# Competence Committees – Decision Making

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Competence Committee Chairs Workshop

April 2nd, 2018

**DALHOUSIE UNIVERSITY**
FACULTY OF MEDICINE

Department of Anesthesia,
Pain Management and
Perioperative Medicine

# Objectives

1. Discuss ways to collect and review resident data

2. Describe approaches to assessment and the pros and cons of each.

3. Discuss options for presentation of data at competence committee meetings and reporting that data.

4. Determine how to review EPAs at meetings.

5. Discuss ways to come to group decisions and what decisions are to be made.

# Collecting data

- One45 vs RC E-portfolio vs Something else!

- Need a variety of assessments

- Quality vs Quantity of evidence
  - How much is enough?

# Approaches to Assessment

| Problem Identification Model | Developmental Model |
|---|---|
| Fewer evaluations, incompletely synthesized for the committee. Focus on "red flag" alerts and include informally gathered data | Benchmarking for comparison of resident performance. Time-consuming to synthesize and review |
| Committee members focus on time on committee, teaching experience. Implicit decision making | Training and knowledge of benchmarks for committee members. Focus on documented performance vs. benchmark |
| Focus on global performance, minimal discussion of residents with no concerns | Focus on specific performance with individual areas of strength/weakness |
| Resident receives report and must make implementation plan. No follow-up of response at next meeting | Feedback framed in developmental language and delivered in meeting with PD or longitudinal advisor |
| Potential reluctance of faculty to document concerns. | Transparency through clear communication of benchmarks |

Hauer, KE et al. (2015).
*Academic Medicine*, *90*(8), 1084–1092.

**Domain 1: Meeting or Exceeding the Concern Threshold: Data about Residents**

Theme 1: Written comments from rotation assessments are foundational to identifying residents with performance concerns

Theme 2: Concerning Performance Extremes Stand Out

Theme 3: Isolated Data Points May Accumulate

Theme 4: Developmental Trajectories Matter

**Domain 2: Interpreting Performance Data**

Theme 1: Using a Norm- and/or Criterion-referenced Interpretation

Theme 2: Assessing the Quality of Data That is Reviewed

**Figure 1.** How residents with performance concerns are identified.

# Group Decision Making

| Concept | Key Points from Literature |
|---|---|
| Member characteristics | • Heterogeneous is best |
| Group size | • Large groups best if defined procedures; but caution for "Groupthink" |
| Group understanding of its work | • Shared mental model improves group performance.<br>• Group cohesion and insulation can lead to "groupthink" and fewer poorer decisions.<br>• Default initial position affects outcomes |
| Group leader role | • Leader (or senior/powerful/confident members) can dominate<br>• Leader influences amount of new information sought |

# Group Decision Making Continued

| Concept | Key points from literature |
|---|---|
| Information-sharing procedures | • More information sharing is better<br>• Information sharing enhanced with structured discussion process invites elaboration<br>• Sharing written information increases chances of information being used in decisions<br>• Social pressure is minimized through structure voting and recognition of diverse opinions<br>• Shared information carries more weight than unshared; structure processes to encourage sharing. |
| Effects of time pressures | • Time pressures lead to lower-quality decisions<br>• New information more likely with longer discussion |

# Avoiding "Groupthink"

- "Groupthink" = decisions dominated by desire for group cohesiveness over alternatives

- Increased risk when:
    - Members have similar background
    - Absence of group rules/procedures
    - Incomplete survey of information
    - Tendency to follow leader preferences with minimal consideration or critical review

- Bottom line – Be careful not to emphasize consensus over dissent

Modified from Royal College Webinar on CCs

# Group Decision Making

- Watch for decision making fatigue
- Many sources of bias – label and discuss!
  - Anchoring, Availability, Bandwagon, Confirmation, Framing Effect, "Groupthink", Overconfidence, Reliance on gist, Selection, Visceral

Dickey, C. C., Thomas, C., Feroze, U., Nakshabandi, F., & Cannon, B. (2017). Cognitive Demands and Bias: Challenges Facing Clinical Competency Committees. Journal of Graduate Medical Education, 9(2), 162–164.

## Resident Assessments and Training

Search: [　　　　　　　　]　[Expand All]　[Collapse All]

| Name | Type | Completion |
|------|------|------------|
| ▼　Required Training and Assessment Tracking | | 161 / 446 (36%) |
| ▶　📁 Program - Overall | | 3 / 48 (6%) |
| ▶　📁 Transition To Discipline | | 10 / 10 (100%) |
| ▶　📁 Foundation | | 148 / 365 (41%) |
| 　📁 Core | | 0 / 23 (0%) |
| 　📁 Transition To Practice | | 0 / 0 (0%) |

## Competency (EPA) Tracking

Search: [　　　　　　　　]　[Expand All]　[Collapse All]

| Name | Type | Completion | Verified |
|------|------|------------|----------|
| ▼　EPAs | | 23 / 77 (30%) | 8 / 77 (10%) |
| ▶　📁 Transition to Discipline | | 6 / 6 (100%) | 6 / 6 (100%) |
| ▶　📁 Foundations | | 16 / 27 (59%) | 2 / 27 (7%) |
| ▶　📁 Core | | 1 / 44 (2%) | 0 / 44 (0%) |

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| | | |
|---|---|---|
| ▼ 📁 **Obstetrics** | | 16 / 34 (47%) |
| ▼ 📁 **Required Training** | | 13 / 19 (68%) |
| ▼ 📁 **Obstetric/Gynecology** | | 10 / 10 (100%) |
| 📄 Assess patients in the prenatal clinic to help recognize normal vs abnormal pregnancy | Checkbox | **Yes** |
| ▶ 📁 Assess and help manage patients in the early labor assessment unit including, but not limited to, patients with the following: | | 2 / 2 (100%) |
| 📄 Follow a patient through the three stages of labour | Checkbox | **Yes** |
| 📄 Review normal and abnormal fetal heart rate graphs | Checkbox | **Yes** |
| 📄 Observe surgical management of delivery | Checkbox | **Yes** |
| ▶ 📁 Manage patients with prenatal complications including but not limited to: | | 4 / 4 (100%) |
| ▼ 📁 Obstetrical Anesthesia | | 3 / 9 (33%) |
| ▶ 📁 Participate in the care of patients on Birth Unit including: | | 2 / 4 (50%) |
| ▶ 📁 Provide anesthesia for a minimum of 1 gyne OR list per four week block. Resident should participate in the anesthesia for the following procedures: | | 0 / 3 (0%) |
| 📄 Obstetrical Anesthesia Clinic Consultations | Checkbox | **Yes** |
| 📄 Simulation (Spinal/epidural mannequin practice) | Checkbox | **No** |
| ▼ 📁 **Required Assessments** | | 3 / 15 (20%) |

| | | | |
|---|---|---|---|
| ▼ 📁 Required Assessments | | | 3 / 15 (20%) |
| ▼ 📁 Obstetric/Gynecology | | | 3 / 4 (75%) |
| ▶ 📄 Written reflection on managing a patient with an abnormal pregnancy | Attached 1 | Upload file(s) / Done Uploading |
| ▶ 📄 Direct observation by a senior resident or staff of initial medical management for pregnant patient with acute medical or obstetric emergency X1 (Direct observation: Narrative) | Attached 2 | Upload file(s) / Done Uploading |
| ▶ 📄 Direct observation of the presentation of a prenatal assessment X2 (Direct observation: Narrative) | Attached 2 | Upload file(s) / Done Uploading |
| 📄 ITAR | Attach file(s) | Upload file(s) |
| ▼ 📁 Obstetrical Anesthesia | | | 0 / 11 (0%) |
| 📄 Resident logbook – must pass in at end of rotation | Checkbox | No |
| 📄 Daily Encounter Card (DEC-Obstetrics) – at least one DEC or direct observation per shift worked | Checkbox | No |
| 📄 Direct observation of epidural X 3. Must complete 3 with global rating score ≥ 5 prior to independent insertion (Direct observation: Epidural checklist) | Attach file(s) | Upload file(s) |
| 📄 Direct observation of spinal X 3. Must complete 3 with global rating score ≥ 5 prior to independent insertion (Direct observation: Spinal checklist) | Attach file(s) | Upload file(s) |
| 📄 Direct observation of elective c-section X 3. Must complete 3 with global rating score ≥ 5 (Direct observation: Elective C-Section) | Attach file(s) | Upload file(s) |
| 📄 Written reflection on a clinical case that discusses an aspect of your performance that you plan to improve upon. | Attach file(s) | Upload file(s) |
| ▶ 📁 Successful completion of the following learning cases: (Learning case assessment form) | | | 0 / 4 (0%) |
| 📄 ITAR | Attach file(s) | Upload file(s) |

## Competency (EPA) Tracking

Search: [                    ]    **Expand All**    **Collapse All**

| Name | Type | Completion | Verified |
|---|---|---|---|
| ▼ **EPAs** | | 23 / 77 (30%) | 8 / 77 (10%) |
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| ▶ 📄 **F1: Performing preoperative assessments for ASA 1, 2 or 3 patients** | Has 16 files | Closed 2017-02-16 | **Yes** / Add Comment |
| ▼ 📄 **F2: Using the anesthetic assessment to generate the anesthetic considerations and the management plan, including postoperative disposition, for ASA 1, 2 or 3 patients** | Attached 11 | Upload file(s) / Done Uploading | Comments |
| 📄 27 July DEC.pdf | Upload | View file | |
| 📄 DEC Nov 28.pdf | Upload | View file | |
| 📄 DEC Dec 2.pdf | Upload | View file | |
| 📄 DEC Nov 30.pdf | Upload | View file | |
| 📄 DEC Jan 11.pdf | Upload | View file | |
| 📄 DEC Jan 3.pdf | Upload | View file | |
| 📄 DEC dec 14.pdf | Upload | View file | |
| 📄 Call Eval Jan 18.pdf | Upload | View file | |
| 📄 GEN Sx Uro Sx ITAR.pdf | Upload | View file | |
| 📄 DEC Jan 27.pdf | Upload | View file | |
| 📄 Call Eval Feb 5.pdf | Upload | View file | |
| ▶ 📄 **F3: Diagnosing and managing common (non-life-threatening) complications in the post-anesthesia care unit (PACU), or the surgical ward.** | Attached 1 | Upload file(s) / Done Uploading | |

# Requirements Tracker

# Competence Committee Report

**Reporting Period:** 2017-03-04 - 2017-06-02

**Current Stage:** Foundation.

**General Evaluation:** Progress as expected.

**Action from previous report:**
No actions required. Good progress.
Surg module - missing c-spine and cranial facial and Renal transplant experiences

**Comment on previous report action:**
Continues to have not encountered these cases, this will come with time.

**Summary of actions for the next reporting period:**
1. Should start uploading academic advisor reports as they are available.
2. Periop medicine - pre-op clinic ITAR needs uploading.
3. Continue to acquire evidence for EPAs.
4. More experience to be able to see craniofacial trauma, renal transplant and intubation of patient with c-spine precautions.

No EPAs that are submitted but unverified

We are adding a section for General Comments as well

# Questions?

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