



EMORY  
UNIVERSITY  
SCHOOL OF  
MEDICINE

*Department of Medicine  
J. Will Hurst Internal Medicine Residency*

**CCIC Mentor Guide: Development of a Competency Improvement Plan**

1. At first meeting, start with the resident completing the Self-Assessment/Reflection.
2. The mentor can use the self-assessment to focus on resident's perceived needed areas of improvement. The mentor can compare the self-assessment with the reason for referral to CCIC.
3. Use the ABIM Milestones guide as a resource to determine which remediation tools are best fitted for the competency need.
4. Possible remediation tools include: Direct Observation (use the Mini-CEX form), Chart Stimulated Review (use form for feedback), ITE score (<35 % must go on a reading/study plan), OSCE's, global evaluations (faculty, peer, SW, nursing).
5. Complete the 5 step method Excel form for each deficiency being addressed (see attached).
6. Refer to FSAP; mentor's role is NOT to make diagnosis or assumptions regarding health (physical/mental/emotional) of the resident.
7. Confidentiality must be upheld. Corrective action plans will be placed in resident's shadow chart.

**Competency Improvement Plan**

CCIC mentor:

Dates:

What is the deficiency?	What must happen now?	What is happening and what is the resident doing?	Determination of success?	Timeline for re-evaluation	

updated:  
CC: APD/PD, CCIC chair

**Competency Improvement Plan**

CCIC mentor:

Dates:

What is the deficiency?	What must happen now?	Determination of success?

updated:

CC: APD/PD, CCIC chair



**Interpersonal and Communication Skills** (create and sustain a therapeutic and ethically sound relationship with patients use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills; work effectively with others as a member or leader of a health care team or other professional group)

How I am doing? (circle)    **Feel Uncomfortable**                      **Feel Comfortable**                      **Feel Very Comfortable**

Need Improvement (circle)    **A lot**    **Some**    **Little to none**

Area(s) in which I feel strong \_\_\_\_\_

Area(s) I need to keep improving \_\_\_\_\_

Specific objectives for next 6 months and strategies to achieve objectives

1. \_\_\_\_\_

2. \_\_\_\_\_

**Professionalism competencies** (demonstrate respect, compassion, and integrity; responsive to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; committed to excellence and on-going professional development ; demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices; demonstrate sensivity and responsiveness to patients' culture, age, gender, and disabilities).

How I am doing? (circle)    **Feel Uncomfortable**                      **Feel Comfortable**                      **Feel Very Comfortable**

Need Improvement (circle)    **A lot**    **Some**    **Little to none**

Area(s) in which I feel strong \_\_\_\_\_

Area(s) I need to keep improving \_\_\_\_\_

Specific objectives for next 6 months and strategies to achieve objectives

1. \_\_\_\_\_

2. \_\_\_\_\_

**Professionalism competencies** Maintaining duty hours within ACGME prescribed limits (no more than 80 hours/week averaged over 4 weeks; 10 hours between shifts; no longer than 30 hours/shift and no new patients after 24 hours) is a challenge for residents on some rotations. Have you been able to develop personal strategies to enable yourself to stay within duty hour requirements?

How I am doing ? (circle)    **Feel Unsuccessful**                      **Feel Generally Successful**                      **Feel Successful**

Need Improvement (circle)    **A lot**    **Some**    **Little to none**

Area(s) in which I feel strong \_\_\_\_\_

Area(s) I need to keep improving \_\_\_\_\_

Specific objectives for next 6 months and strategies to achieve objectives

1. \_\_\_\_\_

2. \_\_\_\_\_

**Systems-Based Practice competencies** (understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice; know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources; practice cost-effective health care and resource allocation that does not compromise quality of care; advocate for quality patient care and assist patients in dealing with system complexities; know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance).

How I am doing? (circle)    **Feel Uncomfortable**                      **Feel Comfortable**                      **Feel Very Comfortable**

Need Improvement (circle)    **A lot**    **Some**    **Little to none**

Area(s) in which I feel strong \_\_\_\_\_

Area(s) I need to keep improving \_\_\_\_\_

Specific objectives for next 6 months and strategies to achieve objectives

1. \_\_\_\_\_

2. \_\_\_\_\_

FORM REVIEWED BY (PD, etc.) \_\_\_\_\_ Date \_\_\_\_\_

**Clinical Examination (mini-CEX)**

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

**History Taking**

(Review the full patient history on at least one newly admitted patient)

	unsatisfactory	marginal	satis	good	superior
	1	2	3	4	5
Mini-CEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Needs improvement and must repeat if <3      Pass if ≥3

**Appropriate Skills:** Facilitates patient's telling of story; effectively uses questions & directions to obtain accurate, adequate information needed; responds appropriately to affect, non-verbal cues.

**Physical Examination**

(Review the general/focused examination on at least one newly admitted patient)

	unsatisfactory	marginal	satis	good	superior
	1	2	3	4	5
Mini-CEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Needs improvement and must repeat if <3      Pass if ≥3

**Appropriate Skills:** Follows efficient, logical sequence; balances screening & diagnostic steps for problem; informs patient; sensitive to patient's comfort, modesty.

Comments:

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

**Assessment/Plan**

(Review the clinical rationale for the assessment of one newly admitted patient)

	unsatisfactory	marginal	satis	good	superior
	1	2	3	4	5
Mini-CEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<3 assessment does not reflect the data from the hist/physical/ancillary data  
3=assessment reasonably represents data from hist/physical/ancillary data  
4=assessment closely represents the data from the hist/physical/ancillary data  
5=assessment accurately reflects the data from the hist/physical/ancillary data

Comments:

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

~~Chart Stimulated Review~~  
PGY-3 Night Float Exercise

Each PGY-3 resident during their 2 week night float experience will present 2-3 patients admitted overnight from their last night float shift to a faculty member who will conduct chart stimulated review exercise (for approximately 1 hour) to assess the resident across the following competencies:

- 1) Medical knowledge
- 2) Patient care
- 3) Practice based learning and improvement
- 4) Professionalism
- 5) Systems based practice

Questions for the Chart Stimulated Recall Examiner

1. Case Review
  - a. Can you give me an outline of the case?
  - b. What features of the patient's presentation led you to your top 2 or 3 diagnoses?
  - c. If there was uncertainty about the case, how did you deal with it?
  - d. Is there anything else you would have asked?
  - e. Why did you choose the investigations and treatments that you did?
  - f. Were there other tests that you thought of but deferred or ruled out?
  - g. Were there other treatments that you thought of but did not offer? Why?
  - h. What consultants were appropriate to get involved in your case?
  - i. What was the follow-up for the case?
2. Patient Factors
  - a. Was there anything special about the patient that influenced your decisions regarding management (i.e., psychosocial, compliance, support systems, current medications, past medical history, etc.)?
  - b. On reflection, is there anything about the patient that you wish you knew more about?
3. Practice or System Factors
  - a. Was the patient triaged to the appropriate bed?
  - b. Was there anything special about the practice setting that influenced your management of the case?
  - c. On reflection, what changes would improve your ability to deliver care for this patient?
4. Comprehensive Care
  - a. On reflection, do you think there were strategies that were appropriate to implement at the time?
  - b. Did you discuss any preventive interventions?
  - c. On reflection, do you think there were any preventive strategies that were appropriate to implement at the time?

## Chart Stimulated Review Night Float Evaluation

Resident Name: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Hospital: Night float at GMH or VA Number of admissions reviewed: \_\_\_\_\_

### Overall Quality of the Patient Admission

- |                        | N/A | N | Y | Circle one? |
|------------------------|-----|---|---|-------------|
| 1. Legible if written  |     |   |   |             |
| 2. Clearly written     |     |   |   |             |
| 3. Completely written  |     |   |   |             |
| 4. Organized H/P & A/P |     |   |   |             |

### Subjective/Objective Evaluation of Cases

Ability to

- |  |   |  |   |  |
|--|---|--|---|--|
| 1. Present a clear outline of each case  | N |  | Y |  |
| 2. Make an appropriate assessment/plan   | N |  | Y |  |
| 3. Create an appropriate differential diagnosis  | N |  | Y |  |
| 4. Justify their diagnostic plan   | N |  | Y |  |
| 5. Rationalize their therapeutic approach  | N |  | Y |  |
| 6. Consider the cost-effectiveness of their diagnostic & therapeutic plan  | N |  | Y |  |
| 7. Integrate the patient's psychosocial status into their diagnostic & therapeutic plan                            | N |  | Y |  |
| 8. Make an appropriate bed disposition   | N |  | Y |  |
| 9. Institute appropriate hospital health maintenance<br>(DVT prophylaxis, fall risk, decubitus precautions etc...) | N |  | Y |  |

	unsatisfactory	marginal	satis	good	superior
	1	2	3	4	5
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1=poor quality of admissions (<3/4 components) + poor eval & management (<3/7 components)  
 2=good quality of admissions (>3/4 components) + poor eval & management (<5/7 components)  
 3=good quality of admissions (>3/4 components) + good eval & management (>5/7 components)  
 4=good quality of admissions (>3/4 components) + good eval & management (>7/9 components)  
 5=good quality of admissions (>3/4 components) + good eval & management (9/9 components)

Comments: (see back for suggested questions)

\_\_\_\_\_

\_\_\_\_\_

Suggestions for improvement:

\_\_\_\_\_

\_\_\_\_\_

Attending reviewer: \_\_\_\_\_ Attending Signature: \_\_\_\_\_



### 10 Steps to Implementing a Professional Development Coaching Program

1. Recognize and establish program need
  - a. Does your current program provide individualized professional development coaching for all residents?
  - b. Does your program have an understanding of how each resident is developing?
  - c. Is there an opportunity for residents to process the challenges and emotions of residency in a longitudinal, safe way?
2. Appoint Coaching Program Champion
  - a. Determine who their administrative support will be
  - b. Does this fall under their other roles, or do they need additional support
3. Identify key stakeholders
  - a. Obtain program director buy-in
  - b. Assess needs of larger program and align the coaching intervention to hospital/medical school priorities.
  - c. Frame the program in context of the organization – identify the burning needs of the organization and decide if/how the coaching can further these priorities
4. Brainstorm with stakeholders and coaching champion
  - a. What is the communication strategy for recruitment
  - b. What resources are available
5. Create a detailed implementation plan
  - a. Number of residents per coach, number of coaches necessary
  - b. Number of meetings per year, how long will they last?
  - c. Training plan for coaches, expected time commitment
  - d. Overall expectations for coachees and coaches throughout the year
6. Recruit and train faculty coaches
  - a. Communicate expectations
  - b. Provide plenty of time for questions
  - c. Have lead time prior to program initiation
7. Pair up faculty with incoming interns
  - a. Establish how preferences and career plans will be obtained
  - b. Mis-match career interests; maintain cultural and gender preferences
8. Establish expectations at a coaching orientation
  - a. Create culture where coaching is present
  - b. Allow coaching matches to meet and establish rapport
9. Create session guides for each meeting
  - a. Goals and expectations for session
  - b. Questions to ask – doing well, not doing well, not talking much, etc
  - c. Positive Psychology Exercises
10. Send encouraging reminder emails throughout the year
  - a. Quarterly “Have you met yet?” email
  - b. Check in with coaches to make sure they are doing ok
  - c. Check in with residents to make sure it is working for them

## Positive Psychology Exercises

### Positive Psychology Exercise 1: Best Reflected Self

Imagine it's the end of the academic year. You are looking back and everything went perfectly. Describe what that looks like. What went well? What goals did you achieve?

Your goal = create a new environment for them, different from mentoring or teaching. Listen intently without formulating your response! (this is harder than it looks...)

If they ask for advice, offer it, but end that piece of advice with a question – e.g. how does work for you?

### Positive Psychology Exercise 2: Identifying and Using Strengths

1. Remind them how easy it is to identify what our weaknesses are, but how challenging it is to recognize and develop our strengths.
2. Ask them for examples of how they have used their top strengths over the past few months in their teams and with their patients.
3. If they describe a current challenge, ask them how they can use their strengths to give them a new perspective and approach (see Strengths Bridge below).

Examples of the "Strengths Bridge"

1. What about the challenge that is most interesting to you?
2. When have you been successful facing something like this in the past?
3. If we look at your strengths, how can we approach this challenge in a new way?

### Positive Psychology Exercise 3: Best Performance Coaching

A real challenge is for people to actually "absorb" or "take in" what their strengths are. Ask them to choose one of their strengths reflected in their evaluations. Then, ask them if this is a strength they've recognize in themselves.

If no, share a story of when you may have used this strength this year. If yes, ask them how they can build on that strength or use that strength in new ways.

### Positive Psychology Exercise 4: Positive Yearly Review (PERMA)

The goal of this exercise is to do an "appreciative inquiry" – a scan of their year looking at what went well, what they accomplished, relationships they felt good about, when they really found meaning or were engaged in the year, and what work or work setting they found most compelling.

To start, ask them:

1. As you look back throughout the year, what are you the most proud of?
2. We all make "to-do" lists for ourselves...if you were to make their "I-did" list for this past year, what would be on it?

There are 5 pathways to well-being called PERMA – Positive emotion, Engagement (flow), positive Relationships, sense of Meaning, and Accomplishments.

The first questions we asked tend to fall under the “A” pathway of PERMA. As coaches, look at the pathways to well being and notice which pathways were mentioned in their answers, and which were overlooked.

To explore those other pathways, ask the following questions:

- P – Positive emotion– what did you feel best about this year, was there a peak experience?
- E – Engagement – what was the most compelling and interesting experience this year?
- R – Relationships – describe a rewarding experience with a patient, colleague, friend or family
- M – Meaning – looking back over the year, when did your work really matter to someone?
- A – Accomplishment – what accomplishment(s) are you the most proud of?

### **Recommendations for How to Incorporate Coaching**

If you aren't able to get a coaching program off the ground just yet, think about incorporating these exercises in the following way:

- Use as an opener at housestaff and core faculty meetings – have them break into pairs and coach each other
- Incorporate into your next faculty development meeting or retreat.
  - Ask faculty to use these exercises during feedback
  - Ask mentors, advisors and firm chiefs to use these exercises during meetings
- Arrange residents into peer coaching groups that meet throughout the year
  - Train chief residents, core faculty, or even senior residents in the above coaching exercises
  - Then, have them run small coaching groups where residents coach each other, as well as participate in coaching within the large group