

**DEPARTMENT OF FAMILY MEDICINE**

**POLICY FOR PRECEPTOR OBSERVATION OF RESIDENTS**

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Implementation Authority Residency Program Director	
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**Purpose**

- 1 Residents need to be observed either directly or via videotape on a very regular basis. The expectations of the University of Calgary Family Medicine Residency Program are outlined below.

**Background:** There is often a mismatch between the preceptor and the residents' view of the frequency and helpfulness of feedback. Yet feedback is one of the most effective processes we have for correcting errors or enhancing performance in history or physical examination skills, patient-physician communication skills, and the development of appropriate differential diagnosis and management plans. Further, the provision of feedback on positive attributes in these areas ensures these attributes will continue to be part of the resident performance.

Observation is an important factor in enhancing the resident receptiveness to feedback. Even a limited amount of feedback increases receptiveness that can extend to sessions where observation was not possible. Feedback, in order to be effective, needs to be based on first hand data that is descriptive, specific and timely. The addition of a brief discussion around goals prior to the observation probably improves preceptor feedback.

In order to provide feedback, it is not necessary to observe complete history and physical examinations although that may be part of the initial assessment of a new resident. Rather, observations of specific portions of any part of the resident-patient interactions may permit more specific and descriptive feedback to be given. Taking notes during these observations allows the provision of direct quotes, which can facilitate productive feedback.

The provision of feedback usually begins with the learner's assessment of their performance. Feedback from the preceptor can then be given. If goals for the

observation have been established prior to the observation, these should be the focus of feedback. Initial positive feedback appears to enhance the receptiveness of learners to those things that should be discontinued, or changed. Finally, it is important to develop a follow-up plan to the observation and to provide opportunities for residents to try out those new strategies generated in the discussion. A copy of the observation ‘data’ and follow-up plan should be provided to the resident with a copy being retained by the preceptor.

- Scope**                    2    This policy applies to all residents in the University of Calgary Department of Family Medicine.
- Definitions**            3    In this policy:
- a) “Approval authority” means the office or officer responsible for approving University policy and procedures.
- b) “Implementation authority” means the office or officer responsible for implementing University policy and procedures as well as monitoring compliance.
- Policy Statement**      4    **4.1 Observation**
- First year residents in the first 6 months of residency – direct observation once/half-day clinic
  - First year residents in the second 6 months of residency – direct observation twice a week
  - First year residents in call-back clinics – direct observation once/half-day clinic
  - Second year residents – direct observation once a week
- 4.2 Implementation**
- Retention of a copy of the resident observation and follow-up plan is recommended
  - Videotape review is a good choice for many aspects of observation but especially facilitating discussion of physician-patient communication skills
  - Below is a set of suggestions for facilitating the incorporation of direct observation into the patient interview.
- 4.3 Incorporating Direct Observation into Clinical Teaching**
- One-way mirrors and video equipment are not necessary to observe learner’ interactions with patients. Sitting in the corner of an exam room while the learner is talking to or examining the patient can be very revealing.
  - Explain to both learner and patient that you are going to observe, and will not participate in the interview/exam at this time. (“Just imagine I am a fly on the wall.”)
    - Keep quiet – learners and patients will forget about your presence
    - Avoid eye contact with the patient, and turn first to the learner when addressed by the patient
    - Try to observe different parts of different interactions (e.g., introduction, information gathering, examination, explanation). It often is comfortable to join the learner only for these parts of the visit.
    - Keep observations short – a lot can be discovered about a learner in only a few minutes.
  - Patients can be asked to provide feedback directly to the learner, but be careful not to undermine the learner’s credibility with your comments.

- Use other natural opportunities to ‘observe’ the learner. For example, overhearing his/her conversations on the phone, in the corridor, or in the hospital room with patients and staff.
- If you have video equipment, it does offer many advantages. It is often less obtrusive; learners have a chance to see and hear what they actually did; feedback can be delayed without losing the essence of the situation; etc.

**Responsibilities**

**5** *Approval Authority* – ensure appropriate rigour and due diligence in the development or revision of this policy.

*Implementation Authority* – ensure that University staff are aware of and understand the implications of this policy and related procedures. Monitor compliance with the policy and related procedures. Regularly review the policy and related procedures to ensure consistency in practice. Sponsor the revision of this policy and related procedures when necessary. Appoint a Policy Advisor to administer and manage these activities.

*Policy Advisor* – fulfill the responsibilities of the Implementation Authority.

**History**

**6** *Drafted:*

*Approved:*

*Effective:*