



**PEDIATRIC  
RESIDENTS**

## **Understanding the ABP's Training and Evaluation Process**

THE AMERICAN BOARD *of* PEDIATRICS

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## WELCOME TO PEDIATRICS

The American Board of Pediatrics (ABP) is excited that you have chosen a career or further training in pediatrics. Pediatrics is a rewarding profession consisting of physicians and other health care workers who are committed to improving the health and lives of all children.

The ABP is committed to assuring the public that board-certified pediatricians have achieved the knowledge, skills, experience, and other characteristics necessary to provide high-quality care.

## MISSION

Advancing child health by certifying pediatricians committed to continuous learning and improvement

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The ABP certifies general pediatricians and pediatric subspecialists based on standards of excellence that lead to high-quality health care during infancy, childhood, adolescence, and the transition into adulthood. The ABP certification provides assurance to the public that a general pediatrician or pediatric subspecialist has successfully completed accredited training and fulfills the continuous evaluation requirements that encompass the six core competencies:

- Patient care and procedural skills
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

The ABP's quest for excellence is evident in its rigorous evaluation process and in new initiatives undertaken that not only continually improve the standards of its certification but also advance the science, education, study, and practice of pediatrics.

The ABP is one of 24 member specialty boards of the American Board of Medical Specialties (ABMS). Following general pediatrics residency training, the primary function of each specialty board is to evaluate the graduates in the field who voluntarily want to take the certifying examination(s) and to certify those who are qualified. To accomplish this, specialty boards determine whether graduates have received adequate preparation in accordance with established educational standards, provide comprehensive exams to evaluate the physicians, and certify those who have satisfied the requirements.

Following initial certification, a physician is then enrolled in Maintenance of Certification (MOC). This process is designed to engage board-certified pediatricians in a continuous commitment to lifelong learning, practice improvement, and professional development.

This guide was developed to assist you in learning how the ABP defines clinical competence, as well as the important responsibilities the program director and faculty have in evaluating clinical competence as you progress through your residency training. These assessments are an **integral part of the certification process**. In addition, you are responsible for self-evaluation during training and for assuring that educational experiences meet your learning needs.

In conducting its certification process, the ABP:

- Requests program directors, their committees, and faculty to evaluate and ensure that candidates for the certifying exam have attained satisfactory clinical competence and exhibit high standards of professional behavior;
- Assesses the credentials of candidates; and
- Develops and administers exams, such as the general pediatrics certifying and in-training exams.

The purpose of this guide is to inform you about the ABP's recommendations for evaluating competence.

The ABP believes that program directors and the clinical competency committee play significant roles in the certification process by evaluating skills that cannot be assessed through a written exam. The ABP, therefore, asks program directors to evaluate each resident's competence in:

- Patient care and procedural skills
- Medical knowledge
- Interpersonal and communication skills
- Professionalism
- Practice-based learning and improvement
- Systems-based practice



The Accreditation Council for Graduate Medical Education (ACGME), whose Review Committees are responsible for developing program requirements for residency education, also requires that programs evaluate residents in these six physician competencies.

These assessments of your performance are based on numerous observations by teaching faculty, and other members of the health care team, and on other evaluative methods during each of the required years of training.

## WHAT ARE THE SIX COMPETENCIES EXPECTED OF ALL PHYSICIANS?

- **PATIENT CARE AND PROCEDURAL SKILLS**

- Gathering essential and accurate information; performing a complete history and physical examination; and ordering appropriate diagnostic studies
- Making informed diagnostic and treatment decisions; analyzing and synthesizing information; and knowing one's limits of knowledge and expertise and when to obtain appropriate consultation
- Developing and carrying out patient care management plans; prescribing and performing procedures; effectively counseling patients and families and, in so doing, allaying fears and providing comfort

- **MEDICAL KNOWLEDGE**

- Knowing, critically evaluating, and using current medical information and scientific evidence for patient care

- **INTERPERSONAL AND COMMUNICATION SKILLS**

- Demonstrating interpersonal and communication skills that result in effective exchange of information and teaming collaboration with patients, their families, and professional associates

- **PROFESSIONALISM**

- Demonstrating a commitment to carry out professional responsibilities, adherence to ethical principles, and being sensitive to diversity

- **PRACTICE-BASED LEARNING AND IMPROVEMENT**

- Investigating and evaluating patient care practices, appraising and assimilating scientific evidence and using that evidence to improve patient management; demonstrating a willingness to learn from errors

- **SYSTEMS-BASED PRACTICE**

- Practicing quality health care that is cost-effective and advocating for patients within the health care system

The outcome of the integration of the preceding component skills is the ability to manage patients. Excellent medical care results from continuous professional development, the ability to apply knowledge in the clinical setting through evidence-based practice, and effective and efficient use of laboratory tests, diagnostic procedures, and therapeutic modalities. Other, equally important variables in this equation for excellence are your role in coordination of care by consultants and non-physician providers of service, and your role in advocacy — putting the patient's best interests first.

The components of competence vary as to how difficult they are to evaluate. Some may be assessed through objective measurement, whereas other components can best be evaluated by the judgment of supervisors and others. For example, cognitive knowledge may be accurately tested using a well-designed written exam, such as the ABP In-Training Examination (ITE). Certain clinical and procedural skills can only be assessed through direct observation.

Documentation of the acquisition of procedural skills is required. In the assessment of clinical judgment, humanistic qualities, professional attitudes and behavior, and moral and ethical behavior, numerous observations over time by many evaluators, including peers, health care coworkers, and parents and patients, must be relied upon.

It is precisely in these latter areas that residents experience the majority of serious problems; furthermore, strategies to correct problems in these areas are difficult to develop.

Teaching faculty, chief residents, senior residents, nurses, clerks, and other clinical staff can contribute timely and important information regarding your clinical competence and performance. They may be particularly helpful in evaluating the organization of your work, professional attitudes toward colleagues, communication skills, and humanistic care of patients. These are referred to as “360 global rating” evaluations. Similarly, information regarding effectiveness and quality of patient care may be sought from parents and patients through survey questionnaires.

## HOW ARE THESE COMPETENCIES EVALUATED?

The ABP and the ACGME through the milestones project have developed descriptions of observable behaviors to be used in assessing the expected progression of competence in all six areas listed above. Within each domain of competence, as individuals progress from medical student to resident to practicing pediatrician, milestones for developing knowledge, attitudes, and skills can be indicated through these descriptions of behaviors observed by faculty members, peers, families, and other medical staff members. Your progress through these developmental milestones will be assessed in a variety of ways throughout your training.

### • COMPETENCE IN CLINICAL SETTINGS

The clinical setting is an ideal place to evaluate your ability to provide family-centered care. Observation and documentation of your clinical skills on rounds, at the bedside, and in outpatient encounters will be done on a regular basis by attending physicians and senior residents. Your ability to make decisions in emergency situations will be critiqued in the emergency department, in critical care units, and in other settings. Evaluation by subspecialists during elective rotations will provide similar information. In general, the role of these teachers and supervisors is to:

- Confirm and augment key historical facts and physical findings elicited by you;
- Assess and critique your understanding of case presentations and discussions; and
- Evaluate and substantiate your decision making, clinical reasoning, cost awareness, risk avoidance, diagnostic abilities, technical proficiency, and, when appropriate, skills in management and leadership of the medical team.

Interpersonal and communication skills, humanistic characteristics, and professional attitudes and behaviors are critical components of providing effective clinical care and are also ideally evaluated in the clinical setting in the actual process of caring for patients.

### • PROCEDURAL SKILLS

Your performance of certain technical procedures should be observed, evaluated, and documented by qualified physicians. Successful mastery of these skills includes an understanding of their indications, contraindications, and complications, and the ability to interpret their results. The ability to obtain informed consent and to ensure appropriate pain management is essential.

The ACGME Review Committee (RC) for Pediatrics delineates the specific procedures in which residents must demonstrate competence. Documentation of the competence of each resident for each procedure must be maintained by the program in the residents’ files.

The ACGME has requirements for procedures considered essential for the area of practice. The ABP does not prescribe the number of times a procedure must be done to ensure competency. It recognizes that manual dexterity and confidence will be different for each resident.

While it should be your responsibility to maintain records of procedures, the program director or a designee should monitor this activity carefully. Varying methodologies have been developed so that individual procedures can be logged and summaries of completed procedures can be accessed when needed to facilitate your evaluations.

- **KNOWLEDGE**

Your acquisition of medical knowledge will be assessed on a day-to-day basis by faculty members and other residents as you participate in rounds and clinical discussions. You will also have opportunities to demonstrate your clinical knowledge as a participant or presenter in conferences and small group sessions and through self-directed learning activities. Your knowledge will be objectively tested through the administration of the ABP ITE, which is given annually to residents at all levels of training throughout the country. Objective structured clinical exam (OSCE), or oral exam, may also be used to assess your knowledge.

- **PROFESSIONALISM**

Professionalism may be assessed by the teaching faculty with input from nurses, peers, supervisory residents, patients, families, and staff members with whom you interact. These evaluations must address all aspects of professionalism as described below.

Physicians must demonstrate responsibility to patients, colleagues, and society. Professionalism includes a commitment to effectively carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. To provide excellent care, physicians must have the welfare of their patients and parents as their primary professional concern. You must convey respect for patients' and families' values and demonstrate integrity, compassion, and sensitivity to patients' and parents' perception of illness and health. Professionalism also includes respect for confidentiality of patient information.

Developing and maintaining your own clinical competence are important components of professionalism. This includes commitment to acquiring and maintaining the knowledge and skill needed to provide excellent care to patients, as well as development of effective communication with patients and colleagues. Collaboration and cooperation with all members of a health care team, including those representing other professions, are essential to achieving optimal patient outcomes, and they are your professional responsibility.

Professional commitment to society includes demonstration of an understanding of the importance of enhancing access to medical care for all families, as well as commitment to continued evaluation and improvement of the quality of care being provided, and to the just distribution of finite health care resources.

The ABP has developed a resource guide for program directors to assist in teaching and assessing professionalism. An annotated bibliography of bioethics references applicable to the care of pediatric patients is also available.

- **ADDITIONAL EVALUATION METHODS**

Rounds and conferences provide important opportunities for the program director, teaching faculty, and chief residents to review your participation in and contribution to discussions. Competencies such as clinical judgment, presentation of the patient history, effective use of medical resources, and commitment to scholarship may be evaluated effectively in these settings.

In recent years many training programs have developed additional methods to evaluate various components of a physician's competency. These methods might include standardized or simulated patients, videotaped patient encounters, OSCE, computer-based simulations, mock "codes," self-assessment instruments, and case logs. It is up to the discretion of your program director to determine which methods to use.

## HOW WILL I KNOW HOW I AM DOING?

The RC requires that all pediatric training programs maintain written and electronic documentation of resident performance and provide formal evaluation and feedback at least twice a year to each resident regarding their performance and progress in the program. The ABP strongly supports the concept of careful written and electronic documentation of the performance and progress of residents. Both verbal feedback and written evaluations are vital to your education and continuing professional growth.

## HOW DO I QUALIFY FOR CERTIFICATION IN PEDIATRICS?

The policies for certification are detailed in the ABP's *A Guide to Board Certification in Pediatrics — Booklet of Information*. The ABP suggests that you familiarize yourself with these policies.

## HOW DOES THE ABP FOLLOW MY PROGRESS?

As part of the ABP tracking and evaluation program, your program director is asked to indicate annually whether your performance is satisfactory, marginal, or unsatisfactory in clinical competence and satisfactory or unsatisfactory in professionalism. If your performance rating is satisfactory in both areas, the ABP will give credit for the year evaluated (e.g., R-1 year). If a rating is marginal in clinical competence, your program director is asked to complete an individual evaluation form indicating the your level of performance and status in the program. You are requested to sign this form, which is then returned to the ABP. If you receive an unsatisfactory rating at the end of the first year, you may be terminated from the program or given the option to repeat the R-1 year. (The same is true for your R-2 year if you receive an unsatisfactory evaluation.)

**If you are completing combined training (e.g., combined internal medicine-pediatrics), a marginal or unsatisfactory evaluation in one of the two specialties will result in a marginal or unsatisfactory evaluation for the entire year of combined training.**

If you receive a marginal evaluation, you must begin a remediation program developed by your program director. If your program director believes that it is appropriate to grant full credit for the year of training, they may mark you as “marginal with advancement to the next level,” and you will be advanced to the next level. If more time is needed to make an evaluation for the year of training, an interim evaluation, “marginal with extension at the same level,” may be marked, and an anticipated end date for the training level must be given. When you complete the extended period of training and the level of training is completed, a final evaluation for that level of training will be recorded. **When “marginal with extension at the same level” is indicated, there must be an extension of training beyond the usual three years.** Decisions regarding promotions are made by the program directors, not the ABP, and depend on the nature and importance of the deficiencies.

If you receive marginal ratings for two consecutive years of training (e.g., R-1 and R-2), you will not receive credit for the second marginal year and must repeat that entire year of training. If you receive a marginal rating for one training year (e.g., R-2) and receive a satisfactory rating for the following training year (e.g., R-3), then you receive credit for both years of training.

If you receive an unsatisfactory rating for professionalism in any year of training, you may either need to repeat the year or, at the ABP's discretion your the program director's recommendation, may be required to undergo a period of observation before eligibility to apply for the certifying exam is determined. If you are rated as satisfactory at the completion of the next year of training during which the period of observation will occur, you may receive credit for the year in question. The final year of training must be completed satisfactorily. **You must receive satisfactory evaluations in all six components of competence to be eligible to apply for the certifying exam.**



The table below illustrates the consequences of receiving an unsatisfactory or marginal evaluation in clinical competence.

PROGRAM RATINGS OF CLINICAL COMPETENCE		
	R-1 and R-2	R-3
<b>OVERALL CLINICAL COMPETENCE*</b>		
Satisfactory	Full credit	Full credit
Marginal	Full credit for 1 marginal year. Repeat the latter year if both years are marginal	Not applicable
Unsatisfactory	No credit / repeat year	No credit / repeat year
<b>PROFESSIONALISM</b>		
Satisfactory	Full credit	Full credit
Unsatisfactory	Repeat year, or at the ABP's discretion, a period of observation will be required	Repeat year, or at the ABP's discretion, a period of observation will be required
*Includes patient care and procedural skills, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice.		

The tracking system also identifies residents who transfer from one program to another or those who transfer to a new specialty and ensures that the new program director recognizes those residents who need remediation. Summary evaluations and credit granted will be sent to a new training program if you transfer. Your new program director and your previous program director must communicate to discuss previous clinical experiences, evaluations, and remediation. Your new program director will be responsible for continuing a remediation program, if necessary, ensuring that all training requirements have been met, and for evaluating you when you apply for certification.

Throughout the course of training, you should receive feedback and appropriate remediation to address and correct identified problems. Residents with problems have the responsibility to work with their program directors in the development and implementation of an appropriate remediation program.

Although your program director has the primary responsibility for keeping residents informed about their evaluations, you also have the responsibility of keeping yourself informed about your individual evaluations by requesting feedback if it is not given by your program director

The ABP believes that this system of evaluation will benefit you by identifying problems early so that remedial measures can be initiated promptly. Both verbal and written feedback are vital to education and continuing professional growth.

At least twice a year, your program director or their designee should meet with you to review your progress in the program. It is also your responsibility to take every opportunity to ask your program director, attending faculty, and chief resident for an assessment of your performance.

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## HOW MAY I APPEAL ADVERSE JUDGMENTS?

The ACGME requires for program accreditation that trainees be provided due process. Residents who wish to appeal evaluations or final recommendations by the program director must proceed through institutional due process mechanisms.

## WHAT IF I WANT TO CHANGE PROGRAMS?

Sometimes trainees desire a change in programs. Reasons for transfer to a different program are multiple and may include dissatisfaction with the current program, a change in specialty or subspecialty interest of the resident or fellow, change in desired location of training (e.g., spouse relocation, family illness), and desire to transfer to a program more suitable to the resident's goals. Decisions about changing programs should be discussed with the program director in time to permit the program to seek a suitable replacement. Summary evaluations will be sent to your new training program if you transfer. Trainees should be aware that interruptions in residency of more than 24 continuous months require review and approval by the Credentials Committee of the ABP.

## ABP PRIVACY POLICY

In the course of the in-training, certification, and MOC processes, the ABP must collect, utilize, and in some cases, share with third parties personally identifiable information. The ABP has adopted a Privacy Policy that describes what data we collect, why we collect it, how we use it, and why it is shared with third parties. Our goal in establishing this Privacy Policy is to assure you that information disclosed to us is handled appropriately regarding the privacy of this information. Residents are encouraged to review the ABP's full Privacy Policy.

It is the primary responsibility of the program director to complete and send the annual evaluation summary to the ABP. It is suggested that the training program director obtain the resident's consent to do so. It is the responsibility of the program director to obtain consent from trainees to report summary evaluations, credit, and other training information to the ABP.