

Level Up: Using EPAs and Milestones to Drive Individualized Learning





David A. Stewart, MD

Will Sasser, MD

January 15, 2026

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EPA Virtual Café Series: Before, During and After CCC

Hosted by your APPD Assessment Learning Community
2025–2026

2025-2026 EPA Virtual Café Series: Before, During and After CCC

Hosted by your APPD Assessment Learning Community

Sep '25	**Session 1:** Assessment with Purpose: Are We Collecting What Matters?	1,2,5
Oct '25	**Session 2:** Assessment with Purpose: Are You Making the Information You Have Collected Work for You?	1,5
Nov '25	**Session 3:** Two Assessment Worlds Collide: EPAs and Milestones during your CCC Meeting	5
Jan '26	**Session 4:** Level Up: Using EPAs and Milestones to Drive Individualized Learning	1-5
Feb '26	**Session 5:** Using EPAs to Identify and Address Gaps in Curriculum	3,4
Mar '26	**Session 6:** Reflecting on Program Assessment System	1-5

CBME Components:

1. Outcomes competency framework
2. Progressive sequencing of competencies
3. Learning experiences tailored to competencies
4. Teaching tailored to competencies
5. Programmatic assessment

MARIO 000000 ×00 WORLD 1-1 TIME 400

Level Up! Objectives:



1. Establish a shared framework for individualized learning plans (ILPs) within CBME
2. Explore best practices for developing ILPs with trainees, grounded in competency-based metrics
3. Review practical examples of how to use competency-based metrics to target specific areas for growth

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1. Why does it all matter?

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Why pursue a residency or fellowship?

- **Medical training is an apprenticeship**
- Objective: become competent

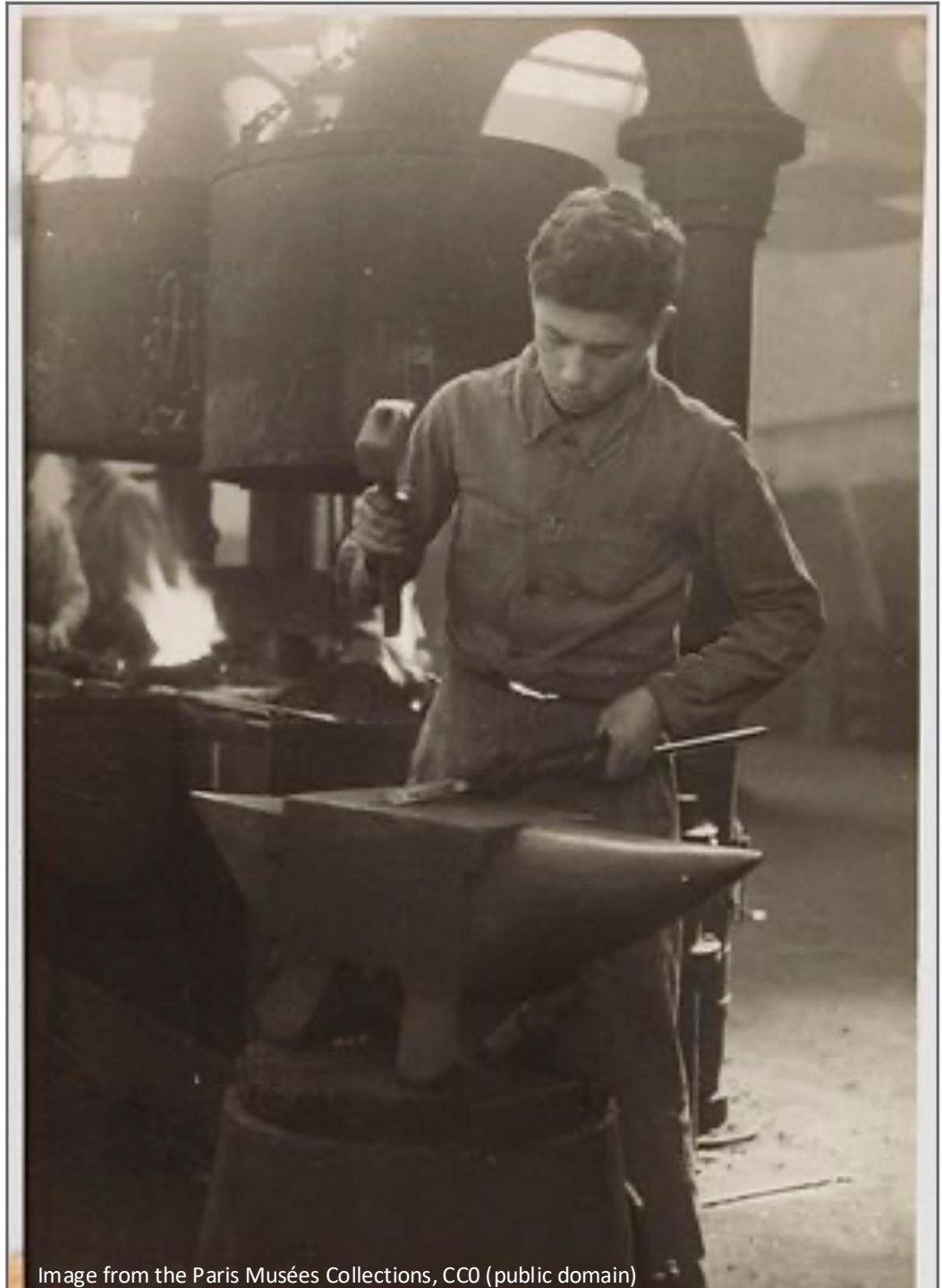


Image from the Paris Musées Collections, CC0 (public domain)

Competency requires deliberate practice

- Intentional skill development
- Clinical exposure alone is insufficient
- **Growth requires deliberate guidance**



"Blacksmith working" by Jeff Kubina, CC BY-SA 2.0 (via Wikimedia Commons)



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Accreditation Council for
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A Guidebook for Programs
3rd Edition

Part 8: Individualized Learning Plans and Final Evaluations: The Other Roles of the CCC

The CCC has two other critically important roles that are core requirements for the program.

1) The program director/designee, with input from the CCC, must: "assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth" (Program Requirement V.A.1.d).(2) and,
2) The ACGME-required final evaluation for each resident, completed by the program director upon each resident's program completion, must "consider recommendations from the Clinical Competency Committee" V.A.2.a).(2).(c)

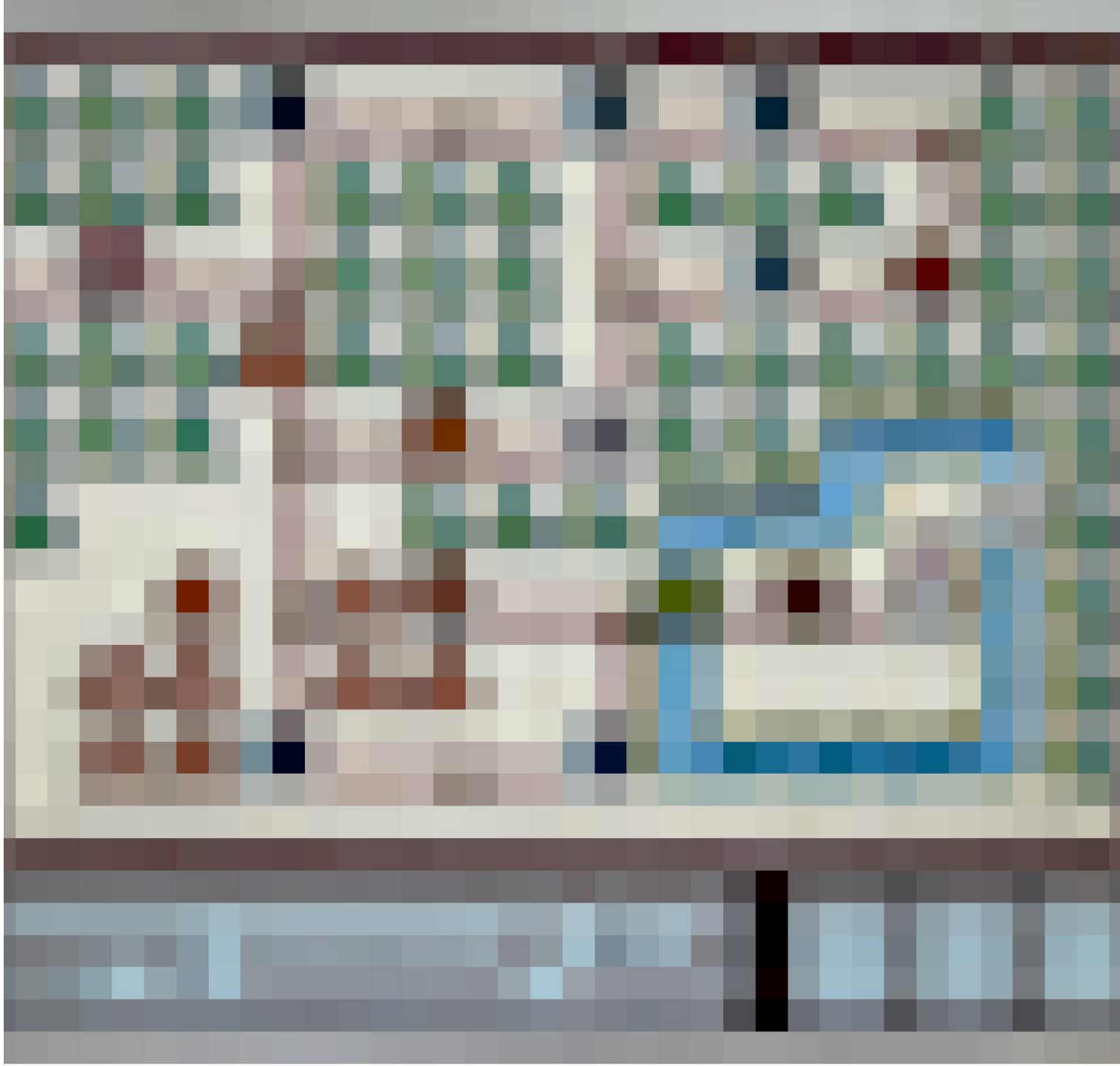
What do we need to guide trainee growth?

- Programmatic Assessment
  - Frequent low-stakes **formative** feedback
  - Focus on **continuous growth**
  - MANY data points



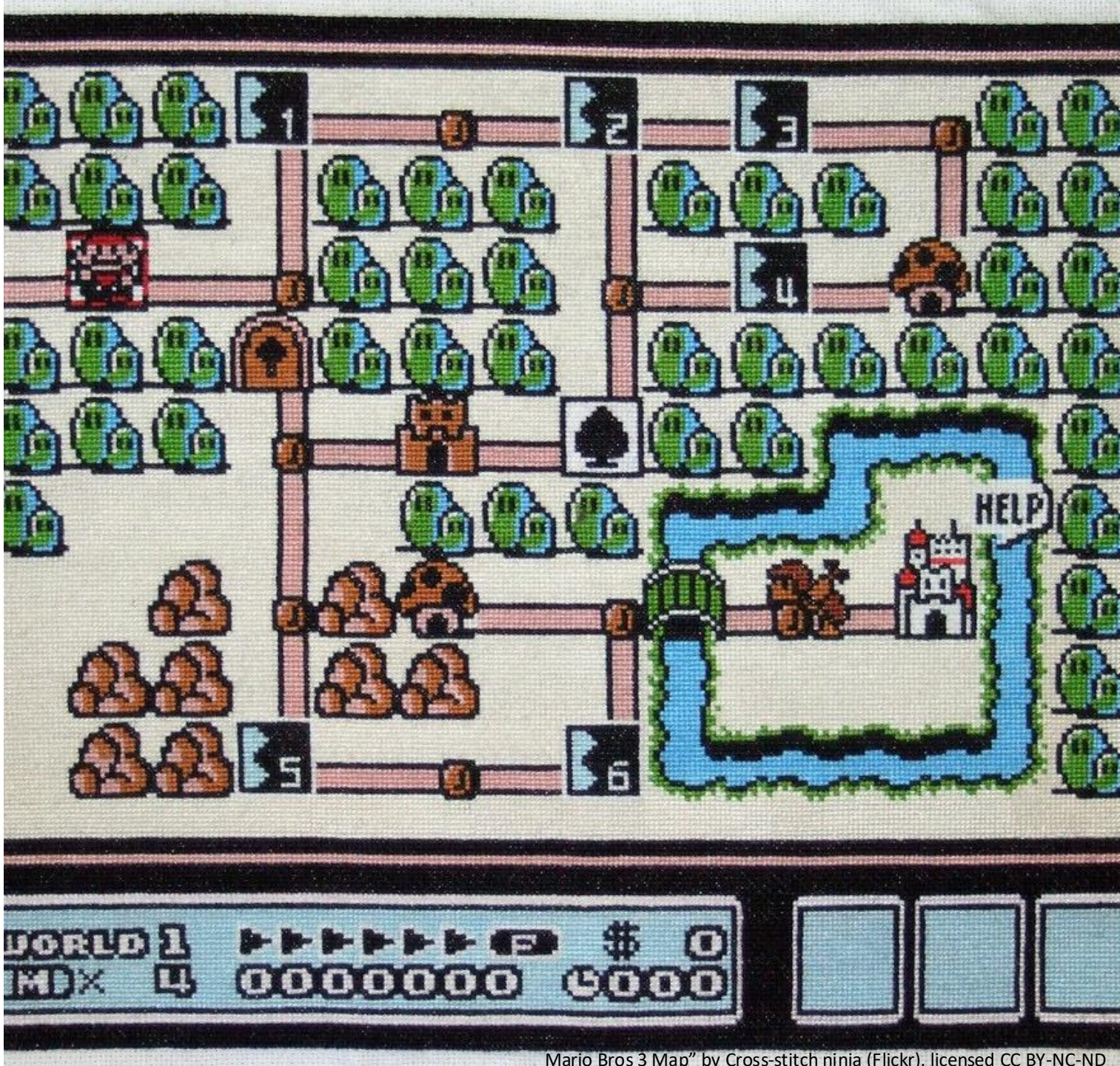
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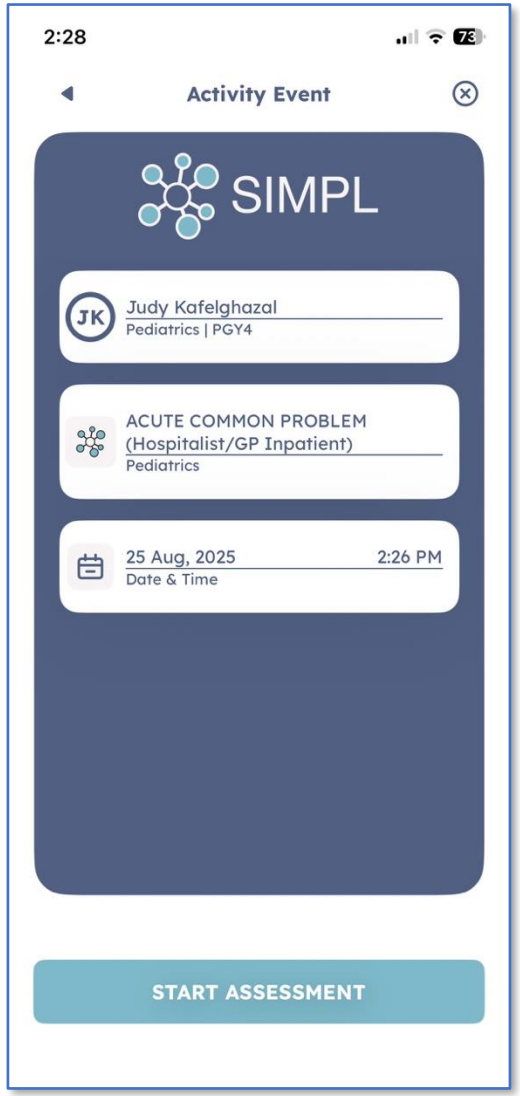
- Programmatic Assessment
  - Frequent low-stakes **formative** feedback
  - Focus on **continuous growth**
  - MANY data points
  - **Workplace-Based Assessments**



Mario Bros 3 Map" by Cross-stitch ninja (Flickr), licensed CC BY-NC-ND

Workplace-Based Assessments

- Single patient encounter
- Based on observations
- Focused & Concrete
- Formative
- Low-stakes assessments that can inform higher stakes decisions

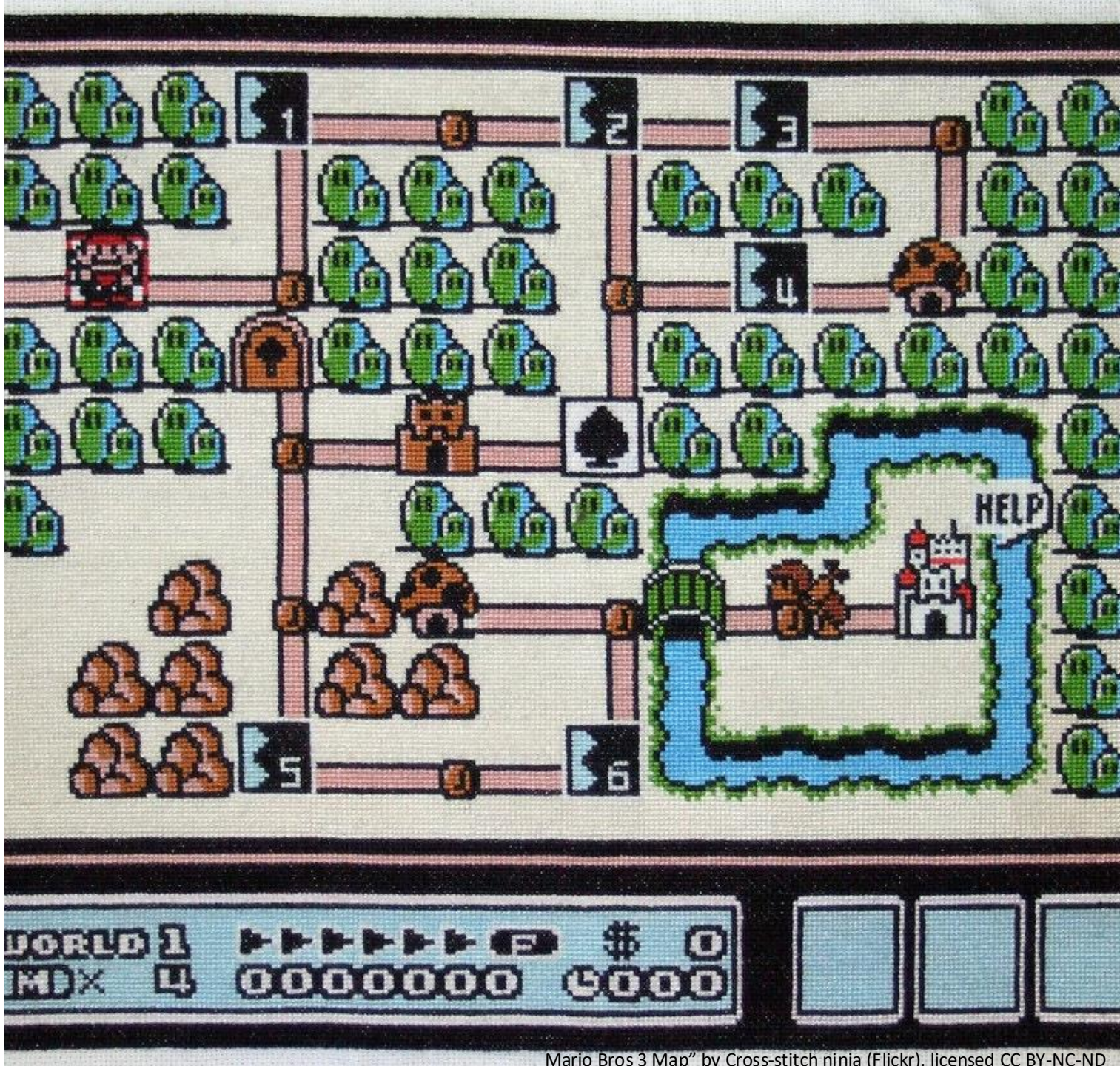




NEW INNOVATIONS

What do we need to guide trainee growth?

- Programmatic Assessment
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  - Focus on **continuous growth**
  - MANY data points
  - **Workplace-Based Assessments**
- CCC synthesis
  - Make summative statement for growth



Mario Bros 3 Map" by Cross-stitch ninja (Flickr), licensed CC BY-NC-ND

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Sign in with your APPD login to access recorded virtual cafes!

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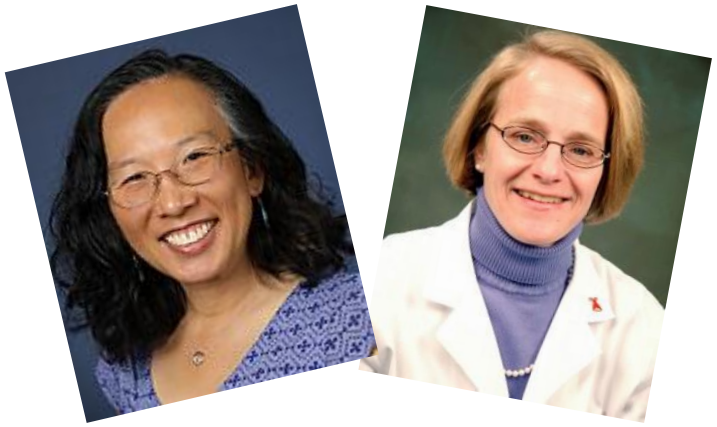
2. Best Practices for Developing ILPs

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Creating an ILP should actively engage learners to take ownership of their own learning. (Li & Burke, 2010) ILPs allow the learner to focus on priority areas, re-evaluate learning needs, and have regular discussions about achieving learning goals.

Components of an ILP (Li & Burke, 2010):

1. Reflection on goals and self-assessment of strengths and weaknesses
2. Generation of specific learning goals and/or objectives
3. Specific plans or strategies to achieve each goal focused on what the learner will do to improve
4. Mutual agreement on how the assessment of progress on each goal will be determined
5. Eventual revision of goals or creation of new goals based on performance
6. Expected timeline

ILPs ARE:

- Formulated by the individual (resident/fellow) – made by the learner, for the learner
- Guided by a facilitator (faculty member, advisor, coach, or program director)
- An exercise in self-assessment and self-reflection
- Iterative
- An ACGME core requirement
- An indicator of insight and ability to become an independent lifelong learner

VIEW FROM THE ASSOCIATION OF PEDIATRIC PROGRAM DIRECTORS

Individualized Learning Plans: Basics and Beyond

Su-Ting T. Li, MD, MPH; Ann E. Burke, MD

From the Department of Pediatrics, University of California, Davis, Sacramento, Calif (Dr Li); and Department of Pediatrics, Wright State University Boonshoft School of Medicine, Dayton, Ohio (Dr Burke)
Dr Burke is the president of the Association of Pediatric Program Directors.
Address correspondence to Su-Ting T. Li, MD, MPH, 2516 Stockton Blvd, Sacramento, California 95817. (e-mail: su-ting.li@ucdmc.ucdavis.edu).

ACADEMIC PEDIATRICS 2010;10:289–292

Is Residents' Progress on Individualized Learning Plans Related to the Type of Learning Goal Set?

Su-Ting T. Li, MD, MPH, Debora A. Paterniti, PhD, Daniel J. Tancredi, PhD, John Patrick T. Co, MD, MPH, and Daniel C. West, MD

Academic Medicine, Vol. 86, No. 10 / October 2011

Abstract

Purpose
To determine the types of learning goals residents select for their individualized learning plans (ILPs) and the relationship between goal type and progress toward achieving that goal.

Method
Pediatric and combined pediatric residents at 46 U.S. training programs completed a Web-based survey on ILPs in 2008–2009, describing their most important learning goal and the goals on which they made the most and least progress. Using iterative inductive review, responses were categorized into seven typ... with the Accr... Graduate Medical Education general competencies). Descriptive statistics and regression models were used to assess the relationship between goal type and progress made.

Results
Of 1,739 eligible residents, 992 (57%) completed the survey; 668 (38%) had previously completed an ILP and described their learning goals. Residents were more likely to report medical knowledge (MK) (53.7%) and patient care (PC) (25.9%) goals as most important and less likely to report professionalism (1.5%) and systems-... progress on MK goals, residents reported significantly greater progress on PC (odds ratio [OR]: 2.20; 95% confidence interval [CI]: 1.57–3.09) and practice-based learning and improvement teaching (OR: 2.99; 95% CI: 1.59–5.63) goals and less progress on SBP goals (OR: 0.16; 95% CI: 0.05–0.56).

Conclusions
Residents most commonly identified MK and PC learning goals as the most important. Residents made more progress on goals related to everyday tasks, such as PC and teaching,

Successful Self-Directed Lifelong Learning in Medicine: A Conceptual Model Derived From Qualitative Analysis of a National Survey of Pediatric Residents

Su-Ting T. Li, MD, MPH, Debora A. Paterniti, PhD, John Patrick T. Co, MD, MPH, and Daniel C. West, MD

Abstract

Purpose
Self-directed lifelong learning is integral to medical professionalism, yet how best to encourage its development during clinically intensive training is unknown. The authors develop a model for successful self-directed learning by analyzing qualitative data from a national survey of residents.

Method
Pediatric and medicine/pediatric residents at 46 training programs completed a Web-based survey in 2008–2009. Self-reported barriers to and strategies for achieving self-directed learning goals were systematically analyzed through inductive iterative review.

Results
A total of 992 out of 1,739 (57%) residents responded. Barriers to achieving self-directed learning goals were categorized into *difficulty with personal reflection*, *environmental strain*, *competing demands*, *difficulty with goal generation*, and *problems with plan development and implementation*. Strategies for achieving learning goals included creating goals that were *important* (relevant to the learner and prioritized by the learner as important to achieve), *specific* (with broad goals broken down into incremental steps and a specific plan for each step), *measurable*, *accountable* (with reminder and tracking systems and building in internal and external accountability), *realistic* (achievable goals which utilize existing opportunities and constant self-adjustment), and included a *timeline* for completing the goal (and incorporating the goal into their daily routine).

Conclusions
On the basis of the data, the authors propose a conceptual model for self-directed lifelong learning involving creation of learning goals and plan development based on individual reflection and self-assessment, and continual revision of goals and/or plans based on degree of goal attainment. This model could be broadly applicable throughout medical education.

Acad Med. 2010; 85:1229–1236.

ILP/Learning Goal Resources

Factors Associated with Successful Self-Directed Learning Using Individualized Learning Plans During Pediatric Residency

Su-Ting T. Li, MD, MPH; Daniel J. Tancredi, PhD; John Patrick T. Co, MD, MPH; Daniel C. West, MD

Objective.—The aim of this study was to determine whether resident or program characteristics are associated with effective self-directed learning of residents.

Methods.—A cross-sectional survey of pediatric and medicine/pediatric residents and program directors from a nationally representative sample of residency programs was conducted. Self-directed learning efficacy was measured by resident-reported progress on learning goals from their most recent individualized learning plan (ILP). Multilevel linear regression models were used to analyze the relationship between learner and program characteristics and self-di...

Results.—All program di... 46) completed the survey... 57% (992/1739). At the... had previously written an... self-directed learning effic... ated with greater self-dir... a system to track one's ow...

higher score on a propensity toward lifelong learning scale, and reporting greater confidence in self-directed learning abilities. Program characteristics, including program-level support for ILPs, had little or mixed association with resident self-directed learning efficacy.

Conclusions.—The most important factors associated with effective self-directed learning were resident characteristics. Our findings imply that residency programs should invest their limited resources in curricula that help residents develop measurable goals and systems for tracking progress toward goal attainment

VIEW FROM THE ASSOCIATION OF PEDIATRIC PROGRAM DIRECTORS

Practical Suggestions for the Creation and Use of Meaningful Learning Goals in Graduate Medical Education

Suzanne Reed, MD; Tai M. Lockspeiser, MD, MHPE; Ann Burke, MD; Kimberly A. Gifford, MD; Janice L. Hanson, PhD, EDS; John D. Mahan, MD; Michael McKenna, MD; Adam Rosenberg, MD; Su-Ting T. Li, MD, MPH

From the Department of Pediatrics, Nationwide Children's Hospital, Ohio State University School of Medicine, Columbus, Ohio (Drs Reed and Mahan); Department of Pediatrics, University of Colorado School of Medicine, Aurora, Colo (Drs Lockspeiser, Hanson, and Rosenberg); Department of Pediatrics, Wright State University Boonshoft School of Medicine, Dayton Children's Hospital, Dayton, Ohio (Dr Burke); Department of Pediatrics, Children's Hospital at Dartmouth, Geisel School of Medicine at Dartmouth, Hanover, NH (Dr Gifford); Department of Pediatrics, Riley Hospital for Children and IU School of Medicine, Indianapolis, Ind (Dr McKenna); and Department of Pediatrics, University of California Davis School of Medicine, Sacramento, Calif (Dr Li)

...ospital, 700 Children's Dr,

In Pursuit of Meaningful Use of Learning Goals in Residency: A Qualitative Study of Pediatric Residents

Tai M. Lockspeiser, MD, MHPE, Su-Ting T. Li, MD, MPH, Ann E. Burke, MD, Adam A. Rosenberg, MD, Alston E. Dunbar III, MD, MBA, Kimberly A. Gifford, MD, Gregory H. Gorman, MD, MHS, John D. Mahan, MD, Michael P. McKenna, MD, Suzanne Reed, MD, Alan Schwartz, PhD, Ilene Harris, PhD, and Janice L. Hanson, PhD, EdS

Academic Medicine, Vol. 91, No. 6 / June 2016

Abstract

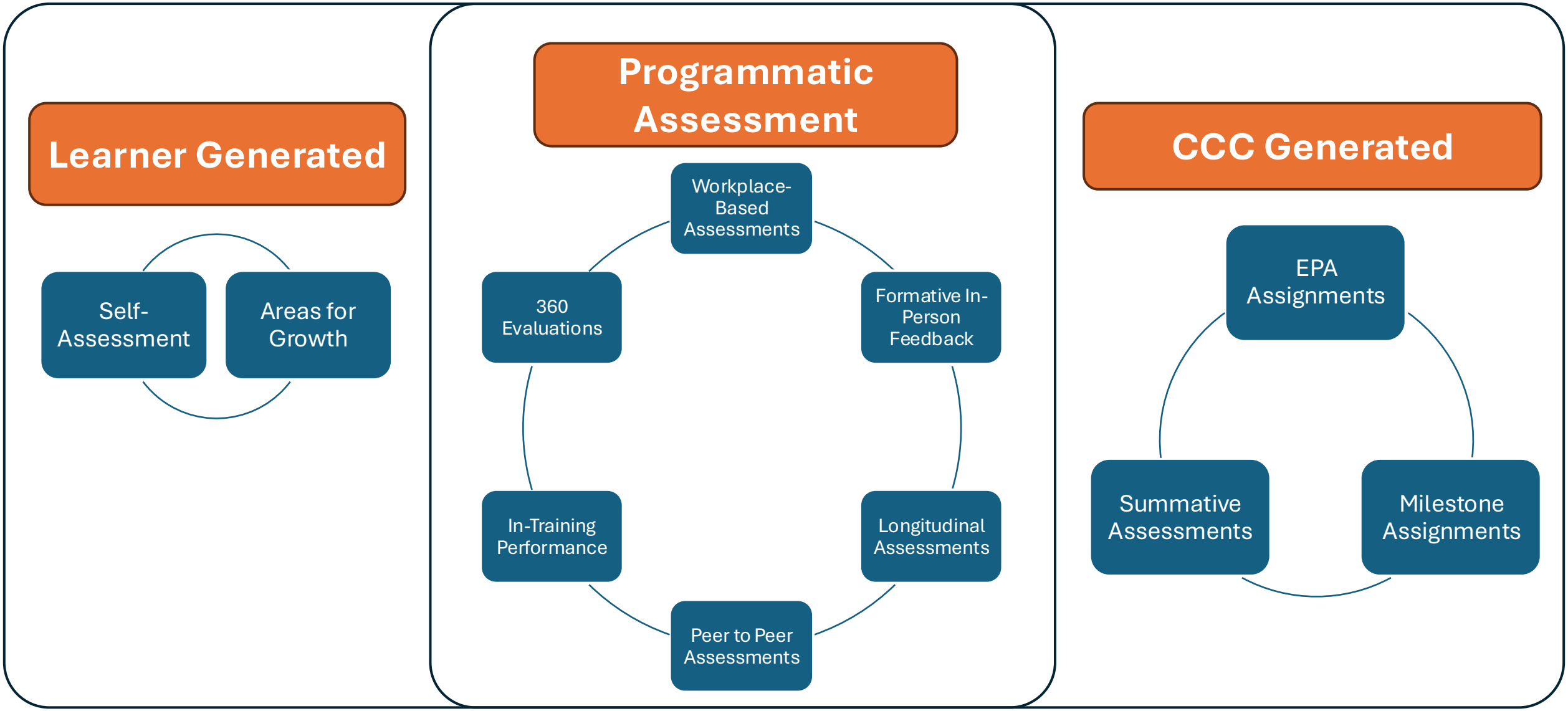
Purpose
Medical education aims to equip physicians for lifelong learning, an objective supported by the conceptual framework of self-regulated learning (SRL). Learning goals have been used to develop SRL skills in learners across the medical education continuum. This study's purpose was to elicit residents' perspectives on learning goal use and to develop explanations suggesting how aspects of the learning environment may facilitate or hinder the meaningful use of learning goals in residency.

Method
Resident focus groups and program director interviews were conducted in 2012–2013, audio-recorded, and transcribed. Programs were selected to maximize diversity of size, geographic location, type of program, and current use of learning goals. Data were analyzed using the constant comparative method associated with grounded theory. Further analysis compared themes frequently occurring together to strengthen the understanding of relationships between the themes. Through iterative discussions, investigators built a grounded theory.

Results
Ninety-five third-year residents and 12 program directors at 12 pediatric residency programs participated. The analysis identified 21 subthemes grouped into 5 themes: program support, faculty roles, goal characteristics and purposes, resident attributes, and accountability and goal follow-through. Review of relationships between the themes revealed a pyramid of support with program support as the foundation that facilitates the layers above it, leading to goal follow-through.

Conclusions
Program support facilitates each step of the SRL process that leads to meaningful use of learning goals in residency. A strong foundation of program support should include attention to aspects of the implicit curriculum as well as the explicit curriculum.

Information that Drives Learning Plan Development



Best Practices for Developing ILPs

1. Prime the learner through self-assessment

2. Share clear, digestible Milestone and EPA-based performance data

3. Translate reflection into an actionable development plan

Prime the Learner for Self-Assessment

- Have learner complete a **self-assessment** and start to **identify areas for growth** BEFORE you meet

- Approaches:
  - Ask open-ended questions – strengths/weaknesses
  - Encourage reflection on their Programmatic Assessments (e.g. WBAs)
  - Have the learner self-rate their developmental level using the ACGME Pediatric Milestones



Images © Nintendo; sourced from fan reference sites; used under fair use.

Promote Reflection with Open Ended Questions

Reflecting on your roles and responsibilities (*clinical, educational, administrative, personal*) over the past six months:

- What would you consider strengths, weaknesses?
- What skills do you feel have grown the most?
- What skills do you feel are limiting your performance or confidence?
- If you were coaching yourself, what would you say are your current strengths, and what are the highest-yield areas to focus on next?



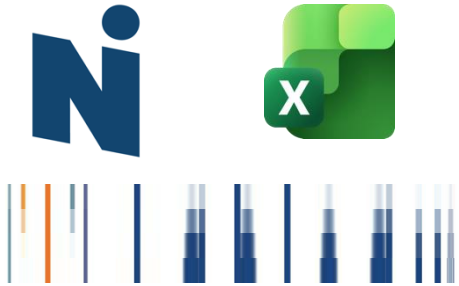
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Build Insight Through Milestone-Based Self-Assessment

Resident Self-Assessment

This is your opportunity for self-assessment using the ACGME Core Competency System. For each section, select the Milestone Level that best reflects your current skills and knowledge. Every resident progresses differently, and there is no “expected” level for each year of training. In fact, Level 5 is considered aspirational, and most residents do not reach it by graduation. Your input will be used alongside the Milestones assessed by the Clinical Competency Committee to highlight your strengths and identify areas for growth, so we can best support your development.

Google Forms



Patient Care 1: History

Patient Care 1: History

- ◯ Level 1: Gathers information strictly following a template
- ◯ Level 2: Adapts template to filter and prioritize pertinent positives and negatives based on broad diagnostic categories or possible diagnoses
- ◯ Level 3: Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real-time for uncomplicated or typical presentations
- ◯ Level 4: Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real time for complicated or atypical presentations
- ◯ Level 5: Recognizes and probes subtle clues from patients and families; distinguishes nuances among diagnoses to efficiently drive further information gathering

Patient Care 2: Physical Exam

- ◯ Level 1: Performs fundamental physical examination; For example: performs a rote physical examination using a strict head-to-toe approach
- ◯ Level 2: Performs complete physical examination and identifies variants and abnormal findings; for example: Performs a physical examination considering appropriate adaptation for age and development
- ◯ Level 3: Performs complete or focused physical examination, as indicated, and interprets normal variants and abnormal findings; for example: Performs a physical examination with consistent use of a developmentally appropriate approach
- ◯ Level 4: Performs complete or focused physical examination, as indicated, and selects advanced maneuvers to distinguish between diagnoses; for example: Performs a physical examination using strategies to maximize patient cooperation and comfort
- ◯ Level 5: Detects, pursues, and integrates key physical examination findings to distinguish nuances among competing, often similar diagnoses; for example: Performs a physical examination that consistently and positively engages the patient

Organize and Prioritize Patient Care*

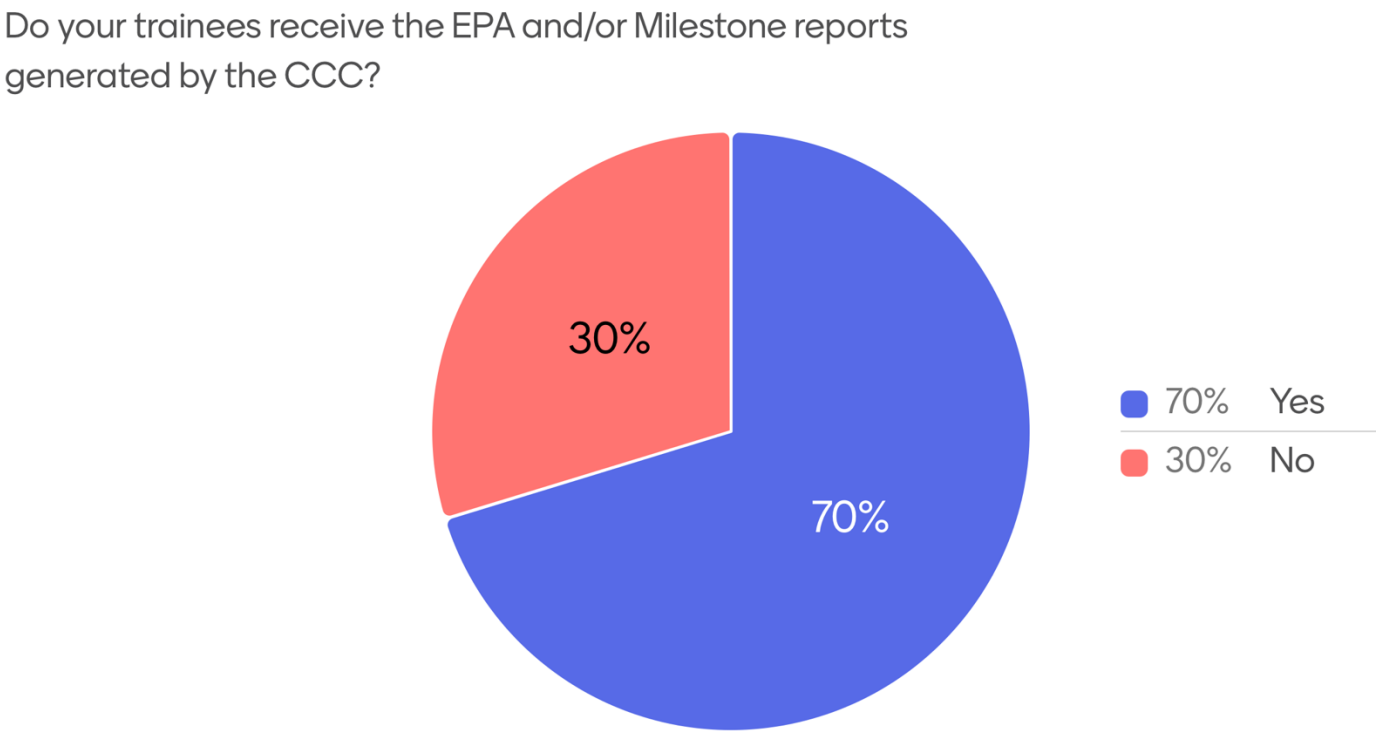
zes care sibilities sing on ual than e) s	▪ Or prioritizes the simultaneous care of patients with efficiency	prioritizes, and delegates patient care responsibilities even when patient volume approaches the capacity of the individual or facility; anticipates and triages urgent and emergent issues	erves as a role model and coach for patient care responsibilities	
☐	☐ Between	☐	☐ Between	☐
☐	☐ Between	☐	☐	☐ N/A

Collapse

medhub

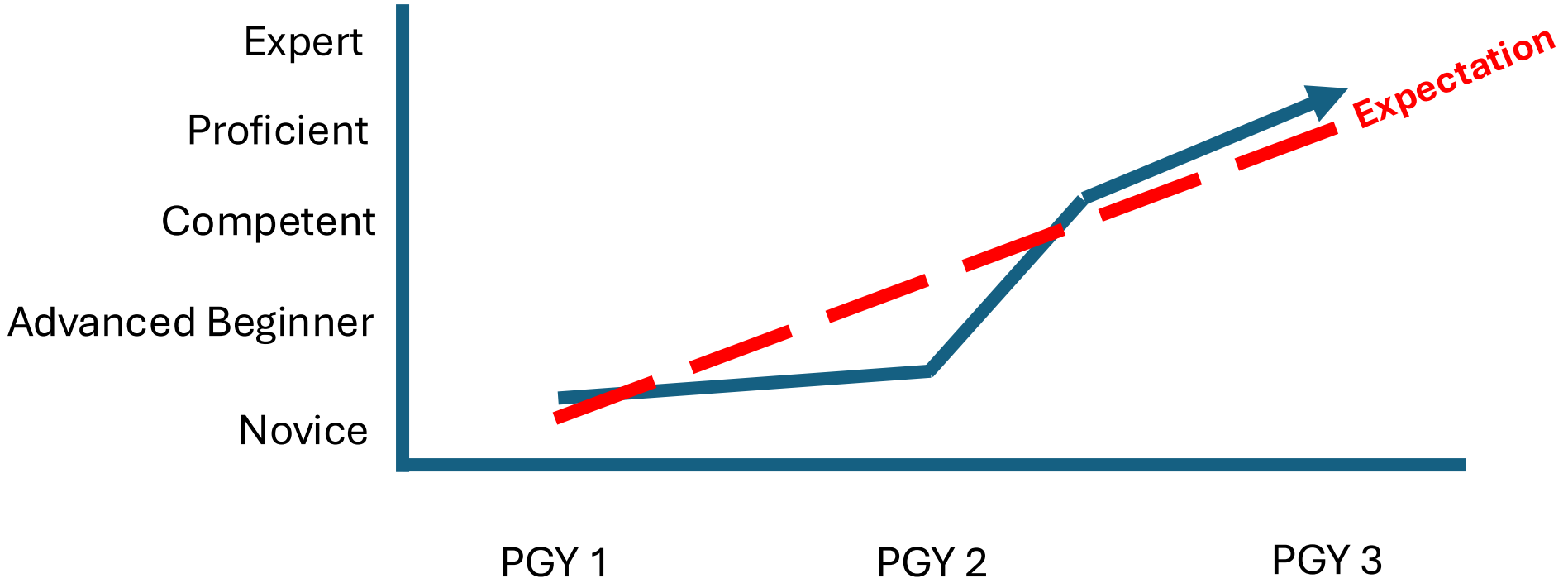
Share clear, digestible Milestone and EPA-based performance data





A poll of Assessment LC members was similar. That means there’s room for improvement in our programs!

Share clear, digestible Milestone and EPA-based performance data



Help Trainees Understand Performance Metrics



General Pediatrics
EPAs and Competencies

University of Michigan
Pediatric Residency Program

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

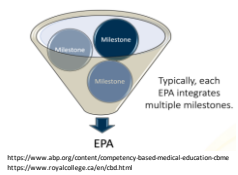
C.S. MOTT CHILDREN'S HOSPITAL
UNIVERSITY OF MICHIGAN HEALTH

ABP Entrustable Professional Activities

EPA 1	Provide consultation to other health care providers caring for children
EPA 2	Provide recommended pediatric health screening
EPA 3	Care for the well newborn
EPA 4	Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting
EPA 5	Provide a medical home for well children of all ages
EPA 6	Provide a medical home for patients with complex, chronic, or special health care needs
EPA 7	Recognize, provide initial management and refer patients presenting with surgical problems
EPA 8	Facilitate the transition from pediatric to adult health care
EPA 9	Assess and manage patients with common behavior/mental health problems
EPA 10	Resuscitate, initiate stabilization of the patient and then triage to align care with severity of illness
EPA 11	Manage information from a variety of sources for both learning and application to patient care
EPA 12	Refer patients who require consultation
EPA 13	Contribute to the fiscally sound, equitable and collaborative management of a healthcare workplace
EPA 14	Apply public health principles and quality improvement methods to improve population health
EPA 15	Lead an interprofessional health care team
EPA 16	Facilitate handovers to another health care provider either within or across settings
EPA 17	Demonstrate competence in performing the common procedures of the general pediatrician

Entrustable professional activities (EPAs), or "everyday pediatrician activities," are observable, routine activities that a general pediatrician should be able to perform safely and effectively

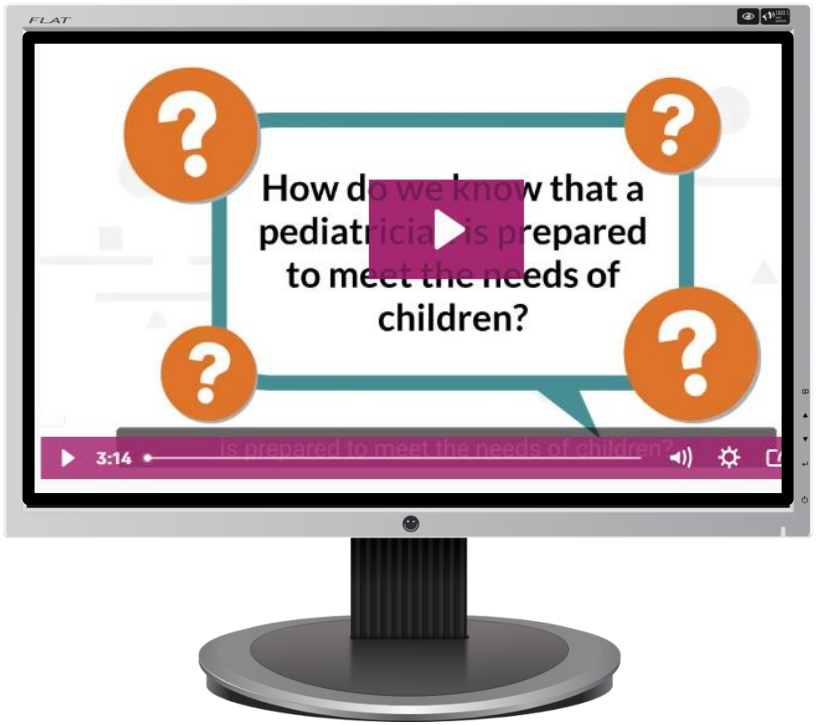
Milestones are narrative descriptions of knowledge, skills, attitudes, and behaviors that describe progression for each of the ACGME competencies, organized in a developmental framework ranging from



https://www.abp.org/content/competency-based-medical-education-cbme
https://www.royalcollege.ca/en/cbd.html

ACGME Competencies
("The Pediatric Milestones")

PATIENT CARE	
PC 1	History
PC 2	Physical Exam
PC 3	Organize and Prioritize Patient Care
PC 4	Clinical Reasoning
PC 5	Patient Management
MEDICAL KNOWLEDGE	
MK 1	Clinical Knowledge
MK 2	Diagnostic Evaluation
SYSTEMS-BASED PRACTICE	
SBP 1	Patient Safety
SBP 2	Quality Improvement
SBP 3	System Navigation for Patient-Centered Care - Coordination of Care
SBP 4	System Navigation for Patient-Centered Care - Transsitions in Care
SBP 5	Population and Community Health
SBP 6	Physician Role in Health Care Systems
PRACTICE-BASED LEARNING AND IMPROVEMENT	
PBLI 1	Evidence-Based and Informed Practice
PBLI 2	Reflective Practice and Commitment to Personal Growth
PROFESSIONALISM	
Prof 1	Professional Behavior
Prof 2	Ethical Principles
Prof 3	Accountability/Conscientiousness
Prof 4	Well-Being
INTERPERSONAL AND COMMUNICATION SKILLS	
ICS 1	Patient- and Family-Centered Communication
ICS 2	Interprofessional and Team Communication
ICS 3	Communication within Health Care Systems





THE AMERICAN BOARD *of* PEDIATRICS
Certifying excellence in pediatrics – for a healthier tomorrow

https://www.abp.org/content/competency-based-medical-education-cbme

ASSOCIATION OF PEDIATRIC PROGRAM DIRECTORS

APPD Connect

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Sharing Performance Metrics with Trainees

[redacted] Semi Annual Review Dashboard

Effective 11/13/2025

AGGREGATE EVALUATION COMMENTS

Date Range Past 6 months (5/13/25 - 11/13/25)

Question Areas for

n/a

Question Areas of

[redacted] fantastic with patient

[redacted] a strong 2nd year res

efficiency. Asks for feedback.

Question Please co

I'd like to see him tackle sicker

precautions" health literacy leve

way that is totally accessible t

Never stop reading and learning

No areas of concern. I recomm

for the pediatric board exam.

Something I advise all residents

encourage you to read the AAP

Stay for Healthy Term Newbor

role in health care settings. Go

[redacted] made great strides in

conversations to the patient in

understand it.

Think about ways in which your practice will change as you transition from intern to senior? What is your leadership style? How will you work to effectively manage a team?

One subtle area for growth is refining communication with families-at times, he provided more detail than necessary which can be overwhelming to some. With experience I have no doubt that he will further tailor information to each family's needs in a clear and focused way. No major areas for improvement though!

medhub [redacted] - Generated 11/13/2025 Page 1 of 7

[redacted] - Semi Annual Review Dashboard Effective 11/13/2025

MILESTONES SUMMARY

Date Range 5/13/25 - 11/13/25

Evaluations 27

ID	Milestone	Average	Range	# Questions
PC-1	History	3.9	2.5 - 5.0	18
PC-2	Physical Exam	3.9	2.5 - 5.0	18
			5 - 5.0	20
			5 - 5.0	23
			5 - 5.0	23
			- -	- -
			- -	- -
			- -	- -
			- -	- -
			- -	- -
			5 - 4.0	3
			5 - 4.5	7
			- -	- -
			- -	- -
			- -	- -
			5 - 4.0	7
			5 - 4.5	7
			5 - 4.0	3
			5 - 4.0	6
SBP1	Coordinate patient care within the health care syste	- -	- -	- -
SBP2	Advocate for quality patient care and optimal patien	- -	- -	- -
SBP3	Work in inter-professional teams to enhance patient	- -	- -	- -
PBLI-1	Evidence-Based and Informed Practice	3.8	3.5 - 4.0	2
PBLI-2	Reflective Practice and Commitment to Personal Gr	3.9	2.5 - 5.0	17
PBLI1	Identify strengths, deficiencies, and limits in one's k	- -	- -	- -
PBLI2	Identify and perform appropriate learning activities t	- -	- -	- -
PBLI3	Systematically analyze practice using quality improv	- -	- -	- -
PBLI4	Incorporate formative evaluation feedback into daily	- -	- -	- -

medhub [redacted] - Generated 11/13/2025 Page 3 of 7

Even though trainees have their aggregate raw data, they should still receive the synthesis from your CCC.

NCH Pediatric Residency
Clinical Competency Committee (CCC) Evaluation Form

Resident Name: _____[redacted]

PGY Level: ___2____

Date of Review: ____9-25-25_____

CCC Meeting Date: _____10-2-25_____

Evaluator(s): ___[redacted]_____

Section 1: ACGME Pediatric Milestone Ratings

For each subcompetency, please indicate the resident's current level (1–5), based on the most recent evaluations and committee consensus. Refer to the ACGME Pediatrics Milestones 2.0 document for detailed descriptions of each level.

Milestone	Spring 2025	Fall 2025
Patient Care		
PC1: History	3.5	4
PC2: Physical Exam	3.5	3.5
PC3: Organize and Prioritize Patient Care	3	3.5
PC4: Clinical Reasoning	3	3.5
PC5: Patient Management	3	3.5
Medical Knowledge		
MK1: Clinical Knowledge	3.5	3.5
MK2: Diagnostic Evaluation	3	3.5
Systems-Based Practice		
SBP1: Patient Safety	3	3.5
SBP2: Quality Improvement	2.5	3
SBP3: System Navigation for Patient Centered-Care – Coordination of Care	2.5	3
SBP4: System Navigation for Patient Centered-Care – Transitions in Care	2.5	3
SBP5: Population and Community Health	2.5	3
SBP6: Physician Role in Health Care Systems	2	3
Practice-Based Learning & Improvement		
PBLI1: Evidence-Based and Informed Practice	2.5	3
PBLI2: Reflective Practice and Commitment to Personal Growth	3	3
Professionalism		
PROF1: Professional Behavior	2.5	2.5
PROF2: Ethical Principles	2.5	3
PROF3: Accountability/ Conscientiousness	2.5	3
PROF4: Well-Being	3	3.5
Interpersonal & Communication Skills		
ICS1: Patient- and Family-Centered Communication	3	3
ICS2: Interprofessional & Team Communication	2.5	2.5
ICS3: Communication within Health Care Systems	2.5	2.5

Section 2: Narrative Feedback

Areas of Strength:
ITE- 96% chance of passing.

Noted to be hard working, enthusiastic, interested in growth and improvement.
Many noted communication with families as a strength and the he was reliable, dependable and had integrity.

Areas for Improvement:
Other evaluations felt communication could be improved by using less jargon, less detail and "reading the room". At time could come off argumentative if he did not agree with the medical decisions. Also was noted to not share experiences with peers if he was interested in doing them.

Section 3: Global Assessment

- Is the resident progressing as expected for their level of training?

  [X] Yes [ ] No

Comments on progression (if applicable):

Section 4: Additional Comments or Recommendations

Additional Comments (if applicable):

Nationwide Children's
When your child needs a hospital, everything matters.℠

CCC Meeting Summary Template

To be completed by CCC and forwarded to PD for review and secure storage

Program: Pediatrics	**Date of CCC**: 9/9/2022
Resident Name: Awesome S. Auce	**Year in program**: PGY3

The CCC reviewed and discussed the following *(check if done):*

☐ Duty Hour Monitoring
☒ Procedure Case Logs
☐ Met SMART Goals in Prior Individualized Learning Plan (ILP)
☒ Scholarly Activity
☐ QI/PS Participation
☒ All Evaluations (medical students, peers, faculty/preceptors 360 - staff, patients, clinics, nursing, etc.)
☒ Resident/Fellow Performance (incl. ITE & overall achievement of Milestones)
☐ Other (please list):

Identified Strengths:

Dr. Auce excels in taking comprehensive histories and communicating with families and the care team. Her differential diagnoses are broad, and her clinical reasoning is sound. She is humble and approachable and was described as already functioning as an attending on the wards. Her medical knowledge is excellent, and she does well to share and summarize information with families during rounds. She is a reliable, strong leader who consistently demonstrates an incredible growth mindset, and who even finds joy in being on call as she can learn even more that day. She helps foster a welcoming and supportive team and regularly gives specific and timely feedback to junior trainees.

Opportunities for growth:

Dr. Auce needs to perform and document all required program procedures to meet graduation requirements (it is clear she has completed many procedures but has not yet had most of them verified/signed off). She should continue to challenge herself to incorporate more bedside teaching pearls whenever possible, as her team would benefit from her excellent skills and techniques.

ACGME COMPETENCY-RELATED SUMMARY

	Progressing along sub competencies & milestones (Growth at appropriate pace)	Progressing in some, but not all sub competencies & milestones	Not meeting expectations/ Needs Improvement (please comment on p. 2 for marked items)
MK	☒	☐	☐
PC	☒	☐	☐
SBP	☒	☐	☐
PBLI	☒	☐	☐
ICS	☒	☐	☐
PROF	☒	☐	☐

CCC Meeting Summary Template

To be completed by CCC and forwarded to PD for review and secure storage

RECOMMENDATION FOR PD:

☒ (Fall CCC) Continue with standard curriculum

☐ (Spring CCC) Progress to the next level of training or graduation

☐ Able to advance with a ***program supervised plan*** to address deficiencies identified (**please complete pg 2**)

☐ Change in formal academic standing *(refer to a remediation plan as applicable)*:
- ☐ Notice
- ☐ Warning
- ☐ Probation
- ☐ Return to good standing
- ☐ Other:

Reviewed by CCC Chair

Name (Print):	Signature:

~~~~For documentation purposes, below this section to be completed only if concerns are noted~~~~

COMPETENCY-RELATED SUMMARY/REPRESENTATIVE COMMENTS:

Medical Knowledge
Patient Care
Systems Based Practice
Practice Based Learning & Improvement
Interpersonal Communication skills
Professionalism

University of Hawaii . John A. Burns School of Medicine
Pediatric Residency Program

Semi-Annual Resident Performance Evaluation Report

Pediatrics

Fall 2025

Resident Information	
Resident Name	XX YY
Resident Year	PGY 1
Evaluation Completed By	Clinical Competency Committee
Date of Evaluation	12/1/2025

Evaluation Overview

Dr. XX YY has completed 6 months of Pediatric Residency training. A meeting of the Clinical Competency Committee (CCC) for the Pediatric Residency Program was held on 12/1/2025 to review Dr. YY's performance over the past six months of training. This report summarizes the CCC's assessment of XX's performance and provides feedback and a plan of action to help XX continue to develop her skills toward competency as a pediatrician. *Note that numerical data throughout this document may be outdated by the time of resident review. The data is presented here for resident reference and is not the method of data tracking employed by the program, which is updated continuously.*

Key:

	Auto Populated
	Resident
	CCC Reviewer
	APD Reviewer

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Resident: XX YY

Milestones

Faculty Milestone Summary							
Competency	Milestone	Self*	Faculty Average	# Responses	PG 1 Average	PG 2 Average	PG 3 Average
Patient Care	Patient history	--	**2.70**	5	2.8	3.6	4
	Physical exam	--	**2.50**	2	2.8	3.5	3.9
	Organizing and prioritizing patient care	--	**2.90**	8	2.8	3.7	3.9
	Clinical reasoning	--	**2.80**	13	2.8	3.6	4
	Patient management	--	**2.70**	8	2.7	3.5	3.9
Medical Knowledge	Clinical knowledge	--	**2.90**	12	2.7	3.6	3.9
	Diagnostic evaluation	--	**2.80**	13	2.7	3.6	3.9
Practice-Based Learning and Improvement	Evidence-based and informed practice	--	**3.10**	6	2.9	3.5	4
	Reflective practice and commitment to personal growth	--	**3.10**	11	3	3.6	4
Interpersonal and Communication Skills	Patient- and family-centered communication	--	**3.10**	12	3	3.6	4
	Interprofessional and team communication	--	**2.70**	8	3	3.8	4.2
	Communication within healthcare systems	--	**2.80**	11	2.8	3.6	3.9
Professionalism & Personal Development	Professional behavior	--	**3.40**	9	3.3	4.1	4.1
	Ethical principles	--	--	0	3.4	3.8	4
	Accountability and conscientiousness	--	**2.50**	2	3.2	3.9	4.2
	Well-being	--	--	0	3.5	4	4.4
Systems-Based Practice	Patient safety	--	--	0	3.1	4	4
	Quality improvement	--	--	0	--	3	3.5
	System navigation: coordination of care	--	**2.70**	8	2.6	3.7	4
	System navigation: transitions in care	--	--	0	2.9	3.3	3.8
	Population and community health	--	**1.50**	1	3	3.3	3.9
	Physician role in health care systems	--	**2.50**	4	2.9	3.3	3.9

This data reflects evaluations completed from April 23, 2025 through November 17, 2025.

Individualized Learning Plan & Performance Review

The ILP is an opportunity for you to establish personal goals to help guide your individual career development. The goals should be measurable and attainable within a six-month period. Individual goals can include growth of knowledge, skills, or behaviors. They might also include desired experiences, e.g., counsel parents regarding a new diagnosis, get more experience with certain procedures.

Please describe at least three professional goals you would like to achieve over the next six months and how you plan to achieve them. Consider goals like: improving some aspect of your medical practice; preparing for boards; planning for your career; or developing your scholarly project. We would also strongly encourage you to identify one goal to maintain your well-being. Good goals are SMART (S: Specific, M: Measurable, A: Ach… Limited). If applicable, please describe progress from prior goals.

You will discuss your ILP with a program director at each semiannual meet… goals for the upcoming six months.

Achievements from the last ILP (prior 6mo)

Goal 1:
Goal 2:
Goal 3:

Goals for the upcoming six months

Goal 1:
Goal 2:
Goal 3:

Discussion Points

PL1: Adjustment to residency. **Fall:** organization, fatigue, relationships, life/fa… senior; academic planning
PL2: Being a senior/issues of supervision; development of self-directed learni…
PL3: Leadership and self-directed learning

Evaluations

Peer Evaluations – Students

	N=	Your Score*	Average
Created a respectful learning environment	3	7.0	7.0
Clearly communicated their expectations for my performance	3	7.0	6.6
Available to answer questions and address concerns	3	7.0	6.8
Appropriately involved medical students in the patient care team	3	7.0	6.8
Provided specific, timely feedback on my performance	3	7.0	6.6
Provided clear, thorough explanations when teaching	3	7.0	6.8
Explained their clinical decision-making process to me	3	7.0	6.6
Was an effective teacher overall	3	7.0	6.8

7=Strongly Agree, 1=Strongly Disagree

Procedure Log

Procedure	Performed	
Bladder catheterization	0	
Bag-mask ventilation	0	
Circumcision	0	
Endotracheal intubati…		
Foreign body removal		
G-tube replacement		
Immunization adminis…		
Incision and drainage …		
Simple laceration repa…		
Lumbar puncture		
Intra-osseous		
Intravenous placemen…		
Reduction of simple di…		
Temporary splinting o…		
Umbilical venous cath…		
Venipuncture		

For entire training, as of Nove…

ITE Scores

In-Training Exam Score Performance

ITE Scores	Year PG1	PG2	PG3
Your Score	164		
Class Average			
National Average	142		

Overall Performance Summary

Synthesis Statement

Dr. YY is truly an exceptional intern! She is noted by her peers, students, and faculty to be functioning well-beyond her expected level. She has an overwhelming number of glowing comments about her performance since starting residency. Her intelligence, intellectual curiosity, maturity, knowledge, and investment in her patients are outstanding. She is seen as a wonderful colleague and teacher and has made a distinctly positive impression across the board. Areas for growth include next-level skills and opportunities to expand her already wonderful skillset. Dr. YY is on track for promotion with commendations for clinical care, teaching, and professionalism in medicine.

Signature – XX YY _____ Date _____

Signature – Program Director or Associate Program Director _____ Date _____

Summary of Written Comments

Strengths Identified by Attendings

Drive to learn; professionalism x3; receptive to feedback; great with patients, families, and staff; great clinician; intellectual curiosity x2; initiative; poised; organized notes; intelligent x3; thorough; reliable x2; hardworking x2; timely; respect for full team; communication with families; compassion; communication x3; well prepared; presentation of subspecialty topic was at the level of a fellow; mature x2, responsible; eager; adapts quickly; excellent clinical work; quick learner; performs well above expected level x4; excellent bedside manner; incredibly high functioning; positive; efficient x2; diligent; organized; systems navigation; oral presentations; led care conference with confidence & professionalism; written documentation; she is a star!; "top 3 of all interns in 13 years"; work ethic

…portunities Identified by Attendings

…pectations – next steps are to grow independence, commitment to plans; next level suggestions

…d by Peers

…a 2nd year x2; organized x2; efficient x2; accountable; requires minimal reminders or …ete tasks; sound clinical reasoning; responsive to suggestions; respectful; great capacity for …e base x3; manages multiple patients; triages & prioritizes well; thoughtful; keeps families up to …nber; ownership; asks good questions; rapport x2; clear presentations; team-player; positive …ell x2; conscientious; professionalism

…portunities Identified by Peers

…gon x2; read & ask questions; continue to utilize EBM in decision making

…Themes

…atient Comment Themes

Nice job building rapport and communicating. Remember to explain what you are looking or listening for.

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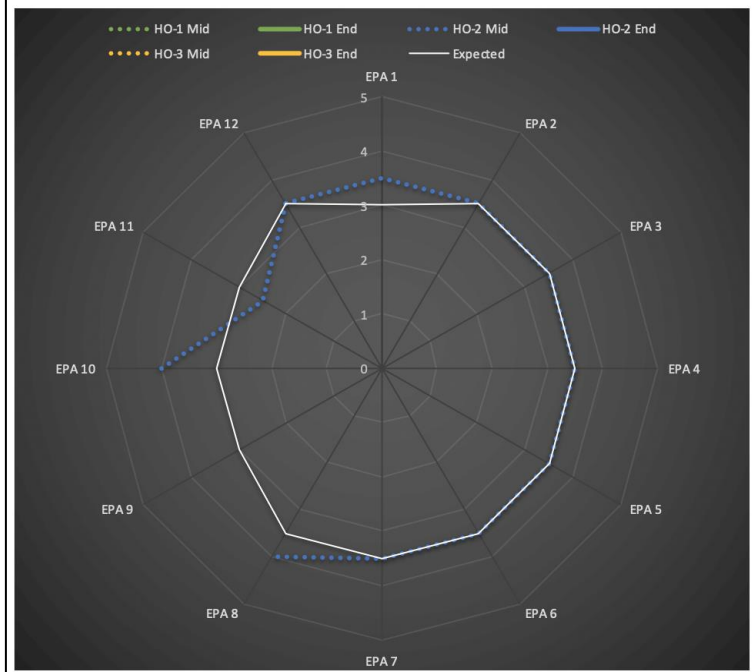
Resident Progress Report
University of Michigan
Pediatric Residency Program

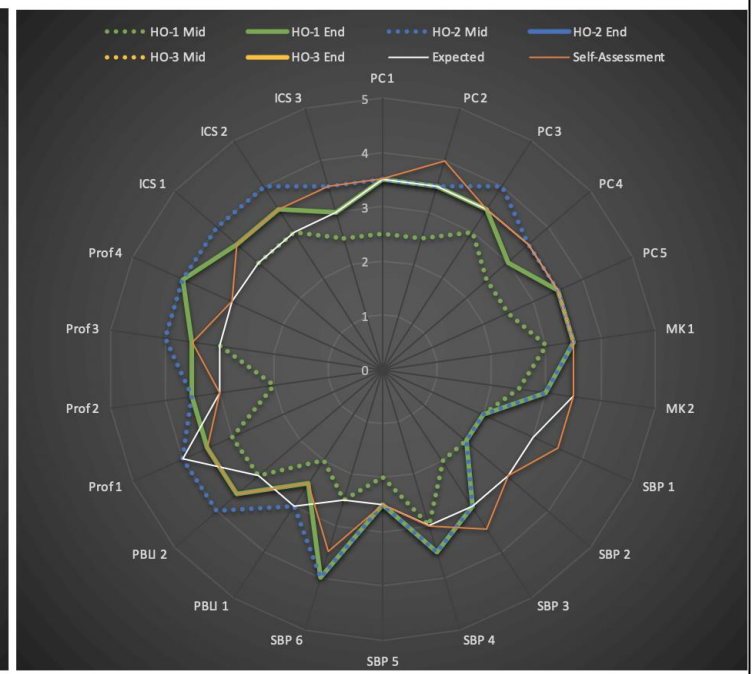
Resident: **Sample PGY-2** Start Date: 2024-07-01

Semester		EPA 1	EPA 2	EPA 3	EPA 4	EPA 5	EPA 6	EPA 7	EPA 8	EPA 9	EPA 10	EPA 11	EPA 12
	HO-1 Mid												
	HO-1 End												
	HO-2 Mid	3.5	3.5	3.5	3.5	3.5	3.5	3.5	4		4	2.5	3.5
	HO-2 End												
	HO-3 Mid												
	HO-3 End												
HO-2 Mid	Expected	3	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3	3	3	3.5

ITE	Avg
148	144
151	159
	166

Semester		PC 1	PC 2	PC 3	PC 4	PC 5	MK 1	MK 2	SBP 1	SBP 2	SBP 3	SBP 4	SBP 5	SBP 6	PBLI 1	PBLI 2	Prof 1	Prof 2	Prof 3	Prof 4	ICS 1	ICS 2	ICS 3
	HO-1 Mid	2.5	2.5	3	2.5	2.5	3	2.5	2	2	2	3	2	2.5	2	3	3	2	3		3	3	2.5
	HO-1 End	3.5	3.5	3.5	3	3.5	3.5	3	2	2	3	3.5	2.5	4	2.5	3.5	3.5	3.5	3.5	4	3.5	3.5	3
	HO-2 Mid	3.5	3.5	4	3.5	3.5	3.5	3	2	2	3	3.5	2.5	4	3	4	4	3.5	4	4	4	4	3.5
	HO-2 End																						
	HO-3 Mid																						
	HO-3 End																						
HO-2 Mid	Expected	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3	3	3	3	2.5	2.5	3	3	4	3	3	3	3	3	3
	Self-Assessment	3.5	4	3.5	3.5	3.5	3.5	3.5	3.5	3	3.5	3	2.5	3.5	2.5	3.5	3.5	3	3.5	3	3.5	3.5	3.5

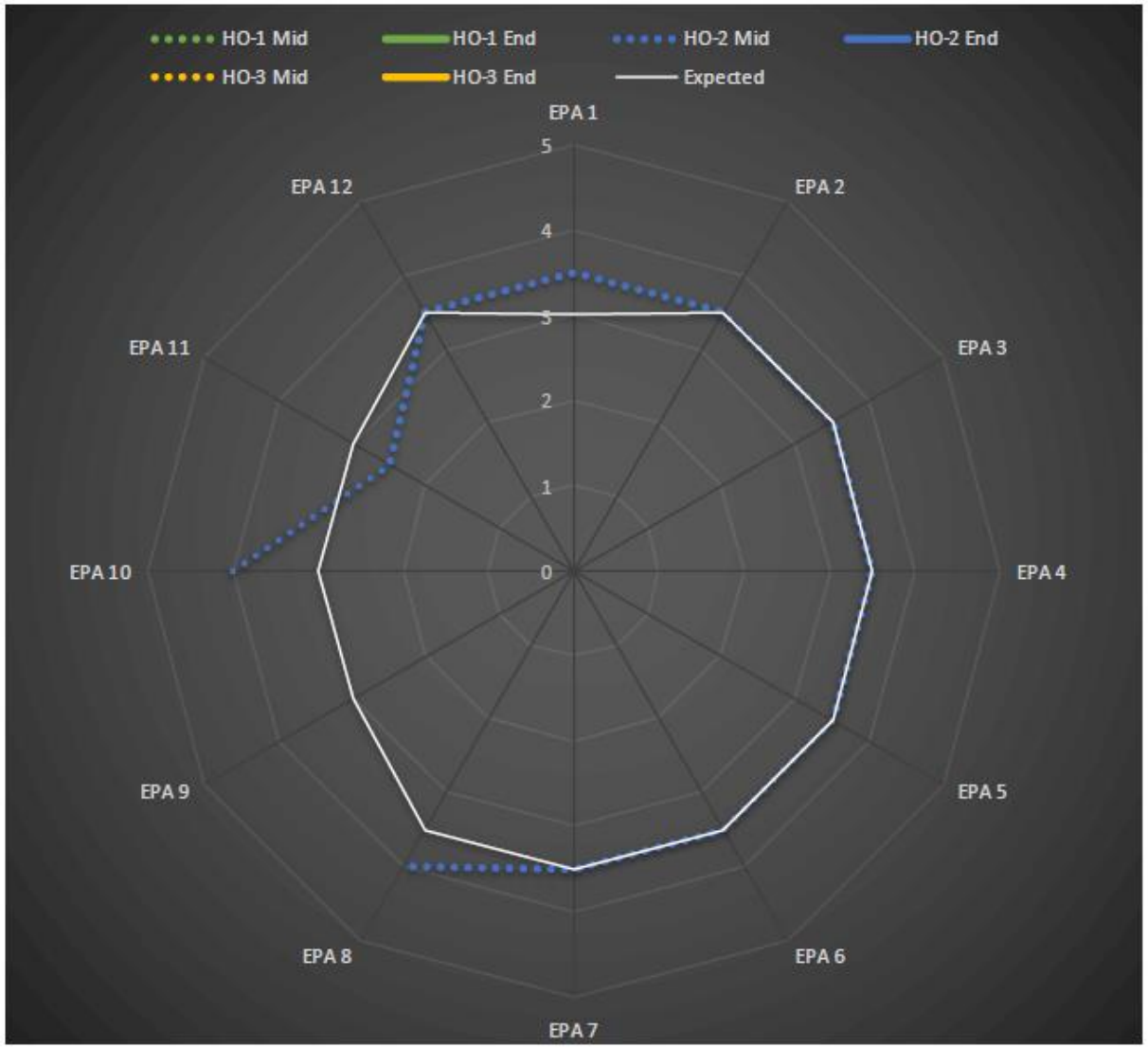


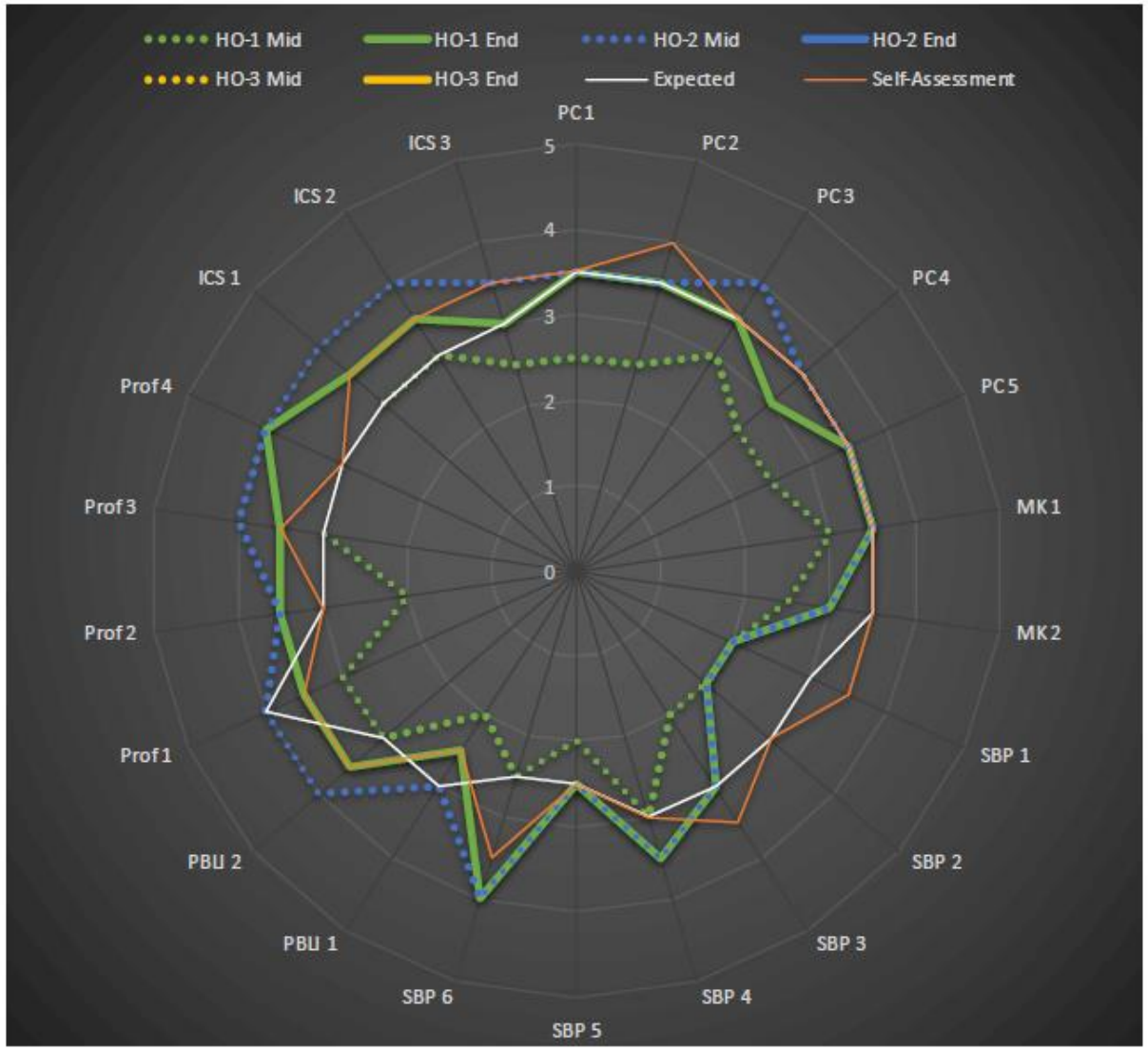


HO-2 Mid

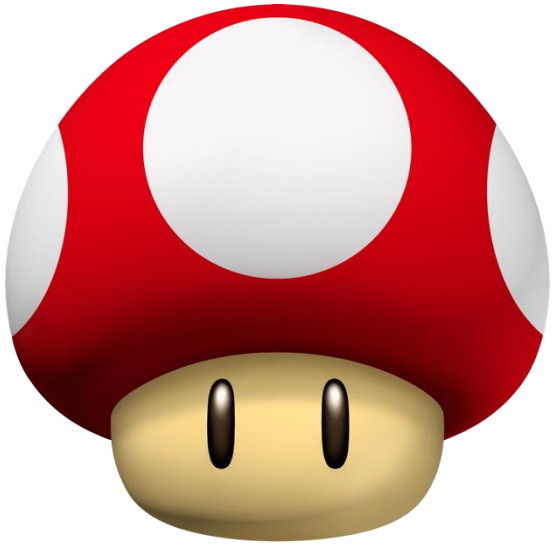
Area to Highlight: Dr. ____ is invested in patient care and is able to create solid management plans; she also provided excellent support to her interns

Area for Growth: As you continue to grow in your supervisory role, be sure to allow your learners the opportunity to practice their clinical reasoning and decision-making before you step in to support and teach.


HO-1 Mid
HO-1 End
HO-2 Mid
HO-2 End
HO-3 Mid
HO-3 End
Expected
EPA 1
EPA 2
EPA 3
EPA 4
EPA 5
EPA 6
EPA 7
EPA 8
EPA 9
EPA 10
EPA 11
EPA 12
0
1
2
3
4
5

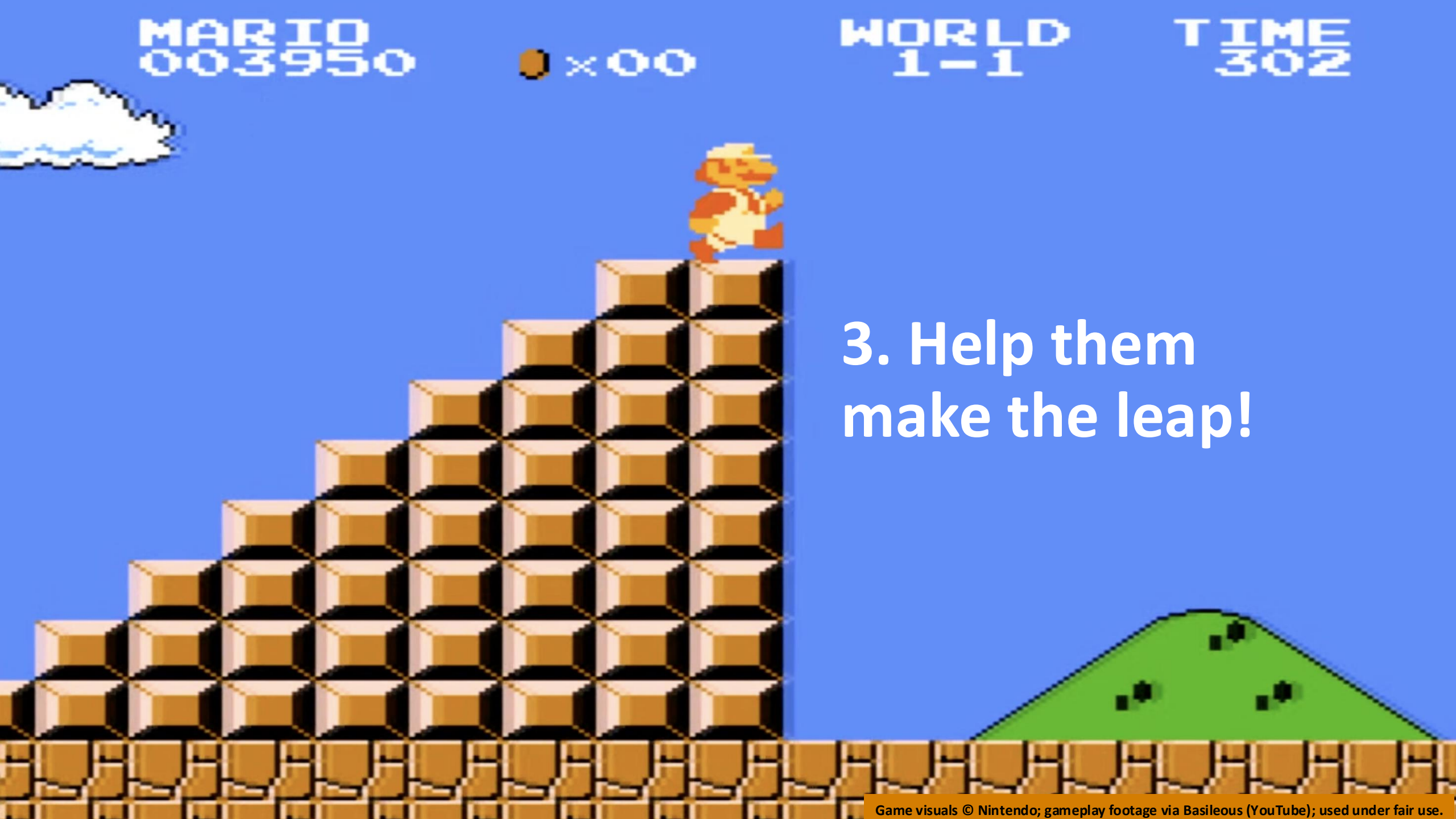

HO-1 Mid
HO-1 End
HO-2 Mid
HO-2 End
HO-3 Mid
HO-3 End
Expected
Self-Assessment
PC1
PC2
PC3
PC4
PC5
MK1
MK2
SBP 1
SBP 2
SBP 3
SBP 4
SBP 5
SBP 6
PBU 1
PBU 2
Prof 1
Prof 2
Prof 3
Prof 4
ICS 1
ICS 2
ICS 3
0
1
2
3
4
5

Translate Reflection into an Actionable Development Plan



- Review trainee's self assessment
- Compare/contrast to CCC output
- Identify strengths
- Identify areas for growth
  - use EPA/Milestone levels determined by the CCC
  - use specific examples from narrative feedback
  - frame as growth toward next Milestone level and/or impact on EPA entrustment level.
- ★ Help trainee develop SMART goals ★

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3. Help them make the leap!

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PGY-2 Luigi — Some competencies below expected



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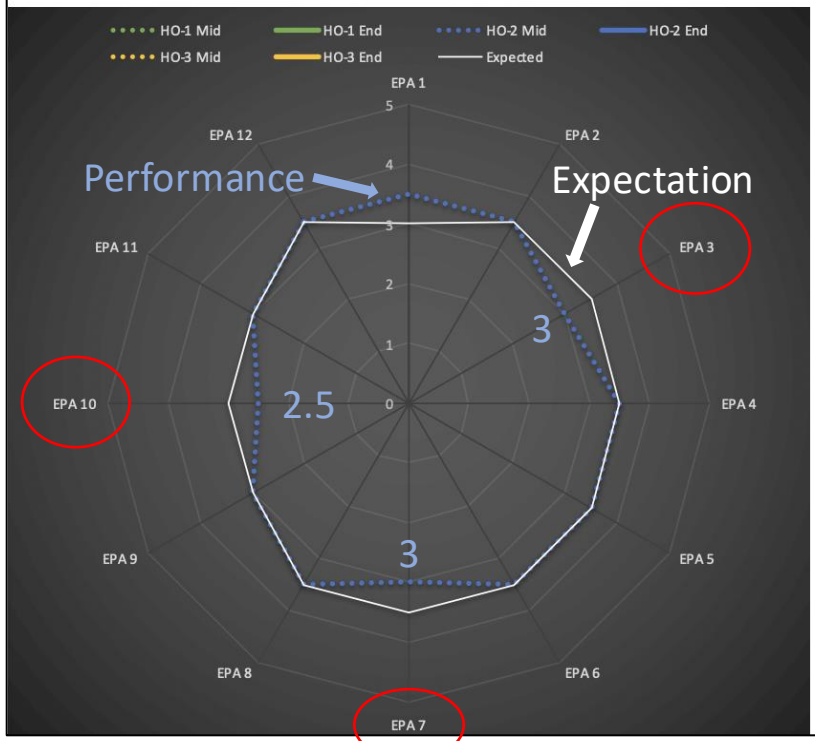
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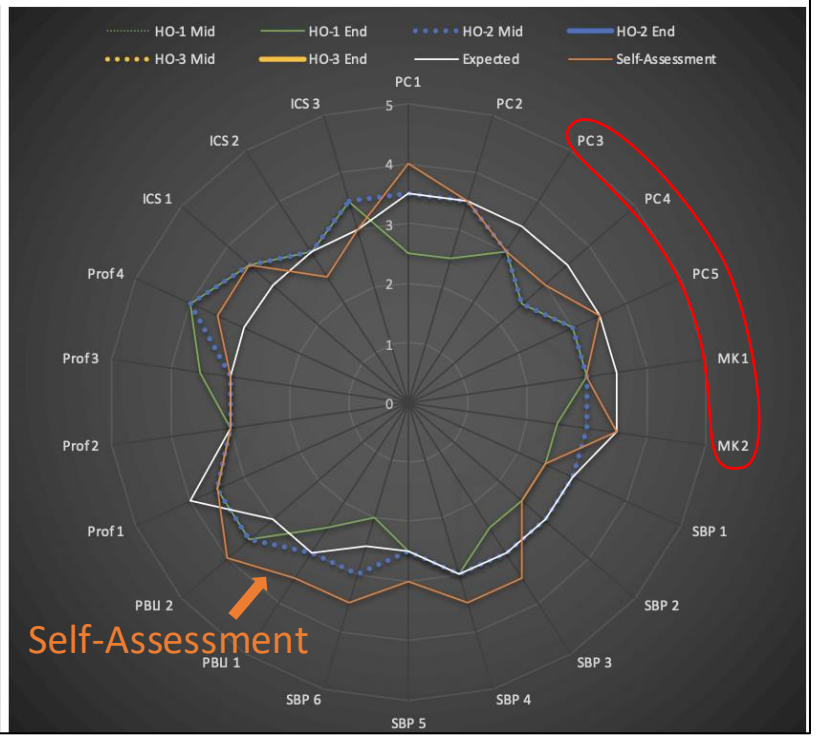
Resident: **Luigi (PGY-2)** Start Date: 2024-07-01

Semester	EPA 1	EPA 2	EPA 3	EPA 4	EPA 5	EPA 6	EPA 7	EPA 8	EPA 9	EPA 10	EPA 11	EPA 12
HO-1 Mid												
HO-1 End												
HO-2 Mid	3.5	3.5	3	3.5	3.5	3.5	3	3.5	3	2.5	3	3.5
HO-2 End												
HO-3 Mid												
HO-3 End												
HO-2 Mid Expected	3	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3	3	3	3.5

ITE	Avg
131	144
137	159
	166

Semester	PC 1	PC 2	PC 3	PC 4	PC 5	MK 1	MK 2	SBP 1	SBP 2	SBP 3	SBP 4	SBP 5	SBP 6	PBLI 1	PBLI 2	Prof 1	Prof 2	Prof 3	Prof 4	ICS 1	ICS 2	ICS 3
HO-1 Mid		2.5	3	2.5	2.5	3	2.5	2	2	1.5	3	2.5	2	2.5	3	3.5	2.5	3.5		3	3	3.5
HO-1 End	2.5	2.5	3	2.5	3	3	2.5	2.5	2.5	2.5	3	2.5	2	2.5	3.5	3.5	3	3.5	4	3.5	3	3.5
HO-2 Mid	3.5	3.5	3	2.5	3	3	3	3	3	3	3	2.5	3	3	3.5	3.5	3	3	4	3.5	3	3.5
HO-2 End																						
HO-3 Mid																						
HO-3 End																						
HO-2 Mid Expected	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3	3	3	3	2.5	2.5	3	3	4	3	3	3	3	3	3
Self-Assessment	4	3.5	3	3	3.5	3	3.5	2.5	2.5	3.5	3.5	3	3.5	3.5	4	3.5	3	3	3.5	3.5	2.5	3





PGY-2 Luigi — Some competencies below expected



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- [Faculty] Rationale for decisions was present but as Luigi's understanding of ICU concepts is still developing, rationale led to decision making that needed to be adjusted to maintain good patient care.
- [Faculty] Dr. Luigi demonstrated dedication to learning and patient care but would benefit from developing **stronger organizational and clinical reasoning skills**. Specifically, improving the ability to **efficiently gather and synthesize patient data**, **formulate clear differential diagnoses, and generate structured management plans** will enhance both confidence and effectiveness in caring for ill patients.
- [Fellow] To get to the next level, Dr. Luigi should focus on **transitioning from a reporter of information to an interpreter of information**. Work on **synthesizing the info to create an assessment**, including a differential diagnosis if appropriate.

PGY-2 Luigi — Some competencies below expected

- APD follow-up with assessors to get more information:
  - Difficulty with general assessment of complex patient
  - When MK deep and confidence high, does it well
  - Did not grasp bi-level support for asthma exacerbation + pneumonia
  - Presented irrelevant info (like mL/kg/d PO intake for a 15-year-old)

- CCC conclusion:
  - Problem with synthesis (PC 4),
  - Preventing appropriate management (PC 5),
  - Amplified by lower medical knowledge (MK 1, MK 2),
  - Resulting in lower entrustment (EPA 3, EPA 7, EPA 10).



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PGY-2 Luigi — Some competencies below expected

Area to Highlight:	Dr. Luigi engages fully in each patient to provide their care; he was able to adjust to the PICU setting and responsive to acute changes in patient care.
Area for Growth:	As you continue to refine your skillsets and work to increase medical knowledge, focus on synthesis of the information you've gathered for each patient; this step will ensure you can generate an appropriate workup and management plan.



- CCC identified area for growth!
- Guided Plan:
  - Intentionally practice assessment in PICU,
  - Let supervisors know this intention,
  - Meet with advisor for practice cases; put into ChatGPT and compare your assessment to the LLM's
  - Study plan to improve MK
- APD should work with him to develop SMART goals to accomplish those objectives
- Follow up for continued support

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PGY-3 Peach — Clinically solid; Administratively weak

- Not submitting work/educational hours on time
- Overdue on institutional mandatories
- Has only filled out 50% of her evaluations
- Has not logged her subspecialty clinic days all semester
- Coordinators email and page her 3-4 times without a response



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University of Michigan
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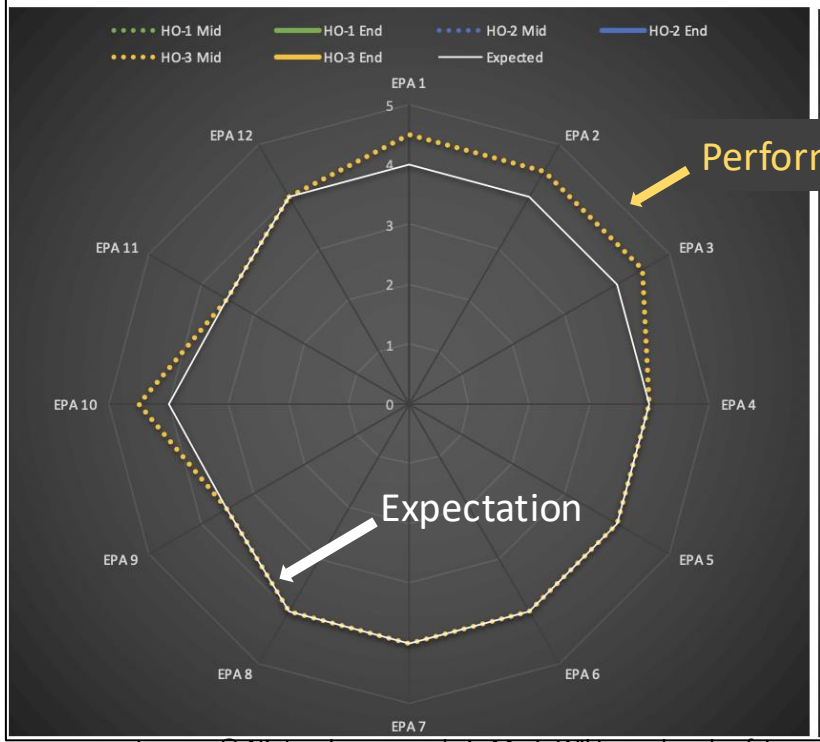
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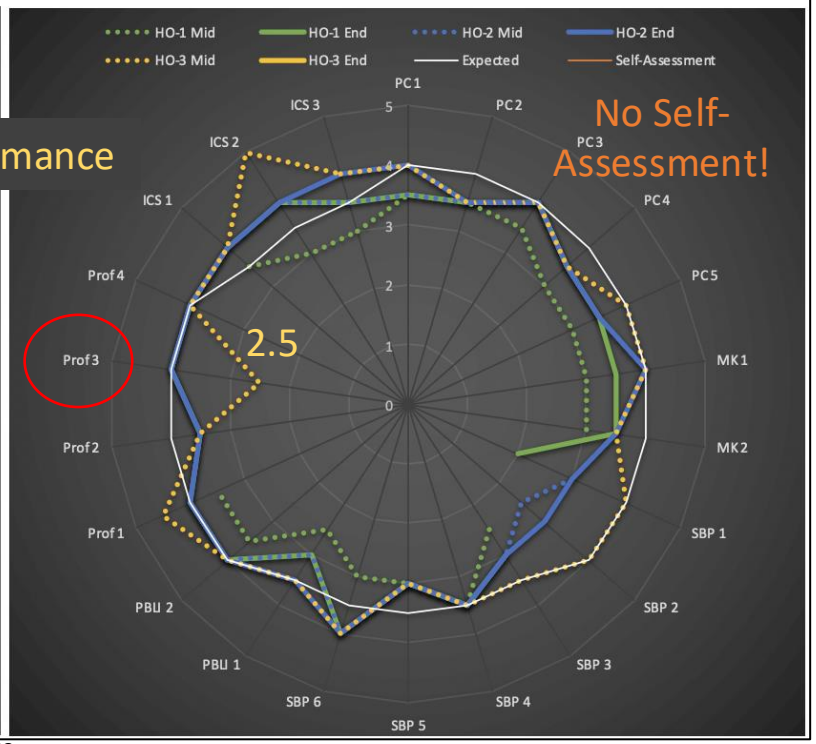
Resident: **Peach (PGY-3)** Start Date: 2023-07-01

		EPA 1	EPA 2	EPA 3	EPA 4	EPA 5	EPA 6	EPA 7	EPA 8	EPA 9	EPA 10	EPA 11	EPA 12
Semester	HO-1 Mid												
	HO-1 End												
	HO-2 Mid												
	HO-2 End												
	HO-3 Mid	4.5	4.5	4.5	4	4	4	4	4	3.5	4.5	3.5	4
	HO-3 End												
HO-3 Mid	Expected	4	4	4	4	4	4	4	4	3.5	4	3.5	4

ITE	Avg
150	142
159	160
158	166

		PC 1	PC 2	PC 3	PC 4	PC 5	MK 1	MK 2	SBP 1	SBP 2	SBP 3	SBP 4	SBP 5	SBP 6	PBLI 1	PBLI 2	Prof 1	Prof 2	Prof 3	Prof 4	ICS 1	ICS 2	ICS 3
Semester	HO-1 Mid	3.5	3.5	3.5	3	3	3	3			2.5	3.5	3	3	2.5	3.5	3.5		3.5		3.5	3	3
	HO-1 End	3.5	3.5	4	3.5	3.5	3.5	3.5	2		3	3.5	3	4	3	4	4	3.5	4	4	4	4	3.5
	HO-2 Mid	3.5	3.5	4	3.5	3.5	4	3.5	3	2.5	3	3.5	3	4	3	4	4	3.5	4	4	4	4	3.5
	HO-2 End	4	3.5	4	3.5	3.5	4	3.5	3	3	3	3.5	3	4	3.5	4	4	3.5	4	4	4	4	4
	HO-3 Mid	4	3.5	4	3.5	4	4	3.5	4	4	3.5	3.5	3	4	3.5	4	4.5	3.5	2.5	4	4	5	4
	HO-3 End																						
HO-3 Mid	Expected	4	4	4	4	4	4	4	4	4	3.5	3.5	3.5	3.5	3.5	4	4	4	4	4	3.5	3.5	3.5
	Self-Assessment																						





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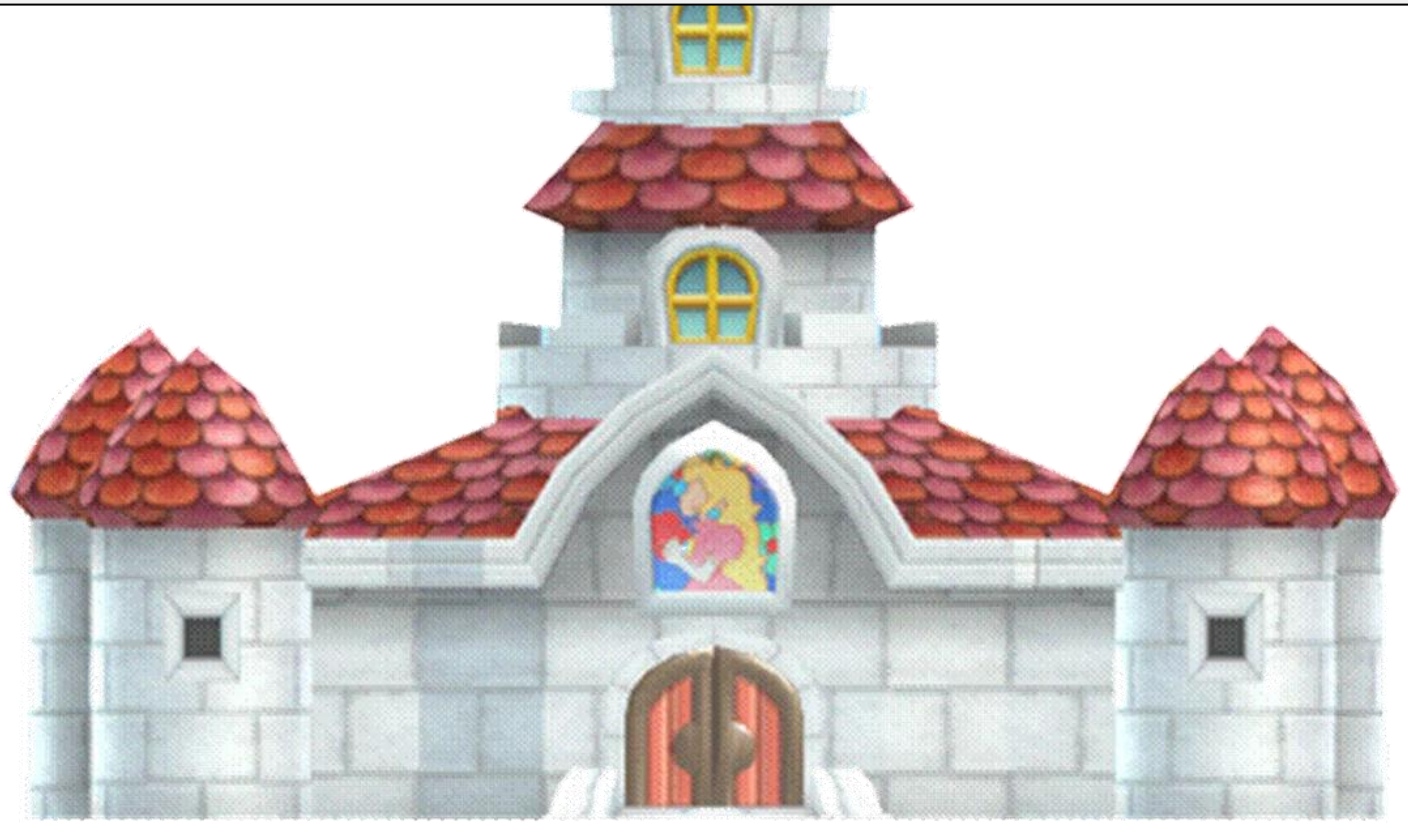
PGY-3 Peach — Clinically solid; Administratively weak



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PGY-3 Peach — Clinically solid; administratively weak

Area to Highlight:	Dr. Peach is consistently described as being trustworthy and engaged; she has excellent bedside manner and provides compassionate patient care. She is able to care for complex patients and possesses the skills to identify and triage difficult patient issues, leading to effective patient management.
Area for Growth:	For your remaining time in residency, find a routine that allows you to maintain your professional obligations outside of direct patient care (e.g., responding to professional communication and completing professional tasks in a timely manner).





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C.S. MOTT CHILDREN'S HOSPITAL
UNIVERSITY OF MICHIGAN HEALTH

HEATHER L BURROWS, M.D. Ph.D.

Professor of Pediatrics
Program Director, Pediatric Residency Program

1500 E. Medical Center Drive D3237
Ann Arbor, MI 48109-5718
734 647 1774

January 9, 2026

Dear Dr. Peach:

We are writing to inform you that the Pediatric Residency Clinical Competency Committee (CCC) has reviewed and discussed your progress over the previous six months and have recommended that you be placed on **Departmental Academic Warning** for failure to meet professionalism standards.

As you recall, the CCC has been tracking your progress throughout residency and have plotted you on the ACGME's Pediatric Sub-competency Milestones every six months. In your prior semi-annual meetings with Dr. Stewart, you have discussed your progress on these sub-competencies. You have discussed specific issues around timely completion of administrative tasks.

This letter is to report on the most recent meeting of the Pediatric Residency Clinical Competency Committee, which met on December 16, 2025. After review of your clinical progress over the prior six months, the committee identified insufficient progress in the ACGME's core competency domain of Professionalism:

Professionalism (Prof)

- Prof 3: **Accountability/Conscientiousness** – performing tasks and responsibilities in a timely manner and taking responsibility for one's own actions and the impact on patients and other members of the health care team.

Data supporting these concerns include:

1. Not responding to communication from the program in a timely manner:
    - Multiple emails from coordinators to complete Cornerstone mandatories (2nd email 11/3/25, 3rd on 11/20/25)
    - Multiple emails from coordinators to complete NRP certification (3rd email 11/3, 4th email 11/18)
    - Multiple emails from coordinators to log Second Half Day Clinics without a response (3/20/25, 3/24/25, then paged, then 4/2/25, then 11/18/25)

PGY-3 Peach — Clinically solid; Administratively weak



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1500 E. Medical Center Drive D3237
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734 647 1774

January 9, 2026

2. You have consistently failed to complete required administrative tasks in a timely manner, necessitating an inappropriate number of reminders from the program coordinators:

   - Not logging ANY 2nd half day clinics. This is a required educational experience, and you are required to complete at least 32 half days by the time of graduation to meet curricular requirements.
   - You have logged attendance at only 15 conferences for this academic year as of 12/1/25
   - Your rate of on-time submission of educational and work hours is 65.4%. This is a required activity for your employment and should be 100%
   - You have completed only 50.0% of the evaluations assigned to you in MedHub as of 12/1/25, despite email from coordinators on 10/20/25 and multiple prior discussions with APD at prior semi-annual reviews.

1. Not responding to communication from the program in a timely manner:

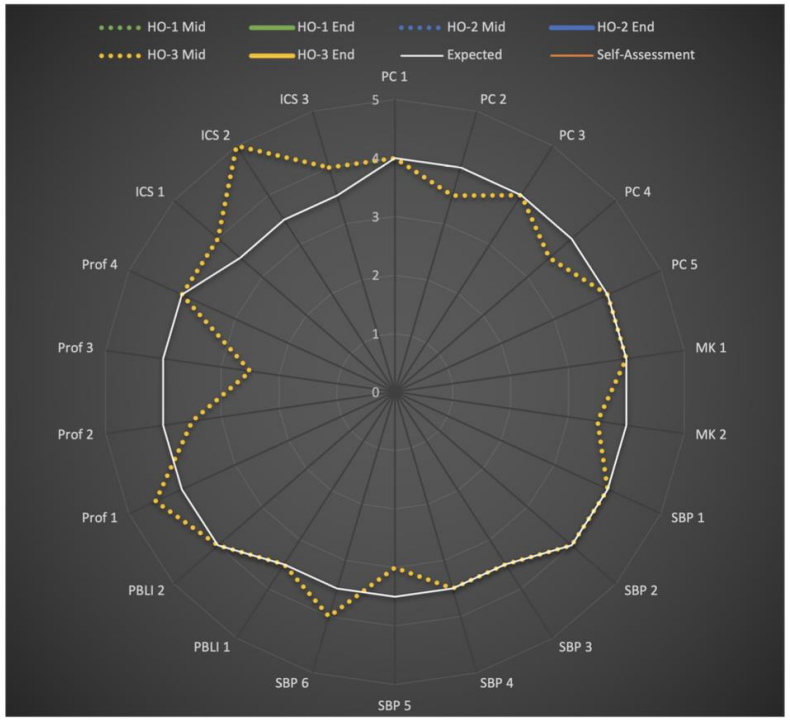
   - Multiple emails from coordinators to complete Cornerstone mandatories (2nd email 11/3/25, 3rd on 11/20/25)
   - Multiple emails from coordinators to complete NRP certification (3rd email 11/3, 4th email 11/18)
   - Multiple emails from coordinators to log Second Half Day Clinics without a response (3/20/25, 3/24/25, then paged, then 4/2/25, then 11/18/25)

PGY-3 Peach — Clinically solid; Administratively weak



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At the recent CCC meeting, the committee determined that you were at milestone level 2.5 for the Professionalism 3 Subcompetency. We expect residents to be at least at level 4 at that level in training, and require a level 4 for graduation. You are not reaching this metric and are not on track to meet this metric by graduation:



Professionalism 3: Accountability/Conscientiousness				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs tasks and responsibilities, with prompting	Performs tasks and responsibilities in a timely manner in routine situations	Performs tasks and responsibilities in a thorough and timely manner in complex or stressful situations	Coaches others to ensure tasks and responsibilities are completed in a thorough and timely manner in complex or stressful situations	Creates strategies to enhance others' ability to efficiently complete tasks and responsibilities

More information on the ACGME Milestones can be found by clicking on the Pediatrics PDF at the ACGME website: https://www.acgme.org/specialties/pediatrics/milestones/.

PGY-3 Peach — Clinically solid; Administratively weak



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PGY-3 Peach — Clinically solid; Administratively weak

<u>Performance Plan - Professionalism</u>

1. Submit all work and educational hour reports on time. We will review this on a weekly basis, and all work and education hours should be submitted within 1 week.
2. Complete all institutional mandatory learning activities prior to their due date. This will be reviewed monthly.
3. Develop a plan to complete delinquent MedHub Evaluations and send plan to APD. You should have completed all overdue evaluations within 2 months and should then remain up to date, completing all evaluations within 2 weeks of completing a rotation. All medical student evaluations need to be completed within 1 week of a student's rotation with you.
4. Respond to emails from administration in a timely manner. Per our program communication policy, you are expected to reply to emails within 48 hours. If you are away (vacation) you should have an out of office message in your email.
5. Meet with your APD, Dr. Stewart, monthly to review your progress and get ongoing support with these tasks.
6. If you anticipate being delayed in any task, contact Dr. Burrows, Dr. Stewart, or the Chief Residents ahead of time to let them know you anticipate not completing it in a timely manner.
7. Log all previously completed second half day clinics that have not been logged within the next two weeks. Identify a plan for completed the required clinics by the end of the academic year. Review this document with your preceptor and identify any opportunities for make-up clinics. Provide this document to Drs. Stewart and Burrows within 2 weeks.



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PGY-3 Princess — Clinically solid; administratively weak

- CCC identified area of growth!
- Given a PIP (with details) for guidance
- APD/Coach should also work with her to develop SMART goals to achieve objectives in PIP
- Follow closely for ongoing support



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PGY-1 Mario — Most EPAs below expected



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MICHIGAN MEDICINE
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Resident Progress Report
University of Michigan
Pediatric Residency Program

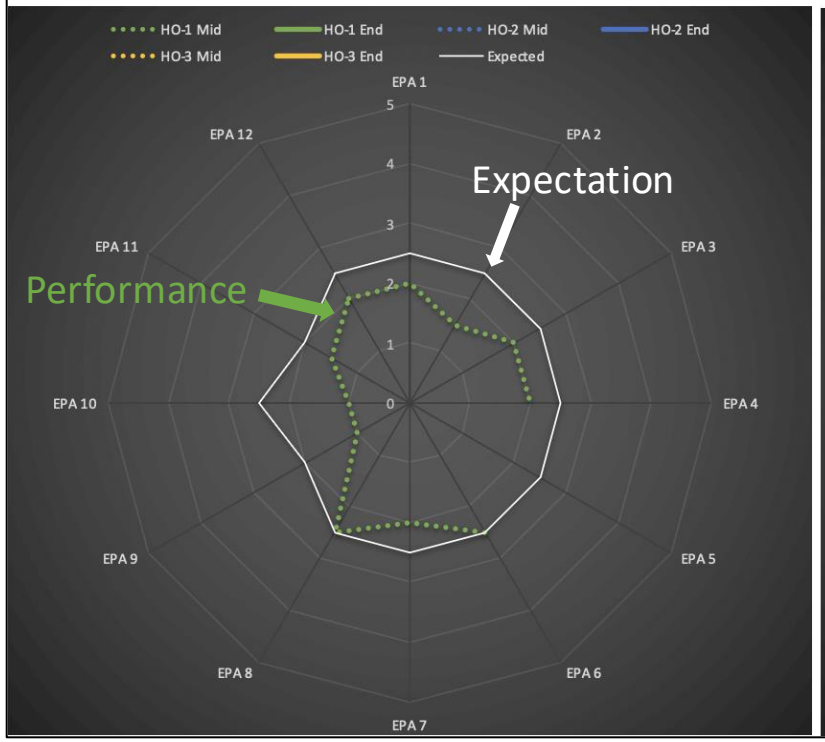
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UNIVERSITY OF MICHIGAN HEALTH

Resident: **Mario (PGY-1)** Start Date: 2025-07-01

Semester	EPA 1	EPA 2	EPA 3	EPA 4	EPA 5	EPA 6	EPA 7	EPA 8	EPA 9	EPA 10	EPA 11	EPA 12
HO-1 Mid	2	1.5	2	2		2.5	2	2.5	1	1	1.5	2
HO-1 End												
HO-2 Mid												
HO-2 End												
HO-3 Mid												
HO-3 End												
HO-1 Mid Expected	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2	2.5	2	2.5

ITE	Avg
103	142
	159
	166

Semester	PC 1	PC 2	PC 3	PC 4	PC 5	MK 1	MK 2	SBP 1	SBP 2	SBP 3	SBP 4	SBP 5	SBP 6	PBLI 1	PBLI 2	Prof 1	Prof 2	Prof 3	Prof 4	ICS 1	ICS 2	ICS 3
HO-1 Mid	2	2.5	2	2	2.5	2.5	2.5	2	2	1	1	1	1.5	1	1.5	3	1.5	1.5	3	2.5	2	2
HO-1 End																						
HO-2 Mid																						
HO-2 End																						
HO-3 Mid																						
HO-3 End																						
HO-1 Mid Expected	2.5	2.5	2.5	2.5	3	3	2.5	2	2	2	2.5	2	2	2	2.5	3	2	2	3	2.5	2.5	2.5
Self-Assessment	3	3	2.5	3	3	3	3	3	2	2.5	3	3	3	2	3.5	4	3.5	3.5	3.5	4	3	3





PGY-1 Mario — Most EPAs below expected



- [Faculty Adol] Dr. Mario's positive and collegial attitude made clinic feel fun and engaging. He effectively balanced warmth with professionalism allowing him to quickly establish good rapport with patients.
- [Faculty Adol] Dr. Mario would benefit from taking charge of the **interdisciplinary communication** and **coordination** side of care to strengthen leadership and **organization skills**.
- [Faculty ED] Needs to work of **organizing** and **prioritizing** presentations. Seemed to get a bit **lost in the weeds** on complex patients. Spend a moment or two thinking about priorities after seeing a patient.
- [Faculty NICU] There were times when I had to send **reminders to complete some tasks**. While Dr. Mario would complete these tasks when directly asked, I **suggest making a list of to-dos** after rounds and asking for help if you cannot get to all of the tasks.

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PGY-1 Mario — Most EPAs below expected



- [Senior NICU] Continue to work on **efficiency**. Many other rotations will be even busier so try and get tasks done as soon as possible.
- [Faculty Continuity Clinic] I'd like to see Mario begin to **take on more of an interpreter and manager role** with his patients. He effectively gathers history details and presents them all, however, needs a fair amount of **guidance to develop a plan and implement it**. His notes were initially very short and **lacking in detail**, particularly about our plans, however with feedback they are improving and need less editing than before. He still needs a fair amount of **guidance with putting in orders, paging and calling a consultant, and billing**.

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PGY-1 Mario — Most EPAs below expected

- Chief recently met with Mario:
  - Acuity and busyness notably more than in med school
  - Staying late to finish, wants to improve efficiency
  - Trying different organizational strategies
  - Struggles with task-switching (esp. with Secure Chats)

- CCC conclusion:
  - Problem with organization and prioritization (PC 3),
  - Leading to lack of synthesis (PC 4),
  - Preventing appropriate management (PC 5),
  - Worsened by unfamiliarity with system (SBP),
  - Resulting in lower accountability (Prof 3) and lower overall entrustment (EPAs).



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PGY-1 Mario — Most EPAs below expected

Area to Highlight:	Dr. Mario demonstrates a calm and reassuring bedside manner with his patients and families. He advocates for his patients to receive thorough care.
Area for Growth:	Some areas for development are organization, task prioritization, and interpreting the history and physical exam findings in order to develop a comprehensive differential diagnosis and management plan.



- CCC identified area for growth!
- Guided Plan:
  - Keep working with Chief Resident on organization strategies
  - Minimize task-switching when possible
    - Batch reading/responding to secure chat messages
    - Use phone for urgent or complex conversations
  - Synthesize every patient to a Dx or DDx first
    - Then figure out how to address management/workup
    - Avoid “What do we want to do about this”
- APD should work with him to develop SMART goals to accomplish those objectives
- Follow closely for support

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PGY-3 Bowser — High-performing



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MICHIGAN MEDICINE
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Resident Progress Report
University of Michigan
Pediatric Residency Program

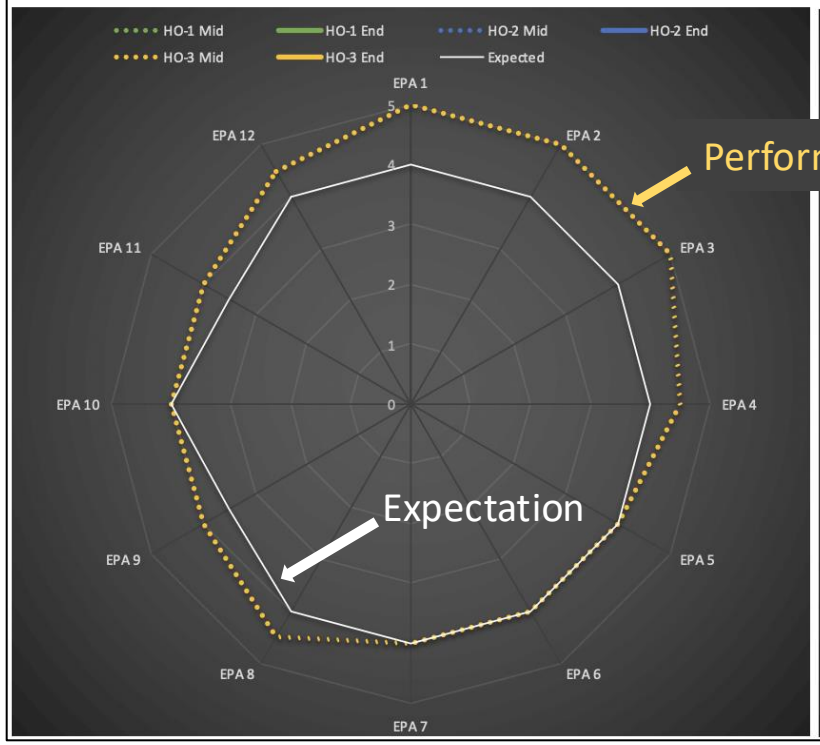
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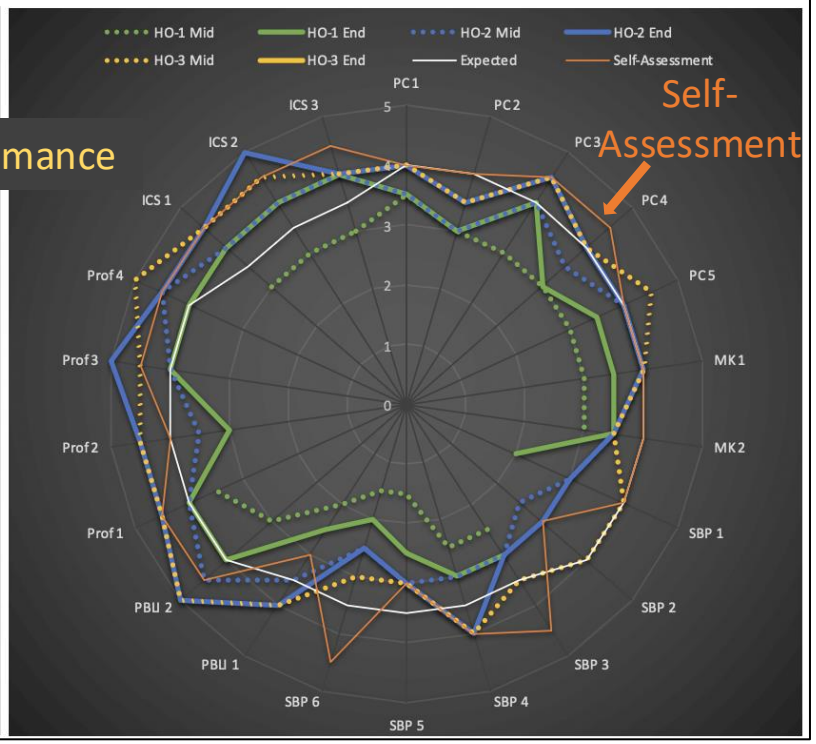
Resident: **Bowser (PGY-3)** Start Date: 2023-07-01

		EPA 1	EPA 2	EPA 3	EPA 4	EPA 5	EPA 6	EPA 7	EPA 8	EPA 9	EPA 10	EPA 11	EPA 12
Semester	HO-1 Mid												
	HO-1 End												
	HO-2 Mid												
	HO-2 End												
	HO-3 Mid	5	5	5	4.5	4	4	4	4.5	4	4	4	4.5
	HO-3 End												
HO-3 Mid	Expected	4	4	4	4	4	4	4	4	3.5	4	3.5	4

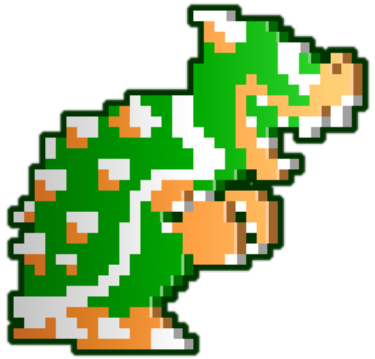
ITE	Avg
166	142
195	160
201	166

		PC 1	PC 2	PC 3	PC 4	PC 5	MK 1	MK 2	SBP 1	SBP 2	SBP 3	SBP 4	SBP 5	SBP 6	PBLI 1	PBLI 2	Prof 1	Prof 2	Prof 3	Prof 4	ICS 1	ICS 2	ICS 3
Semester	HO-1 Mid	3.5	3	3	3	3	3	3			2.5	2.5	1.5	1.5	2	3	3.5		3.5		3	3	3
	HO-1 End	3.5	3	4	3	3.5	3.5	3.5	2		3	3	2.5	2	2.5	4	4	3	4	4	4	4	4
	HO-2 Mid	3.5	3	4	3.5	4	4	3.5	3	2.5	3	3	3	2.5	3.5	4.5	4	3.5	4	4.5	4	4	4
	HO-2 End	4	3.5	4.5	4	4	4	3.5	3	3	3	4	3	2.5	4	5	4.5	4.5	5	4.5	4.5	5	4
	HO-3 Mid	4	3.5	4.5	4	4.5	4	3.5	4	4	3.5	4	3	3	4	5	4.5	4.5	4.5	5	4.5	4.5	4
	HO-3 End																						
HO-3 Mid	Expected	4	4	4	4	4	4	4	4	4	3.5	3.5	3.5	3.5	3.5	4	4	4	4	4	3.5	3.5	3.5
	Self-Assessment	4	4	4.5	4.5	4	4	4	4	3	4.5	4	3	4.5	3	4.5	4.5	4	4.5	4.5	4.5	4.5	4.5





PGY-3 Bowser — High-performing



- Our job is to guide growth for *every* trainee, not just those who are below our expectations

- Look for trends in Bowser's formative narrative feedback
- Ask Bowser to submit an ILP: what are *his* goals?
- When meeting, ask him how he most wants to develop



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PGY-3 Bowser — High-performing



- [Intern] Did a good job leading our intern team. Gave encouraging support. Helped where he could, while also giving autonomy. I appreciated his calm demeanor and leadership skills that helped us stay on task, as well as created a comfortable environment to grow and learn.
- [Faculty] Dr. Bowser continues to be a stellar resident. Although the nephrology community is certainly lucky to get him, I wish he would go into primary care because we are hiring and he would be a unanimous hire. He comes to clinic prepared, is extremely thorough with his presentations and work ups. He follows up on labs ordered in clinic without prompting and completes clinic documentation on time. He is very empathetic and caring with his patients.
- …and more of the same…

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PGY-3 Bowser — High-performing



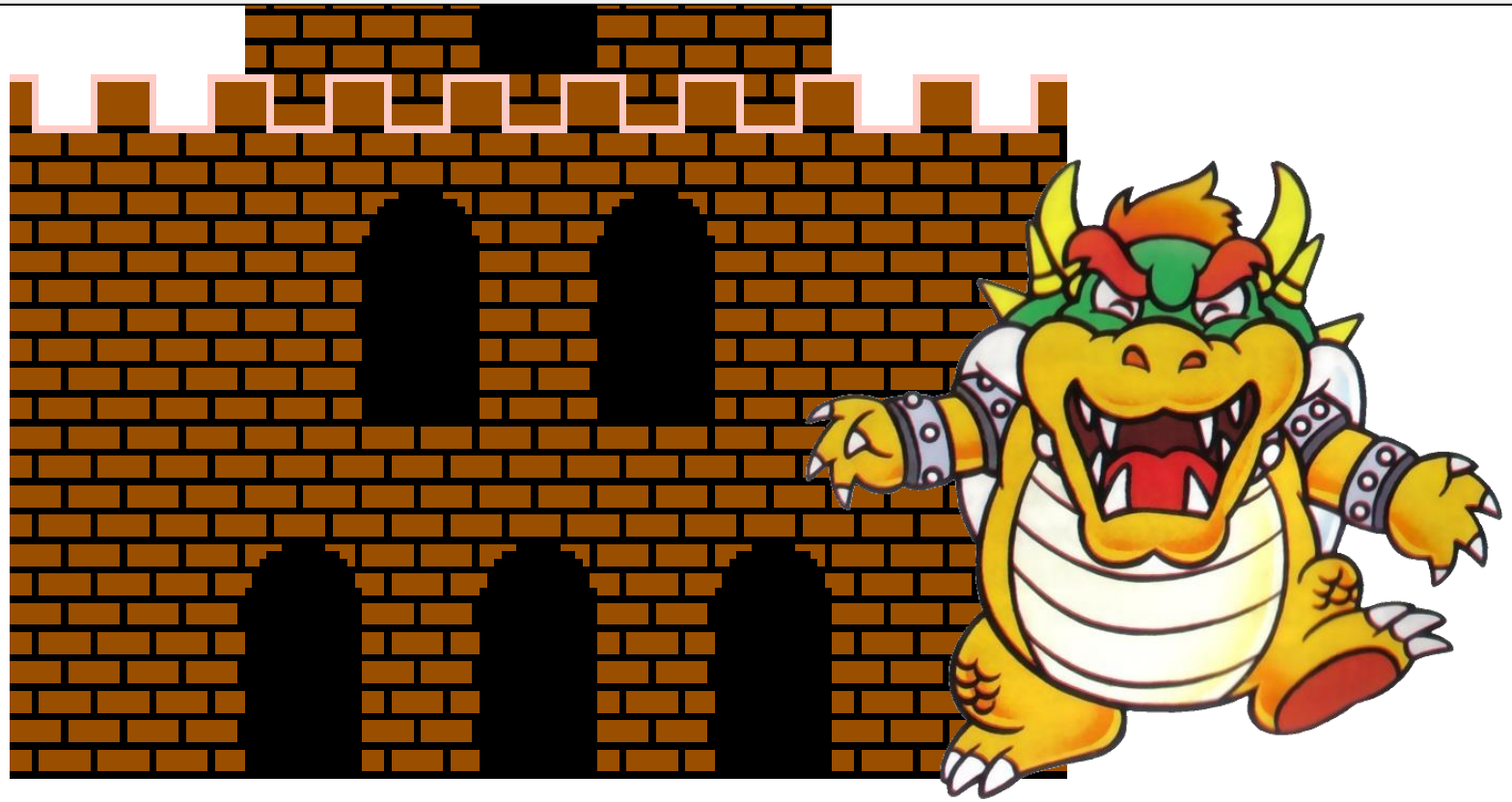
- …among the feedback, you find these:
- [Intern] To get to the next level, it would be nice to have more teaching moments with you.
- [Faculty] Think about how you might expand your teaching on service, whether on rounds with salient teaching points or through more formal didactics.

- Bowser's Goals for this Semester:
  1. Finish/Publish case report in the next 2 months
  2. Start working on fellowship applications
  3. Start studying for boards

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PGY-3 Bowser — High-performing

Area to Highlight:	Dr. Bowser is consistently prepared for patient care, thorough in his presentations and workups, and has demonstrated ability to manage critically ill patients with sound clinical judgements and compassion.
Area for Growth:	Start to incorporate the literature into your management plans and teaching while supervising teams. Find a system to incoporate salient teaching points with your team during patient care and through occasional more formal didactics.

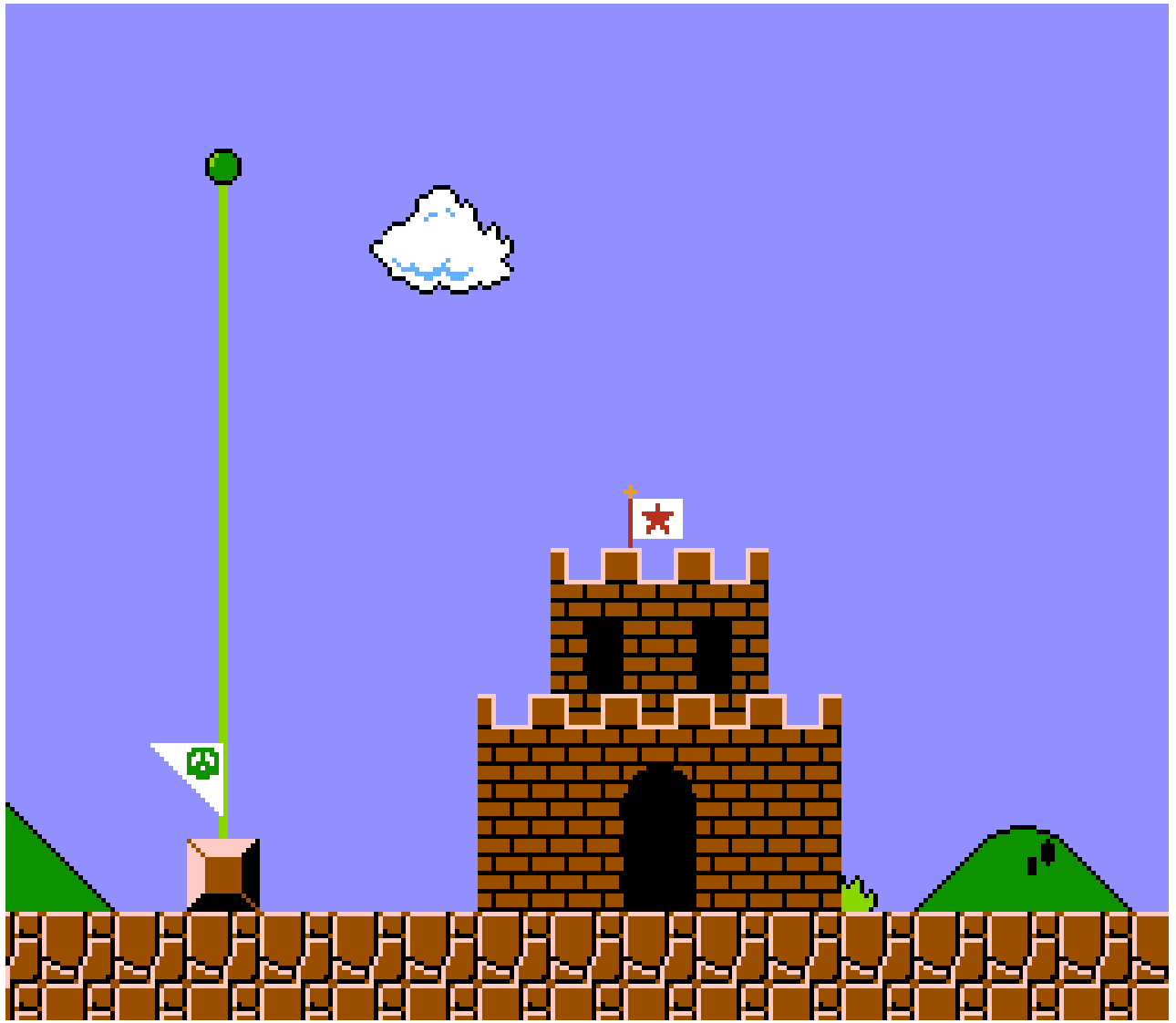


- CCC identified area for growth!
- APD/Coach should ask him what *he* wants to improve
- APD/Coach should work with him to develop SMART goals to accomplish those objectives

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Level Up! Key Points

- Adopt an apprenticeship model grounded in deliberate practice and guidance
- Use WBAs as the foundation of assessment
- Expect and support regular trainee self-assessment
- Share EPA and Milestone data transparently with trainees
- Intentionally guide *every* trainee to “level up”



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Join us for Session 5!

Using EPAs to Identify and Address Gaps in Curriculum

Ann Burke, MD
Catherine Hart, MEd

2/24/26 from 3-4 PM ET

Homework!

In anticipation of Session 5 in February:

Think about your recent CCC . . . What gaps in your training did you identify? How did you identify them and how do you plan to address them?

Join us for the rest of our series!

Sign in with your APPD login and you can access recorded virtual cafes and upcoming virtual cafes!

- Sep ‘25 — **Session 1:** Assessment with Purpose: Are We Collecting What Matters?
- Oct ‘25 — **Session 2:** Assessment with Purpose: Are You Making the Information You Have Collected Work for You?
- Nov ‘25 — **Session 3:** Two Assessment Worlds Collide: EPAs and Milestones during your CCC Meeting
- Jan ‘26 — **Session 4:** Level Up: Using EPAs and Milestones to Drive Individualized Learning
- Feb ‘26 — **Session 5:** Using EPAs to Identify and Address Gaps in Curriculum
- Mar ‘26 — **Session 6:** Reflecting on Program Assessment System



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