# DeBusk College of Osteopathic Medicine

## Preceptor Development

December 1, 2023





# Direct Observation of learners in the clinic setting

- ≻Good news
  - You already possess the skills to do this as a clinician!
- ≻Bad news
  - You are *too* good at what you do and you have to break things down for your learners!



## Benefits of Direct Observation

- Establish a baseline for each learner in terms of abilities, comfort level with patients, etc.
- Reinforces the importance of the learner it communicates that you care
- Enables you to assess a learner's abilities in key areas:
  - Interviewing style
  - History taking
  - Rapport building
  - Technique and organization of physical exam
- Identify specific strengths and weaknesses, rather than making global judgements
- Provide specific feedback on clinical performance based upon your actual observation of the learner
  - Easier for the learner to "hear" your feedback since you have seen what they are doing



## Observe, don't interpret

- Clinicians are used to making **rapid interpretations** given the various facets of a patient encounter we're observing
  - Need to slow down your thinking process and see the learner in action
  - Need to see and hear what and how they have done something and then **describe the behaviors** you've observed (avoiding judgements)



# Tips for a busy practice

- Observe them gathering the HPI or the chief concern (e.g., 1<sup>st</sup> patient in the morning or afternoon)
- Observe performance of specific exam maneuvers
- Observe them asking the patient about their immunization status, cancer screenings, risk factors or preventive medications during a wellness visit
- For some conditions, ask the student if they are comfortable providing anticipatory guidance (e.g., what to look for if an antibiotic isn't working, etc.) and observe them providing guidance

# Teaching in the Presence of the Patient (TIPP)

• Increases the "face time" of the patient and the clinical preceptor

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- Develops the skill in the learner of how to talk about the patient in front of the patient
- Allows for immediate correction of historical inconsistencies (patient input)
- Allows for feedback/confirmation by the patient that the learner has correctly captured and presented the history/findings
- Allows for direct observation of the learner in this case presentation setting
- Allows for demonstration to the patient that they have been "heard" by the learner and that the information they have shared has been communicated to their clinician



### References re: TIPP

- Petersen K, Rosenbaum ME, Kreiter CD, Thomas A, Vogelgesang SA, Lawry GV. A randomized controlled study comparing educational outcomes of examination room versus conference room staffing. Teach Learn Med 2008;20(3):218-24.
- Linda Madson Linda.Madson@va.gov, Marcy Rosenbaum, Clarence Kreiter, Alison Lynch & Arianna Witt (2014) A Randomized Controlled Trial Assessing the Feasibility of Examination Room Versus Conference Room Teaching in a Psychiatric Setting, Teaching and Learning in Medicine, 26:1, 40-48, DOI: 10.1080/10401334.2013.857336



## Summary

- Direct Observation do it!
- Describe the behavior/action you observed avoid interpretations/judgements
- Directly observe specific components of patient encounters
- Weave in TIPP where possible



