Preparing your Competence Committee

The PA Perspective

ICRE 2019, Ottawa
September 25, 2019
Preparing your competence committee

While you wait................

- What is a competence/competency committee
- Why have one?
- What can you do before, during and after a meeting to help things run smoothly?
- What scares you?
Preparing your Competence Committee

The PA Perspective

ICRE 2019, Ottawa
September 25, 2019
We do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Introductions

• Julie Ghatalia
  > PA Anesthesiology, University of Ottawa

• Daniel Dubois
  > Associate PD, CC Chair, Anesthesiology, University of Ottawa

• Warren Cheung
  > Director of Assessment, CC Chair, Emerg Med, University of Ottawa

• Anna Oswald
  > CBME Director, Rheumatology, University of Alberta
Objectives

Upon completion of this session, participants will be able to:

• Describe the purpose, structure and function of a competence committee

• Identify practical approaches to facilitating a competence committee meeting

• Identify practical approaches to preparing competence committee functions before and outcomes following each meeting
Who’s in the room?

- Live in CBD? Coming soon? In a while?

- Your Prochaska stage
  - **Precontemplation**: haven't’ really thought about it
  - **Contemplation**: thinking about it, haven’t done anything yet
  - **Preparation**: getting ready to start one/join one
  - **Action**: it's live
  - **Maintenance**: it's running, I want to make sure I'm doing it right

- Who has attended a CC meeting?
How to run a competence committee

- What is a competence/competency committee?

- Why have one? What’s the point?

- What can you do before, during and after a meeting to help things run smoothly?

- What scares you?
What is the role of a Competence Committee?
What is a Competence Committee?

- A committee whose purpose is to **synthesize all** low-stakes EPA & other assessment data to make **progress/promotion decisions and guide learning activities**

- The PA plays an integral role in supporting the effective and efficient functioning of the Competence Committee!
Role of the Competence Committee?

- Provides a periodic resident performance review
- Occurs at each stage of training
- Aim to provide robust and transparent process
- Ensure ALL learners achieve requirements of the discipline
- Synthesis and review of quantitative and qualitative assessment data
- May provide recommendations for future learning activities
What do they do?

MAKE JUDGEMENTS

- Make sense of data
- Identify needed data
- Identify curriculum issues
- Identify assessment issues
- Work as a group
- Advise PD
- Track learning
- Provide feedback

Adapted from Hauer, Ekpenyong, Chan
ICRE 2016: Creating & Continuing
Clinical Competency Committees
Clinical Competence Committee Implementation
Nuts, Bolts, & More
What decisions does the competence committee make?

The Competence Committee is empowered to make decisions on:

» Resident status (e.g. progressing as expected, failure to progress...)
» Resident EPA Achievement
» Resident progression from one stage to the next
» Readiness for RCPSC exams
» Readiness for unsupervised practice

• Decisions need to be ratified by the resident program committee (RPC)
  » CC may monitor and/or suggest individual learning plans
• Guided by a National Competency Framework
  » Comes from Specialty Committee at the Royal College
Role of the Preceptor vs. Competence Committee

• Preceptors observe and record **low-stakes observations** based on how the resident performs

• Preceptors **don’t make** the final assessment decisions

• The Competence Committee takes **all** the low-stakes assessments and other assessment data in order to make **progress decisions and guide learning activities**
## Competence Committee vs RPC?

### Differentiating Roles

<table>
<thead>
<tr>
<th>Competence Committee</th>
<th>Residency Program Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reviews resident portfolios and makes recommendations to the PD and RPC</td>
<td></td>
</tr>
<tr>
<td>• Advises on individual learner needs apparent from the assessment process</td>
<td></td>
</tr>
<tr>
<td>• Advises on issues of curriculum or assessment in the patterns they see from the data</td>
<td></td>
</tr>
<tr>
<td>• Ratifies resident status recommendations of the competence committee</td>
<td></td>
</tr>
<tr>
<td>• Sets individual learning plans</td>
<td></td>
</tr>
<tr>
<td>• Sets residency curriculum and improvements</td>
<td></td>
</tr>
<tr>
<td>• Responsible for curriculum program review and evaluation</td>
<td></td>
</tr>
</tbody>
</table>
How does your program set up a Competence Committee?

• PGME Guidelines based on Royal College and PG Dean’s Assessment Advisory Working Group

• These Terms of Reference can be used/modified for your local committee

• Each program must **document plans for decision making and communicate this** to their residents and faculty
Competence Committee Nuts and Bolts

• Subcommittee of the RPC
  • Members may be the same or different than RPC

• Membership:
  • Chair
  • Program Director*
  • Minimum 1 Faculty per 8-10 residents; minimum 3 members
  • *** PA’s play an integral role in the functioning of CC ***

• Meet monthly/quarterly (depends on program size)
  • Each resident should be discussed a minimum of twice per year and at stage transitions

• Helpful to assign Primary Reviewers prior to the meetings
  • May be the Academic advisor or committee member
  • Suggest Max 3-5 residents per reviewer
How does it fit together?

RATERS
- Direct Observations
- Portfolio Entries
- Multi-source Feedback
- End-of-rotation Ratings & Comments
- EPA Assessments
- Informal Data
- OSCE Results
- Other

Program Goals
Curriculum
Institutional Culture

Competence Committee

Residents

Improved Patient Care

QI

FB
SA

FB = Feedback
SA = Self Assessment

Modified from K Hauer et al
Developmental Model for CC

Collect enough evidence to PROMOTE a resident

NOT

Enough evidence to FAIL a resident
“Not there....yet”

Dweck, Carol. "What having a “growth mindset” actually means.
Example of Mission for CC

• Responsibility to make decisions in the spirit of protecting patients from harm, which includes coaching and weighing a trainees' progress towards competency in terms of what they can safely be entrusted to perform with indirect supervision

• Overall goal is to ensure residents completing the program have the skills, knowledge, and attitude to provide competent, safe patient care.
Preparing for a Meeting
Advice from a CC Chair
Standard Operating Procedures

• Terms of reference for committee and members

• Transparent processes that could be audited

• Maintains internal consistency, efficiency, quality control

• Facilitate training of new committee members and residents
Committee Membership

• Getting the Right Mix
  > PD? Chair? External? Resident!? 

• Membership Terms
  > Term Limits
  > Longitudinal vs Rotational
  > Academic Advisor

• Assign Primary Reviewers
  > Single vs Multiple
  > Timing of meeting with residents
Sequencing of Meetings

- Usually every 3 to 6 months
  - Base on your local context
  - Consider overlap with RPC

- Set a draft agenda for residents due for review

- Try and align meetings with stage promotion, and ASAP after specific summative assessments
## Align with Curriculum Map

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1</td>
<td></td>
<td></td>
<td>QR</td>
<td></td>
<td></td>
<td>DR</td>
<td></td>
<td></td>
<td>DR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY2</td>
<td></td>
<td></td>
<td>DR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY3</td>
<td></td>
<td></td>
<td>DR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DR</td>
<td></td>
<td></td>
<td></td>
<td>DR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>QR</td>
<td></td>
<td></td>
<td></td>
<td>DR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Stage Prom**     T2D             Core1         Found         T2P  
**Assessment**     Written         Oral  
**RC Exams**       AKT 1           AKT Retake    ORAL          SIM  
|                 | 6 |   | Dec | OSCE |       |     | 1&3 |
|                 | 24 (3&4) |   | Bell Ring | OSCE | CaNASC |  
|                 |   | 6 | April |       |       |  

**DR=Detailed Review**    **Red = Summative**  
**QR=Quick Review**
Collating and Presenting Data

• Dashboards / Portfolios
  > Develop familiarity with the abilities / limitations of your portfolio platform

• Saves valuable time for review process

• Provides clear benchmarks and calibration

• Have residents involved in the process

## Longitudinal Dashboards

<table>
<thead>
<tr>
<th>AKT 0</th>
<th>AKT0 Percentile</th>
<th>AKT1 Percentile</th>
<th>OSCE (% Stations Passed)</th>
<th>AKT6 mark</th>
<th>AKT4 Percentile</th>
<th>AKT24 Percentile</th>
<th>Orals PGY2 Fall December 2016</th>
<th>Orals PGY2 Spring April 2017</th>
<th>Orals PGY3 Fall December 2017</th>
<th>Orals PGY3 Spring Apr 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>56</td>
<td>58</td>
<td>16</td>
<td>100%</td>
<td>62</td>
<td>38</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>55</td>
<td>58</td>
<td>27</td>
<td>75%</td>
<td>62</td>
<td>53</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>54</td>
<td>58</td>
<td>75</td>
<td>875%</td>
<td>74</td>
<td>74</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>53</td>
<td>59</td>
<td>49</td>
<td>50%</td>
<td>71</td>
<td>58</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>52</td>
<td>60</td>
<td>64</td>
<td>87.5%</td>
<td>57</td>
<td>27</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>51</td>
<td>60</td>
<td>76</td>
<td>50%</td>
<td>75</td>
<td>87</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>50</td>
<td>60</td>
<td>86</td>
<td>87.5%</td>
<td>73</td>
<td>92</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>49</td>
<td>60</td>
<td>86</td>
<td>87.5%</td>
<td>73</td>
<td>92</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>48</td>
<td>60</td>
<td>86</td>
<td>87.5%</td>
<td>73</td>
<td>92</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td>Q1: 70 70 70 70 70 61.3 70 60 60 60 65 65 65.0 70 65 65 65 65 65</td>
<td></td>
</tr>
</tbody>
</table>

![Graphs](#)

- **AKT0**
- **OSCE % Stations Passed**
- **PGY2 Fall Orals**
Faculty Development

- Opportunity to incorporate within CC meetings
  - Milestone Education
  - Review a Model
    - RX-OCR coaching in the moment
    - Coaching over time model
  - Bring a paper for discussion
    - Cognitive Biases
    - Summative vs Formative Assessment
  - Review Royal College Mock CC Data cases
- The power of a debrief
Checklist

- Copies available

- Electronic version here:
During the Meeting

The PA Perspective
On your marks, get set, go!

- Arrive to the room early
  - Presentation, data, etc ready to be displayed
- Meeting materials
- Being the first person there & prepared
  - comfortability ↓ stress
  - Helps set the tone and hopefully puts others at ease
The Agenda – version 564.2

- Last minute additions
  > Inform committee chair & members before the “official” start
- Changes to the order of items
  > Certain members need to leave early/arrive late
Questions: the b-sides

• Before
  > Meeting
  > Program

• During
  > Pssst! I have a question...

• After
What do we actually talk about?

- Welcome from the Chair
- New members
- Faculty Development • Interesting articles • Policies/procedures
- Residents in difficulty • concerns • follow-up
- Cohorts Alphabetical by Academic Coach
- Confidential Conversations Collect any left-over meeting materials & dispose
Minutes & Reports & Records, oh my!

• Meeting minutes/reports/records are displayed in real-time

• What do I record?
  > Decision – green, yellow, red
  > Suggestions – follow-up, resources, redos

• What don’t I record?
  > Conversations/discussions
Minutes & Reports & Records, oh my!

• Don’t be afraid!
  > Interrupt
  > Ask for clarification
    » Don’t try to decipher discussions
      • Ask for the decision & suggested follow-up

• Notes
# Minutes & Reports & Records, oh my!

<table>
<thead>
<tr>
<th>Resident</th>
<th>Cohort</th>
<th>September 2019</th>
<th>December 2019</th>
<th>February 2020</th>
<th>May 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident 1</td>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident 2</td>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident 3</td>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident 4</td>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident 5</td>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident 6</td>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident 7</td>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident 8</td>
<td>2019</td>
<td>Needs to re-write exam</td>
<td>Failed exam, rotation partial pass, referred to Wellness office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident 9</td>
<td>2019</td>
<td>Needs to re-write exam</td>
<td>Exam re-write = 85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident 10</td>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Needs to re-write exam**
- **Follow-up for next meeting**
- **Follow-up for next meeting, Keep on Agenda**
- **Exam re-write = 85%**

**Not reviewed**
- ILP concerns
- progress as expected
On the Brightside...

• Opportunity to talk with CC members
  > Getting to know faculty
  > Ask questions and follow-up

• Learn more about the program/residents
  > More attuned to residents in difficulty

• Offer your own concerns & insights

• Satisfaction of a job well-done 😊
After the CC Meeting
Advice from a CC Chair
Product of the meeting

• Draft meeting minutes/reports which outline:

• A decision for each resident that was reviewed
  
  > Status of the resident
    » E.g. "progressing as expected”
  
  > Action for each resident
    » E.g. “promote learner to Core”
<table>
<thead>
<tr>
<th>Learner Status</th>
<th>Learner - Resident Action</th>
<th>PG Dean approval / awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progressing As Expected</td>
<td>Monitor Learner - Resident</td>
<td>Not required</td>
</tr>
<tr>
<td></td>
<td>Modify Learning Plan – Suggested Focus on EPA/IM observations or RTE</td>
<td>Not required</td>
</tr>
<tr>
<td></td>
<td>Promote Learner - Resident – to Stage 2</td>
<td>Not required</td>
</tr>
<tr>
<td></td>
<td>Promote Learner - Resident – to Stage 3</td>
<td>Not required</td>
</tr>
<tr>
<td></td>
<td>Promote Learner - Resident – RC Exam Eligible*</td>
<td><strong>Awareness</strong></td>
</tr>
<tr>
<td></td>
<td>Promote Learner - Resident – to Stage 4</td>
<td>Not required</td>
</tr>
<tr>
<td></td>
<td>Promote Learner - Resident – RC Certification Eligible</td>
<td><strong>Required</strong></td>
</tr>
<tr>
<td>Not Progressing As Expected</td>
<td>Modify Learning Plan – Additional Focus on EPA/IM observations or RTE</td>
<td>Not required</td>
</tr>
<tr>
<td></td>
<td>Formal Remediation</td>
<td><strong>Required</strong></td>
</tr>
</tbody>
</table>
Communication to PGME

• What documentation does PGME want?

• Who will communicate with PGME?
  > PD
  > CC chair
  > PA
  > Academic advisor
Communication to RPC

• Decisions made by the CC should be ratified by the RPC

  > Timing of the CCs should closely precede RPC meetings

  > What information does the RPC want to hear about?
    » For each resident?
    » From those residents with a change in learner status / action?
Communication to the Resident

- Decisions should be communicated to the resident:
  > Does the RPC need to ratify before resident is informed?
  > Who communicates to the residents?
  > Scheduling meetings
Report Management

- Different types of meeting documentation:
  > Meeting minutes, resident status report

- Determine:
  > **Where** these documents will be kept
  > **Who** will have access to these documents
Individualized Learning Plans

- Should be developed for each resident
  - Who’s responsibility:
    » CC, PD, AA, RPC

- For the PA, this may involve
  » Rotation/scheduling adjustment
  » Setting up extra meetings
  » Liaising with PGME
Making your time Count

• Acknowledge that this will take time

• Negotiate regularly scheduled protected time

• Celebrate the New & Awesome!
Help us improve. Your input matters.

- Download the ICRE App, or
- Go to: www.royalcollege.ca/icre-evaluations to complete the session evaluation.

Aidez-nous à nous améliorer. Votre opinion compte!

- Téléchargez l’application de la CIFR
- Visitez le www.collegeroyal.ca/evaluationscifr afin de remplir une évaluation de la séance.

You could be entered to win one complimentary registration for ICRE 2020 in Vancouver. Vous pourriez participer au tirage d’une inscription gratuite à la CIFR 2020 à Vancouver.