TidalHealth®

Continuing Medical Education

October 2, 2026

Preparing for a Productive CCC Meeting and Using APE Results for the PEC Meeting

Presented by

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TidalHealth®

Learning Objectives

At the conclusion of this activity the learner will gain knowledge and skills in:

- Best practices for productive CCC Meetings
- Effective review and use of resident performance data
- Using APE findings to drive PEC priorities and action plans
- Strengthening program assessment and accreditation readiness

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Germane Team: *Introduction*



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Germane Solutions is a niche consulting firm focused exclusively on Academic Medicine and Graduate Medical Education.

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Agenda

- Opening Discussion
- Clinical Competency Committee (CCC)
- Program Evaluation Committee (PEC)
- Multiple Choice Quiz

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OPENING DISCUSSION

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Opening Discussion: *Productive CCC and PEC Meetings*

Discussion Question

What are the target **outcomes**
for PEC and CCC meetings?

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Opening Discussion: *Why the CCC Matters*

The Clinical Competency Committee (CCC) brings faculty together to transform multiple sources of resident performance data into a collective assessment of each resident's progress and developmental needs.



CCC At A Glance

Focus: Individual resident performance and progression

Input: Multiple assessment methods and perspectives — not a single evaluation or data point

Committee Role: Synthesize and interpret the data through collective judgment

Output: Milestone recommendations and actionable feedback to guide development

Timing: Meets *at least semiannually* to review each resident.

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Opening Discussion: *Why the PEC Matters*

The Program Evaluation Committee (PEC) takes a program-level view, bringing together multiple sources of data to evaluate program performance, identify improvement priorities, and develop an actionable plan for continued improvement.



PEC At A Glance

Focus: Overall program effectiveness and continuous improvement

Input: Multiple data sources reflecting outcomes, experiences, and program performance

Committee Role: Analyze trends, identify strengths and opportunities, and prioritize areas for improvement

Output: Annual Program Evaluation findings and an actionable improvement plan

Follow-through: Monitor progress on identified priorities over time

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CLINICAL COMPETENCY COMMITTEE

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CCC: *Role of the CCC*

Faculty must understand the CCC's role more than just reviewing completed evaluations:



Summarizes and assesses **resident performance data**



Uses **multiple assessment sources** rather than relying on a single evaluation



Advises the PD regarding learner progress, including Milestones Scores



Provides a **structured mechanism** for **identifying strengths, gaps, and developmental needs**



Requires faculty judgment

The CCC should not accept an automatically generated score

How do we turn all of this information into a productive CCC discussion?

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CCC: *Structuring the Pre-Work*

Effective CCC meetings begin before the meeting. Programs should determine how resident data will be reviewed and synthesized in advance.

Assigned Resident Reviewers	Assigned PGY-Level Reviewers	Committee Wide Review
• **Faculty are assigned specific residents** • Review available evaluations and data • Come prepared with preliminary observations & recommendations	• **Faculty are assigned a PGY class** • Review data for residents within that level • Identify trends, concerns, and proposed recommendations	• **All members review all residents** • Data distributed through a dashboard or summary • Members independently identify areas for discussion
Best for: **Larger programs with heavy CCC workload**	**Best for:** **Programs with natural faculty alignment by PGY**	**Best for:** **Smaller programs, short fellowship programs**

Regardless of the model, pre-work should prepare faculty to answer:

1. What are the **key performance trends?**
2. Are there **conflicting or concerning data points**?
3. What warrants CCC **discussion**?
4. What **preliminary Milestone ratings** or **developmental recommendations** should be considered?

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CCC: *Keeping the Meeting Focused*

Once reviewers are assigned, **the goal is to synthesize the data and identify what warrants discussion** by the full committee.

1. **Review the full picture**, not individual evaluations in isolation.
2. **Look for patterns** across time, settings, and evaluators.
3. **Compare quantitative scores** with narrative feedback.
4. **Identify areas** of agreement, discrepancy, or uncertainty.
5. **Bring observations and recommendations** forward for committee discussion - not a final decision.







Investigating the Roles and Impact of Clinical Competency Committees in Graduate Medical Education: A Narrative Review ***PMID: 39677301***

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CCC: *Structuring the Meeting Agenda*

The agenda should move from:

- **Follow-Up**
- **Resident Assessment**
- **Broader Trends**
- **Action**

Sample CCC Agenda

1. Open & Close the Loop	Call to Order Previous Meeting Minutes Approval Outstanding Items Follow-up
2. Resident Progress Review	Assigned reviewer presents key themes for each resident Committee discusses and reaches collective recommendations
3. Program-Level Resident Data	Review items that may affect multiple residents These include *case logs, evaluation completion, ITE trends, scholarly activity, or other performance indicators*
4. Decisions & Follow-up	Document Milestone recommendations, developmental needs, and monitoring Determine remediation recommendations and responsible follow-up
5. Close	Confirm next steps Set deadlines Determine next meeting date Adjournment

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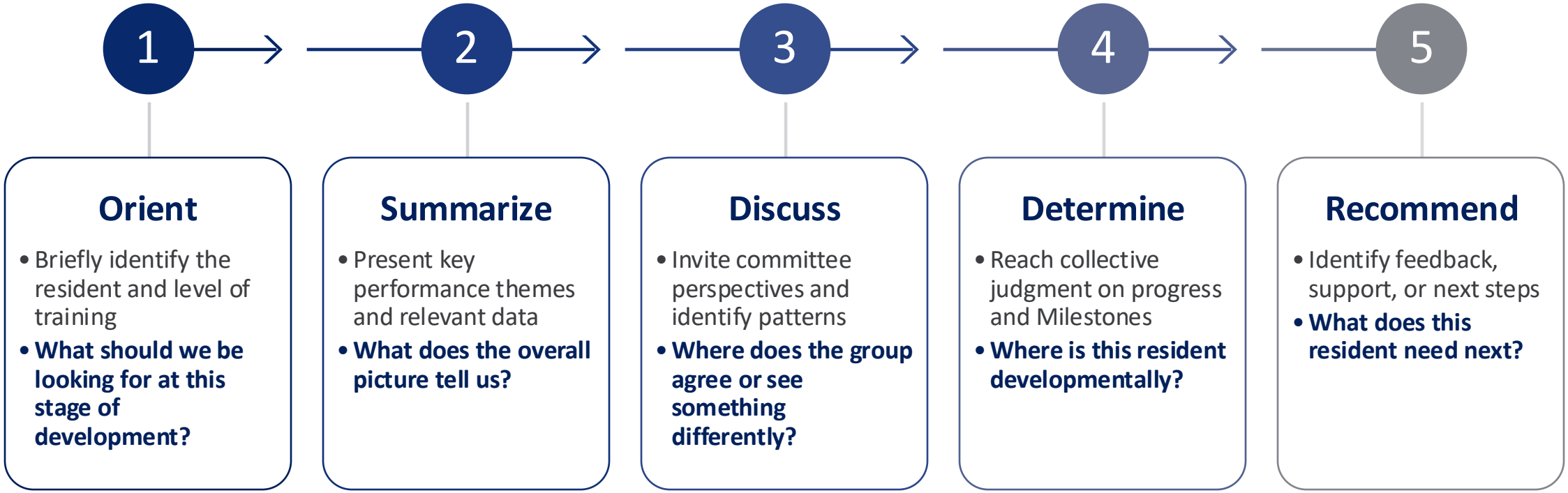
CCC: *Productive CCC Meeting Discussions for Individual Residents*

A consistent structure keeps the CCC focused on synthesis and discussion - not simply reviewing data that could have been reviewed before the meeting.



CCC meeting time should be spent interpreting the data — not discovering the data.

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CCC: *How to Review the Data*

The **TREND Framework** below can be used to review relevant CCC data:

T	**Trajectory**	Is the resident's progress **improving, stable, or declining?**
R	**Recurring Themes**	What appears **more than once?**
E	**Evidence**	What data **supports the conclusion?**
N	**Next Level**	What should the resident **demonstrate next?**
D	**Discrepancies**	Where does the data **conflict?**

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CCC: *Looking Beyond the Data Point*

Different data sources answer different questions. No single measure should define the resident's overall performance.

Data Source	What It Can Tell You	What to Watch For
Rotation and Faculty Evaluations	Observed performance in clinical settings	Repeated Generic Ratings, Limited Narrative Comments, Evaluator Variability
Narrative Assessment Comments	Specific behaviors, strengths, concerns, context	Isolated Comments vs Recurring Themes Vague vs Actionable Feedback
ITE Results and Knowledge Checks	Medical knowledge and knowledge gaps	One score in isolation Trends over time are more meaningful
Case and Procedure Logs	Breadth and volume of clinical experience	Volume does not necessarily equal competence
Direct Observation and Assessments	Performance of specific skills or behaviors	Number and variety of observations Who observed and in what setting
Multisource Feedback	Communication, teamwork, and professionalism	Patterns across nurses, peers, patients, staff
Prior CCC Milestone Scores and Discussions	Developmental trajectory over time	Progression, plateau, regression, or unresolved concerns?
Scholarly Activity	Engagement in research, dissemination of knowledge	Progress over time, Completion of projects

Ask: Does the evidence converge on the same conclusion - or is there something the CCC needs to reconcile?

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CCC: *When the Data Does Not Agree*

Look for Patterns



Which findings appear repeatedly?

Consider Context



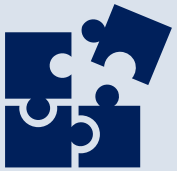
Was performance different by rotation, setting, acuity, or level of supervision?

Assess the Source



How direct, specific, and recent is the evidence?

Identify What's Missing



Is additional observation or information needed before reaching a conclusion?

Key Takeaway:

Conflicting data is not a problem to eliminate or ignore.

It is often where the most valuable CCC discussion begins.

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CCC: *Interpreting and Assigning Milestones*

Milestones provide a developmental framework for assessing resident progression - they are not a formula or a direct reflection of PGY level.



Milestones ≠ PGY Level

A PGY-2 resident is not automatically a Level 2. Residents may progress at different rates across individual Milestones.



Progress Can Fall Between Levels

Residents may demonstrate performance between two Milestone levels; half-level ratings can reflect that developmental progression.



Evaluation Averages Are a Starting Point

When configured in MedHub, completed evaluations can contribute to an average or suggested rating for individual Milestones - but that number should inform, not determine, the CCC recommendation.



Apply Collective Judgment

The CCC and Program Director must consider the full body of evidence and may recommend a Milestone rating above or below the calculated average when the data supports it.



Investigate Large Variations

A resident receiving a Level 1 in one setting and Level 5 in another should trigger discussion - not simple averaging.

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CCC: *Assigning Milestones Scenario*

A PGY-2 resident has consistently received "**meets expectations" ratings** across most rotation evaluations, with **average numeric scores of 2.5/5**.

However, three separate **faculty members have noted difficulty prioritizing responsibilities** when the service becomes busy, and **nursing feedback has identified delays in communicating changes in patient status**.

In contrast, one faculty member rated the resident very highly, describing them as **"one of our strongest PGY-2s."**

Move beyond "What milestone level should we give them?" **and focus on "What can this trainee consistently do now, and what evidence supports that?"**

Discussion:

Using the **TREND framework**, what would you want the **CCC to explore before assigning Milestones**?

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CCC: *Assigning Milestones Scenario, cont.*

These are the questions a productive CCC should ask before settling on a rating for this PGY-2 resident:

Trajectory / Pattern
Is this an isolated concern, or is it recurring across time, settings, or evaluators?

Evidence
What does *"difficulty prioritizing"* actually look like, and what evidence supports that conclusion?

Context
Does performance change depending on workload, supervision, or complexity?



Developmental Expectation
What should we reasonably expect this resident to demonstrate at this point in training?

Impact
What is the impact on patient care, teamwork, efficiency, communication, or other responsibilities?

Discrepancies
Why does one evaluator see very strong performance while other data suggests a concern?

A productive CCC uses discussions to identify what additional interpretation or evidence is needed.

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CCC: *Who Does What?*

Roles may vary by program, but successful CCCs clearly define who prepares resident data, leads the discussion, contributes assessment judgment, documents recommendations, and follows up on identified needs.

Program Coordinator	Faculty/Committee Members	Program Director
Organizes resident assessment data	Reviews assigned resident data in advance	Receives CCC recommendations
Identifies missing / incomplete evaluations / data	Identifies trends, discrepancies, and questions	Considers recommendations in resident progression decisions
Prepares dashboards and reports	Provides context from direct observation as applicable	Communicates decisions and feedback to the resident
Tracks Milestone recommendations and action items	Applies collective judgment to resident progression	Initiates additional support, remediation, or other action when appropriate
Maintains meeting documentation	Helps identify developmental needs and follow-up	Ensures follow-through on resident-level decisions

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CCC: *From Discussion to Development*

A productive CCC must leave with clarity on:

1. **Current Performance:** What can the resident consistently demonstrate?
2. **Developmental need:** What needs to improve or progress next?
3. **Evidence:** What supports the committee's conclusion?
4. **Action:** What experience, feedback, coaching, or monitoring is needed?
5. **Follow-up:** How will the CCC know whether progress occurred?





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CCC: *5 Action Items for a Successful CCC*

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				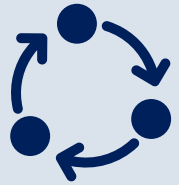
Review Before the Meeting	**Look for Patterns**	**Use Collective Judgement**	**Turn Discussion Into Development**	**Close the Loop**
Come prepared with key observations, not a first look at the data based on pre-work structure.	Focus on trajectory, recurring themes, and discrepancies - not isolated scores.	Milestone averages and individual evaluations inform the discussion. *They do not determine the final recommendation.*	Identify specific feedback, support, experiences, or follow-up the resident needs next.	At the next CCC, revisit prior concerns and recommendations: *What changed? What still needs attention?*

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PROGRAM EVALUATION COMMITTEE

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PEC: *From Program Data to Improvement*

The PEC brings together multiple sources of program-level data to evaluate performance, identify priorities, and develop or update the Annual Program Evaluation and action plans.

The PEC should systematically review program performance using **multiple sources** such as:

- **Resident Evaluations of the Program and Faculty**
- **Faculty Evaluations of the Program**
- **Graduate Performance / Outcomes**
- **Board Performance**
- **Clinical Experience and Education Data**
- **Recruitment / Retention Trends**
- **Scholarly Activity**
- **ACGME Survey Results**
- **Prior Improvement Initiatives**
- **Other Program-Specific Outcome Data**

The goal is not simply to review the data; It is to determine what the data means for the program.

Picking Apart a PEC: A Multiple Case Study Characterizing Primary Care Residency PEC Structure, Program Improvement, and Outcomes
PMID: 38699123

The CCC asks: *"How is this resident progressing?"*

The PEC asks: *"How is this program performing and improving?"*

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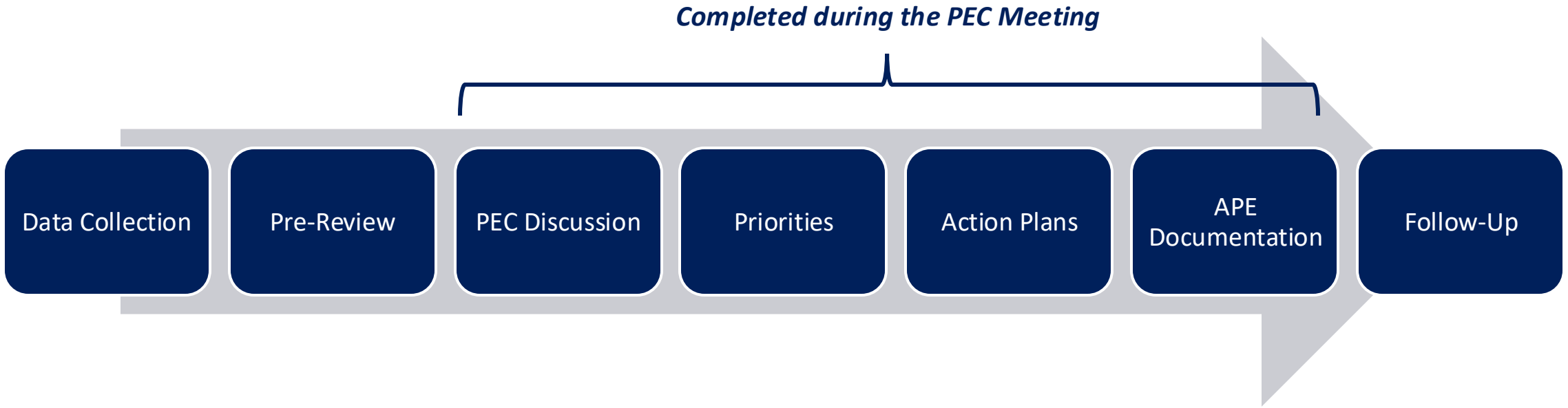
PEC: *APE is the Product of the Process*

The Annual Program Evaluation is the documented outcome of the PEC's review, analysis, prioritization, and improvement planning.



The goal is to use the APE process to improve the program

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PEC: *Preparation Before the Meeting*

Effective PEC discussions begin with organized data and clearly identified questions, not a binder of reports reviewed for the first time during the meeting.



Pre-work should narrow the meeting from
“What does the data say?”
to
“What should we do about it?”

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PEC: *Structuring the Pre-Work*

There is no single required model - the goal is to distribute the work and avoid reviewing every data point for the first time during the meeting.

Assign by Data Category

- Resident / Faculty Surveys
- Board / ITE Outcomes
- Recruitment and Retention
- Scholarly Activity
- Clinical Experience / Case Data
- Evaluations / Feedback
- Prior Action-Plan Items



Assign by Program Domain

- Curriculum
- Faculty
- Residents
- Learning Environment
- Outcomes
- Recruitment / Workforce
- Program Operations



Committee-Wide Review

- All members receive a summarized dashboard
- Individuals flag trends / questions in advance
- Meeting focuses only on areas requiring interpretation or action



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PEC: *Looking Beyond the Data Point*

An unfavorable data point doesn't necessarily always become an action item. Findings that are consistent, meaningful, actionable, and supported are what to look for.

Questions to Ask:

Is the result improving, stable, or worsening over time?

How does the result compare with prior years, internal goals, or relevant benchmarks?

Do multiple data sources point to the same issue?

Where do stakeholder perceptions or outcomes differ?

Does the finding affect education, outcomes, recruitment, accreditation, or the learning environment?

Is this something the program can realistically influence?

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PEC: *Structuring the Meeting*

A productive PEC agenda must organize the discussion around evaluation and improvement — not simply around a checklist of required documents.

Before the meeting, consider **assigning members to review**:

- Surveys & Learner Experience
- Outcomes *such as Board / ITE Scores, Milestones*
- Curriculum & Evaluations
- Faculty Development & Scholarly Activity
- Recruitment & Retention & Workforce
- Prior Action Plan & Accreditation Items

Sample PEC Agenda

1. Close the Loop	Call to Order Review of PEC expectations and responsibilities Review prior APE action items and unresolved concerns
2. Review Performance	Surveys, outcomes, board results, Milestones, scholarly activity, recruitment/retention, clinical experience
3. Review Infrastructure	Curriculum, evaluations, policies, PLAs, faculty development, didactics, onboarding/recruitment
4. Analyze & Prioritize	Identify major findings, trends, gaps, and areas requiring action SWOT Analysis
5. Build the APE & Action Plan	Define priorities, owners, timelines, and measures of success
6. Confirm Follow-up	Document decisions, ADS updates, communication to residents/faculty, and next review date

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PEC: *Evaluating Program Data Scenario*

Program data show a **disconnect between resident and faculty perceptions of feedback**.

While **91% of faculty believe residents receive adequate feedback, only 68% of residents report positively on faculty feedback**.

Although **evaluations are completed 94% of the time**, narrative comments frequently describe the **feedback as "too general."**

The program's action plan from the previous year simply stated, **"Faculty will provide more feedback."**

Discussion:

If you were on the PEC:

What does the data conclude and what still needs to be understood?

What should the PEC prioritize next?

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PEC: *Evaluating Program Data Scenario, cont.*

Focusing on strong analysis of the program during the PEC helps translate the APE findings into meaningful discussion, priorities, and actionable improvement.

Weak conclusion:
"Feedback needs improvement."

Better analysis:
"Feedback is occurring, but residents do not consistently perceive it as specific or actionable."

Weak Action Plan

- "Encourage faculty to give better feedback."

Better Action Plan

- Introduce a 2-minute feedback framework.
- Provide faculty development.
- Add one evaluation prompt asking for a specific behavior and next step.
- Reassess resident perceptions in 3 months.
- Review narrative evaluation quality at the next PEC meeting.

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PEC: *From Findings to Action Plan*

Weak Action Plan

"Faculty will provide better feedback."

Stronger Action Plan

"Faculty will **use a structured feedback framework beginning in July**; resident perception and evaluation narrative quality will be **reassessed after six months.**"



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PEC: *Who Does What?*

Roles may vary by program, but successful PECs clearly define who prepares the data, facilitates analysis, documents decisions, and follows action items.

Resident Representatives	Program Coordinator	Faculty/Committee Members	Program Director
Shares the resident perspective	Organizes data	Reviews data in advance	Sets expectations
Interprets surveys and learner experiences	Identifies missing information	Provides context	Facilitates discussion
Adds context on curriculum, workload, and learning environment	Prepares dashboards/reports	Challenges assumptions	Ensures decisions are defensible
Identifies improvement opportunities	Tracks decisions/action items	Contributes observations	Makes/finalizes leadership decisions
Does not represent all residents	Maintains documentation	Helps identify interventions	Ensures follow-through

Are roles clear enough that decisions actually move forward after the meeting?

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PEC: *5 Action Items for a Successful PEC*

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			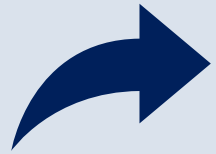	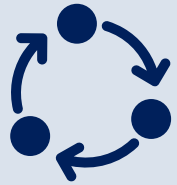
Review Before the Meeting	**Look for Patterns**	**Ask What the Evidence Supports**	**Turn Priorities Into Specific Actions**	**Close the Loop**
Use meeting time to interpret, not discover, the data	Focus on trends, comparisons, and multiple sources	Separate assumptions from defensible conclusions	Define the owner, timeline, and measure of success	At the next meeting, ask: *What changed because of the action we took?*

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THANK YOU

QUESTIONS & COMMENTS



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