Meaningful Integration of Direct Observation into Resident Evaluation

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Disclosures

We have no personal financial relationships to disclose.
Objectives

* Describe benefits of incorporating direct observations into resident evaluation
* Perform Direct Observation utilizing structured tools
* Map outcomes from direct observations to reportable pediatric sub-competencies
* Develop a specific plan to implement direct observations into your training program
Workshop Roadmap

- Introductions
- Practice Observation
- Brief Didactic
- Intro to Tools
- Small Group Application
- Large Group Discussion
- Wrap-up
Miller’s triangle of clinical competence (Miller GE. The assessment of clinical skills/competence/performance. *Acad Med* 1990; 65: s63-7)
If you didn’t see it, it may not have happened!
What you don’t see

- Questions used to obtain history
- Physical exam and procedural techniques
- Communication
- Professional demeanor
- Helping patient to navigate the healthcare system
- Trainee efficiency
Why DOs are important

* Provides trainees opportunity to demonstrate application of what they have learned
* Allows timely, specific, credible feedback
* Enhances quality of summative evaluations
* Provides valuable information for CCC’s

NAS Requirement

- Milestones are anchored in direct observation of behaviors
- Allow for more meaningful assessment
- Enhance ability to identify struggling trainees earlier

ACGME Program Requirements for Graduate Medical Education in Pediatrics, 2013.
Clinical Competency Committee

Evaluations
- Presentation Evaluations
- OSCE
- Mini-CEX
- Scholarly Activity
- CEX
- SCO
- Simulation
- Rotation Evaluation
- OSTE
# Pediatrics Milestones

**To Be Reported on Semi-annually**

## A. PATIENT CARE
1. Gather essential and accurate information about the patient
2. Organize and prioritize responsibilities to provide patient care that is safe, effective and efficient
3. Provide transfer of care that insures seamless transitions
4. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment
5. Develop and carry out management plans

## B. MEDICAL KNOWLEDGE
1. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems

## C. PRACTICE-BASED LEARNING AND IMPROVEMENT
1. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
2. Identify and perform appropriate learning activities to guide personal and professional development
3. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
4. Incorporate formative evaluation feedback into daily practice

## D. INTERPERSONAL AND COMMUNICATION SKILLS
1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
2. Demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions

## E. PROFESSIONALISM
1. Humanism, compassion, integrity, and respect for others; based on the characteristics of an empathetic practitioner Humanism
2. A sense of duty and accountability to patients, society, and the profession Professionalization
3. High standards of ethical behavior which includes maintaining appropriate professional boundaries Professional Conduct
4. Self-awareness of one’s own knowledge, skill, and emotional limitations that leads to appropriate help-seeking behaviors
5. Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
6. The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty

## F. SYSTEMS-BASED PRACTICE
1. Coordinate patient care within the health care system relevant to their clinical specialty
2. Advocate for quality patient care and optimal patient care systems
3. Work in inter-professional teams to enhance patient safety and improve patient care quality
# NMCSD Structured Clinical Observation (SCO)

<table>
<thead>
<tr>
<th>SCO #1</th>
<th>SCO #2</th>
<th>SCO #3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resident:</strong></td>
<td><strong>Resident:</strong></td>
<td><strong>Resident:</strong></td>
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<tr>
<td><strong>Preceptor:</strong></td>
<td><strong>Preceptor:</strong></td>
<td><strong>Preceptor:</strong></td>
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<tr>
<td><strong>Date:</strong></td>
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</table>

## Observe One Clinical Skill Set (3 minute observation, 2 minute feedback)

<table>
<thead>
<tr>
<th>SCO #1</th>
<th>SCO #2</th>
<th>SCO #3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavior:</strong></td>
<td><strong>Behavior:</strong></td>
<td><strong>Behavior:</strong></td>
</tr>
<tr>
<td><strong>Data Gathering</strong></td>
<td><strong>Data Gathering</strong></td>
<td><strong>Data Gathering</strong></td>
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<tr>
<td><strong>Physical Examination</strong></td>
<td><strong>Physical Examination</strong></td>
<td><strong>Physical Examination</strong></td>
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<tr>
<td><strong>Information Giving</strong></td>
<td><strong>Information Giving</strong></td>
<td><strong>Information Giving</strong></td>
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<tr>
<td><strong>1st Behavior observed and feedback on that behavior</strong></td>
<td><strong>1st Behavior observed and feedback on that behavior</strong></td>
<td><strong>1st Behavior observed and feedback on that behavior</strong></td>
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<tr>
<td><strong>Feedback</strong></td>
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<td><strong>Feedback</strong></td>
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<tr>
<td><strong>2nd Behavior observed and feedback on that behavior</strong></td>
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<tr>
<td><strong>Behavior</strong></td>
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OSTE

* Describes a spectrum of observable behaviors along a continuum from novice to expert
* Each behavior is related to a skill that can be mapped to a competency
* Used to assess a wide range of teaching (i.e. bedside, classroom)
Teaching Assessment OSTE

1. Identify the Competency
2. Foundation in consensus competencies
3. Define an EPA
4. Determine skills/traits
5. Characterize observable behaviors
6. Align behaviors with gradient of competency
<table>
<thead>
<tr>
<th>PREPARATION SKILL</th>
<th>Level of achievement</th>
<th>Observed Behaviors (Check a box after viewing these behaviors during the OSTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Establishing learning objectives for the educational encounter</strong></td>
<td>1</td>
<td>- Simply mentions the topic of the session</td>
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<tr>
<td></td>
<td></td>
<td>- No discussion of objectives for the session</td>
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<tr>
<td></td>
<td>2</td>
<td>- States the topic of the session (if checked also check level 3 box 1)</td>
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<tr>
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<td>- Discusses goals of the session in general terms (i.e. “we’re going to talk about how to work up...”)</td>
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<tr>
<td></td>
<td>3</td>
<td>- States the topic of the session</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Outlines specific goals and objectives for the session (i.e. “at the end of this talk you should be able to work through the differential diagnosis, know the key history and physical exam components, and understand basic treatment of...”)</td>
</tr>
<tr>
<td><strong>Assessing the level of the learner</strong></td>
<td>1</td>
<td>- Does not assess the learner’s prior exposure to the topic</td>
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<tr>
<td></td>
<td></td>
<td>- Does not assess the learner’s perceived knowledge of the topic</td>
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<tr>
<td></td>
<td>2</td>
<td>- Assesses the learner’s exposure to BUT does NOT assess the learner’s knowledge of the topic (i.e. patients seen with condition, prior lectures on the topic, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Assesses the learner’s knowledge of BUT does NOT assess the learner’s prior exposure to the topic (i.e. does the learner already feel comfortable with the content of the topic)</td>
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<tr>
<td></td>
<td>3</td>
<td>- Assess the learner’s exposure to AND knowledge of the topic</td>
</tr>
</tbody>
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Activity Introduction

In the next 30 minutes:
1. Role play using the OSTE to assess a teaching scenario
2. Complete a SCO on an outpatient scenario
3. Discuss observed Sub-competencies
Activity #1
OSTE Application

* Teaching Scenario - build a burrito
* Teacher and 3 students
  * Expert who works at Chipotle
  * Minimally knowledgeable to competent - like to eat burritos
  * Novice - never heard of or eaten a burrito
* 2-3 observers at the table
Activity #2
SCO Application

* Outpatient continuity clinic teaching scenario
* Review the video-taped visit
* Rate the learner with the SCO
* Discuss findings at your table
In your small groups...

Consider the following:

- Successes using observations in your program
- Barriers to using in your home program
- Challenges to implementing a systematic direct observation program

Report out to large groups
The Benefits

- What really happened in the room?
- History taking skills
- Physical exam - appropriate, done correct
- Communication - was the “hidden agenda” addressed?
- Interpersonal/Interaction
- Counseling skills
  - Did family understand the diagnosis, plan and follow-up?
- Professionalism
The Challenges

* **Time, time, time**
  * While observing, not seeing other patients
  * Feedback after observation
* Patient schedule and clinic flow
* Office/hospital room configuration
* Observation in large group i.e. rounds
* Resident discomfort/stress
* Preceptor discomfort/faculty development
* Concern of parental perception
* Determining optimal number
How have you overcome some of these barriers?

How to get faculty to buy in?
Overcoming Barriers - Outpatient

- Observational room with one way mirror
  - If you have unlimited funds 😊
- Video recordings of encounters
  - Think cheap - iPhones work well
  - Review with learner
  - Learner review on own for self-reflection
Overcoming Barriers - Outpatient

- Standardized tool
  - Preceptor becomes comfortable with tool
  - Standardized objective information collected
- Multiple short observations (SCO)
  - Learner becomes more comfortable
  - Less time intensive
  - Less impact on patient flow
  - Observe different aspects of exam at different points over time
Overcoming Barriers - Inpatient

- Assign roles to different learners
- Get multiple learners involved in the observation
- Multiple people observing rounding encounters
- Tools for presentation content
- Tools for rounding process
Questions?
References


