

ABSTRACT: 2016 ELAM Institutional Action Project Symposium

Project Title: "Seeing to Learn": Direct Observation of clinical skills
Educationally Indicated, Therapeutically required for Third Year Medical Students at the Bedside

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Background, Challenge or Opportunity: TCMC, a new medical school, adopted a longitudinal integrated clerkship (LIC) model. The students spend six months in blocks and six months in the LIC. There are four campuses and 942 faculty members, most of whom are volunteers. However, simply putting students and faculty together is not sufficient. Faculty need to assess (observe) students in the clinical space. The current study will investigate skill development with volunteer clinical faculty. The rationale is to enhance the direct observation and feedback skills of clinician-educators. Direct observation allows for assessment in authentic situations: learners' ability to combine knowledge, skills, and attitudes in dealing with realistic problems of professional practice which cannot be accurately assessed otherwise. It assesses a learner's readiness to bear professional responsibility. In the most recent AAMC Graduate Questionnaire survey twenty percent of our students reported that they had not been directly observed in their third year. Students provided feedback via focus groups and surveys.

Purpose/Objectives:

Direct observation is difficult to achieve due to differing expectations/varying faculty competencies, rating errors (halo/"horn" effect, leniency/stringency effect) and time constraints. The workshops will: 1) Provide skill building for faculty, 2) Develop tools for faculty to use in clinical settings, 3) Improve the sense of community among the faculty, along with peer recognition, 4) Benefit students by improving history and physical examination skills, 5) Improve performance in clinical settings, OSCE scores, clinical skills exams.

Methods/Approach:

The pilot skill development program will begin at the start of the MD3 2016-2017 academic year. The program will utilize skill development through face-to-face interactions (workshops), podcasts, videos, texts, electronic mail message and flyers. After brain-storming sessions, a workshop was conducted to enhance the direct observation skills of the core faculty group. This included performance dimension training and rating clinical encounters together. Tools including text prompts and fax messages were piloted. Next steps: start the project in the North campus with Internal Medicine and Family Medicine preceptors in the LIC, and then broaden the scope based on lessons learned.

Outcomes and Evaluation Strategy:

Goals: 1) Sends message that what is observed is important, 2) Ensure assessment of essential skills that cannot be assessed in any other fashion, 3) Assess learners' (faculty and students) learning.

Participant evaluation will include: 1) Direct observation of preceptor and student interaction by trained observers, 2) a survey to evaluate strengths and weaknesses of the program, 3) Participant self-evaluation, phone interviews and focus groups, 4) Developing a self-directed learning plan to track progression.

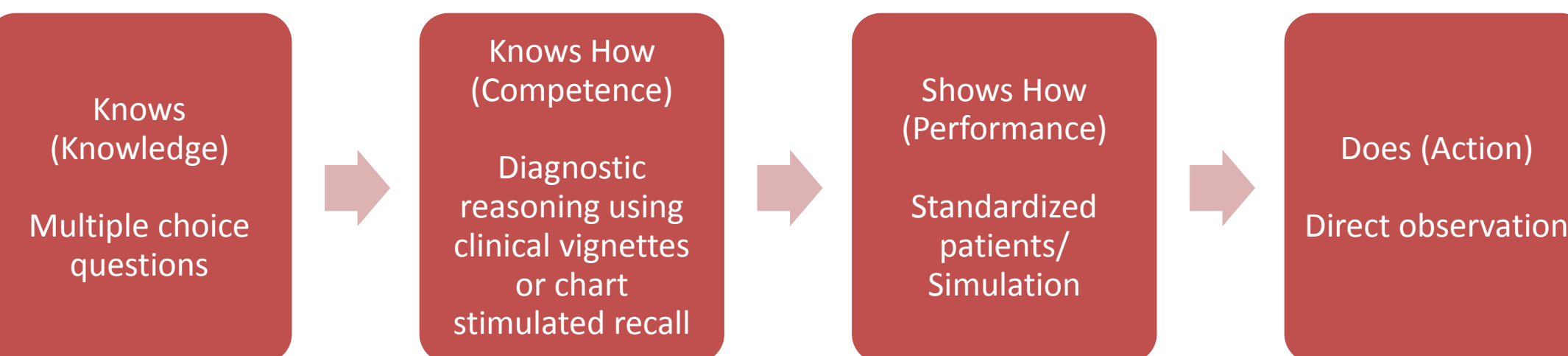
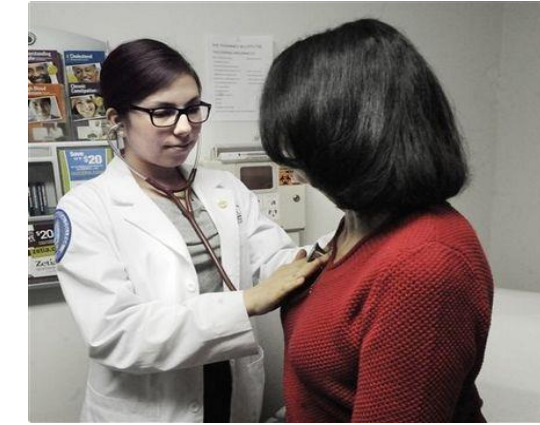
For evaluation of effectiveness of skill development with volunteer clinical faculty, two questions will be asked: 1) Is faculty satisfaction related to skill development? 2) Is there measurable benefit for students through OSCE scores, and satisfaction surveys?

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BACKGROUND

TCMC, a new medical school, adopted a Longitudinal Integrated Clerkship (LIC) model. The students spend six months in blocks and six months in the LIC. There are four campuses and 942 faculty members, most of whom are volunteers. However, simply putting students and faculty together is not sufficient. Faculty need to assess (observe) students in the clinical space.



PURPOSE

In the 2015 AAMC Graduate Questionnaire 20% of TCMC students reported that they had not been directly observed in their third year.

- To meet the challenge of providing faculty development across four campuses.
- To increase direct observation of students in authentic workplace settings.
- Assess a learner’s readiness to bear professional responsibility.

OBJECTIVES



- To build capacity and skills of our teaching faculty in the area of direct observation and feedback.
- Improve the number of direct observations the students receive in the clinical settings.

METHODS

The demonstration skill development program will begin at the start of the MD3 2016-2017 academic year. The program will utilize skill development through face-to-face interactions (workshops), **podcasts**, videos, **texts**, electronic mail messages and flyers.

This will include performance dimension training and rating clinical encounters.



EVALUATION STRATEGY

Participant evaluation will include:

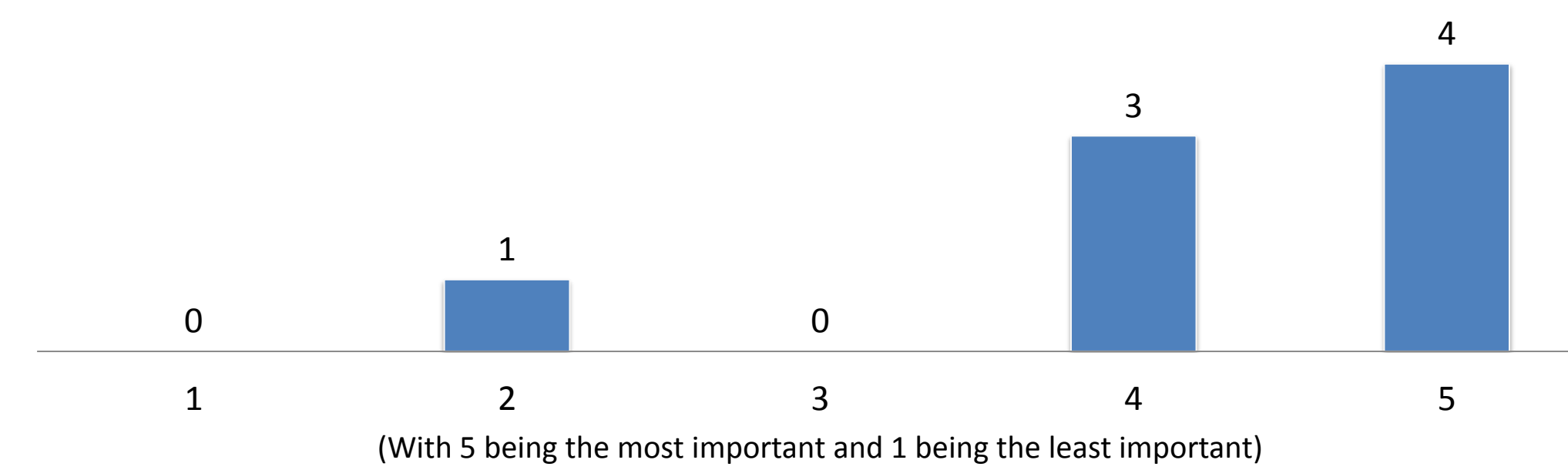
- Direct observation of preceptor and student interaction by trained observers (physicians, nurse-practitioners, nurses and staff).
- A survey to evaluate strengths and weaknesses of the program.
- Participant self-evaluation, phone interviews and focus groups.

For evaluation of effectiveness of skill development with volunteer clinical faculty, three questions will be asked:

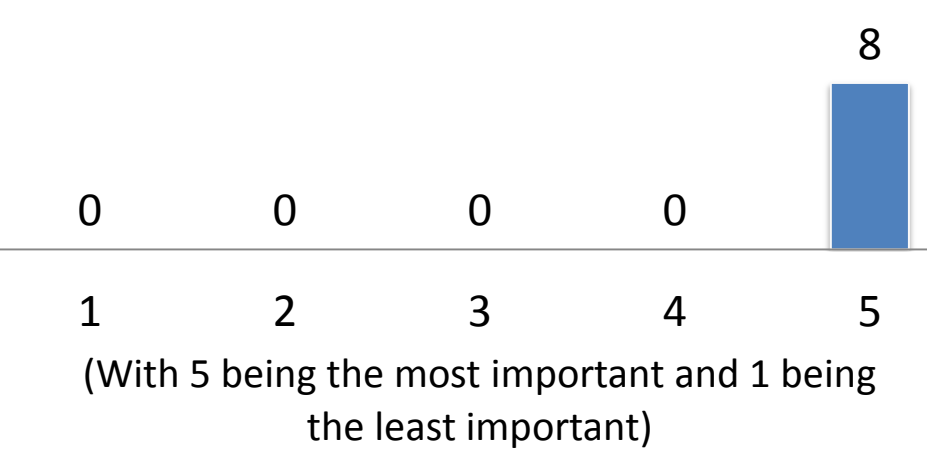
- Is faculty satisfaction related to skill development?
- How often were students observed during patient encounters?
- Is there measurable benefit for students?

RESULTS FROM THE MARCH 2016 WORKSHOP

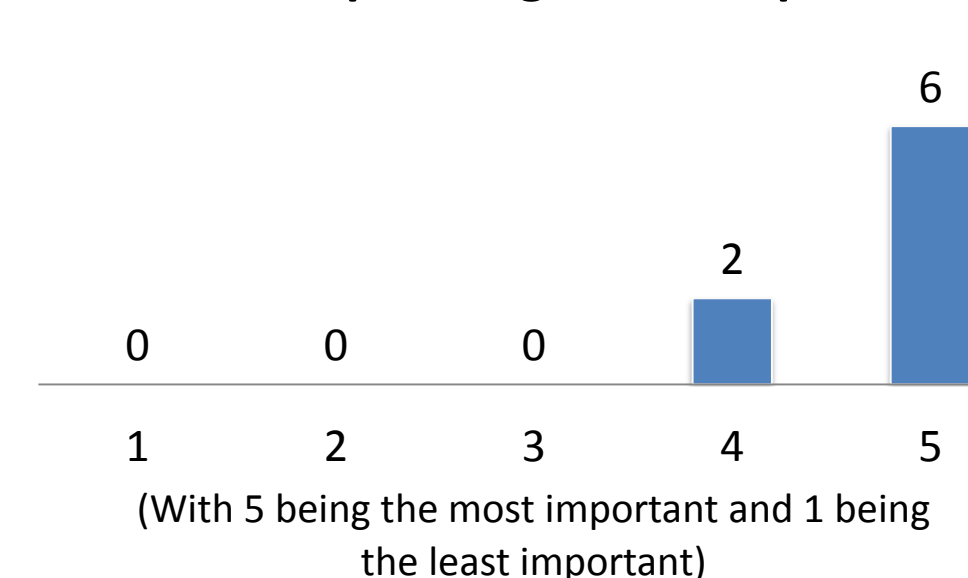
Prior to your exposure to the faculty development workshop, rate the importance of doing direct observation.



Following your exposure to the faculty development workshop, rate the importance of doing direct observation.



Rate the utility of doing workshops in regional campuses.



DISCUSSION



January 2016: we began enhancing existing sessions directed at faculty members. A skill-development workshop was conducted. This included video presentations and rating learners’ performances.

March 2016: a retreat was held which included administrative and educational leaders.

This was held to enhance the group's skills in direct observation, and to try out novel approaches such as text prompts.

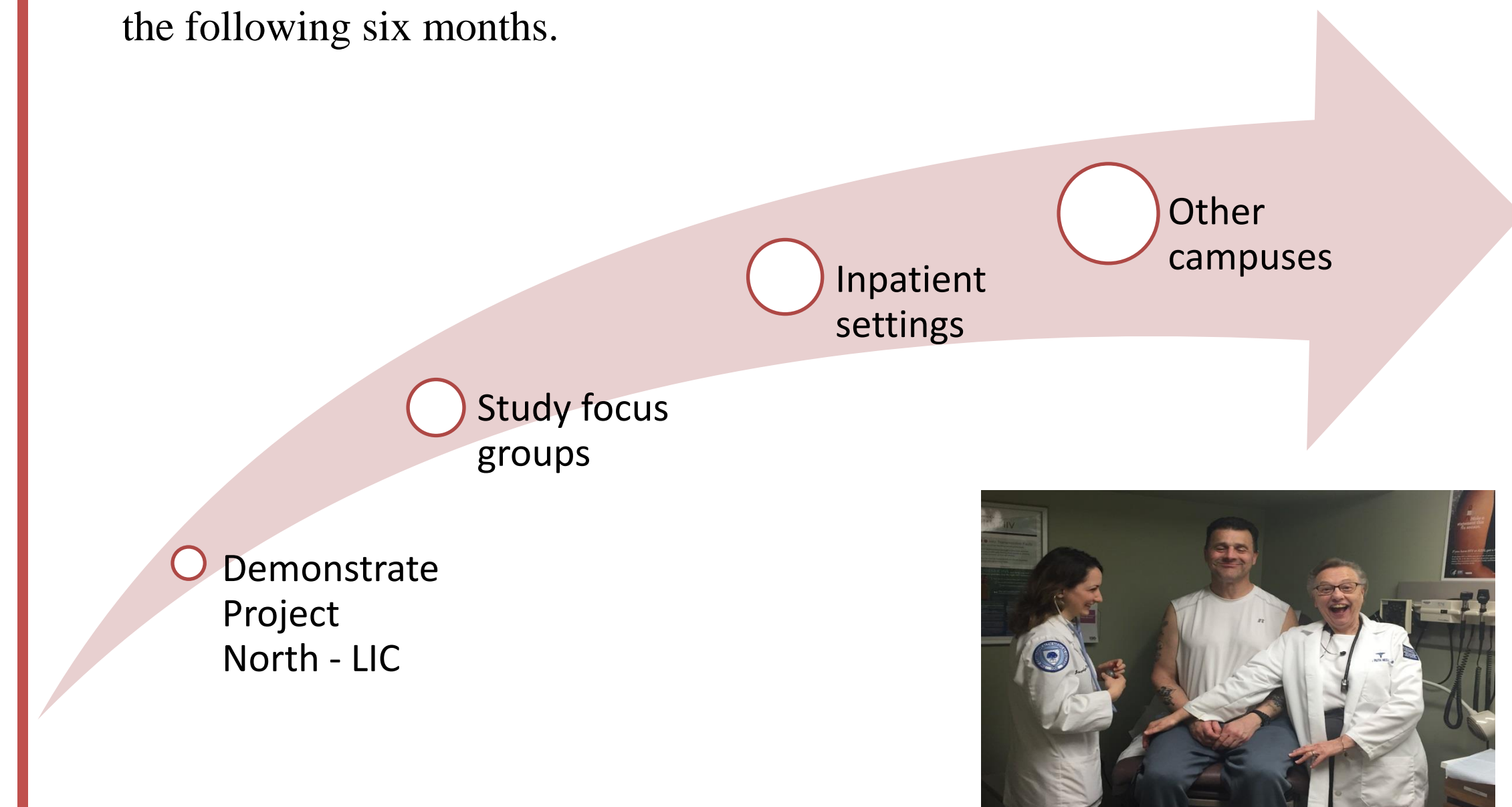


Surveys indicated that there is a great need for educational workshops.

Since starting the institutional action project, there has been an impact across all four years of clinical skills curriculum.

NEXT STEPS

A demonstration project will be conducted in the North campus in July 2016, in the outpatient setting (LIC), with plans to spread to the in-patient arena in the following six months.



- Develop tools to reach the extended group of faculty in the community.
- Conduct focus group discussions and surveys quarterly.
- Evaluate the faculty's and students’ satisfaction, skill development and input regarding best practices.
- Seek IRB approval.
- Conduct study and plan for presentations nationally.