Direct Observation and Feedback – Tips for Faculty

Direct Observation

1. Ask the student beforehand for any goals they have for the observation or anything they are working on that you can observe.
2. Make your observation brief; you can gather useful feedback points in 2-5 minutes of observation. Observe long enough to identify 2-3 points of feedback.
3. Observe authentic work that actually needs to be done. Don’t ask the student to take a history or do an exam on a patient purely for observation; it is more useful to everyone if the student is gathering data for patient care.
4. Stay quiet during the observation if possible and safe for patient care; avoid interrupting or taking over the encounter.
5. If possible, observe again to watch for improvement and build on your feedback.

Discussing Feedback

1. Discuss feedback immediately after the observation, while memories are fresh.
2. Discuss behaviors you observed
3. Share one point of reinforcing feedback (“something you did well is...”) and one next step (“next time, try this.....”)
4. Confirm the student’s understanding of your feedback and ask the student if they have questions.
5. Label the feedback as feedback: “Does this feedback make sense? What do you think of this feedback?”
6. Consider using the ART framework: Ask, Respond, Tell in multiple cycles
   • Ask: “I saw you do this, and I wonder how you thought that went?”, “I noticed you said this, and I wonder how you came to that conclusion?”
   • Respond: “It sounds like you were trying to...../had trouble with....”
   • Tell: “I think you did a good job with xx because yy. Next time, you could consider...”
   • Back to Ask: "What do you think?"

Documenting Feedback

Document feedback at the time you are discussing it, using the Bridges Brief Observation Tool in MedHub. Detailed instructions on the next page.

Learn more

The UCSF Center for Faculty Educators offers workshops to help you further your skills in discussing feedback: https://meded.ucsf.edu/faculty-educators
Using Principles of the One Minute Preceptor for Brief Structured Observation and Feedback

The One Minute Preceptor (OMP): Enables clinical teachers to efficiently assess, instruct and discuss feedback

## Diagnose the Learner

1. Get a commitment
2. Probe reasoning

## Targeted Teaching

3. One generalizable teaching point, based on steps 1/2

## Feedback

4. Reinforce what was done well
5. Correct mistakes

The principles of the OMP can be adapted to use in a brief structured observation (BBOT) of the H and P:

<table>
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<tr>
<th>OMP Step</th>
<th>Example of Adaptation to BBOT</th>
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| 1. Get a commitment **Tip:** Try to get a commitment about something they did WELL first, and then something they want to improve on... | **History:**
  - Which 2 questions were most helpful in clarifying the chief complaint?
  - What did you do to adjust your questioning style to this patient’s needs?
  - What are 2 things you did to establish rapport/empathy, and what was the response?
  - What is one question you wish you had asked?

**Exam:**
  - Which part of the exam felt the smoothest for you today?
  - What did you do differently this time on the cardiac exam, and what was the effect?
  - What one PE finding (+ or neg) was the most important today?
  - Which part of the exam did not go so well?

2. Probe for reasoning **Tip:** your goal is to find out more about their thought process. The question(s) should follow from step 1 | **History:**
  - What made those 2 questions so helpful?
  - Why did you choose to slow down your questions with this particular patient?
  - How did you choose to use those particular PEARLS statements, and when to use them?
  - What would asking about smoking history have added?

**Exam:**
  - What do you think made the abdominal exam go so smoothly this time?
  - Why did you choose to do that part of the cardiac exam differently?
  - What made that one finding so important in this patient?
  - Why did that part of the exam not go so well?

3. Teach general principles **Tip:** expand on topics from steps 1/2, and choose a teaching point that can be applied to future patients. | I find that following through the details of chief complaint all the way before moving on to the PMH helps me to stay focused and make sure I don’t miss anything
I agree, making sure the patient is comfortable before doing the abdominal exam will assure a more accurate exam. Here are some other ways to do that....
It’s OK to politely cut off a patient if they are getting off onto a tangent. Here are some acceptable ways to do that.

4. Reinforce the good **Tip:** Tell them WHY it was good, and what you want them to continue to do | I’m glad you picked up that the patient needed to talk more about her sister’s illness. At that point, I noticed you put down your notes and lean forward, which helped you connect with her.
I agree that your cardiac exam flowed more naturally this time. I think this is because you reordered the vascular exam so that the patient only had to lie down once. Try that again with the next patient, because I think it’s working well for you”

5. Correct mistakes **Tip:** after reinforcing their own self-assessment, add your own observation | I noticed that the patient seemed taken aback by the sexual history. Next time try asking less invasive social history questions first, to establish some context for the more personal questions.
I noticed that the patient had difficulty getting onto the table. Be sure that you are considering the patient’s comfort, and consider performing the exam in alternate ways if needed.