

The Committee - Report

Year	2011	2012	2013
Faculty	100%	100%	100%
Residents	100%	100%	100%
Students	100%	100%	100%

Q&A

The Role of the
Faculty

Final Deliverables - Traditional

Year	2011	2012	2013
Faculty	100%	100%	100%
Residents	100%	100%	100%
Students	100%	100%	100%

Deliverables

- SMART Goals
- Cover Sheet

Final Deliverables - Flipped

Year	2011	2012	2013
Faculty	100%	100%	100%
Residents	100%	100%	100%
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Defending Your Portfolio: Increasing Resident Engagement in the Clinical Competency Assessment

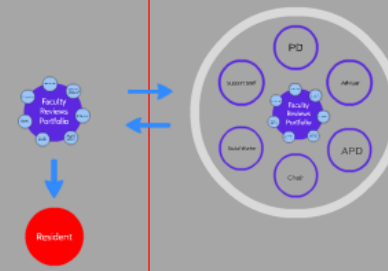
FLIPPED CCC

CCC



TRADITIONAL

CCC



Goals of Workshop

- Progressive milestone model
- Role of the CCC in performance assessment
- Traditional CCC vs "flipped" CCC
- Potential deliverables
- Perceived barriers
- Take homes

Progressive Milestone Model

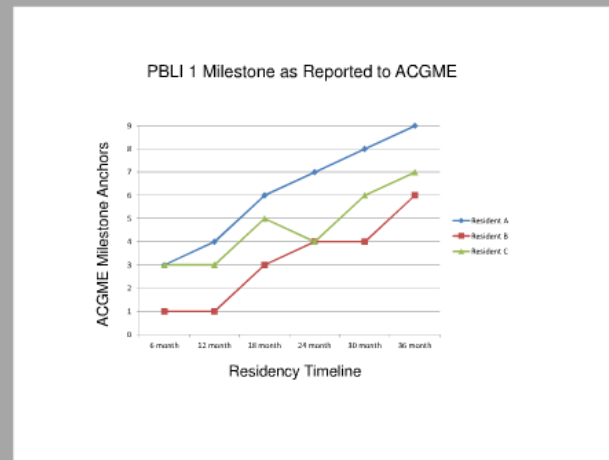


***Defending Your Portfolio: Increasing
Resident Engagement in the Clinical
Competency Assessment***

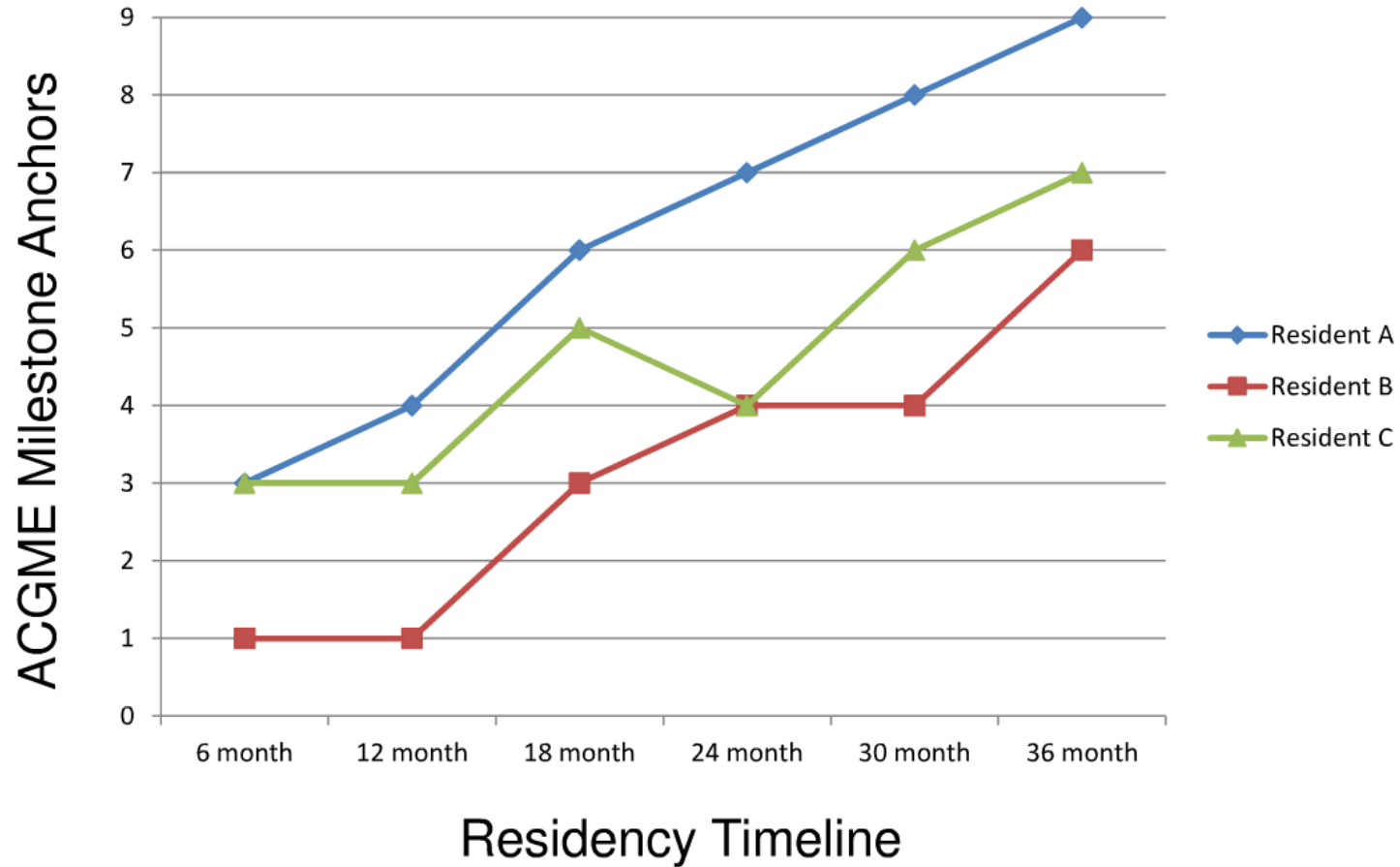
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Progressive Milestone Model



PBLI 1 Milestone as Reported to ACGME

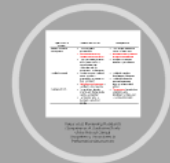


Role of CCC in Performance Assessment



Problem
Identification

Developmental

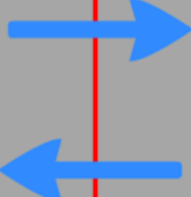


Implications for residents	Problem Identification	Developmental
Committee review consequences	<ul style="list-style-type: none"> • Focus on global performance • Minimal discussion of resident without concerns • High-performing residents discussed in context of award nominations, fellowship, and job recruitment, further praise 	<ul style="list-style-type: none"> • Focus on performance in context of milestones • Individual areas of relative strength and weakness • Incorporates multiple domains of performance
Feedback received	<ul style="list-style-type: none"> • Resident receives feedback report; resident is responsible for figuring out how to respond • No follow-up of response to feedback at next meeting 	<ul style="list-style-type: none"> • Feedback framed in developmental language • Feedback delivered in meeting by program director or longitudinal advisor
Dealing with risks	<ul style="list-style-type: none"> • Potential bias through information sharing among committee members • Faculty reluctance to document concerns in writing 	<ul style="list-style-type: none"> • Transparency through clear communication of benchmarks or milestones to faculty and residents

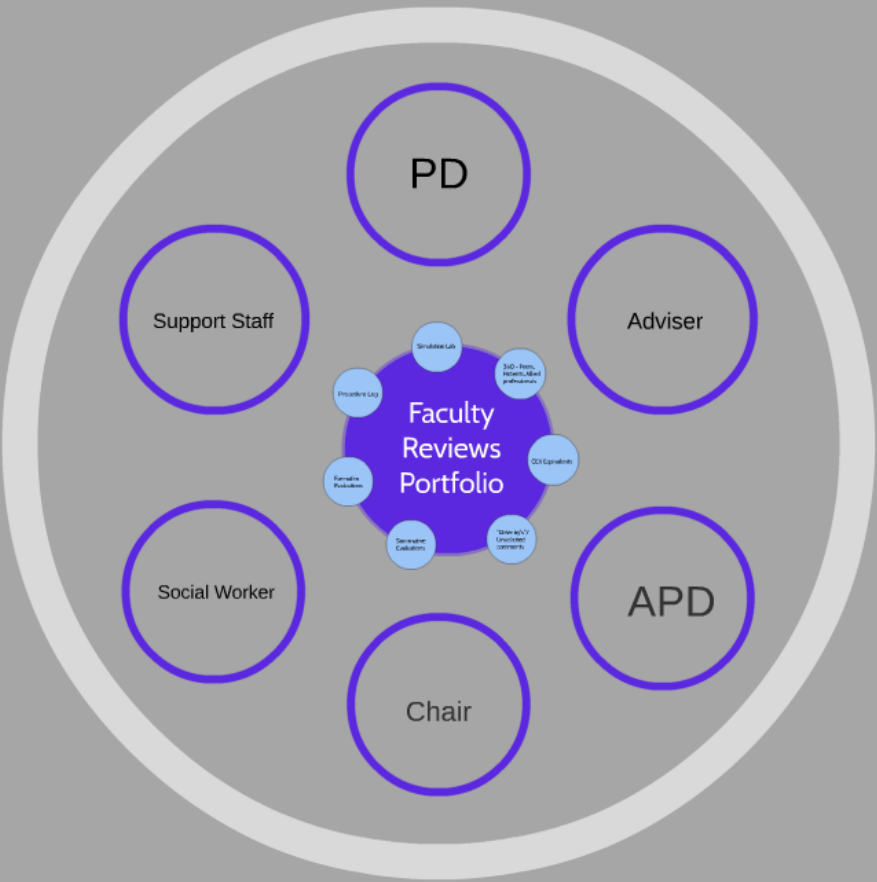
Hauer et al, Reviewing Resident's Competence: A Qualitative Study of the Role of Clinical Competency Committees in Performance Assessment

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TRADITIONAL



CCC





Faculty Reviews Portfolio

Simulation Lab

360 - Peers,
Patients, Allied
professionals

CEX Equivalents

"Drive by's"/
Unsolicited
comments

Summative
Evaluations

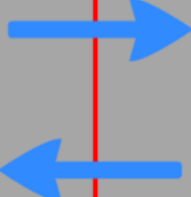
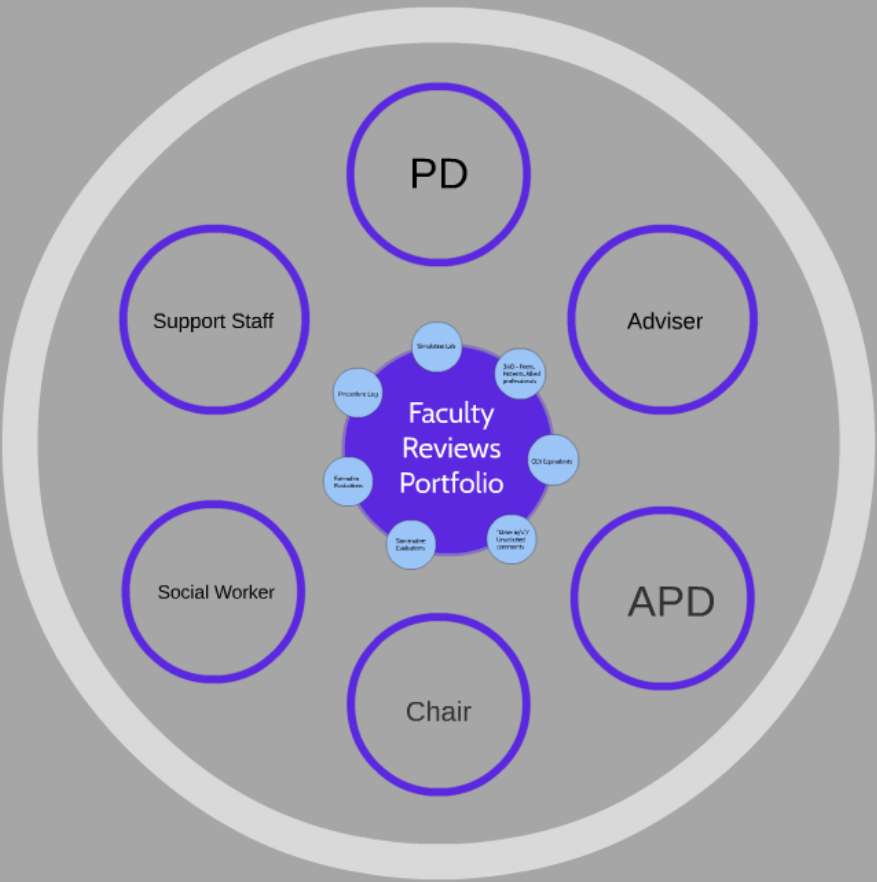
Formative
Evaluations

Procedure Log

TRADITIONAL

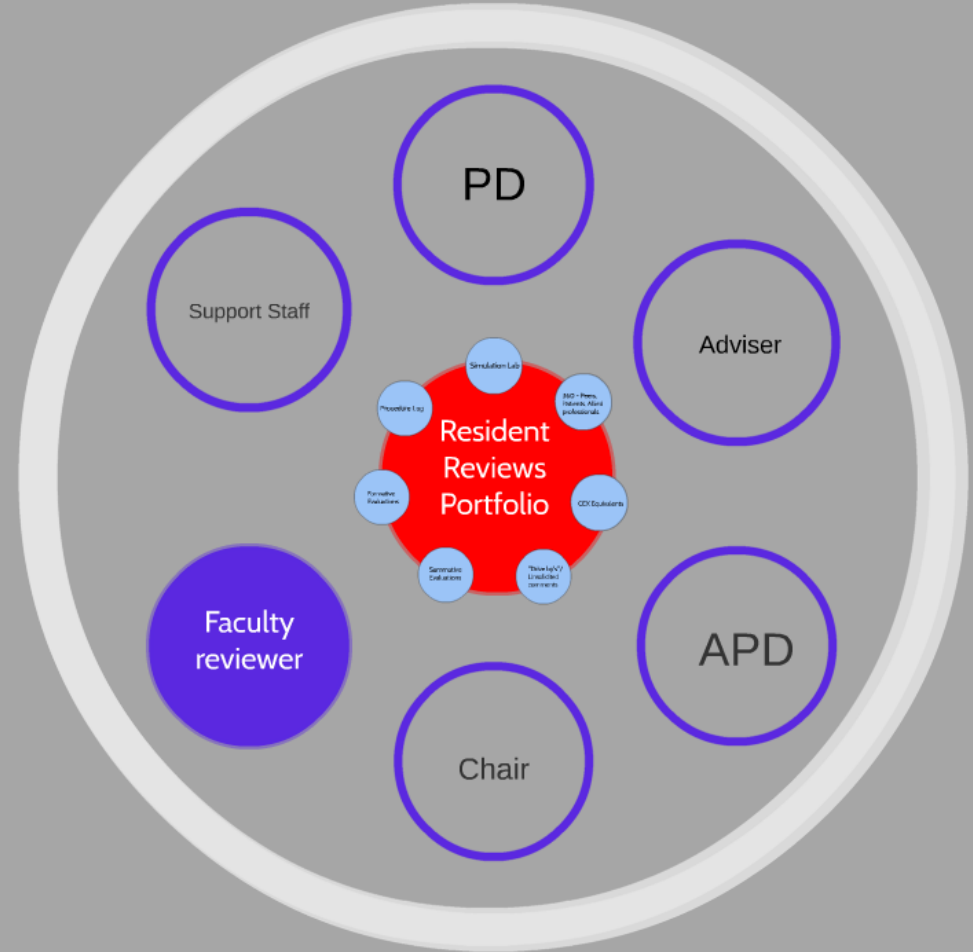
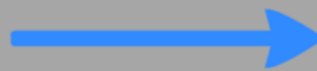


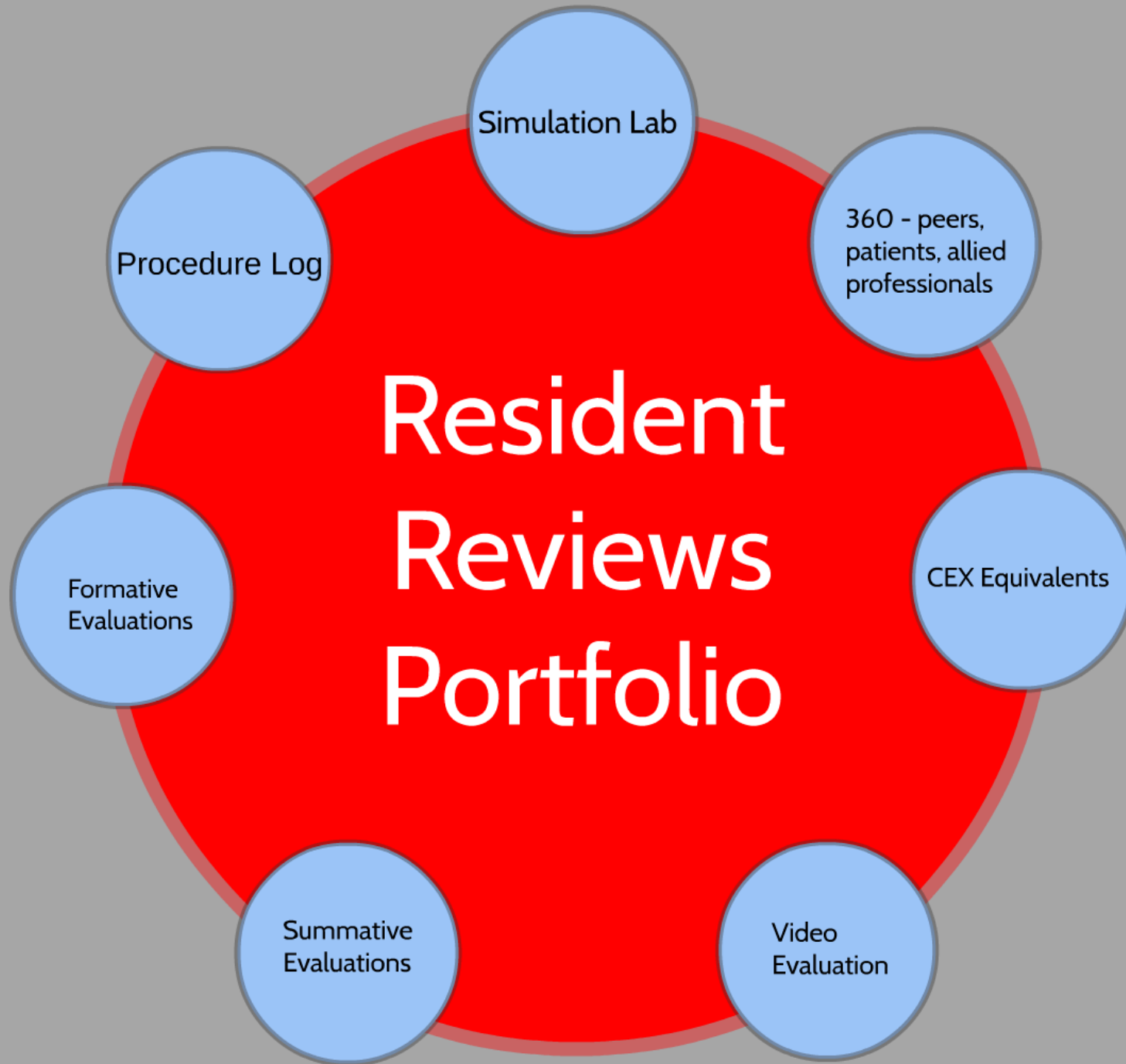
CCC



FLIPPED CCC

CCC





Resident Reviews Portfolio

Simulation Lab

360 - peers,
patients, allied
professionals

CEX Equivalents

Video
Evaluation

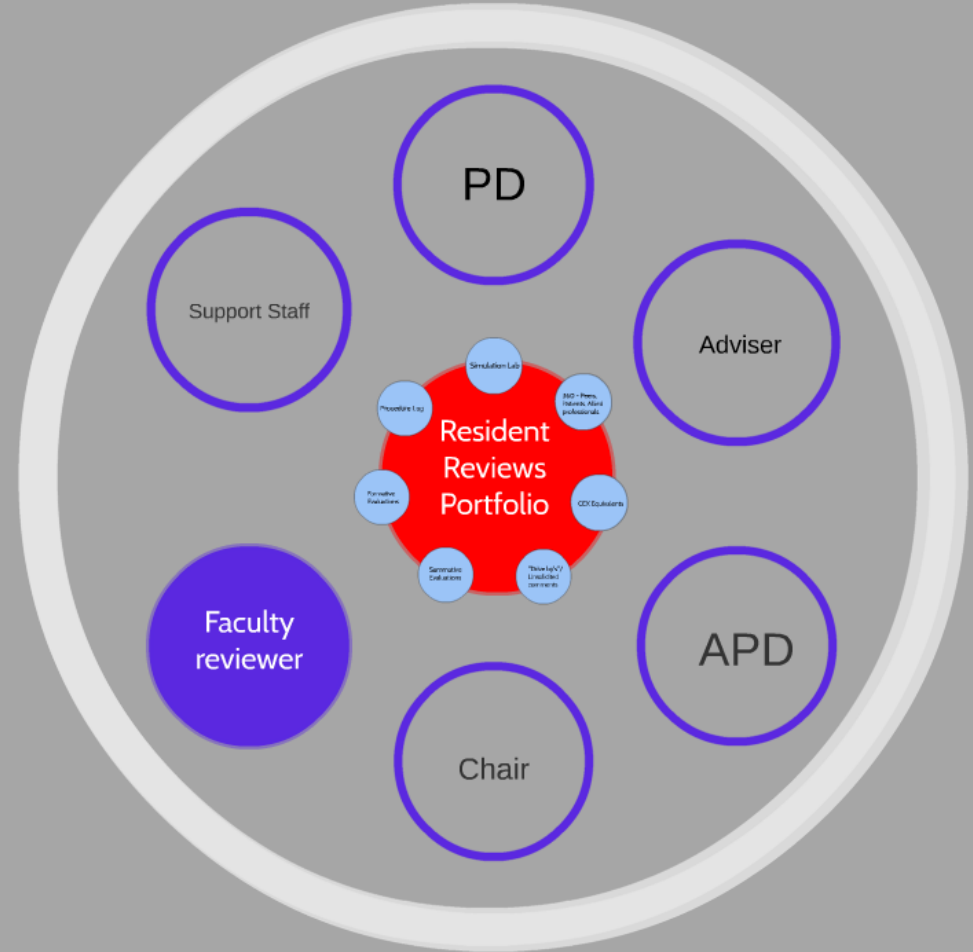
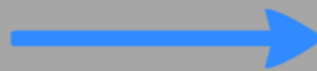
Summative
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Procedure Log

FLIPPED CCC

CCC

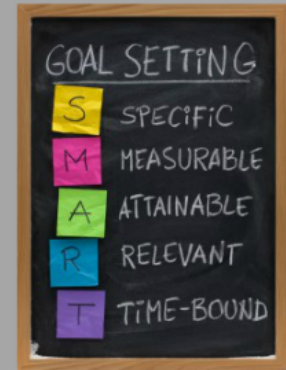






Deliverables

- SMART Goals
- Cover Sheet



When considering the following ABIM core Competencies of Patient Care, Medical Knowledge, Systems Based-Practice, Practice-Based Learning and Improvement, Professionalism and Interpersonal and Communication Skills:

1. My strengths are and why?

An orange rectangular text box with a white border, containing a small, illegible thumbnail image of a document in the top-left corner.

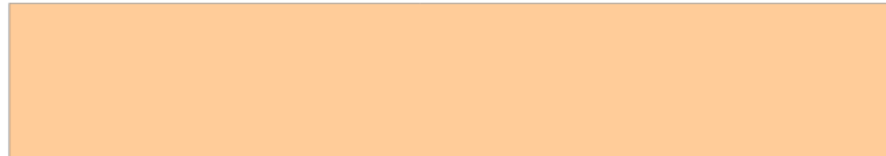
2. My areas of concern are and why?

An orange rectangular text box with a white border, containing a small, illegible thumbnail image of a document in the top-left corner.

3. My plan for personal/professional improvement in my areas of concern is.... (Please list each individually with your action plan for improvement.)

An orange rectangular text box with a white border, containing a small, illegible thumbnail image of a document in the top-left corner.

4. My professional goals after residency is/are.... (Ex. Primary Care, Hospitalist, Fellowship, Type of Fellowship and Location or “Undecided but I’m thinking....”)

A large, empty orange rectangular text box.

5. My plan to achieve this/those professional goals is/are....

An empty orange rectangular text box.

6. (For R2/R3’s only) My plan for the ABIM Board Certification Exam Preparation includes the following:

An empty orange rectangular text box.

1. My strengths are and why?

1. Interpersonal and communication skills because:

- I truly love medicine and love taking care of patients.
- I see the value getting input from all possible sources, especially for my inpatients.
- I show respect to all parties, the patient and their families.

2. Seeking and implementing feedback.

2. My areas of concern are and why?

1. Medical knowledge, and as a direct off-shoot, patient care.

your action plan for me

3. My plan for personal/professional improvement in my areas of concern is... (Please list each individually with your action plan for improvement.)

1. Complete the ITE remediation program (monthly quizzes).
2. Follow weekly Uworld Qbank schedule and a MKSAP reading schedule
3. Complete my final pap smear
4. Challenge myself to write "if-then" statements, which forces me to document my clinical reasoning to help anticipatory rather than reactionary plans.

When considering the following ABIM core Competencies of Patient Care, Medical Knowledge, Systems Based-Practice, Practice-Base Learning and Improvement, Professionalism and Interpersonal and Communication Skills:

1. My strengths are and why?

2. My areas of concern are and why?

3. My plan for personal/professional improvement in my areas of concern is.... (Please list each individually with your action plan for improvement.)

4. My professional goals after residency is/are.... (Ex. Primary Care, Hospitalist, Fellowship, Type of Fellowship and Location or "Undecided but I'm thinking....")

5. My plan to achieve this/those professional goals is/are....

6. (For R2/R3's only) My plan for the ABIM Board Certification Exam Preparation includes the following:

Time Commitment -Traditional

Resident

Review

CCC

Feedback

PGY 1

0 min

0 min

20 min

PGY 2

0 min

0 min

20 min

PGY 3

0 min

0 min

20 min

Faculty

Review

CCC

Feedback

60 min

10 min

20 min

60 min

10 min

20 min

60 min

10 min

20 min

Time Commitment - Flipped

Resident

Review

CCC

Feedback

PGY 1

3h

10 min

15 min

PGY 2

2 1/2 h

10 min

10 min

PGY 3

2h

10 min

10 min

Faculty

Review

CCC

Feedback

20 min

10 min

15 min

20 min

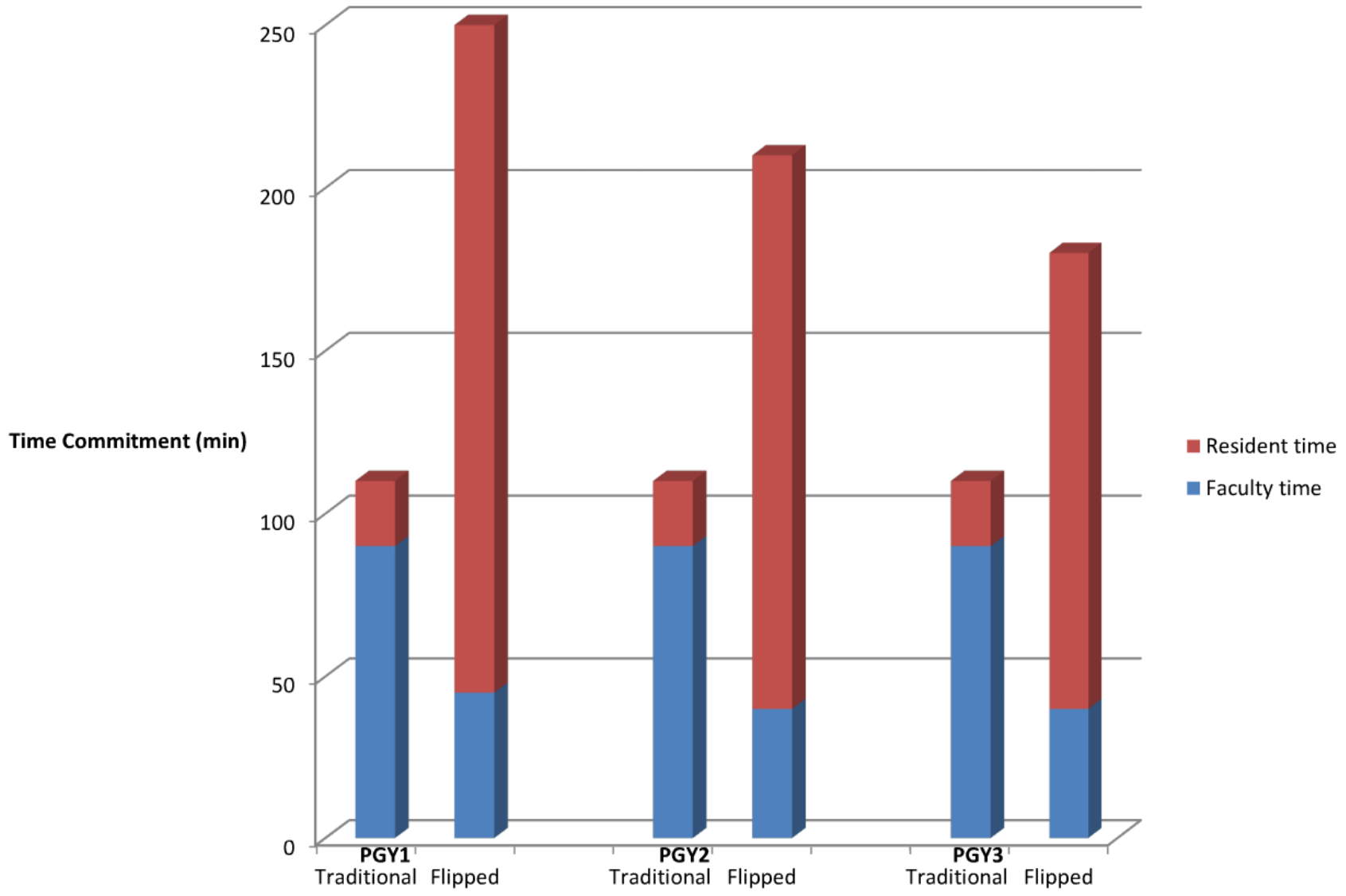
10 min

10 min

20 min

10 min

10 min



Net Benefits

- Resident takes ownership of their portfolio
- Resident understands the evaluation process
- Transparent
- Eliminates speculation
- Process is perceived as less punitive
- Extended processing time
- Time is allocated in a more appropriate way
- Less faculty dependent

Q&A

4. Skill in performing procedures. (PC4)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Attempts to perform procedures without sufficient technical skill or supervision	Possesses insufficient technical skill for safe completion of common procedures	Possesses basic technical skill for the completion of some common procedures	Possesses technical skill and has successfully performed all procedures required for certification	Maximizes patient comfort and safety when performing procedures
Unwilling to perform procedures when qualified and necessary for patient care				Seeks to independently perform additional procedures (beyond those required for certification) that are anticipated for future practice
				Teaches and supervises the performance of procedures by junior members of the team
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Comments:				

Residents: Please fill in to the best of your ability. Only use data from evaluations completed in the **last 6 months** unless otherwise specified.

I have completed 3 of my 15 required procedure quizzes.
 I have completed 10 of my 15 ABIM required procedures.
 I have taken procedure elective: y / no

A. Summative Evaluations:

Patient Care Evaluations (If more than one, take the average):

- ER: _____
- CCU: _____
- ICU: _____
- All subspecialty evaluations including Neurology: _____
- MMG: _____

JFK Evaluation:

Intern (Faculty)
 Q# 9: _____
 R2 (Faculty)
 Q# 7: _____
 R3 (Faculty)
 Q# 7: _____
 R3 (Self)

Intern (Self)
 Q# 9: _____
 R2 (Self)
 Q# 7: _____

B. Formative Evaluation: Not applicable for this milestone.

C. 360' Evaluations:

- **Multidisciplinary Team**
- Q# 10 _____ (Dept. Average _____)
- **Patients**
- Q# 10 _____ (Dept. Average _____)
- **Self**
- Q# 10 _____ (Dept. Average _____)

Please review the sub-milestones on the above graph and “X” the square where you believe your **skill in performing** procedures lies. (See Instructions on Cover Page.)

Please note, regardless of your numerical score, you must have done the procedure elective to receive an (8) AND completed the optional procedure quizzes to receive a (9). If you have not done procedure elective, then the highest numerical score achievable is a 7.



Milestone Self Analysis Summary

After reviewing the ACGME reporting milestones, self reflection of my evaluations over the last 6 months and review of anchors in the self analysis document my self assigned score on a 1-9 scale is:

<u>CCC</u> <u>Score</u>	<u>Resident</u> <u>Score</u>	
4	4	PC1: Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s).
4	4	PC2: Develops and achieves comprehensive management plan for each patient.
4	4	PC3: Manages patients with progressive responsibility and independence.
4	5	PC4: Skill in performing procedures.
4	4	PC5: Requests and provides consultative care.
3	3	MK1: Clinical knowledge
4	4	MK2: Knowledge of diagnostic testing and procedures.
6	6	SBP1: Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).
4	4	SBP2: Recognizes system error and advocates for system improvement.
4	4	SBP3: Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care.
3	3	SBP4: Transitions patients effectively within and across health delivery systems.
5	5	PBL1: Monitors practice with a goal for improvement. <i>(journaling deficient)</i>
4	4	PBL2: Learns and improves via performance audit.
5	5	PBL3: Learns and improves via feedback.
4	4	PBL4: Learns and improves at the point of care.
6	7	PROF1: Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support
5	5	PROF2: Accepts responsibility and follows through on tasks.
3	3	PROF3: Responds to each patient's unique characteristics and needs.
4	4	PROF4: Exhibits integrity and ethical behavior in professional conduct.
4	4	ICS1: Communicates effectively with patients and caregivers.
5	5	ICS2: Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).
5	5	ICS3: Appropriate utilization and completion of health records.

Summary Milestone Document

Resident Name:

You will need to present the following items to the Clinical Competency Committee in detail:

When considering the following ABIM core Competencies of Patient Care, Medical Knowledge, Systems Based-Practice, Practice-Based Learning and Improvement, Professionalism and Interpersonal and Communication Skills:

1. My strengths are and why?

As of right now, I think my strongest area is in interpersonal communication skills (more so in inpatient compared to outpatient). I like seeing pts in the hospital and talking with families about plans of care and giving updates. I think that I work well on the team on inpatient side, and I do my best to make everyone else's job easier when possible. Also, I think that I am efficient - I do my best to get everything completed on time

2. My areas of concern are and why?

MEDICAL KNOWLEDGE. It effects my ITE score, my patient care, and when pimped on rounds. I don't have a problem with saying "I don't know," but it bothers me when I don't know the basics.

3. My plan for personal/professional improvement in my areas of concern is.... (Please list each individually with your action plan for improvement.)

Medical knowledge - I am on the remediation plan, and I have been doing 10 MKSAP questions per night and reading MKSAP at least 30 min/day in addition to looking up topics that I have come across during the day. I was not doing any studying prior to ITE because I was waiting on MKSAP books to arrive. I know that I started out behind the eight ball because I wasn't expecting to do IM residency. I feel that I am starting to slowly catch up to where I should have been on day one.

4. My professional goals after residency is/are.... (Ex. Primary Care, Hospitalist, Fellowship, Type of Fellowship and Location or "Undecided but I'm thinking...")

Probably hospitalist

5. My plan to achieve this/those professional goals is/are....

get into residency...again

6. (For R2/R3's only) My plan for the ABIM Board Certification Exam Preparation includes the following:

December 23, 2015

Dear Dr.

The Clinical Competency Committee (CCC) for the Department of Internal Medicine met with you on December 23, 2015 to review and discuss your progress in the Internal Medicine training program. Prior to this meeting the entirety of your portfolio was reviewed by both you and a faculty committee member. As you know, the ACGME is asking us to report your progress in the form of milestones. The following is Committee's reflection of your performance addressing each milestone and our recommendations for you going forward.

Your CCC self analysis summary was reviewed by the CCC and to follow are your final scores on a 1-9 scale:

PC1: Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). 4

PC2: Develops and achieves comprehensive management plan for each patient. 4

PC3: Manages patients with progressive responsibility and independence. 4

PC4: Skill in performing procedures. 4 (c)

PC5: Requests and provides consultative care. 4

MK1: Clinical knowledge 3

MK2: Knowledge of diagnostic testing and procedures. 4

SBP1: Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). 6

SBP2: Recognizes system error and advocates for system improvement. 4

SBP3: Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care. 4

SBP4: Transitions patients effectively within and across health delivery systems. 3

PBL1: Monitors practice with a goal for improvement. 5 (c)

PBL2: Learns and improves via performance audit. 4

PBL3: Learns and improves via feedback. 5

PBL4: Learns and improves at the point of care. 4

PROF1: Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). 6 (c)

PROF2: Accepts responsibility and follows through on tasks. ___5___

PROF3: Responds to each patient's unique characteristics and needs. ___3___

PROF4: Exhibits integrity and ethical behavior in professional conduct. ___4___

ICS1: Communicates effectively with patients and caregivers. ___4___

ICS2: Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). ___5___

ICS3: Appropriate utilization and completion of health records. ___5___

In the e-document portion of New Innovations you will find your 46-page Milestone self-analysis including the summary document in which you were asked to analyze your overall performance over the last 6 months. The Committee recommends you use that Milestone document when reflecting upon this Milestone based clinical competency letter generated by the CCC that outlines what will actually be reported to the ACGME. In your case there were three changes when comparing your Milestone self-analysis to the Committee's analysis of your performance to date.

While the CCC feels you are progressing in all competencies, there are a few areas that will need attention. Specifically:

a) **Medical Knowledge:**

- a. Continue with your knowledge-based remediation plan as previously outlined.
- b. Finish the required knowledge-based procedure testing by the end of your R1 year.

b) **PBLI:**

- a. Journal as required and in a meaningful manner without reminder by the CCC.
- b. Work on improving scores on communication seminar quizzes.
- c. Finish IHI safety modules by end of your R1 year.
- d. Work to improve sign-outs and ask attendings and/or residents to reflect back on the quality of your sign-outs.

In summary, while there are competencies that need your attention, we are happy with your overall performance to date. Specifically, we commend you on your conference attendance as well as the timely completion of your medical records and your strong R1 performance in the Professionalism competency.

We encourage you to act on all recommendations from the CCC, take ownership of your portfolio and review it regularly. Your next evaluation will be in approximately six months and we expect that you will work to improve in areas where deficiencies are noted and that you will continue to move along the milestone continuum. Please feel free to meet with us at anytime if you are having difficulties succeeding in certain milestone areas.

It continues to be a pleasure working with you and I look forward to our discussions in the JFK Clinic as well as those in Communication Seminar.

Sincerely,

Nickole Forget MD FACP
IM Associate Program Director
Mercy Hospital St. Louis