Enhancing clinical skills coaching via a cohort of faculty trained and supported to conduct direct observations in the workplace

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Problem Statement
Competency-based assessment requires multiple, reliable observations of trainees engaged in authentic tasks. However, increasing demands for efficiency in the care delivery process challenges traditional approaches to observation of medical students on ward teams. Additionally, there is a desire that students be more active in optimizing each educational experience.

Approach
We recruited a cohort of master clinical teachers (MCTs) who are funded (at a total of 2.5 FTE) to perform direct observations of students outside of routine care delivery processes. Students are directly observed performing a focused history and physical and receive immediate feedback regarding clinical skills. There are 12 MCTs across clinical disciplines, providing each student 12 such observation sessions during the clerkship phase.

All observations employ the SNAPPS model (Wolpaw) to promote a focus on clinical reasoning and to encourage disclosure of uncertainties. Following an observation, the student selects a relevant focused question for self-learning.

Lessons Learned
Informal focus groups reveal that students appreciate the opportunity for meaningful feedback. Adoption of the SNAPPS model has been slow; students require reinforcement with each observation. Additional training in the model has been incorporated. The demand to reveal uncertainties and identify learning needs combats a tendency in the clinical workplace to conceal weaknesses; this aligns with desired behaviors to support patient safety. MCTs find significant variance in performance among students, and presentation on rounds does not fully reflect the student’s actual performance with the patient. The MCTs report meaningful opportunities to shape student clinical skills development.

Significance
Our process has validated the importance of directly observing students interacting with patients. Protected time for observation, removed from care processes, and active coaching of clinical skills is qualitatively valued. We are collecting standardized milestone measures that will facilitate future analysis of the impact on student clinical skill development.

References