

UW Pediatric Residency Program Direct Observation Tool v.8 (10/07/15) Suggested Guidelines for Use

Background on tool development

- This tool was developed to support standardized direct observations for our UW pediatric residents for the purposes of supporting their growth and development as clinicians.
- The Clinical Competency Committee (CCC) team and residency program directors developed the tool after reviewing the literature, seeking input from resident representatives, and pilot testing an initial version. We consider this tool a starting point and it may undergo further modifications with use.

Why direct observation

- The goal of direct observation is to provide specific and timely feedback regarding interactions with patients. If you've ever been observed, or been an observer, you recognize that you pay closer attention to these encounters and the concrete feedback you receive/offer.
- Direct observation also improves and standardizes some elements of overall evaluation. Our hope is that residents will benefit from more comprehensive assessments of clinical skills over time as they progress through residency. These forms will be collected for longitudinal evaluation.

Recommended use

- This tool can be used in all clinical settings where residents work. We hope residents will receive feedback through direct observation in many settings across each year of residency.
- Residents should agree to be observed and have the opportunity for debriefing to receive feedback directly.
- Faculty observing should use a coach model: set the stage for a growth mindset that direct observation is to help faculty be better observers and help residents improve. Try to reassure residents this is meant for their benefit to grow as clinicians.
- Faculty should seek to limit specific constructive feedback to 2-3 points for each observed encounter and emphasize what residents are doing well that they should continue doing.
- Faculty should feel free to use parts of the tool most relevant to a specific encounter; all sections do not need to be completed every time.
- Faculty may share the completed forms with the residents, emphasizing in particular the comments on the first page.

If you have questions/comments

- Please reach out to the residency program directors or Pediatric Chief Residents to discuss any questions, comments or concerns!

This instrument was developed and adapted using the following:

Hamburger EK et al. Observation of resident clinical skills: outcomes of a program of direct observation in the continuity clinic setting. *Academic Pediatrics* 2011; 11: 394-402.

Nationwide Children's Resident/Patient Interaction Observation and Feedback Form (personal communication).

Norcini JJ et al. The Mini-CEX: a method for assessing clinical skills. *Annals of Internal Medicine* 2003; 138: 476-81.

Stanford University Pediatric Residency Coaching Initiative observation forms: available at: http://peds.stanford.edu/program-information/coaching/coaching_info_for_coachees.html

Vanderbilt University School of Medicine Outpatient Observed Encounter, see: Swan R, Gigante J. Direct Observation in an Outpatient Clinic: A New Easier Tool. *MedEdPORTAL*; 2010. www.mededportal.org ID 7901.

Return Form (2 pages) as a PDF to: Lauree Herrmann, SCH GME Office, OC.7.830
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**UW Pediatric Residency Program Clinical Competency Committee
Direct Observation Tool v.8 (10/07/15)**

Date: ___/___/___

Resident's Name: _____ Circle one: R1 R2 R3

Observer's Name: _____

Location (circle one): Continuity Clinic Other Clinic Nursery Ward ICU E.D.

Patient age: _____ yrs.

Patient complexity (circle one): Low Moderate High

Indicate the type of patient encounter that was observed.

Examples: admission H&P, daily follow-up, discharge day, well child check, acute care visit

Key Feedback Points from Observation:

(1) Describe something that **the resident identified** they did well, and why it worked.

(2) Describe something that **you as the observer identified** was done well, and why it worked.

(3) Describe something you and the resident identified that s/he could continue to work on. What would be 1-2 ways to specifically hone this skill or ability?

Time spent on observation: _____ minutes

Was feedback provided after observation (circle one)? Yes No

If **Yes**, indicate time spent on feedback: _____ minutes

Additional observer comments:

Use the following checklist as a tool to identify specific strengths and areas for improvement. (+ = done well - = needs improvement o = n/a)		Use this space to describe any specific observed behaviors and feedback.
History	+/-/o	
Introduces self and explains role		
Uses open-ended questions appropriately (PC1)		
Avoids interrupting patient/family		
Deliberately explores patient or family's perspective and concerns (PC1)		
Uses a logical sequence of questions (PC1)		
Uses an appropriate level of detail in questioning (PC1)		
Appropriately includes child in interview		
Physical Exam	+/-/o	
Explains to patient and/or family what s/he is doing (ICS1)		
Matches sequence of exam to cooperation level		
Minimizes discomfort		
Elicits accurate and complete findings		
Demonstrates correct technique for all portions of observed exam		
Performs efficient exam that is targeted to chief complaint and initial differential diagnosis		
Communication	+/-/o	
Conveys support, concern and respect both verbally and non-verbally (ICS2)		
Avoids medical jargon (ICS1)		
Uses an interpreter appropriately (ICS1, PC1)		
Provides accurate and relevant information to patient and family (PC4, PC5)		
Clearly communicates diagnosis		
Clearly communicates treatment/care plan		
Explicitly asks for patient/parent input (SBP1)		
Makes decisions jointly with patient/family (SBP1)		
Appreciates and appropriately explains uncertainty or unknowns (Prof6)		
Allows opportunity for questions/clarification		
Self-Reflection	+/-/o	
Identifies own gaps in knowledge, skills, attitudes or practice (PBL11)		
Takes steps to remedy gaps above (PBL11)		

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