Milestones and Clinical Competency Committees: Making the Transition from Theory to Practice

May 2, 2014
APPD Forum for Fellowship Directors

Pnina Weiss, MD
pnina.weiss@yale.edu
Bruce Herman, MD
Kathleen McGann, MD
Objectives

- Increase understanding of milestone-based competency assessment in pediatric fellowship programs
- Outline challenges and solutions to using milestone-based competency assessment in clinical competency committees
Milestone reporting to ACGME

- Resident milestones
  - May - June 2014
- Fellow milestones
  - Nov - Dec 2014
Advances in medical education

- Competency

What is a competent physician?

*I know it when I see it*

Justice Potter Stewart, in Jacobellis v. Ohio 378 U.S. 184 (1964), regarding pornography
Advances in medical education

- Competency
- Outcome

“BEGIN WITH THE END IN MIND”

Covey 1989
Advances in medical education

- What is the final product?
  - Entrustable Professional Activities

- How do you get there?
  - Milestones
Milestone-based competencies

Dreyfus Model of Professional Development

The Pediatrics Milestone Project

A Joint Initiative of
the Accreditation Council for Graduate Medical Education
and
the American Board of Pediatrics

www.abp.org/abpwebsite/publicat/milestones.pdf
Program Directors

- Program Directors Directory
- Initiative for Innovation in Pediatrics
- Initiative on Subspecialty Clinical Training & Certification

Information for Program Directors

- Download Important Publications
  - General Pediatrics Program Director’s Guide to the ABP
  - A Guide to Evaluating Your Clinical Competence
  - Assessment in Graduate Medical Education: A Primer for Pediatric Program Directors
  - The Pediatrics Milestone Project
  - Residents’ Newsletter
  - Program Directors’ Newsletter
  - Program Directors’ Guide to Professionalism
  - Booklet of Information
  - See all important newsletters, brochures and more
  - Memo to Program Directors about Subspecialty Certifying Examination Scoring Changes

Printer friendly version

What’s New For Program Directors

> Coming Soon
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Pediatrics Milestone Working Group; Supported by the ACGME and ABP

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The Pediatrics Subspecialty Milestone Project

A Joint Initiative of
The Accreditation Council for Graduate Medical Education
and
The American Board of Pediatrics

January 2014

www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/PediatricsSubspecialtyMilestones.pdf
Supplement to

ACADEMIC PEDIATRICS

The Official Journal of the Academic Pediatric Association
Leadership in Education, Research, Patient Care and Advocacy

THE PEDIATRICS MILESTONE PROJECT

We thank the American Board of Pediatrics Foundation and the Association of Pediatric Program Directors for sponsoring this supplement.

The views expressed in this report are those of the authors and do not necessarily represent those of the Accreditation Council for Graduate Medical Education, the American Board of Pediatrics, the Association of Pediatric Program Directors, or the Academic Pediatric Association.

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KEY ICONS

Online only material at: www.academicpediatrics.net

March-April 2014
Vol. 14 No. 28
Milestone-based Clinical Competency Assessment: Building blocks!
Domains (of Competence)*

- Patient Care
- Medical Knowledge
- Practice-Based Learning Improvement
- Interpersonal & Communication Skills
- Professionalism
- System-Based Practice
- Personal and Professional Development

*“Competencies”
Domains Divided into Competencies*

**Patient Care**
1. Develop and carry out management plans
2. Gather essential and accurate information about the patient
3. Provide transfer of care that ensures seamless transitions

* “Subcompetencies”
Competencies divided into milestones

PC7. Develop and carry out management plans

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice</td>
<td>Develops and carries out management plans based on directives from others, either from the health care organization or the supervising physician. Unable to adjust plans based on individual patient differences or preferences. Communication about the plan is unidirectional from the practitioner to the patient and family.</td>
</tr>
<tr>
<td></td>
<td>Develops and carries out management plans based on one's theoretical knowledge and/or directives from others. Can adapt plans to the individual patient, but only within the framework of one's own theoretical knowledge. Unable to focus on key information, so conclusions are often from arbitrary, poorly prioritized, and time-limited information gathering. Management plans based on the framework of one's own assumptions and values.</td>
</tr>
<tr>
<td></td>
<td>Develops and carries out management plans based on both theoretical knowledge and some experience, especially in managing common problems. Follows health care institution directives as a matter of habit and good practice rather than as an externally imposed sanction. Able to more effectively and efficiently focus on key information, but still may be limited by time and convenience. Plans begin to incorporate patients' assumptions and values through more bidirectional communication.</td>
</tr>
<tr>
<td></td>
<td>Develops and carries out management plans based most often on experience. Effectively and efficiently focuses on key information to arrive at a plan. Incorporates patients' assumptions and values through bidirectional communication with little interference from personal biases.</td>
</tr>
<tr>
<td></td>
<td>Develops and carries out management plans, even for complicated or rare situations, based primarily on experience that puts theoretical knowledge into context. Rapidly focuses on key information to arrive at the plan and augments that with available information or seeks new information as needed. Has insight into one's own assumptions and values that allow one to filter them out and focus on the patient/family values in a bidirectional conversation about the management plan.</td>
</tr>
</tbody>
</table>
## Anatomy of a milestone

**PC 7 develop and carry out management plans**

<table>
<thead>
<tr>
<th>Theoretical knowledge vs experience</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops and carries out management plans based on directives from others, either from the health care organization or the supervising physician</td>
<td>Develops and carries out management plans based on one’s theoretical knowledge and/or directives from others</td>
<td>Develops and carries out management plans based on both theoretical knowledge and some experience, especially in managing common problems. Follows health care institution directives as a matter of habit and good practice rather than as an externally imposed sanction</td>
<td>Develops and carries out management plans based most often on experience</td>
<td>Develops and carries out management plans, even for complicated or rare situations, based primarily on experience that puts theoretical knowledge into context</td>
<td></td>
</tr>
</tbody>
</table>

| Incorporate pts’ preferences | Unable to adjust plans based on individual pt differences or preferences | Can adapt plans to the individual pt, but only within the framework of one’s own theoretical knowledge | Plans begin to incorporate pt’s assumptions and values | Incorporates pts’ assumptions and values | Focuses on pt values |

| Communication | Communication about the plan is unidirectional from the practitioner to the pt | More bidirectional communication | Bidirectional communication | Bidirectional conversation |

| Focus on key information | Unable to focus on key information, so conclusions are often from arbitrary poorly prioritized and time-limited information gathering | Able to more effectively and efficiently focus on key information, but still may be limited by time and convenience | Effectively and efficiently focuses on key information to arrive at a plan | Rapidly focuses on key information to arrive at the plan and augments that with available information or seeks new information as needed |

| Personal bias | Management plans based on the framework of one’s own assumptions and values | Little interference from personal biases | Has insight into one’s own assumptions and values that allows one to filter them out | | |
## Domains, Competencies & Milestones

### Patient Care
- Gather essential information
- Develop and carry out management plans
- Organize and prioritize responsibilities
- Provide transfer of care
- Interview patients and families
- Perform complete physical exams
- Make informed diagnostic decisions
- Develop and carry out management plans
- Prescribe and perform all medical procedures
- Counsel patients and families
- Provide effective health maintenance
- Use information technology
- Provide appropriate role modeling
- Provide appropriate supervision

### Interpersonal & Communication Skills
- Communicate with patients, families
- Demonstrate insight into emotion
- Communicate with physicians, health professionals
- Work effectively as a member of teams
- Act in a consultative role
- Maintain comprehensive, timely medical records

### Medical Knowledge
- Demonstrate sufficient knowledge
- Critically evaluate and apply current medical information

### Systems-based Practice
- Work effectively in various healthcare settings
- Coordinate patient care
- Incorporate considerations of cost awareness
- Advocate for quality patient care
- Work in interprofessional teams
- Participate in identifying system errors
- Know how to advocate for health promotion

### Professionalism
- Demonstrate humanity, compassion
- High standards of ethical behavior
- Show respect for patient privacy
- Demonstrate a sense of duty
- Demonstrate sensitivity to diverse patient population

### Practice-based Learning Improvement
- Identify strengths, deficiencies
- Set learning and improvement goals
- Identify appropriate learning activities
- Systematically analyze practice
- Incorporate formative evaluation feedback
- Locate, appraise, and assimilate evidence
- Use information technology
- Develop the skills to be an effective teacher
- Participate in the education of patients, families, students
- Take responsibility for lifelong learning

### Personal and Professional Development
- Engage in appropriate help-seeking behaviors
- Use healthy coping mechanisms
- Manage conflict between personal and professional activities
- Practice flexibility and maturity
- Demonstrate trustworthiness
- Provide leadership
- Demonstrate self-confidence
- Recognize that ambiguity is part of clinical medicine
Entrustable professional activities (EPA)
Entrustable professional activities (EPA)

- Essential routine care activities that define a specialty or competency; describes a unit of work
  - Can the trainee be entrusted to perform them without direct supervision?
EPAs for Subspecialties

Shared with Pediatrics
- Facilitate handovers to another health care provider

Common to all subspecialties
- Engage in scholarly activities through the discovery, application and dissemination of new knowledge
- Lead within the subspecialty profession

Potential Subspecialty–specific
- Care for patients with acute _____ problems
- Provide care for patients with chronic _____ problems
EPAs mapped to competencies and milestones

<table>
<thead>
<tr>
<th>Scholarly Activity</th>
<th>Lead Within the Profession</th>
<th>Practice Management</th>
<th>Lead/Work in Interprofessional Teams</th>
<th>Improve Care for Populations</th>
<th>Consultation &amp; Referral</th>
<th>Facilitate Handovers</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC 2</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>PC 3</td>
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<td>X</td>
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<td>PC 6</td>
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<td>X</td>
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<tr>
<td>PC 11/PBLI 7</td>
<td></td>
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<td></td>
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<td>X</td>
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<tr>
<td>PC 12</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>MK 2/PBLI 6</td>
<td>X</td>
<td>X</td>
<td></td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>PBLI 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>PBLI 2</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>PBLI 3</td>
<td>X</td>
<td>X</td>
<td></td>
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<td></td>
<td>X</td>
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<tr>
<td>PBLI 4</td>
<td>X</td>
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<td></td>
<td>X</td>
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<tr>
<td>PBLI 5</td>
<td></td>
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<td></td>
<td>X</td>
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<tr>
<td>PBLI 6/MK 2</td>
<td>X</td>
<td>X</td>
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<td>X</td>
</tr>
<tr>
<td>PBLI 7/PC 11</td>
<td></td>
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<td>X</td>
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<tr>
<td>PBLI 8</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>PBLI 9</td>
<td>X</td>
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<td>X</td>
</tr>
<tr>
<td>ICS 2</td>
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<td>X</td>
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<tr>
<td>ICS 3</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>ICS 4</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Blue highlight = Reported to ACGME
### Milestone-based competencies for reporting to ACGME

<table>
<thead>
<tr>
<th>Competency Domain</th>
<th>Subcompetency Number</th>
<th>Page in Pediatric Milestones Project Booklet</th>
<th>Subcompetency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care (PC)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>3</td>
<td>11</td>
<td>Provide transfer of care that ensures seamless transitions</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>18</td>
<td>Make informed diagnostic and therapeutic decisions that result in optimal</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>21</td>
<td>Develop and carry out management plans</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>32</td>
<td>Provide appropriate role modeling</td>
</tr>
<tr>
<td>Medical Knowledge (MK)</td>
<td>2</td>
<td>40 &amp; 53</td>
<td>Locate, appraise and assimilate evidence from scientific studies related to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>their patients’ health problems</td>
</tr>
<tr>
<td>Systems-Based Practice (SBP)</td>
<td>1</td>
<td>85</td>
<td>Work effectively in various health care delivery settings and systems relevant to</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>87</td>
<td>Coordinate patient care within the health care system relevant to their clinical</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>90</td>
<td>Incorporate considerations of cost awareness and risk-benefit analysis in patient</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>94</td>
<td>Work in inter-professional teams to enhance patient safety and improve patient</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>96</td>
<td>Participate in identifying system errors and implementing potential systems</td>
</tr>
<tr>
<td>Practice-Based Learning and Improvement (PBLI)</td>
<td>1</td>
<td>40</td>
<td>Identify strengths, deficiencies, and limits in one’s knowledge and expertise</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>49</td>
<td>Systematically analyze practice using quality improvement methods, and implement</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>56</td>
<td>Use information technology to optimize learning and care delivery</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>61</td>
<td>Participate in the education of patients, families, students, residents, and</td>
</tr>
<tr>
<td>Professionalism (PROP)</td>
<td>2</td>
<td>80</td>
<td>Professional Conduct: High standards of ethical behavior which includes</td>
</tr>
<tr>
<td></td>
<td>5 (PPD**)</td>
<td>111</td>
<td>Trustworthiness that makes colleagues feel secure when one is responsible for</td>
</tr>
<tr>
<td></td>
<td>6 (PPD)</td>
<td>116</td>
<td>Provide leadership skills that enhance team function, the learning environment,</td>
</tr>
<tr>
<td></td>
<td>8 (PPD)</td>
<td>119</td>
<td>The capacity to accept that ambiguity is part of clinical medicine and to</td>
</tr>
<tr>
<td>Interpersonal and Communication Skills (ICS)</td>
<td>3</td>
<td>69</td>
<td>Communicate effectively with physicians, other health professionals, and health related agencies</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>71</td>
<td>Work effectively as a member or leader of a health care team or other professional group</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>74</td>
<td>Act in a consultative role to other physicians and health professionals</td>
</tr>
</tbody>
</table>

*GRAY shaded competencies indicate milestones also to be reported by General Pediatrics Residency Programs.
**Personal and Professional Development
“Milestone assessment”

PC7: Develop and carry out management plans

<table>
<thead>
<tr>
<th>Not yet Achievable</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Develops and carries out management plans based on one’s theoretical knowledge and/or directives from others; can adapt plans to the individual patient, but only within the framework of one’s own theoretical knowledge; is unable to focus on key information, and thereby make decisions.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Develops and carries out management plans based on one’s theoretical knowledge and some experience, especially in managing common problems; seeks health care institution directives as a matter of habit and good practice rather than as an externally imposed sanction; is more effective and efficiently focuses on key information, but still may be limited by time and convenience; begins to incorporate patients’ assumptions and values into plans through more bidirectional communication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develops and carries out management plans based on both theoretical knowledge and some experience, especially in managing common problems; follows health care institution directives as a matter of habit and good practice rather than as an externally imposed sanction; is able to more effectively and efficiently focus on key information, even though it may not be limited by time and convenience; begins to incorporate patients’ assumptions and values into plans through more bidirectional communication.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develops and carries out management plans even when complicated or rare situations, based primarily on experience that puts theoretical knowledge into context, rapidly focuses on key information to arrive at a plan; incorporates patients’ assumptions and values through bidirectional communication with little interference from personal biases.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Selecting a response in the middle of a level: milestones in that level and lower levels have been substantially demonstrated.

Selecting a response in between levels: milestones in lower levels have been substantially demonstrated as well as some milestones in higher level.

www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/PediatricsSubspecialtyMilestones.pdf
Clinical Competency Committee:

- July 2013
- Composition
  - At least 3 faculty
  - May include non-physician members of the health care team
- Responsibilities
  - Review all fellow evaluations semi-annually
  - Prepare and assure the reporting of Milestones evaluations of each fellow semi-annually to ACGME
  - Advise the program director regarding fellow progress, including promotion, remediation, and dismissal
Clinical Competency Committee

Assessment of Milestones

- Nursing and Ancillary Personnel Evaluations
- End of Rotation Evaluations
- ITE
- Sim Lab
- Self Evaluations
- Procedure Logs
- Ad Hoc Evaluations
- Student, Resident Evaluations
- Patient / Family Evaluations

Direct Observation*

Peer Evaluations
### CCC maps fellow to the milestones

**PC7: Develop and carry out management plans**

<table>
<thead>
<tr>
<th>Not yet Assessable</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Develops and carries out management plans based on one's theoretical knowledge and/or directives from others; unable to adjust plans based on individual patient differences or preferences; communication about the plan is unidirectional from the practitioner to the patient and family.</td>
<td>Develops and carries out management plans based on both theoretical knowledge and some experience, especially in managing common problems; follows healthcare institution directives as a matter of habit and good practice rather than as an externally imposed sanction; is able to more effectively and efficiently focus on key information, but still may be limited by time and convenience; begins to incorporate patients' assumptions and values into plans through more bidirectional communication.</td>
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</tr>
</tbody>
</table>

**Comments:**

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[www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/PediatricsSubspecialtyMilestones.pdf](http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/PediatricsSubspecialtyMilestones.pdf)
You are the CCC!

**YELLOW Materials**
FELLOW VIGNETTES for CCC
CCC Meeting Evaluation Form (Fellow)
Evals for two fellows: JJ & TT

**Process**
Map fellows to milestones in each competency (7) - 15 mins
List challenges - 10 mins
Report to group
Challenges?
Challenges

- Useful evaluation tool?
- Milestones - difficult to understand
- Lack of data
  - CCC- inefficient?
  - Faculty development
  - Feedback to fellows
Useful?

- Reliability
- Validity
- Acceptability by learner and faculty
- Impact on future learning
- Costs

Epstein RM. Assessment in Medical Education. NEJM 2007;356:387-96
Milestones: difficult to understand

- Read them!
- Self-assessment
- Resources
  - http://www.pedsubs.org/Webinar/webinar.cfm
  - http://www.acgme.org/acgmeweb/tabid/442/GraduateMedicalEducation/SlidePresentationsforFacultyDevelopment.aspx
Not enough data?
Milestone-based evaluations

<table>
<thead>
<tr>
<th>Updated Milestone Fellow template April 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient contact to evaluate (delete evaluation)</td>
</tr>
</tbody>
</table>

This is a new milestone-based evaluation. To achieve a level, the fellow must satisfy ALL the components on a consistent basis. If he/she achieves some, but not all, of the components of a particular level then choose the button between levels. Please include comments.

### PATIENT CARE
Please complete all questions

<table>
<thead>
<tr>
<th>1. Provides transfer of care that ensures seamless transitions*</th>
<th></th>
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<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates frequent errors and variability in the transfer of information</td>
<td>Uses a standard template but may have errors of omission</td>
<td>Adapts a standard template with minimal errors of omission and communicates potential issues for the transferee</td>
<td>Almost always effectively and accurately communicates information even in complex situations, adapting a standard template and ensuring open communication during handoff</td>
<td>Always effectively and accurately communicates information regardless of setting or complexity, adapting a standard template and demonstrating professional responsibility for ensuring effective handovers on the team</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Makes informed diagnostic therapeutic decisions that result in optimal clinical judgment*</th>
<th></th>
<th></th>
<th></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not develop an organized assessment of the diagnosis or management plan</td>
<td>Recognizes potential diagnoses but has difficulty developing a unifying diagnosis and management plan</td>
<td>Develops a well-synthesized focused differential diagnosis and management plan</td>
<td>Develops a unifying diagnosis, focused therapy, and efficient diagnostic work-up and management plan tailored to the individual patient</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Develops and carries out management plans*</th>
<th></th>
<th></th>
<th></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops and carries out management plans based on evidence from others without adjusting for patient/family preferences</td>
<td>Begins to formulate and carry out management plans in uncomplicated patients but rarely considers patient/family preferences</td>
<td>Develops and carries out management plans in uncomplicated patients, occasionally incorporating patient/family preferences</td>
<td>Efficiently develops and carries out management plans in most situations, incorporating patient/family preferences</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Evaluates and monitors the effectiveness of interventions</th>
<th></th>
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<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluates and monitors the effectiveness of interventions</td>
<td>Evaluates and monitors the effectiveness of interventions</td>
<td>Evaluates and monitors the effectiveness of interventions</td>
<td>Evaluates and monitors the effectiveness of interventions</td>
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<tr>
<td>4. Provides appropriate role modeling*</td>
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<tr>
<td>Does not demonstrate awareness of the impact of one’s behaviors and attitudes on others</td>
<td>Occasionally demonstrates awareness of the impact of one’s behaviors and attitudes on others and reflects openly on actions</td>
<td>Seems conscious of being a role model during many interactions and openly reflects on one’s own actions in the presence of others</td>
<td>Seems conscious of being a role model during most interactions and regularly reflects on one’s own actions, sharing analysis of practice with others</td>
<td>Demonstrates role modeling as a habit and routinely examines and explains actions/behaviors in the presence of others</td>
</tr>
</tbody>
</table>

**MEDICAL KNOWLEDGE**

<table>
<thead>
<tr>
<th>5. Critically evaluates and applies current medical information and scientific evidence for patient care*</th>
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<tbody>
<tr>
<td>Does not seek or apply evidence to a clinical situation</td>
<td>Seeks and applies evidence when asked</td>
<td>Identifies knowledge gaps; seeks and applies evidence when needed, not just when asked</td>
<td>Regularly formulates answerable questions and incorporates the use of clinical evidence in discussions and teaching</td>
<td>Is a role model for practicing evidence-based medicine, teaches critical appraisal to others and strives for change at the organizational level</td>
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</table>

**PRACTICE-BASED LEARNING AND IMPROVEMENT**

<table>
<thead>
<tr>
<th>6. Identifies strengths, deficiencies, and limits in one’s knowledge and expertise*</th>
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<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Does not identify strengths, gaps or limits in one’s knowledge</td>
<td>Seeks to address gaps in knowledge and skills in order to complete clinical duties</td>
<td>Self-identifies gaps in knowledge and skills to develop a rationale for care plans and teaching</td>
<td>Self reflects and identifies gaps in knowledge in anticipation of potential clinical problems and for advancement of knowledge and resource seeking</td>
<td>Seeks to increase knowledge beyond what is needed for the current or immediately anticipated care using PICO questions to explore gaps and strength in knowledge</td>
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<thead>
<tr>
<th>7. Systematically analyzes practice using quality improvement methods with the goal of practice improvement*</th>
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<tbody>
<tr>
<td>Does not reflect on own practice or understand the principles of quality improvement methodology</td>
<td>Can identify opportunities for improvement from individual patient encounters but cannot apply quality improvement methodology to make change</td>
<td>Understands improvement methodologies enough to apply to populations when asked</td>
<td>Demonstrates continuous improvement activities, appropriately utilizes quality improvement methodologies and can lead a team in improvement in one’s own practice in addition systematically applies successful quality improvement methodology outside of one’s practice to benefit other practices, systems, or populations (e.g., through national presentations or publications)</td>
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<tr>
<th>8. Uses information technology to optimize learning and care delivery*</th>
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<th>N/A</th>
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<tbody>
<tr>
<td>Uses electronic databases or medical record only with mandatory assignments and direct help</td>
<td>Can use electronic databases to answer clinical questions and the electronic medical record to document and obtain data</td>
<td>Efficiently uses information from electronic databases and medical record for clinical decision-making and for ongoing learning</td>
<td>In addition, seeks out new information technology to answer clinical questions and address knowledge gaps and to improve care for populations of patients</td>
<td>In addition, continuously seeks to improve current systems and develops new information technology for patient care and learning</td>
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<tr>
<td>9. Participates in the education of patients, families, students, residents, and other health professionals*</td>
<td>Uses a scripted type of patient education and counseling that may not meet the needs of patients</td>
<td>Educates patients in a somewhat flexible way that begins to respond to their needs and checks for understanding when triggered by patient questioning</td>
<td>Modulates teaching to respond to the individual needs of patients and checks for understanding when cues suggest confusion</td>
<td>Educates and motivates patients by facilitating their participation in discussions and consistently checks for understanding</td>
<td>Skillfully educates and motivates patients to make healthy changes and does not leave patient encounters without ensuring their understanding</td>
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<tr>
<td><strong>INTERPERSONAL AND COMMUNICATION SKILLS</strong></td>
<td><strong>INTERPERSONAL AND COMMUNICATION SKILLS</strong></td>
<td><strong>INTERPERSONAL AND COMMUNICATION SKILLS</strong></td>
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<tr>
<td>10. Communicates effectively with physicians, other health professionals, and health related agencies*</td>
<td>Resolves facts according to a given set of rules or scripts, often directly from a template or prompt, including access detail</td>
<td>Adjusts communication to better fit the audience or context without a template or prompt, but may include access detail</td>
<td>Effectively communicates information and tailors it to the audience and context in most situations</td>
<td>Distills complex cases into succinct summaries tailored to audience and context and deals effectively with difficult conversations</td>
<td>Is recognized as a highly effective public speaker and a role model for management of difficult conversations</td>
<td>N/A</td>
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<tr>
<td>11. Works effectively as a member or leader of a health care team or other professional group*</td>
<td>Has limited participation in team discussion and passively follows the lead of others on the team</td>
<td>Interacts with appropriate team members to accomplish assigned tasks and actively works to integrate into team function to meet expectations</td>
<td>Is seen by others as an integral part of the team, sometimes offers feedback and suggestions for performance improvement to other team members and accepts and shifts roles and responsibilities as needed</td>
<td>Initiates problem-solving, takes on leadership roles, frequently provides feedback to other team members, and makes sure the job gets done</td>
<td>Creates a high-functioning team de novo or turns a poorly functioning team and facilitates improvement, such that team goals are met</td>
<td>N/A</td>
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<tr>
<td>12. Acts in a consultative role to other physicians and health professionals*</td>
<td>Presents the patient's history and physical exam and summarizes recommendations in the medical record, has difficulty focusing data gathering and presentation to the details relevant to the question asked</td>
<td>Filters and prioritizes information to reach a focused diagnosis, specific recommendations and documentation follows up on recommendations</td>
<td>Uses advanced knowledge and skills to develop focused, comprehensive recommendations that reflect best practice; develops relationships with referring providers</td>
<td>Identified as an expert who demonstrates advanced knowledge and vast experience with focused comprehensive recommendations that include the strength of the evidence on which they are based; consistently develops collaborative relationships with referring providers</td>
<td>Identified as a master clinician who effectively and efficiently lends a practical wisdom to consultation and makes clinical, educational, and/or research contributions to the field</td>
<td>N/A</td>
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<tr>
<td>13. Maintains comprehensive, timely, and legible medical records, if applicable*</td>
<td>Omits important data sections and/or includes unnecessary information, does not complete records in a timely fashion</td>
<td>Often omits important information or includes too many details; copy forwards erroneous information in EHR; updates the problem list; usually completes records in a timely manner but they often require editing</td>
<td>Completes medical records accurately and comprehensively; identifies and corrects errors in the medical record and does not copy forward errors in the EHR; completes records in a timely fashion</td>
<td>In addition, synthesizes key information in a succinct manner; begins to develop standard template to ensure that documentation is complete; regularly participates in chart audits</td>
<td>In addition, uses expertise to improve documentation systems to drive better patient care outcomes and works to disseminate best practices</td>
<td>N/A</td>
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<tr>
<td>PROFESSIONALISM</td>
<td>PERSONAL &amp; PROFESSIONAL DEVELOPMENT</td>
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<tr>
<td>14. Demonstrates high standards of ethical behavior which includes maintaining appropriate professional boundaries*</td>
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<tr>
<td>Has repeated lapses in professional conduct and when does not meet responsibility to patient, peers and/or the program</td>
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<tr>
<td>Has lapses in professional conduct under conditions of stress or fatigue</td>
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<tr>
<td>Almost always conducts interactions with a professional mindset, sense of duty and accountability</td>
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<tr>
<td>Demonstrates an in-depth understanding of professionalism and helps other team members and colleagues with issues of professionalism</td>
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<tr>
<td>Maintains high ethical standards across settings and circumstances and is regarded as a role model of professional conduct</td>
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</table>

| 15. Demonstrates trustworthiness that makes colleagues feel secure when one is responsible for the care of patients* |
| Has knowledge gaps and demonstrates lapses in data-gathering or follow-through of tasks, sometimes omitting important data |
| Has gaps in knowledge but does not always seek help when confronted with limitations and demonstrates lapses in follow-through with tasks |
| Has some gaps in knowledge, but seeks help when appropriate, demonstrates complete data-gathering considering anticipated patient care needs and high-risk conditions, and follows through with tasks |
| Has competent level of knowledge, anticipates problems, demonstrates vigilance in all aspects of management, pursues answers to questions and is transparent about limits of knowledge |
| In addition, rigorously searches for answers, reviews information in an ongoing manner and may seek the help of a consultant in addition to primary source literature |

| 16. Provides leadership that enhances team functioning, the learning environment and/or health care system/environment with the ultimate intent of improving care of patients* |
| Does not organize team members, defines expectations or their roles or involves them in decision-making |
| Occasionally organizes team members and involves them in decision-making but does not explicitly specify expectations or their roles |
| Organizes the team members, involves them in decision-making and provides some explicit definition of expectations and their roles |
| Organizes the team members fairly efficiently, expects them to engage in decision-making and routinely clarifies roles and expectations |
| Always organizes the team members efficiently, inspires them to perform, empowers them to take ownership in care, and relies on consensus building to make decisions |

<p>| 17. Recognizes that ambiguity is part of clinical medicine and respond by utilizing appropriate resources in dealing with uncertainty* |
| Uses self or easily available resources to deal with uncertainty and prescribes plans to patients without taking into account their goals or understanding |
| Uses statistics and rules to quantify risk, transfers all information to patients regardless of their ability to manage information and prescribes plans with little consideration of their goals |
| Seeks additional resources to deal with uncertainty and prescribes plans to patients with occasional consideration of their goals |
| Uses uncertainty as motivation to seek more information, incorporates patients goals into plans, and openly expresses uncertainty to them |
| Serves as a resource to share information with patients in an ongoing manner, emphasizes patient control of choices, and openly discusses that all plans are subject to uncertainty |</p>
<table>
<thead>
<tr>
<th>System-Based Practice</th>
<th>18. Works effectively in various health care delivery settings and systems relevant to their clinical specialty*</th>
<th>19. Coordinates patient care within the health system relevant to the clinical specialty*</th>
<th>20. Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate*</th>
<th>21. Works in inter-professional teams to enhance patient safety and improve patient care quality*</th>
<th>22. Participates in identifying system errors and implementing potential system solutions*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expresses frustration with the system's suboptimal processes but cannot identify the root cause to affect change</td>
<td>Develops workarounds when faced with a system challenge</td>
<td>Recognizes the need to change systems rather than develop 'workarounds' and can activate the system to do it in a specific setting</td>
<td>Leads systems changes as part of the routine care delivery process in all settings</td>
<td>Leads systems changes as part of the routine care delivery process in all settings</td>
</tr>
<tr>
<td></td>
<td>Develops workarounds when faced with a system challenge</td>
<td>Recognizes the need to change systems rather than develop 'workarounds' and can activate the system to do it in a specific setting</td>
<td>Leads systems changes as part of the routine care delivery process in all settings</td>
<td>Leads systems changes as part of the routine care delivery process in all settings</td>
<td>Leads systems changes as part of the routine care delivery process in all settings</td>
</tr>
<tr>
<td></td>
<td>Frequently involves patients in medical decision-making and provides through written care plans, has good communication with team members, coordinates results and recommendations with patients, is routinely involved in the transition of care between settings</td>
<td>Frequently involves patients in medical decision-making and provides through written care plans, has good communication with team members, coordinates results and recommendations with patients, is routinely involved in the transition of care between settings</td>
<td>Frequently involves patients in medical decision-making and provides through written care plans, has good communication with team members, coordinates results and recommendations with patients, is routinely involved in the transition of care between settings</td>
<td>Frequently involves patients in medical decision-making and provides through written care plans, has good communication with team members, coordinates results and recommendations with patients, is routinely involved in the transition of care between settings</td>
<td>Frequently involves patients in medical decision-making and provides through written care plans, has good communication with team members, coordinates results and recommendations with patients, is routinely involved in the transition of care between settings</td>
</tr>
<tr>
<td></td>
<td>Does not incorporate cost issues or risk-benefit analysis in the management of patients</td>
<td>Uses externally provided information (e.g., prescribing information, test ordering patterns or research around a treatment) to inform cost-saving actions and preliminary risk-benefit analysis</td>
<td>Critically appraises information available on an evaluation test or treatment to allow optimization of cost issues and risk-benefit for an individual patient</td>
<td>Consistently integrates cost analysis into one’s practice while minimizing risk and optimizing benefits for whole systems or populations</td>
<td>Consistently integrates cost analysis into one’s practice while minimizing risk and optimizing benefits for whole systems or populations</td>
</tr>
<tr>
<td></td>
<td>Seeks answers and responds to input only from physicians</td>
<td>Accepts input from non-physician professionals on the team but does not usually seek them out</td>
<td>Demonstrates awareness of the contributions of other health care professionals, seeks their input and is an excellent team player</td>
<td>Serves as a role model for others in interprofessional work and is an excellent team leader</td>
<td>Serves as a role model for others in interprofessional work and is an excellent team leader</td>
</tr>
<tr>
<td></td>
<td>Does not identify or act to correct individual or systemic errors</td>
<td>Identifies medical errors and demonstrates some awareness of personal responsibility for correction</td>
<td>Actively identifies and begins to analyze medical error events and often acknowledges personal responsibility for correcting them</td>
<td>Actively identifies and analyzes medical error events, beginning to seek system causes, and routinely accepts personal responsibility for correcting them</td>
<td>Actively identifies and analyzes medical error events, beginning to seek system causes, and routinely accepts personal responsibility for correcting them</td>
</tr>
</tbody>
</table>
## Evaluations

<table>
<thead>
<tr>
<th></th>
<th>Milestone</th>
<th>Rotation</th>
<th>Semiannual</th>
<th>Clinic</th>
<th>Ambulatory</th>
<th>CEX</th>
<th>Resident</th>
<th>Student</th>
<th>Staff</th>
<th>Patient</th>
<th>Procedure</th>
<th>Teaching</th>
<th>Signout</th>
<th>JClub</th>
<th>CCC</th>
<th>Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer</td>
<td>PC3</td>
<td>x</td>
<td>x</td>
<td>10</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>2</td>
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<td>1</td>
<td>1</td>
<td>2</td>
<td>22</td>
<td>22</td>
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<tr>
<td>Make informed decision</td>
<td>PC6</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
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<tr>
<td>Carry out plan</td>
<td>PC7</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Role model</td>
<td>PC12</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Medical procedures</td>
<td>PC8</td>
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<tr>
<td>Evidence</td>
<td>MK2</td>
<td>x</td>
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<tr>
<td>Identify strength</td>
<td>PBLI1</td>
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<tr>
<td>Analyze practice using QI</td>
<td>PBLI4</td>
<td>x</td>
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A. Competency: 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 ensures seamless transitions
4. Interview patients and families about the particulars of the medical condition for which they seek care with specific attention to behavioral, psychosocial, environmental, and family unit correlates of disease
5. Perform complete and accurate physical examinations
6. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment
7. Develop and carry out management plans
8. Prescribe and perform all medical procedures
9. Counsel patients and families
10. Provide effective health maintenance and anticipatory guidance
11. Use information technology to optimize patient care (combined with Practice-based Learning and Improvement C.7 below)
12. Provide appropriate role modeling
13. Provide appropriate supervision

B. Competency: Medical Knowledge

1. Demonstrate sufficient knowledge of the basic and clinically supportive sciences appropriate to pediatrics
2. Critically evaluate and apply current medical information and scientific evidence for patient care (combined with Practice-based Learning and Improvement C.6 below)

C. Competency: Practice-based Learning and Improvement

1. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
2. Set learning and improvement goals
3. Identify and perform appropriate learning activities to guide personal and professional development
4. Systematically analyze practice using quality improvement methods with the goal of practice improvement
5. Incorporate formative evaluation feedback into daily practice
6. Locate, appraise, and assimilate evidence from scientific studies related to their patient’s health problems
7. Use information technology to optimize learning and care delivery
8. Develop the necessary skills to be an effective teacher
9. Participate in the education of patients, families, students, residents, and other health professionals
10. Take primary responsibility for lifelong learning to improve knowledge, skills, and practice performance through familiarity with general and experience-specific goals and objectives and attendance at conferences

D. 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
2. Demonstrate the insight and understanding into emotion and human response to emotion that allow one to appropriately develop and manage human interactions*

3. Communicate effectively with physicians, other health professionals, and health-related agencies

4. Work effectively as a member or leader of a health care team or other professional group

5. Act in a consultative role to other physicians and health professionals

6. Maintain comprehensive, timely, and legible medical records, if applicable

E. Competency: Professionalism (sub-competencies are integrated)

1. Demonstrate humanism, compassion, integrity, and respect for others based on the characteristics of an empathetic practitioner

2. Show responsiveness to patient needs that supersedes self-interest

3. Show respect for patient privacy and autonomy

4. Demonstrate a sense of duty and accountability to patients, society, and the profession

5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation

F. Competency: Systems-based Practice

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty

2. Coordinate patient care within the health system relevant to their clinical specialty

3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate

4. Advocate for quality patient care and optimal care systems

5. Work in interprofessional teams to enhance patient safety and improve patient care quality

6. Participate in identifying system errors and implementing potential system solutions

7. Know how to advocate for the promotion of health and the prevention of disease and injury in populations*

G. Competency Area: Personal and Professional Development*

1. Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors

2. Use healthy coping mechanisms to respond to stress

3. Manage conflict between personal and professional responsibilities

4. Practice flexibility and maturity in adjusting to change with the capacity to alter behavior

5. Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients

6. Provide leadership that enhances team functioning, the learning environment and/or health care system/environment with the ultimate intent of improving care of patients

7. Demonstrate self-confidence that puts patients, families, and members of the health care team at ease

8. Recognize that ambiguity is part of clinical medicine and respond by utilizing appropriate resources in dealing with uncertainty
Challenges

- Useful evaluation tool?
- Milestones - difficult to understand
- Lack of data
- CCC - inefficient?
- Faculty development
- Feedback to fellows
Group Activity: Solutions

1. CCC- inefficient?
2. Faculty development
3. Feedback to fellows

To be compiled and posted on APPD meeting website
Suggestions to improve CCC efficiency

- Faculty & Self Education
- Process
  - PLAN!!!!!
  - Budget at least 40 mins/fellow the first time; have timekeeper
  - Distribute CCC eval forms ahead of time; have faculty fill out beforehand
  - Decide on how to reach consensus
  - Have copy of CCC eval form available for each member at meeting
  - Review evals at start of meeting to highlight problem areas
  - Go by competency and map all fellows before going to next competency
  - Record comments after each competency is mapped
  - Include comments and competencies outside of the 21 if needed to document problem areas
Suggestions for faculty development

- Generic training for ALL faculty
- More intensive training for CCC members
  - Prepare CCC members for time commitment!
  - Dry run through
  - Venue: faculty meeting, special meetings
- Self-assessment
- Resources (listed in previous slide)
- Use vignettes (written or video)

- Evaluator fatigue
  - Don’t use all competencies; limit to a few
  - Phase in the # of milestone-based competencies
Faculty Development: One Approach

- **Departmental Faculty Meeting**
  - Overview of NAS
  - Assessment of Trainees
    - Competencies
    - Subcompetencies
    - Milestone anchors
    - EPAs
  - Video: Infant with seizure
    - Assess trainee using Likert scale vs Milestone-based anchors
      - Demo validity; better consensus
      - Scoring based on performance, not trainee level

- **Education Managers**
  - Developed milestone-based evals for their rotations

- **Division Meetings**
  - Snippet on Subcompetencies & Milestone
  - Faculty self-assess using Milestone anchors (not all 5’s!!)
  - Created Glossary to help faculty decipher the Edu-speak in Milestones
Effective feedback

- Constructive
- Timely
- Ongoing
- Consistent
- By authoritative person over extended duration of time
- Face-to-face

- Concrete
- Goal-oriented
- Focused on product, not learner

- Understandable
  - “Complex feedback is likely to be ignored or its main messages lost”

Suggestions for fellow feedback

- Education on milestones
  - Will not be “8 or 9”s anymore!
- Self-assessment
- Face-to-face using milestones
References

Assessment
• Epstein RM. Assessment in Medical Education. NEJM 2007;356:387-96

Milestones
• Jones MD, Jr., Rosenberg AA, Gilhooly JT, Carraccio CL. Perspective: Competencies, outcomes, and controversy--linking professional activities to competencies to improve resident education and practice. Acad Med: JAAMC 2011;86:161-5
• The Pediatric Milestone Project www.abp.org/abpwebsite/publicat/milestones.
References

Feedback


Self-assessment

Comments?

pnina.weiss@yale.edu