



Promotion of Residents



Education Committee & The Clinical Competency Committee

The NCC Pediatrics Residency uses the ACGME Pediatric Milestones to evaluate resident performance and to guide decisions to promote residents to increasing levels of responsibility. These decisions are made semi-annually based on review of 360-degree evaluations for the previous 6 months in addition to the input from core faculty.

Education Committee

The Education Committee meets monthly (“Education Meeting”) to review resident performance and makes consensus-based decisions on resident promotion based on the recommendations of the Clinical Competency Committee. The Education Committee consists of the following members:

- Program Director (chair)
- Associate Program Directors
- Program Coordinator
- Department Chair
- Service Chiefs
 - Primary Care Chief
 - Subspecialty Services Chief
 - Hematology/ Oncology Chief
 - Inpatient Pediatrics Chief
 - Neonatal Intensive Care Unit Chief
 - Adolescent Service Chief
- Rotation Supervisors
- Resident Advisors

The Program Director may include *ad hoc* members on a temporary basis for a portion of an Education Meeting if specific input is required.

Residents are individually discussed, and all available information for a 360-degree evaluation is included. This includes but is not limited to written evaluations, reports of interpersonal interactions in clinical, telephone, and professional encounters, performance on standardized tests, research



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accomplishments, and physical fitness performance. Consensus is reached through discussion, and educational recommendations for each resident are made.

Clinical Competency Committee

The Clinical Competency Committee (CCC) is a super-committee of the Education Committee. The CCC makes resident recommendations to the Program Director for promotion and graduation to independent practice. The CCC uses the ACGME milestones to guide their determinations. The CCC is comprised of the following members:

- Senior Associate Program Director (Chair)
- Associate Program Directors
- Department Chair
- Service Chiefs
 - Primary Care Chief
 - Subspecialty Services Chief
 - Hematology/ Oncology Chief
 - Inpatient Pediatrics Chief
 - Neonatal Intensive Care Unit Chief
 - Adolescent Service Chief
- Program Coordinator (non-voting member)

Using the results of written evaluations, the Program Coordinator will prepare Milestone summaries for each resident prior to the meeting of the CCC using the form attached below. The CCC will endorse the milestone assessment and make a recommendation for promotion. The report will then be presented to the Education Committee, with the Program Director as the Chair, for approval prior to submission of Milestone reporting to the ACGME.



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Resident: _____ PGY: _____ Year/Evaluation Period: _____

Milestone	Previous Score	Evaluation Average	Recommendation
A. PATIENT CARE			
1. Gather essential and accurate information about the patient			
2. Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient			
3. Provide transfer of care that insures seamless transitions			
4. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment			
5. Develop and carry out management plans			
B. MEDICAL KNOWLEDGE			
1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems			
C. PRACTICE-BASED LEARNING AND IMPROVEMENT			
1. Identify strengths, deficiencies, and limits in one's knowledge and expertise			
2. Identify and perform appropriate learning activities to guide personal and professional development			
3. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement			
4. Incorporate formative evaluation feedback into daily practice			
D. INTERPERSONAL AND COMMUNICATION SKILLS			
1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds			
2. Demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions			



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E. PROFESSIONALISM			
1. Humanism, compassion, integrity, and respect for others; based on the characteristics of an empathetic practitioner Humanism			
2. A sense of duty and accountability to patients, society, and the profession Professionalization			
3. High standards of ethical behavior which includes maintaining appropriate professional boundaries Professional Conduct			
4. Self-awareness of one's own knowledge, skill, and emotional limitations that leads to appropriate help-seeking behaviors			
5. Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients			
6. The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty			
F. SYSTEMS-BASED PRACTICE			
1. Coordinate patient care within the health care system relevant to their clinical specialty			
2. Advocate for quality patient care and optimal patient care systems			
3. Work in inter-professional teams to enhance patient safety and improve patient care quality			

Promotion Recommendation

_____ Do not Promote

_____ Promote to PGY _____

_____ Increase Responsibilities & Supervision to Senior PGY _____

_____ Graduation to Independent Practice without Supervision

Chair, Clinical Competency Committee