

DOCUMENT GUIDE



DOCUMENT NAME: DIRECT OBSERVATION FORMS

DESCRIPTION:

To be completed by a clinical supervisor **following direct observation in clinical settings**, and identifying components of the clinical encounter.

ACCESS TO DOCUMENT:

- Go to Family Medicine website - http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/index.html
- Click on “Documents and Forms”
- Form is available under “Assessments”

AUTHORITY/RESPONSIBILITY:

- Program Assistant
- Site Medical Lead
- Site Education Director
- Primary Preceptor
- Alternate/Secondary Preceptor
- Faculty Lead
- Resident
- Postgraduate Director
- Associate Director, Enhanced Skills Program
- Assistant Director, Enhanced Skills
- Postgraduate Program Office

SCHEDULE:

UPDATE/COMPLETE	SUBMIT/PRESENT	ENTER IN VENTIS (yes/no)	COMMENTS
Preceptors provide feedback following direct observation		No	
Program Assistant collects Direct Observation Forms and files in Resident Portfolio Binder	On a regular basis		

DIRECT OBSERVATION FORM



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Date: _____ Setting: Outpatient
 Resident: _____ Inpatient
 Supervisor: _____ ER
 99 Core topic: _____ Patient's home
 Domain: _____ PCH

Interview components

Description of interaction:		Unable to do this	Does not do this well	Is starting to do this well	Does this well	Can supervise	N/A
History	Medical Interviewing Skills Focused history of complaint Relevant PMHx, Social Hx, Family Hx Medication Allergies						
	Communication/Rapport Skills Appropriate questioning and listening techniques Responds to patient cues Uses non-verbal skills effectively						
Physical Exam	Physical Exam Skills Appropriately focused Appropriate technique Ensures patient comfort						
Management	Management Appropriateness Relevance						
	Closure Follow-up						
	Patient-centeredness Understanding the whole person Finding common ground						

Comments

What has been done well:	CanMEDS-FM 2017 <input type="checkbox"/> FM Expert <input type="checkbox"/> Patient-centered <input type="checkbox"/> Selectivity <input type="checkbox"/> Clinical reasoning <input type="checkbox"/> Procedural skill <input type="checkbox"/> Communicator <input type="checkbox"/> Collaborator <input type="checkbox"/> Leader <input type="checkbox"/> Health Advocate <input type="checkbox"/> Scholar <input type="checkbox"/> Professional
What could be done differently:	CanMEDS-FM 2017 <input type="checkbox"/> FM Expert <input type="checkbox"/> Patient-centered <input type="checkbox"/> Selectivity <input type="checkbox"/> Clinical reasoning <input type="checkbox"/> Procedural skill <input type="checkbox"/> Communicator <input type="checkbox"/> Collaborator <input type="checkbox"/> Leader <input type="checkbox"/> Health Advocate <input type="checkbox"/> Scholar <input type="checkbox"/> Professional

Overall Performance

Unable to do this (cannot practice this)
 Does not do this well (practice with full supervision)
 Is starting to do this well (practice with supervision on demand)
 Does this well (ready for "unsupervised" practice)
 Can supervise others to do this (ready to supervise junior learners)

Action Plan

Flag for review

Supervisor Signature _____ Resident Signature _____

⚠ Please return the signed form to your program assistant

99 Core Topics

- | | | |
|----------------------------|-------------------------------|--------------------------------|
| 1) Abdominal Pain | 34) Eating Disorders | 67) Newborn |
| 2) ACLS | 35) Elderly | 68) Obesity |
| 3) Allergy | 36) Epistaxis | 69) Osteoporosis |
| 4) Anemia | 37) Family Issues | 70) Palliative Care |
| 5) Antibiotics | 38) Fatigue | 71) Parkinsonism |
| 6) Anxiety | 39) Fever | 72) PHE/Screening |
| 7) Asthma | 40) Fractures | 73) Personality Disorder |
| 8) Atrial Fibrillation | 41) Gastro-intestinal Bleed | 74) Pneumonia |
| 9) Bad News | 42) Gender Specific Issues | 75) Poisoning |
| 10) Behavioral Problems | 43) Grief | 76) Pregnancy |
| 11) Breast Lump | 44) Headache | 77) Prostate |
| 12) Cancer | 45) Hepatitis | 78) Rape/Sexual Assault |
| 13) Chest Pain | 46) Hyperlipidemia | 79) Red Eye |
| 14) Chronic Disease | 47) Hypertension | 80) Schizophrenia |
| 15) COPD | 48) Immigrants | 81) Seizures |
| 16) Contraception | 49) Immunization | 82) Sex |
| 17) Cough | 50) In Children | 83) STI |
| 18) Counselling | 51) Infections | 84) Skin Disorder |
| 19) Crisis | 52) Infertility | 85) Smoking Cessation |
| 20) Croup | 53) Insomnia | 86) Somatization |
| 21) Deep Venous Thrombosis | 54) Ischemic Heart Disease | 87) Stress |
| 22) Dehydration | 55) Joint Disorder | 88) Stroke |
| 23) Dementia | 56) Lacerations | 89) Substance Abuse |
| 24) Depression | 57) Learning | 90) Suicide |
| 25) Diabetes | 58) Lifestyle | 91) Thyroid |
| 26) Diarrhea | 59) Loss of Consciousness | 92) Trauma |
| 27) Difficult Patient | 60) Loss of Weight | 93) Travel Medicine |
| 28) Disability | 61) Low-back Pain | 94) URTI |
| 29) Dizziness | 62) Meningitis | 95) Urinary Tract Infection |
| 30) Domestic Violence | 63) Menopause | 96) Vaginal Bleeding |
| 31) Dyspepsia | 64) Mental Competency | 97) Vaginitis |
| 32) Dysuria | 65) Multiple Medical Problems | 98) Violent/Aggressive Patient |
| 33) Earache | 66) Neck Pain | 99) Well-baby care |

Phases of Encounter

Hypothesis	Investigation	Referral
History	Diagnosis	Follow-up
Physical	Management	Complete encounter

Assessment Parameters

The CFPC's Six Dimensions of evaluation and CanMEDS-FM 2017 are integrated into field note assessment parameters.

FM Expert

Patient-centered: Focuses on the patient and his/her context and not on the disease alone

Explores illness - Understands whole person/context – Builds common ground - Builds relationship - Is realistic

- **Selectivity:** Demonstrates a selective approach, adapting it to the patient and the context
Appropriately focused – Appropriately thorough – Establishes priorities – Distinguishes between urgent and non-urgent

- **Clinical reasoning:** Gathers and interprets data in order arrive to diagnosis and management.

Generates hypothesis/ differential diagnosis – Gathers data (Hx & Px) – Makes decisions – Sets goals and objectives

- **Procedural skill:** Demonstrates appropriate technical skills and approaches to procedures.

Decision to act – Informed consent & preparation – Comfort & safety during procedure – Re-evaluation if problems - After care

Communicator: Utilizes effective verbal and non-verbal skills when interacting with patients.

Listening skills – Verbal & written language skills – Non-verbal skills – Culture & age appropriateness – Attitudinal

Collaborator: Communicates and works effectively with colleagues and other professionals.

Listening skills – Verbal & written language skills – Non-verbal skills – Teamwork - Handover

Leader: Takes responsibility for the delivery of excellent patient care.

Resource allocation – Cost appropriateness – Leadership – Practice Management – Quality improvement

Health Advocate: Seeks to understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change

Determinants of health – Community resources – Barriers to care

Scholar: Committed to continuous learning and by teaching others, evaluating evidence, and contributing to scholarship

Identifies learning needs – Manages own learning - Integrates evidence – Teaches – Engages in scholarship

Professional: Committed to the well-being of individual patients and society through ethical practice, high personal standards of behaviour

Responsible/Reliable – Knows limits – Flexible – Evokes Confidence – Caring/Compassionate – Respect/Boundaries – Collegial – Ethical/Honest – Maintains good balance – Mindful approach