
Teaching in the Presence of Patients Via Direct Observation



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I have nothing to disclose.






Polling Question

On a typical 3rd or 4th year rotation, how frequently do you normally observe a medical student with a patient and then provide him/her feedback **based on direct observation?**

- A. Never
- B. Rarely (maybe once or twice)
- C. Occasionally (3 to 4 times)
- D. A moderate amount (5 to 6 times)
- E. Frequently (More than 5 or 6 times)



Relative to teaching medical students in the presence of seeing patients, if you have a routine that seems to work for you and for the student, please send an e-mail describing the routine to dbaker@acom.edu. I will compile all the responses and send them to everyone on this videoconference.

Thanks in advance!



Main Goal of This Session

Help preceptors gain effective strategies for teaching students in the presence of patients and to use direct observation systematically as part of the teaching and evaluation process.



Literature

1. Barriers and Enablers to Direct Observation of Trainees' Clinical Performance: A Qualitative Study Using the Theoretical Domains Framework. *Academic Medicine (2020)*
2. Direct Observation: Assessing Orthopedic Trainee Competence in the Ambulatory Setting *J AM Acad Orthop Surg(2016)*
3. Experience-Based Guidance for Implementing a Direct Observation Checklist in a Pediatric Emergency Department Setting *J of Grad Med Ed (2012)*



Conversation based on Direct Observation

1. How did the preceptor prep the student?
2. Was what student did related to a learning objective in the OB/GYN syllabus?
3. Was the student asked to verbalize what she was going to do before she did it.
4. Did the preceptor have a discussion with the student about doing the procedure before they both entered the exam room?
5. Most importantly, did the patient know her doctor was teaching a medical student and how was the medical student introduced to the patient?



Objectives

1. Describe why teaching in the presence of patients and utilizing direct observation of the learner is important to the, learning process, and to the evaluation process.
2. Describe strategies for determining what needs to be observed.
3. Describe strategies for making direct observation: (1) acceptable to the patient, (2) successful with the learner and (3) purposeful/systematic.
4. Describe strategies for involving staff (PA, Nurse) as part of the observation and teaching process.



Objective #1

Describe why teaching in the presence of patients and utilizing direct observation of the learner is important to the learning process, and to the evaluation process.



Why Direct Observation Is Important in Year 3-4 Clinical Training.

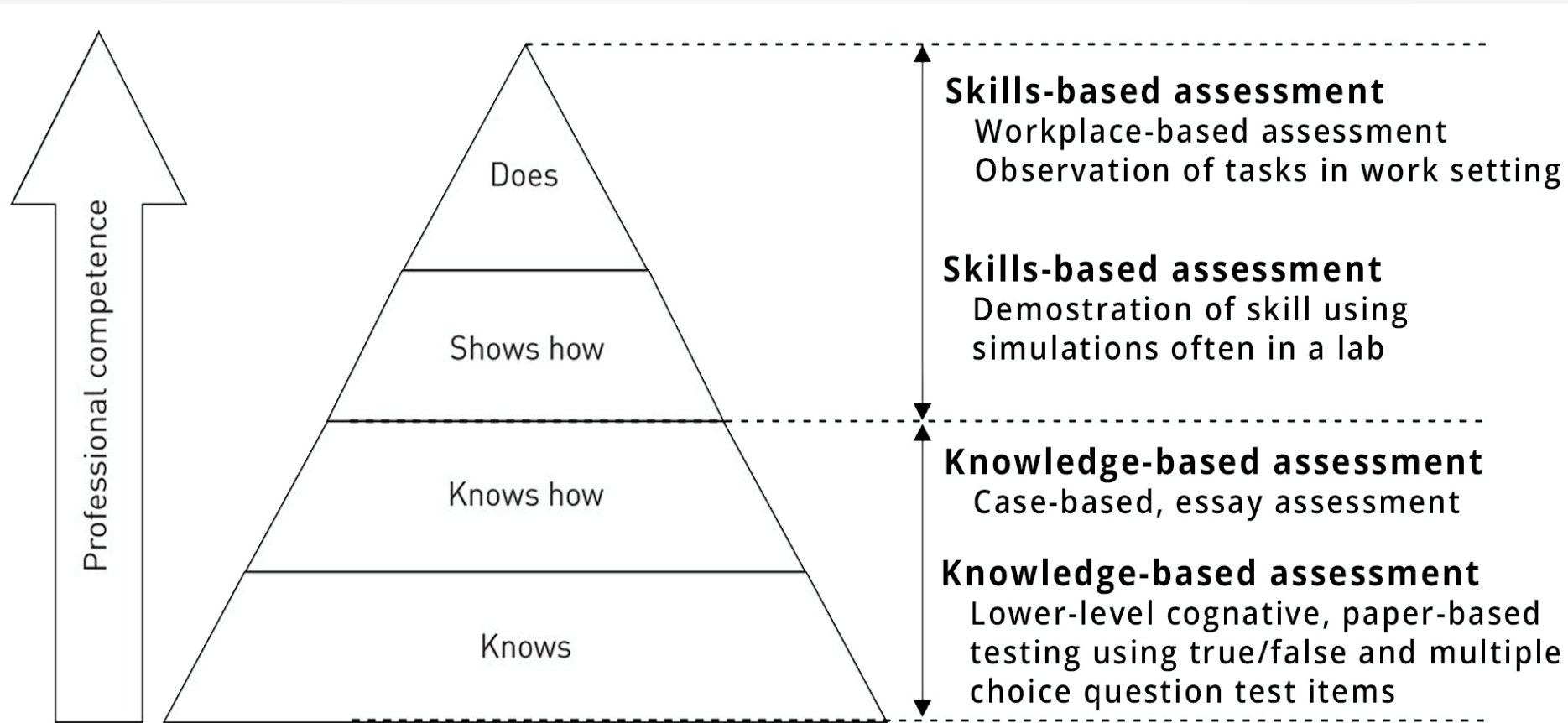
1. Evaluation has moved in the direction of “Competency Based Assessment.”
2. Residency experience is more and more competency based.
3. Observation is the foundation for feedback and evaluation.
4. Continuation of the teaching/learning experienced by students in years 1 and 2 where students are directly observed in OSCEs.



Why Direct Observation Is Important in Year 3-4 Clinical Training

5. Prepares students for the Clinical Skills (CS) exam at end of year 3.
6. Enhances the **reliability and validity** of preceptor **feedback** to the student.
7. Enhances the **reliability and validity** of the preceptor's **evaluation** of the student (e.g. written comments).

Miller's Pyramid



Adaptation of Miller's Pyramid of Clinical Competence (1990)



Objective #2

Describe strategies for determining what needs to be directly observed as part of the teaching process.



Strategies/Sources for Determining What Needs to be Observed

1. Syllabus Learning Objectives and Requirements
2. Form for Evaluation of Student
3. What you Think is Important



1. Syllabus Learning Objectives: Examples

- **FM**: Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
- **IM**: Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales.
- **Peds**: Perform and document a complete H & P.
- **OB/GYN**: Perform and document a complete history and physical examination appropriate for patient care.


OBSERVED PATIENT CLINICAL ENCOUNTER

Please observe the student as he/she performs a patient history and physical examination and evaluate the following components while keeping in mind where the student is in his/her medical education (first month of 3rd year vs. 4th year, 1st week of pediatrics vs. 2nd month of internal medicine).

Introduction and History Taking

1. Warmly introduces self by first and last name and describes role.

Done Not Done

2. Obtains patient's full name and age or date of birth.

Done Not Done

3. Elicits chief concern in patient's own words (vs. reading off chart).

Done Not Done

4. Asks about any other concerns or needs for this visit. (Refills, work excuse, other medical concerns, etc.)

Done Not Done

5. Begins with patient-centered questioning. (Examples: "Tell me more about this ...How is this impacting your life? How are you doing with this? How does this make you feel? How has this affected you emotionally? How has this affected your life? What has your illness been like for your family? What do you think might be causing your...? What made you decide to come in now?")

Proficient Needs Improvement Not Done

6. Transitions to doctor-centered interview. (Indicates change in question style from open-ended questions about the patient's concerns to specific questions related to the HPI and past medical, family, and social history.)

Done Not Done

7. Obtains a chronological description of the history of the present illness (OPQRST-A), using focusing skills as appropriate to learn about patient's symptom story.

Proficient Needs Improvement Not Done

8. Obtains an appropriate focused past medical history: (Must *always* ask medical problems, medications, allergies with reaction, and surgeries)

Proficient Needs Improvement Not Done

9. Obtains an appropriate focused social history: (Must *always* ask tobacco, alcohol, substance use/drugs)

Proficient Needs Improvement Not Done

10. Obtains an appropriate focused family history: (Pertinent to the chief complaint)

Proficient Needs Improvement Not Done

11. Obtains an appropriate focused review of systems: (Gives a time frame, asks in an organized fashion, pauses between each symptom. Symptoms asked are appropriate for the chief complaint.)

Proficient Needs Improvement Not Done

12. Demonstrates nonverbal encouragement and responds appropriately to patient's feelings and emotions throughout history taking.

Proficient Needs Improvement Not Done

Physical Exam

13. Selects focused physical exams appropriate to the history.

Proficient Needs Improvement Not Done

14. Performs selected physical exams appropriately.

Proficient Needs Improvement Not Done

Assessment and Plan

15. Discusses diagnostic possibilities with the patient-either a working diagnosis or a differential diagnosis.

Proficient Needs Improvement Not Done

16. Discusses an appropriate plan with the patient.

Proficient Needs Improvement Not Done

17. Asks if patient has questions.

Done Not Done

18. Discusses follow-up plan with patient.

Done Not Done

19. End of the interview: (Orients patient to the end of the interview, offers support before saying goodbye, "I'll talk to my preceptor," thanks patient for coming in, etc.)

Done Not Done

General

20. Communicates clearly with patient. (Speaks clearly, not too fast or too soft, uses vocabulary patient can understand)

Proficient Needs Improvement Not Done

21. Student was attentive to patient comfort and safety throughout the encounter. (Includes drape use)

Proficient Needs Improvement Not Done

22. Professionalism: (Attitude, demeanor, behavior, appearance)

Proficient Needs Improvement Not Done

Comments: (Optional)

Preceptor Signature (Required)

Date

Student Printed Name

Date

Students are required to submit this document electronically on the appropriate software platform and are strongly encouraged to keep a copy for their records.

An Osteopathic College Form to Observe and Evaluate a Student

OBSERVED PATIENT CLINICAL ENCOUNTER

- *Please observe the student as he/she performs a patient history and physical examination and evaluate the following components while keeping in mind where the student is in his/her medical education (first month of 3rd year vs. 4th year, 1st week of pediatrics vs. 2nd month of internal medicine).*
- **Introduction and History Taking**
 1. **Warmly introduces self by first and last name and describes role.** **Done** **Not Done**
 2. **Obtains patient's full name and age or date of birth.** **Done** **Not Done**
 3. **Elicits chief concern in patient's own words** (vs. reading off chart). **Done** **Not Done**
 4. **Asks about any other concerns or needs for this visit.** (Refills, work excuse, other medical concerns, etc.)
Done **Not Done**
 5. **Begins with patient-centered questioning.** (Examples: "Tell me more about this ...How is this impacting your life? How are you doing with this? How does this make you feel? How has this affected you emotionally? How has this affected your life? What has your illness been like for your family? What do you think might be causing your...? What made you decide to come in now?")
- **Proficient** **Needs Improvement** **Not Done**

2. Evaluation of Student Form

Narrative Comments



Alabama College of Osteopathic Medicine
Preceptor Evaluation of OMS-IV Student

Section II - Narrative Comments for the Student's Medical Student Performance Evaluation (MSPE)
Formerly Known as the Dean's Letter of Evaluation
What comments would you like to include in the student's MSPE (Dean's Letter of Evaluation)?

Section I - Core Competencies
Please provide feedback regarding the performance of this medical student. Your response should include identifying his/her strengths and weaknesses.

Observable Behavior(s)	Student Meets the Competency (if allowed)	Student Exceeds Expectations
Performs an effective history and physical appropriate to the patient's clinical situation	<input type="checkbox"/>	<input type="checkbox"/>
Can present a concise, accurate oral report and prepare a concise, accurate written report (SOAP note)	<input type="checkbox"/>	<input type="checkbox"/>
Uses lab and imaging appropriately to identify cause(s) of a patient's problem(s)	<input type="checkbox"/>	<input type="checkbox"/>
Creates an appropriate differential diagnosis based on the patient's problem	<input type="checkbox"/>	<input type="checkbox"/>
Uses clinical pathways and algorithms when appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates prioritization of critical findings when appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Order to appropriately address a patient's problems	<input type="checkbox"/>	<input type="checkbox"/>
Accurately addresses the activity of illness for an individual patient and case reference, interpret, and apply knowledge in order to address a patient's clinical problem(s)	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates appropriate use of available electronic resources while consistently approaching the patient in a personable, compassionate manner	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates high ethical standards with empathy, honesty, and professionalism	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to self-reflect appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates understanding and compassion of social issues and utilizes this in patient care	<input type="checkbox"/>	<input type="checkbox"/>
Treats all patients fairly and compassionately regardless of health status, financial standing, cultural background, or belief system	<input type="checkbox"/>	<input type="checkbox"/>
Respects all interactions with staff, faculty, etc. with the same level of respect and honesty, as appropriate to student's role on the healthcare team	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates a genuine interest in learning about the patient's clinical and biopsychosocial situation, and then applies healthcare and community resources appropriately	<input type="checkbox"/>	<input type="checkbox"/>

Ratings





Strategies/Sources for Determining What Needs to be Observed

1. Syllabus Learning Objectives and Requirements
2. Form for Evaluation of Student
- 3. What you think is important**



Objective #3

Describe strategies for making teaching in the presence of patients via direct observation:

- A. **acceptable & successful with patients**
- B. successful for the learner
- C. purposeful and systematic

Important to inform the patient in some way that a student is learning with his/her doctor.

No surprises.





Your Doctor Is A Teacher

Your doctor is one of a select group of community physicians chosen by the Florida State University College of Medicine to teach medical students.

Students training here are learning patient care skills by working closely with your doctor and his/her health care team.

As a patient, you should know that the presence of medical students in this office indicates that your doctor has been identified not only as an excellent physician, but also as an exceptional role model and teacher.

John P. Fogarty, M.D.
Dean, College of Medicine

"The best in patient care is provided by those who teach."



FLORIDA STATE UNIVERSITY
COLLEGE of MEDICINE

Kevin Choy, medical student at the
Florida State University College of
Medicine, is learning with us today.





Introducing Student to the Patient

- **A student should not be introduced by the physician or by anyone in the office in a way that gives the patient the impression that the student is a licensed physician.**
- Incorrect: Ms. Jones (patient) "This is **student doctor** John Jones from the Florida State University College of Medicine."
- More Correct, Ms. Jones (Patient) "This is **third year medical student** John Jones from the Florida State University College of Medicine, who is learning with us today."



Objective #3

Describe strategies for making teaching in the presence of patients via direct observation:

- A. acceptable & successful with patients
- B. **successful for the learner**
- C. purposeful and systematic



Discuss Direct Observation in Your Orientation with Learner

1. Set expectations that observing the learner is important to you as part of the teaching process and the evaluation process.
2. Let learner know that staff will also be teaching and observing.
3. Discuss clerkship objectives and evaluation form.
4. Inquire about what student strengths & weaknesses and what she/he would like to do and learn and what she/he would like to have observed.
5. Explain your overall teaching routine that you like to use in the presence of patients.

Learning Agreement

ACOM Learning Agreement for Clerkship Rotations

To develop a set of mutually-agreed-upon learning objectives, students and preceptors should discuss questions below on the first or second day of the clerkship rotation.

Student: _____

Preceptor: _____

Rotation Discipline: _____

Site: _____

I. What skills or knowledge does the student hope to learn in this clerkship rotation?

(This section may be completed prior to meeting.)

1. _____

2. _____

3. _____

II. What skills or knowledge does the preceptor think the student most needs to learn in this clerkship rotation?

1. _____

2. _____

3. _____

III. Based on the two sets of goals above, what specific learning objectives* do the student and preceptor agree should be accomplished in this clerkship rotation? (Please list at least three)

1. _____

2. _____

3. _____

**Please note that learning objectives need to describe what the student will be able to do on completing the clerkship rotation. Please use objectives within this clerkship rotation syllabus.*

IV. What activities will most help the student accomplish the above learning objectives?

(rounds, pre-rounds, day start, day end, grand rounds, expected readings, journal clubs, etc.)

1. _____

2. _____

3. _____

SIGNATURES

I. What skills or knowledge does the student hope to learn in this clerkship rotation?

(This section may be completed prior to meeting.)

1. Improve H & P
2. Develop detailed DDx
3. Generate reasonable Tx & management plans for the clinical situation

II. What skills or knowledge does the preceptor think the student most needs to learn in this clerkship rotation?

1. Develop Hx + Phys Exam ASB + P L N -
2. Pathophysiology of systemic disease
3. Learn to TALK to the patient - connect + be able to develop a dx of the issues + Rx.

III. Based on the two sets of goals above, what specific learning objectives* do the student and preceptor agree should be accomplished in this clerkship rotation? (Please list at least three)

1. Learn how to thoroughly eval. the pt
2. Understand pathophys to aid in devel. DDx
3. Maintain excellent bedside manner

*Please note that learning objectives need to describe what the student will be able to do on completing the clerkship rotation. Please use objectives within this clerkship rotation syllabus.

IV. What activities will most help the student accomplish the above learning objectives?

(rounds, pre-rounds, day start, day end, grand rounds, expected readings, journal clubs, etc.)

1. Expected readings
2. seeing new admits & performing their workup
3. present cases to preceptor



Objective #3

Describe strategies for making teaching in the presence of patients via direct observation:

- A. acceptable & successful with patients
- B. successful for the learner
- C. **purposeful and systematic**



Strategy 1: You and student together

- **If student observing**
 - Give student an overview of what you will do.
 - Introduce student.
 - As appropriate, explain your exam to the student as you do it.
 - Allow questions at agreed upon time.
 - Ask student what he/she learned.

Strategy 2: You and student together

- **If student is going to perform skill**
 - Have student verbalize what s/he will do.
 - Make corrections before student performs.
 - Step in as necessary.
 - Attend to responses of the patient.
 - Provide feedback during and after.

“To nurture learners’ professional development, educators must create a culture of observation-base coaching that is divorced from assessment”



Strategy 3: You and student together

Make the student part of the patient education process





Objective #4:

Describe strategies for involving staff (PA, Nurse) as part of the observation and teaching process.

1. Establish boundaries regarding what they will teach.
2. Remember that modeling is critically important.
3. Utilize staff who actually want to teach.



“Observation is the currency of feedback.”

**Thank you for attending this session and thank you for
teaching our future physicians.**



Selected References

- Graig S, Direct Observation of Clinical Practice in Emergency Medicine. *Academic Emergency Medicine*, (2011).
- Cheung WJ, et.al. Barriers and Enablers to Direct Observation of Trainees' Clinical Performance: A Qualitative Study Using the Theoretical Domains Framework. *Academic Medicine* (2020)
- Fromme, HB, et.al. Direct Observation in Medical Education: Review of the Literature and Evidence for Validity. *Mount Sinai Journal of Medicine* (2009)
- Phillips DP, et.al. Direct Observation: Assessing Orthopedic Trainee Competence in the Ambulatory Setting *J AM Acad Orthop Surg*(2016)
- FitzGerald MF, Experience-Based Guidance for Implementing a Direct Observation Checklist in a Pediatric Emergency Department Setting *J of Grad Med Ed* (2012)
- LaDonna KA, et.al. Staging a Performance: Learners' Perceptions About Direct Observation During Residency, *Medical Education* (2017)