
DIRECT OBSERVATION // what, why, and how to make it happen more often...

What is it?

Directly observing your learner in action to assess key competencies and offer the learner constructive feedback to guide his/her future development.

Why do it?

- Assessing learners in natural settings offers the opportunity to see beyond what they know and into what they actually do, which is fundamentally essential to training qualified physicians (Barrett Fromme)
- By observing and assessing learners with patients and providing feedback, faculty help trainees acquire and improve skills and help patients through better supervision of clinical care (Duffy)
- Residents and even medical students report that being observed during clinical rotations is an infrequent event and many express disappointment that more direct observation didn't occur during their training. Research findings suggest that clinical skills plateau during residency and increased experience tends to ingrain bad habits rather than lead to improvement. Clerkship and residency are vital times to modify behaviours (Practical Doc)

References:

- Barrett Fromme, H. et al. Direct Observation in Medical Education: A Review of the Literature and Evidence for Validity 2009 *Mt Sinai J Med* 76:365–371
- Duffy F. et al. Participants in the American Academy on Physician and Patient's Conference on Education and Evaluation of Competence in Communication and Interpersonal Skills. Assessing competence in communication and interpersonal skills: the Kalamazoo II report. 2004 *Academic Med* 79(6):495-507
- Practical Doc Website: www.practicaldoc.ca



What gets in the way?

Common barriers in the clinical setting	Strategies to overcome barriers
<p>1. Lack of time</p> <ul style="list-style-type: none">• It takes too long to observe the learner and the clinic gets further and further behind schedule• Feedback to learners is rushed or insufficient	<ul style="list-style-type: none">• <i>Observe only short fragments of the clinical encounter.</i><ul style="list-style-type: none"><input type="checkbox"/> Watch only how the learner discovers the history of the presenting complaint.<input type="checkbox"/> Have the learner bring you in to review only their physical examination.<input type="checkbox"/> Ask the learner to come get you when s/he is ready to negotiate the treatment plan with the patient.• <i>Enter times for direct observation into your office schedule.</i><ul style="list-style-type: none"><input type="checkbox"/> Scheduling creates protected time for this valuable activity and can also reduce learner anxiety by clarifying when observation will occur (ie. make the appointment right after lunch a regular “direct observation appointment”)<input type="checkbox"/> Use “wave” scheduling (see attached Sample Wave Schedule for options on how this might be done efficiently)• <i>Save the feedback for later.</i><ul style="list-style-type: none"><input type="checkbox"/> Write field notes during the observation to help record key observations and then discuss the situation with the learner at a mutually-convenient time (ie. during lunch or at end of day)• <i>Use a recording</i><ul style="list-style-type: none"><input type="checkbox"/> Have learners record themselves in action (video and/or only audio may be used) and then review and provide feedback at a convenient time<input type="checkbox"/> Ask learners to pre-view the recording and self-assess in advance of your feedback session<input type="checkbox"/> Watch only a select segment of a recording that addresses an area of interest/concern<input type="checkbox"/> IMPORTANT: ensure adherence to confidentiality and consent requirements when using recordings
<p>2. Reluctant learners</p> <ul style="list-style-type: none">• Being watched can be intimidating and learners often resist being observed	<ul style="list-style-type: none">• <i>Normalize the process</i><ul style="list-style-type: none"><input type="checkbox"/> During orientation, discuss the importance, purpose, and benefit of regular observation and make it a joint responsibility to achieve.<input type="checkbox"/> Share CFPC-endorsed frameworks (ie. CanMEDS-FM, 6 Skill Dimensions) that specify competencies that will be targeted during observations• <i>Involve the learner in planning</i><ul style="list-style-type: none"><input type="checkbox"/> Ask the learner to indicate learning goals they’d like to target during this rotation<input type="checkbox"/> Ask the learner to help identify opportunities during the rotation for you to observe them addressing these areas and to provide feedback on their progress• <i>Reciprocate</i><ul style="list-style-type: none"><input type="checkbox"/> Have the learner observe you and give you feedback on performance
<p>3. Observation effect</p> <ul style="list-style-type: none">• When the preceptor enters the room the dynamic can change between the learner and patient• Learners may alter their approach and patients may look to preceptor for guidance	<ul style="list-style-type: none">• <i>Prep the patient</i><ul style="list-style-type: none"><input type="checkbox"/> Advise the patient, in advance, that you may be coming in for part of the session but that you will only be a “fly on the wall” (ie. observing but not participating in the clinical encounter).• <i>Hold back</i><ul style="list-style-type: none"><input type="checkbox"/> Sit out of sight of the patient and avoid the temptation to jump into the conversation if the learner seems to be on the wrong track.• <i>Anonymity helps</i><ul style="list-style-type: none"><input type="checkbox"/> It may be easier to stay neutral if you don’t know the patient well.

Sample Wave Office Schedule

Time	Appointments Booked	Preceptor Sees	Resident Sees
0900	Patient A & Patient B	Patient A	Patient B
0915	Patient C	Patient C	
0930		<i>Patient B Together</i>	
0945	Patient D & Patient E	Patient D	Patient E
1000	Patient F	Patient F	
1015		<i>Patient E Together</i>	
1030	Patient G & Patient H	Patient G	Patient H

Note: Booking times may vary depending on learner experience and competency.