The Clinical Competency Committee and Milestones
High Value or Busy Work?

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Acknowledgement
Learning Objectives
After this presentation you should be able to:

1. Describe the importance of multiple, low-stakes assessments
2. Discuss how this information can be used by clinical competency committees in advancement, promotion, and Next Accreditation System Reporting decisions
3. Detail the advantages and pitfalls of using entrustment over time as an assessment framework

Overview

1. Vox populi
2. Cincinnati’s assessment system with OPAs
3. Iterative approaches to review of milestones data
4. Current CCC review process

What’s the problem?
What is the problem?

Residents
CCC

What if our CCC were baseball scouts?

Fixed length, variable outcome

Competency Based Education

Variable length, defined outcome

Genest et al 2002

Sir Francis Galton
"Vox Populi"

Nature 75, 450-451 (7 March 1907) | doi:10.1038/075450a0
This collective guess was not only better than the actual winner of the contest but also better than the guesses made by cattle experts at the fair.

1. Each individual member of the crowd must have their own independent source of information.
2. Each must make individual decisions and not be swayed by the decisions of those around them.
3. There must be a mechanism in place that can collate these diverse opinions.
Different for every rotation

Similar for every rotation

1. Initiate basal bolus insulin therapy
2. Manage elevated blood pressure
3. Manage COPD

1. Minimize unfamiliar terms during patient encounters.
2. Use teach-back method

Educational and Mapping of Observable Practice Activities for Resident Assessment
Eric J. Warm MD, Bradley R. Mathis MD, Justin D. Held MD, Savita Pai MD, Jonathan Tolentino MD, Lauren Ashbrook MD, Cheryl Lee MD, David Lee MD, Sharice Wood MD, Carl J. Fichtenbaum MD, Ryan Munyon MD, Caroline Mandal MD, JGIM 2014 accepted for publication
Rotation: Digestive Diseases
Inpatient Wards PGY-1

Content-Based OPAs (selected)
1. Write initial admission orders for gastrointestinal bleeding
6. Initiate enteral and parenteral nutrition
9. Perform paracentesis

Rotation: Digestive Diseases
Inpatient Wards PGY-1

Process-Based OPAs (selected)
5. Demonstrate accurate medication reconciliation
12. Use teach-back method with patients
15. Minimize unnecessary care including tests

Rotation: Digestive Diseases
Inpatient Wards PGY 2-4

Content-Based OPAs (selected)
1. Manage gastrointestinal bleeding
2. Manage pancreatitis
9. Manage complications of immunosuppressive therapy
Rotation: Digestive Diseases Inpatient Wards
PGY 2-4
Process-Based OPAs (selected)
5. Manage the interdisciplinary team
12. Teach physical findings for junior members of the health care team
13. Stabilize patients with urgent or emergent medical conditions

Our Rating Scale: Entrustment

1. Resident not trusted to perform skill even with supervision
2. Resident trusted to perform skill with direct supervision
3. Resident trusted to perform skill with indirect supervision
4. Resident trusted to perform skill independently
5. Resident trusted to perform skill at aspirational level
6. Skill was not observed on this rotation (produces no score)
• If a resident earns high scores, tell us why

• If you can't justify, please correct

Don't write "needs to read more". Please be specific. Needs to read more what?

• Your words are VERY important
• Please be detailed and provide vignettes and illustrations to make your points

Multisource Evaluations
We got the data!

- Annualized over 3 years each resident receives an average
  - 75 assessment encounters
    - 57% are from attending physicians
    - 43% are from peers and allied health
  - 3703 milestone assessments
    - 81% are from attending physicians
    - 19% are from peers
  - 4325 words of narrative assessment

Our CCC

Mountain of milestone data
What is the purpose of the CCC?

- Accountability to the public
- Ensure quality/usability of assessment tools
- Track learner competency
  - Longitudinal feedback
  - Reporting to ACGME
- Improve the program
- Improve the faculty

Adapted from Clinical Competency Committees: A Guidebook for Programs from the ACGME
Approximately 3000 Assessments

Reporting Milestones

Resident A
169 Assessments

Resident B
177 Assessments

Resident C
150 Assessments
What happened?

- Tougher rotations

All PGY-1 Rotations: n = 87862
- General Medicine Wards: n = 15296
- General Medicine Hospitalist: n = 13803
- Night Medicine: n = 8217
Lessons learned

- Some people are more trusting than others
- Some rotations are more trusting than others
- Context effects
  - type and amount of direct observation
  - type of physician (even within specialty)
  - types of OPAs
  - personal perspective
- Rotation order effects
- Time of year effects
- Cohort effects

Controlling for Bias

Want to control for:
- Evaluator
- Service
- Type of evaluation
- Actual question
- PGY level
- Year
- Month within the year

Dan Schauer MD
Predicted Scores (PS)

- Created a regression model that predicts what the score should be on average irrespective of resident

\[ P.S. = \beta_0 + \beta_1 \times \text{Evaluator} + \beta_2 \times \text{Service} + \beta_3 \times \text{Question} + \beta_4 \times \text{Month} \ldots \]

Dan Schauer MD
Blue = resident
Red = predicted score
Pink = trend line

Let's solve this problem by using the big data. None of us have the slightest idea what to do with.
Program Director Review

Clinical Competency Committee

Collect Pre-review Review Deep dive Reporting Feedback

Kinnear, et al. The clinical competency committee in the age of milestones – experience from two internal medicine residencies. Manuscript under review at JGME.

Brief Not needed
“Hidden” pitfalls...

• Assessment **quantity**
• Assessment **quality**

Single Resident all assessments (faculty, peers, allied health) $n = 3005$
Hammer Time?

- If evaluations are completed > 14 days after the attending portion of rotation, the attending forfeits entire teaching practice plan payment
  - Initially lobbied for 5 days
  - 1 grace miss
- Fines collected used to reward best teachers
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Take home points

- Large amounts of low-stakes assessments are optimal
- Data begins a story, narratives complete it
- Shared mental model in CCC is key
- Reassess your process frequently – beware of hidden pitfalls
- Your CCC can do more than just remediate/promote

Questions?