

# The Pediatrics Milestone Pilot Project: Perspectives of Current Pediatric Residents

*Deanna Tocco, MD; Anuja V. Jain, MD, MEd; Hayley Baines, MD*

From the Phoenix Children's Hospital, Phoenix, Ariz (Dr Baines); Boston Children's Hospital, Boston, Mass (Dr Jain); and Children's Hospital of Philadelphia, Philadelphia, Pa (Dr Tocco)

All authors contributed equally to this work.

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. The authors declare that they have no conflict of interest.

Publication of this article was supported by the American Board of Pediatrics Foundation and the Association of Pediatric Program Directors. Address correspondence to Hayley Baines, MD, Medical Education Department, Phoenix Children's Hospital, 1919 E Thomas Rd, Phoenix, AZ 85016 (e-mail: [hbaines@phoenixchildrens.com](mailto:hbaines@phoenixchildrens.com)).

Received for publication November 17, 2013; accepted November 20, 2013.

**ACADEMIC PEDIATRICS** 2014;14:S8–S9

IN 2012, THE Pediatrics Milestone Project Working Group released its first iteration of milestones designed to assess learners across the continuum of medical education, from medical school through residency into practice.<sup>1,2</sup> These milestones were used as part of the Pediatric Milestones Pilot Project as an assessment tool for pediatric residents in multiple sites across the country. Several evaluators who play various roles on the health care team submitted assessments for each resident. The assessments were then collated by a single evaluation representative at each site. The representative met with each resident at his or her site to share the assessments and provide feedback in person. Here we share the perspectives of resident physicians who participated in the Pilot Project. Four overarching themes characterize the experience of the residents: the 360-degree aspect of the evaluation, the quality and differences of the feedback provided using the milestones, the interpretation and ability to implement the feedback, and the timeliness of the feedback provided.

## 360-DEGREE FEEDBACK

Many of the pediatric milestones are behaviors that require direct observation of learners in a clinical environment. For example, for evaluators to assess a resident's ability to "gather essential and accurate information about the patient," they must observe residents while they are gathering a primary history from a patient. One of the strengths of the Milestone Project is that several members of the health care team assess residents, including coresidents, supervising residents, nurses, and attending physicians. In this way, a senior resident can comment on a resident's efficiency in obtaining a history, and a nurse can evaluate a resident's ability to communicate with the nursing staff, the patient, and the patient's family. Benefits of a multisource feedback system are numerous. The residents who participated in the Pilot Project found that evaluation that incorporated various perspectives provided a more complete picture of their development than the information shared in a single evaluation from an attending

physician who may or may not have observed all aspects of their performance. Several perspectives highlighted all aspects of the competency being assessed and took into account how effectively residents worked with several members of the health care team. Use of the milestones created a more structured process for both the assessment and the provision of feedback than is currently available with the evaluation tools used in most residency programs. The structure greatly increased the likelihood that the evaluation was complete and provided meaningful feedback.

## QUALITY AND DIFFERENCES OF FEEDBACK

In addition to the benefit of having multiple perspectives contributing to feedback for each resident, the Milestone Project included a broad set of core competencies for use in evaluating residents' performance. The residents who participated in the Pilot Project thought that this allowed more expansive feedback than the feedback they had previously received. The areas in which residents were assessed covered a broader depth of qualities in a more specific manner. For example, instead of being generally evaluated on the basis of a global assessment of "inadequate" to "above average" on communication skills as a resident, the Milestone Project asked assessors to judge a resident's ability to communicate verbally with families and patients, with other medical staff, as a consultant, and through his or her written documentation. Having communication skills divided into multiple components and the inclusion of various contexts provided specific feedback that the residents thought translated more concretely into an understanding of how to make specific changes to their practice and thereby make progress. The participating residents also found that the feedback was delivered in a different format during this Pilot Project. This new process ensured that one evaluator was responsible for compiling all the data before the final feedback session. Each resident had the opportunity to meet in person to receive his or her feedback and to go through each evaluation point by point with a faculty member. Residents thought that the ability to

receive feedback in person and to discuss each competency specifically, although a more time-consuming process, provided a more thoughtful and complete evaluation.

### INTERPRETATION AND IMPLEMENTATION OF FEEDBACK

During the pilot of Pediatric Milestones, all participants, assessors, evaluators, and residents were new to the milestones' content. Evaluators were given the task of summarizing the feedback provided and synthesizing it into the framework of the overall milestones. The residents, who were also new to the format, were tasked with interpreting the feedback provided and incorporating it into their practice as part of their own personal improvement. Unfortunately, the representative evaluator in charge of providing the evaluation summary may not have worked with the resident clinically. In some situations, this led to a less effective evaluation meeting as the representative struggled to appropriately transmit the feedback and encountered difficulty answering the resident's clarifying questions. It was often unclear which group of colleagues had submitted which pieces of feedback, making it more difficult for the learner to be confident about being able to implement appropriate change. In addition, some feedback applied to a number of competency domains. In feedback related to professionalism and communication, residents also received feedback regarding patient care and medical knowledge. Discussion of the feedback with the site's evaluator allowed residents to understand their progress toward mastering each competence category and to recognize what they needed to do to progress to the next stage of development. This awareness facilitated the ability of residents to implement specific and appropriate change to enhance their own professional development.

### TIMING OF FEEDBACK

The use of the milestones as an assessment tool is applicable to measuring the performance of all residents and trainees. It presents a spectrum of skill level for each designated competency. For first-year residents, the experiences at the beginning of their careers in the first months of residency greatly contrasted with their level of experience at the time they transitioned to the role of senior resident. With milestones, the same evaluation tool is used to track the residents' development over time. For example, interns

at the beginning of their pediatric careers starting their residencies seek guidance in transitioning from the role of a data-collecting medical student to primary care provider—someone who must develop a plan of care. In contrast, 10 months later, these same residents will need feedback about how to further develop their skill set as a senior resident and work with interns and medical students, all while supervising the medical care of a larger patient cohort. Using the milestones, which provide the same standard competencies as a tool for assessment, allows residents to reflect on their progress and play an active role in planning their professional development. Overall, there are multiple contributing assessors with varying degrees of subjectivity, but residents themselves can guide the evaluation, asking specific questions about how they can progress to the next milestone.

Taken together, the residents who participated in the Pilot Project believed that the use of the Pediatric Milestones was a valuable addition to residency training for many reasons. The 360-degree aspect of the feedback provided from the use of a standardized evaluation tool allowed residents to incorporate feedback from senior-level physicians, peers, and other members of the health care team. The milestones provided more concrete information than most currently used feedback systems and enabled residents to interpret the information in a specific way and subsequently implement appropriate changes. The standardized format provided a consistent platform for each evaluation and directed the observer (assessor) to notice and grade specific behaviors. Reflecting on the pilot assessments that used the milestones, the residents suggested including a session in which residents can discuss specific evaluations with specific assessors, as opposed to with a single evaluation representative. This would further enhance residents' ability to improve their understanding of the feedback received. Most importantly, the new standardized format of feedback available through the Pediatric Milestones tool empowered residents to further refine their skills and competencies as developing physicians.

### REFERENCES

1. Pediatric Milestones Project. Available at: <https://www.abp.org/abpwebsite/publicat/milestones.pdf>. Accessed August 15, 2013.
2. Hicks PJ, Schumacher DJ, Benson BJ, et al. The pediatrics milestones: conceptual framework, guiding principles, and approach to development. *J Grad Med Educ*. 2010;2:410–418.