



## **Internal Medicine Clinical Competency Committee (CCC) Policy**

### **Addendum to the MHG CCC Policy 500.15**

#### **Effective July 2024**

The Internal Medicine Residency Program Director will appoint a Chairperson and individual members to the Internal Medicine CCC. ACGME requires at a minimum, the CCC must include three members of the program faculty, at least one of whom is a core faculty member. However, the internal medicine clinical competency committee are all appointed core faculty and will serve as a resident advisor as well. Residents may choose their advisor and may also request a change as availability permits.

#### **Purpose/Responsibilities of CCC:**

- Complete ACGME Milestone evaluations semi-annually.
- Ensure promotion/graduation requirements are satisfied.
- Advise the Program Director (PD) regarding resident progress, promotion (to include consideration for Credit in Lieu), remediation, probation, extension and dismissal.
- Develop shared mental model of what resident/fellow performance should “look like” and how it should be measured and assessed
- Ensure the right combination of assessment tools to effectively determine performance across the Competencies and specialty-specific Milestones
- 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
- Improve individual residents’/fellows’ progress along a developmental trajectory
- Identify early those residents/fellows who are challenged and not making expected progress so that individualized learning plans can be designed
- Identify advanced residents/fellows to offer them innovative educational opportunities to further enhance their development
- Identify weaknesses/gaps in the program as a first step in program improvement
- Model “real time” faculty development.

# Roles and Responsibilities

## Chairperson

- Be the Milestones “expert” for the committee or designate another committee member who will serve in this role.
- Encourage a confidential positive working environment and open communication from all members.
- Ensure members know their roles, as well as the latest versions of the Milestones and the CCC process.
- Engage members in developing a shared mental model for the Milestones and the assessment tools.
- Use best practices in effective group processes; for instance, employ a structured format to gain information from each committee member; obtain input using the same order of members, get perspectives of the most junior member first.
- Keep meetings on task and move toward the common goal.
- Make certain the coordinator or designated member maintains documentation and meeting minutes.
- Understand the typical assessment methods used by the program, as well as their limitations.
- Develop a plan for the professional development of CCC members.
- Anticipate biases on the part of both oneself and committee members, and intentionally cultivate greater insight on biases and strategies to mitigate them.

## Program Coordinator

- Program coordinators frequently distribute and collect results from assessment tools.
- Participate in multisource feedback by using assessment instruments to share valuable and often unique perceptions of an individual resident’s/fellow’s abilities in interpersonal and communication skills, teamwork, and professionalism.
- Attend CCC meetings in an administrative role.
- Assist in the collection, preparation, organization, and distribution of assessment data.
- Take minutes; and capture key aspects of the discussion.
- Facilitate the communication of results to the program director (if not in attendance).
- Schedule meetings with individual residents/fellows and the program director or designated faculty member to review decisions.
- Electronically submit Milestones information on each resident/fellow to the ACGME.

### **Appointed CCC Members:**

- Attend (in person or remotely) monthly CCC meetings to remain apprised of resident performance.
- Review resident evaluations with their assigned residents.
- Works with resident to ensure successful completion of developmental milestones.
- Assist in the development of remediation plans for their assigned residents.
- Ensures completion of remediation plans and reports back to CCC with objective documentation.
- Reviews resident evaluations semi-annually in preparation for ACGME Reporting Milestones.
- Completes Advising Worksheet semi-annually.
- Understand the purpose and responsibilities of the CCC
- Know role on the committee
- Recognize sources of likely biases and take steps to mitigate their impact
- Work with other members to develop a shared mental model of the Milestones
- Follow through with assigned tasks (such as pre-review and synthesis of resident/fellow performance data)
- Participate in ongoing professional development (the Milestones, best practices in assessment, effective group process, understanding and identifying bias)
- Facilitate a collegial, respectful atmosphere within the committee
- Use best practices to support a robust group process
- Ensure own honest “voice” is heard along with those of colleagues
- Maintain confidentiality
- Help orient new members
- Contribute to ongoing improvement of the CCC processes

## **Anticipating, Recognizing, and Mitigating Bias**

Ensuring a fair and equitable assessment system constitutes a fundamental obligation of the CCC to ensure that learners are afforded maximal opportunities to learn and thrive in the program.

Previous research has shown.

- Learners who are not white or who are women receive lower numerical ratings and are less likely to be selected for the Alpha Omega Alpha Honor Medical Society. (Boatright, 2017; Mueller, 2017; Teherani, 2018)
- Women also receive less favorable ratings on some milestones than men in some specialties (Dayal, 2017; Klein, 2019; Santen, 2019).
- Pediatrics and some family medicine milestones, women scored higher. (Hamstra 2019)
- Review of narrative comments about learner performance shows how certain words may be systematically used more to describe individuals based on the groups to which they belong. (Mueller, 2017; Rojek, 2019)
- Milestones ratings showing higher assessment of men than women in certain milestones traditionally thought of as more ‘male’ characteristics. (Santen, 2019; Dayal, 2017)

As the diversity of learners continues to increase, CCC members require awareness and training regarding bias in evaluations of learner performance. To address this important risk of bias influencing resident performance ratings during CCC discussions, the following steps will be utilized when possible.

- CCC membership should include diverse members in terms of gender and race/ethnicity. Diverse groups outperform homogeneous groups in terms of the quality of their work and decision making. (Hong, 2004)
- All CCC members should participate in training on diversity, equity, inclusion, and bias. Training can entail deepening one's understanding of unconscious bias and racism that permeates health care and medical education.
- Through ongoing discussion and reflection, CCC members can share and address their own perspectives and biases in order to recognize and mitigate unconscious biases. (Morgan, 2018)
- The CCC will examine the program's data for any systematic group differences in performance that signal bias in the evaluation data. This review can uncover systematic differences, as have been observed in some

## **Resident Meetings**

While the residents must meet with their advisor semi-annually, it is encouraged that more frequent meetings occur. The resident has the option to request a meeting with the PD and/or advisor. In addition, when necessary the PD may request to formally meet with the resident. Program feedback from both advisors and residents can be obtained as a result of these meetings.