

DIRECT OBSERVATION OF CLINICAL SKILLS

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Goal: Apply direct observation of learners in your clinical setting

Objectives for today

1. Consider how the basics of what, when, where and how of direct observation can be applied to your setting
2. Be intentional about in room behaviors of the observer for maximal benefit
3. Practice observing and evaluating a learner

Who has observed learner's clinical skills?

- In what context?
- What worked well?
- What barriers/obstacles did you encounter?

What has worked well for you?

What barriers did you encounter?

If you didn't see it, it may not have happened!

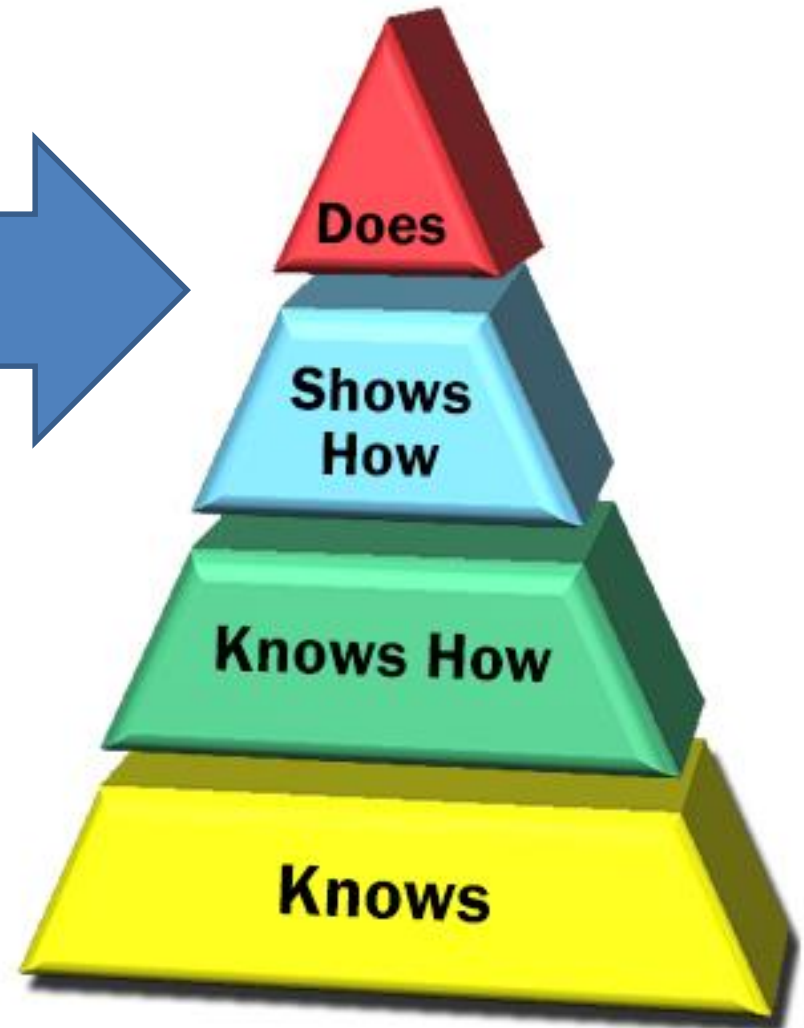
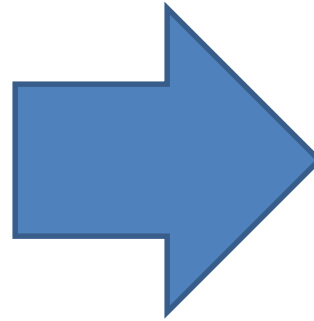


Why directly observe?

- Gain insight into learners strengths and weaknesses
- Correct exam maneuvers in real time
- One of the best methods of assessment

Miller's Triangle of Clinical Competence

Direct Observation



Direct Observation is great for:

- Questions used by learner
- Physical exam and procedural techniques
- Communication
- Professionalism
- Efficiency

When to observe?

- In any clinical setting
- With patients, may have the learner do **SOME** or **ALL** of the history taking or exam
- If observing a specific portion of the visit can take as little as 2-3 minutes

Examples of good times to observe

- First or last patient of the session
- HPI for an acute visit
- Symptom-driven brief exam
- Agenda setting with a new patient
- Patient education
- Others?

Considerations

- Choosing the right patient
- Make the learner aware of the observation plan
- Involve the learner in choosing what to observe
- Take notes while observing

Working with patients

- Get their permission (you or a team member)
- Choose the patient carefully
- Wait until the student is finished to correct mistakes unless harm would come to the patient

Be Careful...

- Observer presence may influence performance
- Observer biases can affect evaluation
- Some learners will be uncomfortable
- Give constructive feedback in private
- If using observation for summative rather than formative evaluation, multiple observations are best

Using a tool to assess the learner

- Use of scoring or evaluation tools increase reliability of the observations
- Directs the observer to specific items to be evaluated

Give feedback

- Timely when possible
- Concrete and specific

“You have great communication skills.”

Vs.

“You demonstrated empathy with eye contact, head nods and verbal affirmation to the patient.”

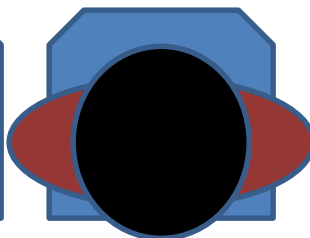
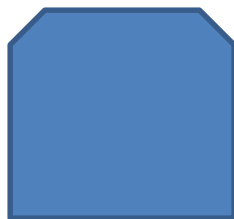
Give feedback

- An action plan is helpful
- “I’d like you to review the pertinent positives/negatives you would want to know for RUQ pain. In this case you would want to include bowel changes like color or consistency and systemic symptoms like fevers/chills/night sweats.”

Clinical Setting

- Stay out of the line of sight between the patient and learner
- Try not to interrupt
- May need to defer to the learner when possible if asked questions by the patient to establish their role

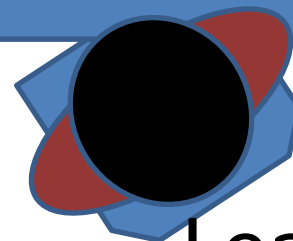
DOOR



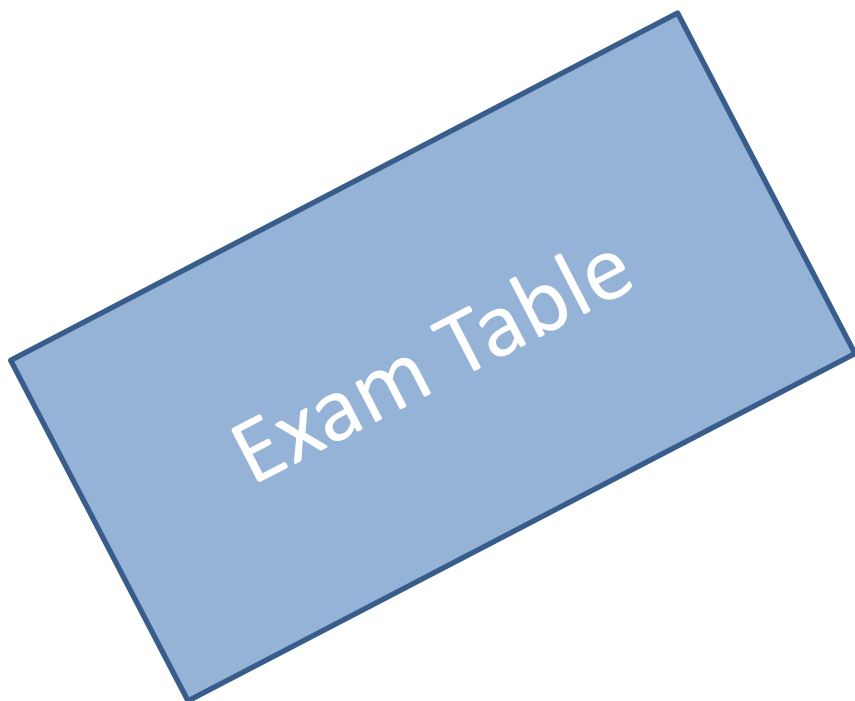
Patient



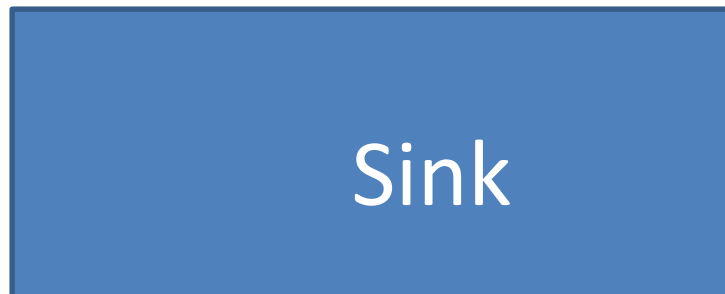
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Learner



Exam Table



Sink

Video Recording

- Hardwired in
- Phone or portable camera
- Other?

Procedures

- Review procedure technique beforehand
- Review expectations beforehand
- Use a code word/expression to stop or change what they are doing
- OK to interrupt as needed

Group Activity

Debrief

Final Thoughts/Questions/Comments?