Standardized Pediatric Cardiology Evaluation Forms Allow for Simultaneous Assessment of Trainee Performance on **Clinical Rotations and in Subcompetencies** Lowell H. Frank¹, Peter R. Koenig², Antonio G. Cabrera³, David Brown⁴, Robert D. Ross⁵, Robert Fallar⁶, Shubhika Srivastava⁶ ¹Children's National Health System, ²Lurie Children's Hospital, ³Texas Children's Hospital, ⁵Children's Hospital, ⁵Children's Hospital, ⁶Kravis Children's Hospital

Background

- Pediatric cardiology fellowships have a variety of clinical rotations that align with recentlydeveloped subspecialty-specific entrustable professional activities (EPAs)
- Training guidelines written in 2005 and revised in 2015 subdivide the field along similar lines as the EPAs
- No uniform method of clinical fellow evaluation exists
- Since 2014, pediatric cardiology fellowships have been required to report milestone levels on 21 subcompetencies to the ACGME, which is time consuming and requires additional faculty development
- Our objective was to develop and implement standardized clinical evaluation forms available to all pediatric cardiology programs for assessment of subcompetency achievement simultaneous with traditional clinical performance and to assess the utility of these tools

Methods

- Evaluation forms were developed during 2015 training guidelines revisions
- Six writing groups were created through the Society of Pediatric Cardiology Training Program Directors:
- Cardiac critical care
- Acute care and consultation
- Outpatient care
- Non-invasive imaging
- Electrophysiology
- Cardiac catheterization
- Each form would correlate with a specific EPA
- Pediatric cardiology fellowship directors were surveyed after implementation

Results

- 6 forms comprising 88 questions (range: 11-18 per form) were created
- 21 subcompetencies included; each reflected multiple times (mean 9.3; range 2-35)
- 25/57 programs responded to survey (44%)
- 16 (64%) used the forms

Competency	Subcompetency*	# of Questions
Patient Care	Provide transfer of care that ensures seamless transitions	4
	Make informed diagnostic and therapeutic decisions	35
	Develop and carry out management plans	25
	Provide appropriate role modeling	3
Medical Knowledge	Locate, appraise, and assimilate evidence	5
Systems-Based Practice	Work effectively in various health care delivery settings	3
	Coordinate patient care within the health care system	7
	Incorporate considerations of cost awareness and risk-benefit	11
	Work in inter-professional teams to enhance patient safety	12
	Help identify system errors/implement potential solutions	3
Practice-based Learning and Improvement	Identify strengths, deficiencies, and limits	8
	Systematically analyze practice using QI methods	3
	Use IT to optimize learning and care delivery	3
	Participate in the education of patients, families, students, residents, and other professionals	7
Professionalism	Professional conduct: high standards of ethical behavior	8
	Trustworthiness that makes colleagues feel secure	7
	Provide leadership skills that enhance team functioning	2
	The capacity to accept that ambiguity is part of medicine; to utilize appropriate resources in dealing with uncertainty	9
Interpersonal Communication Skills	Communicate effectively with health professionals	18
	Work effectively as a member or leader of a health care team	9
	Act in a consultative role to other health professionals	13

• 24 faculty from 21 institutions participated

• 44% of programs responded that there was no existing process in their program to allow for the assessment of certain attributes



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Analyzes and interprets the hemodynamic results of the

catheterization procedure and its implications for

management*

- directly rather than in a mapped fashion

The authors have no disclosures