

## SDOT Faculty and Resident Training Study

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# SDOT Faculty and Resident Training Study

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## Background:

We developed a training tool which educates individuals who evaluate and provide feedback to residents on the accurate application of the SDOT instrument while viewing a resident perform during a performance encounter modeling positive (exceeds expectations), negative (below expectations) and mixed behaviors serving as a test scenario (combination of exceeds, meets and below expectations), and apply the appropriate feedback. After watching the encounters, we presented the appropriate rating results to the faculty member taking training in a constructive way.

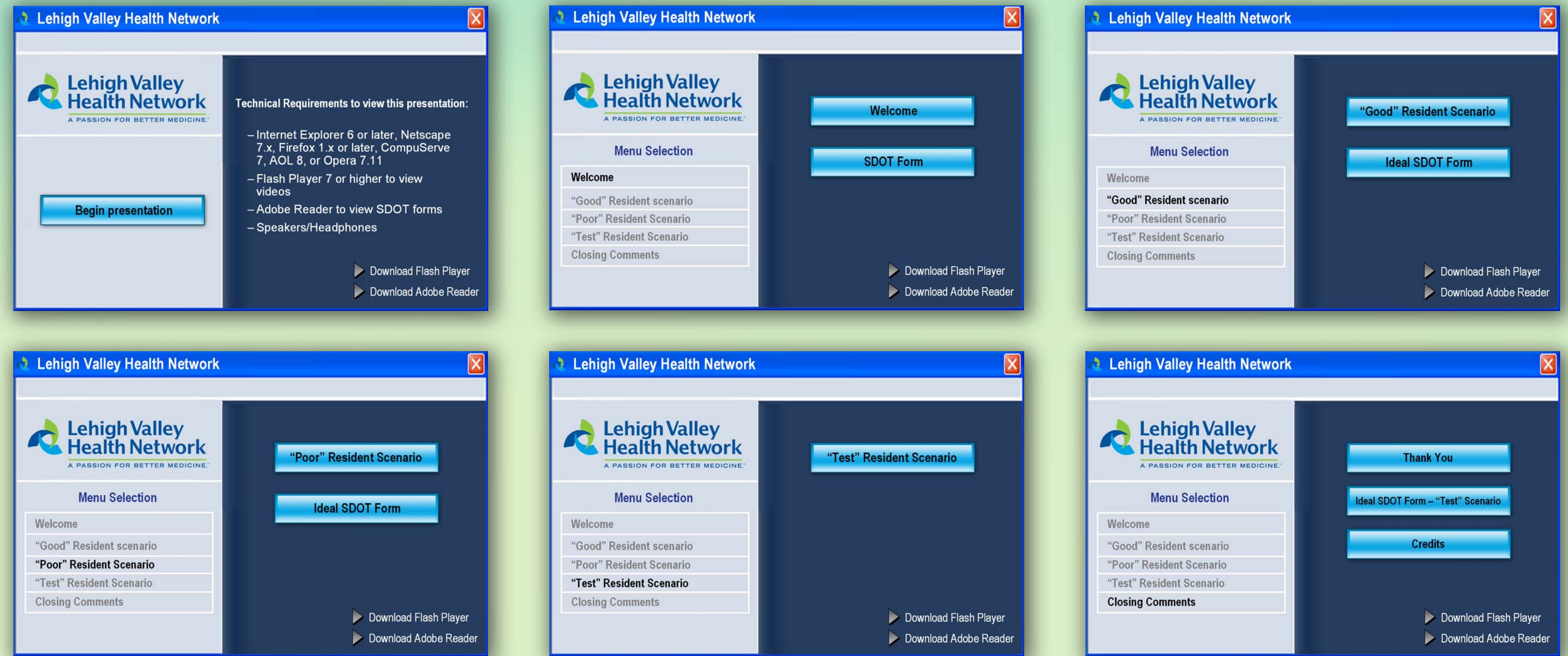
## Objectives:

To determine if a brief training video can educate faculty appropriately on the application of the SDOT training tool.

## Methods:

In this IRB-approved study, EM faculty and senior residents completed an SDOT evaluation form based on the test scenario. Once the evaluation form was received by the researchers, a 90-minute DVD with the positive, negative and, finally, the test scenario again was completed. These two test scenario scores were compared using Wilcoxon Two- and Three-Sample, as well as Signed Rank testing.

## SDOT Video



## Results:

Lehigh Valley Health Network is a dually approved PGY 1 through 4 EM residency with 14 residents per year. In this pilot study, 26 faculty with a mean of 12.2 +/- 7.1 years of experience and 26 residents participated. Prior experience with the SDOT was noted with eight of the faculty and 11 of the residents. The ideal scoring for the SDOT scenarios is in Figure 1. Faculty members were more likely to rate the global Medical Knowledge (MK) lower than residents (p=0.002) initially. Exposure to the video raised faculty scores (p=0.289) and lowered resident scores (p=0.046). Question 9, understanding of risk of intervention, had faculty initially rating performance higher (p = 0.012), but both faculty and residents reduced scores after the intervention (p=0.063 and p=0.011, respectively).

## Conclusions:

A training video can significantly change perceptions of MK as measured by the SDOT.

**CORD Standardized Direct Observational Assessment Tool – EM Outcomes Assessment**

This assessment tool, the S-DOT, 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 Expectations (AE)," or "Not Assessed (NA)" for level of rating.

Resident's Name: Test	Evaluated by:	Date:	PGY: 1 2 3 4		
Time spent (minutes): Patient complaint: # of patients encounters observed:					
DATA GATHERING	NI	ME	AE	NA	Comments
1. Respectful of patient's privacy and confidentiality.	X				07-03
2. Appares professional, knowledge, skill, and communicates effectively and respectfully with patient, family and staff.					07-03
3. Uses language translating personnel when indicated.	X				07-03
4. Effectively gathers essential and accurate information from all available sources (ie, patient, family, EMS, PHU, other records).		X			07-03
5. Performs complete external physical exam and appropriate general exam for level of care.	X				07-03
SYNTHESIS/PLAN	NI	ME	AE	NA	Comments
6. Can explain the pathologic basis for management.		X			07-03
7. Presents the case as a structured manner appropriate to the patient's condition/complexity.		X			07-03
8. Discusses an appropriate differential diagnosis, treatment plan and disposition with the attending.	X				07-03
9. Understands benefits, risks and indications for a therapy or procedure.		X			07-03
MANAGEMENT	NI	ME	AE	NA	Comments
10. Appropriately sequences critical actions to patient care.		X			07-03
11. Competently performs a procedure, demonstrating knowledge of anatomy and relevant of relevant risks.		X			07-03
12. Communicates clearly, concisely, and professionally with colleagues and ancillary staff.	X				07-03
13. Anticipates, negotiates, and effectively resolves conflicts that arise at the interface between patients, family, staff, and providers.	X				07-03
14. Discusses and updates care plan with the patient or family.	X				07-03
15. Clinical thinking is timely, logical, and accurate and reflects ED context and decision making.	X				07-03
16. Prioritizes patients appropriately by acuity and waiting time.		X			07-03
17. Plans patient work up in the context of health care system limitations (staffing, facilities, tests, and procedures).		X			07-03
18. Plans workup in view of patient's social constraints (i.e., ability to pay, family support, work issues, etc.).		X			07-03

**CORD S-DOT**

NI = Needs Improvement, ME = Meets Expectations, AE = Above Expectations, NA = Not Assessed

NI	ME	AE	NA	Comments
19. Can explain the pathologic basis for management.	X			07-03
20. Presents the case as a structured manner appropriate to the patient's condition/complexity.	X			07-03
21. Discusses an appropriate differential diagnosis, treatment plan and disposition with the attending.		X		07-03
22. Understands benefits, risks and indications for a therapy or procedure.		X		07-03
23. Appropriately sequences critical actions to patient care.		X		07-03
24. Competently performs a procedure, demonstrating knowledge of anatomy and relevant of relevant risks.		X		07-03
25. Communicates clearly, concisely, and professionally with colleagues and ancillary staff.		X		07-03
26. Anticipates, negotiates, and effectively resolves conflicts that arise at the interface between patients, family, staff, and providers.		X		07-03
27. Discusses and updates care plan with the patient or family.		X		07-03
28. Clinical thinking is timely, logical, and accurate and reflects ED context and decision making.		X		07-03
29. Prioritizes patients appropriately by acuity and waiting time.		X		07-03
30. Plans patient work up in the context of health care system limitations (staffing, facilities, tests, and procedures).		X		07-03
31. Plans workup in view of patient's social constraints (i.e., ability to pay, family support, work issues, etc.).		X		07-03

**CORD S-DOT**

NI = Needs Improvement, ME = Meets Expectations, AE = Above Expectations, NA = Not Assessed

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19. Can explain the pathologic basis for management.	X			07-03
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21. Discusses an appropriate differential diagnosis, treatment plan and disposition with the attending.		X		07-03
22. Understands benefits, risks and indications for a therapy or procedure.		X		07-03
23. Appropriately sequences critical actions to patient care.		X		07-03
24. Competently performs a procedure, demonstrating knowledge of anatomy and relevant of relevant risks.		X		07-03
25. Communicates clearly, concisely, and professionally with colleagues and ancillary staff.		X		07-03
26. Anticipates, negotiates, and effectively resolves conflicts that arise at the interface between patients, family, staff, and providers.		X		07-03
27. Discusses and updates care plan with the patient or family.		X		07-03
28. Clinical thinking is timely, logical, and accurate and reflects ED context and decision making.		X		07-03
29. Prioritizes patients appropriately by acuity and waiting time.		X		07-03
30. Plans patient work up in the context of health care system limitations (staffing, facilities, tests, and procedures).		X		07-03
31. Plans workup in view of patient's social constraints (i.e., ability to pay, family support, work issues, etc.).		X		07-03

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