GEMeS
Great Evidence in Medical education Summary
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EDUCATIONAL DILEMMA:

How do we select an appropriate tool for direct observation of trainees by supervisors that maximizes educational benefits for trainees and is feasible for faculty?

Reference:

Hauer KE, Holmboe ES, Kogan JR. (2011). Twelve tips for implementing tools for direct observation of medical trainees' clinical skills during patient encounters. Medical Teacher, 33(1):27-33. PMID 20874011

Why is this paper relevant to Emergency Medicine education?

In the context of competency-based medical education, direct observations of trainees are critical for assessing competence and deciding if the learner is ready to progress through a training program. The use of validated tools coupled with faculty development around providing meaningful feedback and developing learner action plans will enhance the educational experience and contribute to better patient care.

Level of Evidence

Not applicable

Level of Learning

UGME, PGME

Funding Sources

None

Study Design

The authors present 12 tips for selecting and using a tool for direct observation of clinical encounters based on their previous systematic review of the literature. Kogan JR, Holmboe ES, Hauer KE (2009). Tools for direct observation and assessment of clinical skills of medical trainees: A systematic review JAMA 302: 1316-1326. PMID: 19773567

Setting

Not applicable

Synopsis

Direct observation of undergraduate and postgraduate medical trainees with actual patients is an essential and underutilized component of clinical education and evaluation. Lack of direct observation in clinical training may result in missed opportunities to hone clinical skills and may lead to patient safety concerns. Clinical curricula should incorporate direct observations of trainees interacting with patients accompanied by stage of learning-appropriate feedback on strengths and weaknesses. The use of direct-observation assessment tools provides faculty with formative and summative data on a trainee's competence across multiple domains including patient care and communication skills. Identification of an appropriate tool coupled with faculty and learner training on how to use it are essential in ensuring successful implementation.

The authors offer the following practical tips for implementing direct observation tools:

1. Define competencies and objectives for the program to guide use of a tool for direct observation
2. Determine whether the purpose of the direct observation program is formative or summative assessment
3. Identify an existing tool for direct observation rather than creating a new one
4. Create a culture that values direct observation
5. Conduct faculty development on direct observation
6. Build meaningful feedback into the direct observation process and train faculty to provide effective feedback
7. Require action planning after each direct observation
8. Orient learners to direct observation and feedback
9. Apply the tool multiple times per trainee
10. Develop systems that accommodate direct observation of clinical skills
11. Measure outcomes of the direct observation of clinical skills program
12. If a new tool is developed for use, try to assess its validity

BOTTOM LINE:

Clinical skills education may be enhanced by integrating psychometrically-sound tools for direct observation into medical training coupled with faculty and learner training around giving and receiving meaningful feedback.