Observation of Students in the Clinical Setting: Shaping Learner and Teacher Perceptions of “Value”

Sarah K. Wood, M.D.

Benjamin A. Bensadon, Ed.M., Ph.D.

October 7, 2015
Our Discussion today…

How to effectively bridge gaps between teacher and learner perceptions of feedback quality?
a bit about us... Florida Atlantic University

- New med school launched in 2011
- 64 students per med school class
- Inaugural class graduated April 2015
- Two 3rd year LICs for ALL students
- 8 affiliated Community Hospitals
- Over 800 affiliate clinical faculty members
Have you seen this Disconnect?

Learner: “I didn’t get any feedback!”

Teacher: “I definitely gave feedback!”
...Or this?
...Or this?

GOOD JOB
We know feedback is important… right?

Giving effective feedback is instrumental in helping learners learn. Students who receive regular feedback about their performance perform significantly better, develop better judgment, and learn faster than those who do not.

“Without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically or not at all.” (Ende 1983)
Characteristics of Effective Feedback

• Based on **observation** or reliable information
• Phrased in **descriptive** non-evaluative language
• Targets specific **modifiable** behaviors (not general, personality, or character based)
• Given in a **collaborative** spirit (teacher and student working as allies toward common goals i.e. an “Educational Alliance”)

FAU CHARLES E. SCHMIDT COLLEGE OF MEDICINE
Florida Atlantic University
## What’s the Difference?

<table>
<thead>
<tr>
<th>Feedback</th>
<th>vs.</th>
<th>Evaluation</th>
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</thead>
<tbody>
<tr>
<td>Conveys information</td>
<td>Formative</td>
<td>Conveys judgement</td>
</tr>
<tr>
<td>Formative</td>
<td>Current performance</td>
<td>Summative</td>
</tr>
<tr>
<td>Verbs &amp; nouns</td>
<td>Foster learning</td>
<td>Past performance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adjectives &amp; Adverbs</td>
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<tr>
<td></td>
<td></td>
<td>Certification</td>
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</table>
Quality Assurance?

We send our students out to a variety of clinical settings so how do we ensure that “out there” students receive and perceive consistent, valuable, meaningful observation and feedback?
Perception vs “Reality”

Teaching clinicians are satisfied with feedback they give, but learners are not! Where is the gap? Teachers? Learners?

Mounting evidence suggests BOTH!!

Diff Dx: Satisfaction vs. Learning

Student satisfaction = linked to **PRAISE**

Student learning = linked to **FEEDBACK**

Boehler et al., 2006
How to guarantee standardized observation & feedback?

We decided to use a version of mini-CEX on a pocket card documenting Direct Observable Clinical Skills (DOCS)
DOCS cards

Direct Observation of Clinical Skills (DOCS) HISTORY

Student
Date
Observer
Setting

History-Taking

- Introduces self
- Assures patient is comfortable and willing
- Starts with open-ended questions
- Progresses with specific questions
- Does not ask presumptive/leading questions
- Does not interrupt patient
- Asks for clarification if necessary
- Logical sequencing of questions
- Covers all aspects of history appropriately (HPI, PMH, SH, FH, etc)
- Summarizes info that patient has provided
- Listens carefully (nodding, “mm-hmm”)
- Legitimizes patient’s feelings or concerns
- Good interpersonal skills, makes patient feel comfortable
- Overall professional appearance
- Good eye contact and appropriate body language

Notes

OVERALL ASSESSMENT

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
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<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

- Feedback and constructive suggestions for improvement given

Student
Signature

Observing Physician
Signature
DOCS card data from 2013-2014

<table>
<thead>
<tr>
<th>Question</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using the DOCS cards ensured that I was observed doing histories and</td>
<td>2.25</td>
</tr>
<tr>
<td>physicals, and helped me improve my clinical skills.</td>
<td>n=59</td>
</tr>
<tr>
<td></td>
<td>Scale (1-4)</td>
</tr>
<tr>
<td></td>
<td>1=9, 2=29, 3=18, 4=3</td>
</tr>
</tbody>
</table>

THE FOLLOWING ANSWER SCALE WAS USED

0 - Not Applicable
1 - Strongly Disagree
2 - Disagree
3 - Agree
4 - Strongly Agree
Student Comments

• “It was very hard to find the time to sit down and first have a physician fill out the card and then actually have time to discuss the results”

• “They seemed unnecessary. We are being observed constantly…”

• “Docs don’t normally have time to do this. They just fill out cards without watching. I didn’t mind.”

• “The DOCS cards were not useful and added to the stress of having things due all the time. They distracted from my learning”
What we learned...

We can mandate that students are observed but that does not mean students perceive that observation and feedback as valuable!

So where do we go from here?
Discussion Questions for the Group

• What is the most effective method of certifying direct faculty observation of LIC students?

• How can we optimally shape perceptions of valuable feedback from both learner and teacher perspectives?
Please come visit us...
References