CSI Pediatrics - Competency Based Assessment

Competency: Interpersonal and Communication Skills

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
   - Uses standard medical interview template to prompt all questions. Does not vary the approach based on a patient’s unique physical, cultural, socioeconomic, or situational needs. May feel intimidated or uncomfortable asking personal questions of patients.
   - Uses the medical interview to establish rapport and focus on information exchange relevant to a patient’s or family’s primary concerns. Identifies physical, cultural, psychological, and social barriers to communication, but often has difficulty managing them. Begins to use nonjudgmental questioning scripts in response to sensitive situations.
   - Uses the interview to effectively establish rapport. Able to mitigate physical, cultural, psychological, and social barriers in most situations. Verbal and nonverbal communication skills promote trust, respect, and understanding. Develops scripts to approach most difficult communication scenarios.
   - Uses communication to establish and maintain a therapeutic alliance. Sees beyond stereotypes and works to tailor communication to the individual. A wealth of experience has led to development of scripts for the gamut of difficult communication scenarios. Able to adjust scripts ad hoc for specific encounters.
   - Connects with patients and families in an authentic manner that fosters a trusting and loyal relationship. Effectively educates patients, families, and the public as part of all communication. Intuitively handles the gamut of difficult communication scenarios with grace and humility.

2. Demonstrate the insight and understanding into emotion and human response to emotion that allow one to appropriately develop and manage human interactions
   - Does not accurately anticipate or read others’ emotions in verbal and nonverbal communication. Is unaware of one’s own emotional and behavioral cues and may transmit emotions in communication (e.g., anxiety, exuberance, and anger) that can precipitate unintended emotional responses in others. Does not effectively manage strong emotions in oneself or others.
   - Begins to use past experiences to anticipate and read (in real time) the emotional responses in herself and others across a limited range of medical communication scenarios, but does not yet have the ability or insight to moderate her behavior to effectively manage the emotions. Strong emotions in oneself and others may still become overwhelming.
   - Anticipates, reads, and reacts to emotions in real time with appropriate and professional behavior in nearly all typical medical communication scenarios, including those evoking very strong emotions. Uses these abilities to gain and maintain therapeutic alliances with others.
   - Perceives, understands, uses, and manages emotions in a broad range of medical communication scenarios and learns from new or unexpected emotional experiences. Effectively manages her own emotions appropriately in all situations. Effectively and consistently uses emotions to gain and maintain therapeutic alliances with others. Is perceived as a humanistic provider.
   - Intuitively perceives, understands, uses, and manages emotions to improve the health and well-being of others and to foster therapeutic relationships in any and all situations. Is seen as an authentic role model of humanism in medicine.

3. Work effectively as a member of leader of a health care team or other professional group
   - Limited participation in team discussion; passively follows the lead of others on the team. Little initiative to interact with team members. More self-centered in approach to work with a focus on one’s own performance. Little awareness of one’s own needs and abilities. Limited acknowledgment of the contributions of others.
   - Demonstrates an understanding of the roles of various team members by interacting with appropriate team members to accomplish assignments. Actively works to integrate herself into team function and meet or exceed the expectations of her given role. In general, works towards achieving team goals, but may put personal goals related to professional identity development (e.g., recognition) above pursuit of team goals.
   - Identifies herself and is seen by others as an integral part of the team. Seeks to learn the individual capabilities of each fellow team member and will offer coaching and performance improvement as needed. Will adapt and shift roles and responsibilities as needed to adjust to changes to achieve team goals. Communication is bidirectional with verification of understanding of the message sent and the message received in all cases.
   - Initiates problem-solving, frequently provides feedback to other team members, and takes personal responsibility for the outcomes of the team’s work. Actively seeks feedback and initiates adaptations to help the team function more effectively in changing environments. Engages in closed loop communication in all cases to ensure that the correct message is understood by all. Seeks out and takes on leadership roles in areas of expertise and makes sure the job gets done.
   - Goals of the team supersede any personal goals, resulting in the ability to seamlessly assume the role of leader or follower, as needed. Creates a high-functioning team de novo or joins a poorly functioning team and facilitates improvement, such that team goals are met.
Competency:  Professionalism

1.  Demonstrate humanism

- Sees the patients in a “we versus they” framework and is detached and not sensitive to the human needs of the patient and family.
- Demonstrates compassion for patients in selected situations (e.g., tragic circumstances such as unexpected death) but has a pattern of conduct that demonstrates a lack of sensitivity to many of the needs of others.
- Demonstrates consistent understanding of patient and family expressed needs and a desire to meet those needs on a regular basis. Is responsive in demonstrating kindness and compassion.
- Is altruistic and goes beyond responding to expressed needs of patients and families; anticipates the human needs of patients and families and works to meet those needs as part of his skills in daily practice.
- Is a proactive advocate on behalf of individual patients, families and groups of children in need.

Competency:  Personal and Professional Development

- The lack of insight into limitations results in the need for help going unrecognized, sometimes resulting in unintended consequences.
- Concern that limitations may be seen as weaknesses that will negatively impact evaluations results in help-seeking behaviors typically only in response to external prompts rather than internal drive.
- Recognizes limitations, but perception that autonomy is a key element of one’s identity as a physician and the need to emulate this behavior to belong to the profession may interfere with internal drive to engage in appropriate help-seeking behavior.
- Recognizes limitations and has matured to the stage where a personal value system of help-seeking for the sake of the patient supersedes any perceived value of physician autonomy, resulting in appropriate requests for help when needed.
- Beyond recognizing limitations, the personal drive to learn and improve results in the habit of engaging in help-seeking behaviors and explicitly role modeling and encouraging these behaviors in trainees.

Competency:  Ambiguity

- Feels overwhelmed and inadequate when faced with uncertainty or ambiguity. Communications with patients/families and development of therapeutic plan are rigid and authoritarian, with assumption that the patient can manage information and participate in decision-making; patient/family numeracy presumed. Seeks only self or self-available resources to manage response to this uncertainty, resulting in a response characterized by their (individual) preexisting state of risk aversion or risk taking. Does not regard patient need for hope; feels compelled to make sure that patients understand full potential for negative outcome (defensive/protective of physician).
- Recognizes uncertainty and feels tension/pressure from not knowing or knowing with limited control of outcomes. Communication is based on the patient’s response characterized by their (individual) preexisting state of risk aversion or risk taking. Does not regard patient need for hope; feels compelled to make sure that patients understand full potential for negative outcome (defensive/protective of physician).
- Recognizes uncertainty and feels tension/pressure from not knowing or knowing with limited control of outcomes. Recognizes uncertainty and feels tension/pressure from not knowing or knowing with limited control of outcomes. Seeks rules and statistics and feels compelled to transfer all information to the patient immediately, regardless of patient readiness, patient goals, and patient ability to manage information.
- Anticipates and focuses on uncertainty, looking for resolution by seeking additional information. Aims to inform the patient of the more optimal outcome(s), framed by physician goals. Does not manage overall balance of patient/family uncertainty with quality of life, need for hope, and ability to adhere to therapeutic plan. Focuses on own risk management position for a given problem and does not suggest that more or less risk taking (different from physician’s position) could be chosen. Still seeks patient/parent recitation of uncertainty/morbidity as proof that patient/family understands the uncertainty. Unresolved balance of expectations with physician expectations taking precedence.
- Anticipates that uncertainty at the time of diagnostic deliberation will be likely. Uses such uncertainty or larger ambiguity as a prompt/motivation to seek information or understanding of unknown (to self or world). Balances delivery of diagnosis with hope, information, and exploration of individual patient goals. Concepts of risk versus hope are worked through using conceptual framework that includes cost (e.g., suffering, lifestyle changes, financial) versus benefit; framed by patient health care goals. Expresses openness to patient position and patient uncertainty about his/her position and response.