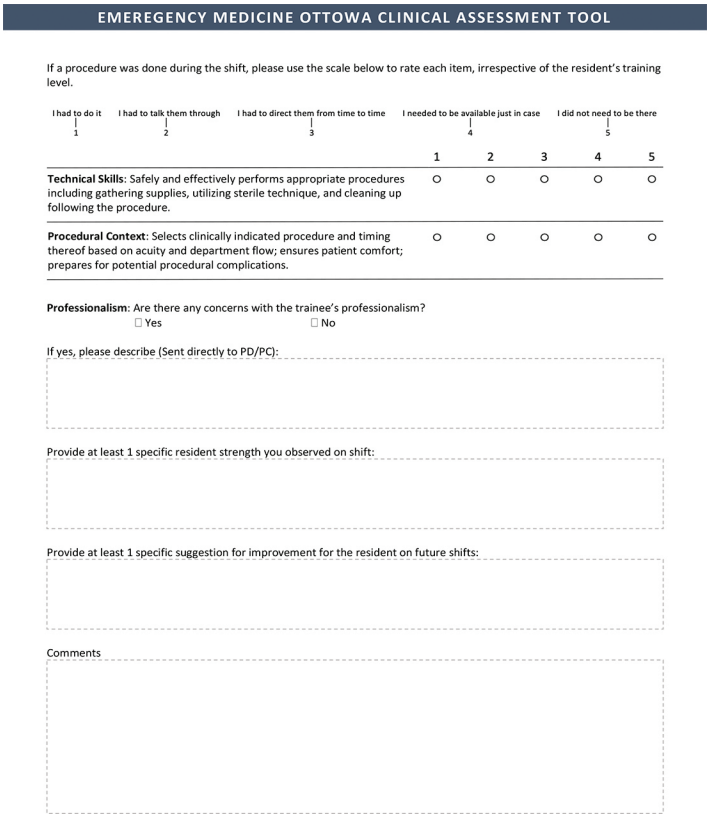


EMEREGENCY MEDICINE OTTOWA CLINICAL ASSESSMENT TOOL

If a procedure was done during the shift, please use the scale below to rate each item, irrespective of the resident's training level.

I had to do it (1) | I had to talk them through (2) | I had to direct them from time to time (3) | I needed to be available just in case (4) | I did not need to be there (5)

	1	2	3	4	5
Technical Skills: Safely and effectively performs appropriate procedures including gathering supplies, utilizing sterile technique, and cleaning up following the procedure.	○	○	○	○	○
Procedural Context: Selects clinically indicated procedure and timing thereof based on acuity and department flow; ensures patient comfort; prepares for potential procedural complications.	○	○	○	○	○

Professionalism: Are there any concerns with the trainee's professionalism?
☐ Yes ☐ No

If yes, please describe (Sent directly to PD/PC):

Provide at least 1 specific resident strength you observed on shift:

Provide at least 1 specific suggestion for improvement for the resident on future shifts:

Comments

Image 2.

27 Near Peer Direct Observation and Feedback

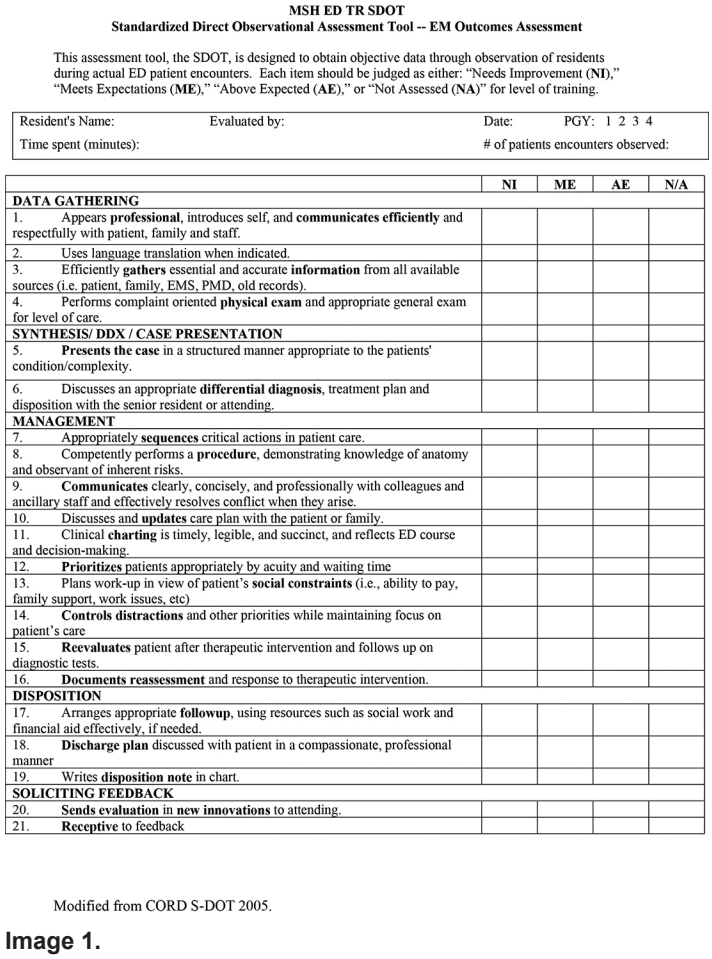
Sethi M, Chen A, Hajicharalambous C / Mount Sinai Emergency Medicine

Introduction: Assessing clinical knowledge of Emergency Medicine residents and providing feedback is essential to residency training. However, resident assessments usually involve unstructured evaluations of residents by faculty, complicated by the unpredictable environment of the ED, faculty availability, and limited training in providing feedback.

Educational Objectives: Educational objectives of this study were primarily to create a curriculum in which a PGY3 resident on a dedicated teaching rotation would be responsible for providing a structured evaluation of junior residents. Additional objectives were to provide senior residents an opportunity to learn to give feedback, and to introduce a culture of feedback within the department by increasing opportunities for feedback to be given. To improve resident assessments by the creation of a resident-based feedback curriculum, involving a dedicated senior resident with direct observation shifts of juniors, and the use of a standard direct observation tool for evaluation.

Curricular Design: PGY3 residents were assigned 4 weeks where they served as the Teaching Resident (TR). The TRs were assigned approximately ten 2-hour observation shifts per month. PGY1 residents were observed in the general ED while PGY2s were observed in the critical care area. The TR used a modified CORD standard direct observation tool (SDOT) to evaluate the junior residents. After evaluating the residents, the TR would review the SDOT with the observed resident to highlight areas of strength and areas for improvement.

Impact: The impact of the near peer direct observation shift curriculum is trifold. It creates an opportunity for senior residents to have formal training in providing feedback, an invaluable skill that is often not taught in residency. It also allows for junior residents to receive adequate and timely feedback from a near peer. Finally, it helps to create a culture of giving and soliciting feedback in an often busy and time constrained environment. To measure the effectiveness of this curriculum, we will both survey residents to assess its impact, as well as measure the number of faculty evaluations of residents pre- and post- curriculum initiation.



MSH ED TR SDOT
Standardized Direct Observational Assessment Tool -- EM Outcomes Assessment

This assessment tool, the SDOT, is designed to obtain objective data through observation of residents during actual ED patient encounters. Each item should be judged as either: "Needs Improvement (**NI**)," "Meets Expectations (**ME**)," "Above Expected (**AE**)," or "Not Assessed (**NA**)" for level of training.

Resident's Name:	Evaluated by:	Date:	PGY: 1 2 3 4
Time spent (minutes):		# of patients encounters observed:	

	NI	ME	AE	N/A
DATA GATHERING				
1. Appears **professional**, introduces self, and **communicates efficiently** and respectfully with patient, family and staff.				
2. Uses language translation when indicated.				
3. Efficiently **gathers** essential and accurate **information** from all available sources (i.e. patient, family, EMS, PMD, old records).				
4. Performs complaint oriented **physical exam** and appropriate general exam for level of care.				
SYNTHESIS/ DDX / CASE PRESENTATION				
5. **Presents the case** in a structured manner appropriate to the patients' condition/complexity.				
6. Discusses an appropriate **differential diagnosis**, treatment plan and disposition with the senior resident or attending.				
MANAGEMENT				
7. Appropriately **sequences** critical actions in patient care.				
8. Competently performs a **procedure**, demonstrating knowledge of anatomy and observant of inherent risks.				
9. **Communicates** clearly, concisely, and professionally with colleagues and ancillary staff and effectively resolves conflict when they arise.				
10. Discusses and **updates** care plan with the patient or family.				
11. Clinical **charting** is timely, legible, and succinct, and reflects ED course and decision-making.				
12. **Prioritizes** patients appropriately by acuity and waiting time				
13. Plans work-up in view of patient's **social constraints** (i.e., ability to pay, family support, work issues, etc)				
14. **Controls distractions** and other priorities while maintaining focus on patient's care				
15. **Reevaluates** patient after therapeutic intervention and follows up on diagnostic tests.				
16. **Documents reassessment** and response to therapeutic intervention.				
DISPOSITION				
17. Arranges appropriate **followup**, using resources such as social work and financial aid effectively, if needed.				
18. **Discharge plan** discussed with patient in a compassionate, professional manner				
19. Writes **disposition note** in chart.				
SOLICITING FEEDBACK				
20. **Sends evaluation** in **new innovations** to attending.				
21. **Receptive** to feedback				

Modified from CORD S-DOT 2005.

Image 1.