

EDUCATIONAL DILEMMA OR QUESTION

Is direct observation valuable for medical learners?

Reference

LaDonna KA, Hatala R, Lingard L, Voyer S, Watling C. Staging a Performance: learners' perceptions about direct observation during residency. *Med Edu* 2017;51:498-510. doi: 10.1111/medu.13232

<https://onlinelibrary.wiley.com/doi/abs/10.1111/medu.13232>

Why Is This Paper Relevant to Emergency Medicine Education?

Direct observation is the cornerstone for assessment in competency based medical education. This paper calls into question the authenticity and benefit of direct observation for the learner. As preceptors, it is important for us to develop an environment that promotes valuable observational experiences in the Emergency Department.

Level of Evidence

3

Level of Learning

Undergraduate and Postgraduate Education

Funding Sources

Academic Medical Organization of Southwestern Ontario (AMOSO) Opportunities Fund.

Study Design

This is a qualitative study using a constructivist grounded theory approach. Interviews were conducted with 22 post graduate trainees at Western University across nine specialties. Additional perspectives were obtained through theoretical sampling by interviewing two clinical fellows from Western and four internal medicine residents at UBC who had participated in a pilot observation and feedback program.

Setting

Post graduate trainees with experience being directly observed.

Synopsis

Direct observation in the clinical setting is being universally adopted as an important component of learner assessment. It is also integral to being able to effectively coach a learner. While participants recognized that observation in real-life settings is important for building confidence and identifying "blind spots", they also provided insight into how the experience can lead to unintended consequences. Learners describe that direct observation can cause emotional discomfort as it is often interpreted as a high stakes performance and can be anxiety provoking. As such, learners question the authenticity of the observation recognizing that their behavior is impacted by their emotions and attempts to tailor their style to the assessor's preference. Feedback or coaching based on this performance can

Synopsis (continued)

be discredited if the learner does not feel that the observation is reflective of their abilities. Additionally, learners shared concerns that their credibility and ability to build rapport with the patient can be limited by the presence of an additional person in the room. Observation tends to shift the interaction from being patient centered to performance centered.

Emotional discomfort with observation is likely related to a perceived lack of expectations and exposure to direct observation. Learners who were observed routinely were less likely to report emotional discomfort. The unpredictable nature of contributes to the emotional discomfort experienced by some participants. Clarification of the goal of observation as a supervision tool, assessment tool or coaching tool is an important distinction for learners.

BOTTOM LINE

In order for direct observation to be valuable and authentic, we need to redefine the culture and negate the emotional discomfort that learners experience.