**CCC**

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**CCC Procedure**

October Coordinator will complete updates on the Roadmap and Elective List and this will be sent to advisors.

Advisors will complete MedHub Summaries by Evaluation Type and Advisor Comments/Recommendations.  Advisors will then meet with their advisees to review the Roadmap, MedHub Summaries by Evaluation Type, Advisor Comments/Recommendations, Elective List, and together with the resident complete the Resident Self-Reflection and Educational Goals.  When this is complete it will be sent to the coordinator and then reviewed at the CCC meeting.

The CCC will complete (during the meeting) the CCC Summary. The document will then sent to the coordinator, finalized and returned to the Advisor for their files.

Final form will be uploaded to MedHub.

April              Coordinator will complete updates on the Roadmap, Elective List, and In-training Exam section and this will be sent to advisors.

                       Advisors will complete MedHub Summaries by Evaluation Type and Advisor Comments/ Recommendations.  Advisors will then meet with their advisees to review the Roadmap, MedHub Summaries by Evaluation Type, Advisor Comments/Recommendations, Elective List, and together with the resident complete the Resident Self-Reflection and Educational Goals.  When this is complete it will be sent to the coordinator and then reviewed at the CCC meeting.

The CCC will complete (during the meeting) the CCC Summary, ABFM Core Outcomes, and Advancement/Graduation Checklist. The document will then be sent to the coordinator, signatures will be obtained, form finalized and returned to the Advisor for their files.

Final form will be uploaded to MedHub.

**Advisor & CCC Resident Summary**

This document will be used twice a year and will meet the requirement for the Semi-Annual Evaluation (due Nov/Dec) and the Summative/Final Evaluation (due May/June). Included in this document are:

Roadmap: Includes encounter, rotational, and procedural requirements, professionalism information, ABFM Education points, certification expiration dates, noonday conference attendance percentage, and noonday conferences presented.

MedHub Summaries by Evaluation Type:  Summaries of evaluations found in MedHub

Advisor Comments/Recommendations:  Information found when reviewing Roadmap and Evaluations

Resident Self-Reflection and Educational Goals:  To be used similar to a learning plan

Elective List:  List of Elective choices, dates and if paperwork has be submitted

In-training Exam Scores:  Scores and Bayesian percentage will be listed

CCC Summary:  Summary of milestones, comments, and recommendations offered by the CCC

ABFM Core Outcomes (for graduation):  to be completed at Final Evaluation

            Advancement/Graduation Checklist and Signature page:  to be completed only for May/June reviews.

Semi-Annual Evaluation PGY1 PGY2 PGY3

Annual Evaluation PGY1 PGY2 PGY3

Final Evaluation PGY1 PGY2 PGY3

**Resident Name:** Choose an item. **Advisor:** Choose an item.

**Roadmap**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Area of Requirement | Requirement | Completed through  (date) | Goals | On Track | Com-plete |
| Continuity Patient Experience (FMRC/NH/PNC/HV) | 1000 hours |  | PGY1-  PGY2-  PGY3- |  |  |
| % Continuity |  | PGY2-30%  PGY3-40% |  |  |
| Adult Inpatient Experience | 600 hours  (6 blocks) |  | PGY1-2 blocks PGY2-2 blocks  PGY3-2 blocks |  |  |
| 750 encounters |  | PGY1-200  PGY2-500  PGY3-750 |  |  |
| Adult Emergency Care Experience | 100 hours  (1 block) |  | PGY1-1 block  PGY2-1 block |  |  |
| 125 encounters |  | PGY1-  PGY2- |  |  |
| Inpatient OMM Experience | 12 encounters |  | PGY1-4  PGY2-8  PGY3-12 |  |  |
| Geriatrics Experience | 100 hours  (1 block) |  | PGY3-1 block |  |  |
| 125 encounters |  |  |  |  |
| Pediatric Inpatient Experience | 100 hours  (1 block) |  | PGY1-2 blocks  PGY2-2blocks |  |  |
| Ill Pediatric Inpatient Experience | 50 encounters |  |  |  |  |
| Pediatric Emergency Care Experience | 50 encounters |  |  |  |  |
| Outpatient Pediatric Experience | 200 hours  (2 blocks) |  |  |  |  |
| Care of Women Experience (GYN) | 100 hours  (1 block) |  | PGY3-1 block |  |  |
| Obstetrical Experience | 200 hours  (2 blocks) |  | PGY1-2 blocks  PGY2-2 blocks |  |  |
| 20 SVD |  | PGY1-10  PGY2-20 |  |  |
| 80 SVD |  | Adv. OB Only |  |  |
| Private |  | Carry 3  Deliver >1 |  |  |
| *PROCEDURES* | | | | | |
| Circumcision |  |  | 20 |  |  |
| Injection – Hip |  |  | 3 |  |  |
| Injection – Knee |  |  | 3 |  |  |
| Injection – Shoulder |  |  | 3 |  |  |
| Colposcopy |  |  | 10 |  |  |
| Biopsy – Endometrial |  |  | 1 |  |  |
| Mirena/IUD Insertion/Removal |  |  | 1 |  |  |
| Nexplanon Insertion/Removal |  |  | 1 |  |  |
| Biopsy – Excisional |  |  | 3 |  |  |
| Biopsy – Punch |  |  | 3 |  |  |
| Biopsy – Shave |  |  | 3 |  |  |
| Excision |  |  | 3 |  |  |
| TCA Treatment |  |  | 1 |  |  |
| Cryotherapy – Derm |  |  | 1 |  |  |
| Curette & Hyfrecation |  |  | 1 |  |  |
| Incision & Drainage |  |  | 3 |  |  |
| Laceration Repair |  |  | 5 |  |  |
| Professionalism  (Current AY) | 1st Notices |  |  |  |  |
| 2nd Notices |  |  |  |  |
| 3rd Notices |  |  |  |  |
| Chart Notices |  | # of charts |  |  |
| Other |  |  |  |  |
| ABFM Educational Points | 50 pts |  |  |  |  |
| Basic Life Support | Current Certification |  |  |  |  |
| Advanced Life Support |  |  |  |  |
| Neonatal Resuscitation |  |  |  |  |
| Advanced Life Support in Obstetrics |  |  |  |  |
| Noonday Conference Attendance | 70% per AY | PGY1 -  PGY2 -  PGY3 - |  |  |  |
| OMM Presentations | 2 |  | PGY1 – 1  PGY3 – 1 |  |  |
| Visiting Professor Presentation | 1 |  | PGY3 |  |  |
| Journal Club Presentation | 3 |  | PGY1-1  PGY2-1  PGY3-1 |  |  |
| MM&I Presentation | 1 |  | PGY2-1 |  |  |

**BEFORE MEETING WITH YOUR ADVISEE, PLEASE COMPLETE:**

**Medhub Summaries by evaluation type:**

|  |  |  |
| --- | --- | --- |
| Evaluation Type | Strengths | Opportunities |
| Inpatient Medicine |  |  |
| Obstetrics/Midwife |  |  |
| Pediatrics |  |  |
| General Attending Evaluation |  |  |
| Peer Evaluations |  |  |
| Office Nurse Evaluation |  |  |
| Office Clerical Evaluation |  |  |
| Hospital Nurse Evaluations (360) |  |  |
| Professionalism Evaluation |  |  |
| H&P Reviews (Note # late) |  |  |
| D/C Summary Reviews (Note # late) |  |  |
| EPIC Chart Reviews (Note # late) |  |  |
| OMM/OPP |  |  |

**Advisor Comments/Recommendations** (to be discussed at advisor/advisee meeting):

**TO BE COMPLETED WITH YOUR ADVISEE:**

**Self-Reflection and Educational Goals:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goals:** can be broad, philosophical, or practical ideas (ex. Feel more confident doing skin excisions)  **Objectives:** must be narrow, specific, or concrete. Try to list details (ex. Do a Derm Elective). May have more than one objective to achieve a goal.  **Timeline:** when would you like this goal complete (ex. Spring 2025)  **Possible Barriers:** what factors might make this difficult (ex. Have an upcoming wedding to plan; hard to find preceptor) | | | |
| **CLINICAL: SKILLS/PROCEDURES** | | | |
| **GOALS** | **OBJECTIVES** | **TIMELINE** | **POSSIBLE BARRIERS** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **MEDICAL KNOWLEDGE** | | | |
| **GOALS** | **OBJECTIVES** | **TIMELINE** | **POSSIBLE BARRIERS** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **INTRA-RESIDENCY COLLABORATION (SCHOLARLY ACTIVITY, QI, RECRUITING, etc.)** | | | |
| **GOALS** | **OBJECTIVES** | **TIMELINE** | **POSSIBLE BARRIERS** |
|  |  |  |  |
|  |  |  |  |
| **PERSONAL: SELF-CARE/WORK-LIFE BALANCE** | | | |
| **GOALS** | **OBJECTIVES** | **TIMELINE** | **POSSIBLE BARRIERS** |
|  |  |  |  |
|  |  |  |  |
| **PROFESSIONAL DEVELOPMENT: LIFELONG LEARNING, LICENSING/CERTIFICATIONS, CME** | | | |
| **GOALS** | **OBJECTIVES** | **TIMELINE** | **POSSIBLE BARRIERS** |
|  |  |  |  |
|  |  |  |  |
| **OSTEOPATHIC EDUCATION** | | | |
| **GOALS** | **OBJECTIVES** | **TIMELINE** | **POSSIBLE BARRIERS** |
|  |  |  |  |
|  |  |  |  |
| **PLANS FOR AFTER RESIDENCY** | | | |
| **GOALS** | **OBJECTIVES** | **TIMELINE** | **POSSIBLE BARRIERS** |
|  |  |  |  |
|  |  |  |  |
| **CME PLANNED** | | | |
|  | | | |
|  | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ELECTIVES PLANNED –** | | | |
| **PGY** | **ELECTIVE** | **DATES** | **PAPERWORK SUBMITTED** |
| PGY2 -1 |  |  |  |
| PGY2 – 2 |  |  |  |
| PGY3 – 1 |  |  |  |
| PGY3 – 2 |  |  |  |
| PGY3 – 3 |  |  |  |
| PGY3 – 4 |  |  |  |

A white and black list with black text

Description automatically generated

|  |  |  |  |
| --- | --- | --- | --- |
| **ITE/BOARD RESULTS –** Bayesian Pass Rate >90% = GREEN, 80-90% = YELLOW, <80% = RED - [POLICY LINK](https://upmchs.sharepoint.com/:w:/r/sites/SUSFamil/Shared%20Documents/General/FMRC%20Policies/In-Training%20Exam%20Policy.docx?d=wec303164705b4eb89efb6c79d26870bf&csf=1&web=1&e=7YoJkK) | | | |
| PGY | RESULT | BAYESIAN CATEGORY | MET STUDY GOALS |
| PGY-1 |  |  |  |
| PGY-2 |  |  |  |
| PGY-3 |  |  |  |
| **ABFM BOARDS SELF-STUDY PLAN –** include modalities and timeline – [suggested modalities](https://upmchs.sharepoint.com/:w:/r/sites/SUSFamil/Shared%20Documents/General/Learning%20Resources/Self-Study%20Modalities.docx?d=wbddad008df0643ff88d94d0396493aa5&csf=1&web=1&e=fkopHu) | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Plan | Green | Yellow | Red |
| Predicted Pass % | >90 | 80-90 | <80 |
| Oversight | none | 3 month check ins | 3 month check ins |
| Additional ITE | none | optional | mandatory |

**DO NOT COMPLETE THIS PART – to be done at CCC meeting**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **EXCEEDING EXPECTATIONS** | **MEETING EXPECTATIONS** | **REQUIRES ATTENTION** | **NOT ASSESSED** |
| **PATIENT CARE** | | | | |
| 1 – Care of the acutely ill patient |  |  |  |  |
| 2 – Care of patients with chronic illness |  |  |  |  |
| 3 – Health promotion & wellness |  |  |  |  |
| 4 – Ongoing care of patients with undifferentiated signs, symptoms & health concerns |  |  |  |  |
| 5 – Management of procedural care |  |  |  |  |
| OPC1 – Integrates OPP into patient care and applies OMT as indicated |  |  |  |  |
| OPC2 – Can perform an OSE, and appropriately diagnose and treat somatic dysfunction |  |  |  |  |
| Comments: | | | | |
| Recommendations: | | | | |
|  |  |  |  |  |
|  | **EXCEEDING EXPECTATIONS** | **MEETING EXPECTATIONS** | **REQUIRES ATTENTION** | **NOT ASSESSED** |
| **MEDICAL KNOWLEDGE** | | | | |
| 1 – Demonstrates medical knowledge of  sufficient breadth & depth to practice FM |  |  |  |  |
| 2 – Critical thinking & decision making |  |  |  |  |
| OMK1 – Demonstrates application of OPP in the domain of Medical Knowledge |  |  |  |  |
| Comments: | | | | |
| Recommendations: | | | | |
|  |  |  |  |  |
|  | **EXCEEDING EXPECTATIONS** | **MEETING EXPECTATIONS** | **REQUIRES ATTENTION** | **NOT ASSESSED** |
| **SYSTEMS-BASED PRACTICE** | | | | |
| 1 – Patient safety & quality improvement |  |  |  |  |
| 2 – System navigation for patient-centered care |  |  |  |  |
| 3 – Physician role in health care systems |  |  |  |  |
| 4 – Advocacy |  |  |  |  |
| OSBP1 – Integrates OPP into their systems-based practice |  |  |  |  |
| Comments: | | | | |
| Recommendations: | | | | |
|  |  |  |  |  |
|  | **EXCEEDING EXPECTATIONS** | **MEETING EXPECTATIONS** | **REQUIRES ATTENTION** | **NOT ASSESSED** |
| **PRACTICE-BASED LEARNING & IMPROVEMENT** | | | | |
| 1 – Evidence-based & informed practice |  |  |  |  |
| 2 – Reflective practice & commitment to personal growth |  |  |  |  |
| OPBLI1 – Integrates OPP into practice-based learning and improvement |  |  |  |  |
| Comments: | | | | |
| Recommendations: | | | | |
|  |  |  |  |  |
|  | **EXCEEDING EXPECTATIONS** | **MEETING EXPECTATIONS** | **REQUIRES ATTENTION** | **NOT ASSESSED** |
| **PROFESSIONALISM** | | | | |
| 1 – Professional behavior & ethical principles |  |  |  |  |
| 2 – Accountability/Conscientiousness |  |  |  |  |
| 3 – Self-awareness & help-seeking behaviors |  |  |  |  |
| OP1 – Demonstrates professionalism in their application of OPP |  |  |  |  |
| Comments: | | | | |
| Recommendations: | | | | |
|  |  |  |  |  |
|  | **EXCEEDING EXPECTATIONS** | **MEETING EXPECTATIONS** | **REQUIRES ATTENTION** | **NOT ASSESSED** |
| **INTERPERSONAL & COMMUNICATION SKILLS** | | | | |
| 1 – Patient & family-centered communication |  |  |  |  |
| 2 – Interprofessional & team communication |  |  |  |  |
| 3 – Communication within health care systems |  |  |  |  |
| OIC1 – Demonstrates appropriate interpersonal & communication skills in the application of OPP |  |  |  |  |
| Comments: | | | | |
| Recommendations: | | | | |

Osteopathic Milestones Committee Overall Comments:

**FOR GRADUATING RESIDENTS – ABFM CORE OUTCOMES:**

After reviewing the evaluations and progress of this physician, the CCC agrees that the physician has met these core outcomes:

Practice as personal physicians, providing first contact, comprehensive and continuity care, to include excellent doctor-patient relationships, excellent care of chronic disease and routine preventive care and effective practice management.

Diagnose and manage acute illness and injury for people of all ages in the emergency room or hospital.

Provide comprehensive care of children, including diagnosis and management of the acutely ill child and routine preventive care.

Develop effective communication and constructive relationships with patients, clinical teams, and consultants

Model Professionalism and be trustworthy for patients, peers, and communities.

Practice as personal physicians, to include care of women, the elderly, and patients at the end of life, with excellent rate of continuity and appropriate referrals.

Provide care for low-risk patients who are pregnant, to include management of early pregnancy, medical problems during pregnancy, prenatal care, postpartum care and breastfeeding, with or without competence in labor and delivery.

Diagnose and manage of common mental health problems in people of all ages.

Perform the procedures most frequently needed by patients in continuity and hospital practices.

Model lifelong learning and engage in self-reflection.

Practice as personal physicians, to include musculoskeletal health, appropriate medication use and coordination of care by helping patients navigate a complex health system.

Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable, stages for people of all ages while supporting patients’ values and preferences.

Assess priorities of care for individual patients across the continuum of care—in-office visits, emergency, hospital, and other settings, balancing the preferences of patients and medical priorities.

Evaluate, diagnose, and manage patients with undifferentiated symptoms, chronic medical conditions, and multiple comorbidities.

Effectively lead, manage, and participate in teams that provide care and improve outcomes for the diverse populations and communities they serve.

**PLEASE COMPLETE FOR SUMMATIVE/FINAL EVALUATIONS ONLY**

**PGY1 Residents Only** - Are they planning to continue in the Osteopathic Recognition Program?

Yes No

Advancement/Graduation Certification (**Summative Evaluations Only**):

This resident has completed all specialty requirements for the current year of training as defined in the regulation/accreditation standards of the ACGME. They have made satisfactory progress in the training program and is promoted to:

PGY 2

PGY 3

The Clinical Competency Committee reviewed Dr. XXX’s evaluations and assessed progress in the ACGME Family Medicine milestones and recommended graduation from the program. Dr. XXX demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.

Osteopathic Recognition Trainees:

This individual has demonstrated the knowledge, skills, and behaviors in OMT and OPP necessary to enter autonomous practice.

Additional Comments/Plans:

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advising Physician

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Program Director

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Director of Osteopathic Education

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Date Signed