Using QR Codes for Direct Observation Evaluation of Learners

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BACKGROUND
- Direct observation is endorsed by the AAMC, ACGME and ABMS.
- Provides reliable and valid assessments
- Enhances supervision of trainees

OBJECTIVE
- Existing evaluations not amenable to easily document direct observation
- Barriers to direct observation exist
  - Time
  - Lack of focus
  - Ease of documentation
  - Lack of faculty training
- Objective was to improve our faculty’s direct observation of our fellows by providing an easily accessible tool for guidance and documentation.
- Enhance the evaluation and feedback provided to our fellows.
- Help CCC to assign milestones

QR Code Evaluation Tool Development and Process
- All of our evaluations are now incorporated.
- We identified our types of evaluations, some general (i.e. clinical week of service), and other more direct observation oriented (i.e. procedures and communication skills).
- Added milestones based on frequency we expected to observe the competency.
- Each fellow was given a specific QR code
  - Simplifies lives for the faculty
  - Fellow carries a QR tag with their ID badge
  - QR sheets emailed to all faculty
  - QR sheets displayed in our office space
  - One code holds a link to all the evaluations
- After procedure, family conversation, or teaching a resident, the faculty can scan QR code, click link to the specific evaluations needed, and fill it out immediately on any smart phone, tablet, or computer.
- QR code on fellow’s badge allows fellow to solicit evaluations from faculty.
- Minimum number of evaluations are expected from each fellow
- Faculty have a minimum number of evaluations to complete per week on service.
  - Track by program coordinator

QR Sheet and Evaluation Link
Brian Leland  https:// surveymonkey.com/s/G2P9

Specific Comments
Old: Struggles with visualizing high risk airway
New: Failed with intubation attempt but airway somewhat atypical due to fact that was immediately post T&A so appearance not what one would typically expect

Old: Work on improving independence
New: Intubation of a single ventricle patient (with fragile hemodynamics) was achieved promptly and swiftly, in a very competent manner. However immediately after intubation, there were issues with ventilation of the patient - due to equipment malfunction. Fellow relied too much on the RT’s ability, which in this case did not rise to the expectations. And relied on me, as a supervising attending, to direct the ensuing maneuvers and stabilization, thus not acting at the level I was expecting, of a senior fellow.

SUMMARY
QR codes accessed for free at www.qrstuff.com

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