23rd Annual AOAO Educators' Course
April 16, 2015

Resident Evaluations: Milestones and the Clinical Competency Committee

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OBJECTIVES

At the conclusion of this program, participants should be able to:

1. **Explain how the *Five-Step Learning Curve* can be used to evaluate resident competence.**
2. **Explain how to *organize and conduct an effective Clinical Competency Committee* (CCC).**

TOPICS

The Five-Step Learning Curve for Developing Clinical Expertise: Competency is NOT the Final Step

Is this Resident's Performance at Level 2, Level 3 or in Between? Evaluating Resident Performance using Milestone Benchmarks

The Role and Responsibility of the Clinical Competency Committee: How to Document and Certify Residents' Academic Achievements

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The *LEARNING CURVE*

The Five Steps for Developing Clinical Expertise*

STEP	*CHARACTERISTICS OF LEARNER*
5. EXPERT/ MASTER	**Shows tremendous flexibility & ability to solve unusual problems** **Exhibits strong professional standards and a desire for continued improvement of knowledge and skill** **Can have difficulty explaining performance or decisions to others** **May perform worse than novice on tests of factual recall** **An INTERDEPENDENT learner**
4. PROFICIENT	**Able to perform tasks *automatically*** **Increases process of *internalization*** **Organizes knowledge & skills into discrete units for problem-solving** **Eliminates all major errors and most minor errors** **A COOPERATIVE learner**
3. COMPETENT	**Able to complete a task *repeatedly, reliably and consistently* at a pre-determined level of performance----no major errors but may include minor mistake(s)** **Identifies all potential problems & major errors as well as preventive steps** **Develops an *internalized* sense of responsibility (i.e., Clinical Judgment)** **An INDEPENDENT learner**
2. BEGINNER	**Gains knowledge of facts and increases skills** **Improves speed and accuracy---makes fewer errors** **Forms groups of information and concepts to problem solve** **May *over-generalize* his/her abilities on the basis of a one-time successful performance** **A CONFIDENT learner**
1. NOVICE	**Is rule driven (variations are distracting & confusing)** **Follows directions in a methodical, step-wise manner** **Performs slowly, makes many errors, needs *Instructive Feedback*** **Seeks limited objectives and standardized evaluations** **A DEPENDENT learner**

(* Chambers, DW *Some Issues in Problem-Based Learning*
Journal of Dental Education, 59(5): 567-572, 1995)

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The Clinical Competency Committee**

1. **Must contain *at least* 3 faculty members (not Program Director)**

2. **Core Responsibilities:**

   a. **Review all resident evaluation data *semi-annually***

   b. **Prepare and ensure reporting of the Milestones for each resident *semi-annually***

   c. ***Advise* the PD regarding each resident's progress including promotion, remediation (formal & informal), non-renewal, or dismissal**

3. **Evaluation Tools and Methods:**

   a. **Existing assessment tools**
      - **Faculty End-of-Rotation Forms**
      - **360^0 Evaluations from Non-physicians**
      - **Direct Observation and/or Incident Reports**
      - **In-Service Exams and other Exams/Tests**
      - **Meetings to Discuss Resident Performance**
      - **Specialty-specific Instruments**

   b. **Specialty-specific Milestones**

   c. **Train faculty to aggregate and interpret evaluation data**

4. **CCC Policy**

   Develop a policy describing the composition of the CCC, the roles and responsibilities of members, the meeting schedule, the scoring process for Milestones and the reporting process to the PD and program's GMEC.

(Andolsek K., Padmore J., Hauer K., Holombe E. *Clinical Competency Committees: A Guidebook for Programs* ACGME Jan/2015)**