



CCC Best Practices

Faculty Development Day

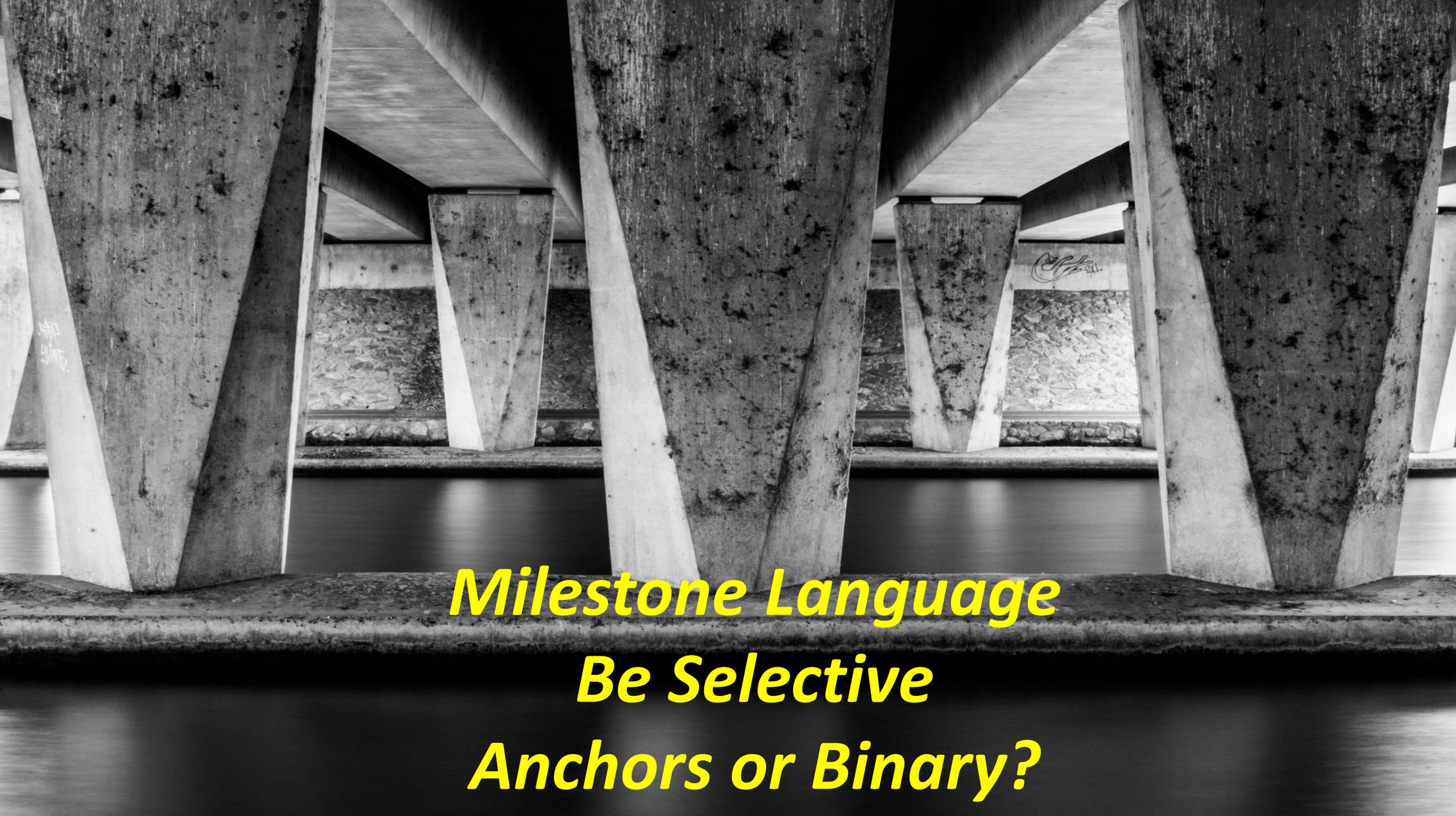
Improving Faculty Competence in Assessment & Evaluation

Casey Z. MacVane, MD, MPH

September 22, 2021

Evaluations
Committee Structure
Prep Work
Meeting
After CCC
Next Level





***Milestone Language
Be Selective
Anchors or Binary?***



***Quantity
Quality
360°
Target #***

Reminders
Examples
Feedback



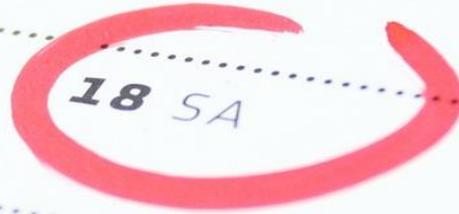


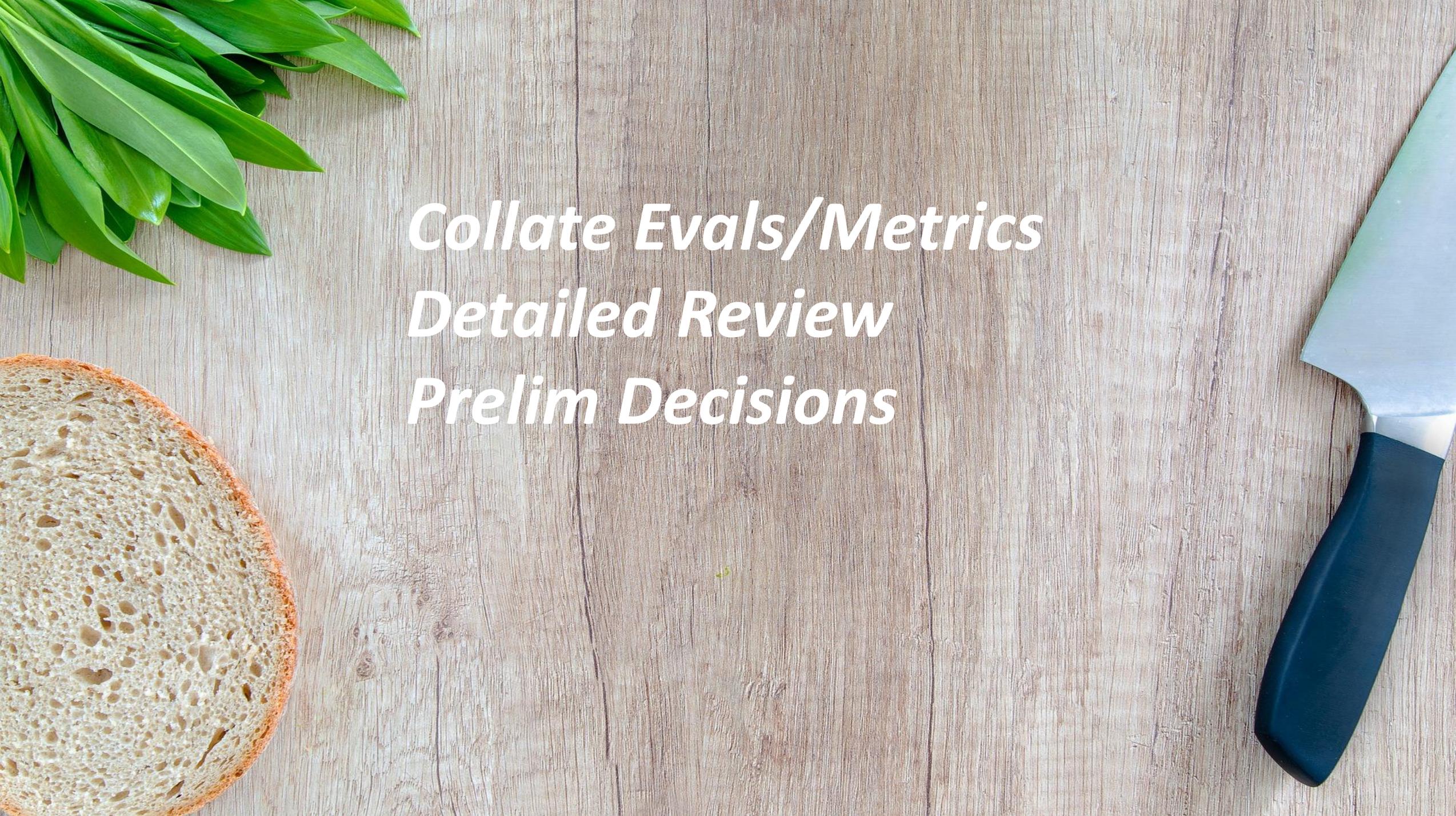
Perspectives
Orientation
Attendance
Non-Voting Members



***Commitment
Term Limits
Varied Rotation***

Classes to Review
Adequate Time
Extra Time



A top-down view of a wooden cutting board. In the top-left corner, there is a bunch of fresh green herbs. In the bottom-left corner, there is a thick slice of bread with a porous, airy texture. On the right side, a knife with a dark blue handle and a silver blade is partially visible. The text is centered on the board in a white, bold, italicized font.

Collate Evals/Metrics
Detailed Review
Prelim Decisions

***Pre-scored
Efficiency
Discussion***



1

*Reflective of Milestones
Examples & Evidence
Focus of CCC & SAE*

2

3

Areas of strength:

1. **Professional Values-** Glowing reviews from attendings and peers about work ethic, humility, attitude, and leadership in the department. You are a valued and respected colleague. Don't lose this! It is one of your greatest assets as a physician.
2. **Team Management-** Excellent comments about team management in and out of the CC bay. In CC does a great job of assigning roles and verbalizing thoughts. Great communication and working relationships with RNs, consultant, peers, and other ED staff.
3. **Patient Centered Communication-** Excellent bedside manner. Empathetic. Great rapport with patients and families. Calls families.
4. **Practice Based Performance Improvement-** Smart and reading but not afraid to ask questions. Thinking ahead to life after residency, asking great questions, reading and learning every shift to fill knowledge and experience gaps.

Areas of opportunity:

1. **Medical Knowledge-** Strong clinical working knowledge, stays up to date on literature, engaged in conferences, BUT in-service score fell this year. This was a tough year, for myriad reasons, but [REDACTED] will need to buckle down to study for the EM boards. 9% chance of failing a high-stakes exam. Need to do a review course for boards, especially with all his travel next year. Has only done 300 questions in ROSH which may be part of this. Admits he did not do multiple choice questions before exam but has in past years and plans to for boards.
2. **Accountability-** Was also an opportunity last CCC. Behind on patient care follow-ups and faculty evals. Self-eval mentions difficulty with organization. Make sure you check all the boxes next year.
3. **Procedures-** 991- lowest in class (half of what highest person had). Need 2/10 arthrocentesis, 3/10 reductions, 2/6 pacing, 2/10 pedi trauma resuscitations. [REDACTED] think this is primarily a logging issue.
4. **History & Physical-** This is minor, but useful feedback. Don't let acuity prevent you from getting critical hx in CC. Remember to talk to the patient as well. Also from SDOT minor comment about not forgetting mucous membrane and conjunctivae in volume assessment.



Confidential
PD Restrained
Welcome Dissent



*Equity
By Resident or Milestone
Examples
Display!*

PGY Year:	PGY3	she	
Season:	Spring	her	
Year	2021		
CCC Reviewer	Rae Williams		
To be completed by Jana			
To be completed by faculty reviewer			
To be completed during CCC meeting			
From Prior CCC:			
Strengths:			
	1 Multi-tasking		
	2 Critical Care/ Emergency Stabilization		
	3 Observation & Reassessment		
	4-8 Patient Centered Communication; Systems Based Management		
Opportunity			
	1 Medical Knowledge		
	2 Team Management		
	3 History & Physical		
	4-8 Diagnosis		
Current CCC:			
Strengths:			
	1 Milestone Multitasking/Team	Summative Statement	
	2 Observation and	Consistently praised for	
	3 Technology	Several comments about	
	4-8 Critical Care/Emergency	Several comments about	
		Another strength as	
Opportunity			CCC Suggestions for 6 month goals/focus:
	1 Medical Knowledge	No comments regarding	
	2 Accountability/Procedures	Needs to complete 15	
	3 Pharmacotherapy	Two comments re:	
	4-8		
Summative Faculty Comments (optional)			
	There is no doubt that Dr.		
	Sara Nelson- no meeting		

SDOT	SDOT By:	SDOT Date:	
SDOT 1 Data	Annie Huyler	1/13/21	
SDOT 2 Data			
ROSH Reviews Avg%	95%		
ROSH Reviews Up to Date through:	April		
Cumulative Conference Attendance	81%		
Moonlighting	Yes	logging duties hours	
Patients per shift for PGY2/3	1.66		
Avg Patients per shift for class	1.48		
Administrative/Jana Comments:	needs to complete 15 faculty		
Research Project Complete	evals		
	Yes		
Research Project Title	CAPE Project - presentations at NERD, Lambrew, SAEM; 20K grant		
Other Completed Research Projects	Wilderness Curriculum presented @ CORD; Boarding & Burnout study w/ Hein, Hydar, Strout (ACEP Abstract); Case Report Published; Image Submission from Write-a- Palooza 2021 (Mackenzie team)		
In-Service Exam:			
PGY1	71		
Percentile	46%		
Chance of Passing	95%		
PGY2	74		
Percentile	37%		
Chance of Passing	92%		
PGY3	74		
Percentile	23%		
Chance of Passing	86%		
PSQI Requirement	In-Progress		
Total # Procedures	1391		
Class Range Procedures	991-1,874		
Specific Procedures Below Required	pediatric medical		

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Specific Procedures Below Required	pediatric medical			
Milestones	Avg		PRN Comments:	Prior CCC Milestone
Emergency Stabilization	PC1	4	MN: "Dr. I [REDACTED] has demonstrated strong	3.5
History and Physical	PC2	4	AF: "Efficiently assimilates data to come up with	3.5
Diagnostic Studies	PC3	4	Limited comments, rounding to 4 based on NI (3.82)	3.5
Diagnosis	PC4	4	Limited comments, rounding from NI (3.81). Good	3.5
Pharmacotherapy	PC5	3.5	Several comments about needing improvement with	3.5
Observation and Reassessment	PC6	4	Several faculty praise her for this including CZM and	4
Disposition	PC7	4	RJW: "Early in third year I sometimes felt that Liz had	3.5
Multi-Tasking	PC8	4	"seamless", "one of the most efficient third years",	4
General Approach to Procedures	PC9	4	Limited comments, rounding from NI (3.82)	3.5
Airway Management	PC10	4	Limited new data	4
Anesthesia and Acute Pain Management	PC11	3.5	Limited new data, rounding from NI (3.69)	3.5
Goal Directed Focused US	PC12	4	Most US logged in class, needs first trimester US	4
Wound Management	PC13	3.5	Limited new data	3.5
Vascular Access	PC14	4	Limited new data, JL says good on US PIV	4
Medical Knowledge	MK	3.5	23rd percentile on ISTE, expected drop with chief	3.5
Patient Safety	SBP1	4	Nice work on CAPE project, and also M&Ms	3.5
System-based Management	SBP2	3.5	limited new data, rounding form NI (3.64)	3.5
Technology	SBP3	4	5 attendings comment on timely and appropriate	4
Practice-based Performance Improvement	PBLI	4	JAH: "always has a great bedside manner, approach	3.5
Professional Values	PC15	4	Limited comments, rounding from NI (3.77). TF	3.5
Accountability	PROF2	4	Limited comments, rounding from NI (3.79)	3.5
Patient Centered Communication	ICS1	4	JH says "fantastic". Noted to be clear, concise, and	3.5
Team Management	ICS2	4	NI (3.78). CZM: "Liz works very well with the whole	3.5

*Other Faculty
Binders
Wellness
High-performers*





Micro & Macro Review

Tech tricks

Semi-annual Eval

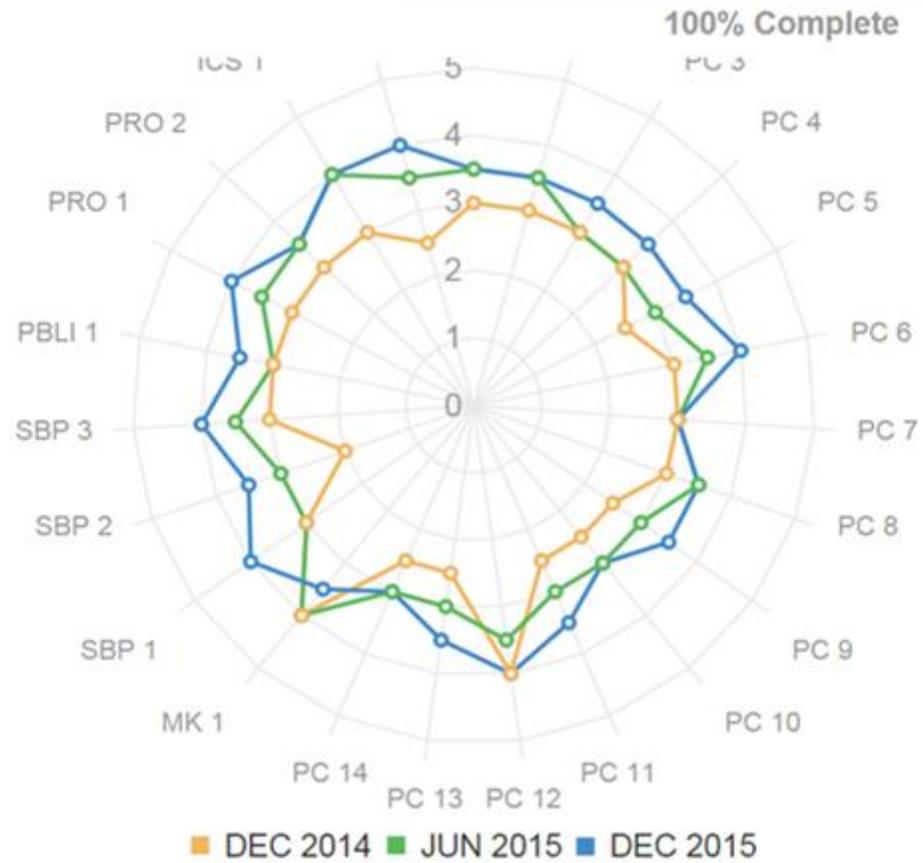
ILP- Interactive

Milestones

Resident Review

Attachments

Meeting Notes



Expand All



Progress tracker

Bias

CCC as QI

Evals
Prep Work
More than Milestones
Faculty Development
QI



THANK YOU!

