Direct observation of clinical encounters (DOCE) of medical students pre-rounding in the hospital: development of a pilot program and observation checklist

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DIRECT OBSERVATIONS OF CLINICAL ENCOUNTERS (DOCE) OF MEDICAL STUDENTS PRE-ROUNDING IN THE HOSPITAL

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ABSTRACT

Background: Medical educators have opined that clinical, communication, and professionalism skills of medical students are best taught and assessed by faculty directly observing clinical encounters between students and patients. Nonetheless, the medical literature suggests that these direct observations of clinical encounters (DOCE) occur during less than one-quarter of internal medicine clerkships. Lack of faculty time is often cited as a barrier to completing DOCE. Most previously reported DOCE in internal medicine clerkships have involved interviewing, examining and presenting new patients, and averaged 45 minutes to complete and provide feedback to the student.

Purpose: To learn if DOCE conducted during medical student pre-rounding on their hospital patients would be a useful learning exercise for medical students and to assess faculty time involved. Description: From April through October, 2010, third-year medical students were offered the opportunity of a DOCE within the scope of their internal medicine clerkship. This exercise was discussed with students during their clerkship orientation, and students were asked to contact directly the supervising faculty member to arrange a date and time. One of two academic hospitalists observed the student making pre-rounds on a patient that they had previously admitted and were following on-service. Faculty used a checklist comprised of 17 different items in three categories: communication (8 items), physical examination (5 items), and professionalism (4 items). After the observation, faculty provided to the student a formative evaluation that did not contribute to the student’s clerkship grade. Faculty made written comments on the checklist and gave a copy to the student, 31/34 (91%) students completed the DOCE, and records were available for 30 of these encounters. Time of observation averaged 15.3 minutes (range 7 - 25 minutes) and feedback averaged 13.9 minutes (range 8 - 22 minutes). Faculty provided feedback to students in the following areas (proportion of students): communication (30/30, 100%), physical examination (27/30, 90%), professionalism (30/30, 100%), 25/31 (81%) of students completed an anonymous satisfaction survey. 23/25 (92%) of these students found the exercise to be useful or very useful (average 5 point Likert score = 4.56) and 23/25 (92%) found it easy or very easy to schedule (average 5 point Likert score = 4.48).

RESULTS

Types of skills observed, % of exams

Communication: Clinical exam skills: Professionalism

Time spent on DOCE

How easy was it to arrange a time with the faculty member? (n = 25)

Very difficult: neutral: very easy

How useful was this exercise for your clinical education? (n = 25)

Very difficult: neutral: very easy

CONCLUSIONS

1. The DOCE was easy for students to schedule
2. The DOCE was felt by students to be a useful exercise for their clinical education.
3. The DOCE observed communication, physical exam, and professionalism skills in over 90% of cases.
4. The DOCE averaged 30 minutes per exercise
5. DOCE on medical students pre-rounding on patients already on their service observed critical skills on over 90% of cases and was easier and shorter than other DOCE reported in the literature, and thus may be more attractive for internal medicine faculty.

LIMITATIONS

1. Students’ scored evaluation of the exercise was gathered at the end of the clerkship (up to 7 weeks after the DOCE).
2. Faculty observers did not standardize the organization or nature of the feedback to students.
3. Students’ choice of patient for observed pre-rounding may have influenced the opportunity to demonstrate skills in a few cases.
4. Faculty had to be willing to observe students at an early hour.

REFERENCES