

Observed Histories and Physicals: Making LCME, Students and Faculty Happy

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Disclosures

- None

Overview

- Background
- Approach we took to observing H&Ps
 - Outpatient
 - Inpatient
- Faculty perspective
- Student perspective
- Share what you do/your solutions
- Discussion/Questions/Problem solving

Background

LCME Standard 9.4 Assessment System

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history taking, physical examination), behaviors, and attitudes

LCME Standard 9.7 Formative Assessment and Feedback

The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation.

Our system before accreditation visit:

- Standardized patient exams all 4 years, all involving history taking and physical examination, all graded and students who do not pass must remediate
 - End 1st year
 - End 2nd year
 - Mid 3rd year
 - Final exam for Family Med and Amb Care Clerkship
 - End of 3rd year
 - 4th year
- H&P on child in Pediatrics clerkship - Observed, videotaped, processed; formative

Was not enough

- LCME required us to add direct observation of history and physical on every clerkship; must be formative
 - Monitoring with regular reports required
- Reason seemed to be: on Graduation Survey, for nearly all clerkships, a little less than 80% of our students reported being observed doing an H&P – below national average
- Interestingly: on Peds, 100% get observed and get feedback, only about 90% reported being observed! Maybe because happens in learning center with volunteer child (not actual patient care visit)

Our Dilemma

- How do we convince the LCME they are wrong? (Just Kidding!!)
- How do we hack the system and change our survey data to match reality? (Also Kidding!!)
- How do we get every student observed on every clerkship without everyone wanting to kill us? (oh boy!)

Outpatient

- Decided to:
 - Tackle only focused H & P – a unique contribution suited to family medicine/general internal medicine
 - Use a standard form for all observations
 - Do it twice per student
 - Even when problems occur, every student should get at least one
 - If once is good, twice is better!
 - Distribute responsibility widely
 - Require students to submit it
 - Philosophy:
 - If students required to submit it, faculty cannot say no
 - If required, provides students with that extra nudge to set it up
 - (Never actually ding a student if they try and it doesn't happen)
 - Place the burden of arranging it on each student
 - Philosophy:
 - If students want it, they get to be part of the solution!
 - Not going to happen if we have to rely on faculty to set it up!

STFM Conference on Medical Student Education

Family Medicine and Ambulatory Care Clerkship – Observed History and Physical

Name of Student: _____

Class of _____

Group _____

Competency Category	STRENGTHS	AREAS FOR GROWTH
<p>HISTORY TAKING Potential areas to assess: Accuracy, depth, chronology, completeness, efficiency.</p> <p>May compare to students at same stage of training if desired eg at the level expected at this stage of 3rd year, demonstrated unusual insight/skill for a 3rd year student, able to recognize and address subtleties.</p>		
<p>PHYSICAL EXAM Potential areas to assess: technique, knowledge of physical exam, ability to link history and physical.</p> <p>May compare to students at same stage of training if desired eg at/above/below the level expected at this stage of 3rd year,</p>		
<p>INTERPERSONAL & COMMUNICATION SKILLS Potential areas to assess: Rapport and communication with patients and families. Avoidance of medical jargon. Engenders confidence. Awareness of the relevance of psychosocial factors, cultural diversity, and support systems to health care. Judgment and insight into communicating with others.</p>		

I observed this student performing a focused history and/or physical: Faculty Signature: _____ Date: _____

Method of distribution

- Every student has a continuity clinic (1/2 day per week for 12 weeks)
 - Each continuity attending required to do it once per 12 week rotation
- Every student has two block sites
 - For each student, clerkship director assigns responsibility for observation to one site

Straw that broke the camel's back

- After we added these, students began having trouble remembering to get all assignments done
- Solution (from a student, at debriefing)
 - Provide a check list of all assignments.

Family Medicine Assignment Checklist

Completed	Assignment	Due Date
	Patient Safety Assignment	Specific to rotation group
	Ethics Assignment	Specific to rotation group
	Patient Log Week 2	End of week 2
	Mid-Rotation Feedback at Clinic Site 1	End of week 3
	Observed H&P at Clinic Site 1	End of week 4
	Mid-Rotation Feedback at Continuity Clinic	End of week 5 or 6
	Mid-Rotation Feedback at Clinic Site 2	End of week 7
	Patient Log Week 8	End of week 8
	Observed H&P at Continuity Clinic	End of rotation
	Competency Card	End of rotation

Faculty Perspective


- Great! Yet another task.....
- Ways to do this within the current construct
 - Enter room at same time – observe
 - Choose which appointment slot might work best
 - Apply boundaries
 - Assess student's ability to keep direction
- Successes
 - Really get sense of student's status
 - Preparation, interviewing skill set, comfort level, physical exam
 - Able to offer targeting advice/counseling
 - Easily integrates into schedule

Student Perspective

- Strengths
- Areas for Growth
- Comments

- Global Assessment: No form, No observed H&P with *useful* feedback

Lessons from Inpatient Direct Observation

- Set a Date!
- Think Ahead
 - Student self-assessment  **Goals**
- Prepare patient
- Document during encounter
- Immediate Formative Feedback

Did it make LCME happy?

- We'll let you know!
- We hope!

Did it make students happy?


- Liz

Did it make faculty happy?

- ???

Discussion

- How do you get it done?
- What problems have you run into?
- How have you solved them?
- Questions for us?

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