

# RESIDENT ENGAGEMENT IN THE CCC

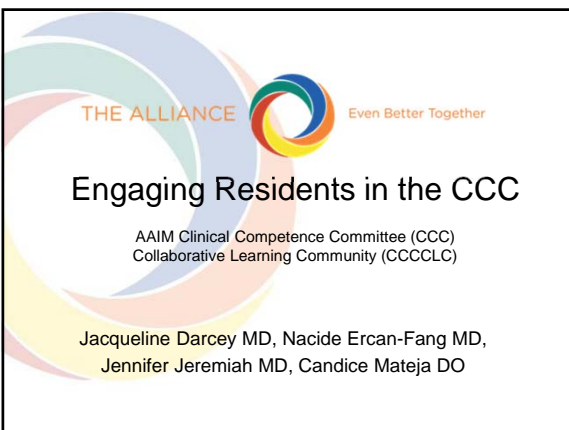
This “mini-lecture” was developed by a subcommittee of AAIM’s Collaborative Learning Community for Clinical Competency Committees. The intended audience is anyone involved in residency education, but faculty newer to the CCC process might find the content more valuable. The four members of this subcommittee learned a lot from the experience, and none of us are new to academics or to CCCs – so go ahead and take a look and a listen; maybe you’ll get some new ideas!

This packet includes multiple items: a printout of the slides used, an outline of particular area of discussion, and several appendices. We have also included a “Timetable of Contents” for you to skip ahead in the lecture if you prefer.

If you have questions, comments or information to share, our contact information is on the last slide in the relevant part of the handout.

## ***Timetable of Contents***

<b><i>Time</i></b>	<b><i>Topic</i></b>
0-00:14	Title and intro
00:15-1:10	ACGME CCC Guidebook quote
1:11-1:49	Resident & faculty experience; preview of resident engagement experience
1:50-2:15	Learning objectives
2:16-3:34	What is the CCC CLC and the Resident Engagement Subcommittee?
3:35-5:30	What is resident engagement?
5:31-7:02	Adult learning theory in GME
7:03-8:27	Consensus of resident engagement in CCC
8:28-9:51	Survey of resident knowledge of the CCC
9:52-10:38	Resident engagement strategies
10:39-11:37	“Before” activities
11:38-13:09	“During” activities (with “before” and “after” components)
13:10-15:52	“After” activities
15:52-17:52	Focus group themes
17:52-19:37	Pearls
19:37-20:54	Collaborators, contact info and closing



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**Engaging Residents in the CCC**

AAIM Clinical Competence Committee (CCC)  
Collaborative Learning Community (CCCCLC)

Jacqueline Darcey MD, Nacide Ercan-Fang MD,  
Jennifer Jeremiah MD, Candice Mateja DO

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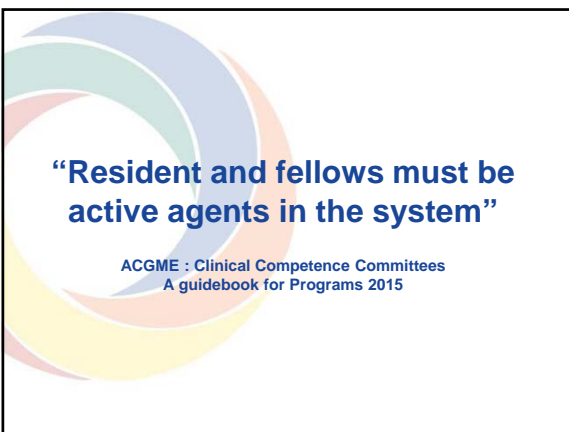
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**“Resident and fellows must be active agents in the system”**

ACGME : Clinical Competence Committees  
A guidebook for Programs 2015

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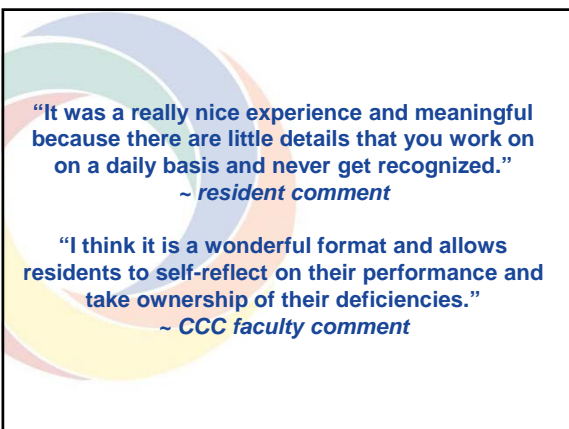
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**“It was a really nice experience and meaningful because there are little details that you work on on a daily basis and never get recognized.”**  
~ resident comment

**“I think it is a wonderful format and allows residents to self-reflect on their performance and take ownership of their deficiencies.”**  
~ CCC faculty comment

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### Learning Objectives

1. Review requirements and rationale for resident engagement in CCCs
2. Explore where residents see themselves in the engagement process
3. Describe potential mechanisms for resident engagement before, during and after CCC deliberation
4. Review successes and challenges in resident engagement

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### Who we are: CCC CLC Collaborative Subcommittee on Resident Engagement and Feedback





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### What constitutes resident engagement?

- Passive
  - Completing evaluations on self/others (peers/faculty)
  - Review CCC assessment in PD semi-annual review
  - Review CCC assessment with advisor/mentor
- Active
  - Meet with PD/advisor pre-CCC to set milestone “grade”
  - Present or “defend” portfolio to the CCC
  - Meet with PD/advisor post-CCC to prepare future goals

**The best approach uses a BEFORE, DURING & AFTER concept**

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### Adult Learning Theory

- Experience
- Values
- Style
- Pride
- Self-directed learning

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### Consensus

Resident engagement and feedback should:  
(elements of adult learning)

- Engage the learner
- Have a clear method
- Be individualized to the program
- Provide a mechanism for resident growth

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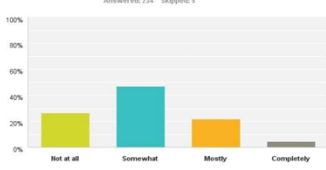
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### Do Residents even know what a CCC is?

Q4 Describe your agreement with the following statement. I understand the role of the Clinical Competency Committee (CCC) in my residency program: Choose 1

Answers: 234 Skipped: 5



Agreement Level	Percentage
Not at all	30%
Somewhat	50%
Mostly	20%
Completely	0%

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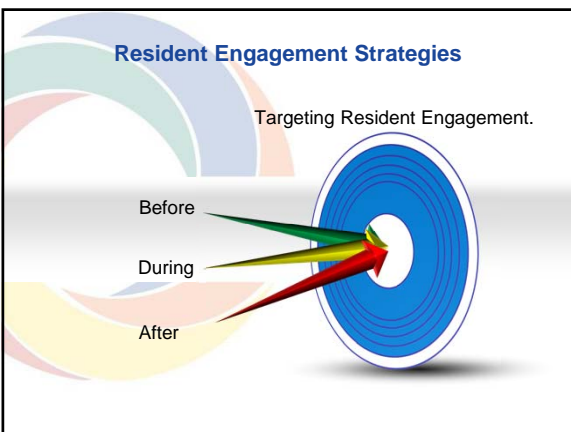
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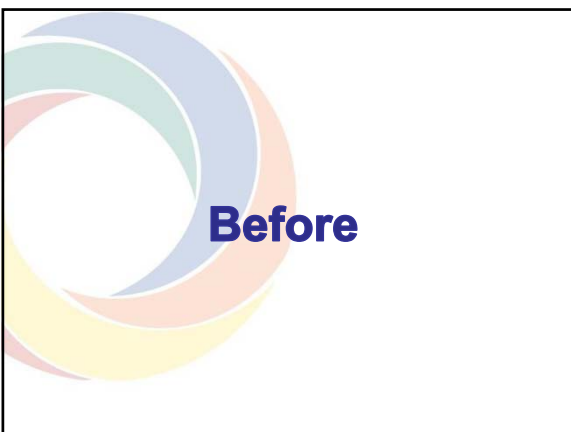
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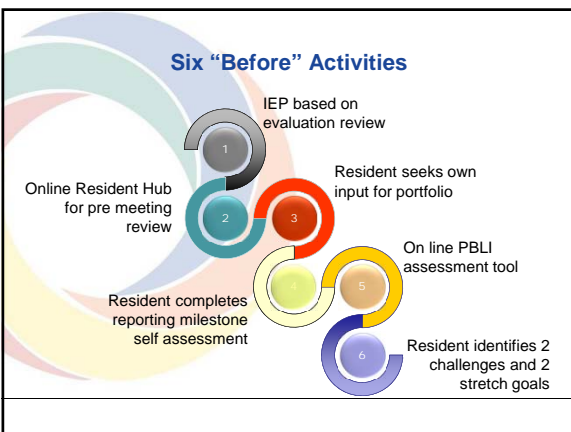
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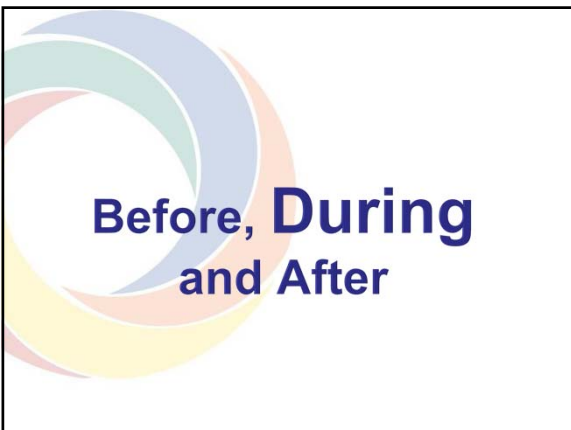
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**Learner Impact – Before/During/After Method**

- Felt comfortable presenting to CCC (88%)
- Short time frame was long enough (88%)
- “My voice was heard” (91%)

*It was helpful and gave me the chance to reflect.*  
*I think keeping the panel smaller will help ease the anxiety.*  
*It was a good introspection into residency, made me think of things which I would not have thought of otherwise.*  
*...felt like I was making a not-guilty plea in front of a jury. Not too sure what to make of this experience. The questions on the self assessment were good. Helped me to reflect on my performance.*

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## Before/DURING/After Project Outline

- This program's CCC meets as a large group in early December and June
  - No residents are present
  - The large group updates and finalizes assessments for each resident's milestones portfolio
- There are 4 smaller working subcommittees which meet separately at the midpoints between each half academic year (fall and late winter)
  - Residents receive and prepare worksheets before the subcommittee meetings (see appendices A, B and C)
  - Residents are scheduled to give 5-6 minute presentations using the completed worksheets as a framework, but are encouraged to talk extemporaneously (DURING)
  - The CCC chair and each resident's advisor receive a copy of the worksheet
  - After each subcommittee's group of residents has presented, the group talks separately about issues with the residents, if relevant
  - After each meeting, each resident's advisor completes a CCC evaluation for the resident, outlining a goal for improvement as well as a stretch goal, both items with suggestions for accomplishment
- Residents meet with one of the Program Directors twice per year for the semi-annual review (SAR); the CCC evaluations are reviewed again with the resident, and plans for accomplishing goals are finalized. Subsequent SARs review these goals and their successes (or lack thereof).




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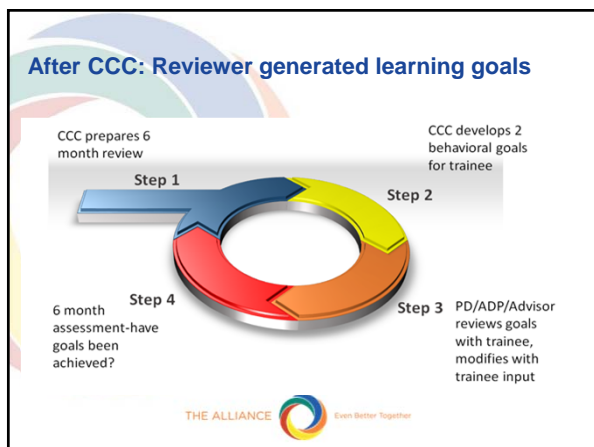
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**Post CCC Reviewer generated learning goals**

Strengths	Limitations
<ul style="list-style-type: none"> <li>• Resident part of action plan</li> <li>• Based on multiple evaluations</li> <li>• Described in specific behavioral terms</li> <li>• Success can be measured</li> </ul>	<ul style="list-style-type: none"> <li>• Only addresses limited number of issues</li> <li>• Initial goal not resident driven</li> <li>• Requires CCC member skill to identify relevant goals and provide behavioral suggestions</li> </ul>

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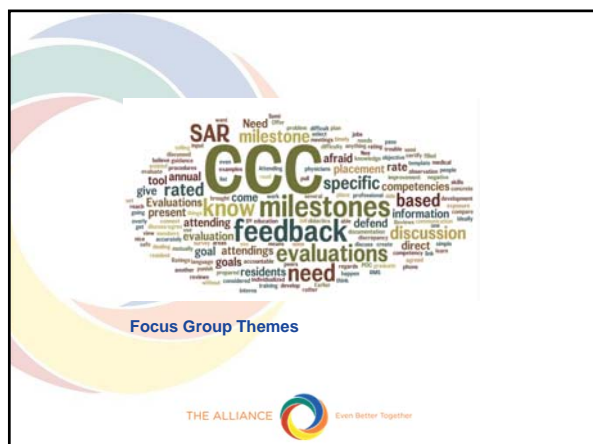
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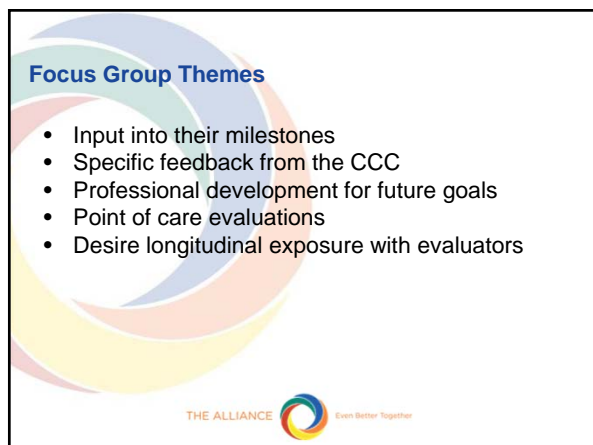
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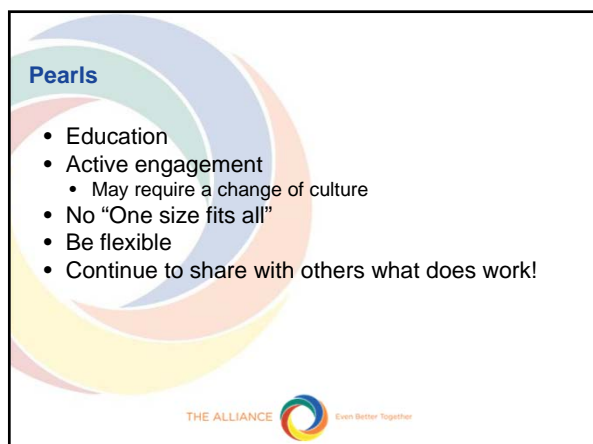
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**Thank you to our collaborative group for all their input and support!**

- Lauren Meade, MD (Facilitator)
- Matt Blackwell, MD
- Matthew Burdick, MD
- Jacqueline Darcey, MD
- Andem E. Elgertong, MD (Chair)
- Nacide Ercan-Fang, MD
- Jacqueline Fairchild, MD
- Kathleen Finn, MD
- Richard Goodgame, MD
- Stephanie Halvorson, MD
- Saba Hasan, MD
- Jennifer Jeremiah, MD (Co-Chair)
- Candice Mateja, MD
- Jaya Raj, MD
- Adam Treisman, MD
- Omar Vargas, MD

Baystate Medical Center, Springfield, MA  
 Carolinas Medical Center, Charlotte, NC  
 Christiana Care Health System, Newark, DE  
 Morristown Medical Center, Morristown, NJ  
 Rush University Medical Center, Chicago, IL  
 University of Minnesota Medical School, Minneapolis, MN  
 Mercy Hospital, St. Louis, MO  
 Harvard Medical School Massachusetts General Hospital, Boston, MA  
 University of Texas Medical Branch at Galveston, Galveston, TX  
 Oregon Health & Science University School of Medicine, Portland, OR  
 Capital Health Regional Medical Center, Trenton, NJ  
 Warren Alpert Medical School of Brown University, Providence, RI  
 University of South Florida Health Morsani College of Medicine, Tampa, FL  
 St. Joseph's Hospital and Medical Center, Phoenix, AZ  
 University of Illinois College of Medicine at Chicago/Christ Hospital, Chicago, IL  
 Southern Illinois University School of Medicine, Springfield, IL

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**THANK YOU**

**CONTACT US**

Jacqueline Darcey: [jacqueline.darcey@atlantichealth.org](mailto:jacqueline.darcey@atlantichealth.org)  
 Nacide Ercan-Fang: [Nacide.Ercan-Fang@va.gov](mailto:Nacide.Ercan-Fang@va.gov)  
 Jennifer Jeremiah: [jjeremiah@lifespan.org](mailto:jjeremiah@lifespan.org)  
 Candice Mateja: [cmateja@health.usf.edu](mailto:cmateja@health.usf.edu)

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# APPENDICES

The following appendices are referred to on page 6 of the handout  
(outline of *before/during/after* example).

## Abbreviation Key:

QI - Quality improvement

IMFA - Internal Medicine Faculty Associates (faculty practice)

AHS—Atlantic Health System (hospital system)

PEAC - Physician Education and Assessment Center (online modules)

NEO - Name of an online learning management system

Quantros - Error reporting system

NF - Night float

AIP - Academic improvement program

## APPENDIX A - PGY1

## APPENDIX B - PGY2

## APPENDIX C - PGY3

# CCC Resident Worksheet For Completion – PGY1

Name: \_\_\_\_\_

Evaluation Period: \_\_\_\_\_

## **PBL&I**

### ***Identify strengths, deficiencies and limits in knowledge and expertise.***

Please complete this self-assessment section to help you answer questions about yourself for your Clinical Competency Committee (CCC) Portfolio Report Meeting. Use the information you learn to help you answer pertinent questions on the CCC Resident Worksheet. Bring this entire form, your CCC Portfolio Checklist, and any other pertinent materials with you to your scheduled meeting. You need to bring an extra copy of your materials for the CCC Chairperson as well.

Question	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
1. I acquire accurate and relevant histories from my patients in an efficient, prioritized and hypothesis-driven fashion.					
2. I seek and obtain appropriate, verified and prioritized data from secondary sources (e.g. family, records, and pharmacy).					
3. I perform accurate physical examinations that are appropriately targeted to the patient's complaints.					
4. I synthesize all available data, including interview, exam, and preliminary lab data to define each patient's central clinical problem.					
5. I develop prioritized differential diagnoses, evidence-based diagnostic and therapeutic plan for common conditions in Internal Medicine patients.					
6. I recognize situations with a need for urgent or emergent medical care, including life-threatening conditions.					
7. I recognize when to seek additional guidance.					
8. I provide appropriate preventive care.					
9. I manage patients with common clinical disorders in the practice of outpatient Internal Medicine with minimal supervision.					
10. I have performed several invasive procedures and documented them in my New Innovations log.					
11. I demonstrate sufficient medical knowledge to diagnose and treat common conditions that require hospitalization.					
12. I understand the indications for and the basic interpretation of common diagnostic tests.					
13. I have reviewed my in-training exam scores and believe my medical knowledge is where it should be (last known score; if intern and no score, leave blank).					
14. I identify clinical question as they emerge in my patient care activities.					
15. I am responsive to feedback from all members of the healthcare team, including faculty, residents, nurses, allied health professionals, patients, and their advocates.					
16. I actively participate in teaching rounds, morning reports and noon conferences.					

Question	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
17. I have reviewed the number of continuity clinic sessions I have attended and will attend, and am on schedule to reach 58 total continuity sessions by the end of this year (58 total as R1).					
18. I have updated my ambulatory log on New innovations during/after each elective					
19. I effectively use verbal and nonverbal skills to create rapport with patients and their advocates.					
20. I communicate effectively with other caregivers to ensure safe transitions of care.					
21. My patient presentations on rounds are organized, complete, and succinct.					
22. I regularly communicate the plan of care to all the members of the healthcare team.					
23. My medical records are completed in an accurate, complete and timely manner.					
24. I accept personal errors and honestly acknowledge them.					
25. I demonstrate compassion and respect to all patients.					
26. I complete my clinical, administrative and academic tasks promptly.					
27. I maintain patient confidentiality at all times.					
28. I log my duty hours regularly and make every effort not to violate the rules.					
29. When I feel too fatigued to work safely, I understand I can call the chief residents for back-up.					
30. I understand the unique roles and services provided by the workers in the local health delivery system (social workers, case managers, etc.).					
31. I work to identify barriers to optimal patient care within the system.					
32. I identify, report, reflect on, and learn from critical incidents such as near misses and preventable medical errors .					
33. I do my best to minimize unnecessary care, including tests, procedures, therapies and consultations.					

*Adapted from Lankenau Medical Center*

### ***Set learning and improvement goals.***

Review your self-assessment. List your perceived strengths (use more or less space as needed):

- 1.
- 2.
- 3.
- 4.
- 5.

List your perceived weaker areas (use more or less space as needed):

- 1.
- 2.
- 3.
- 4.
- 5.

For each identified strength above, please identify a plan of how you will continue to improve your performance and not be static (use additional paper if needed for response):

For each identified weakness above, please specify your plan for improvement so you will be able to achieve the level needed for advancement and public accountability (use additional paper if needed for response):

***Analyze practice, using QI methods, and implement change with the goal of practice improvement.***

Report on your QI project at IMFA. What is it and what information have you learned so far?

Preliminary interns, please identify one area of your inpatient practice you would like to work on. You will report updates at the spring meeting.

Are you involved with any other QI activities at AHS? Describe briefly.

Describe at least one other area you could work on at IMFA to be a better physician to your patients. What will you do to improve? Be prepared to give an interval report at your next meeting as well.

***Incorporate formative feedback evaluation into practice.***

Review your New Innovations evaluations for the period in question. Identify what others have reported as being your weaknesses and strengths, and list below.

Develop your own Action Plan to deal with these reported weaknesses. Are they the same as the ones you identified on your self-assessment? Be specific and be prepared to give an interval report at the next meeting.

Develop your own Action Plan to continue growth and advancement of these identified areas of strength. Are they the same as the ones you identified on your self-assessment? Be specific and be prepared to give an interval report at the next meeting.

**Use information technology to optimize learning.**

Print out your performance/utilization reports for each of the following information technology modules:

- ☐ Doc.com
- ☐ PEAC
- ☐ Procedures Consult
- ☐ Radiology Challenger (if intern)

Report on your personal progress on utilization of NEO (Edu2.0). You should enroll in every rotation before you start it, and review each curriculum to make sure you are aware of the goals, assignments (if relevant) and resources.

**ACGME Personal form assessment based on review of your information and completion of information above for PRACTICE-BASED LEARNING AND IMPROVEMENT:**

12. Monitors practice with a goal for improvement. (PBL11)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unwilling to self-reflect upon one's practice or performance	Unable to self-reflect upon one's practice or performance	Inconsistently self-reflects upon one's practice or performance and inconsistently acts upon those reflections	Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice	Regularly self-reflects and seeks external validation regarding this reflection to maximize practice improvement
Not concerned with opportunities for learning and self-improvement	Misses opportunities for learning and self-improvement	Inconsistently acts upon opportunities for learning and self-improvement	Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement	Actively engages in self-improvement efforts and reflects upon the experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

13. Learns and improves via performance audit. (PBLI2)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Disregards own clinical performance data	Limited awareness of or desire to analyze own clinical performance data	Analyzes own clinical performance data and identifies opportunities for improvement	Analyzes own clinical performance data and actively works to improve performance	Actively monitors clinical performance through various data sources
Demonstrates no inclination to participate in or even consider the results of quality improvement efforts	Nominally participates in a quality improvement projects	Effectively participates in a quality improvement project	Actively engages in quality improvement initiatives	Is able to lead a quality improvement project
	Not familiar with the principles, techniques or importance of quality improvement	Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients	Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients	Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

14. Learns and improves via feedback. (PBLI3)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Never solicits feedback	Rarely seeks feedback	Solicits feedback only from supervisors	Solicits feedback from all members of the interprofessional team and patients	Performance continuously reflects incorporation of solicited and unsolicited feedback
Actively resists feedback from others	Responds to unsolicited feedback in a defensive fashion	Is open to unsolicited feedback	Welcomes unsolicited feedback	Able to reconcile disparate or conflicting feedback
	Temporarily or superficially adjusts performance based on feedback	Inconsistently incorporates feedback	Consistently incorporates feedback	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

15. Learns and improves at the point of care. (PBLI4)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate	Rarely "slows down" to reconsider an approach to a problem, ask for help, or seek new information	Inconsistently "slows down" to reconsider an approach to a problem, ask for help, or seek new information	Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information	Searches medical information resources efficiently, guided by the characteristics of clinical questions
Fails to seek or apply evidence when necessary	Can translate medical information needs into well-formed clinical questions with assistance	Can translate medical information needs into well-formed clinical questions independently	Routinely translates new medical information needs into well-formed clinical questions	Role models how to appraise clinical research reports based on accepted criteria
	Unfamiliar with strengths and weaknesses of the medical literature	Aware of the strengths and weaknesses of medical information resources but utilizes information technology without sophistication	Utilizes information technology with sophistication	Has a systematic approach to track and pursue emerging clinical questions
	Has limited awareness of or ability to use information technology	With assistance, appraises clinical research reports, based on accepted criteria	Independently appraises clinical research reports based on accepted criteria	
	Accepts the findings of clinical research studies without critical appraisal			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

## **Professionalism**

### ***Responsiveness to patient and colleague needs that supersedes self-interest.***

Do you always keep yourself available when you are on Emergency Coverage? Describe a time when you had to change your personal plans/schedule due to a patient's changing clinical condition or were available for emergency coverage for a colleague (use additional paper if needed).

### ***Accountability to patients, society and the profession.***

List any volunteerism activities you have done.

Do you submit Quantros reports when you see or make a medical error?

How do you manage caring for a patient whose personal beliefs differ from yours, specifically when it comes to end of life decisions? Give an example.

***Completion of tasks and duties required for training.***

Report your status with the following tasks and duties:

Duty/Task	Not complete	Complete	Notes
Medical records (list numbers of deficient & delinquent reports at the time of this meeting)			
Duty hours logs			
Conference attendance (>80% is complete)			
Completion of step 3 USMLE/Comlex			
Scholarly Activity (for fall mtg: prior year's; for spring mtg: current year's project)			
NF portfolio			
Monthly quizzes			
AIP assignments, if relevant			

Other comments you would like to make to the committee regarding your Practice-Based Learning & Improvement and/or Professionalism competencies:

***ACGME Personal form assessment based on review of your information and completion of information above for PROFESSIONALISM:***

(See next page for diagrams to complete)

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

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Lacks empathy and compassion for patients and caregivers	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers	Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations	Demonstrates empathy, compassion and respect to patients and caregivers in all situations	Role models compassion, empathy and respect for patients and caregivers
Disrespectful in interactions with patients, caregivers and members of the interprofessional team	Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion	Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care	Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers	Role models appropriate anticipation and advocacy for patient and caregiver needs
Sacrifices patient needs in favor of own self-interest	Inconsistently considers patient privacy and autonomy	Emphasizes patient privacy and autonomy in all interactions	Demonstrates a responsiveness to patient needs that supersedes self-interest	Fosters collegiality that promotes a high-functioning interprofessional team
Blatantly disregards respect for patient privacy and autonomy			Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate	Teaches others regarding maintaining patient privacy and respecting patient autonomy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

**17. Accepts responsibility and follows through on tasks. (PROF2)**

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks	Completes most assigned tasks in a timely manner but may need multiple reminders or other support	Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy	Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner	Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner
Shuns responsibilities expected of a physician professional	Accepts professional responsibility only when assigned or mandatory	Completes assigned professional responsibilities without questioning or the need for reminders	Willingness to assume professional responsibility regardless of the situation	Assists others to improve their ability to prioritize multiple, competing tasks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

18. Responds to each patient's unique characteristics and needs. (PROF3)														
Critical Deficiencies										Ready for unsupervised practice				Aspirational
Is insensitive to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter	Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter	Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference	Recognizes and accounts for the unique characteristics and needs of the patient/ caregiver											Role models professional interactions to negotiate differences related to a patient's unique characteristics or needs
Is unwilling to modify care plan to account for a patient's unique characteristics and needs	Requires assistance to modify care plan to account for a patient's unique characteristics and needs	Modifies care plan to account for a patient's unique characteristics and needs with partial success	Appropriately modifies care plan to account for a patient's unique characteristics and needs											Role models consistent respect for patient's unique characteristics and needs
<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:														

19. Exhibits integrity and ethical behavior in professional conduct. (PROF4)														
Critical Deficiencies										Ready for unsupervised practice				Aspirational
Dishonest in clinical interactions, documentation, research, or scholarly activity	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions	Honest and forthright in clinical interactions, documentation, research, and scholarly activity	Demonstrates integrity, honesty, and accountability to patients, society and the profession											Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility
Refuses to be accountable for personal actions	Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them	Demonstrates accountability for the care of patients	Actively manages challenging ethical dilemmas and conflicts of interest											Role models integrity, honesty, accountability and professional conduct in all aspects of professional life
Does not adhere to basic ethical principles		Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity	Identifies and responds appropriately to lapses of professional conduct among peer group											Regularly reflects on personal professional conduct
Blatantly disregards formal policies or procedures.														
<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:														

# CCC Resident Worksheet For Completion – PGY2

Name: \_\_\_\_\_

Evaluation Period: \_\_\_\_\_

## **PBL&I**

### ***Identify strengths, deficiencies and limits in knowledge and expertise.***

Please complete this self-assessment form to help you answer questions about yourself for your Clinical Competency Committee (CCC) Portfolio Report Meeting. Use the information you learn to help you answer pertinent questions on the CCC Resident Worksheet. Bring this form, your CCC Resident Checklist, and any other pertinent materials with you to your scheduled meeting. You need to bring an extra copy of your materials for the CCC Chairperson as well.

Question	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
1. I obtain relevant historical subtleties that prioritize the differential diagnosis and diagnostic plans including sensitive information that may not be volunteered by the patient.					
2. I demonstrate and teach how to elicit important physical exam findings for junior members of the health care team.					
3. I modify my differential diagnosis and clinical decisions based on a patient's clinical course and additional data.					
4. I recognize situations with a need for urgent or emergent medical care, including life-threatening conditions.					
5. I have independently performed invasive procedures, documented them in my New Innovations log, and am track to be certified in at least half of them.					
6. I demonstrate sufficient knowledge to independently evaluate common ambulatory conditions and provide preventive care.					
7. I demonstrate sufficient knowledge to diagnose and treat undifferentiated and emergent conditions.					
8. I understand the indications for and the basic interpretation of more advanced diagnostic tests.					
9. I have reviewed my in-training exam scores and believe my medical knowledge is where it should be (last known score).					
10. I can precisely articulate clinical questions.					
11. I am able to access medical information resources to answer clinical questions and support decision making.					
12. I am able to effectively and efficiently search evidence-based medical information resources.					
13. I effectively use verbal and nonverbal skills to create rapport with patients and their advocates.					
14. I reflect on feedback and incorporate it into my daily practice to become a better team leader, teacher and clinician.					
15. I have reviewed the number of continuity clinic sessions I have attended and will attend, and am on schedule to reach 98 total continuity sessions by the end of this year (40 total as R2).					
16. I have updated my ambulatory log on New Innovations during/after each elective.					

Question	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
17. I engage patients in shared decision-making for uncomplicated and therapeutic scenarios.					
18. I role model and teach effective communication with next caregivers to ensure safe transitions of care.					
19. I ensure succinct, relevant and patient-specific written documentation.					
20. I provide support for dying patients and their families.					
21. I recognize, respond to and report impairment in colleagues.					
22. I educate and hold others accountable for patient confidentiality at all times.					
23. I log my duty hours regularly and make every effort not to violate the rules.					
24. When I feel too fatigued to work safely, I understand I can call the chief residents for back-up.					
25. I manage and coordinate care transitions across multiple delivery systems including ambulatory, subacute, rehabilitation and skilled nursing facilities.					
26. I dialogue with all members of the care team to identify risk for and prevent medical errors.					
27. I apply cost-awareness principles into standard clinical judgments and decision-making.					

*Adapted from Lankenau Medical Center*

### ***Set learning and improvement goals.***

Review your self-assessment. List your perceived strengths (use more or less space as needed):

- 1.
- 2.
- 3.
- 4.
- 5.

List your perceived weaker areas (use more or less space as needed):

- 1.
- 2.
- 3.
- 4.
- 5.

For each identified strength above, please identify a plan of how you will continue to improve your performance and not be static (use additional paper if needed for response):

For each identified weakness above, please specify your plan for improvement so you will be able to achieve the level needed for advancement and public accountability (use additional paper if needed for response):

***Analyze practice, using QI methods, and implement change with the goal of practice improvement.***

Report on your QI project at IMFA. What is it and what information have you learned so far?

Are you involved with any other QI activities at AHS? Describe briefly.

Describe at least one other area you could work on at IMFA to be a better physician to your patients. What will you do to improve? Be prepared to give an interval report at your next meeting as well.

***Incorporate formative feedback evaluation into practice.***

Review your New Innovations evaluations for the period in question. Identify what others have reported as being your weaknesses and strengths, and list below.

Develop your own Action Plan to deal with these reported weaknesses. Are they the same as the ones you identified on your self-assessment? Be specific and be prepared to give an interval report at the next meeting.

Develop your own Action Plan to continue growth and advancement of these identified areas of strength. Are they the same as the ones you identified on your self-assessment? Be specific and be prepared to give an interval report at the next meeting.

**Use information technology to optimize learning.**

Print out your performance/utilization reports for each of the following information technology modules:

- ☐ Doc.com
- ☐ PEAC
- ☐ Procedures Consult

Report on your personal progress on utilization of NEO (Edu2.0). You should enroll in every rotation before you start it, and review each curriculum to make sure you are aware of the goals, assignments (if relevant) and resources.

**ACGME Personal form assessment based on review of your information and completion of information above for PRACTICE-BASED LEARNING AND IMPROVEMENT:**

12. Monitors practice with a goal for improvement. (PBLI1)									
Critical Deficiencies				Ready for unsupervised practice	Aspirational				
Unwilling to self-reflect upon one's practice or performance	Unable to self-reflect upon one's practice or performance	Inconsistently self-reflects upon one's practice or performance and inconsistently acts upon those reflections	Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice	Regularly self-reflects and seeks external validation regarding this reflection to maximize practice improvement					
Not concerned with opportunities for learning and self-improvement	Misses opportunities for learning and self-improvement	Inconsistently acts upon opportunities for learning and self-improvement	Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement	Actively engages in self-improvement efforts and reflects upon the experience					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Comments:									

13. Learns and improves via performance audit. (PBLI2)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Disregards own clinical performance data	Limited awareness of or desire to analyze own clinical performance data	Analyzes own clinical performance data and identifies opportunities for improvement	Analyzes own clinical performance data and actively works to improve performance	Actively monitors clinical performance through various data sources
Demonstrates no inclination to participate in or even consider the results of quality improvement efforts	Nominally participates in a quality improvement projects	Effectively participates in a quality improvement project	Actively engages in quality improvement initiatives	Is able to lead a quality improvement project
	Not familiar with the principles, techniques or importance of quality improvement	Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients	Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients	Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

14. Learns and improves via feedback. (PBLI3)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Never solicits feedback	Rarely seeks feedback	Solicits feedback only from supervisors	Solicits feedback from all members of the interprofessional team and patients	Performance continuously reflects incorporation of solicited and unsolicited feedback
Actively resists feedback from others	Responds to unsolicited feedback in a defensive fashion	Is open to unsolicited feedback	Welcomes unsolicited feedback	Able to reconcile disparate or conflicting feedback
	Temporarily or superficially adjusts performance based on feedback	Inconsistently incorporates feedback	Consistently incorporates feedback	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

15. Learns and improves at the point of care. (PBLI4)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate	Rarely "slows down" to reconsider an approach to a problem, ask for help, or seek new information	Inconsistently "slows down" to reconsider an approach to a problem, ask for help, or seek new information	Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information	Searches medical information resources efficiently, guided by the characteristics of clinical questions
Fails to seek or apply evidence when necessary	Can translate medical information needs into well-formed clinical questions with assistance	Can translate medical information needs into well-formed clinical questions independently	Routinely translates new medical information needs into well-formed clinical questions	Role models how to appraise clinical research reports based on accepted criteria
	Unfamiliar with strengths and weaknesses of the medical literature	Aware of the strengths and weaknesses of medical information resources but utilizes information technology without sophistication	Utilizes information technology with sophistication	Has a systematic approach to track and pursue emerging clinical questions
	Has limited awareness of or ability to use information technology	With assistance, appraises clinical research reports, based on accepted criteria	Independently appraises clinical research reports based on accepted criteria	
	Accepts the findings of clinical research studies without critical appraisal			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

## **Professionalism**

### ***Responsiveness to patient and colleague needs that supersedes self-interest.***

Do you always keep yourself available when you are on Emergency Coverage? Describe a time when you had to change your personal plans/schedule due to a patient's changing clinical condition or were available for emergency coverage for a colleague.

### ***Accountability to patients, society and the profession.***

List any volunteerism activities you have done.

Do you submit Quantros reports when you see or make a medical error?

How do you manage caring for a patient whose personal beliefs differ from yours, specifically when it comes to end of life decisions? Give an example.

***Completion of tasks and duties required for training.***

Report your status with the following tasks and duties:

Duty/Task	Not complete	Complete	Notes
Medical records (list numbers of deficient & delinquent reports at the time of this meeting)			
Duty hours logs			
Conference attendance (>80% is complete)			
Completion of step 3 USMLE/Comlex			
Scholarly Activity (for fall mtg: prior year's; for spring mtg: current year's project)			
NF portfolio			
Monthly quizzes			
AIP assignments, if relevant			

Other comments you would like to make to the committee regarding your Practice-Based Learning & Improvement and/or Professionalism competencies:

***ACGME Personal form assessment based on review of your information and completion of information above for PROFESSIONALISM:***

(see next page)

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

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Lacks empathy and compassion for patients and caregivers	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers	Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations	Demonstrates empathy, compassion and respect to patients and caregivers in all situations	Role models compassion, empathy and respect for patients and caregivers
Disrespectful in interactions with patients, caregivers and members of the interprofessional team	Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion	Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care	Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers	Role models appropriate anticipation and advocacy for patient and caregiver needs
Sacrifices patient needs in favor of own self-interest	Inconsistently considers patient privacy and autonomy	Emphasizes patient privacy and autonomy in all interactions	Demonstrates a responsiveness to patient needs that supersedes self-interest	Fosters collegiality that promotes a high-functioning interprofessional team
Blatantly disregards respect for patient privacy and autonomy			Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate	Teaches others regarding maintaining patient privacy and respecting patient autonomy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

**17. Accepts responsibility and follows through on tasks. (PROF2)**

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks	Completes most assigned tasks in a timely manner but may need multiple reminders or other support	Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy	Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner	Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner
Shuns responsibilities expected of a physician professional	Accepts professional responsibility only when assigned or mandatory	Completes assigned professional responsibilities without questioning or the need for reminders	Willingness to assume professional responsibility regardless of the situation	Assists others to improve their ability to prioritize multiple, competing tasks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

18. Responds to each patient's unique characteristics and needs. (PROF3)									
Critical Deficiencies			Ready for unsupervised practice	Aspirational					
Is insensitive to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter	Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter	Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference	Recognizes and accounts for the unique characteristics and needs of the patient/ caregiver	Role models professional interactions to negotiate differences related to a patient's unique characteristics or needs					
Is unwilling to modify care plan to account for a patient's unique characteristics and needs	Requires assistance to modify care plan to account for a patient's unique characteristics and needs	Modifies care plan to account for a patient's unique characteristics and needs with partial success	Appropriately modifies care plan to account for a patient's unique characteristics and needs	Role models consistent respect for patient's unique characteristics and needs					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Comments:									

19. Exhibits integrity and ethical behavior in professional conduct. (PROF4)									
Critical Deficiencies			Ready for unsupervised practice	Aspirational					
Dishonest in clinical interactions, documentation, research, or scholarly activity	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions	Honest and forthright in clinical interactions, documentation, research, and scholarly activity	Demonstrates integrity, honesty, and accountability to patients, society and the profession	Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility					
Refuses to be accountable for personal actions	Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them	Demonstrates accountability for the care of patients	Actively manages challenging ethical dilemmas and conflicts of interest	Role models integrity, honesty, accountability and professional conduct in all aspects of professional life					
Does not adhere to basic ethical principles		Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity	Identifies and responds appropriately to lapses of professional conduct among peer group	Regularly reflects on personal professional conduct					
Blatantly disregards formal policies or procedures.									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Comments:									

# CCC Resident Worksheet For Completion – PGY3

Name: \_\_\_\_\_

Evaluation Period: \_\_\_\_\_

## **PBL&I**

### ***Identify strengths, deficiencies and limits in knowledge and expertise.***

Please complete this self-assessment form to help you answer questions about yourself for your Clinical Competency Committee (CCC) Portfolio Report Meeting. Use the information you learn to help you answer pertinent questions on the CCC Resident Worksheet. Bring this form, your CCC Resident Checklist, and any other pertinent materials with you to your scheduled meeting. You need to bring an extra copy of your materials for the CCC Chairperson as well.

Question	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
1. I role model the gathering of subtle and difficult information from the patient for junior members of the healthcare team.					
2. I routinely identify subtle or unusual physical exam findings that may influence clinical decision-making.					
3. I recognize disease presentations that deviate from common patterns and require complex decision-making.					
4. I competently manage patients with conditions which require intensive care.					
5. I independently manage patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine.					
6. I routinely customize the care I provide to a patient to the context of the patient's preferences and overall health status.					
7. I provide Internal Medicine consultation for patients with more complex clinical problems requiring detailed risk assessment.					
8. I am certified to independently perform the majority of invasive procedures and have supervised others in the process					
9. I demonstrate sufficient knowledge to evaluate patients with complex or rare medical conditions and multiple coexistent conditions.					
10. I demonstrate sufficient knowledge of clinical guidelines in ambulatory medicine to provide high value, cost-conscious care to a panel of patients.					
11. I have reviewed my in-training exam scores and believe my medical knowledge is on track to pass the ABIM Certification Exam (last known score).					
12. I can identify areas in my own practice that can be modified to improve patient outcomes.					
13. I have participated in a quality improvement project during my residency.					
14. I can independently use the medical literature to answer my clinical questions.					
15. I integrate clinical evidence, clinical context and patient preferences into the decision-making process.					

Question	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
16. I take a leadership role in the education of all members of the healthcare team.					
17. I am dedicated to learning from each and every patient I see.					
18. I have reviewed the number of continuity clinics I have attended and will attend, and am on schedule to reach 160 total sessions by the end of my 3 <sup>rd</sup> year (72 for R3).					
19. I have updated my ambulatory log on New Innovations during/after each elective.					
20. I will have completed 3 scholarly activity projects by the end of my three years of training (bring all 3 to May meeting).					
21. I role model effective communication skills in challenging situations.					
22. I actively seek to understand patient differences and views and am able to respectfully communicate this understanding during the decision-making process.					
23. I engage in collaborative communication with all members of the health care team.					
24. I recognize and manage subtle conflicts of interest as an independent physician.					
25. I serve as a professional role model for more junior colleagues.					
26. I am an effective advocate for individual patient needs.					
27. I log my duty hours regularly and make every effort not to violate the rules.					
28. When I feel I am too fatigued to work safely, I understand I can call the chief residents for back-up.					
29. I demonstrate how to manage a team by using the skills and coordinating the activities of interprofessional team members.					
30. I partner with other health care professionals to identify and propose improvement opportunities within the system.					
31. I demonstrate the incorporation of cost-awareness principles into complex clinical scenarios.					

*Adapted from Lankenau Medical Center*

### ***Set learning and improvement goals.***

Review your self-assessment. List your perceived strengths (use more or less space as needed):

- 1.
- 2.
- 3.
- 4.
- 5.

List your perceived weaker areas (use more or less space as needed):

- 1.
- 2.
- 3.
- 4.
- 5.

For each identified strength above, please identify a plan of how you will continue to improve your performance and not be static (use additional paper if needed for response):

For each identified weakness above, please specify your plan for improvement so you will be able to achieve the level needed for advancement and public accountability (use additional paper if needed for response):

***Analyze practice, using QI methods, and implement change with the goal of practice improvement.***

Report on your QI project at IMFA. What is it and what information have you learned so far?

Are you involved with any other QI activities at AHS? Describe briefly.

Describe at least one other area you could work on at IMFA to be a better physician to your patients. What will you do to improve? Be prepared to give an interval report at your next meeting as well.

***Incorporate formative feedback evaluation into practice.***

Review your New Innovations evaluations for the period in question. Identify what others have reported as being your weaknesses and strengths, and list below.

Develop your own Action Plan to deal with these reported weaknesses. Are they the same as the ones you identified on your self-assessment? Be specific and be prepared to give an interval report at the next meeting.

Develop your own Action Plan to continue growth and advancement of these identified areas of strength. Are they the same as the ones you identified on your self-assessment? Be specific and be prepared to give an interval report at the next meeting.

***Use information technology to optimize learning.***

Print out your performance/utilization reports for each of the following information technology modules:

- ☐ Doc.com
- ☐ PEAC
- ☐ Procedures Consult

Report on your personal progress on utilization of NEO (Edu2.0). You should enroll in every rotation before you start it, and review each curriculum to make sure you are aware of the goals, assignments (if relevant) and resources.

***ACGME Personal form assessment based on review of your information and completion of information above for PRACTICE-BASED LEARNING AND IMPROVEMENT:***

(see next page)

12. Monitors practice with a goal for improvement. (PBL11)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unwilling to self-reflect upon one's practice or performance  Not concerned with opportunities for learning and self-improvement	Unable to self-reflect upon one's practice or performance  Misses opportunities for learning and self-improvement	Inconsistently self-reflects upon one's practice or performance and inconsistently acts upon those reflections  Inconsistently acts upon opportunities for learning and self-improvement	Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice  Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement	Regularly self-reflects and seeks external validation regarding this reflection to maximize practice improvement  Actively engages in self-improvement efforts and reflects upon the experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

13. Learns and improves via performance audit. (PBL12)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Disregards own clinical performance data  Demonstrates no inclination to participate in or even consider the results of quality improvement efforts	Limited awareness of or desire to analyze own clinical performance data  Nominally participates in a quality improvement projects  Not familiar with the principles, techniques or importance of quality improvement	Analyzes own clinical performance data and identifies opportunities for improvement  Effectively participates in a quality improvement project  Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients	Analyzes own clinical performance data and actively works to improve performance  Actively engages in quality improvement initiatives  Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients	Actively monitors clinical performance through various data sources  Is able to lead a quality improvement project  Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

14. Learns and improves via feedback. (PBLI3)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Never solicits feedback	Rarely seeks feedback	Solicits feedback only from supervisors	Solicits feedback from all members of the interprofessional team and patients	Performance continuously reflects incorporation of solicited and unsolicited feedback
Actively resists feedback from others	Responds to unsolicited feedback in a defensive fashion	Is open to unsolicited feedback	Welcomes unsolicited feedback	Able to reconcile disparate or conflicting feedback
	Temporarily or superficially adjusts performance based on feedback	Inconsistently incorporates feedback	Consistently incorporates feedback	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

15. Learns and improves at the point of care. (PBLI4)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate	Rarely "slows down" to reconsider an approach to a problem, ask for help, or seek new information	Inconsistently "slows down" to reconsider an approach to a problem, ask for help, or seek new information	Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information	Searches medical information resources efficiently, guided by the characteristics of clinical questions
Fails to seek or apply evidence when necessary	Can translate medical information needs into well-formed clinical questions with assistance	Can translate medical information needs into well-formed clinical questions independently	Routinely translates new medical information needs into well-formed clinical questions	Role models how to appraise clinical research reports based on accepted criteria
	Unfamiliar with strengths and weaknesses of the medical literature	Aware of the strengths and weaknesses of medical information resources but utilizes information technology without sophistication	Utilizes information technology with sophistication	Has a systematic approach to track and pursue emerging clinical questions
	Has limited awareness of or ability to use information technology	With assistance, appraises clinical research reports, based on accepted criteria	Independently appraises clinical research reports based on accepted criteria	
	Accepts the findings of clinical research studies without critical appraisal			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

## Professionalism

### ***Responsiveness to patient and colleague needs that supersedes self-interest.***

Do you always keep yourself available when you are on Emergency Coverage? Describe a time when you had to change your personal plans/schedule due to a patient's changing clinical condition or were available for emergency coverage for a colleague.

***Accountability to patients, society and the profession.***

List any volunteerism activities you have done.

Do you submit Quantros reports when you see or make a medical error?

How do you manage caring for a patient whose personal beliefs differ from yours, specifically when it comes to end of life decisions? Give an example.

***Completion of tasks and duties required for training.***

Report your status with the following tasks and duties:

Duty/Task	Not complete	Complete	Notes
Medical records (list numbers of deficient & delinquent reports at the time of this meeting)			
Duty hours logs			
Conference attendance (>80% is complete)			
Completion of step 3 USMLE/Comlex			
Scholarly Activity (for fall mtg: prior year's; for spring mtg: current year's project)			
NF portfolio			
Monthly quizzes			
AIP assignments, if relevant			

Other comments you would like to make to the committee regarding your Practice-Based Learning & Improvement and/or Professionalism competencies:

**ACGME Personal form assessment based on review of your information and completion of information above for PROFESSIONALISM:**

16. Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Lacks empathy and compassion for patients and caregivers	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers	Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations	Demonstrates empathy, compassion and respect to patients and caregivers in all situations	Role models compassion, empathy and respect for patients and caregivers
Disrespectful in interactions with patients, caregivers and members of the interprofessional team	Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion	Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care	Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers	Role models appropriate anticipation and advocacy for patient and caregiver needs
Sacrifices patient needs in favor of own self-interest	Inconsistently considers patient privacy and autonomy	Emphasizes patient privacy and autonomy in all interactions	Demonstrates a responsiveness to patient needs that supersedes self-interest	Fosters collegiality that promotes a high-functioning interprofessional team
Blatantly disregards respect for patient privacy and autonomy			Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate	Teaches others regarding maintaining patient privacy and respecting patient autonomy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

17. Accepts responsibility and follows through on tasks. (PROF2)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks	Completes most assigned tasks in a timely manner but may need multiple reminders or other support	Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy	Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner	Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner
Shuns responsibilities expected of a physician professional	Accepts professional responsibility only when assigned or mandatory	Completes assigned professional responsibilities without questioning or the need for reminders	Willingness to assume professional responsibility regardless of the situation	Assists others to improve their ability to prioritize multiple, competing tasks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

18. Responds to each patient's unique characteristics and needs. (PROF3)									
Critical Deficiencies			Ready for unsupervised practice	Aspirational					
Is insensitive to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter	Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter	Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference	Recognizes and accounts for the unique characteristics and needs of the patient/ caregiver	Role models professional interactions to negotiate differences related to a patient's unique characteristics or needs					
Is unwilling to modify care plan to account for a patient's unique characteristics and needs	Requires assistance to modify care plan to account for a patient's unique characteristics and needs	Modifies care plan to account for a patient's unique characteristics and needs with partial success	Appropriately modifies care plan to account for a patient's unique characteristics and needs	Role models consistent respect for patient's unique characteristics and needs					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Comments:									

19. Exhibits integrity and ethical behavior in professional conduct. (PROF4)									
Critical Deficiencies			Ready for unsupervised practice	Aspirational					
Dishonest in clinical interactions, documentation, research, or scholarly activity	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions	Honest and forthright in clinical interactions, documentation, research, and scholarly activity	Demonstrates integrity, honesty, and accountability to patients, society and the profession	Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility					
Refuses to be accountable for personal actions	Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them	Demonstrates accountability for the care of patients	Actively manages challenging ethical dilemmas and conflicts of interest	Role models integrity, honesty, accountability and professional conduct in all aspects of professional life					
Does not adhere to basic ethical principles		Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity	Identifies and responds appropriately to lapses of professional conduct among peer group	Regularly reflects on personal professional conduct					
Blatantly disregards formal policies or procedures.									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Comments:									