

CBME Program Evaluation Forum: Competence Committees – What We Know and What We Need to Know

Dr. Anna Oswald and Dr. Andrew Hall welcomed participants to the first webinar in a series of CBME Program Evaluation Forums. Today's topic is Competence Committees – What We Know and What We Need to Know.

The CBME Program Evaluation Forum is meant to create a space where members can share, discuss, and collaborate on CBME program evaluation projects. There are many program evaluation initiatives occurring at many sites and organizations, and it is important to have a space to discuss and share.

The Forum will have three presentations on work on Competence Committees, and will then turn to a question period and discussion. To review the presentations, please see the attached slide deck.

Presentations

Many Programs, Many Ways: Evaluating the Implementation of Competence Committees at a Canadian University. Anita Acai, Karen Saperson, Moyez Ladhani, and Sharon Cameron.

Presented by Ms. Anita Acai.

Some Assembly Required: "Problematic Evidence" and the Interpretive Work of Clinical Competency Committees. Rachael Pack, Sayra Cristancho, Saad Chahine, Chris Watling, Lorelei Lingard.

Presented by Dr. Rachael Pack.

CCC Decision-Making: Maximizing the Value of Information Sharing. Karen Hauer.

Presented by Dr. Karen Hauer.

Questions and Discussion

- Were there common themes/behaviours from Competence Committees that worked well?
 - Ms. Acai: the data analysis is still being conducted, but some things that seemed to work well were having a group leader, and an organized process for assigning files.
- Do Competence Committees use blinded assessment of residents?
 - Dr. Pack: the process was not blinded, but committees were actively trying to be fair to residents and not biased.
 - Dr. Hauer: Competence Committee members were required to participate in diversity, equity, and inclusion training. They will also blind things when they can, but did find that when reviewing the totality of the learner's performance, knowing who they are is important for context.
- Are there differences in large and small competence committees/large and small programs?
 - Dr. Hauer: Larger committees tended not to have all members know the residents, whereas in small committees they did. This could be an advantage and disadvantage.
 - Small committees were sometimes less reliant on data, evidence, or measures of performance because they had firsthand experience with residents.

- Larger committees needed more meetings, and more structured ways to organize and present data. Small committees felt they could combine meetings with already existing meetings, this made them more casual.
- Ms. Acai: found very similar experiences. Additionally, in smaller programs, Competence Committee members were often also academic advisors because of capacity issues.
- What are the advantages or disadvantages of having resident members? Who were the residents, and what were their functions?
 - Ms. Acai: found that there were split opinions about resident involvement. Those who involved them stated reasons such as residents needing to learn how to deal with conflicts of interest, and learning to deal with the culture where they are involved in the assessment process. It also helped train residents, as they will often be the next people to be on these committees.
 - Those who involved them found it worked well, they provided important context that faculty didn't know about. However, in other cases residents did not want their peers involved, as Competence Committees use sensitive information.
 - A middle ground was to involve residents on the resident program committee, or to have a diverse range of members that included recent graduates and/or residents training in a related sub-specialty.
 - Dr. Pack: some the committees studied allowed residents to submit feedback for the committee to consider. This was helpful, as it could help explain unexpected data in the resident's file.
- What is the best way to prepare Competence Committee members for their role?
 - Bringing all chairs together to discuss and share information.
 - Train on diversity, equity, and inclusion to uncover biases.
 - Train the chair on how to review a file, so they can train the committee
 - Encourage the chair to adopt a reflective practice (i.e., feedback on how the committee can improve from faculty and residents).
- To all presenters: What are some of the biggest challenges you have faced in doing this kind of program evaluation work?
 - Presenters agreed that it is important to do multi-site studies, as it is difficult to determine how much of their findings are due to local context. However, at the same time, it is difficult to bring different sites together, or to have the resources to do so.

Dr. Anna Oswald and Dr. Andrew Hall proposed a discussion question: What are the priority questions for the community?

- The Royal College is currently undertaking a survey of Competence Committee chairs, but there are so many more questions to consider.

An attendee raised an idea of a potential next step of examining processes and implications from a resident perspective.

- Another attendee agreed: the output of Competence Committee meetings is currently unclear to residents, and it is unclear how they can use the output fed back to them to move forward. The Competence Committee needs to give next steps to the resident so they can use this output to enhance their educational goals.
- Dr. Pack noted that they are publishing a second study that addresses this. The Competence Committees provide a lot of formative feedback and coaching plans, and this is communicated in a variety of ways.
- Dr. Hauer noted that they faced the same issues, and one solution was to build trusted longitudinal coaching relationships.
- An attendee noted that residents on their committee help with communication between staff and residents, and involving them allows residents to learn how the committee works.
- An attendee raised the challenge of confirming with residents that assessments are not just based on numbers, but on multiple assessments. There is a gap between the Competence Committee and residents.
 - A national forum for discussing methods for an evidence based approach to build trust and rapport would be helpful.

Competence Committees currently rely on the wisdom of the crowd. How can we build validity evidence?

- Building validity requires a lot of evidence. For example, a group is starting to triangulate committee information with patient outcomes. Dr. Dan Schumacher has produced related literature – resident sensitive quality measures, trajectory of trainees over time.
- A national approach would be helpful here.

One university is looking to examine the user experience of electronic platforms.

- A related project a group is undertaking is trying to evaluate the data in the electronic platform, and working to understand the process of pulling data and unpacking EPAs and milestones more systematically. Currently the electronic platform being used allows them to pull a learner summary, and an EPA and milestone tracker, which helps to inform decision making. How can this support and enhance the data at the table?

Other next steps raised include:

- What is the value of non-clinical staff?
- What metrics are best to review how staff is doing other than EPA completion rates?

The Forum wrapped with a reminder of the next meetings and topics:

- April 9th, 2020, 11:30am-1:00pm EST
 - Coaching, mentoring, feedback
- June 18th, 2020, 11:30am-1:00pm EST
 - Short-term outcomes in CBME
- The Second CBME Program Evaluation Summit will also be held on September 22nd, 2020, in conjunction with ICRE. Be on the lookout for a Save the Date!