Look and Listen: Developing Faculty Competency for Direct Observation

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Objectives

After attending this workshop, participants will be able to:

- Describe the benefits of direct observation for assessment of learners.
- Identify and apply best practices for direct observation to improve the skills of assessment and providing high-quality feedback.
- Promote enhanced self-reflection and engagement in learners when participating in direct observation.

Thought Exercise – Importance of Assessment

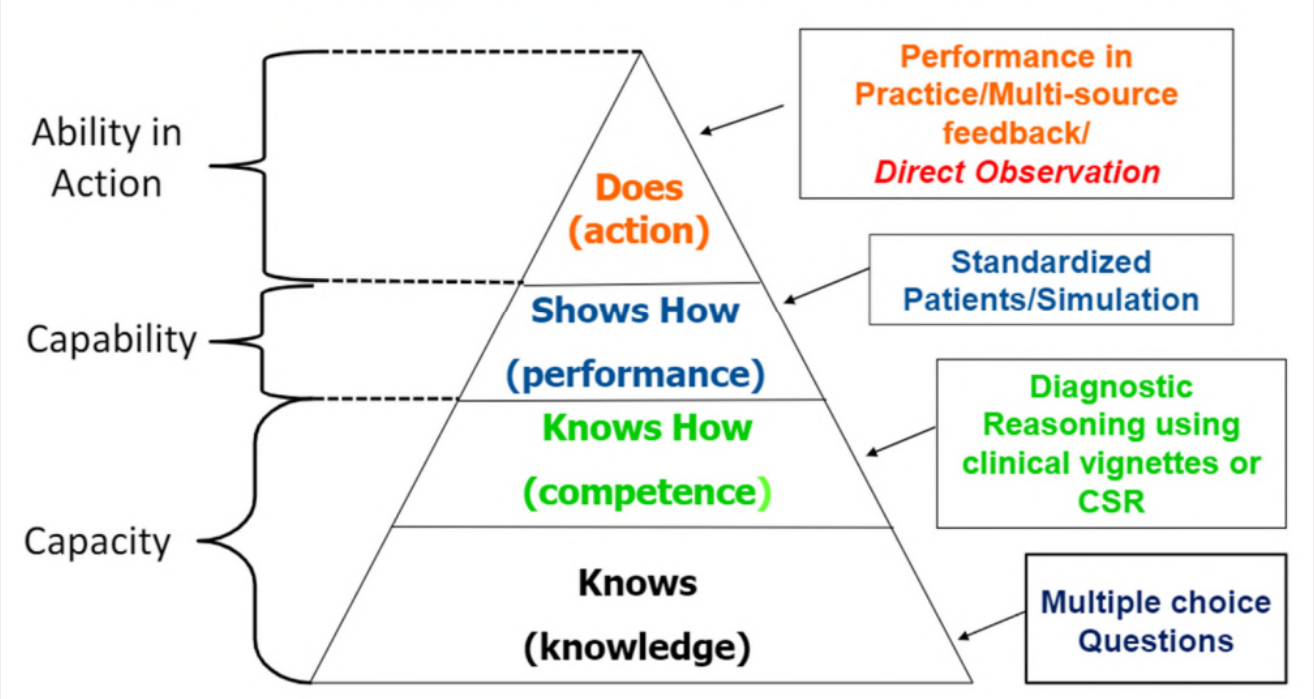
Based on what you see in this picture…

- What else would you like to know and see to judge the driver's ability to park?
- How would you define "competence" in parallel parking?

Why Observation is Important

Video courtesy of Mitch Motooka, MD. KPHI ACGME Assessment Hub Course. Aug 2021.

Assessing for the Desired Outcome



Miller's Pyramid. Adapted from presentation by Mitch Motooka. ACGME Assessment Course Presentation. Aug 2021.

What is Direct Observation?

The active process of watching learners perform in order to develop an understanding of how they apply their knowledge and skills to clinical practice.

LaDonna KA, Hatala R, Lingard L, Voyer S, Watling C. Staging a performance: learners' perceptions about direct observation during residency. *Med Educ.* 2017

Frequency of Direct Observation

33%

of PGY-2 and 3 IM residents had no formal observation over an academic year

Holmboe, Eric S. MD. Realizing the Promise of Competency-Based Medical Education. Academic Medicine. April 2015.

24%

of learners were not observed during IM wards experience

Wang MK, Brandt Vegas D. Direct Observation and Feedback on the Internal Medicine Clinical Teaching Unit. Can Journ Gen Int Med [Internet]. 2022 Nov. 18

19%

of EM PGY-1 residents had never been observed taking a history

Burdick WP, Schoffstall J. Observation of emergency medicine residents at the bedside: how often does it happen?. *Acad Emerg Med*. 1995

Evidence-Based Benefits of Direct Observation

Increases frequency of feedback

Learners value feedback after being observed

Improves quality, meaningfulness, reliability, and validity of performance ratings

Promotes self-regulated learning

Increases learner confidence

Jeremy Smith, et al. Successful Implementation of a Direct Observation Program in an Ambulatory Block Rotation. *J Grad Med Educ* (2017)

Challenges

Time / Competing Priorities

Lack of training with tool

Learner ambivalence

Impact on learner-patient relationship

You don’t have see to 100% of everything in one sitting

Kelly Caverzagie and Bill lobst

Content Burst

Bias and Equity in Assessment

Performance Dimension Training

Key Do’s and Don’ts

https://www.abcya.com/games/word_clouds

Bias in Assessment

Bias	Definition	Example
Anchoring	Holding on to an initial observation or opinion and not acknowledging changes.	A poor patient history and physical examination performance by someone in PGY-1 may "anchor" in an attending's mind and result in assigning a level that is too low later in residency.
Availability	Giving preference to data that are more recent or more memorable.	In a CCC meeting, an attending may give more weight to his or her own observations of a resident than to observations of attendings from other rotations.
Bandwagon	Believing things because others do.	Faculty member mentions an insignificant mishap by a resident, and other members join in and mention other minor mishaps that would not have been described otherwise.
Confirmation	Focusing on data that confirm an opinion and overlooking evidence that refutes it.	Faculty member with a negative opinion of a resident recalls a single instance of prescribing error and neglects the 99% of prescriptions written correctly.
Framing effect	Forming an opinion based on how data are presented.	Training director may frame a CCC task as demonstrating to the ACGME that the program is strong. Faculty may feel pressure to adjust level determinations and overrate residents in the later years of their training.

Chandlee C. Dickey, et al. Cognitive Demands and Bias: Challenges Facing Clinical Competency Committees. *J Grad Med Educ* 1 April 2017; 9 (2): 162–164.

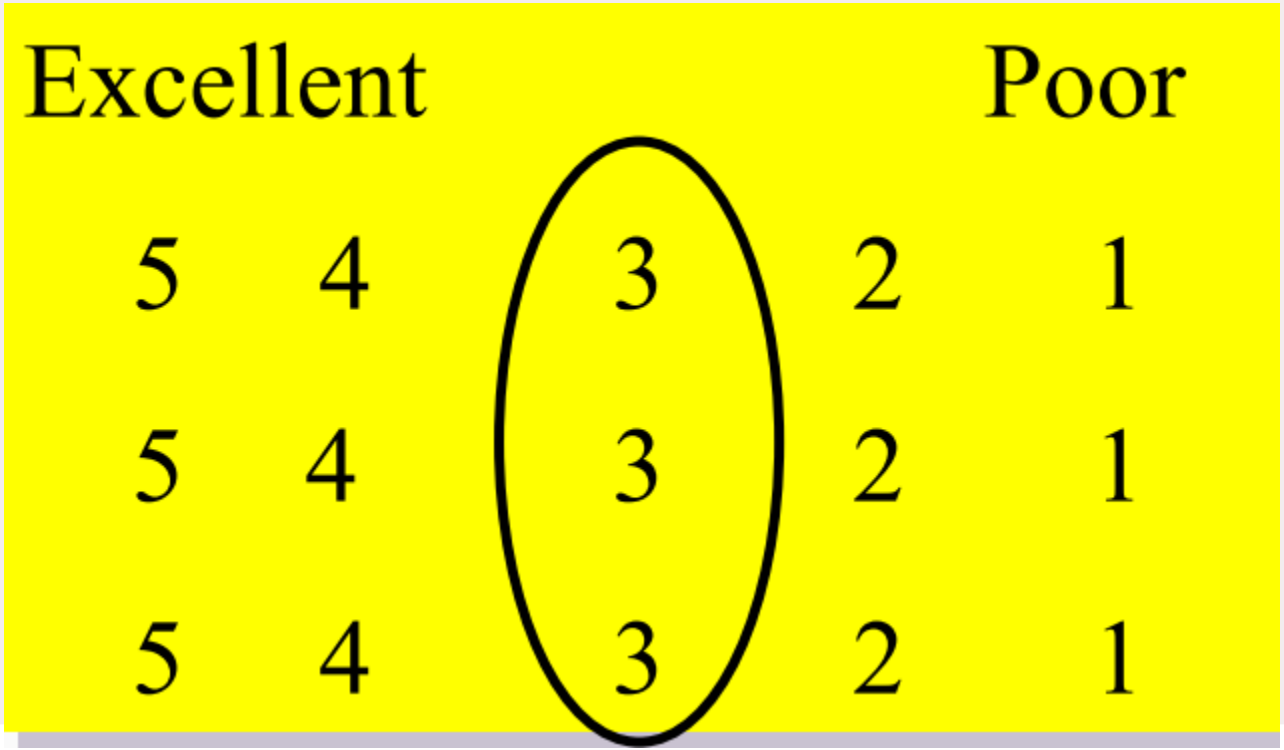
Cognitive bias in assessment refers to systematic biases in learner assessment.

This presents a moral dilemma: assessments are both necessary and inevitably flawed.

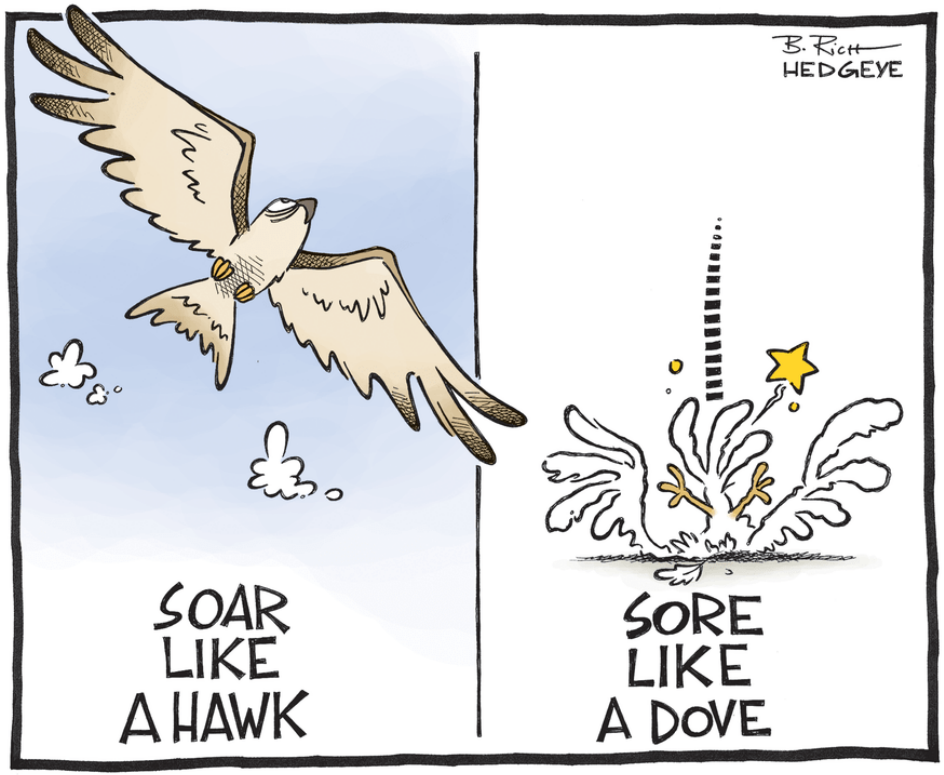
Fainstad TL, McClintock AH, Yarris LM. Bias in assessment: name, reframe, and check in. *Clin Teach*. 2021;18(5):449-453. doi:10.1111/tct.13351C

Rater Errors - Halo and Horns

Rater Errors - Central Tendency



Rater Errors - Stringency vs Leniency



Frame of Reference

What is the standard we are using for comparison?

Studies show faculty heavily use self as the frame of reference

Importance of shared mental model

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Framework to Approach Bias

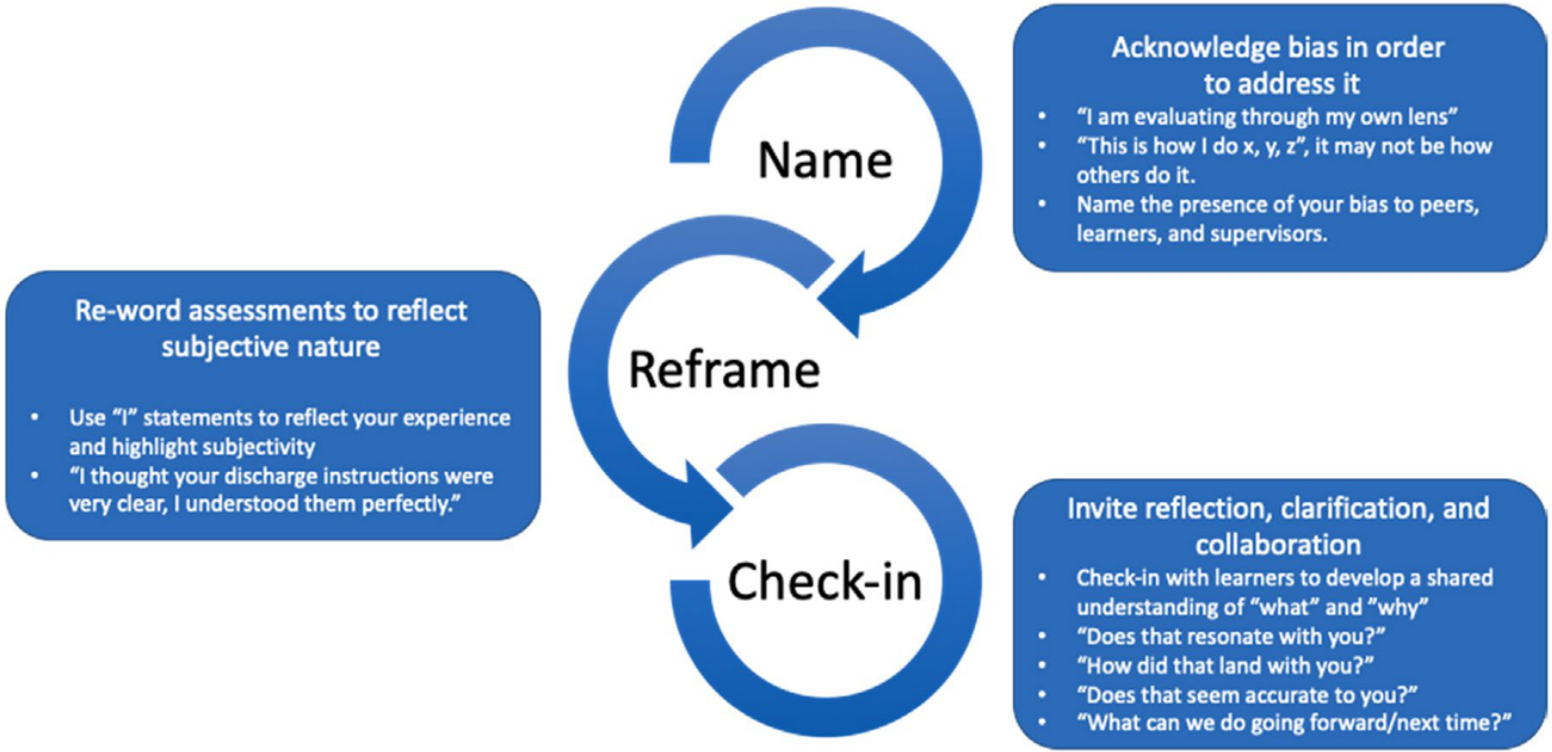


FIGURE 1 3-Step process to address the presence of assessment bias

Fainstad TL, McClintock AH, Yarris LM. Bias in assessment: name, reframe, and check in. *Clin Teach.* 2021;18(5):449-453. doi:10.1111/tct.13351C

Image from The Economic Times. Four Principles of Organisational Excellence. March 2017.

We must strive towards teaching excellence while recognising that cognitive biases prevent pure objectivity.

Fainstad TL, McClintock AH, Yarris LM. Bias in assessment: name, reframe, and check in. *Clin Teach*. 2021;18(5):449-453. doi:10.1111/tct.13351C

Six Components of an Equitable Assessment System

Avoids comparison to peers

Values narrative assessment above ratings

Focuses on patient care beyond medical knowledge

Appreciates a learner's identity and background

Values growth

Teaches educators how to mitigate bias

Performance Dimension Training

What does this mean?

Exercise to standardize assessment expectations

Establish the meaning of ratings

Discriminate levels of performance

Faculty should do this as a group

Kogan JR, et al. Can Rater Training Improve the Quality and Accuracy of Workplace-Based Assessment Narrative Comments and Entrustment Ratings? A Randomized Controlled Trial. *Acad Med*. 2023.

Steps in Performance Dimension Training

Choose target competency or skill

View examples through vignette, video or role-play

Group reviews scenario together with a facilitator

Group shares observations and comes to a consensus

End result: better and more consistent ratings

Image from pixabay.com. Accessed 3/30/23.

Key Do’s

Observe authentic clinical work

Prepare learners and set goals

Cultivate learners’ skills in self-regulated learning

Provide feedback after observation

Observe longitudinally

Train faculty on direct observation and use of assessment tools

Kogan, J.R., Hatala, R., Hauer, K.E. *et al.* Guidelines: The do’s, don’ts and don’t knows of direct observation of clinical skills in medical education. *Perspect Med Educ* (2017).

I think the ability to shut up makes a good observer, because if you're constantly interjecting, you're not observing anymore. So, I think you have to be able to be quiet and watch. (P3)

LaDonna KA, Hatala R, Lingard L, Voyer S, Watling C. Staging a performance: learners' perceptions about direct observation during residency. *Med Educ.* 2017

Key Don’ts

Limit feedback to quantitative ratings

Interrupt the encounter

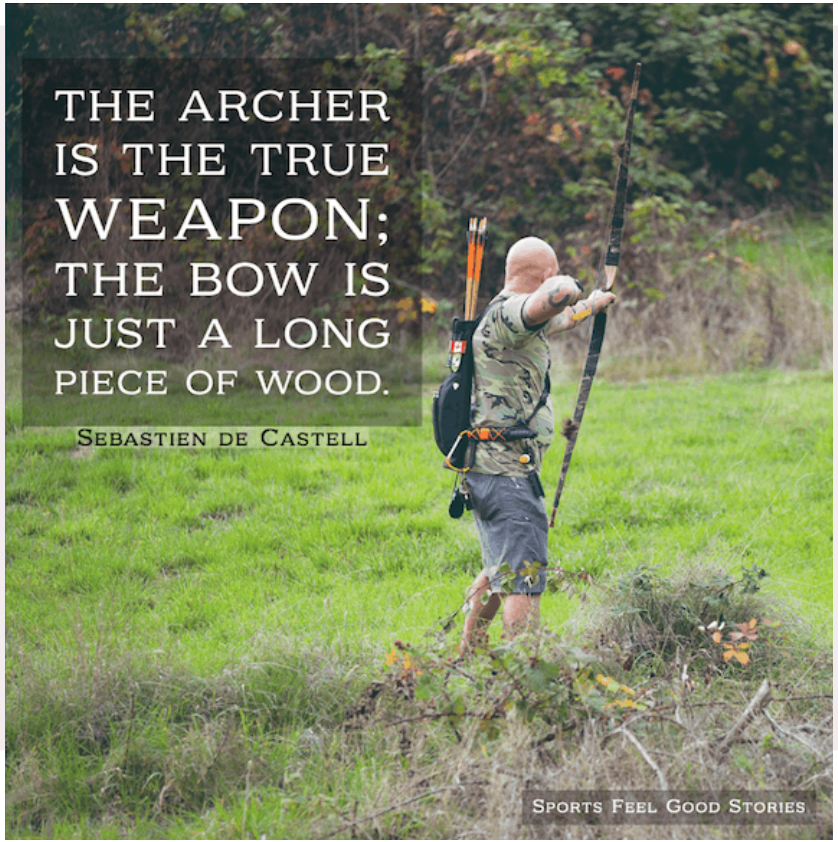
Give feedback in front of the patient*

Put responsibility solely on learner

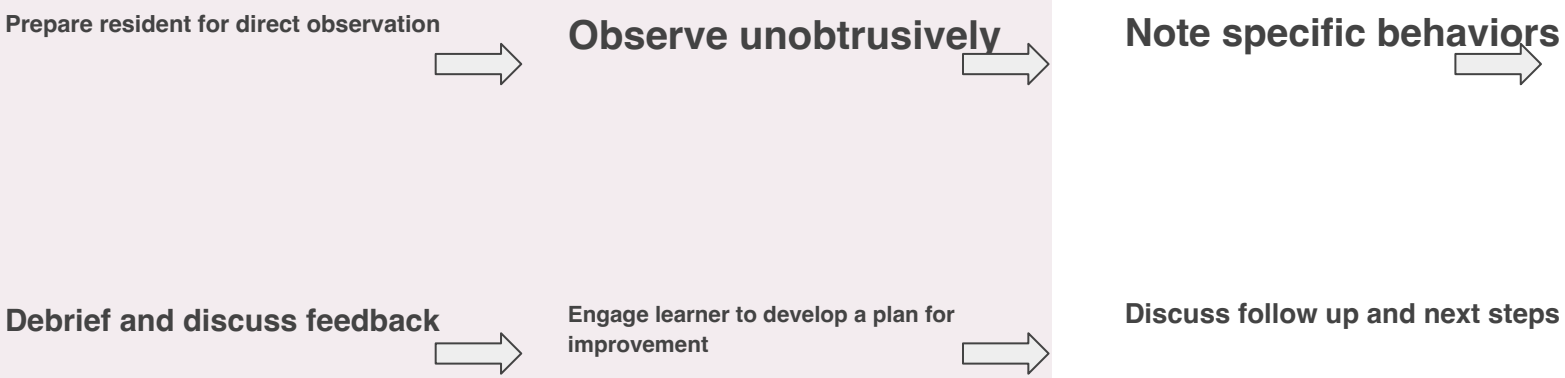
Make all observations high-stakes

Rely on tool to make the assessment

Faculty Are The Assessment Tool



Example Workflow for Direct Observation



Summary

Bias and Equity in Assessment

Performance Dimension Training

Key Do’s and Don’ts

Faculty Development is an Imperative

Small Groups

Small Groups - 15 minutes

View recording of a resident taking a history (5 mins)

Each participant should record observations and make an assessment

Among your group discuss:

- Your observations
- Your assessment and rationale
- Feedback you would provide

University of Hawai'i Family Medicine Residency Program

Direct Observation/Video Review Form

Resident (PGY): _____ Observer(s): _____ Date: _____

Encounter Description/Context of Visit: _____

Instructions: Please write specific feedback based on your observations in the comment box below and mark the level of proficiency for each competency observed. You do NOT need to observe all of these in 1 encounter and in fact, it would be preferred not to. Please refer to full instructions on the following page for additional guidance on the rating scale.

Feedback: Please provide specific examples of what was done well, what could be improved (next time try…), and specific formative feedback you shared with the resident

Domain	1: Emerging	2: Developing	3: Competent	4: Proficient/Independent	5: Aspirational
Interpersonal & Communication Skills					
Interviewing & History Taking					
Physical Exam					
Clinical Decision Making					
Procedural Care					
Counseling Skills					
Precepting & Documentation					

History Taking - Clinic Visit

Video courtesy of ACGME Faculty Development Toolkit.
https://dl.acgme.org/pages/acgme-faculty-development-toolkit-improving-assessment-using-direct-observation

What did you observe?

How did you rate the learner?

Content Burst

Feedback Framework

Promoting Self-Reflection

Planning Next Steps

ADAPT Model

Ask	Discuss	Ask	Plan Together
learner to self-assess performance	observations of specific behaviors	learner to **reflect** on similarities and discrepancies between their self-assessment and feedback given	to create a goal and action steps for improvement

Promoting Self Reflection

Promoting Self Reflection

Learners need cues and a collaborative approach

Need to be reinforced for what is going well - specifically

Observations to prompt reflection need to be objective

Encourage flexibility and openness to constructive feedback by sharing your own mistakes and growth

Promoting Self Reflection

Option 1: Be descriptive, no interpretation or judgment

"I noticed…" "What did you notice?"

Option 2: Express your thoughts and feelings elicited by a learner's behavior

"I wonder how the patient felt…I felt concerned when…"
"What did you make of the patient's reaction to…"

Option 3: Predict potential outcomes based on behavior

"I have found that…" "What do you think would happen if…"

Planning Next Steps

- Summarize the identified or self-identified gap (in knowledge, skill, or practice)
- Work with the learner collaboratively to identify a resource and task to close that gap - keep it concrete and operational
- Set a SMART objective for following up and check for understanding of what the expectation is, what task or tasks are involved, and link that work to how it will help the learner close that gap

Small Groups

Small Groups: Practicing Feedback

Return to previously recorded observations of the encounter

Identify one person to be the faculty member and one person to be the learner

Faculty and learner practice feedback conversation using the ADAPT model

Debrief among the small groups. Start with faculty, then learner, then observers.

- What went well? What was challenging?
- Reflections on using the ADAPT model?

Large Group

Summary

Importance and benefits of Direct Observation

Best Practices: Key Do’s and Don’ts

ADAPT model to guide feedback conversations

Mahalo!

Questions? Feedback?

Survey Link