Rowland K, Edberg D, Anderson L, Wright K. Features of effective clinical competency committees. *J Grad Med Educ.* 2023;15(4):463-468. DOI: http://dx.doi.org/10.4300/JGME-D-22-00756.1

Program Directors Survey PD21

1. Qualifying Question

1. Please describe the status of the residency program you direct:

- ◯ My program does not yet have a resident class
- ◯ My program has not yet had three resident classes
- ◯ My program has had three or more resident classes

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Program Directors Survey PD21

2. Welcome to the Program Directors Survey PD21

The Association of Departments of Family Medicine (ADFM), Society of Teachers of Family Medicine (STFM), Association of Family Medicine Residency Directors (AFMRD), and North American Primary Care Research Group (NAPCRG) would appreciate your response to this survey of program directors.

Questions in this survey were created by your peers under the guidance of the CAFM Educational Research Alliance (CERA), the Steering Committee that includes representatives from each of the academic family medicine organizations. Topics for this survey are:

- **Demographics**
- **Care for Patients with Obesity**
- **Accommodations for Residents with ADHD**
- **Features of Effective Clinical Competency Committees**
- **Faculty Recruitment**
- **Use of Social Media for Marketing**

The survey should take about 15 minutes to complete.

The results of this survey will be used in published research, so it's important that all directors complete the survey. The data will also be added to a clearinghouse that you and other academic family medicine faculty can use to develop new research ideas or to answer administrative questions. This information will be stripped of any identifiers linking the data back to you or your program.

Participation in this study is voluntary at all times. You may choose to not participate or to withdraw your participation at any time. Deciding not to participate or choosing to leave the study will not result in any penalty or loss of benefits to which you are entitled.

While every effort will be made to keep confidential all of the information you complete and share, it cannot be absolutely guaranteed. Individuals from the American Academy of Family Physician's Institutional Review Board (a committee that reviews and approves research studies) and Federal regulatory agencies may look at records related to this study for quality improvement and regulatory functions.

If you have any questions about the study, contact Wade Rankin, DO, CERA Survey Director, at 513-233-6912 or WRankin@mercy.com. If you have any questions about your rights as a research subject, contact Carla Scarborough, AAFP IRB Assistant, at 913-906-6000 x6454 or cscarborough@aafp.org.

Program Directors Survey PD21

3. Demographics

1. Please describe the type of residency program you direct:

- ◯ University-Based
- ◯ Community-Based, University-Affiliated
- ◯ Community-Based, Non-Affiliated
- ◯ Military
- ◯ Other (please specify)

2. In what state is your residency program located? (This information will be aggregated into regions before data is disseminated.)

State: -- select state --

3. What is the approximate size of the community in which your program is located?

- ◯ Less than 30,000
- ◯ 30,000 to 75,000
- ◯ 75,001 to 150,000
- ◯ 150,001 to 500,000
- ◯ 500,001 to 1 million
- ◯ More than 1 million

4. How many residents (total complement) were in your program as of July 2021?

- ◯ < 19
- ◯ 19 - 31
- ◯ > 31

5. Your medical degree is:

- ◯ MD
- ◯ DO

6. How many years have you been in your current program director role?

7. How many total years have you served as a program director?

8. What is your gender?

- ◯ Female/Woman
- ◯ Male/Man
- ◯ Genderqueer/Gender non-conforming
- ◯ Non-binary
- ◯ Prefer to self-describe
- ◯ Choose not to Disclose

9. Which of the following best defines your race or ethnicity? Select all that apply:

- ☐ Hispanic/Latino/a/Spanish Origin
- ☐ American Indian/Alaska Native/Indigenous
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Middle Eastern/North African
- ☐ Choose not to disclose

For URM Questions we used the following definition from AAMC:

"Under-represented in medicine means those racial and ethnic populations that are under-represented in the medical profession relative to their numbers in the general population (Black/African-American, Hispanic/Latino/of Spanish Origin, American Indian/ Alaska Native/Indigenous, Native Hawaiian/other Pacific Islander, and certain Asian ethnicities)."

10. I self-identify as under-represented in medicine.

- ◯ No
- ◯ Yes

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Program Directors Survey PD21

6. Features of Effective Clinical Competency Committees

1. My program's Clinical Competency Committee (CCC) is successful at identifying residents who are failing.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

2. My program's CCC is successful at identifying residents who require remediation in one or more areas, but are not failing.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

3. My program's CCC is successful at identifying residents who are exceeding expectations in training and may benefit from individualized education to achieve their potential.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

4. Do CCC members receive formal faculty development or training on CCC best practices?
For example, this training might include the expectations of the CCC or how to synthesize assessment data and might occur through STFM, RLS, the ACGME, or your GME office.

- Yes, all members receive formal CCC training
- Yes, some members receive formal CCC training
- Only the program director receives formal CCC training
- Only 1 member (other than the program director) receives formal CCC training
- No one has formal CCC training

5. Is there a formal policy describing a standardized way for residents in your program to receive feedback generated from the CCC?

- ◯ Yes, we have a written policy describing this process
- ◯ Yes, we have a process we always or usually follow but no written policy
- ◯ No, we have no usual process, policy, or procedure, but residents usually get feedback
- ◯ No, we have no usual process, policy, or procedure, and feedback to residents can be hit or miss
- ◯ No, residents do not usually receive feedback after a CCC meeting

6. Which of the following best describes the data considered in your CCC meetings?

- ◯ We use assessment data from multiple sources, such as rotation evaluation scores and written comments, procedure logs, in-training exam scores, and scholarship or quality improvement project(s)
- ◯ We mostly use data from 1 source, such as rotation evaluations, and consider other data sources as well
- ◯ We rely heavily on data from 1 source, such as rotation evaluations
- ◯ Something else

7. Does your CCC have a policy or procedure for considering data from multiple sources? For example, does your CCC have a way of reviewing core faculty and non-core faculty evaluations differently, or stating they should be considered the same way?

- ◯ Yes, we have a formal written policy or procedure for how to include different kinds of data
- ◯ Yes, we have a procedure that we usually carry out, but it is not formal or written
- ◯ No, we do not have a usual way of integrating data, or it may vary from meeting to meeting or resident to resident

8. For each 6-month milestone reporting interval, how much time does a typical CCC member spend on your CCC meetings, including time spent reviewing materials ahead of time, time in the meeting, and time spent completing any follow up work afterward?

- ◯ <1 hour
- ◯ 1-<3 hours
- ◯ 3-<5 hours
- ◯ 5-<7 hours
- ◯ >7 hours

9. How efficient do you think your CCC is?

- ◯ Very inefficient
- ◯ Inefficient
- ◯ Efficient
- ◯ Very efficient

10. Which one of these scenarios best describes how your CCC functions?

- ( ) Individual CCC members review one or more assigned resident files prior to the meeting and present their milestone placement recommendations to the CCC at the meeting
- ( ) Most milestone rankings are generated automatically from the information and evaluations in the resident management system (i.e., New Innovations, MedHub) and the CCC reviews them at the meeting
- ( ) The CCC works in smaller committee format, where groups of CCC members discuss assigned residents and make recommendations for milestone placement to the whole CCC
- ( ) The whole CCC meets together and assesses each resident file one at a time at the meeting, discussing each milestone for each resident
- ( ) Some other format

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Supplementary Data

TABLE

Results of the Logistic Regression Analysis

Predictor	Identifying Residents at Risk of Failure			Identifying Residents Requiring Remediation			Identifying Residents Exceeding Expectations			CCC Efficiency		
	OR	**CI**	***P* value**	**OR**	**CI**	***P* value**	**OR**	**CI**	***P* value**	**OR**	**CI**	***P* value**
Formal CCC faculty development												
All members receive formal training	3.62	(1.02-12.90)	.047	2.08	(1.09-3.95)	.026	4.27	(2.26-8.07)	<.001	3.61	(1.71-7.59)	.001
Some members receive formal training	1.88	(1.08-3.26)	.025	1.39	(0.8-2.42)	.242	2.64	(1.54-4.54)	<.001	1.04	(0.56-1.92)	.899
Only the program director	.95	(0.41-2.23)	.913	.51	(0.22-1.22)	.130	1.16	(0.51-2.66)	.720	.62	(0.25-1.54)	.301
Only 1 member (other than the program director)	1.99	(0.76-5.18)	.160	2.64	(0.99-7.02)	.052	2.81	(1.11-7.14)	.030	.65	(0.24-1.82)	.415
No one has formal training	(ref)	--	--	(ref)	--	--	(ref)	--	--	(ref)	--	--
Formal policy describing a standardized way for residents to receive feedback generated from the CCC												
Written policy exists	19.91	(3.72-106.44)	<.001	14.14	(2.64-75.63)	.002	12.65	(2.42-66.16)	.003	4.63	(0.79-27.08)	.089
Standard process but no written policy	8.48	(1.61-44.72)	.012	6.04	(1.14-31.93)	.034	4.24	(0.82-21.9)	.084	1.69	(0.29-9.73)	.556
No standard process or written policy, but residents usually get feedback	16.89	(2.34-121.73)	.005	7.20	(1.01-51.53)	.049	5.30	(0.77-36.29)	.089	1.62	(0.2-12.87)	.647
No standard process, policy, or procedure	(ref)	--	--	(ref)	--	--	(ref)	--	--	(ref)	--	--

and feedback can be hit or miss												
Data considered in CCC meetings												
We use assessment data from multiple sources	3.15	(1.12-8.85)	.029	4.30	(1.52-12.21)	.006	2.53	(.95-6.73)	.064	2.67	(.93-7.67)	.068
We mostly use data from 1 source and consider other data sources as well	(ref)	--	--	(ref)	--	--	(ref)	--	--	(ref)	--	--
Policy or procedure for considering data from multiple sources												
Formal written policy or procedure	2.53	(1.22-5.22)	.012	2.76	(1.32-5.75)	.007	5.34	(2.62-10.9)	<.001	2.87	(1.27-6.49)	.011
Standard procedure, but it is not formal/written	2.19	(1.16-4.13)	.015	2.35	(1.24-4.48)	.009	3.31	(1.79-6.1)	<.001	1.06	(0.53-2.1)	.876
No standard policy or procedure	(ref)	--	--	(ref)	--	--	(ref)	--	--	(ref)	--	--
Time spent on CCC meetings for each 6-month milestone reporting interval												
<3 hours[‡]	.39	(0.20-0.75)	.005	.37	(0.19-0.72)	.004	.47	(0.25-0.88)	.019	1.37	(0.67-2.8)	.390
3-<5 hours	.59	(0.34-1.05)	.071	.79	(0.45-1.39)	.407	.52	(0.3-0.9)	.019	1.44	(0.77-2.68)	.249
5-<7 hours	.86	(0.45-1.65)	.657	.68	(0.36-1.30)	.249	.62	(0.34-1.16)	.137	1.26	(0.62-2.54)	.519
>7 hours	(ref)	--	--	(ref)	--	--	(ref)	--	--	(ref)	--	--
CCC functions												
Individual CCC members review one or more assigned resident files prior to the meeting and	.84	(0.35-2.04)	.708	.66	(0.27-1.6)	.352	.83	(0.35-1.96)	.672	1.17	(0.43-3.15)	.756

present their milestone place												
Most milestone rankings are generated automatically from the information and evaluations in the resident management system	.69	(0.24-1.96)	.482	.70	(0.24-2.01)	.506	.51	(0.19-1.42)	.200	.79	(0.25-2.57)	.700
The CCC works in smaller committee format, where groups of CCC members discuss assigned residents and make recommendations	1.39	(0.35-5.52)	.636	.64	(0.16-2.49)	.515	.36	(0.1-1.34)	.129	.70	(0.16-3.14)	.643
The whole CCC meets together and assesses each resident file one at a time at the meeting, discussing each milestone for	.97	(0.39-2.39)	.943	.75	(0.3-1.86)	.528	.73	(0.3-1.76)	.484	.55	(0.2-1.5)	.239
Some other format	(ref)	--	--	(ref)	--	--	(ref)	--	--	(ref)	--	--

Abbreviation: CCC, Clinical Competency Committee.
Note: ł collapsed categories for <1hour and 1-<3 hours.

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