



Please Sit as Designated Below

**Attending
or Fellow**

**Attending
or Fellow**

**Resident
or
Student**

**Resident
or
Student**

**Attending
or Fellow**

**Attending
or Fellow**

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Introduction to the Pediatric Milestones

Building a Better Doctor

**Grand Rounds
September 18, 2013**

**Kristen Reese, MD
Aisha Davis, MD
Cara Lichtenstein, MD, MPH
Dewesh Agrawal, MD**



Learning Objectives

By the end of this Grand Rounds, you should be able to:

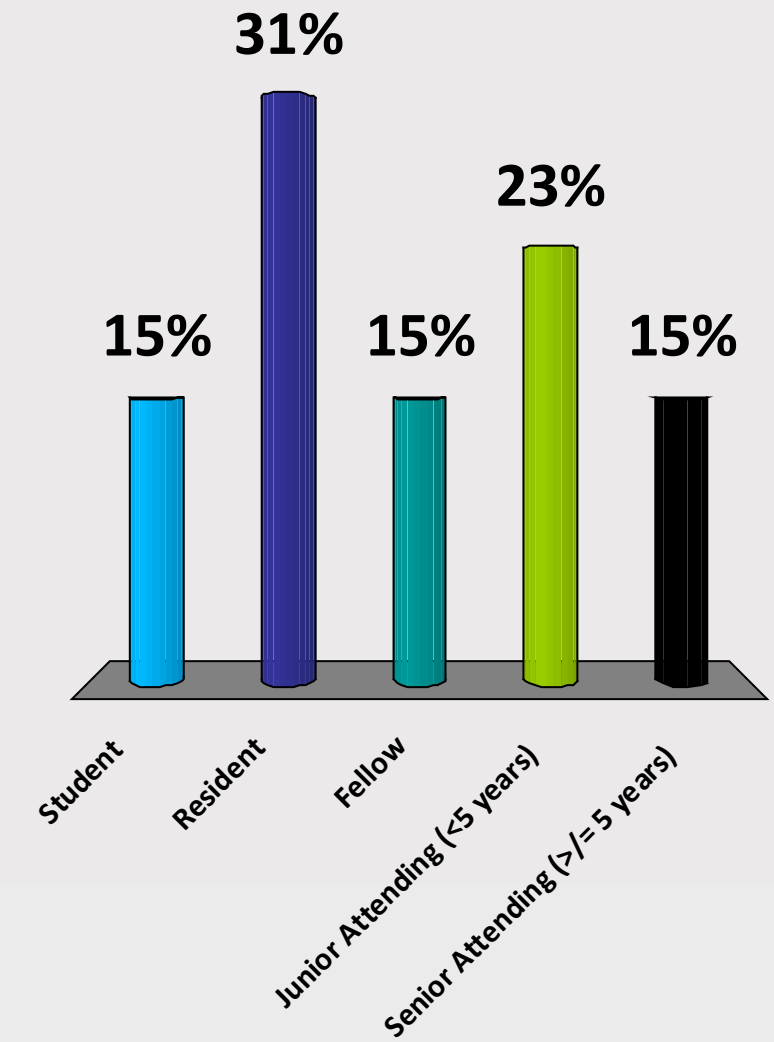


- Describe the rationale for the Milestones Project
- Recognize the Domains of Competency and their Sub-Competencies
- Apply a Milestone to assess *yourself*
- Use the Milestones to assess a trainee
- Explain how Milestones inform effective feedback and enhance the educational process



Who are you?

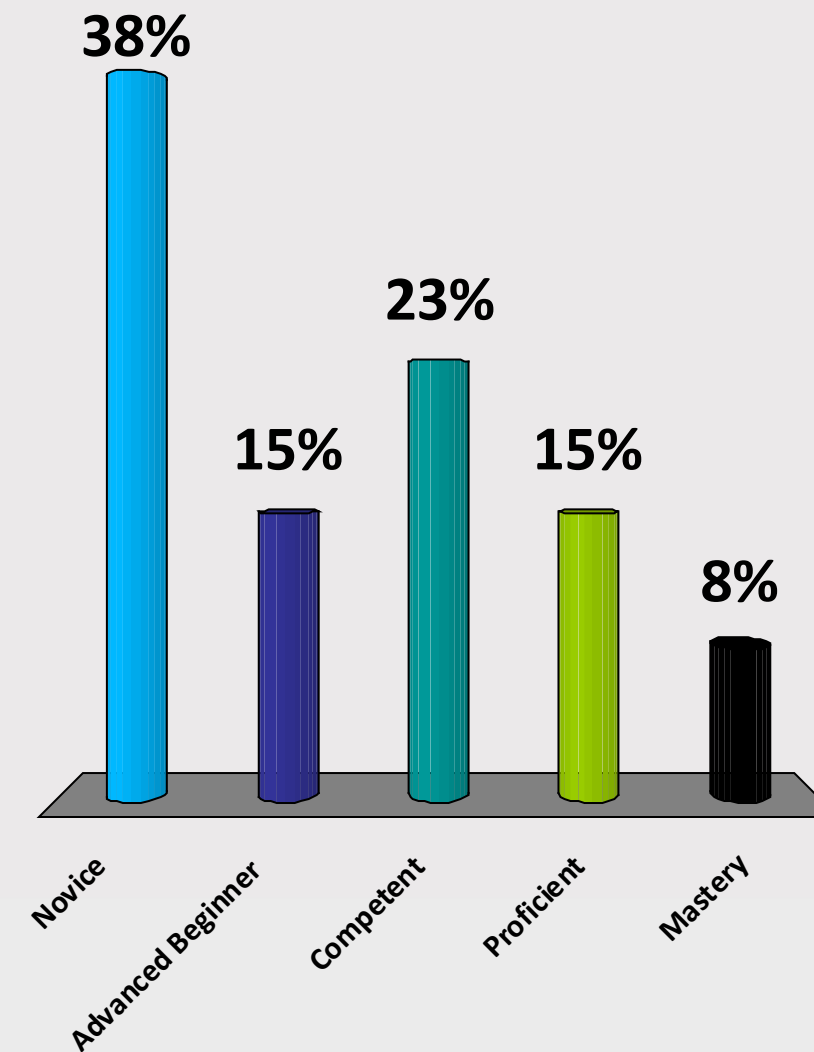
- A. Student
- B. Resident
- C. Fellow
- D. Junior Attending (<5 years)
- E. Senior Attending (>/= 5 years)





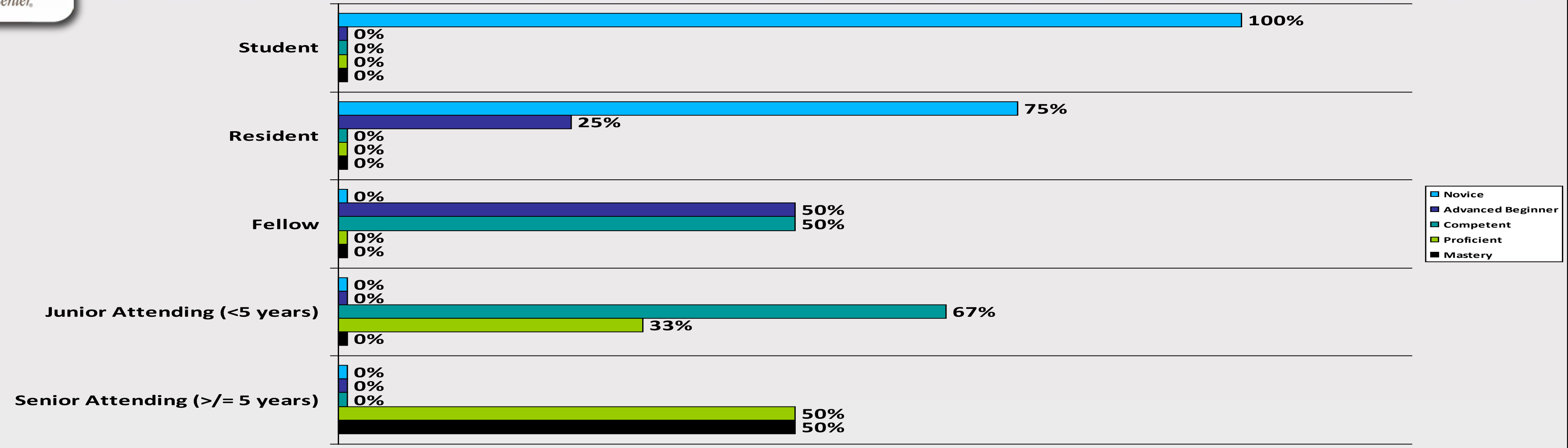
What is your current level of understanding of the Pediatric Milestones?

- A. Novice
- B. Advanced Beginner
- C. Competent
- D. Proficient
- E. Mastery

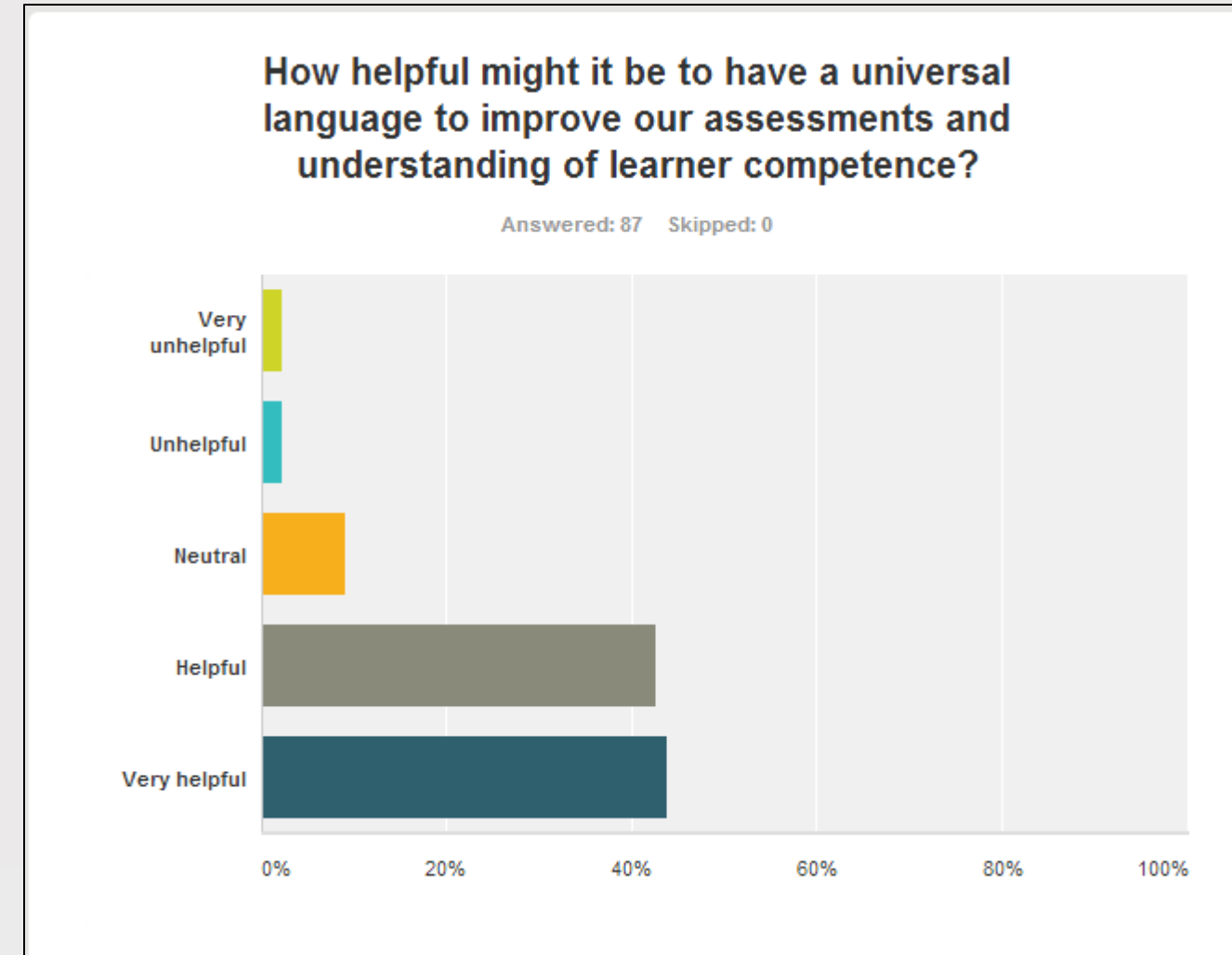
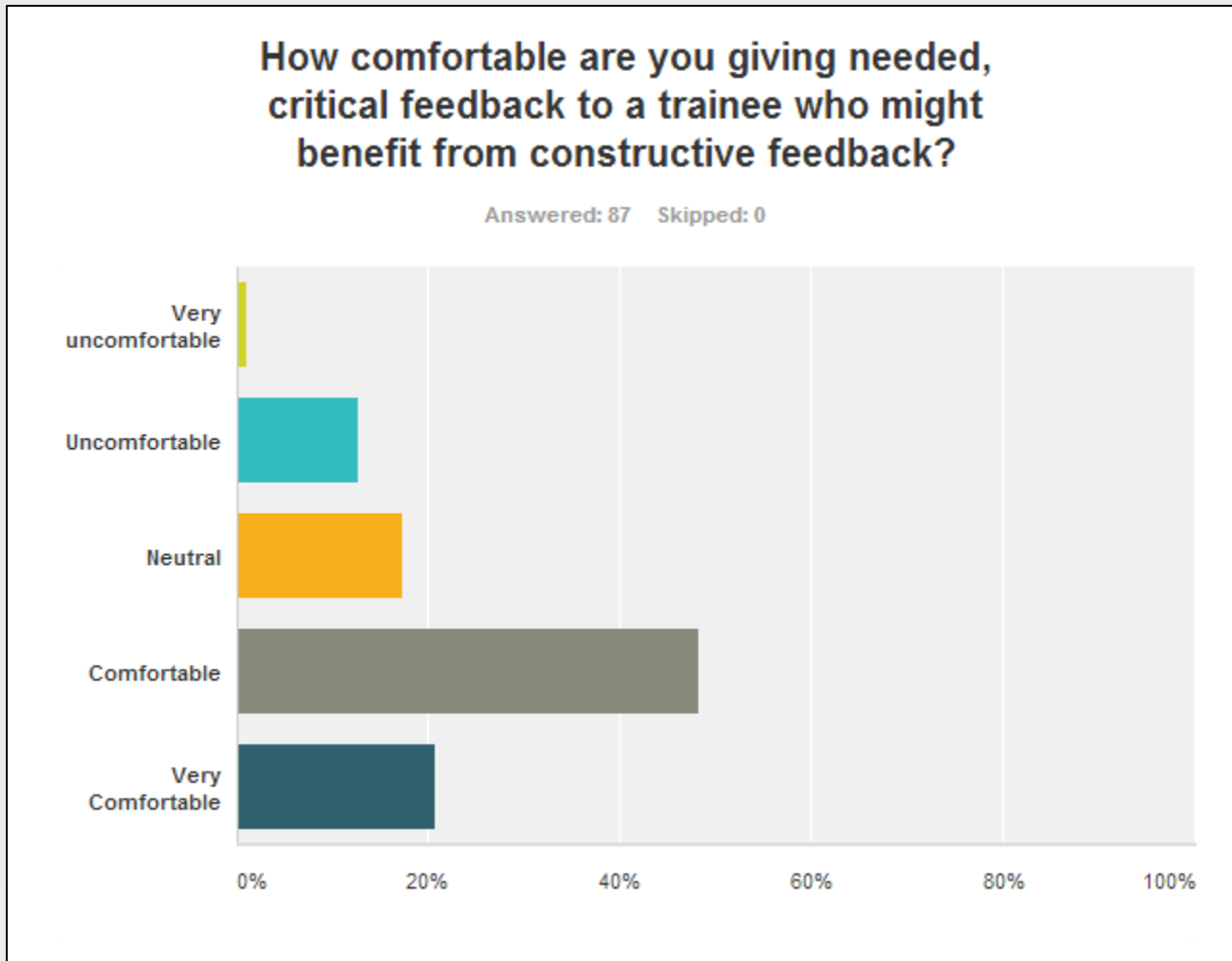




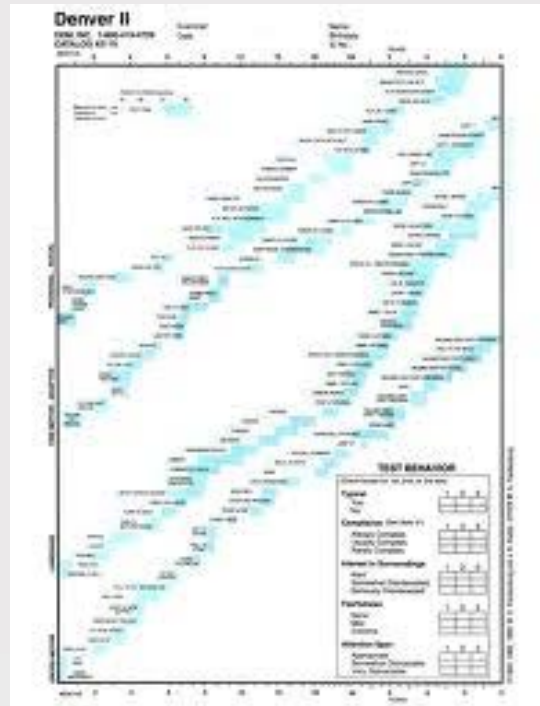
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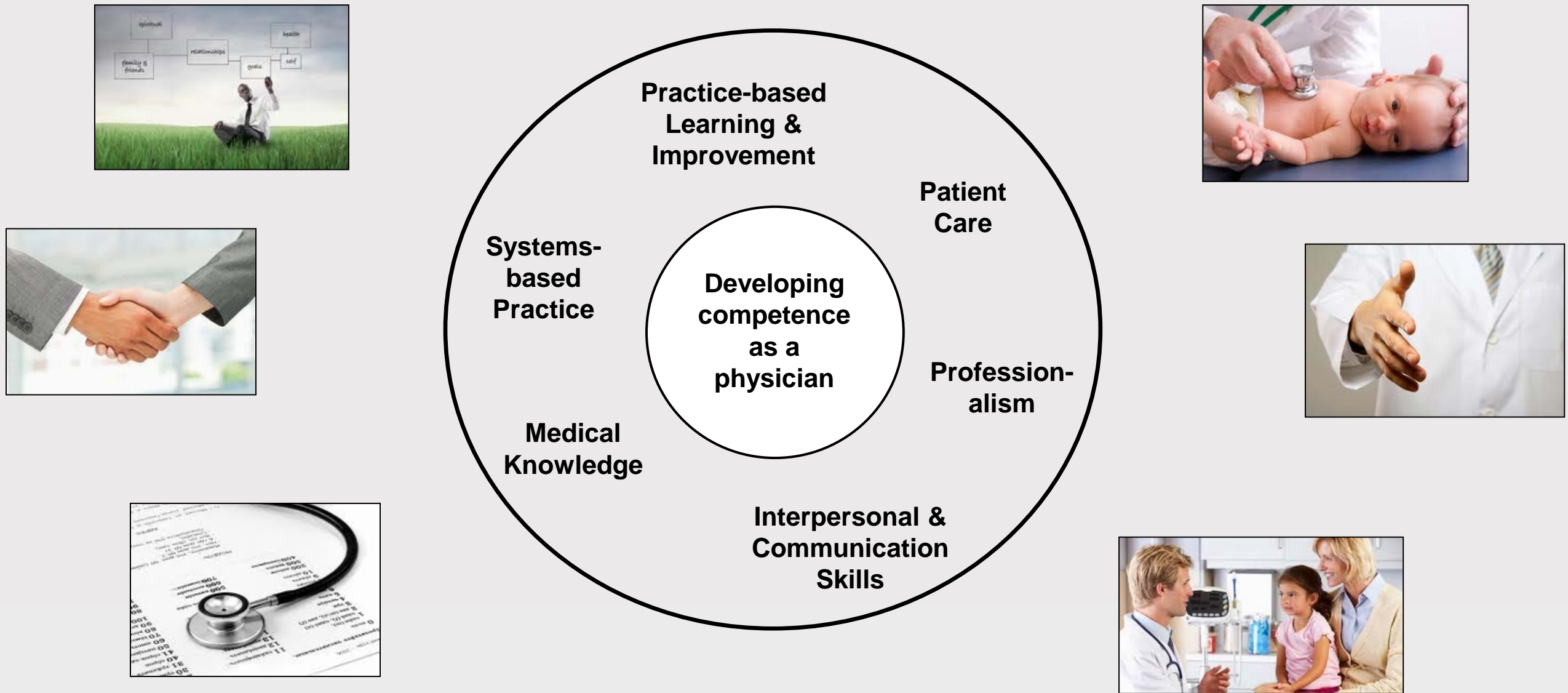
Pre-Survey Results



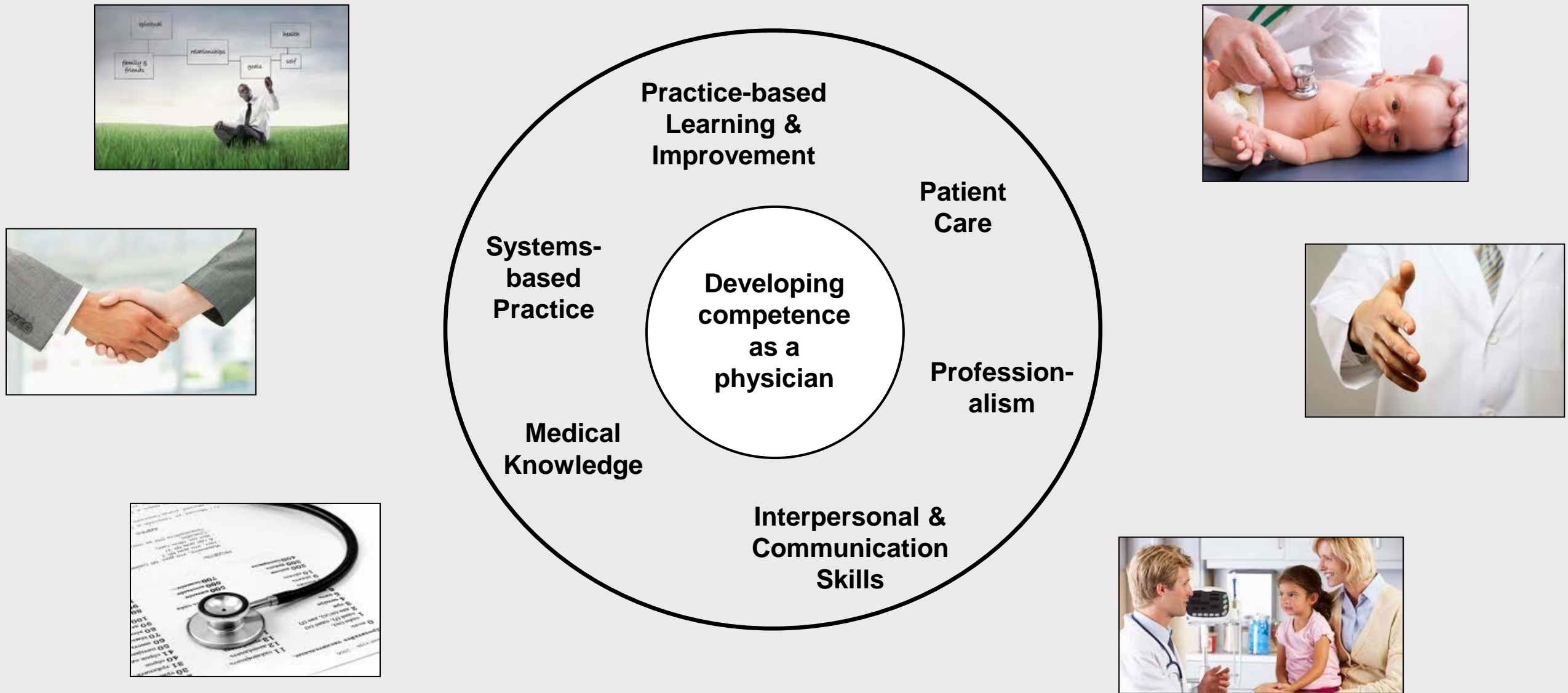
The Development of a Better Doctor



The Domains of Competency for a Better Doctor

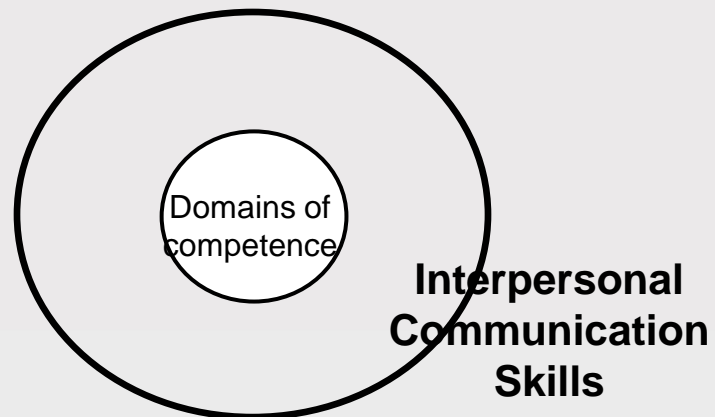


The Domains of Competency for a Better Doctor



Interpersonal Communication Skills (ICS)

- **ICS 1:** Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- **ICS 2:** Demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions





Interpersonal & Communication Skills

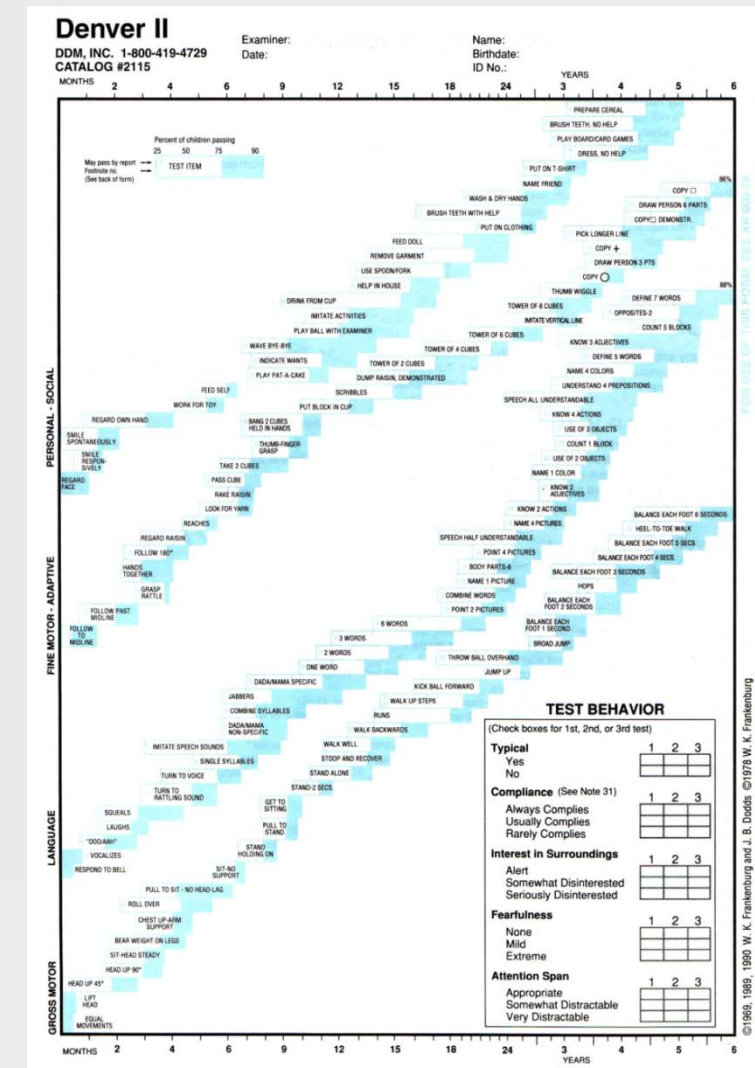
ICS1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

Novice	Advanced Beginner	Competent	Proficient	Mastery
<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>



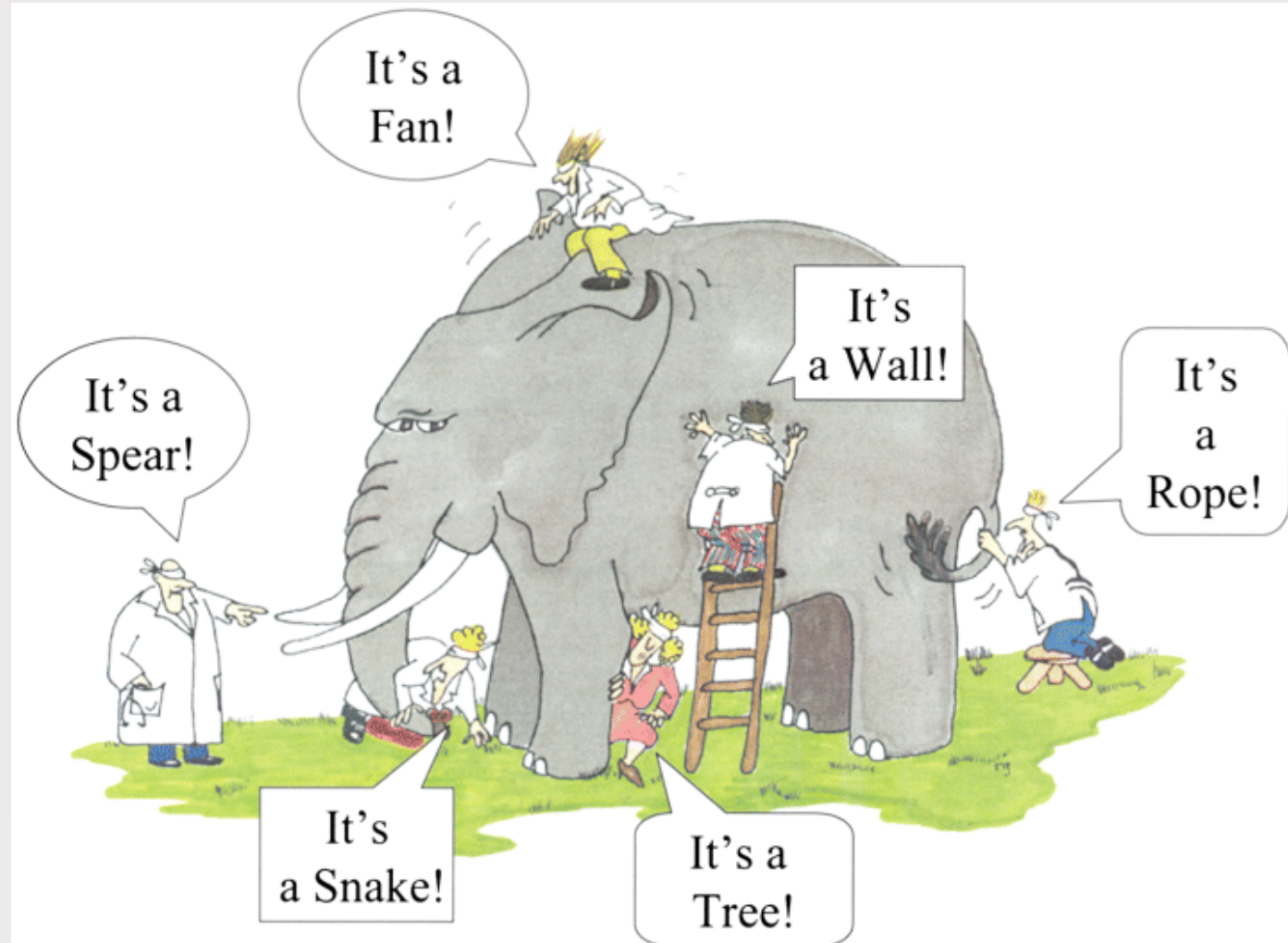
History: CBME & Milestones

- 1999: ACGME & ABMS mandated CBME
 - Established the 6 core competencies (domains of competence)
- 2002: Evaluations based on the 6 core competencies required
 - Adoption was slow and met with some resistance
 - Limited ability to assess learners' performance in these competencies in valid, reliable and practical fashion
 - Major limiting factor to realizing the full potential of CBME
 - Focus of “accreditation” was still on **process of education** rather than **outcomes of programs**
- 2009: ACGME partnered with ABP in the Milestones Project
 - Refined the sub-competencies in the context of Pediatrics
 - Created milestones that described the behaviors of learners along a developmental continuum
- 2013: Program directors must report to ACGME on the developmental progression of individuals



- What are the Milestones?
 - Observable developmental steps (organized under the 6 domains of competence) that describe a trajectory of progress from neophyte to independent practitioner
- Benefits:
 - Articulate a shared understanding of expectations
 - Set aspirational goals of excellence and provide a road map for learning
 - Provide a framework and language for feedback (both critical/corrective and reinforcing)
 - Track what is most important – the educational outcomes of GME

The Milestones Project



- Embody a more holistic approach to assess professional development
 - How can we be sure an intern is ready to move onto PGY-2 year and supervise others?
 - How can we be sure a graduating resident is actually ready for independent practice?

Carraccio & Englander, *Acad Med* 2013
Schumacher et al, *Acad Pediatr* 2013
Englander et al, *Acad Pediatr* 2012
Hicks et al, *J Grad Med Educ* Dec 2010
Hicks et al, *J Grad Med Educ* Sep 2010
Englander et al, *J Pediatr* 2010
ten Cate & Scheele, *Acad Med* 2007

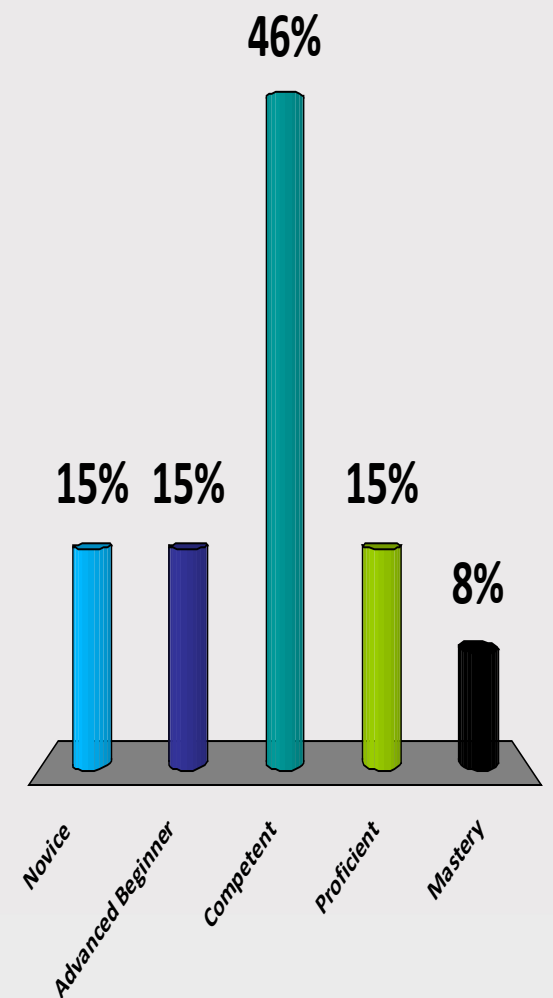


Please rate yourself in the following sub-competency within the Interpersonal Communication Skills domain

ICS1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

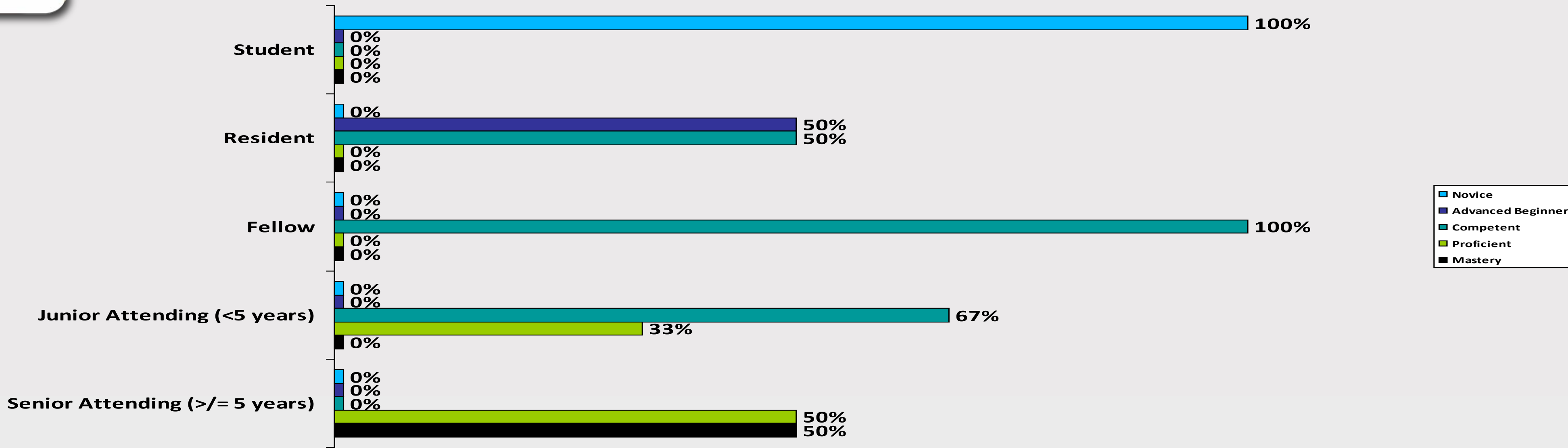
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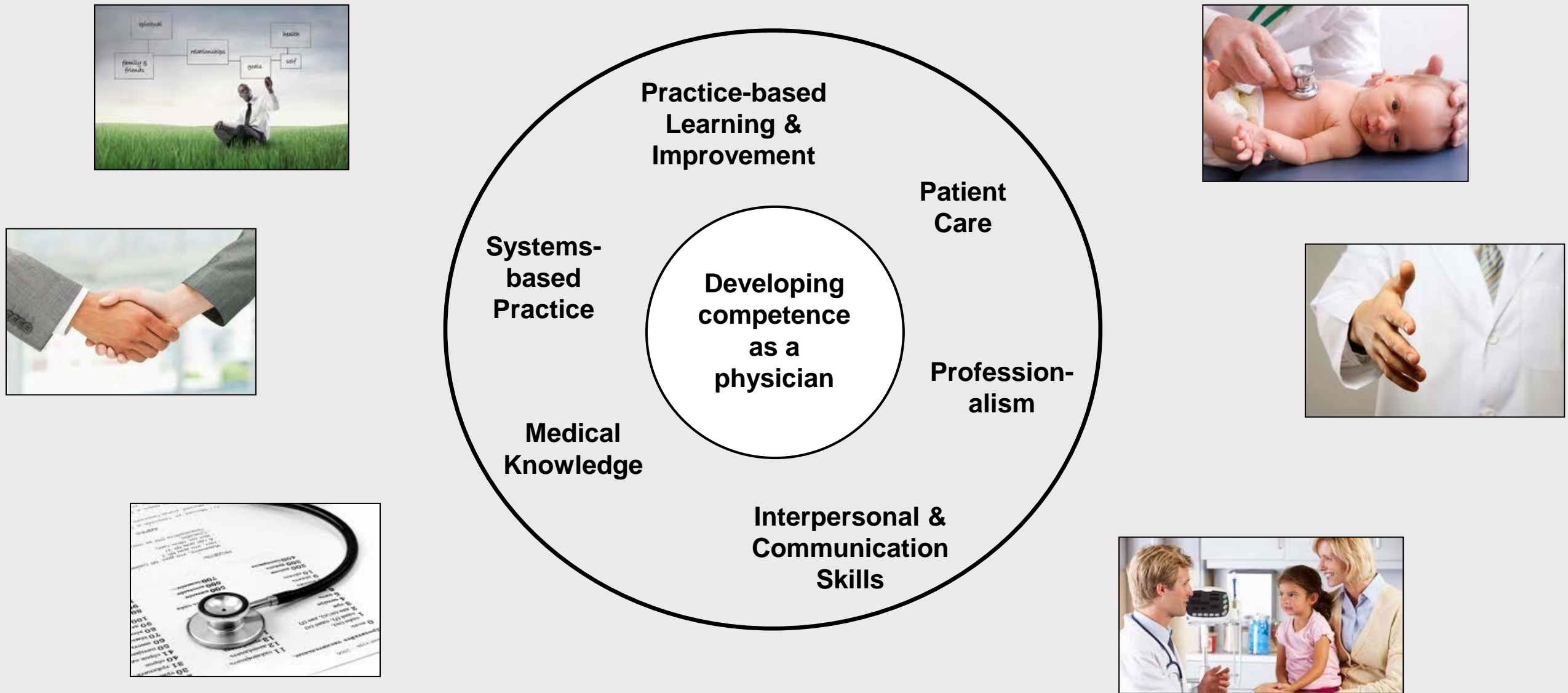




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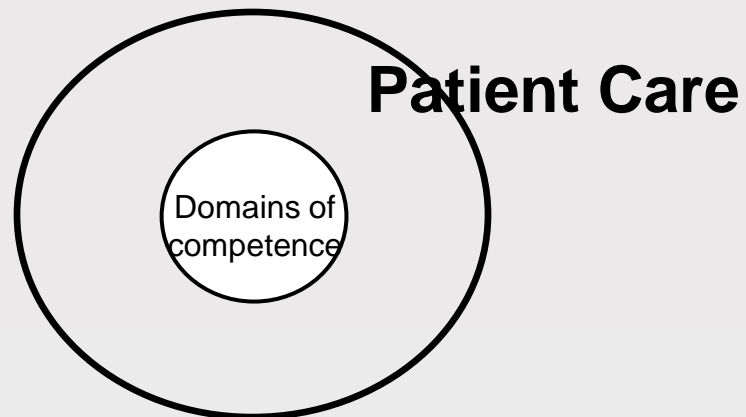


The Domains of Competency for a Better Doctor



Patient Care (PC)

- **PC1.** Gather essential and accurate information about the patient
- **PC2.** Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient
- **PC3.** Provide transfer of care that insures seamless transitions
- **PC4.** Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment
- **PC5.** Develop and carry out management plans





Self- Assessment: Patient Care

PC1. Gather essential and accurate information about the patient.

Novice	Advanced Beginner	Competent	Proficient	Mastery
<p>Either gathers too little information or exhaustively gathers information following a template regardless of the patient's chief complaint, with each piece of information gathered seeming as important as the next. Recalls clinical information in the order elicited, with the ability to gather, filter, prioritize, and connect pieces of information being limited by and dependent upon analytic reasoning through basic pathophysiology alone.</p>	<p>Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but the ability to link current findings to prior clinical encounters allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives as well as broad diagnostic categories.</p>	<p>Advanced development of pattern recognition leads to the creation of illness scripts, which allow information to be gathered while it is simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations. Data gathering is driven by real-time development of a differential diagnosis early in the information-gathering process.</p>	<p>Well-developed illness scripts allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems.</p>	<p>Robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex or rare clinical problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features.</p>

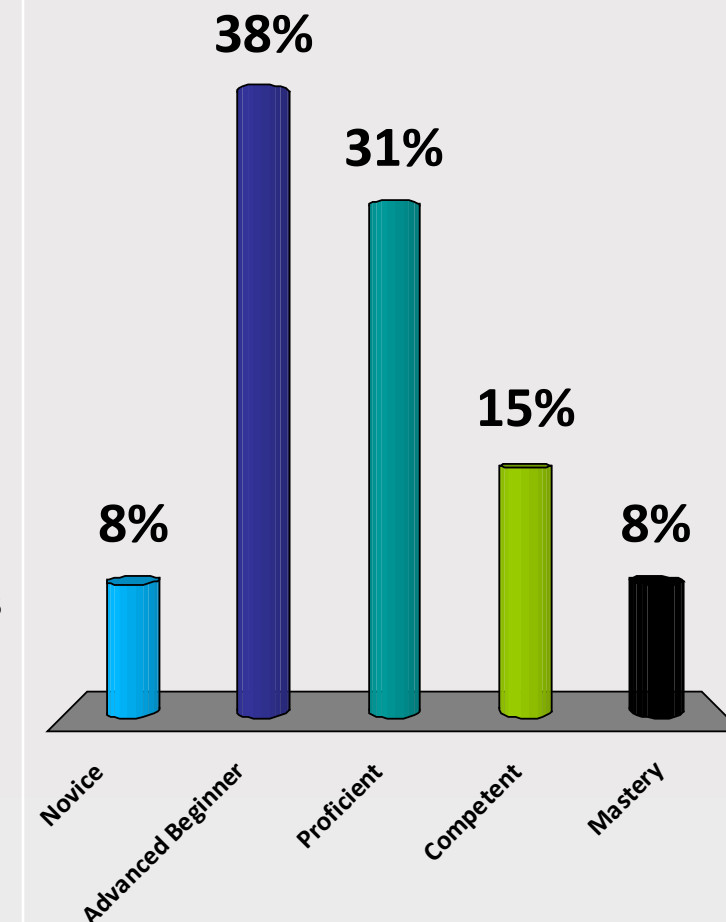


Please rate yourself in the following sub-competency within the Patient Care domain

PC1. Gather essential and accurate information about the patient.

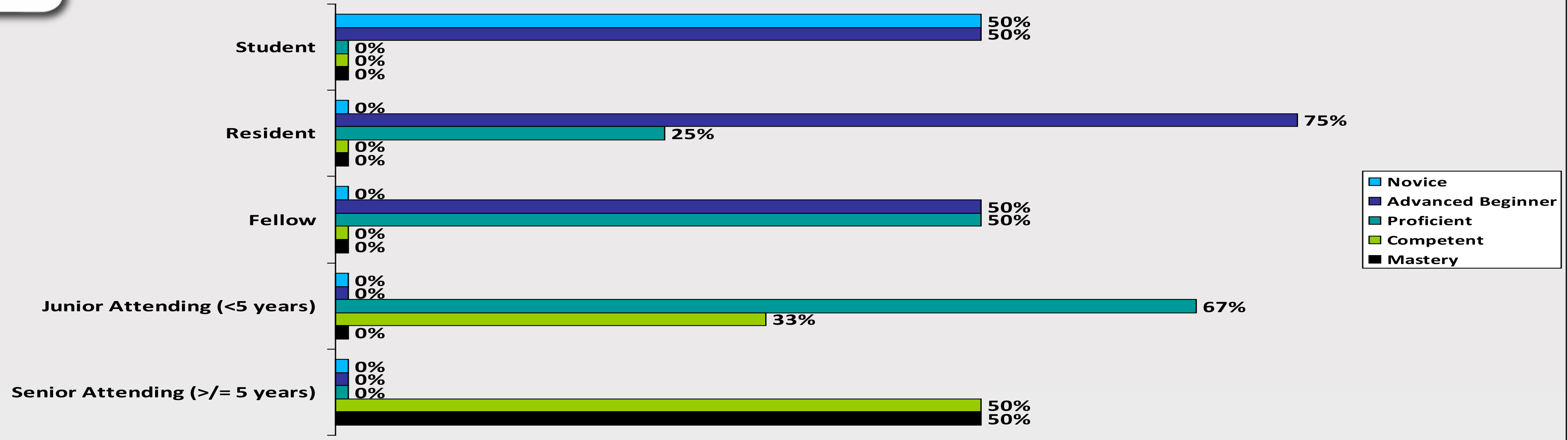
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Novice	Advanced Beginner	Competent	Proficient	Mastery
<p>Either gathers too little information or exhaustively gathers information following a template regardless of the patient's chief complaint, with each piece of information gathered seeming as important as the next. Recalls clinical information in the order elicited, with the ability to gather, filter, prioritize, and connect pieces of information being limited by and dependent upon analytic reasoning through basic pathophysiology alone.</p>	<p>Clinical experience allows linkage of signs and symptoms of a current patient to those encountered in previous patients. Still relies primarily on analytic reasoning through basic pathophysiology to gather information, but the ability to link current findings to prior clinical encounters allows information to be filtered, prioritized, and synthesized into pertinent positives and negatives as well as broad diagnostic categories.</p>	<p>Advanced development of pattern recognition leads to the creation of illness scripts, which allow information to be gathered while it is simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations. Data gathering is driven by real-time development of a differential diagnosis early in the information-gathering process.</p>	<p>Well-developed illness scripts allow essential and accurate information to be gathered and precise diagnoses to be reached with ease and efficiency when presented with most pediatric problems, but still relies on analytic reasoning through basic pathophysiology to gather information when presented with complex or uncommon problems.</p>	<p>Robust illness scripts and instance scripts (where the specific features of individual patients are remembered and used in future clinical reasoning) lead to unconscious gathering of essential and accurate information in a targeted and efficient manner when presented with all but the most complex or rare clinical problems. These illness and instance scripts are robust enough to enable discrimination among diagnoses with subtle distinguishing features.</p>





Please rate yourself in the following sub-competency within the Patient Care domain



Does the level in which you fit surprise you?



Now let's practice using the Milestones to assess a trainee



**Please consider the following Sub-Competencies while watching this video:
ICS1, PC1, PROF1**



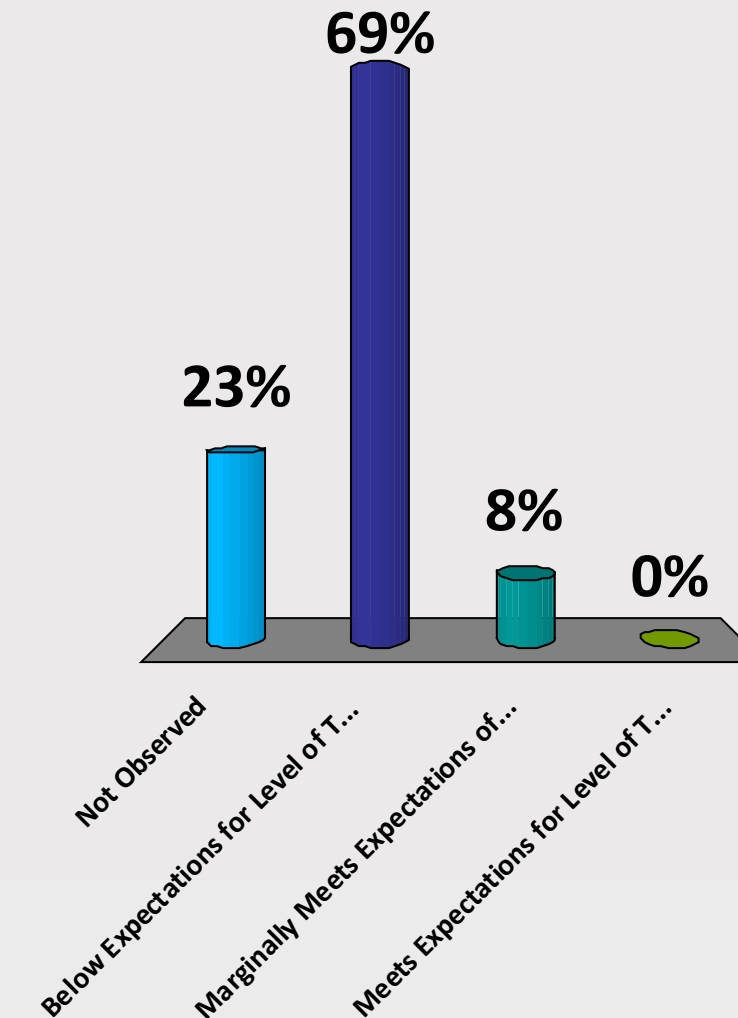
Our Prior Evaluation System

Communication:

Communicates effectively with patients/families.

The expectation for the level of mastery for this level of training is that the trainee be familiar but may need more experience.

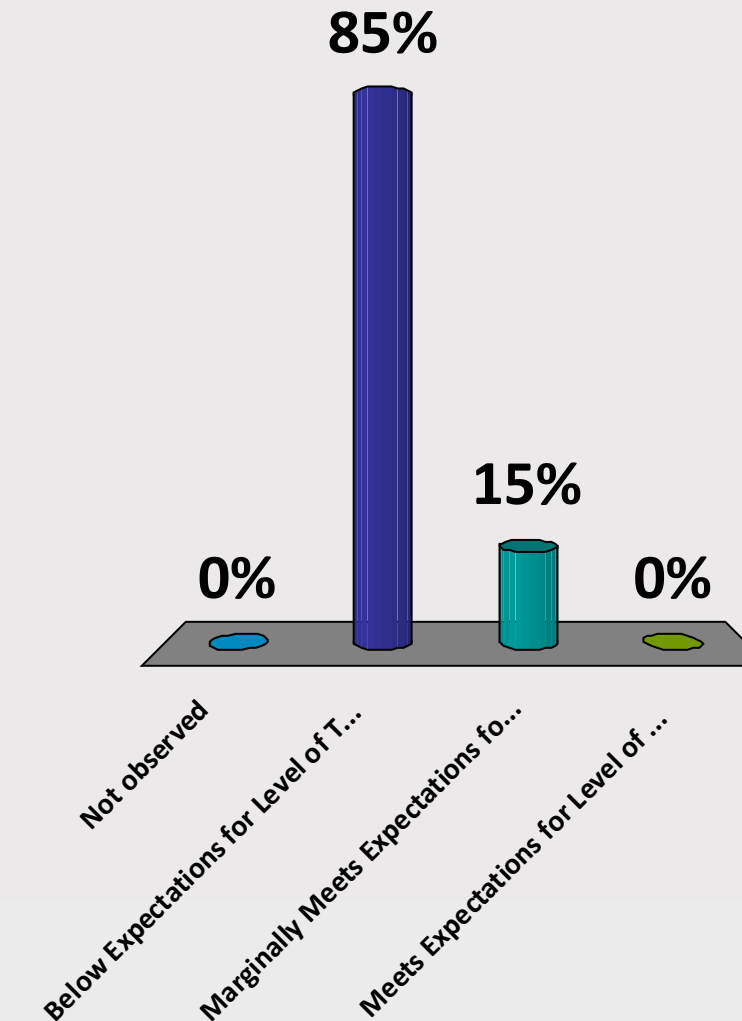
- A. Not Observed
- B. Below Expectations for Level of Training
- C. Marginally Meets Expectations of Training
- D. Meets Expectations for Level of Training



Patient Care: Obtains accurate and complete patient history

The expectation for the level of mastery for this level of training is that the trainee be familiar but may need more experience.

- A. Not observed
- B. Below Expectations for Level of Training
- C. Marginally Meets Expectations for Level of Training
- D. Meets Expectations for Level of Training

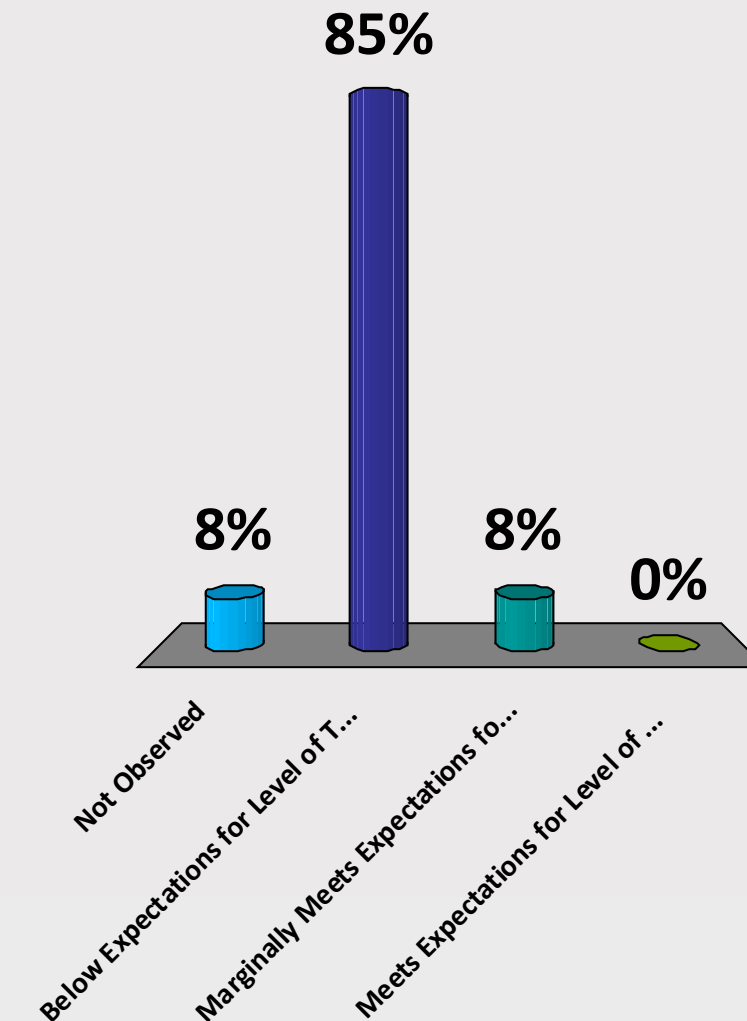


Our Prior Evaluation System

Professionalism: Demonstrates respect, compassion, and empathy for all patients/families

The expectation for the level of mastery for this level of training is that the trainee be familiar but may need more experience.

- A. Not Observed
- B. Below Expectations for Level of Training
- C. Marginally Meets Expectations for Level of Training
- D. Meets Expectations for Level of Training



Group Activity

Groups: 2 residents/ students + 2 attendings/ fellows

Time: 5 minutes

Task

1. Rate this trainee on sub-competencies ICS1, PC1, PROF1
2. Discuss how the milestones may enhance his educational process

Refer to your handouts for a full description of the milestones

Attending
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Attending
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Resident
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Student

Resident
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Student

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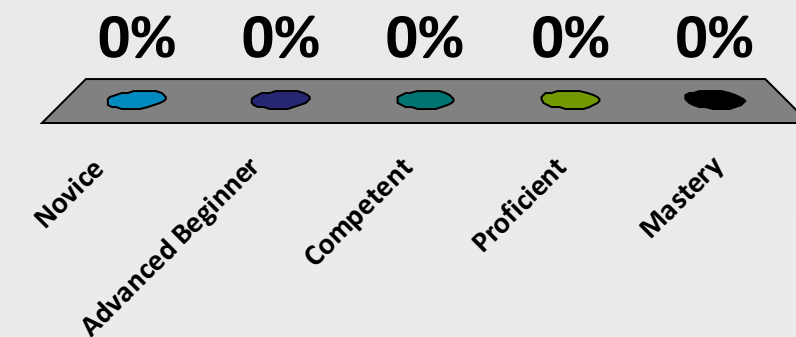
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Interpersonal Communication Skills (ICS1): Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

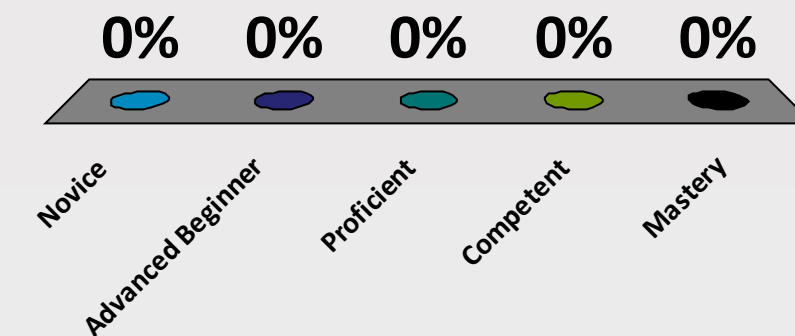
- A. Novice
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Patient Care (PC1): Gather essential and accurate information about the patient

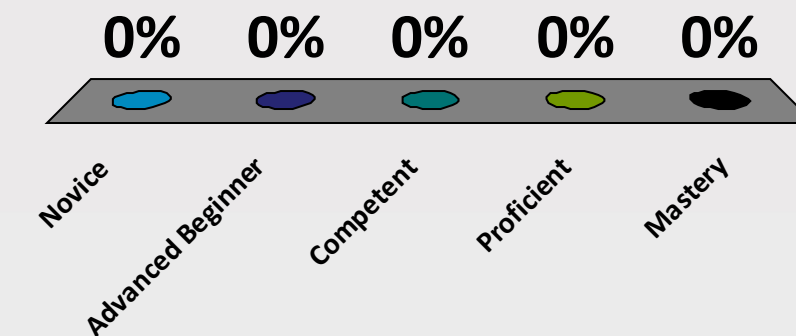
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- E. Mastery





Professionalism (PROF1): Humanism, compassion, integrity, and respect for others; based on the characteristics of an empathetic practitioner

- A. Novice
- B. Advanced Beginner
- C. Competent
- D. Proficient
- E. Mastery



Your Experience

- How was your group's experience using the milestones?
- Comparison to the old system: advantages/ disadvantages?
- Which evaluation system provides the most meaningful information?

How the Milestones Affect Our Feedback

PROF1: Humanism, compassion, integrity, and respect for others; based on the characteristics of an empathetic practitioner



Sees the patients in a “we versus they” framework and is **detached** and **not sensitive to the human needs** of the patient and family.

Novice

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.

Advanced Beginner

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**.

Competent

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**.

Proficient

Is a **proactive advocate** on behalf of individual patients, families and groups of children in need.

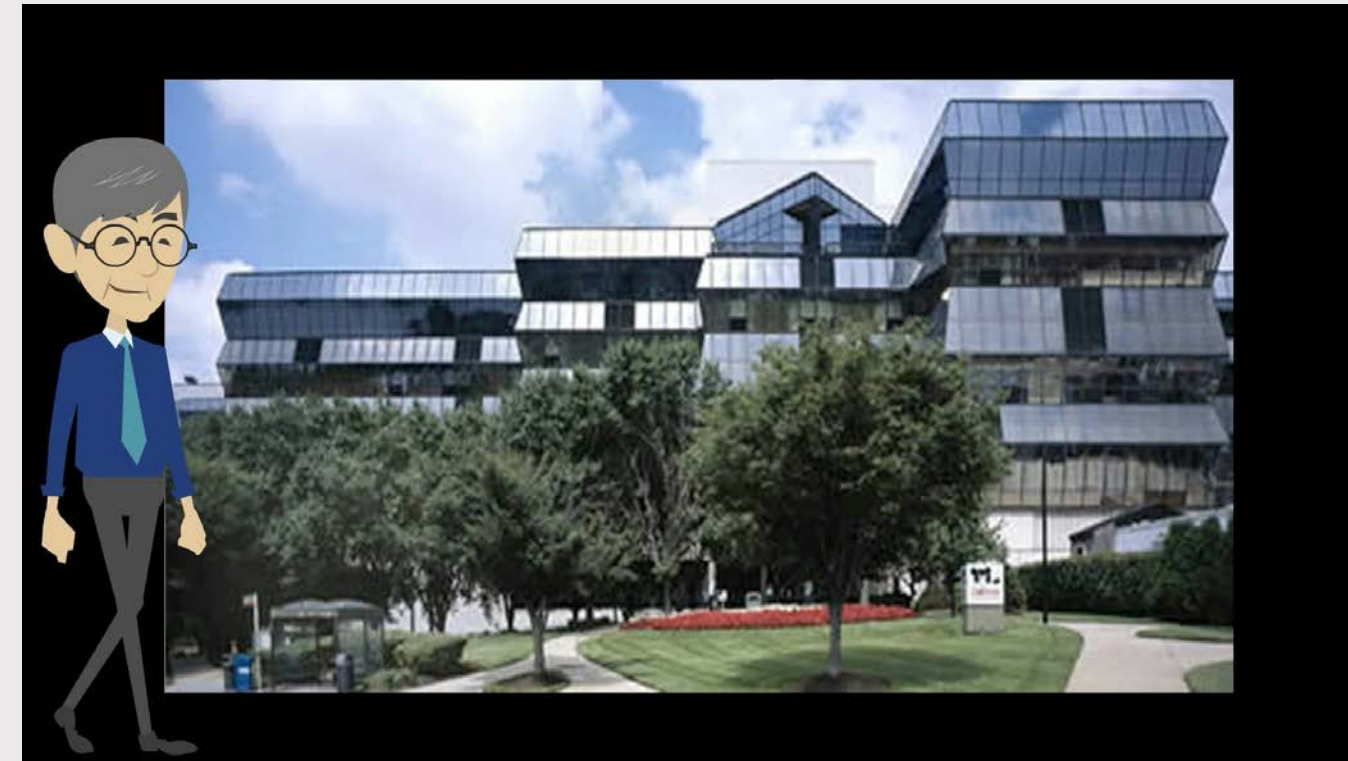
Mastery



We hope you all drink the Kool-Aid



A Message from Dr. Batshaw



[Dr. Batshaw's message](#)