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

**Example #2: Average/Below Average Resident**

I reviewed *Categorical PGY-2 resident, Dr. Justin Skatingbye*.” We have faculty evaluations from the following rotations over the past 6 months: *Gen Med Wards x2 months, MICU, Pulmonary, Nephrology, and Ambulatory Elective*

**Faculty Evaluations:**

His faculty evaluations reveal the following themes: *Performed in a manner expected of a PGY-2; Medical decision making is adequate for level of training, but he needs to continue working on knowledge base and efficiency; Oral presentations are sometimes scattered and occasionally he has difficulty boiling a complicated case down to its salient points; Very enthusiastic learner but occasionally gets flustered when the service gets busy; Hard worker and well-liked by patients; Knowledge base is adequate but he needs to do additional reading; Very good team player and respectful; Documentation is accurate and thorough but efficiency could improve; Remain mindful of prioritization of tasks; Excellent procedure skills.*

**Clinic Evaluation:**

His faculty clinic evaluations reveal the following themes: *Ambulatory knowledge base is improving but still needs to improve; Oral presentations are becoming more organized but are still not ideal yet; Well-liked by nursing staff and patients.*

**Direct Observation Evaluations:**

This semester, *7* direct observation evaluations were collected which reveal the following themes: *Very courteous and established good rapport with patient; Recommend that he speak more slowly to patients when conveying information; Overall good job with the patient encounter but stay mindful of time efficiency and organization; Excellent patient counseling although a bit loquacious;*

**Procedures:**

Given his level of training, the resident has recorded *more procedures than expected.* The resident *has* completed all ABIM-required procedures for graduation. Procedure evaluations are *excellent.*

**Peer/Nursing/Patient Evaluations:**

We received *8* peer evaluations this semester. His/her average scores are *average compared to peers* and include the following themes: *Enthusiastic/Passionate; Great personality who brightens everyone’s mood; Needs to work on organization and efficiency; Fun to work with but occasionally becomes defensive when provided feedback*

Nursing evaluations were collected from *Gen Med wards, MICU, and ambulatory clinic* and are *excellent with no concerns expressed. Comments include “very kind and caring; Always optimistic and smiling”*

In addition, *7* patient evaluations were collected which are *mostly* *excellent with no major concerns expressed. One patient stated, “Very friendly. I like him.” Only one below average patient evaluation where patient stated, “I now have more problems with none of them being solved.”*

**In-Service Exam:**

The resident *took* the in-service exam this semester. He scored at the 29th percentile. This score is *equal to* his in-service exam performance last year.

**Medical Records:**

He *is not* meeting expectations regarding medical records and documentation *compliance in that he had 4 medical record delinquencies this semester.*

**Conference Attendance:**

He averaged *68%* conference attendance this semester which *meets* our attendance expectations.

**Asynchronous Learning:**

He *is* meeting expectations regarding completion of the ambulatory quizzes, modules, chart reviews, and other required asynchronous learning. *Program Coordinator mentioned that he occasionally needs multiple reminders to turn in required forms by certain deadlines.*

**Other:**

He also had evaluations on a *Journal Club presentation and a Critical Care Simulation Session* which revealed the following themes: *Well prepared for journal club; Excellent job of stabilizing simulated unstable patient and leading the medical resuscitation; Excellent procedure skills on central line and arterial line placement.*

This semester, he *did* achieve his scholarly activity requirement *by presenting two clinical vignette posters at a regional medical meeting.*

This semester, he *received one* formal commendations from a patient *lauding his compassionate care.*

On his self-evaluation, he identified the following as areas of desired growth including the following self-action plans: *Read more; Improve efficiency; Attend a HIV medicine conference*

**Summary:**

Overall, the resident *is* on track for promotion.

The resident is excelling particularly in the following ACGME Milestones:

*PC4: Skill in performing procedures*

*PROF1: Has professional and respectful interactions with patients, caregivers and members of the interprofessional team*

The following ACGME Milestones provide potential areas of growth:

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

*MK1: Clinical knowledge*

*ICS2: Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).*

*ICS3: Appropriate utilization and completion of health records*

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

1. *Refine your oral presentation skills by meeting with PD/APDs over 4 sessions where you present recent patients and allow the faculty member to provide you feedback*
2. *Begin dedicated MKSAP reading plan as outlined by Program Director, attend monthly evening board review sessions, and meet quarterly with mentor to complete practice ABIM questions*
3. *Improve your medical record compliance by having no further med record deficiencies between now and June 30, 2016*