STFM Conference on
Medical Student Education




The Observed Clinical Encounter: Lessons Learned on the Way to Best Practice

Disclosures

- None

Presenters

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Objectives

- Name the LCME standards that are tied to observation of students in a clinical environment
- Evaluate the efficacy of different strategies for direct observation of clinical skills
- Develop a checklist for assessment of clinical skills that is valid and reproducible
- Train community preceptors on the use of a checklist to provide assessment of medical students' clinical skills

LCME Standards

- **9.4 Assessment System**
- A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

LCME Standards

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Importance of Direct Observation

- Rose to prevalence with focus on competency-based medical education
- Allows you to assess what the student actually does in the real world
- Provides opportunity for meaningful feedback

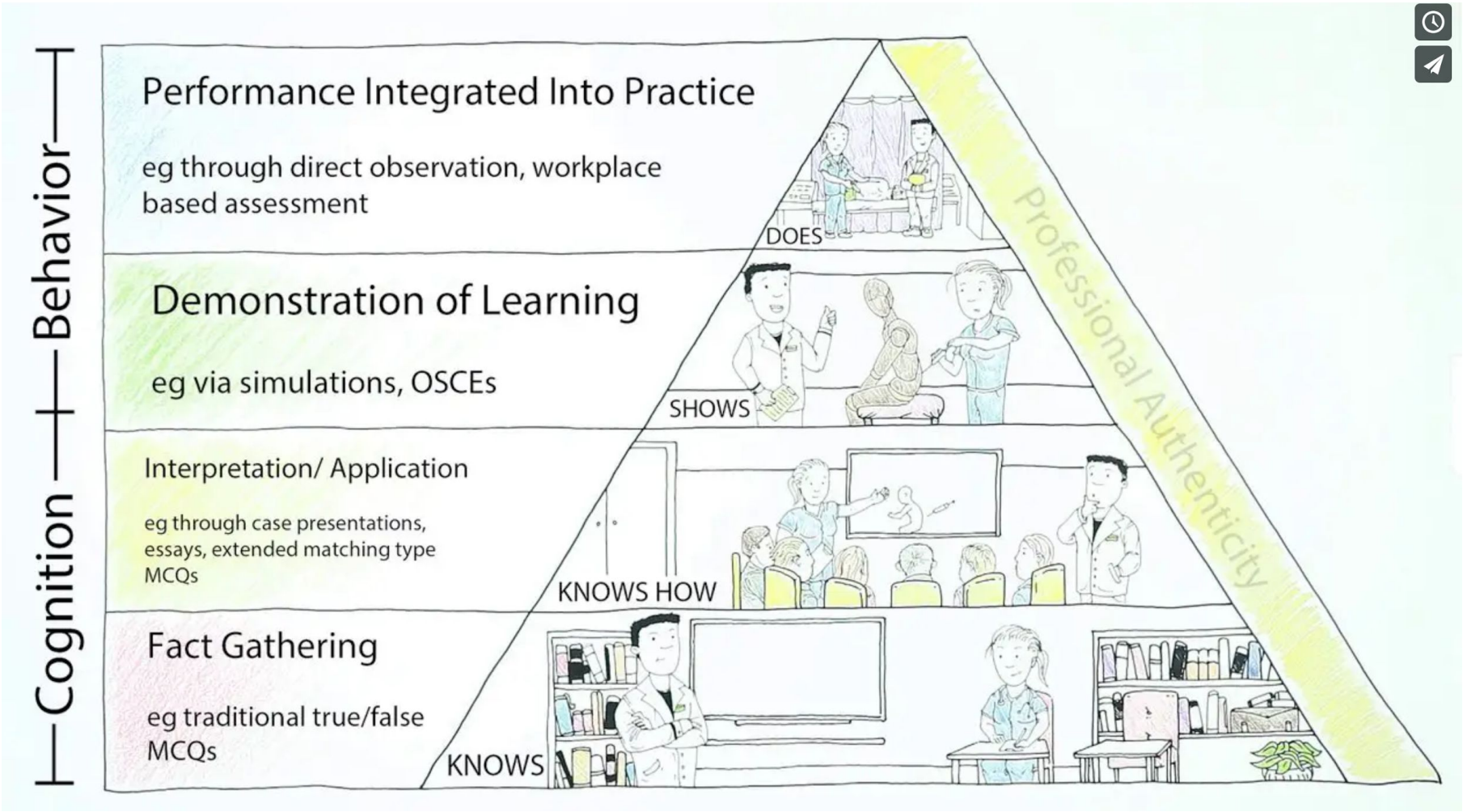


Photo Credit: Australasian College for Emergency Medicine (ACEM)

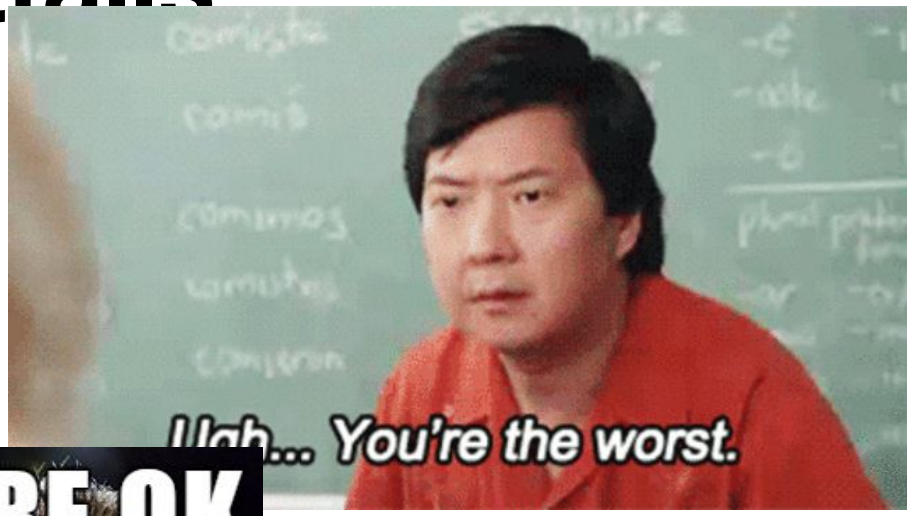
Value of Feedback

- What are the barriers to direct observation?
  - Time
  - Money - paying preceptors to do this
  - Residency faculty prioritize residents over students
  - Expect residents to observe students - do they know how to do this?
  - No one is trained in medical education to give feedback
  - Need a flexible tool that lets you document what happened without a big tool
  - Patient factors - they are hesitant not to talk to their doctor if their doctor is in the room
  - You have to stop what you're doing
  - Everyone reinterprets the forms - not always a valid

Pitfalls

Pitfalls


YOU'RE
AWESOME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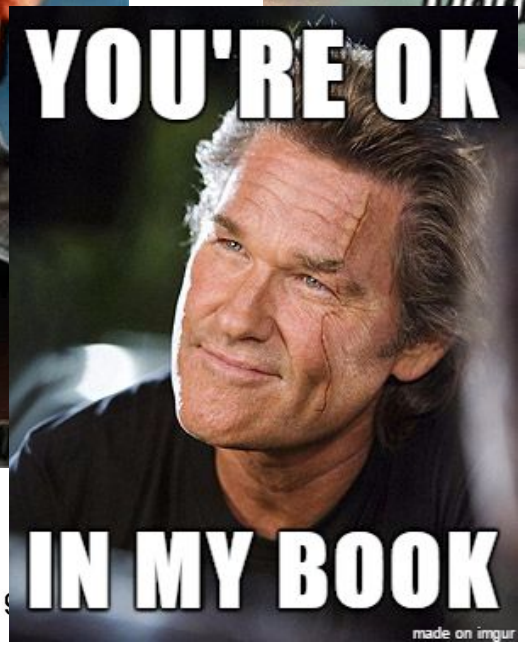
YOU'RE OK
IN MY BOOK
made on imgur

How do we do it?

- UMKC – observed H&P by community preceptors, OSCE observed by clerkship director
- UC Denver – observed H&P
- UNC – video review of observed patient encounter, direct observation by preceptor
- KU – Kansas City – observed H&P in interprofessional clinic by core faculty
- UA – Tuscaloosa – OSCE
- KU – Wichita – observed H&P by community preceptors, OSCE observed by clerkship director

University of Missouri – Kansas City	
Clerkship Structure	4 weeks Occurs in Year 4 of 6
Types of Preceptors Used	Residents, faculty, and community preceptors
Where Direct Observation Occurs and By Whom	1. Observed clinical encounter by preceptor 2. OSCE (motivational interviewing) by clerkship director
How Direct Observation is Graded	1. Completion of checklist (2.5% of final grade) 2. Completion of checklist (3.75% of final grade)

University of North Carolina	
Clerkship Structure	16 weeks longitudinal outpatients Occurs in Year 3 of 4
Types of Preceptors Used	Residents and faculty from Community Family Medicine and Internal Medicine
Where Direct Observation Occurs and By Whom	1. Video review observed by faculty mid-way through the course 2. Preceptor directly observes several physical exam skills in the office
How Direct Observation is Graded	1. Completion of checklist (2% of final grade) 2. Completion of checklist (required but not graded)

University of Kansas – Kansas City	
Clerkship Structure	8 weeks Occurs in Year 3 of 4
Types of Preceptors Used	Faculty, residents, and community preceptors
Where Direct Observation Occurs and By Whom	During Interprofessinal Teaching Clinic by core pre-doctoral faculty
How Direct Observation is Graded	Checklist completed by faculty (formative feedback only, pass/fail)

University of Alabama - Tuscaloosa	
Clerkship Structure	Longitudinal over 12 months (MS-3) Clinic once weekly with continuity preceptor
Types of Preceptors Used	Residents, Faculty, and Community
Where Direct Observation Occurs and By Whom	OSCE once by Clerkship director
How Direct Observation is Graded	Formative feedback only, not graded

University of Colorado - Denver	
Clerkship Structure	8 week Primary Care Block (4 weeks adult ambulatory and 4 weeks rural and community)
Types of Preceptors Used	Faculty, community preceptors, residents
Where Direct Observation Occurs and By Whom	Required to have preceptor observe skin and oral exam Not on specific rotation, but have OSCE end of 3rd year (evaluate 4 different standardized patients)
How Direct Observation is Graded	Formative grade only, verbal feedback given

Types of Direct Observation

- Objective Structured Clinical Examination (OSCE)
- Observed encounter in community preceptor office (OCE – Community)
- Observed encounter in university-based clinic (OCE – Faculty)
- Video review

- Any others you are using?
  - Live video stream (barriers - money, HIPAA compliance, patient willingness)
  - Clinic specifically for teaching - urgent care, team-based teaching (Benefits - direct feedback, real world; barriers - clinical productivity is lower)
  - Inpatient observation
  - Not letting the residents do the feedback

OSCE - Advantages

- More controlled environment
- More standardized assessment
- Can have residents grade the OSCE - helps residents learn what to expect from students - also helps residents learn better PE skills

OSCE - Disadvantages

- Add in test anxiety
- $$$$
- Faculty time
- Less real world

OCE – Community– Advantages

- Real world
- Free
- Opportunity for immediate feedback

OCE – Community - Disadvantages

- Time
- Variation in observers

OCE – Faculty – Advantages

- Real world
- Free
- Opportunity for immediate feedback
- More standardization

OCE – Community - Disadvantages

- Time
- Variation in observers

Video Review – Advantages

- Time to focus on performance
- Learn from peers

Video Review - Disadvantages

- Time
- Costs of camera
- Keeping videos secure
- Technical challenges with recording
- Delayed feedback

- Any others we should be using?
  - Why don't 100% of students report that they were observed? - more of an interpretation of whether or not they liked the experience
  - Better if the student is assigned a patient rather than having to pick their own patient - giving language to use

Questions

- What should the standard of assessment look like?
  - May be a benefit of having it be formative (students relax)
  - If it's important, should it be a bigger percentage of their grade?
  - Need faculty development to ensure you have a consistent valid assessment
- Who should set the standard?
- What percentage of the grade should this

- Needs to be scheduled - student, faculty, and patient all aware this will happen. Can be part of actual billable patient care, works well to have it be the first patient of the day.
- Needs to be a well-trained faculty member doing a standardized assessment

- Needs to be part of the grade - may be better for stress level to have it be formative or low-risk assessment, but want to make sure students see it is valuable
- Needs to include immediate behaviorally-specific feedback, starts with self-assessment
- Needs to focus more on communication, rapport building

- OSCE assessment is different from OCE in the clinical setting - different goals, different graders, may not be looking at the same things
- Might be annoying to preceptors to have to assess multiple small things
- OCE is likely focusing more on communication, OSCE more on Hx, PE, and medical decision-making
- May be easier to do when you have a student over a longitudinal period of time

What are we assessing?

- Humanistic qualities - the soft stuff
- How they think through a differential
- Physical examination skills

Resources

Mini- CEX:
https://www.abim.org/program-directors-administrators/assessment-tools/mini-cex.aspx
PCOF:
https://oafp.org/assets/Family-Medicine-PCO-Form.pdf

Questions

- What resources do you need to do this successfully?
  - Protected time to do observation (Clinical Coaches in each department at Wake Forest)

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