

Executive Summary

Preparing for Effective Clinical Competency Committee Meetings

Introduction

Perhaps the most important aspects of preparing for a Clinical Competency Committee (CCC) meeting is to make sure the members develop a shared mental model of what resident/fellow performance looks like, and understand their roles and responsibilities on the committee, as well as how the CCC functions to judge resident/fellow performance. Developing a shared mental model of the Competencies and the Milestones is essential, as is knowing where each is most likely to be taught, and how each is assessed in the program.

History

CCCs and Milestones continue to evolve. CCCs face well-recognized challenges that may result in sub-optimal Milestones reporting. This is especially true when CCC members judge resident/fellow performance on milestones they themselves have not directly observed. Challenges that should be anticipated include “range restriction” (using a limited range of the available Milestone levels), “straight lining” (rating all residents/fellows [or all residents/fellows of the same PG level] exactly the same on all milestones), or “halo effect” (a strength in one area spills over into another area’s ratings, especially if the other area is less clearly assessed). CCCs should regularly engage in professional development to recognize and mitigate these effects.

Milestones are not static. Many specialties have recently developed Milestones 2.0, which includes harmonized milestones in the four competency domains of Practice-Based Learning and Improvement, Communication, Professionalism, and Systems-Based Practice.

Unfortunately, some programs continue to use the entire Milestones Set for end-of-rotation evaluations, though they were never meant to be used as a stand-alone assessment tool. Though this approach may seem a logical expedient, and even helpful to faculty members, it fails to authentically capture the skills, attitudes, and behaviors faculty members need to directly observe so that CCCs can synthesize an aggregate of performance.

Noteworthy Practices

- Holding a retreat or meeting of the CCC members ahead of the first meeting may help everyone understand their roles, and the CCC's purpose.
- Ongoing professional development is essential as specialty Milestones evolve and as new assessment tools are designed and implemented.
- CCC members may wish to “self-assess” their own performance prior to each meeting against the newest version of their own specialty-specific Milestones.
- As in clinical practice, a “huddle” at the beginning of each CCC meeting and a debriefing following the meeting may facilitate group function and identify areas for improvement.
- Programs should select some defined method for CCC members to “pre-digest” and organize the data for review, ensuring a systematic, consistent approach to the pre-review and the meeting preparation process.

Long-Term and Short-Term Actions/Goals

- Implement ongoing CCC professional development to use evidence-based group practices and recognize/mitigate common challenges.
- Optimize effective communication between the members of the CCC and the rest of the faculty, so that faculty members understand how their assessments fit into the CCC's judgements. If the CCC is having difficulties making judgements on a subset of the Milestones, this information will be useful to the program in considering other assessment methods.

Useful Articles and Reports

[Milestones 2.0: A Step Forward](#)

[Strengthening Interpersonal and Communication Skills Assessment Through Harmonized Milestones](#)

[Harmonizing the Practice-Based Learning and Improvement Milestones](#)

[Harmonizing the Approach to Milestone Assessment of Systems-Based Practice](#)

[Refining the Milestones for Assessment of Professionalism Skills](#)

[The 2019 Milestones National Report](#)

For more information, see the full Clinical Competency Committee Guidebook and additional references on the [Milestones Resources](#) page of the ACGME website.