

# Milestones and the Clinical Competency Committee

John Erikson MD, PhD, FACC

University of Texas Health Science Center at San Antonio

# What is a Clinical Competence Committee?

**Clinical Competency Committee:** *“A required body comprising three or more members of the active teaching faculty who is advisory to the program director and reviews the progress of all residents in the program.”*

Required

At least 3 active teaching faculty

Reviews every fellow in the program

Advisory to the Program Director

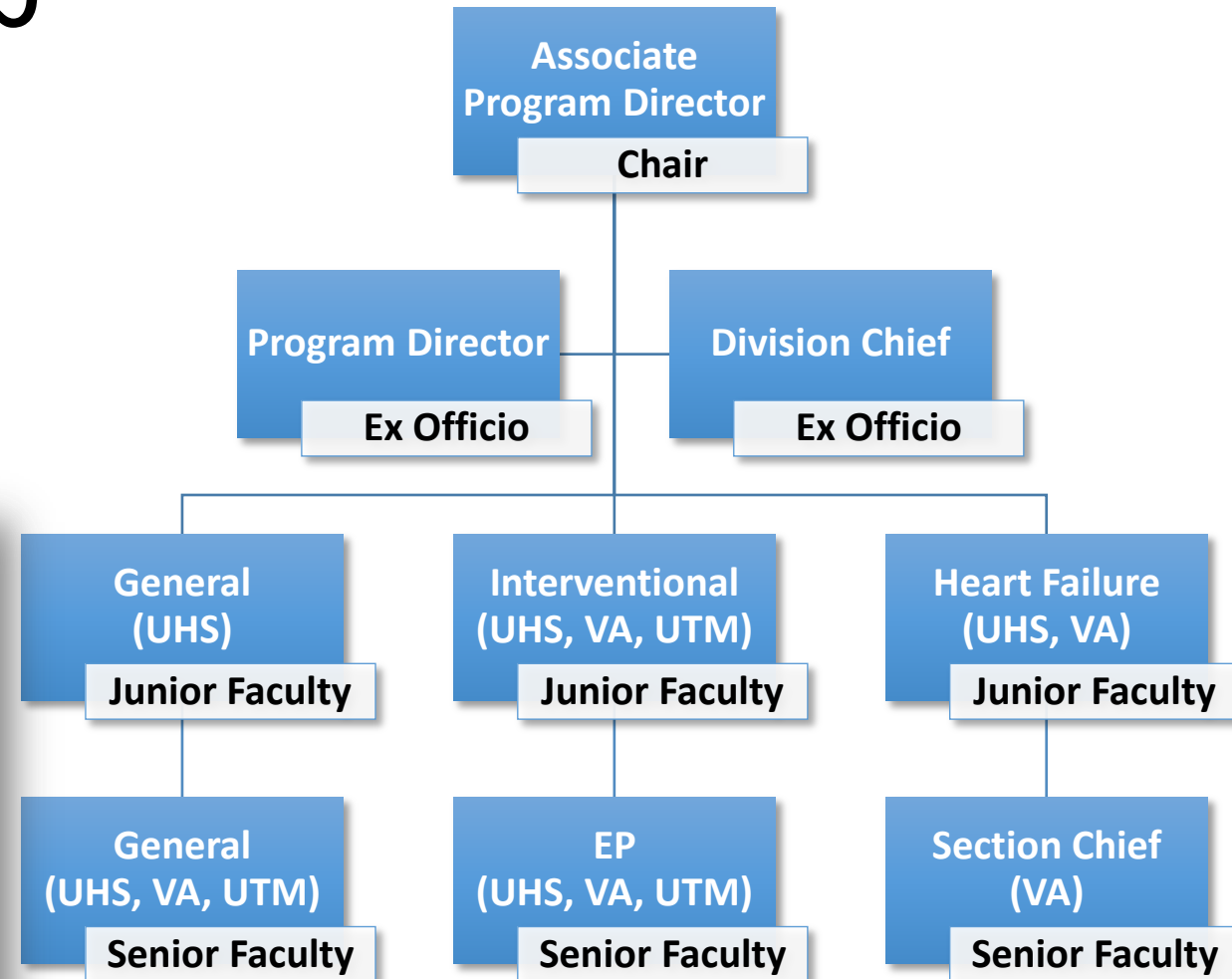
# Committee Membership

- Diverse clinical experience
- Diverse teaching experience
- Diverse training venues

Review Teams

Review Teams		Member Count	Residents to Review
<a href="#">New</a>			
<a href="#">Edit</a>	<a href="#">Delete</a>	<a href="#">Program Directors</a>	2 All in Program
<a href="#">Edit</a>	<a href="#">Delete</a>	<a href="#">First Year Fellows</a>	2 5
<a href="#">Edit</a>	<a href="#">Delete</a>	<a href="#">Second Year Fellows</a>	2 5
<a href="#">Edit</a>	<a href="#">Delete</a>	<a href="#">Third Year Fellows</a>	2 5
			<a href="#">Export to Excel</a>

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# Committee Workflow

## Individual Review

- “Deep dive”
- Summarizes progress

## Team Review

- Compare notes
- Reconcile differences
- Assign milestones

## Committee Review

- Reviews any additional data
- Finalize milestones

Review Period: 8/1/20

Sample Review



Milestone Progress  
PC 1

Evaluation Comments - All

- Patient Care
- Den
- Has a
- Interperson
- Alw
- Excell
- Medical Know
- Ove
- Above
- priorit

Competency by Rotation

Rotation	Compliance per Rotation
ACE	7
Ward B	8
CCU	9
Renal	1
Ward A	1
ICU	1

Competency by Training Year



Compliance per Rotation

Rotation	Compliance per Rotation
ACE	7
Ward B	8
CCU	9
Renal	1
Ward A	1
ICU	1

Conference Attendance

Status	De
PRG-1	Int
PRG-1	Int
PRG-1	Int
PRG-1	Int
PRG-2	Int
PRG-2	Int
PRG-2	Int
PRG-2	Int
PRG-2	Int

Rotation	Compliance per Rotation
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Duty Hour Rule V

Rotation	Compliance per Rotation
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**Progress Summary**

Overall Progress  Meets Expectations  Requires Attention

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**Competency Progress**

Patient Care  Meets Expectations  Requires Attention

Medical Knowledge  Meets Expectations  Requires Attention

Practice-Based Learning and Improvement  Meets Expectations  Requires Attention

Interpersonal and Communication Skills  Meets Expectations  Requires Attention

Professionalism  Meets Expectations  Requires Attention

Systems-Based Practice  Meets Expectations  Requires Attention

*Only users with full access to this review may record progress.*

**Comments**

Sample Faculty Member on 12/22/2009 1:13 PM wrote:  
This is a sample comment.

**Signatures**

Program Director x pending signature...

**Attached Files**

Upload File

Upload File

Sample File.gif

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

Score  
3.5

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not or is inconsistently able to collect accurate historical data	Consistently acquires accurate and relevant histories	Acquires accurate histories in an efficient, prioritized, and hypothesis-driven fashion	Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis	Role-models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing
Does not perform or use an appropriately thorough physical exam, or misses key physical exam findings	Consistently performs accurate and appropriately thorough physical exams	Performs accurate physical exams that are targeted to the patient's problems	Identifies subtle or unusual physical exam findings	
Relies exclusively on documentation of others to generate own database or differential diagnosis or is overly reliant on secondary data	Inconsistently recognizes patient's central clinical problem or develops limited differential diagnoses	Uses and synthesizes collected data to define a patient's central clinical problem(s) to generate a prioritized differential diagnosis and problem list	Efficiently utilizes all sources of secondary data to inform differential diagnosis	
Fails to recognize patient's central clinical problems			Effectively uses history and physical examination skills to minimize the need for further diagnostic testing	
Fails to recognize potentially life threatening problems				



Solid internal medicine formation, able to gather information in challenging clinical scenarios

Not yet assessable

### Evaluation Responses

Viewing responses from selected questionnaires

7/1/2014 to 12/31/2014

All selected ▼

All

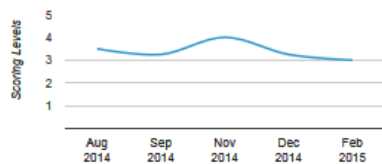
Faculty

Non faculty

### Rotation Evaluations

Evaluators scored this subcompetency using the standard milestone scale.

3.32  
AVG SCORE



Month	1	1.5	2	2.5	3	3.5	4	4.5	5	N/A
Aug 2014						1				
Sep 2014					1	1				
Nov 2014						1		1		
Dec 2014				2	3	6	1			5
Feb 2015				1		1				

# Responses for each score per month

## Appropriate utilization and completion of health records. (ICS3)

Score  
3.5

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Provides health records that are missing significant portions of important clinical data	Health records are disorganized and inaccurate	Health records are organized and accurate, but are superficial and miss key data or fail to communicate clinical reasoning	Patient-specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical reasoning	Role-models and teaches importance of organized, accurate, and comprehensive health records that are succinct and patient-specific
Does not enter medical information and test results/interpretations into health record	Inconsistently enters medical information and test results/interpretations into health record	Consistently enters medical information and test results/interpretations into health records	Provides effective and prompt medical information and test results/interpretations to physicians and patients	



Review Feedback from Evaluation Responses

Not yet assessable

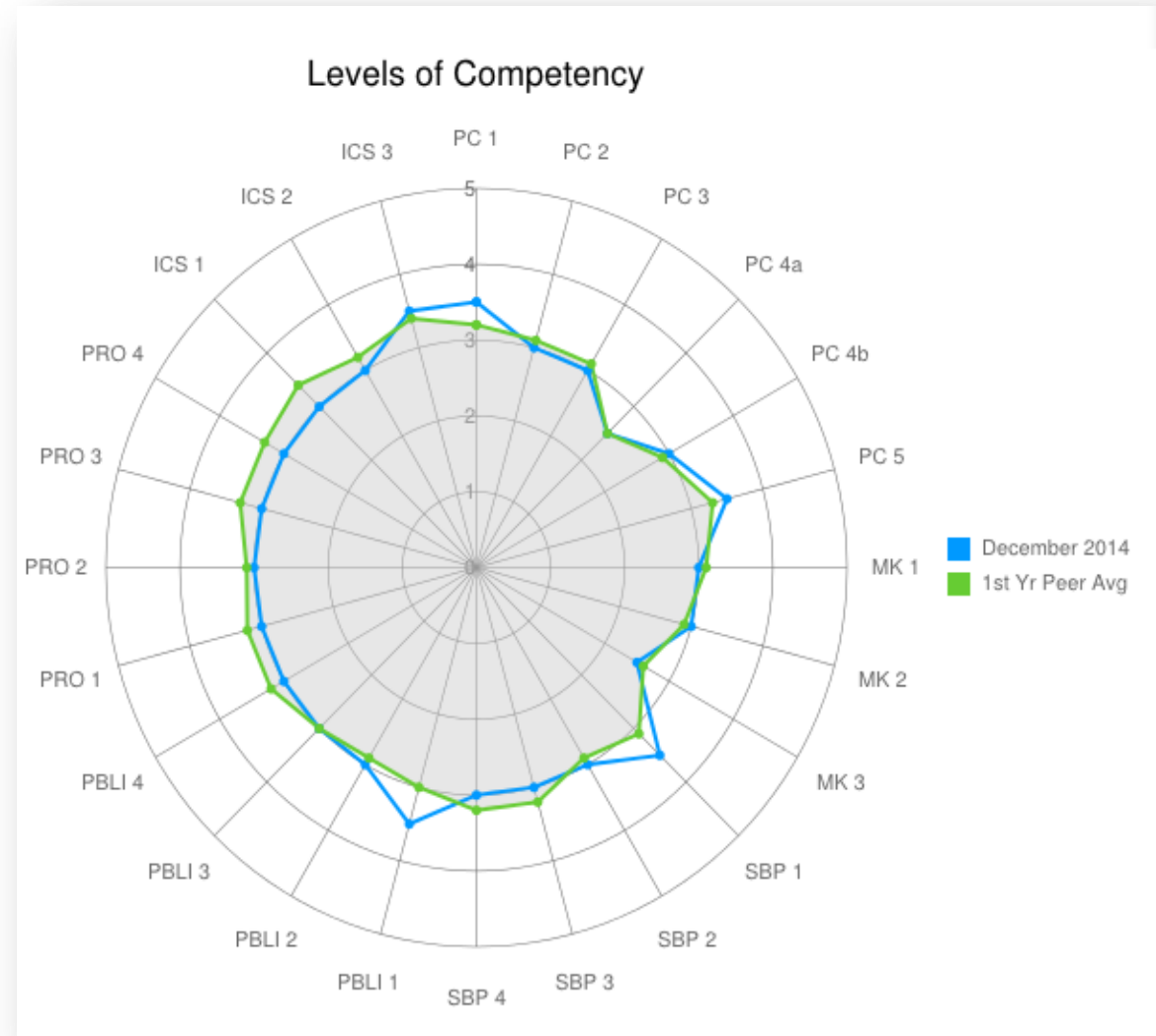
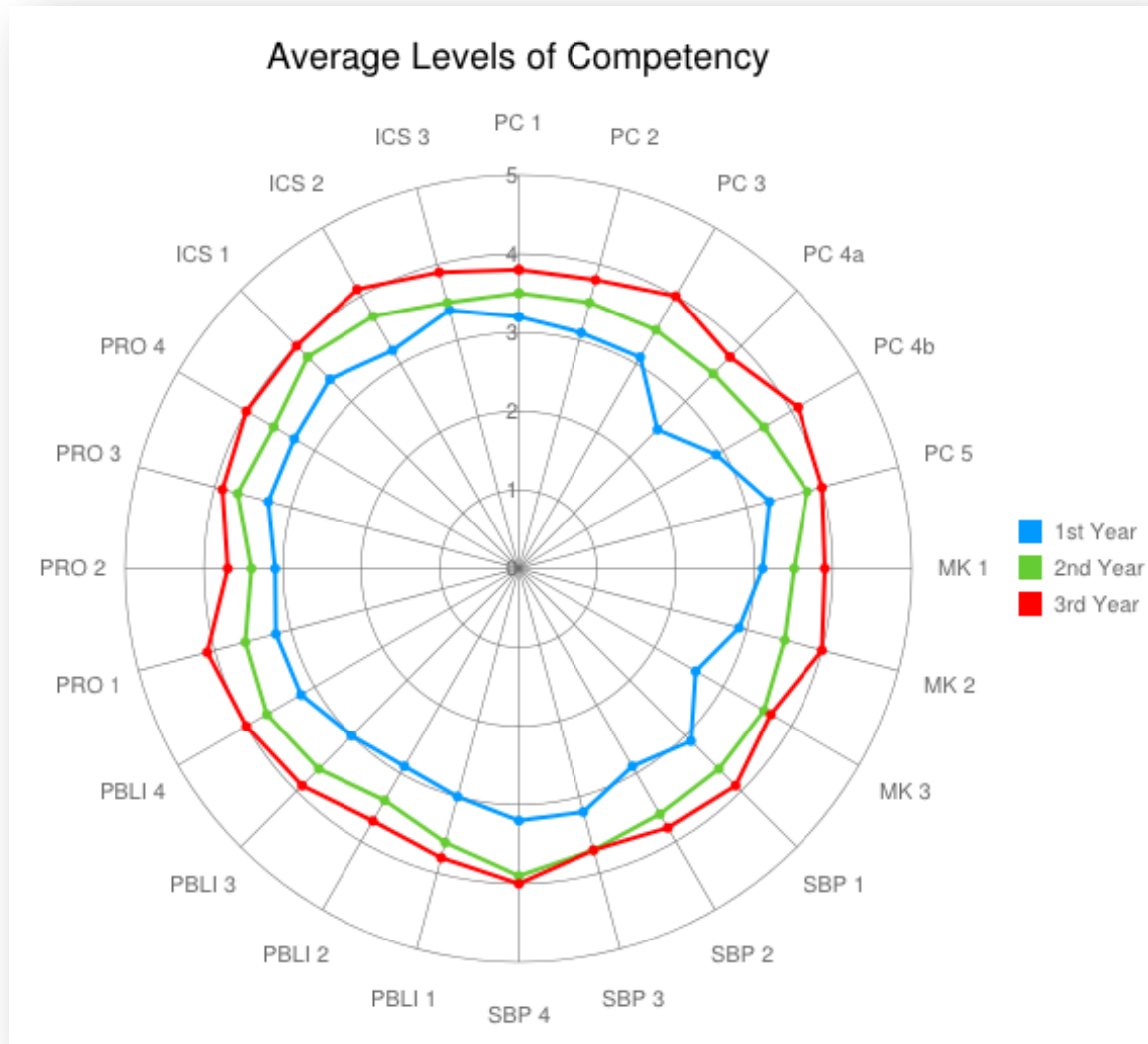
Complete  
Set as Draft

### Comments

evaluations do not reflect any critical deficiencies. Most evaluators comment on her solid internal medicine knowledge, efficiency and good interpersonal skills.

Doing very well after first 4 rotations, which consisted of uhs echo, graphics, ccu and consults. Average scores 3.0-3.5, reflecting probably that noninvasive faculty tend to not inflate scores. Quietly very efficient and good on an overwhelming ccu rotation, and very appropriate on other rotations. Well liked by personnel. No problems identified. Reply New Comment

# Committee Review



# Rotation Evaluations

## Barriers

The questions don't apply

Too many questions

Not enough (or no) written comments

Not enough time

## Solutions

Use questions specific to a rotation

Keep evaluations brief

Ask for specific input (SWOT analysis)

Customize the evaluation format



ACC Cardiac Cath Lab



[Subject Name]  
 [Subject Status]  
 [Subject Program]  
 [Evaluation Dates]  
 [Subject Rotation]

Evaluator  
 [Evaluator Name]  
 [Evaluator Status]  
 [Evaluator Program]

1 ACC Cardiac Cath Lab - Patient Care

Level 1	Level 2	Level 3	Level 4	Level 5
Fails to know the indications, risks, and benefits of cardiac catheterization.	Possesses partial skills to safely perform and interpret uncomplicated coronary angiography, ventriculography, and hemodynamic measurements.	Can safely perform and interpret uncomplicated coronary angiograms, ventriculograms, and hemodynamic measurements.	Consistently and effectively performs and interprets all aspects of the cardiac catheterization procedure.	Demonstrates skill necessary to interpret, teach, and supervise others in the performance of all skills involved in the cardiac catheterization procedure.
Attempts to perform the procedure or parts of the procedure without appropriate supervision.	Is inattentive to patient safety and comfort.	Possesses partial skills needed to perform these procedures and interpret results in patients with complex pathology.	Consistently recognizes appropriate indications and individual patient risks.	
		Recognizes most high-risk findings in all settings and able to manage common complications that occur during or as a result of the procedure.	Recognizes normal variants.	
			Is able to manage complications that occur during or as a result of the procedure.	

Not applicable

2 ACC Cardiac Cath Lab - Medical Knowledge

Level 1	Level 2	Level 3	Level 4	Level 5
Has rudimentary knowledge of normal coronary and valve anatomy, and cardiovascular hemodynamics.	Recognizes normal coronary anatomy, LV function, and hemodynamics.	Correctly identifies and understands clinical management of common coronary, ventricular, and hemodynamic abnormalities.	Consistently understands the key anatomical and hemodynamic findings for a wide spectrum of cardiac problems.	Understands subtle nuances in interpreting test results.
Lacks foundational knowledge of the appropriate indications for cardiac catheterization.	Requires assistance with interpretation and clinical management of common coronary, ventricular, and hemodynamic pathology.	Requires assistance with performance, interpretation, and clinical management of complex disease.	Appropriately applies this information to the clinical management of the patient.	Pursues knowledge of emerging techniques in the cardiac catheterization laboratory.

Not applicable

STRENGTHS

7 What are the fellow's strengths?

Comment

^
v

Remaining Characters: 5,000

AREAS FOR IMPROVEMENT

8 What areas can the fellow improve?

Comment

^
v

Remaining Characters: 5,000

RECOMMENDATIONS

9 What are your recommendations for improvement?

Comment

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v

Remaining Characters: 5,000

# Tips for Success

**Involve the entire faculty**

**Use a stepwise approach**

**Simplify**

Thank you!  
Questions?