DIRECT OBSERVATION // what, why, and how to make it happen more often...

What is it?

Directly observing your learner in action to assess key competencies and offer the learner constructive feedback to guide his/her future development.

Why do it?

- Assessing learners in natural settings offers the opportunity to see beyond what they know and into what they actually do, which is fundamentally essential to training qualified physicians (Barrett Fromme)
- By observing and assessing learners with patients and providing feedback, faculty help trainees acquire and improve skills and help patients through better supervision of clinical care (Duffy)
- Residents and even medical students report that being observed during clinical rotations is an infrequent event and many express disappointment that more direct observation didn’t occur during their training. Research findings suggest that clinical skills plateau during residency and increased experience tends to ingrain bad habits rather than lead to improvement. Clerkship and residency are vital times to modify behaviours (Practical Doc)

References:

- Practical Doc Website: www.practicaldoc.ca
## Common barriers in the clinical setting

<table>
<thead>
<tr>
<th></th>
<th>Strategies to overcome barriers</th>
</tr>
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<tbody>
<tr>
<td><strong>1. Lack of time</strong></td>
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</table>
| • It takes too long to observe the learner and the clinic gets further and further behind schedule | **Observe only short fragments of the clinical encounter.**  
   - Watch only how the learner discovers the history of the presenting complaint.  
   - Have the learner bring you in to review only their physical examination.  
   - Ask the learner to come get you when s/he is ready to negotiate the treatment plan with the patient.  
   - **Enter times for direct observation into your office schedule.**  
     - Scheduling creates protected time for this valuable activity and can also reduce learner anxiety by clarifying when observation will occur (ie. make the appointment right after lunch a regular “direct observation appointment”)  
     - Use “wave” scheduling (see attached Sample Wave Schedule for options on how this might be done efficiently)  
   - **Save the feedback for later.**  
     - Write field notes during the observation to help record key observations and then discuss the situation with the learner at a mutually-convenient time (ie. during lunch or at end of day)  
   - **Use a recording**  
     - Have learners record themselves in action (video and/or only audio may be used) and then review and provide feedback at a convenient time  
     - Ask learners to pre-view the recording and self-assess in advance of your feedback session  
     - Watch only a select segment of a recording that addresses an area of interest/concern  
     - IMPORTANT: ensure adherence to confidentiality and consent requirements when using recordings |
| • Feedback to learners is rushed or insufficient |      |

| **2. Reluctant learners** | **Normalize the process**  
- During orientation, discuss the importance, purpose, and benefit of regular observation and make it a joint responsibility to achieve.  
- Share CFPC-endorsed frameworks (ie. CanMEDS-FM, 6 Skill Dimensions) that specify competencies that will be targeted during observations  
  | **Involve the learner in planning**  
- Ask the learner to indicate learning goals they’d like to target during this rotation  
- Ask the learner to help identify opportunities during the rotation for you to observe them addressing these areas and to provide feedback on their progress  
  | **Reciprocate**  
- Have the learner observe you and give you feedback on performance |
| • Being watched can be intimidating and learners often resist being observed |      |

| **3. Observation effect** | **Prep the patient**  
- Advise the patient, in advance, that you may be coming in for part of the session but that you will only be a “fly on the wall” (ie. observing but not participating in the clinical encounter).  
  | **Hold back**  
- Sit out of sight of the patient and avoid the temptation to jump into the conversation if the learner seems to be on the wrong track.  
  | **Anonymity helps**  
- It may be easier to stay neutral if you don’t know the patient well. |
| • When the preceptor enters the room the dynamic can change between the learner and patient  
• Learners may alter their approach and patients may look to preceptor for guidance |
## Sample Wave Office Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Appointments Booked</th>
<th>Preceptor Sees</th>
<th>Resident Sees</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900</td>
<td>Patient A &amp; Patient B</td>
<td>Patient A</td>
<td>Patient B</td>
</tr>
<tr>
<td>0915</td>
<td>Patient C</td>
<td>Patient C</td>
<td></td>
</tr>
<tr>
<td>0930</td>
<td></td>
<td></td>
<td>Patient B <em>Together</em></td>
</tr>
<tr>
<td>0945</td>
<td>Patient D &amp; Patient E</td>
<td>Patient D</td>
<td>Patient E</td>
</tr>
<tr>
<td>1000</td>
<td>Patient F</td>
<td>Patient F</td>
<td></td>
</tr>
<tr>
<td>1015</td>
<td></td>
<td></td>
<td>Patient E <em>Together</em></td>
</tr>
<tr>
<td>1030</td>
<td>Patient G &amp; Patient H</td>
<td>Patient G</td>
<td>Patient H</td>
</tr>
</tbody>
</table>

*Note: Booking times may vary depending on learner experience and competency.*