Connect Committee

Jason Gloe, MA

Program Coordinator,
Memorial Sloan Kettering
Cancer Center

Oscar A. Salguero, CHES®

Program Coordinator,
University of Texas at Austin,
Dell Medical School

Vanessa Trafas, MS

Lead Program Administrator,
University of California, San
Francisco

Coordinator Connect Agenda

- Overview of the Clinical Competency Committee (CCC)
- Panelist Presentations
  - Early-Career Coordinator
  - Late-Career Coordinator
- Questions & Discussion
- Closing Remarks

Basics of the CCC

- What is the CCC?
- Who's on the CCC?
- What's the role of the Program Coordinator?

What is the goal of the CCC?

- Review fellow evaluations semi-annually
- Advise the Program Director on fellow progress in preparation for semi-annual meetings
- Determine progress towards ACGME milestones and assist in developing individualized plans
- Make recommendations for next steps (promotion, remediation, etc.)

Who serves on the CCC?

- The PD must appoint CCC members
- A minimum of three program faculty members are required, one of which must be a core faculty member as indicated in ADs
- The size of your CCC will depend on the size of your program
- The Program Coordinator cannot be a member of the CCC

Role of the PC in the CCC

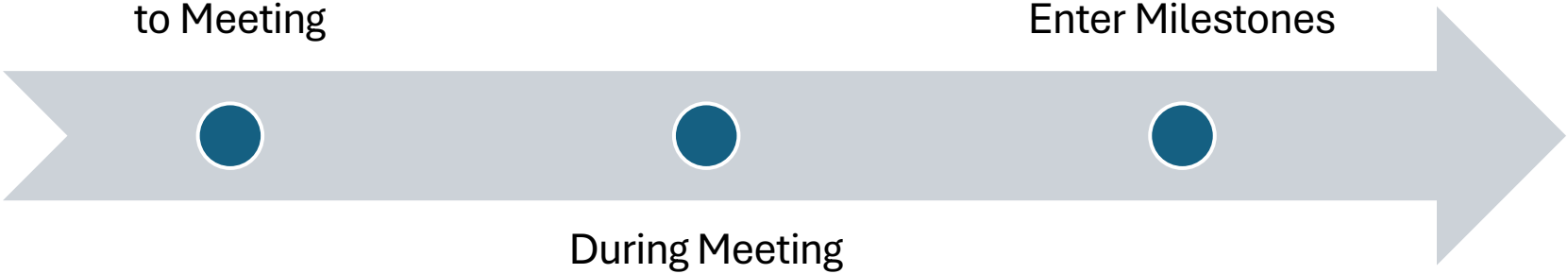
- Assist in data collection, preparation, organization, and distribution of assessment tools
- Attend the CCC at the discretion of the PD
- Capture key aspects of discussion regarding trainees
- Provide feedback on process for continuous quality improvement
- Work to schedule individual meetings between the PD or designated faculty member
- Submission of Milestones to ACGME

Timeline of CCC

Collect, Prepare, and Distribute Data Prior to Meeting

During Meeting Record Minutes & Document Discussion

Schedule Semi-Annual Reviews & Enter Milestones



Association of Pulmonary and Critical Care Medicine Program Directors

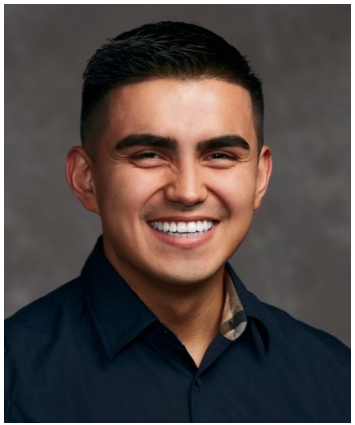
Connect Panelists

Early-Career Coordinator

Jason Gloe, MA

Program Coordinator,
Memorial Sloan Kettering
Cancer Center

Late-Career Coordinator



Alejandro Lopez

GME Institutional Administrator,
Baylor Scott &
White Health

Association of Pulmonary and Critical Care Medicine Program Directors

CCC from an Early Career Perspective

0 – 3 Years Experience

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When I started…

1. What did I expect?
   - I expected to learn a lot.
   - Never worked in Graduate Medical Education before. (Now almost 3 years of experience).

2. What were the resources I initially started with?
   - Access to the ACGME Common Program Requirements and APCCMPD resources
   - A previous Program Coordinator who set up evaluation surveys for the rest of the year
   - A basic PowerPoint framework used for the CCC Meeting
   - Thankfully, a Program Director with years of experience

3. Current tools I use?
   - Procedure Log (Excel)
   - Fellow Evaluations (New Innovations, Survey Monkey, Various Other Sources)
   - Being resourceful and adaptable
   - People and building collaborative professional relationships

Procedure Log

MICROSOFT EXCEL

NEW INNOVATIONS
EXCELLENCE IN MEDICAL EDUCATION

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Fellow Evaluation

- Inpatient Evaluation
- Outpatient Clinic Evaluation
- Procedure Evaluation
- ICU Evaluation
- Outside Rotation Evaluations
- Multi-Source Evaluation (360)
- Fellows Conference Feedback
- Journal Club Feedback
- General Email Feedback

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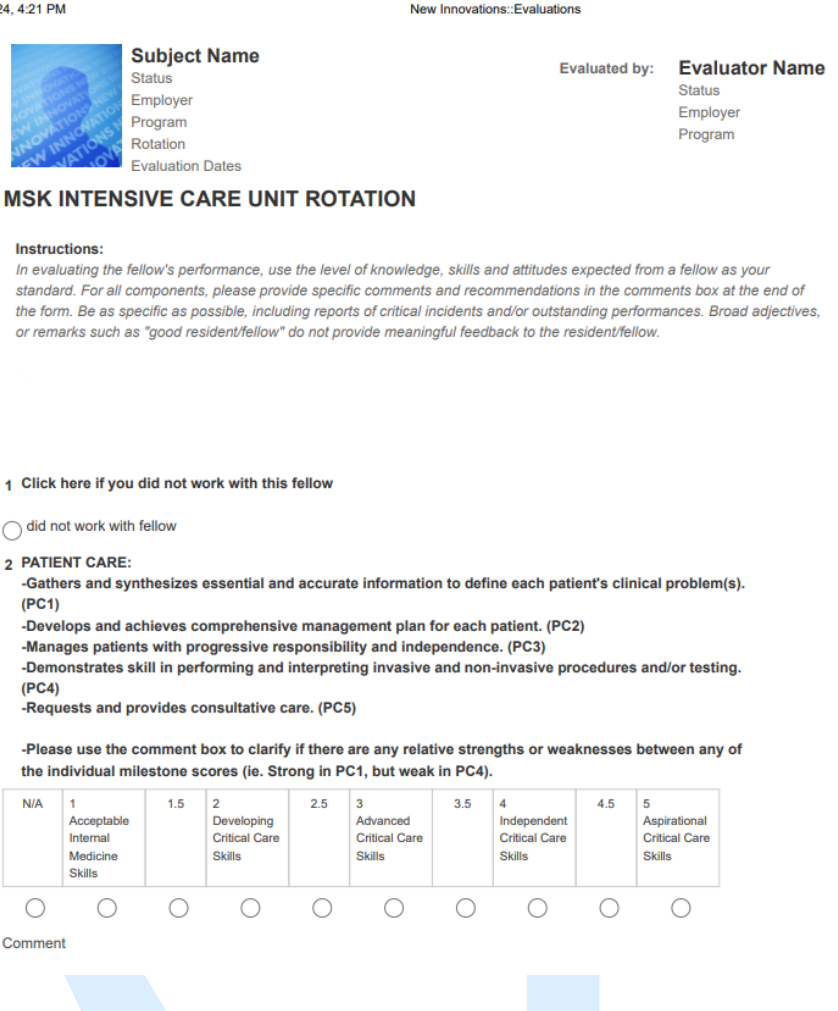

10/24/24, 4:21 PM New Innovations::Evaluations

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

MSK INTENSIVE CARE UNIT ROTATION

Instructions:
In evaluating the fellow's performance, use the level of knowledge, skills and attitudes expected from a fellow as your standard. For all components, please provide specific comments and recommendations in the comments box at the end of the form. Be as specific as possible, including reports of critical incidents and/or outstanding performances. Broad adjectives, or remarks such as "good resident/fellow" do not provide meaningful feedback to the resident/fellow.

1 Click here if you did not work with this fellow

◯ did not work with fellow

2 PATIENT CARE:
-Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)
-Develops and achieves comprehensive management plan for each patient. (PC2)
-Manages patients with progressive responsibility and independence. (PC3)
-Demonstrates skill in performing and interpreting invasive and non-invasive procedures and/or testing. (PC4)
-Requests and provides consultative care. (PC5)

-Please use the comment box to clarify if there are any relative strengths or weaknesses between any of the individual milestone scores (ie. Strong in PC1, but weak in PC4).

N/A	1 Acceptable Internal Medicine Skills	1.5	2 Developing Critical Care Skills	2.5	3 Advanced Critical Care Skills	3.5	4 Independent Critical Care Skills	4.5	5 Aspirational Critical Care Skills
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

Comment

Fellow Evaluation

PROF-3: Self-awareness and Help-seeking				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes status of personal and professional well-being with assistance Recognizes limits in the knowledge/skills of self or team with assistance	Independently recognizes status of personal and professional well-being Independently recognizes limits in the knowledge/skills of self or team Demonstrates appropriate help-seeing behaviors	With assistance, proposes a plan to optimize personal and professional well-being With assistance, proposes a plan to remediate or improve limits in the knowledge/ skills of self or team	Independently develops a plan to optimize personal and professional well being Independently develops a plan to remediate or improve limits in the knowledge/skills of self or team	Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations
☐	☐	☐	☐	☐ ☐ ☐
Comments:				

Fellow Evaluation

2 **PATIENT CARE:**

-Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)
-Develops and achieves comprehensive management plan for each patient. (PC2)
-Manages patients with progressive responsibility and independence. (PC3)
-Demonstrates skill in performing and interpreting invasive and non-invasive procedures and/or testing. (PC4)
-Requests and provides consultative care. (PC5)

-Please use the comment box to clarify if there are any relative strengths or weaknesses between any of the individual milestone scores (ie. Strong in PC1, but weak in PC4).

N/A	1 Acceptable Internal Medicine Skills	1.5	2 Developing Pulmonary Skills	2.5	3 Advanced Pulmonary Skills	3.5	4 Independent Pulmonary Skills	4.5	5 Aspirational Pulmonary Skills
○	○	○	○	○	○	○	○	○	○

Comment

3 **MEDICAL KNOWLEDGE:**

-Possesses Clinical knowledge. (MK1)
-Knowledge of diagnostic testing and procedures. (MK2)

-Please use the comment box to clarify if there are any relative strengths or weaknesses between any of the individual milestone scores (ie. Strong in MK1, but weak in MK2).

N/A	1 Acceptable Internal Medicine Skills	1.5	2 Developing Pulmonary Skills	2.5	3 Advanced Pulmonary Skills	3.5	4 Independent Pulmonary Skills	4.5	5 Aspirational Pulmonary Skills
○	○	○	○	○	○	○	○	○	○

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Abbreviated Milestone Subcompetencies

- ***Patient Care 1 (PC1)*** - Gathers and synthesizes essential and accurate information to define each patient's clinical problems
- ***Patient Care 2 (PC2)*** - Develops and achieves comprehensive management plan for each patient
- ***Patient Care 3 (PC3)*** - Manages patients with progressive responsibility and independence.
- ***Procedure 4 (PC4)*** - Demonstrates skill in performing and interpreting invasive and non-invasive procedures and/or testing procedures
- ***Procedure 5 (PC5)*** - Requests and provides consultative care

- ***Medical Knowledge 1 (MK1)*** - Possesses clinical knowledge
- ***Medical Knowledge 2 (MK2)*** - Knowledge of diagnostic testing and procedures

- ***Systems Based Practice 1 (SBP 1***) - Works effectively within an interprofessional team
- ***Systems Based Practice 2 (SBP 2***) - Recognizes system error and advocates for system improvement.
- ***Systems Based Practice 3 (SBP 3)*** - Identifies forces that impact the cost of health care and advocates for and practices cost-effective care
- ***Systems Based Practice 4 (SBP4)*** - Transitions patients effectively within and across health delivery systems.

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Abbreviated Milestone Subcompetencies

- ***Practice-Based Learning and Improvement 1 (PBLI 1)*** - Learns and improves via feedback
- ***Practice-Based Learning and Improvement 4 (PBLI 2***) - Learns and improves via performance audit.
- ***Practice-Based Learning and Improvement 4 (PBLI 3***) - Learns and improves via feedback.
- ***Practice-Based Learning and Improvement 4 (PBLI 4***) - Learns and improves at the point of care

- ***Professionalism 1 (PROF 1)*** – Has professional and respectful interactions with patients, caregivers, and interprofessional team
- ***Professionalism 2 (PROF 2)*** - Accepts responsibility and follows through on tasks
- ***Professionalism 3 (PROF 3)*** - Responds to each patient's unique characteristics and needs
- ***Professionalism 4 (PROF 4)*** - Exhibits integrity and ethical behavior in professional conduct.

- ***Inter-communication skills 1 (ICS 1)*** - Communicates effectively with patients and caregivers
- ***Inter-communication skills 2 (ICS 2)*** - Communicates effectively in interprofessional team
- ***Inter-communication skills 3 (ICS 3)*** - Appropriate utilization and completion of health records
- ***Inter-communication skills 4 (ICS 4)*** - Complex communication about serious illness

Before CCC

- Set-up Evaluations
- Send Reminders about Evaluations
- Collect Evaluations Data
- Remind Fellows to update Procedure Logs
- Compile miscellaneous information (exam score, etc.)

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At the beginning of the CCC

- Review Purpose of CCC
- Review Ground Rules and Confidentiality
- Review Data Collection Methods
- Review Evaluation Scale
- Review Abbreviated Milestones

PCCM Schedules

	Block 1 July 1 - 28	Block 2 July 29 - Aug 25	Block 3 Aug 26 - Sept 22	Block 4 Sept 23 - Oct 20	Block 5 Oct 21 - Nov 17	Block 6 Nov 18 - Dec 15
Fellow 1	1 Pulm Procedures 8 15 22	29 Pulm Consults 5 12 19	26 Pulm Procedures 2 (*Labor Day) 9 Radiology 16 Radiology	23 Vacation 30 VAC (9/23-10/6) 7 Pulm Consults 14	21 MSK ICU 28 4 11	18 OR/Anesthesia 25 2 9
Fellow 2	1 Pulm Consults 8 15 22	29 Surgical ICU 5 12 19	26 OR/Anesthesia 2 9 16	23 MSK ICU 30 7 14	21 Research 28 Research 4 Clinic Block 11 Clinic Block	18 Neuro ICU 25 (*Thanksg) 2 9
Fellow 3	1 Pulm Procedures 8 15 Pulm Consults 22	29 Sleep at LHH 5 12 Pulm Procedures 19	26 MICU Queens 2 9 16	23 CT ICU 30 7 14	21 Pulm Procedures 28 4 Pulm Consults 11	18 Cystic Fibrosis 25 2 Pulm Hypertension 9

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Procedure Log

ICU Procedures

Total PCCM Procedures

MICROSOFT EXCEL

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Individual Test Scores

	APCCMPD-PCCM Scores/Percentile	APCCMPD-CCM Scores/Percentile	SCCM
Incoming	49% / 15th	57% / 8th	N/A
1st year fellow	58% / 19th	65% / 21st	73%
2nd year fellow	68% / 17th	72% / 25th	71%
3rd year fellow	N/A Passed Boards	78% / 20th	79%

Individual Milestone Evaluation

	Jan – June 2024	July – Dec 2023	Jan – May 2023	July – Dec 2022	Jan – May 2022	July – Dec 2021
PC (1, 2, 3, 4, 5)	4.75	4.17	4.00	3.75	3.13	3.38
MK (1 & 2)	3.75	4.00	3.00	3.63	3.25	2.33
SBP (1, 2, 3, 4)	4.75	4.17	3.00	3.50	3.50	3.00
PBLI (1, 2, 3, 4)	3.75	3.50	3.50	3.63	3.50	3.25
PROF (1, 2, 3, 4)	4.50	4.33	4.00	3.44	3.38	3.00
ICS (1, 2, 3, 4)	4.00	4.33	4.00	3.38	3.66	3.17

Fellow Evaluation Comments

- Inpatient Evaluation
- Outpatient Clinic Evaluation
- Procedure Evaluation
- ICU Evaluation
- Outside Rotation Evaluations
- Multi-Source Evaluation (360)
- Fellows Conference Feedback
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- General Email Feedback

NEW INNOVATIONS
EXCELLENCE IN MEDICAL EDUCATION

Microsoft Forms

REDCap
Research Electronic Data Capture

SurveyMonkey

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During and After the CCC

- Program Coordinator takes meeting minutes and records individual comments during the CCC Meeting
- Afterwards, information is compiled for each individual fellow
- Individual fellow meetings are scheduled with the PD and APD to review progress
- During individual meetings, fellow and PD will review feedback and set goals

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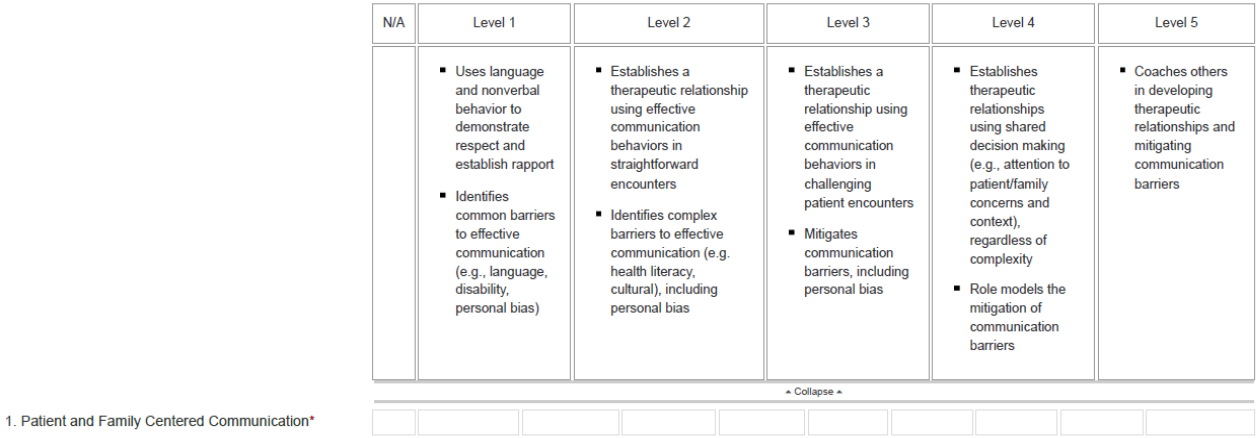
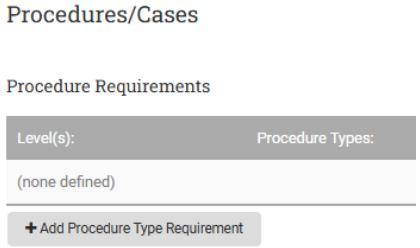
MedHub Snippets



N/A	Level 1	Level 2	Level 3	Level 4	Level 5
	▪ Uses language and nonverbal behavior to demonstrate respect and establish rapport ▪ Identifies common barriers to effective communication (e.g., language, disability, personal bias)	▪ Establishes a therapeutic relationship using effective communication behaviors in straightforward encounters ▪ Identifies complex barriers to effective communication (e.g. health literacy, cultural), including personal bias	▪ Establishes a therapeutic relationship using effective communication behaviors in challenging patient encounters ▪ Mitigates communication barriers, including personal bias	▪ Establishes therapeutic relationships using shared decision making (e.g., attention to patient/family concerns and context), regardless of complexity ▪ Role models the mitigation of communication barriers	▪ Coaches others in developing therapeutic relationships and mitigating communication barriers

▲ Collapse ▲

1. Patient and Family Centered Communication*



Evaluation Reports

- Aggregate Comments Report
- Aggregate Evaluation Report
- Evaluation Competencies Report
- Evaluation Completion by Rotation
- Evaluation Completion by Service
- Evaluation Completion by User
- Evaluation Completion Summary
- Evaluation Delivery History
- Evaluation Questions Summary
- Evaluation Reviews
- Evaluation Summary by Type
- Evaluations Low Score Report
- Evaluator Scoring Averages
- Evaluator Scoring Averages by Milestones
- Faculty Teaching Effectiveness Ranking
- Locked Questions Summary
- Milestones Achievement by Level
- Milestones NAS Summary Report
- Milestones Summary by Level
- Progress Report Summary Report
- Resident/Faculty/Service Ranking
- RIS Completion Summary
- UME Milestone Evaluations

Clinical Competency Committee

Navigating the CCC:
Lessons, Tools, and Insights – Late Career

Alejandro Lopez
Institutional Administrator

Acronym Key: Clinical Competency Committee –

CCC

Residency Management System –

RMS

(ex. New Innovations, MedHub, My Evaluations, etc…)

Over the years, I've learned...

- **Organization** is critical for **efficiency** and **accuracy**.
- **Clear communication** ensures **smooth processes** and **alignment** with faculty and trainees.
- **Advocating** for Residency Management systems (**RMS**) **improvements** enhances **program operations**.
- **Adaptability** is necessary to meet **program-specific needs.**
- **Accurate data** drives meaningful **CCC discussions** and **decisions**.
- **Building strong relationships** fosters **collaboration** and **trust**.
- **Staying updated** on **GME regulations** ensures **compliance**.
- **Time management** is key to **balancing** multiple **responsibilities**.
- Maintaining **confidentiality** and **professionalism** builds **trust**.
- The **Coordinator's role** is integral to the **success** of the program and **trainees**.

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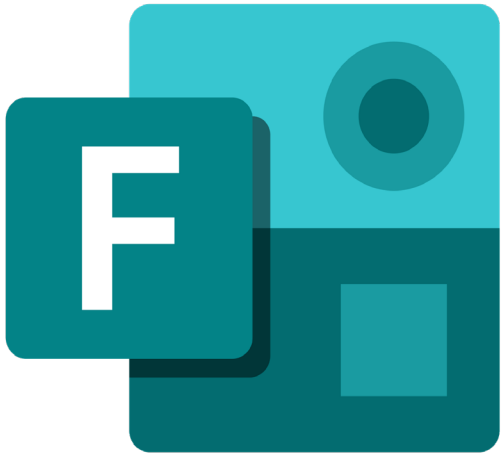
Over Time, One Significant Shift In My Professional Practices Has Been Focusing On:

EMPOWERING THE RMS TO STREAMLINE AND MANAGE THE WORKLOAD.

What Information Do I Gather For CCC Preparation?

- **Block Schedule (RMS)**
- **Accreditation Requirements (ACGME)**
  - Milestones (Current Version)
- **Conference Attendance (RMS)**
- **Peer Comparisons (RMS)**
- **Evaluations (RMS)**
  - Faculty of Trainee Evaluations
  - Peer Evaluations
  - Self Evaluation
  - 360 Evaluations
  - Rotation and Clinical Performance Summaries
  - Patient Evaluations – Clinic **(Microsoft Forms)**
- **ACGME Milestones Data (RMS)**
  - Previous Year(s)
- **Duty Hours (RMS)**
  - Hours Logged
  - Violations
- **Case Logs and Procedure Data (RMS)**
  - Procedure #'s
  - What Procedures were marked as "Not Pass"
- **Previous CCC Meeting Notes (RMS)**
  - Remediation or Disciplinary Actions
- **ITE Scores**

Tools for CCC Coordination



New Innovations

Data Collection
Gathering Evaluations, Duty Hours, Case Logs, Conference Attendance and Milestone Assessments from New Innovations.

Report Generation
Compiling performance summaries, peer comparisons, and compliance reports within the system.

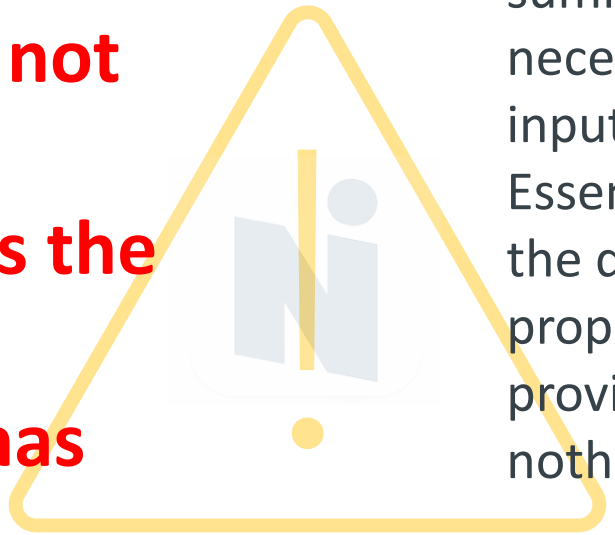
Portfolio Setup
Organizing individual resident portfolios with relevant documentation for review.

Milestone Mapping
Aligning resident performance data with ACGME milestones for evaluation.

Performance Analysis
Highlighting strengths, areas for improvement, and remediation needs based on system-generated insights.

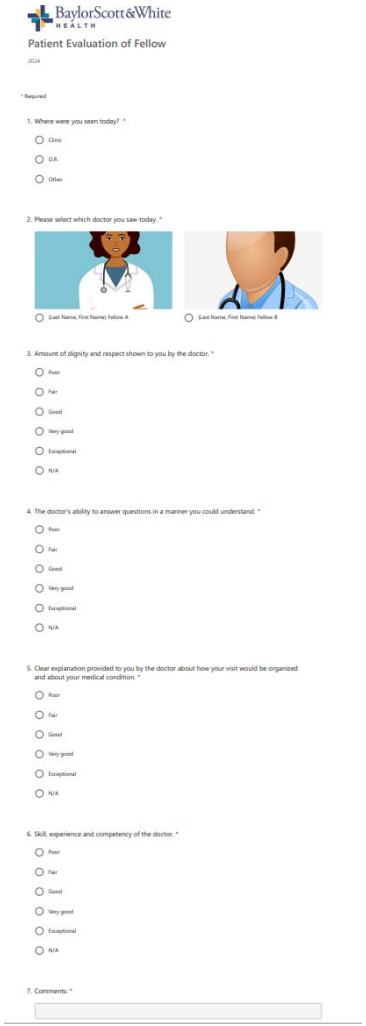
Committee Presentation
Streamlining data into a cohesive format for CCC discussion and decision-making

The RMS will not generate any reports unless the required information has been entered.



This means that the RMS (RMS) cannot produce any data, summaries, or reports unless the necessary information has been input into the system. Essentially, it relies entirely on the data it is "fed" to function properly. If no information is provided, the system has nothing to process or report on.

Microsoft Forms


Baylor Scott & White HEALTH

Patient Evaluation of Fellow

2024

* Required

1. Where were you seen today? *
- Clinic
- O.R.
- Other

2. Please select which doctor you saw today. *

- (Last Name, First Name) Fellow A

- (Last Name, First Name) Fellow B

3. Amount of dignity and respect shown to you by the doctor. *
- Poor
- Fair
- Good
- Very good
- Exceptional
- N/A

4. The doctor's ability to answer questions in a manner you could understand. *
- Poor
- Fair
- Good
- Very good
- Exceptional
- N/A

5. Clear explanation provided to you by the doctor about how your visit would be organized and about your medical condition. *
- Poor
- Fair
- Good
- Very good
- Exceptional
- N/A

6. Skill, experience and competency of the doctor. *
- Poor
- Fair
- Good
- Very good
- Exceptional
- N/A

7. Comments: *

Excel

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1		PC1	PC2	PC3	PC4	PC5	MK1	MK2	SBP1	SBP2	SBP3	SBP4	PBLI1	PBLI2	PROF1	PROF2	PROF3	ICS1	ICS2	ICS3
2	PGY1																			
3	Trainee 1	2.5	3	2	2.5	2	2	2	1	2.5	1.5	2	1.5	2	2	3	2	2.5	3.5	2.5
4	Trainee 2	1.5	2.5	2	2	2.5	1.5	1.5	1	2	1.5	2	1.5	1.5	1.5	2	2	1.5	1.5	2
5	Trainee 3	3	3	3	2.5	2	3	2	1.5	3	2	2	2	3	2.5	3	3	2.5	2.5	2.5
6	Trainee 4	2	2.5	2	2	2.5	2	1.5	2	2	1.5	2	2	2	1.5	1	1.5	3	2	1.5
7	PGY2																			
8	Trainee 1	3.5	3.5	3.5	3.5	3	3	3	2.5	3.5	2.5	3	3	2.5	3	4	2.5	3	3.5	3.5
9	Trainee 2	3	3	3.5	3.5	3.5	3	3	3	3	2.5	2	2.5	2.5	3	3	2.5	3	3.5	3
10	Trainee 3	3	3.5	3.5	3.5	3	3	3	2.5	3.5	2.5	2.5	2.5	3	3	4	3	3	3.5	4
11	Trainee 4	3	3	3.5	3.5	3.5	3	3	3	3	2.5	2	2.5	3	3	2.5	2.5	3	3.5	3
12	PGY3																			
13	Trainee 1																			
14	Trainee 2																			
15	Trainee 3																			
16	Trainee 4																			

CCC Meeting | Dr. Example 1 | Dr. Example 2 | Dr. Example 3 | Dr. Example 4

Excel

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	AVERAGES	PC1	PC2	PC3	PC4	PC5	MK1	MK2	SBP1	SBP2	SBP3	SBP4	PBLI1	PBLI2	PROF1	PROF2	PROF3	ICS1	ICS2	ICS3
2	PGY1	PC1	PC2	PC3	PC4	PC5	MK1	MK2	SBP1	SBP2	SBP3	SBP4	PBLI1	PBLI2	PROF1	PROF2	PROF3	ICS1	ICS2	ICS3
3	Trainee 1	2.50	2.67	1.83	2.33	2.67	2.33	2.00	1.67	3.17	1.83	2.33	2.00	2.50	2.50	2.33	1.83	3.17	3.67	3.17
4	Trainee 2	1.83	2.17	2.00	2.17	2.83	1.83	1.67	1.67	2.00	1.83	2.00	2.00	2.17	2.50	2.33	2.17	2.17	2.33	2.67
5	Trainee 3	3.00	2.75	2.75	2.75	1.75	2.75	2.50	2.25	2.75	2.25	2.50	2.25	3.00	2.75	3.00	2.50	2.75	2.75	2.75
6	Trainee 4	1.00	1.17	1.50	1.33	1.67	0.67	0.50	1.33	1.67	1.17	2.00	1.00	1.50	1.33	0.67	1.67	3.00	1.50	0.83
7	PGY2	PC1	PC2	PC3	PC4	PC5	MK1	MK2	SBP1	SBP2	SBP3	SBP4	PBLI1	PBLI2	PROF1	PROF2	PROF3	ICS1	ICS2	ICS3
8	Trainee 1	3.67	3.33	3.33	3.50	2.67	3.00	3.00	2.83	3.50	2.50	3.67	2.67	2.83	3.17	2.83	2.33	3.50	3.83	3.67
9	Trainee 2	3.00	3.17	3.33	3.50	2.83	3.00	3.00	3.17	3.00	2.50	2.83	2.50	2.50	3.00	2.67	2.33	3.00	3.17	3.17
10	Trainee 3	3.50	3.33	3.33	3.50	2.67	3.00	3.00	2.83	3.17	2.50	3.00	2.50	3.00	3.00	3.50	2.83	3.33	3.17	3.50
11	Trainee 4	2.50	3.00	3.50	3.50	2.83	2.67	2.00	3.17	3.00	2.17	2.83	2.83	3.33	3.17	2.17	2.50	3.50	3.33	2.67
12	PGY3	PC1	PC2	PC3	PC4	PC5	MK1	MK2	SBP1	SBP2	SBP3	SBP4	PBLI1	PBLI2	PROF1	PROF2	PROF3	ICS1	ICS2	ICS3
13	Trainee 1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
14	Trainee 2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
15	Trainee 3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
16	Trainee 4	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

	ROUNDED	PC1	PC2	PC3	PC4	PC5	MK1	MK2	SBP1	SBP2	SBP3	SBP4	PBLI1	PBLI2	PROF1	PROF2	PROF3	ICS1	ICS2	ICS3
19	**PGY1**	PC1	PC2	PC3	PC4	PC5	MK1	MK2	SBP1	SBP2	SBP3	SBP4	PBLI1	PBLI2	PROF1	PROF2	PROF3	ICS1	ICS2	ICS3
20	resident a	2.50	2.50	2.00	2.50	2.50	2.50	2.00	1.50	3.00	2.00	2.50	2.00	2.50	2.50	2.50	2.00	3.00	3.50	3.00
21	resident b	2.00	2.00	2.00	2.00	3.00	2.00	1.50	1.50	2.00	2.00	2.00	2.00	2.00	2.50	2.50	2.00	2.00	2.50	2.50
22	resident c	3.00	3.00	3.00	3.00	2.00	3.00	2.50	2.50	3.00	2.50	2.50	2.50	3.00	3.00	3.00	2.50	3.00	3.00	3.00
23	resident d	1.00	1.00	1.50	1.50	1.50	0.50	0.50	1.50	1.50	1.00	2.00	1.00	1.50	1.50	0.50	1.50	3.00	1.50	1.00
24	**PGY2**	PC1	PC2	PC3	PC4	PC5	MK1	MK2	SBP1	SBP2	SBP3	SBP4	PBLI1	PBLI2	PROF1	PROF2	PROF3	ICS1	ICS2	ICS3
25	Trainee 1	3.50	3.50	3.50	3.50	2.50	3.00	3.00	3.00	3.50	2.50	3.50	2.50	3.00	3.00	3.00	2.50	3.50	4.00	3.50
26	Trainee 2	3.00	3.00	3.50	3.50	3.00	3.00	3.00	3.00	3.00	2.50	3.00	2.50	2.50	3.00	2.50	2.50	3.00	3.00	3.00
27	Trainee 3	3.50	3.50	3.50	3.50	2.50	3.00	3.00	3.00	3.00	2.50	3.00	2.50	3.00	3.00	3.50	3.00	3.50	3.00	3.50
28	Trainee 4	2.50	3.00	3.50	3.50	3.00	2.50	2.00	3.00	3.00	2.00	3.00	3.00	3.50	3.00	2.00	2.50	3.50	3.50	2.50
29	**PGY3**	PC1	PC2	PC3	PC4	PC5	MK1	MK2	SBP1	SBP2	SBP3	SBP4	PBLI1	PBLI2	PROF1	PROF2	PROF3	ICS1	ICS2	ICS3
30	Trainee 1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
31	Trainee 2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
32	Trainee 3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
33	Trainee 4	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Pearl of Wisdom

In Summary…

- Structuring the review process
  - Start with objective data and tie to ACGME milestones
  - Avoid subjective or anecdotal opinions unless directly linked to observed behavior
- Ensuring Constructive Discussions
  - Encourage a collaborative atmosphere where differing opinions are respected
  - Use data to steer discussions and resolve disagreements
- Managing Time Effectively
  - Balance discussions between all fellows, ensuring more time for those needing remediation

In Summary…

- Timely feedback delivery
  - Provide trainees with feedback shortly after the CCC
- Actionable feedback
  - Focus on providing clear actionable feedback tied to specific milestones
  - Include remediation steps when necessary, with concrete timelines and goals
- Documenting trainee progress
  - Emphasize the importance of well-documented feedback and progress in trainee files for future reference

Best Practices Review

- Implement a process for each step within the CCC timeframe
- Utilize tools to automate your process and correct inefficiencies
  - Residency Management Systems (New Innovations, MedHub)
  - Excel, Forms, OneDrive, etc.
- Collaborate with stakeholders to uphold the process and maintain accountability
  - Program Director
  - Faculty

References

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Questions?

Thank you!