

## ❖ SAMPLING

- It's okay to watch part of an encounter (i.e. history OR exam OR counseling)
  - It's even okay to watch part of a part (part of the history (i.e. agenda setting); part of the exam (i.e. cardiovascular or shoulder exam) as long as you know the goal of the observation.

## ❖ OUTPATIENT SETTING

### ○ HISTORY TAKING

- Watch first 5 minutes of an encounter to observe agenda setting
- Each clinic, observe the first resident: patient encounter of the session (usually no resident is ready to present in the first 10 minutes of clinic)
- Ask the resident who the most challenging patient is on their schedule. Watch that encounter. Resident find feedback on “challenging patients” very helpful. This can be patients who are tangential (watch how redirection is done), patients asking for pain medications, patients who are poor historians, patients who are poorly adherent, etc.
- Consider focusing observation on specific topic areas: assessment of the geriatric patient, medication reconciliation, assessment of health literacy

### ○ PHYSICAL EXAM

- Tell the resident to take a history but find you before doing the physical exam. This works particularly well for the pelvic exam and joint exams (i.e. back, hip, knee, shoulder). Patients are appreciative that a painful joint gets manipulated only once!

### ○ COUNSELING

- Tell the resident not to review the plan of care with the patient. Watch counseling (i.e. discussion of tests to be ordered, etc).
- Tell the resident you want to watch them start a medication on a patient. Watch that conversation.
- Tell the resident you want to specifically watch them counsel a patient on behavioral change (weight loss counseling, smoking cessation counseling)
- Tell resident you want to watch them counsel a patient on immunizations (i.e. flu shot), discussion regarding screening (prostate cancer, mammography age 40-50, etc)

## ❖ INPATIENT SETTING

### ○ HISTORY TAKING

- Watch part of an admission history (remember, you need to see the patient as the attending at some point, so make this a “twofer”).
- Watch pre-rounding (this actually gets history, exam, counseling and saves you time because you don’t have to see the patient later in the day). You can come in early to pre-round or tell the trainee to save one patient for when you arrive for rounds.
- Ask the trainee to retake the history in a night float or handoff patient.

### ○ PHYSICAL EXAM

- Watch the physical exam during pre-rounding (see above)
- Take the team to the bedside and ask a team member unfamiliar with the patient to lead the exam on the patient (i.e. cardiovascular exam and assessment of volume status in patient admitted with heart failure; neurologic exam in patient admitted with stroke or change in mental status)
- Have a team member lead the physical exam on a nightfloat or handoff patient.

### ○ COUNSELING

- Watch counseling during pre-rounding
- After rounds, when a patient needs to be updated on the care plan (i.e. it changed on rounds), watch the resident review it with the patient
- Observe informed consent for a procedure
- Observe breaking bad news
- Observe a family meeting
- Observe reviewing a test result with a patient
- Observe reviewing the discharge plan with the patient
- Observe a code status discussion

## ❖ TWO (OR EVEN THREE) BIRDS WITH ONE STONE

- Identify situations that your observation can help the learner and the patient
  - Observation of history taking works well for a trainee who always runs late in clinic. You can figure out what takes so long.
  - Ask trainees what they have not done before. That is perfect for observation (i.e. a geriatric assessment, the musculoskeletal exam, starting insulin in a poorly controlled diabetic, advanced directives, family meeting, etc)

## CREATE A SIMPLE SYSTEM FOR TRACKING

- Make a word document with three columns (see example below). Column one lists all the residents in clinic or on service. Column two lists the target number of observations. Column three is a place to tally when an observation is done. Staple the document to a folder that contains the mini-CEX (or other direct observation tool). Hang the folder in the clinic precepting room or conference room. Tally observations as you go. Start each clinic/day by looking to see who needs to be observed.

Residents in clinic/service	Target # of observations	Observation is complete

## ❖ OTHER TIPS FOR DIRECT OBSERVATION

- Make observation based on the competencies and goals of the residency program
- Try to embed the observation in the work you are already doing
- Observe multiple times per trainee to improve the generalizability of the assessments
- Build meaningful feedback into the direct observation process and make certain feedback includes an action plan: what steps can the learner take to improve in a particular area?