Coordinator Educational Series:

Clinical Competency Committee Preparation

Graduate Medical Education

November 9, 2017
Agenda

- GME Update
- Quiz on Policies & Procedures
- MedHub Update
- Overview of the Clinical Competency Committee
- Using MedHub for the Clinical Competency Committee Meeting
- Milestone Reporting on ACGME’s Accreditation Data System
- Small Group Discussion: Best Practices for Interview Season & CCC Meetings
GME Announcements / Updates

- GME Promotions
- Status of Onboarding and Continuing Appointment
- GME Survey
- Visa Renewals
  - Require SEPARATE pdfs of:
    - Signed Offer Letter
    - Completed I644 Form (www.ecfmg.org)
Quiz

1. What is **FALSE** about research for house staff paid by SHC? Choose one.
   - A. Can participate in clinical research as Principal Investigator
   - B. Can participate in clinical research under a qualified faculty member/principal investigator
   - C. Need to complete online IRB training
   - D. None of the above

2. Which are the corrective actions a resident can take to remediate their unsatisfactory performance? Choose all **TRUE** statements.
   - A. Termination
   - B. Academic Probation
   - C. Repeat one or more rotation
   - D. None of the above
Quiz

3. All the following are true about verbal orders **except**:
   - A. Verbal orders are accepted by nurses from the Housestaff who are sleeping in the on-call area.
   - B. The person receiving the verbal order is required to read the order back to the physician
   - **C. The person receiving the verbal order is not required to document the verification.**
   - D. Verbal orders must be signed within 48 hours.

4. Duty hours include all the following **except**:
   - A. Patient care (both inpatient and outpatient)
   - B. Administrative duties relative to patient care
   - C. The provision for transfer of patient care
   - D. Time spent in-house during call activities
   - **E. Reading away from the duty site.**
   - F. Time spent in conferences
Quiz

5. All the following are true with respect to Moonlighting except:

- A. Residents are not required to engage in “moonlighting.”
- B. Residents must obtain written acknowledgement that their Program Director is aware and approves of any moonlighting activities before any moonlighting activity is undertaken.
- C. Stanford’s malpractice insurance covers Residents for moonlighting activities.
- D. Residents engaged in external moonlighting must be licensed for unsupervised medical practice in California or the state in which the moonlighting occurs.
Coordinator Educational Series:

MedHub Updates

Graduate Medical Education

October 12, 2017
MedHub Updates

- MedHub Fall Release 17.0 - Now Live

- Visit the MedHub Community for the following items:
  - Simply go to Help > MedHub Community > Resources > Release History > MedHub Version 17.0 (Fall’17)
  - 1) Release Preview 2) Full List of Functionality (pls) 3) GME Webinars

More MedHub coming next month!
Overview: Clinical Competency Committee (CCC)

Diane H. Steinberg, Ph.D.
ACGME Program Requirements for Clinical Competency Committees (CCC)

- V.A.1. The program director must appoint the Clinical Competency Committee.

- V.A.1.a) At a minimum the Clinical Competency Committee must be composed of three members of the program faculty.

- V.A.1.a).(1) Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team. (Detail)

- V.A.1.b) There must be a written description of the responsibilities of the Clinical Competency Committee.

- V.A.1.b).(1) The Clinical Competency Committee should:

  - V.A.1.b).(1).(a) review all fellow evaluations semi-annually;

  - V.A.1.b).(1).(b) prepare and assure the reporting of Milestones evaluations of each fellow semi-annually to ACGME; and,

  - V.A.1.b).(1).(c) advise the program director regarding fellow progress, including promotion, remediation, and dismissal. (Detail)
Clinical Competency Committee (CCC)

- Must be composed of at least 3 faculty members.
  - The program director appoints members of the CCC.
  - Additional non-physician members may be included.
  - Residents/fellows are not allowed.
  - The Program Director can be a member in some capacity.
- Must have a written description of responsibilities on file.
- The CCC makes recommendations to the Program Director for resident progress, including promotion, remediation, and dismissal.
- The Program Director has the final say regarding the milestone rating for each resident.
All programs are required by ACGME to use milestone-based evaluations.

Review all milestone evaluations for each resident semi-annually.

Decide which rating best fits each resident for each milestone.

Report milestones for each resident to ACGME semi-annually.

- You can change milestone evaluations scores after submitting – ONLY IF *before* the deadline.
Clinical Competency Committee (CCC) Meetings

- Residents/Fellows cannot be members of the CCC, but Chiefs in their non-ACGME year *can* be voting members.

- Ask CCC members to sign a confidentiality agreement so that discussions about residents are not shared.

- The Program Coordinator’s role in the CCC is valuable.
  - Not a voting member
  - Prepare materials.
  - Provide input.
  - Track decisions.
  - Assist with Milestone Reporting.
Clinical Competency Committee (CCC) Meetings

- Use MedHub before, during, and after CCC Meetings.
  - Tagging evaluation questions to milestones
  - Using Clinical Competency Committee folder in MedHub to share files
  - Sharing residents’ Milestone Summaries and Trends from MedHub
  - Commenting in Notes Section in MedHub Milestone Progress Reports

- Preparation / Pre-work does matter!
  - Create subcommittees.
  - Assign residents to faculty -> pre-work for large programs
Clinical Competency Committee Best Practices

• **CCC Size and Composition**: Minimum 3 members, more for larger programs, with involved & motivated faculty.

• **CCC Workflow**: Coordinator organizes assessment data (paperless preferable); at least 2 committee members review it in advance.

• **CCC Performance**: Focus CCC Milestone meetings on areas of disagreement and/or concerns.

• **CCC Reporting**: Have each resident self-evaluate; review CCC final ratings with each resident during semi-annual reviews.

• **Share best practices with other PCs**
  
  • Assessment methods/tools
  
  • How to assess particular milestones
  
  • How to incorporate milestones into evaluation instruments
Clinical Competency Committee Best Practices

- Use the “Clinical Competency Committee” feature in MedHub.
  - Give faculty access to any documents posted for the CCC meetings.
  - Give them access to the Milestone summary section to score the residents/milestones for whom they are responsible before the meeting.

- Use Google Docs or Box for collaborative documents for CCC pre-work.

- Assign resident numbers versus names for confidentiality.

- Can use “Mentors/Mentee” feature in MedHub to give access to CCC faculty to review particular residents’ evaluation data.
Clinical Competency Committee Documentation in MedHub

Can use this feature to give faculty on the CCC access to any documents posted for the CCC meetings or to give them access to the Milestone summary section so that they can pre-score the residents for whom they are responsible before the meeting.
### CCC Meeting Documentation in MedHub

#### Clinical Competency Committee - Committee Members

<table>
<thead>
<tr>
<th>Member</th>
<th>Role</th>
<th>Phone</th>
<th>Email</th>
<th>Account Type</th>
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<td>Beard, Kristine</td>
<td>Member</td>
<td>--</td>
<td><a href="mailto:demo@medhub.com">demo@medhub.com</a></td>
<td>Faculty Member</td>
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<td>Corcoran, Nita (Leader)</td>
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<td><a href="mailto:demo@medhub.com">demo@medhub.com</a></td>
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<td>Robb, Nicolasa</td>
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<td>315-425-2609</td>
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<td>Bowser, Christopher</td>
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<td><a href="mailto:demo@medhub.com">demo@medhub.com</a></td>
<td>Resident</td>
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#### Clinical Competency Committee - Milestone Summary

**View Type**:
- Milestones List
- Milestones Summary
- Milestones Trends
- Milestones Progress Reports

**Subcompetency Achievements**

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<thead>
<tr>
<th>Competency</th>
<th>Subcompetency</th>
<th>PAST 6 MONTH STATISTICS</th>
<th>Date</th>
<th>Recorded By</th>
<th>Achieved</th>
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<td>PC-1</td>
<td>Antepartum Care and Complications of Pregnancy</td>
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<td>PC-2</td>
<td>Care of Patients in the Intrapartum Period</td>
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<td>Care of Patients in the Postpartum Period</td>
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<td>PC-4</td>
<td>Obstetrical Technical Skills</td>
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<td>PC-5</td>
<td>Immediate Care of the Newborn</td>
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<td>PC-6</td>
<td>Gynecology Technical Skills: Laparotomy (e.g., Hysterectomy, Myomectomy, Adnexectomy)</td>
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<td>PC-7</td>
<td>Gynecology Technical Skills: Vaginal Surgery (e.g., Vaginal Hysterectomy, Colporrhaphy, Mid-urethral Sling)</td>
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<td>PC-8</td>
<td>Gynecology Technical Skills: Endoscopy (Laparoscopy, Hysteroscopy, Cystoscopy)</td>
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<tr>
<td>PC-9</td>
<td>Family Planning</td>
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<td>PC-10</td>
<td>Ambulatory Gynecology</td>
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<td>PC-11</td>
<td>Care of the Patient with Non-Reproductive Medical Disorders</td>
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<tr>
<td>MC-1</td>
<td>Peri-operative Care</td>
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</table>
Using MedHub for the CCC Meeting

Live Demonstration!!!

https://stanford-test.medhub.com/
Milestone Reporting in WebADS

Megan Christofferson
Obtaining a Login

To add or replace a Program Coordinator:
1. Log into ADS with the Program Director or second Program Coordinator login.
2. From the Program tab, click View Program.
3. On the Program page, scroll down to Program Leadership.
4. On the former coordinator record, click Replace or, if adding an additional coordinator, click Add Personnel.
5. In the Select the New Program Coordinator window, enter the name and email to find an existing contact record then follow the prompts to add/update the coordinator contact information.
6. When saving the record, if the PD would like to assign a coordinator username and password to access ADS, select “Yes” to the grant user access prompt.

To create a coordinator login for an existing coordinator.
If the PD was not prompted to grant access to user after saving the profile, a Grant User button will display on the coordinator record. Click Grant User and confirm. A notification will be sent to the coordinator’s registered email with their new username and password.
Notification of Reporting

Confirmed Reporting Window: October 31, 2017 – January 13, 2018

Dr. John Alan Kerner,

Your Pediatric gastroenterology - Pediatrics program has been scheduled to complete the Milestone Evaluations for the residents/fellows within your program. These electronic evaluations are a mandatory part of your accreditation through the ACGME. The Program Director or Coordinator can complete them, but they must be based on the data provided by your Clinical Competency Committee. Our records indicate that you currently have [7] trainee(s) scheduled to be evaluated. You must complete an evaluation for each scheduled trainee in your program. If a trainee completes or leaves your program during the current academic year, an evaluation may still be required. Evaluations must be submitted by: January 13, 2017. After this date all evaluation responses and submissions are final and cannot be changed.

Complete the Milestone evaluations as follows:

1) Log into the Accreditation Data System (ADS) at the following link: https://apps.acgme.org/ads/
2) Select the Milestones tab and click the Enter Milestone Evaluations button
3) Next to each scheduled trainee, use the View Evaluation button to open the evaluation form in a new window
4) After completing the form, click the Submit button to finalize it (alternatively, use the Save button to return and Submit the form at a later date)
5) The Submit button must be clicked to finalize the form by the submission deadline (January 13, 2017 11:59pm CST); incomplete or saved evaluations will not be accepted
6) Repeat for each scheduled trainee within your program

You can find further information on the Milestone Evaluations and how they are being used within the Next Accreditation System (NAS) on our website at the following link: Milestone Information. Content-based questions should be directed to Review Committee staff, whose contact information can be found on the applicable specialty page (under the Specialties tab) on the ACGME website. If you are experiencing performance issues, ensure that your internet browser meets the minimum standards for compatibility with ACGME systems. These standards can be found on the ADS login page. For other technical questions about our data collection systems, consult our FAQs (available within your ADS account, next to your name in the top right corner) or direct questions to WebADS@acgme.org.

Thank you,
Accreditation Council for Graduate Medical Education (ACGME)
Contact Us

ACGME
Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, IL 60611
Telephone: 312.755.5000
Fax: 312.755.7498

Accreditation Data System (ADS)
ads@acgme.org

Data Systems Technical Support: 312.755.7474

For a complete listings of ADS representatives by specialty, visit the Data Systems Technical Support page.

http://www.acgme.org/
3320511005 - STANFORD UNIVERSITY PROGRAM
Pediatric Gastroenterology - Palo Alto, CA

Annual Update

Milestone Evaluations

- All evaluations have been completed

- Currently Scheduled: Oct 31, 2016 - Jan 13, 2017
  Current Milestone Evaluation Completion Rate: 100.0% - [7 of 7]

  Compliance Rate: 100.0% - [7 of 7]

Milestone Evaluation Narrative

Self-Study Uploads

Faculty Survey

Resident Survey

No Change Requests
### Milestone Evaluations

**Deadline:** January 13, 2017  
**Completion Rate:** 100.0% - [7 of 7]

### Instructions

Click the "View Evaluation" button next to a trainee's name to open their evaluation form in a new window. After completing that evaluation, click the "Submit" button at the left of the form to finalize it. Alternatively, click the "Save" button to save your current changes and complete the form later. **You MUST use the "Submit" button to finalize the form. Incomplete evaluations will NOT be accepted.** Return to this screen and repeat this process for each trainee in your program.

Pending evaluations are highlighted in red and completed evaluations are highlighted gray. Use the "Refresh List" button below to update the list of required evaluations.

After submitting (or saving) an individual's evaluation form, changes may be made until the evaluation period has ended. Once the evaluation period is over, all forms are final and cannot be changed. Evaluations must be completed for all trainees listed below. Trainees who started the program off-cycle during the first half of the current academic year will not be scheduled to be evaluated during the Mid-Year evaluations.

Use the links below to view the Evaluation Narratives and Evaluation Template for your specialty.

- [Click here to view Evaluation Narratives](#)  
- [Click here to view Evaluation Template](#)
<table>
<thead>
<tr>
<th>Resident</th>
<th>Year In Program</th>
<th>Resident Status</th>
<th>Start Date</th>
<th>Expected End Date</th>
<th>Period</th>
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<tbody>
<tr>
<td>Damman, Jennifer</td>
<td>2</td>
<td>Active Full time</td>
<td>Jan 01, 2015</td>
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<td>Mid-Year Evaluations</td>
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<td>Mudambi, Kiran</td>
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<td>Active Full time</td>
<td>Jul 01, 2016</td>
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<td>Mid-Year Evaluations</td>
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<td>Nakayuenyongsuk, Warapan</td>
<td>3</td>
<td>Active Full time</td>
<td>Jul 01, 2014</td>
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<td>Mid-Year Evaluations</td>
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<td>Pioster, Travis</td>
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</tr>
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Stanford University Program
Pediatric gastroenterology

Resident Name: Jennifer L. Damman
Year in Program: 2
Position Type: Categorical
Start Date: Jan 01, 2015
Expected End Date: Jun 30, 2018
Evaluation to be completed: Oct 31, 2016 - Jan 13, 2017

Select the level corresponding to the resident's knowledge, skills, attitudes, and other attributes in each area below. Your selections should take into account the resident's demonstration of milestones throughout the program with updates to reflect recent progress. Evaluations must be based on evidence with an emphasis on that obtained by direct observation.

Milestone levels do not correspond to the resident's year in your program. Selecting a level implies that milestones in that level and in lower levels have been substantially demonstrated. Selecting a radio button between levels indicates that milestones in lower levels have been substantially demonstrated as well as some milestones in the higher level(s). Mouse over the radio buttons to read the milestones for each level. After completing the evaluation, click the Submit button to finalize it. Alternatively, click the Save button to save your current changes and complete the form later. You MUST use the Submit button to finalize the form before the deadline for this evaluation period. Incomplete evaluations will NOT be accepted.

There may be cases in which a resident had no experiences within a subcompetency area during the previous six months. In this case, the reported milestone level should remain the same as the one reported during the previous evaluation. Do not increase (or decrease) the milestone level simply because time has passed; an evaluation of each subcompetency area must occur every six months. To review previously completed milestone evaluations, go to the Reports tab in ADS and select Milestone Evaluations.

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<tr>
<th>Patient Care</th>
<th>Not Yet Assessable</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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<td>a. PC1. Provide transfer of care that ensures seamless transitions</td>
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<td>b. PC2. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment</td>
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<td>c. PC3. Develop and carry out management plans</td>
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<td>d. PC4. Provide appropriate role modeling</td>
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### Survey Takers

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<th>Start Date</th>
<th>Expected End Date</th>
<th>Period</th>
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<td>Jan 01, 2015</td>
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<td>Piester, Travis</td>
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Showing 1 to 7 of 7 entries

↑ back to top
Group Discussion

1. Share best practices for Interview Season.

2. Share best practices for CCC Meetings.
THANK YOU!

Two More Things…

- Quick Evaluation of CES
  (E-evaluation will be sent out later to the PCs who dialed in)

- For next month’s quiz on Policies & Procedures, please read from page 31 (Resolution of Disputes) to page 39 (Disabilities)