

## Guidelines for Pediatric Attending

### MacPeds Competency Based Medical Education

#### Introduction:

The McMaster Residency Program (MacPeds) has implemented competency-based education for the residency program. Please refer to the curriculum document for further information. An integral part of the competency based education for pediatric residents is workplace-based assessment. This will require a shift in thinking for the evaluator/supervisor. The transition will require that pediatric residents are evaluated on their progressive pediatric training achievements. Evaluations/Assessments can best be conceptualized as a developmental spectrum whereby each milestone progresses towards the achievement of competency as a general pediatric consultant. This is in contrast our traditional evaluation tools which denote the resident as being ranked “below, meeting or exceeding expectations” or compared to other residents. In order to assess where a resident is on their developmental milestones towards becoming a competent general pediatrician will require multiple direct observations of performance -- previously known as mini-CEX, now altered to be specific to each type of encounter and known as mini-MAS, mini milestones assessment.

To assist with an understanding of the appropriate timelines for achievement of developmental milestones for the outcome-based curriculum for pediatric residents, please refer to the table created by Green, below. This will assist general pediatric faculty when evaluating first year residents completing the general pediatrics rotations. This table may be used as a guide when completing the evaluation forms as well as the mini-MAS assessments. An important factor to consider when completing the evaluations is that a resident in first year should not be evaluated at the highest ranking, as they should not be performing as a consultant pediatrician in the developmental trajectory of the pediatric residency.

The following guidelines should be considered when assessing the pediatric resident:

1. Residents must be observed in their various capacities in order to complete their assessment (either obtaining a history, performing a physical examination, discussing management, interacting with other health professionals etc...). It is not necessary to observe the entire history or physical examination. An assessor can observe the resident performing various tasks throughout the rotation.
2. It is essential that the form be completed at time of observation. Delay often does not allow for meaningful feedback and with CBME, it may be more difficult to demonstrate where the resident is in their continuum of development
3. Verbal Feedback is an integral component of assessment and it should be provided in addition to written evaluations in order to make it relevant for the resident and allow for a discussion about ways the resident can continue to improve.
4. Evaluators should not review the resident's previous evaluations with colleagues. Each scenario that the resident is evaluated on is unique and bias should be avoided.
5. Frequent, routine and shorter assessments are less likely to cause stress in the learner and may be easier to complete by the assessor, as they may be less time consuming.
6. Scheduling of assessments between the assessor and the resident is more likely to ensure that they occur. At the outset of the rotation, the pediatrician and resident may state which days will be set out for assessment. On the days that the assessment is to take place, the trainee and assessor should set aside a specific time.
7. The trainee should be made aware of the type of assessment that will occur (physical examination).

Table 1: Recommendations for implementing workplace-based assessments (adapted from Weller JM et al.<sup>10</sup>)

#### Recommendation and Rationale

##### Implementation strategy

- Assessments should be frequent enough to become routine. Assessments are less threatening and less likely to affect performance if part of the daily routine
- Assessment should be scheduled. Initiating voluntary assessments is effortful and easily forgotten
- Use a structured rating form with descriptors. This helps specialists to give both positive and corrective feedback
- The ‘rules’ for conducting the assessments should be explicit. Unclear instructions may cause trainee anxiety and variations in rating process

##### Recommendations for Components in Assessor Training

- Knowledge and skills in interactive feedback are a key training need. Many clinicians lack confidence and skills in engaging in feedback
- Identify and discuss the different roles of the clinical supervisor in workplace learning. Workplace assessments can alter the trainee/specialist interaction, emphasizing the supervisory and teaching roles. Explicit discussion may encourage clinicians to more willingly adopt these different roles
- Maximize the value of focused observation and increased understanding of trainee abilities by discussing theories and approaches to learner-centered teaching. Workplace assessments help specialists understand what trainees know, can do, and how they make decisions. This means any teaching intervention can be better tailored to the needs of the trainee
- Discuss rating decisions and what the trainee would need to do to score more highly. Trainees benefit more from discussion of scoring decisions than from the award of a number. Trainees want to know how they can improve their performance
- Explore attitudes on ‘willingness to fail’ and provide information on the consequences of failing a trainee. Specialists are unwilling to fail trainees, limiting the value of the assessment. This may be addressed by improved knowledge of the consequences of failing a single assessment, discussion on norms of behavior regarding failing, and increased confidence in ability to judge performance

##### Rating instrument

- Use a scale which rates against expected level of performance for the trainee. Trainees want to know how they compare to their peers and what the norm is at that level
- Include trainees from all levels of experience but consider different rating criteria for more advanced trainees. Senior trainees are as keen for feedback as their junior colleagues, but the most relevant competencies may not be observed in a brief encounter with a single patient