

SDOT Faculty and Resident Training Study

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Published In/Presented At

Weaver, K., Kane, K., Barr, G., Raines, A., Bendock, N., Berry, B., Smeriglio, G., Stouch, B., Yenser, D., & Kane, B. (2012, April 1-14). *SDOT faculty and resident training study*. Poster presented at: The 2012 Council of Emergency Resident Directors (CORD) Annual Academic Assembly, Atlanta, GA.

Weaver, K., Kane, K., Barr, G., Raines, A., Bendock, N., Berry, B., Smeriglio, G., Stouch, B., Yenser, D., & Kane, B. (2012, April 1-14). *SDOT faculty and resident training study*. Poster presented at: The Pennsylvania American College of Emergency Physicians (PaACEP) Annual Conference, Gettysburg, PA. (April 16-18, 2012)

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SDOT Faculty and Resident Training Study

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Background:

We developed a training tool which educates individuals who evaluate and provide feedback to residents on the accurate application of the SDOT instrument while viewing a resident perform during a performance encounter modeling positive (exceeds expectations), negative (below expectations) and mixed behaviors serving as a test scenario (combination of exceeds, meets and below expectations), and apply the appropriate feedback. After watching the encounters, we presented the appropriate rating results to the faculty member taking training in a constructive way.

Objectives:

To determine if a brief training video can educate faculty appropriately on the application of the SDOT training tool.

Methods:

In this IRB-approved study, EM faculty and senior residents completed an SDOT evaluation form based on the test scenario. Once the evaluation form was received by the researchers, a 90-minute DVD with the positive, negative and, finally, the test scenario again was completed. These two test scenario scores were compared using Wilcoxon Two- and Three-Sample, as well as Signed Rank testing.

CORD Standardized Direct Observational Assessment Tool - EM Outcomes Assessment

This assessment tool, the SDOT, is designed to obtain objective data through observation of residents during actual ED patient encounters. Each item should be judged as either "Needs Improvement (NI)", "Meets Expectations (ME)", "Above Expectations (AE)", or "Not Assessed (NA)" for level of rating.

Resident's Name:	Test	Evaluated by:	Date:	PGY:	1	2	3	4
Time spent (minutes):								
Patient complaint:								
DATA GATHERING								
1. Respectful of patient's privacy and confidentiality.	X	X						
2. Appropriate professional, courteous, and courteous (efficiently and respectfully) with patient, family and staff.	X							
3. Uses appropriate examination techniques when indicated.	X	X						
4. Effectively gathers essential and accurate information from all available sources (i.e. patient, family, EMS, PHN, etc. as relevant).	X							
5. Performs complete observed physical exam and appropriate patient exam for level of care.	X							
SYNTHESIS								
6. Can explain the pathologic basis for management.	X	X						
7. Provides the care at an evidenced manner appropriate to the patient's condition/complexity.	X							
8. Discusses an appropriate differential diagnosis, treatment plan and disposition with the attending.	X							
9. Understands benefits, risks and indications for a therapy or procedure.	X							
MANAGEMENT								
10. Appropriately sequences critical actions to patient care.	X							
11. Competently performs a procedure, demonstrating knowledge of anatomy and placement of essential risks.	X	X						
12. Communicates clearly, concisely, and professionally with colleagues and medical staff.	X							
13. Anticipates, recognizes, and effectively resolves conflicts that occur at the interface between patients, family, staff, and patients.	X							
14. Discusses and updates care plan with the patient or family.	X	X						
15. Clinical teaching to family, public, and students and reflects ED context and decision making.	X							
16. Prioritizes patients appropriately by acuity and waiting time.	X							
17. Plans patient work up in the context of health care system limitations (staffing, consultants, facility availability, etc.).	X							
18. Plans work up in view of patient's social constraints (i.e., ability to pay, family support, work issues, etc.).	X							

CORD S-DOT

NI = Needs Improvement, ME = Meets Expectations, AE = Above Expectations, NA = Not Assessed

	NI	ME	AE	NA	Comments
19. Careless/disrespectful and other priority-without-urgency focus on patient's care.	X				
20. Failure to gather/assess and treatment decisions using patient information and preferences, clinical judgment, and scientific evidence.	X				
21. Re-evaluates patient after therapeutic intervention and follows up on diagnostic tests.	X				
22. Documents assessment and response to therapeutic intervention.			X		
DEPOSITION:					
23. Uses resources such as social work and financial aid effectively.				X	
24. Discharge plan discussed with patient in a comprehensive, professional manner.				X	
25. Carries out appropriate discharge/transfer/transfer plan, including transfer of accepting AED or PHN as indicated.				X	
26. Arrange patient follow-up with an understanding of outpatient resources and the patient's unique situation.				X	

GLOBAL ASSESSMENT OF CORE COMPETENCIES

A. Patient Care: able to competently, appropriately, and effectively for the treatment of health problems and the promotion of health.

	NI	ME	AE	NA	Comments
1. Needs Improvement	2	Meets Expectations	4	Above Expectations	5

Summarized Comments (Faculty):

Resident Comments (Optional):

Signature (Faculty): _____ Date: _____

Signature (Resident): _____ Date: _____

CORD S-DOT

NI = Needs Improvement, ME = Meets Expectations, AE = Above Expectations, NA = Not Assessed

	NI	ME	AE	NA	Comments
19. Careless/disrespectful and other priority-without-urgency focus on patient's care.	X				
20. Failure to gather/assess and treatment decisions using patient information and preferences, clinical judgment, and scientific evidence.	X				
21. Re-evaluates patient after therapeutic intervention and follows up on diagnostic tests.	X				
22. Documents assessment and response to therapeutic intervention.			X		
DEPOSITION:					
23. Uses resources such as social work and financial aid effectively.				X	
24. Discharge plan discussed with patient in a comprehensive, professional manner.				X	
25. Carries out appropriate discharge/transfer/transfer plan, including transfer of accepting AED or PHN as indicated.				X	
26. Arrange patient follow-up with an understanding of outpatient resources and the patient's unique situation.				X	

GLOBAL ASSESSMENT OF CORE COMPETENCIES

B. Medical Knowledge: Residents are expected to formulate an appropriate differential diagnosis with social history or risk-factor/condition, demonstrate the ability to utilize available medical resources effectively, and apply this knowledge to clinical decision making.

	NI	ME	AE	NA	Comments
1. Needs Improvement	2	Meets Expectations	4	Above Expectations	5

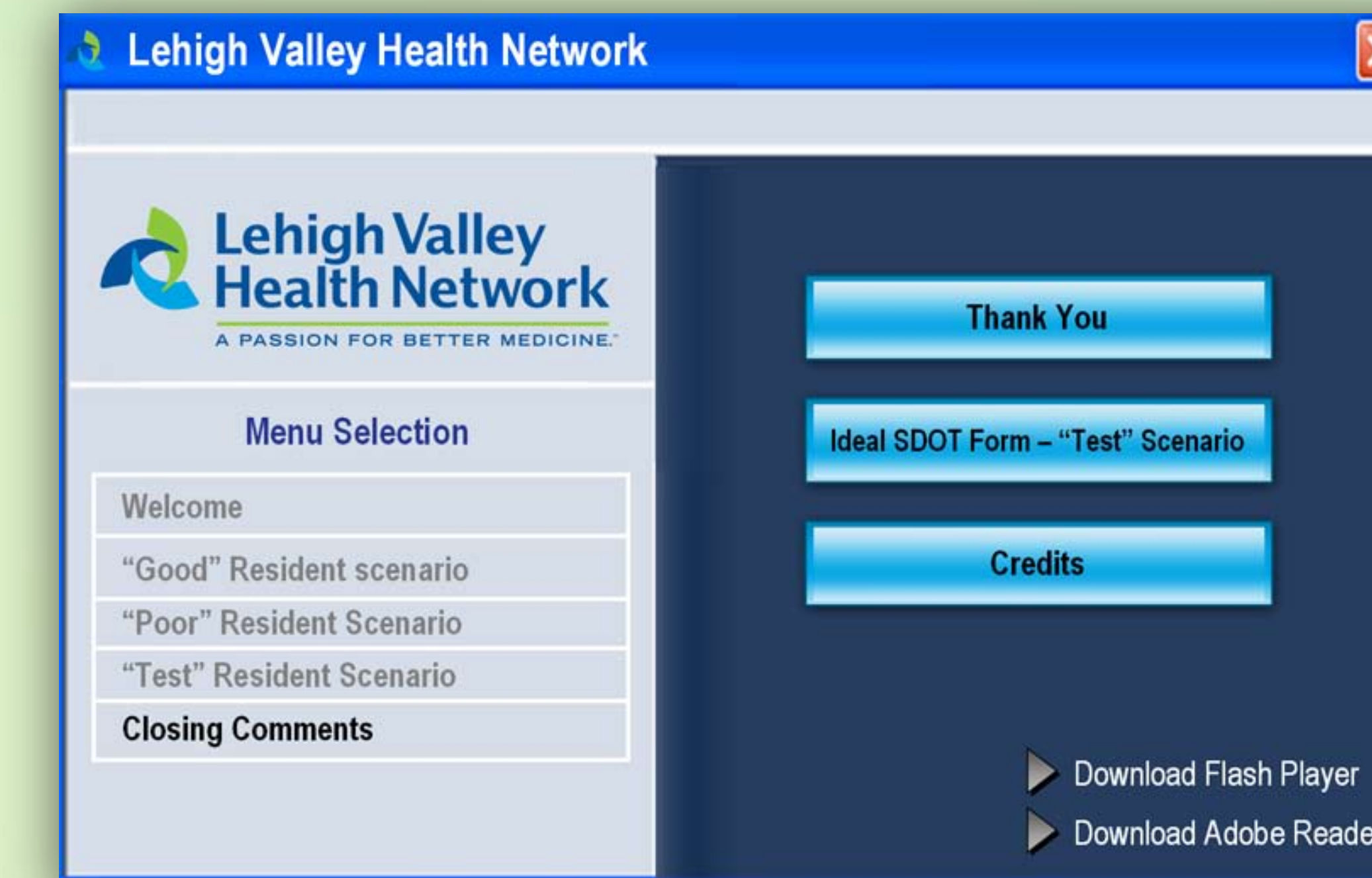
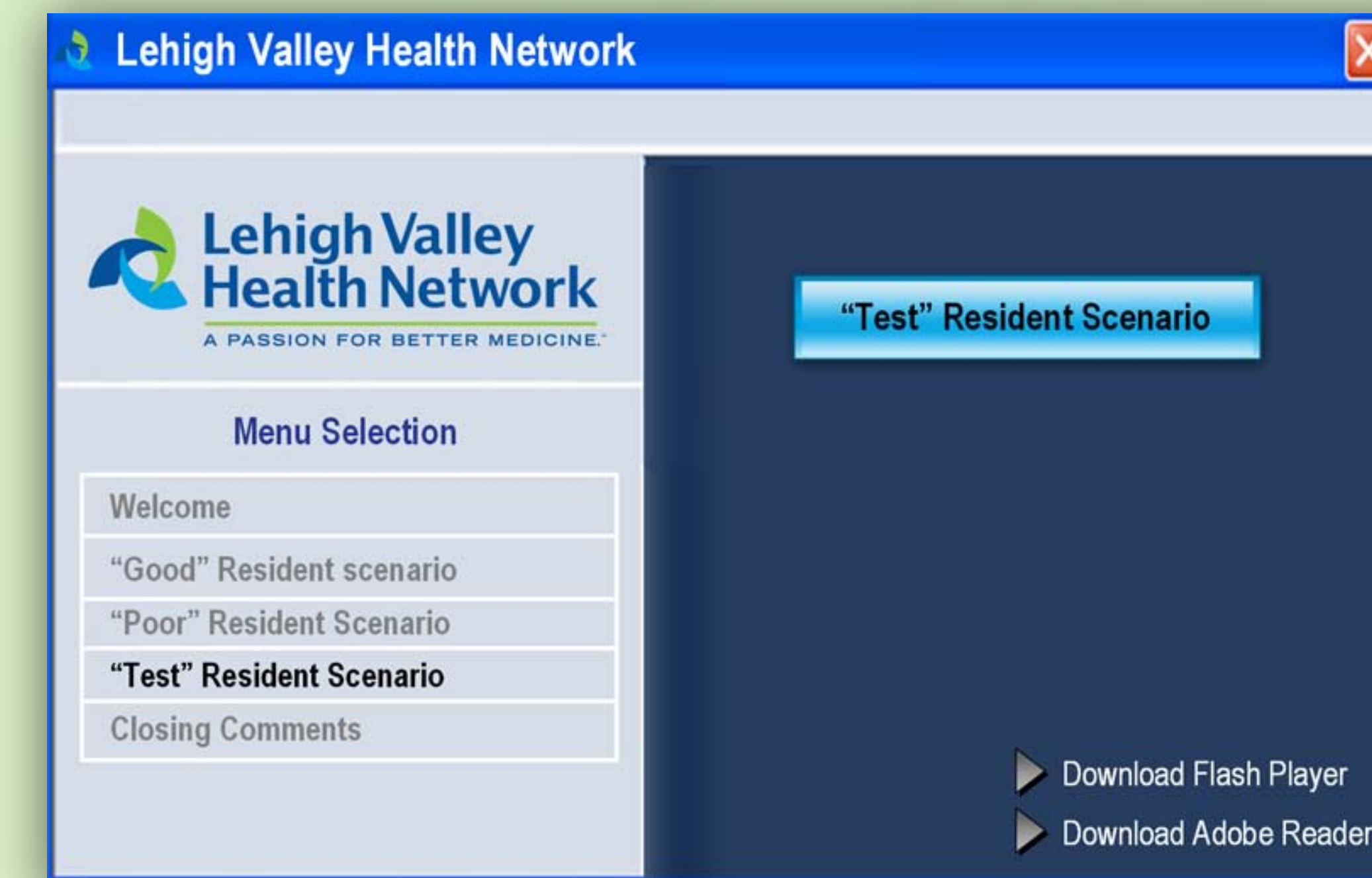
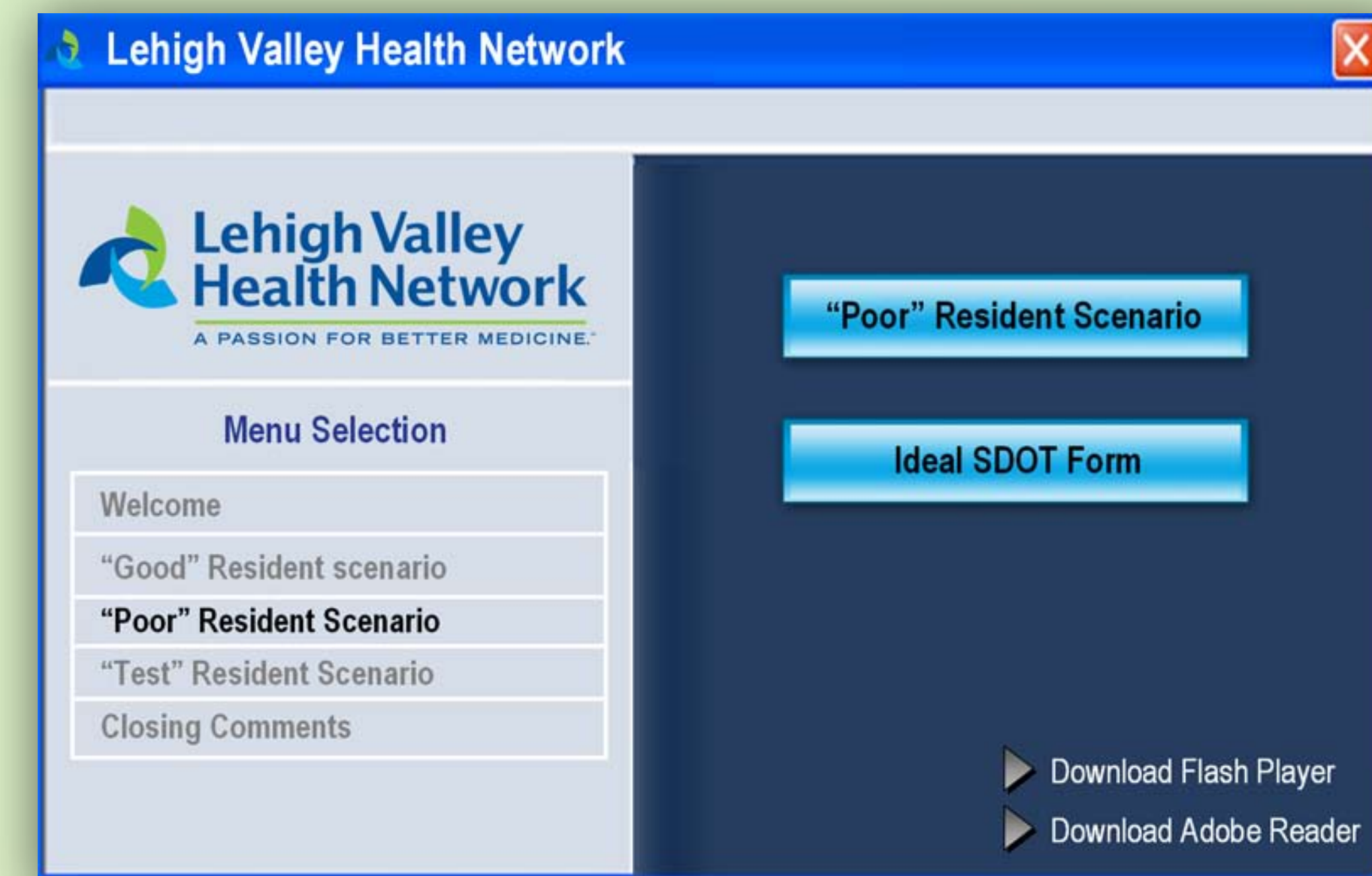
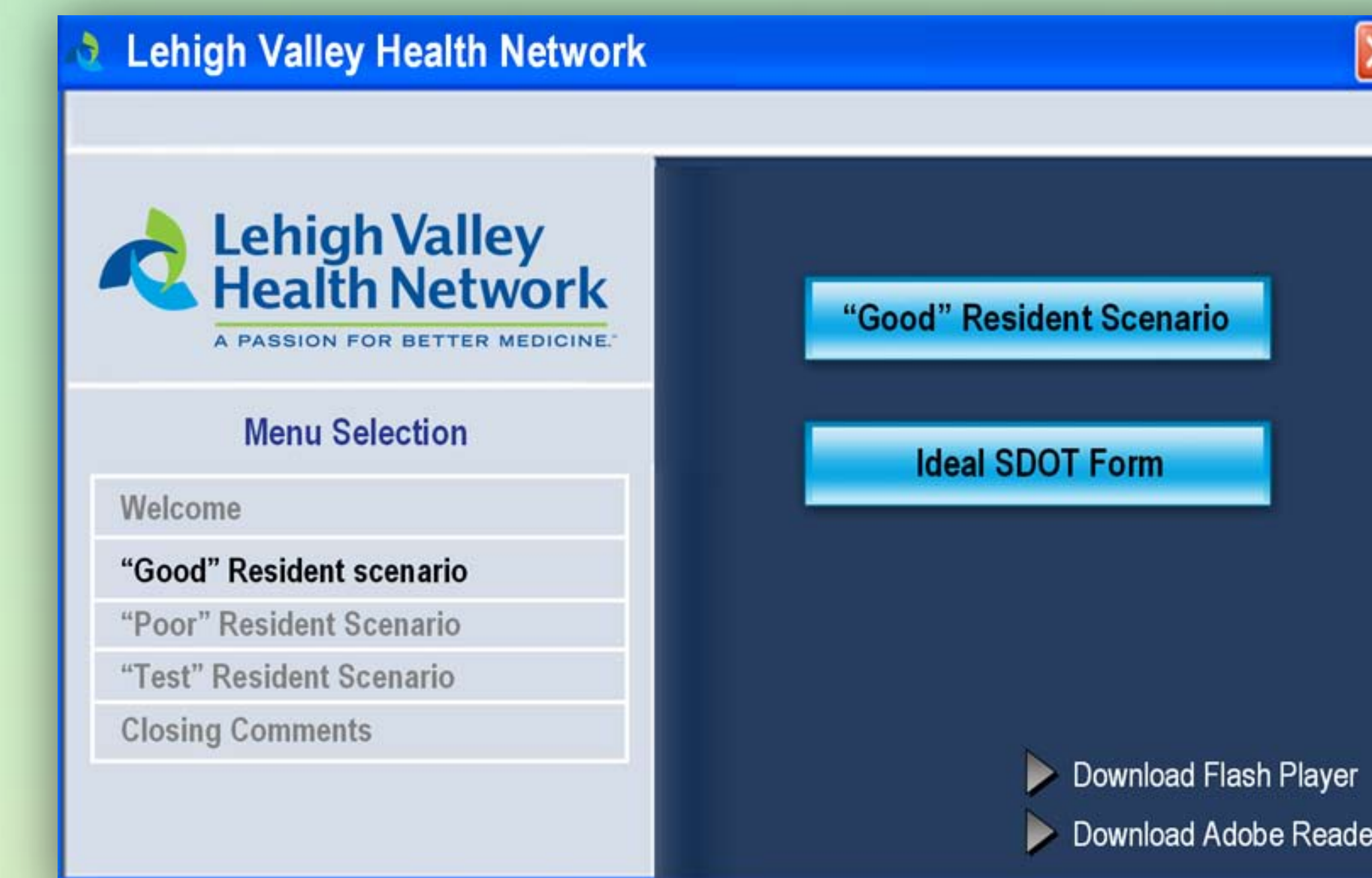
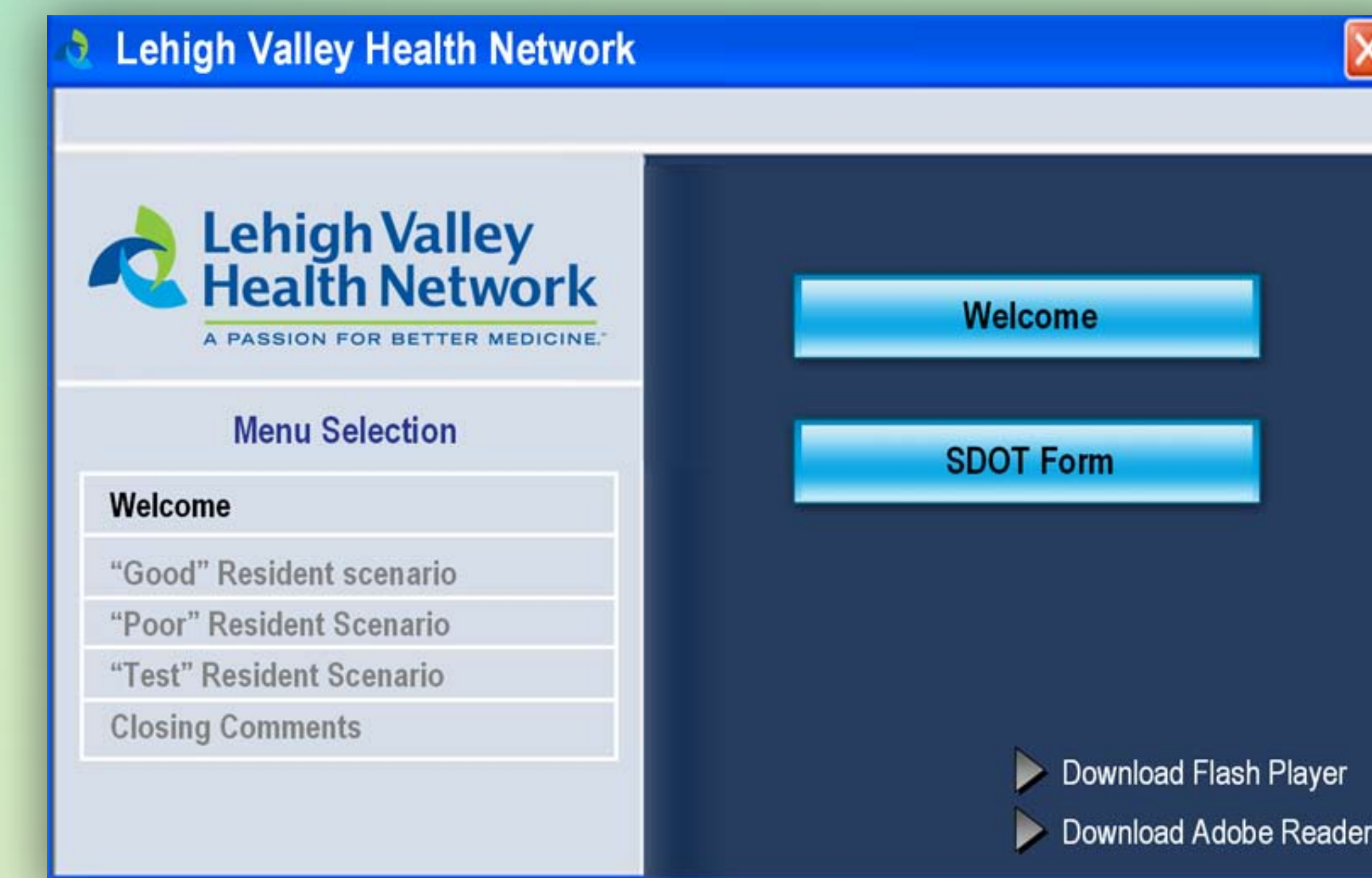
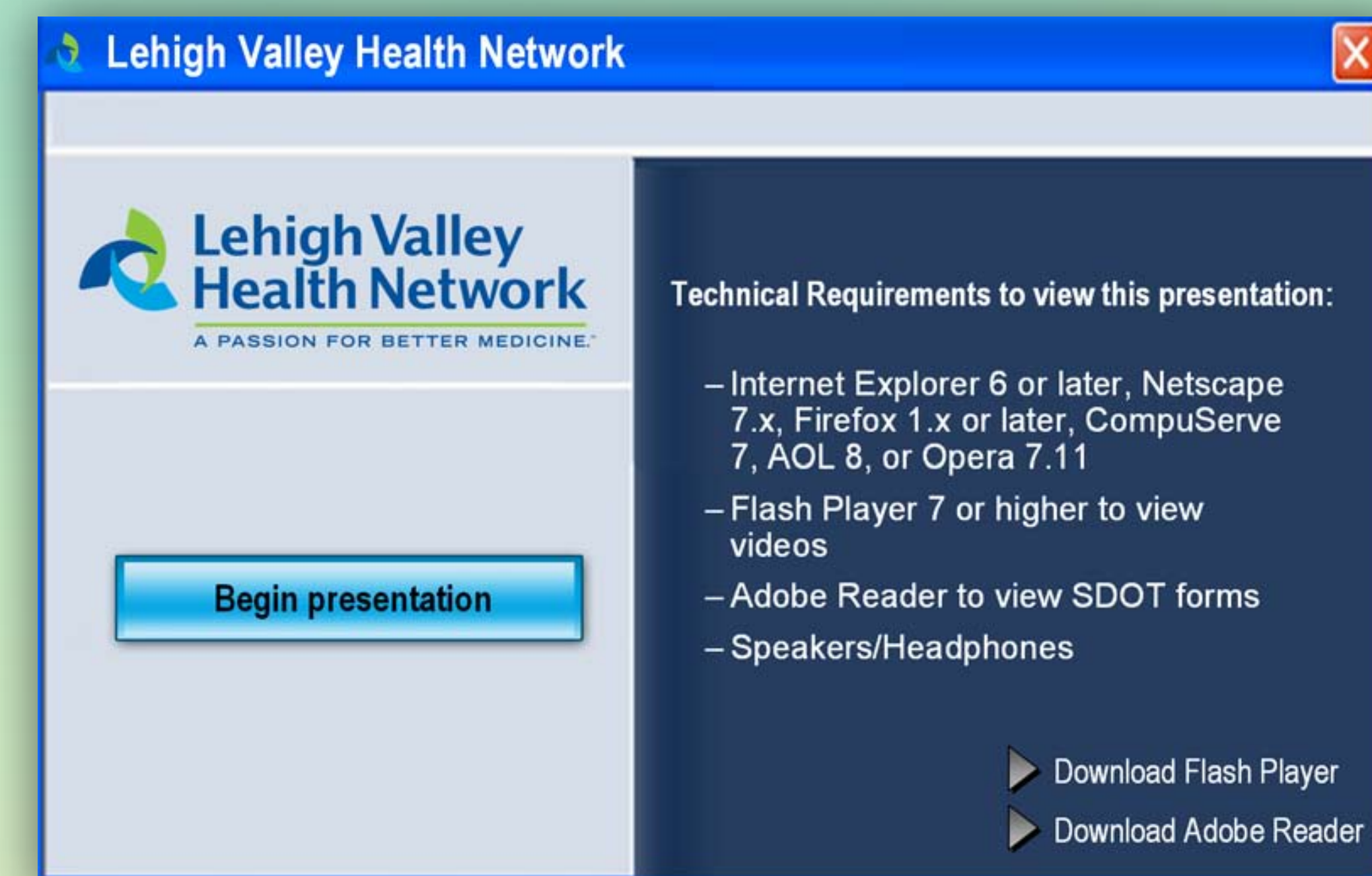
Summarized Comments (Faculty):

Resident Comments (Optional):

Signature (Faculty): _____ Date: _____

Signature (Resident): _____ Date: _____

SDOT Video



Results:

Lehigh Valley Health Network is a dually approved PGY 1 through 4 EM residency with 14 residents per year. In this pilot study, 26 faculty with a mean of 12.2 +/- 7.1 years of experience and 26 residents participated. Prior experience with the SDOT was noted with eight of the faculty and 11 of the residents. The ideal scoring for the SDOT scenarios is in Figure 1. Faculty members were more likely to rate the global Medical Knowledge (MK) lower than residents (p=0.002) initially. Exposure to the video raised faculty scores (p=0.289) and lowered resident scores (p=0.046). Question 9, understanding of risk of intervention, had faculty initially rating performance higher (p = 0.012), but both faculty and residents reduced scores after the intervention (p=0.063 and p=0.011, respectively).

Conclusions:

A training video can significantly change perceptions of MK as measured by the SDOT.