**Clinical Competency Committee (CCC) Reviewer Script**

**Example #1: High Performing Resident**

I reviewed *Categorical PGY-2 resident, Dr. Ova Achiever*. We have faculty evaluations from the following rotations over the past 6 months: *Gen Med Wards, MICU, Cardiology, CCU, Neurology, and Ambulatory Elective*

**Faculty Evaluations:**

Her faculty evaluations reveal the following themes: *Excellent medical knowledge and decision making skills; Good efficiency without sacrificing thoroughness; Able to synthesize complicated histories down to salient points; Mature, conscientious, and diligent; Very well organized with superb documentation*

**Clinic Evaluation:**

Her faculty clinic evaluations reveal the following themes: *Excellent knowledge base; Outstanding work ethic and documentation*

**Direct Observation Evaluations:**

This semester, *5* direct observation evaluations were collected which reveal the following themes: *Very empathic in leading a family meeting on goals of care; Well organized; Developed nice rapport with patient; Performed solid history but could have gone more in depth in places*

**Procedures:**

Given her level of training, the resident has recorded *fewer procedures than expected.* The resident *has not* completed all ABIM-required procedures for graduation. Procedure evaluations are *satisfactory.*

**Peer/Nursing/Patient Evaluations:**

We received *12* peer evaluations this semester. His/her average scores are *above average compared to peers* and include the following themes: *Great to work with; Very attentive; Hard working and efficient; Awesome upper level*

Nursing evaluations were collected from *Gen Med wards, MICU, and ambulatory clinic* and are *excellent with no concerns expressed.*

In addition, *8* patient evaluations were collected which are *excellent with no concerns expressed. One patient stated, “She is nice and likes taking care of me.”*

**In-service Exam:**

The resident *took* the in-service exam this semester. She scored at the 92nd percentile. This score is *significantly above* her in-service exam performance last year.

**Medical Records:**

She *is* meeting expectations regarding medical records and documentation compliance. *No deficiencies were reported this semester.*

**Conference Attendance:**

She averaged *64%* conference attendance this semester which *meets* our attendance expectations.

**Asynchronous Learning:**

She *is* meeting expectations regarding completion of the ambulatory quizzes, modules, chart reviews, and other required asynchronous learning. *Program Coordinator mentioned that she turns forms in on-time without the need for multiple reminders.*

**Other:**

She also had evaluations on a *Journal Club presentation* which revealed the following themes: *Good choice of article. Well prepared and clearly communicated. Excellent critique.*

This semester, she *did not* achieve *any* scholarly activity.

This semester, she *received two* formal commendations from patients *lauding her excellent care.*

On her self-evaluation, she identified the following as areas of desired growth including the following self-action plans: *Procedure skills; Developing more confidence with medical decision making; Finding time for duties outside of patient care including QI work, research, and board preparation.*

**Summary:**

Overall, the resident *is* on track for promotion because the resident *is* progressing as expected on the ACGME Milestones.

The resident is excelling particularly in the following ACGME Milestones:

*PC1: Gathers and synthesizes essential and accurate information to define each patient’s clinical problem.*

*PC3: Manages patients with progressive responsibility and independence.*

*MK1: Clinical knowledge*

*ICS3: Appropriate utilization and completion of health records*

The following ACGME Milestones provide potential areas of growth:

*PC4: Skill in performing procedures*

*PBLI1: Monitors practice with a goal for improvement*

My recommended SMART action items for continued professional growth include: *(See CCC Reviewer Form action items)*

1. *Complete a procedure simulation session on central lines, LPs, and paracentesis by June 1, 2016*
2. *Partner with a faculty member or hospital QI/patient safety committee on a small-scale quality improvement/patient safety project by October 1, 2016*
3. *Submit a clinical vignette or QI project abstract to a regional or national medical meeting resident abstract competition by October 1, 2016*