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

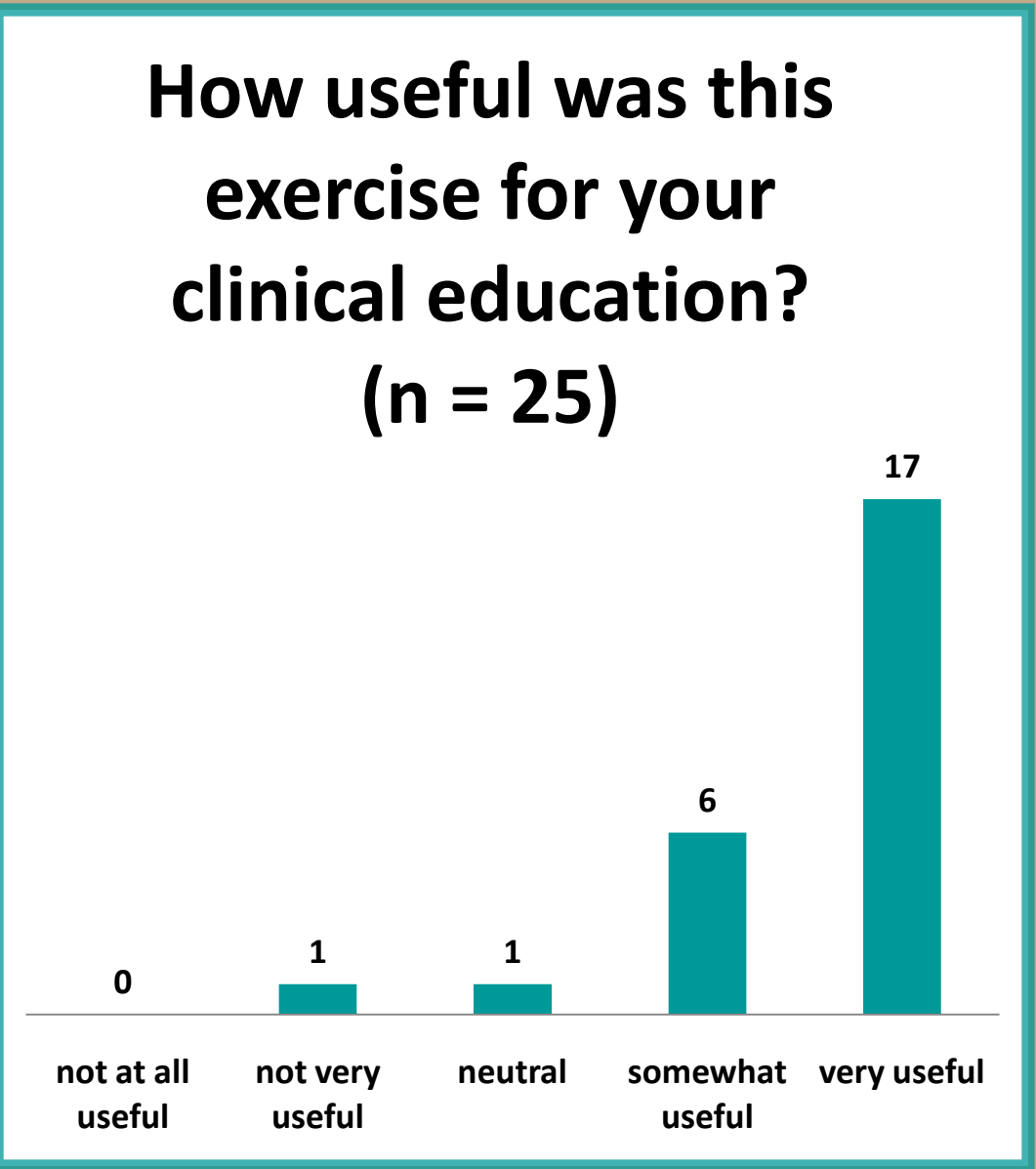
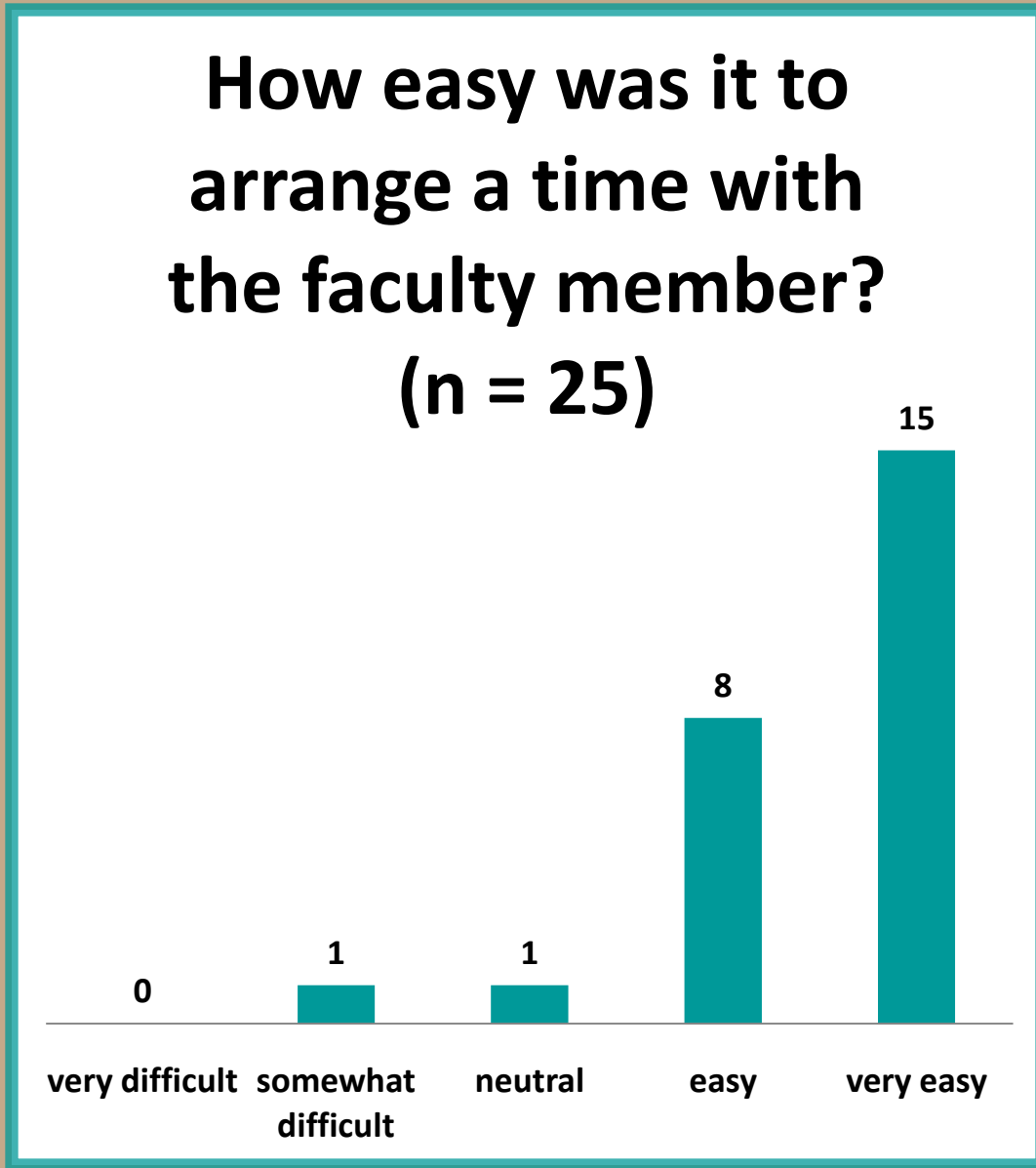
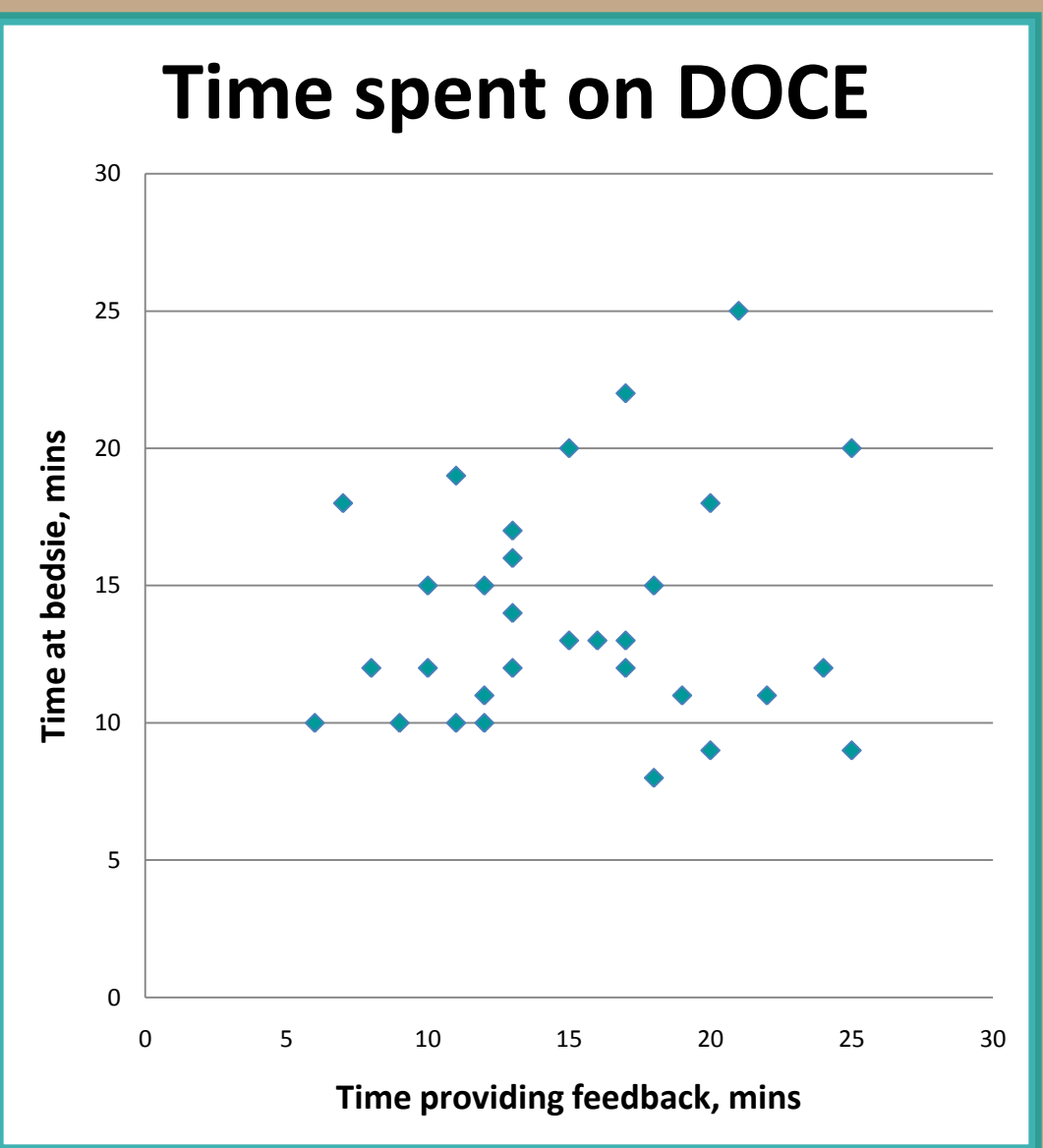
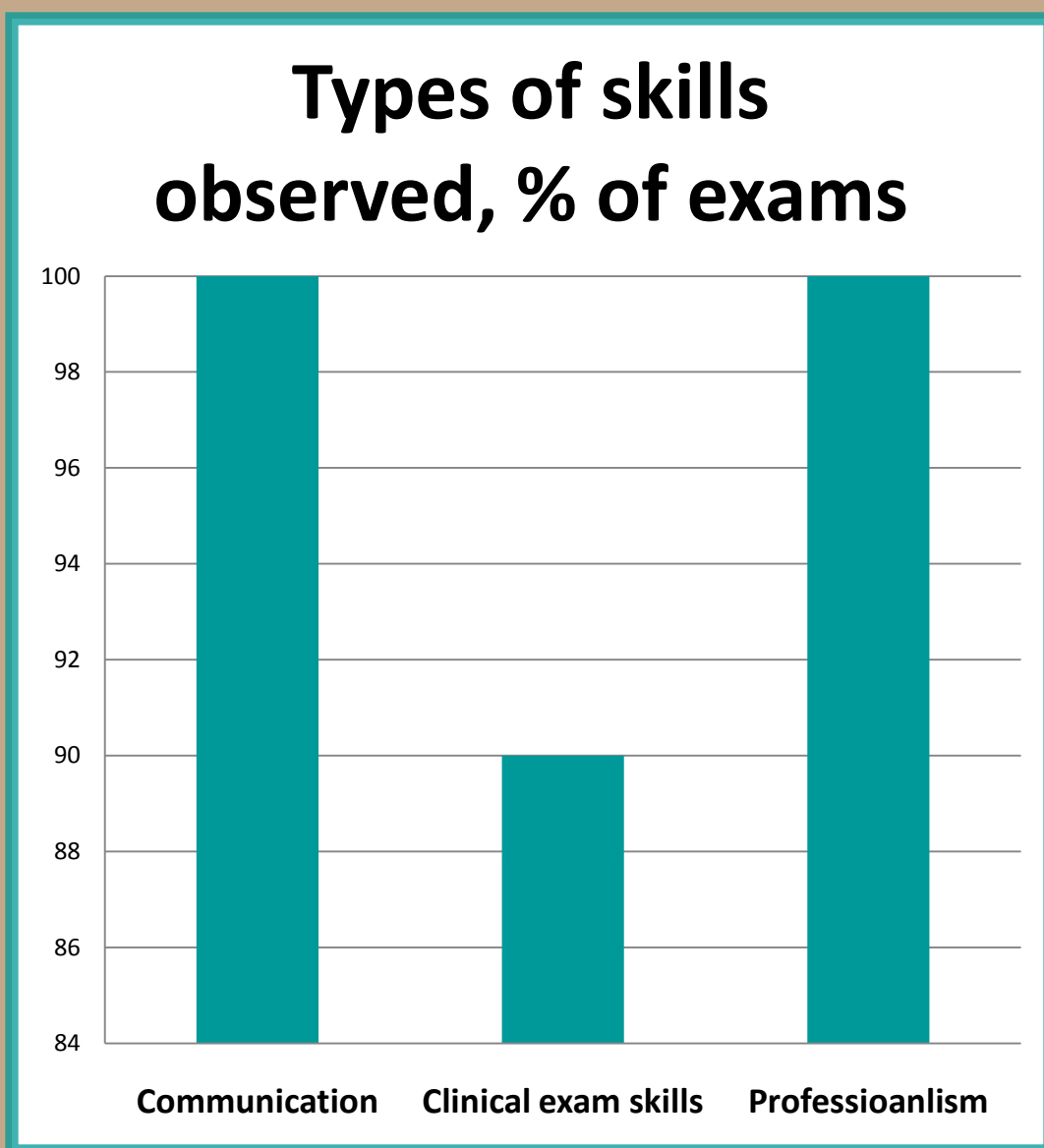
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ABSTRACT

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 during 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



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.

CHECKLIST

CHECKLIST FOR OBSERVED STUDENT INTERACTION ON ROUNDS

Date: _____ Block: _____

Student: _____ Time at bedside (minutes): _____

Faculty Observer: _____ Time providing feedback (minutes): _____

Number of times student previously saw pt: _____

Observed Skills

COMMUNICATION SKILLS

1. Describes patient's problem to preceptor
2. Introduces preceptor and explains role
3. Establishes good eye contact
4. Listens without interrupting
5. Expresses concern
6. Asks open-ended questions pertinent to patient care
7. Gives patient opportunity to ask questions
8. Explains plan or progress using appropriate literacy level

PROFESSIONALISM

1. Appropriately attired
2. Demonstrates courtesy
3. Demonstrates professional demeanor (addresses patient by name, doesn't chew gum, demonstrates seriousness and competence)
4. Respects privacy

CLINICAL CARE

1. Washes hands before examining patient
2. Auscultation of chest with stethoscope on skin and over both sides of thorax
3. Palpation of abdomen in all 4 quadrants
4. Examination of extremities for edema and tenderness
5. Washes hands on exiting room

COMMENTS:

Specific topics discussed:

- ☐ Communication
- ☐ Exam skills
- ☐ Literacy
- ☐ Privacy
- ☐ Professionalism
- ☐ Other

Faculty signature: _____ Student signature: _____ 2010/09/01

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