perspectives of a group of faculty members
• Compare performance against established competency benchmarks (rather than only against peers in the same program)
Purpose of the Clinical Competency Committee – For the Resident

- Allow earlier identification of sub-optimal performance that can improve remedial intervention
- Improve stretch goals for residents/fellows to achieve higher levels of performance
- Provide transparency around performance expectations
Clinical Competency Committee

- Composed of a minimum of 3 faculty members
- Non-physician members can be appointed
- Reviews all evaluations by all evaluators semi-annually
- Reviews residents against milestones semi-annually
- Make recommendations for progress – promotion, remediation and dismissal
Who should be on the CCC?

• Decision for the Program Director

• Consider:
  • Representation from each major site
  • Subspecialty representation
  • Dedication to education
How to prepare for an Effective CCC Meeting

• Develop shared Mental Model – does everyone understand the purpose and aims of the review

• Review Assessment mapping – are there any gaps

• Organize assessment data and comments – are assessments missing
CCC Cautions

• ‘Group think.” Group think can occur when the group overly favors cohesiveness, unanimity, and the desire to avoid confrontation. Group think can also occur with more senior leaders or committee chairs with strong opinions, especially if they suppress other opinions and discussion.
  • To help avoid this issue, the CCC Chair, Program Director and/or Department Chair should be the last to state their opinions.
CCC Cautions

• Most of your time is spent on residents who are underperforming or inconsistent
• Be careful not to overlook residents who are performing better than their peers – the Milestones encourage residents to reach for the aspirational goals. Can the CCC recommend a project to help the resident go further?
CCC Cautions

Avoid common problematic issues:

- “I don’t like to give negative evaluations”
- “I spent little time working with this resident”
- “Herd” mentality: positive or negative
- Grade inflation
- Vague statements:
  - “I just didn’t like this resident, but I can’t put my finger on it”
  - Hearsay: I’ve heard she is lazy
During the CCC Meeting

• Understand the milestones & their use
• Leave personal bias at the door
• Review all evaluations for each resident
• “Consider the source(s)”
• For each resident, decide the milestone narrative that best fits that resident
What happens after the CCC Meeting

- The minutes, evaluations, and recommendations should be shared with the Program Director ASAP.
- Program Director should share results with Resident in a timely manner – may be impacted by semi-annual review schedule.
- Program Director (or resident mentor) should have plan to follow-up with the resident in a timely manner to determine if next steps were taken.
CCC Tips

- It is okay to meet more than once and it is okay to have multiple CCCs
  - If you do either of the above, be sure you have some way to verify that the same criteria were used in making decisions
- It is okay to do the Milestone evaluations more frequently
  - Shorter fellowships may want to review quarterly due to consequences of waiting until month 6 to determine the problem
CCC Tips

• It is okay to change the membership of the CCC
  • If the CCC is not working as it should, membership should be changed
  • You may want to have a planned CCC member rotation so that members do not go off the committee at the same time

• It is okay to seek guidance from others.
  • If the CCC does not feel they have enough information, they should seek it out in a systematic fashion (avoid gossip)
Where do I find...?
Milestone Resources

Milestone Webpage:
http://www.acgme.org/acgmeweb/tabid/430/ProgramandInstitutionalAccreditation/NextAccreditationSystem/Milestones.aspx

Milestone FAQs:
http://www.acgme.org/acgmeweb/Portals/0/MilestonesFAQ.pdf

Clinical Competency Committee Guidebook:
http://www.acgme.org/acgmeweb/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf

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New Executive Director

- Cheryl Gross will assume complete responsibility for the Pathology Review Committee beginning February 15, 2016
We are here to help

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