CCC - Clarification
for Coordinator Confusion

Thursday, April 3, 2014
APPD Spring Meeting

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Disclosures

The presenters have nothing to disclose

Agenda

- Requirements of the CCC
- Expectations of Coordinators
- Preparation of Materials
- Meeting Participation
- Documentation/Reporting
- Challenges
- Tips and Tools

Requirements of the ACGME

- Members appointed by Program Director
  - MUST include 3 core program faculty
  - Others
    - Physicians
    - Non-Physician Members
    - Chief Residents
- Written Responsibilities
- Semi-Annual Meetings
- Advise Program Director re: progress and actions

Children's Hospital of Pittsburgh

- Residents – 84
- CCC comprised of 20 faculty members
- Chair (not from program leadership)
- Quarterly meetings
- Adjusted evaluations to milestone language
- Review each trainee
  - Mentors are from Program Leadership
  - Discuss 'red flags' in depth
  - Make recommendations to program leadership

UC Davis Health System

- Residents – 37
- CCC Membership:
  - 11 faculty members (incl. PD & APDs)
  - Chief Residents
  - Me
- Meet May & Nov + addl. mtgs. as needed
- Adjusted evaluations to milestone language
- 2 Step Review Process
- @ meetings review each trainee
  - Discuss 'red flags' in depth
  - Make recommendations to program leadership

Duke University Medical Center

- Residents – 48
- CCC Membership:
  - 9 faculty members – including PD (chair), APDs and other advisors and faculty reps from other services.
  - Chief Residents
  - PC
- Meet Nov., Feb and May
- Adjusted evaluations to milestone language
- Review each trainee
  - Assign mentors from all over the department to each trainee
  - Discuss "red flags" in depth
  - Make recommendations to program leadership

'Universal' Expectations

- Coordinators and the CCC
  - From our program
  - In general for coordinators
  - What do you expect from yourself?

Preparation of Materials

How people gather data:

You are here

How we gather data:

- Evaluations – through MedHub/E-value/New Horizons, etc. – various milestones attributed to several different evaluations, so no one evaluation is overwhelming, but all milestones are covered at least once.
- Self Evaluations – all 21 milestones
- Conference Attendance

Milestones Grid – for setting up Evaluations

Notice that no one eval uses **all** the milestones, yet they are all asked on **some** eval.

	Competence Domain	Milestones	Ward Combined	Subspecialty	ICN	FTN	ER	Peer	HOCC	Same Day/Clinic Chief	PICU	SCOPE	CSF	Self Eval	QI	Community	Total (omit Gener...)
2	PC1	Gather essential and accurate information about the patient	X	X			X			X	X			X			5
3	PC2 and PC-A2	Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient	X			X	X	X		X				X			6
4	PC3 and PC-A3	Provide transfer of care that provides seamless transitions			X			X						X			3
5	PC4 and PC-A6	Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment	X				X	X		X	X			X			6
6	PC5 and PC-A7	Develop and carry out management plans	X			X	X			X	X			X			6
15	PROF2 and P-A4	Demonstrate a sense of duty and accountability to patients, society, and the profession		X					X					X		X	3
18	PROF5	Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients	X				X	X	X					X			5
20	SBP1 and SBP-A2	Coordinate patient care within the health care system relevant to their clinical specialty	X		X				X					X			4
21	SBP2	Advocate for quality patient care and optimal patient care systems												X		X	2
22	SBP3	Work in inter-professional teams to enhance patient safety and improve patient care quality	X		X	X				X				X		X	6
60		Total Assessments per Eval	20	6	9	3	18	9	8	8	9	1	1	21	1	8	0

Our Self Eval uses all 21 reportable milestones

Data Collection

- **Prep Work**
  1. Milestone based evaluations
     - Evals. completed by faculty during/end of rotation
     - Delinquent report pub. 2-weeks post ea. rotation.
       - Forwarded to Dept. Chair & tied to Z payments

  2. Milestone Threshold Scores

Milestones Grid – for setting up Evaluations

- Notice that no one eval uses **all** the milestones, yet they are all asked on **some** eval.

	Competence Domain	Milestones	Ward Combined	Subspecialty	ICN	FTN	ER	Peer	HOCC	Same Day/Clinic Chief	PICU	SCOPE	CSF	Self Eval	QI	Community	Total (omit Gener...
2	PC1	Gather essential and accurate information about the patient	X	X			X			X	X			X			5
3	PC2 and PC-A2	Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient	X			X	X	X		X				X			6
4	PC3 and PC-A3	Provide transfer of care that provides seamless transitions			X			X						X			3
5	PC4 and PC-A6	Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment	X				X	X		X	X			X			6
6	PC5 and PC-A7	Develop and carry out management plans	X			X	X			X	X			X			6
15	PROF2 and P-A4	Demonstrate a sense of duty and accountability to patients, society, and the profession		X					X					X		X	3
18	PROF5	Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients	X				X	X	X					X			5
20	SBP1 and SBP-A2	Coordinate patient care within the health care system relevant to their clinical specialty	X		X				X					X			4
21	SBP2	Advocate for quality patient care and optimal patient care systems												X		X	2
22	SBP3	Work in inter-professional teams to enhance patient safety and improve patient care quality	X		X	X				X				X		X	6
60		Total Assessments per Eval	20	6	9	3	18	9	8	8	9	1	1	21	1	8	0

Our Self Eval uses all 21 reportable milestones

Milestone Threshold Scores

2013-2014 Pediatric Milestones
Scoring Levels by PGY

	Competency	PGY1		PGY2		PGY3	
		1st 6 Mo	2nd 6 Mo.	1st 6 Mo	2nd 6 Mo.	1st 6 Mo	2nd 6 Mo.
1	PC1. Gathers essential and accurate information about the patient.	1.5	2	2.5	3	3.5	4
2	PC2. Organizes and prioritizes responsibilities to provide safe, effective and efficient patient care	1.5	2	2.5	3	3.5	4
3	PC3. Provides transfer of care that insures seamless transitions.	1.5	2	2.5	3	3.5	4
4	PC4. Makes informed diagnostic and therapeutic decisions that result in optimal clinical judgment.	2	2.5	2.5	3	3.5	4
5	PC5. Develops and carries out management plans d carries out management plans. using shared decision making.	1.5	2	2.5	3	3.5	4
6	MK1. Locates, appraises, and assimilates evidence from scientific studies related to their patients' health problems.	1.5	2	2.5	3	3.5	4
7	PBLI1. Identifies strengths, deficiencies, and limits in one's knowledge and expertise.	1.5	2	2.5	3	3.5	4
8	PBLI2. Identifies and performs appropriate learning activities to guide personal and professional development.	1.5	2	2.5	3	3.5	4
9	PBLI3. Systematically analyzes practice using quality improvement methods, and implements changes with the goal of practice improvement.	1.5	2	2	2.5	2.5	3
10	PBLI4. Incorporates formative evaluation feedback into daily practice.	2.5	3	3	3.5	3.5	4

- Control Observational Drift
- Set by residents & faculty on PEC

CCC Prep Timeline

- 5- Weeks prior: Follow-Up on delinquent evals.

- 3-Weeks prior: Begin assembling data
  - Download evaluation data into Excel
  - PIVOT TABLES!!!

Steps

1. Download data from Trainee Management System
2. Generate Pivot Table
3. Create Final Report

What do we do with the data?

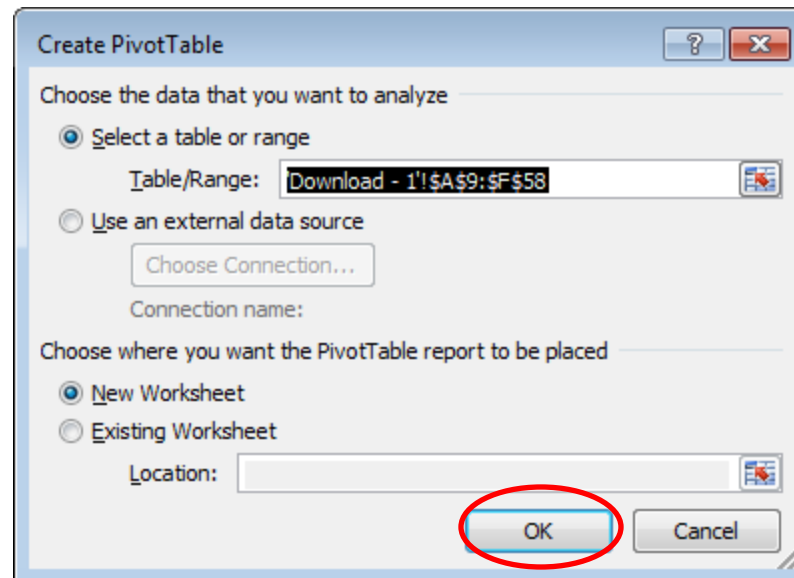1. Download information from evaluations into Excel.

	A	B	C	D	E	F
2						
3	**Milestones NAS Summary Report**					
4						
5	Report Generated: 01/22/2014 11:24am EST					
6						
7	Dates: 07/01/2013 to 12/31/2013					
8						
9	Resident:	Level:	Milestone:	Level (AVG):	Range:	# Questions:
10	Bradshaw, Carrie	3	PC-A10		3 3.0 - 3.0	1
11	Bradshaw, Carrie	3	PC-A12	n/a	n/a	0
12	Bradshaw, Carrie	3	PC-A13	n/a	n/a	0
13	Bradshaw, Carrie	3	PC-A4	n/a	n/a	0
14	Bradshaw, Carrie	3	PC-A5		3.5 3.5 - 3.5	1
15	Bradshaw, Carrie	3	PC-A8	n/a	n/a	0
16	Bradshaw, Carrie	3	PC-A9	n/a	n/a	0
17	Bradshaw, Carrie	3	PC1		3.9 1.5 - 5.0	8
18	Bradshaw, Carrie	3	PC2		3.5 2.0 - 5.0	8
19	Bradshaw, Carrie	3	PC3		4 4.0 - 4.0	1
20	Bradshaw, Carrie	3	PC4		3.6 2.0 - 4.5	7
21	Bradshaw, Carrie	3	PC5		3.7 2.5 - 4.5	7
22	Bradshaw, Carrie	3	MK-A1		3.9 2.5 - 5.0	4
23	Bradshaw, Carrie	3	MK-A2	n/a	n/a	0

What do we do with the data?

2. Create a Pivot Table. If you are not familiar with the wonders of the Pivot Table, let me introduce you. You can save SO much time with this handy tool.

   a. Click the Insert Button at the top of the Tool bar

   b. Then click PivotTable.
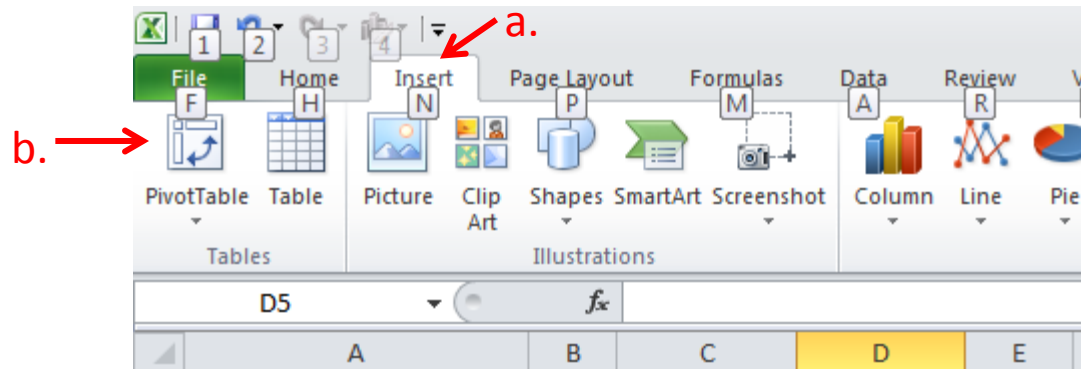
c. If the cursor is in the data set, the pivot table will automatically include all continuous columns and rows. If the default is correct, click OK. (I always choose the report to be in a New Worksheet).

- This is what the new PivotTable sheet looks like.

- Now you can create the table to help you analyze the data.

These are the column headers from the data sheet.

- This is great, but all the data is 1. Not helpful.
- Why did it do this? The Value section can do many options, summarize, count, average, etc. and it defaulted to count.
- For our purposes, we want it to summarize the data that was on our download.
- To do this, left click on "Count of Level", then Value Field Settings

- Move the calculation from Count to Sum and click OK.
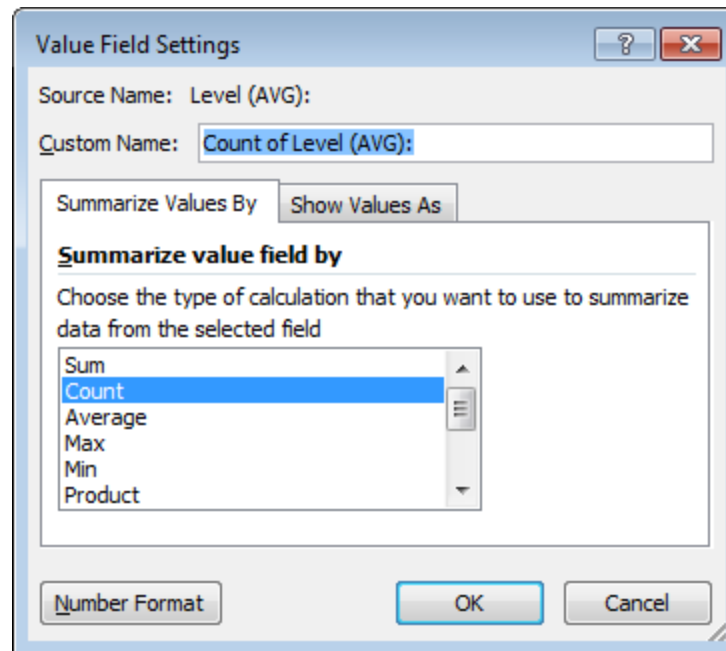
Copy of Excel Workshop data-CCC.xlsx - Microsoft Excel

A3: Sum of Level (AVG):

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Level:	(All)																
2																		
3	Sum of Level (AVG):	Column Labels																
4	Row Labels	ICS1	ICS2	ICS-A3	ICS-A4	ICS-A5	ICS-A6	MK1	MK-A1	MK-A2	P-A2	P-A3	P-A5	PBLI1	PBLI2	PBLI3	PBLI4	PBLI-A10	PBLI
5	Bauer, Jack	2.9	2.7	2.4	2.4	0	2.3	2	4.5	0	0	0	0	3.5	2	2	2.5	0
6	Bond, James	3.8	3.4	3.8	3.6	0	3.4	4.5	3.8	0	0	0	0	3.5	3.5	3.5	4	0
7	Bradshaw, Carrie	3.8	3.6	3.5	4.2	0	4	3.5	3.9	0	0	0	0	4.8	4	3.5	4.1	0
8	Burgundy, Ron	2.8	2.6															0
9	Butler, Rhett	4.4	4.4															0
10	Cameron, Kurt	2.6	2.8															0
11	Craig, CJ	3.6	3.7															0
12	Crawley, Mary	3.8	3.5															0
13	Crawley, Matthew	3.2	2.8															0
14	Crocker, Betty	3.4	2.8															0
15	Darcy, Fitzwilliam	3	2.5															0
16	Doright, Dudley	4.1	3.6															0
17	Draper, Don	4.1	3.5															0
18	Dumphy, Claire	3	3															0
19	Finn, Huck	2.4	2.7															0
20	Fletcher, Jessica	3.9	3.5															0
21	Grey, Meredith	4	3															0
22	Holmes, Sherlock	4.1	4.1															0
23	Huxtible, Rudy	3.5	3															0
24	Ingles, Laura	3.6	3.6															0
25	Jones, Bridget	3.4	3.3															0
26	Kardashian, Kim	2.8	2.7															0
27	Keeton, Alex P	3.2	2.9															0
28	Kent, Clark	3	2.1															0
29	Lane, Lois	2.7	2.8															0
30	Matlock, Ben	4.3	3															0
31	McBeal, Ally	3.4	3.3															0
32	McGary, Leo	4.5	3.5															0
33	O'Hara, Scarlett	3.3	2.9															0
34	Pittstop, Penelope	3.7	3.3															0
35	Pope, Olivia	4	4															0
36	Poppins, Mary	2.6	2.8															0
37	Potter, Harry	2.6	2.8	3.1	2.9	0	2.6	3	3.5	0	0	0	0	3.3	2.5	2	3.3	0
38	Potts, Pepper	3.6	3.4	3.4	3.5	0	3	3.5	3.9	0	0	0	0	3.8	3.5	2.5	3.3	0

- Now we have real data, but it's difficult to compare one resident to another because we have residents of all levels.

- To see only one level at a time, click on the filter at the top and choose one level.

PivotTable Field List

Choose fields to add to report:
- ☑ Resident:
- ☑ Level:
- ☑ Milestone:
- ☑ Level (AVG):
- ☐ Range:
- ☐ # Questions:

Drag fields between areas below:

Report Filter: Level:
Column Labels: Milestone:
Row Labels: Resident:
Σ Values: Sum of Level (...)

Sheet2 | Download - 1 | Pvt-2 | Level 1 | Level 2

Wow! This is great, but is there a better way to compare resident's evaluations?
YES!
- As great as PivotTables are, they don't like for you to change things much, so we are going to copy the table and "Paste-Special" on a blank sheet so we can make some changes.

Average the columns

- To be able to compare the residents, we'll use the average. Anyone below the average, we'll look at further.

Highlight the area of focus

- Highlight one row you want to format.

- From the Home tab, click on Conditional Formatting→ Highlight Cells Rules→ Less Than…

- We want to highlight cells that are LESS THAN our average.
- Actually, we'd really like to focus on those who are much lower than the average. For this example I would say the average less .5 (see formula below).

Final Report for the CCC

- This report lets us know that out of all the PL2s, we need to focus especially on the progress of Lois Lane, Ben Matlock and Opie Taylor.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Level:	2																
2																		
3	Sum of Level (AVG):	Column Labels																
4	Row Labels	ICS1	ICS2	MK1	PBLI1	PBLI2	PBLI3	PBLI4	PC1	PC2	PC3	PC4	PC5	PROF1	PROF2	PROF3	PROF4	PROF5
5	Crocker, Betty	3.4	2.8	2.5	3.3	3	2.5	3.5	3.2	3.5	4	2.8	3	3.3	3.8	3	4	3.7
6	Draper, Don	4.1	3.5	3	3.8	3	2.5	3.5	3.7	3.3	3	3	3.5	4	4	3.5	3	3.3
7	Fletcher, Jessica	3.9	3.5	4	4	4	3	3.7	3.7	3.8	4	3.5	3.7	4.3	3.5	3.5	3.7	3.8
8	Grey, Meredith	4	3	3.5	3.8	4	3.5	3.5	4.3	3.8	4	3	3.3	4.1	4.7	3.5	4	3.8
9	Huxtible, Rudy	3.5	3	2	3.4	2.5	2	3.5	3.2	3	3.7	2.5	3	3.3	3.6	3.5	3.8	3.1
10	Jones, Bridget	3.4	3.3	2.5	3.6	3	2.5	3.5	3.5	3.5	3.9	3.1	3.3	3.8	4.1	3	3.5	3.6
11	Lane, Lois	2.7	2.8	2	2.8	2	2	3.3	2.3	2.2	2.8	2.5	2.5	3	3.5	3	3.2	2.6
12	Matlock, Ben	4.3	3	2	5	2	2	2	5	3	2	2	2	4	5	2	2	2.5
13	McBeal, Ally	3.4	3.3	2.5	3	4	2.5	3.5	3.2	3.5	3.8	3.3	3.5	3.5	3.3	3	4	3.8
14	O'Hara, Scarlett	3.3	2.9	2.5	3.3	2.5	2.5	3.5	3.3	3	3.5	2.8	3	3.4	3.9	3	3.5	3
15	Pittstop, Penelope	3.7	3.3	3	3.5	2.5	2.5	3.8	3.6	3.6	3.6	3.2	3.5	4.3	3.8	4	3.8	3.4
16	Potts, Pepper	3.6	3.4	3.5	3.8	3.5	2.5	3.3	3.8	3.6	3.8	3.2	3.3	3.8	4.2	3	3.8	3.5
17	Simpson, Homer	3.2	3.1	3	3.2	2.5	2.5	3.5	3.3	3.4	3.5	3.3	3.1	3.7	4.3	3.5	3.5	3.5
18	Stark, Tony	3.7	3.3	3	3.9	2.5	2.5	3.7	3.8	3.7	3.5	3.5	3.5	3.8	3.9	3	3.8	3.6
19	Sylvester, Sue	3.9	3.5	2.5	4.1	3	2.5	3.5	3.9	3.5	3	3.6	3.5	4	4.3	3	4	3.5
20	Tanner, Stephanie	3.9	3.6	3	4	4	3	4	3.9	4.1	4.3	3.7	3.8	4.5	4.3	3.5	4.2	3.9
21	Taylor, Opie	3.4	3.1	2	3.5	2	2	2	3.6	3.6	2	3.3	3.1	3.8	4	2	3.5	3.8
22	Grand Total	61.4	54.4	46.5	62	50	42.5	57.3	61.3	58.1	58.4	52.3	54.6	64.6	68.2	53	61.3	58.4
23																		
24	Average	3.61	3.20	2.74	3.65	2.94	2.50	3.37	3.61	3.42	3.44	3.08	3.21	3.80	4.01	3.12	3.61	3.44
25																		

CCC Review Process

Resident Name: Taylor, Opie   **PGY:** 2   **Evaluation Period:** July 1 - Oct. 30, 2013

Milestone	Aggregate Scores			Weighted Score
	Faculty	Nursing	Peer	
PC1. Gathers essential and accurate information about the patient.	2.83			2.83
PC2. Organizes and prioritizes responsibilities to provide patient care that is safe, effective and efficient.	2.0		1.50	2.0
PC3. Provides transfer of care that insures seamless transitions.	2.0		1.50	2.0
PC4. Makes informed diagnostic and therapeutic decisions that result in optimal clinical judgment.	2.67			2.67
PC5. Develops and carries out management plans using shared decision making.	3.0			3.0
MK1. Locates, appraises, and assimilates evidence from scientific studie related to their patients' health problems.	2.67			2.67
PBLI1. Identifies strengths, deficiencies, and limits in one's knowledge and expertise.	2.0			2.0

CCC Prep Timeline

- 5- Weeks prior: Follow-up on delinquent evals.

- 3-Weeks prior: Begin assembling data
  - Download evaluation data into Excel
  - PIVOT TABLES!!!

- 2-Weeks prior: Initiate 2-Phase Review Process

- 2-3 Days prior: Assemble complete files for red-flagged residents.

2-Phase Review

- Faculty (except PD) assigned to review 3-4 resident files.
  - Review comments and choose to accept weighted score OR reduce/raise scores.

- All "red flags" given 2nd review by PD – faculty can also "flag" troubling comments.
  - PD may invite faculty advisor to CCC mtg.

Documentation Cont'

- Supplements to the numbers
  - Number of evaluations per question
  - Qualitative information from evals
    - Comment from alerts
    - Other 'red' flags
- Yearly and Quarterly information
- Document minutes
- Close the loop on action items
- Remediation and transparency to trainees

Reporting to ACGME

- Short-Term: Manual entry into ACGME portal
  - Time intensive – 2.75 hours for 37 Residents
  - Nerve wracking!

- Long-Term: Evaluation companies investigating cross system links to import data into ACGME system.

Long Term Challenges

- Resistance to change
- Faculty's completion of evaluations
- Potential score inflation issues
- Too early for data about the process
- Apples to Oranges – every program is different

Practical Challenges

- Weight of evaluation scores
- Committee members arriving prepared
- Bias from committee members
- Focusing on the 'good' and 'bad' equally
- Finding ways to...
  - Utilize technology
  - Grow skillset
  - Save yourself time

Tips and Suggestions

- Ask to be at the table for meetings…
  - with leadership prior to CCC
  - with the Chair of the CCC
  - regarding evaluation process and issues
- Utilize tech support for your evaluation system
- Review example CCC prep documents

Additional Resources for Excel

- Conditional Formatting: http://office.microsoft.com/en-us/videos/video-conditional-formatting-in-excel-2010-format-cells-to-make-data-stand-out-VA102500798.aspx?CTT=1&client=1

- 2013 Beginner Training Videos by Topic: http://office.microsoft.com/en-us/excel-help/training-courses-for-excel-2013-HA104032083.aspx

- Excel Help – now more user friendly!

Questions?

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Link for Presentation Feedback: https://www.appd.org/amsurvey/