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SDOT Faculty and Resident Training Study

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SDOT Faculty and Resident Training Study

Kevin R. Weaver, DO, Kathleen E. Kane, MD, Gavin C. Barr, Jr., MD, Allison L. Raines, DO, Nicole L. Bendock, DO, Brian M. Berry, DO, Gregory Smeriglio, Jr., DO, Bruce C. Stouch, PhD, Dawn M. Yenser, Bryan G. Kane, MD

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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.

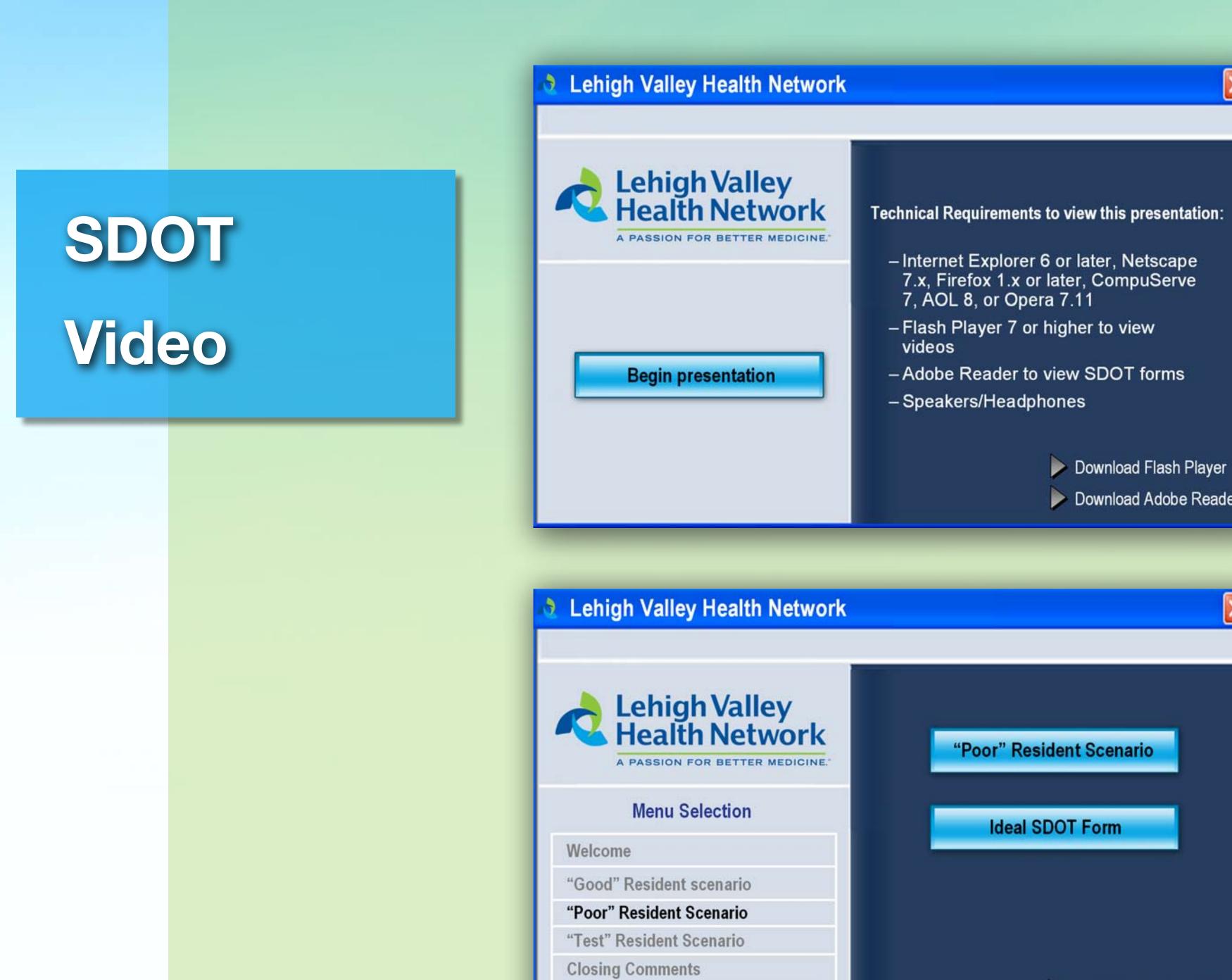
Methods:

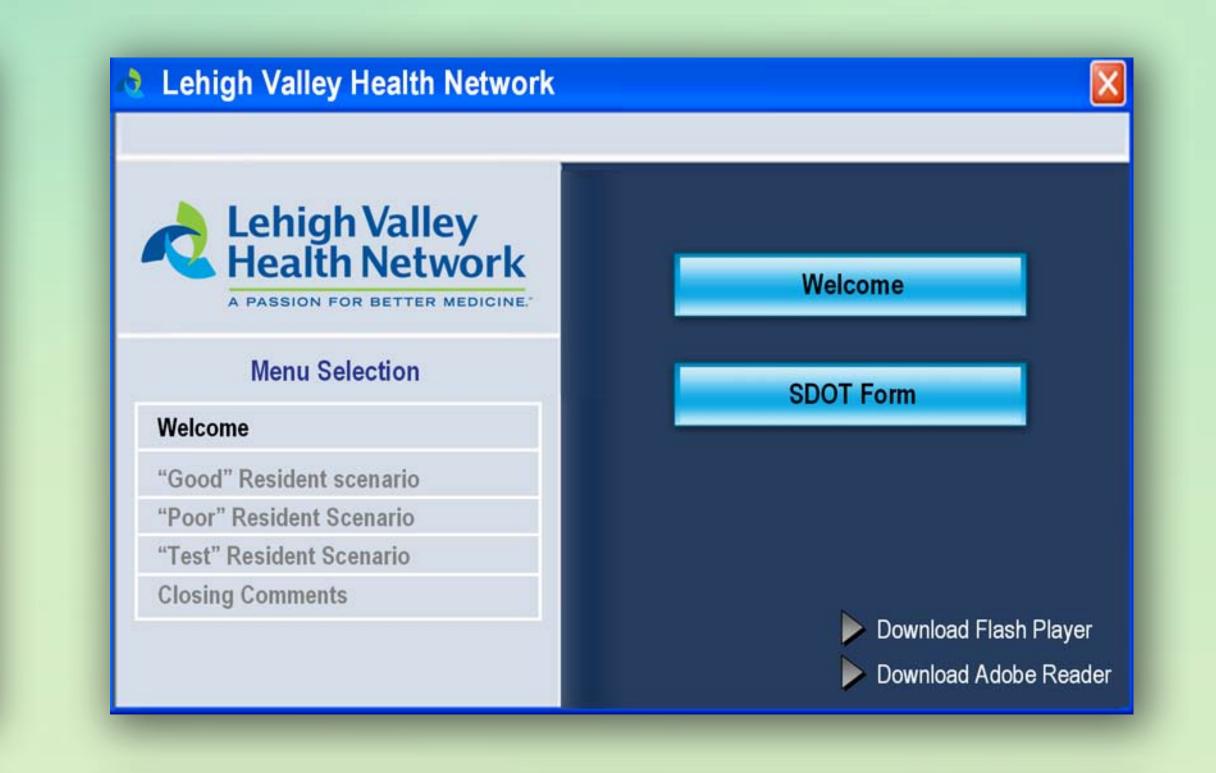
In this IRB-approved study, EM faculty and senior residents completed an SDOT evaluation form based on the test scenario. Once the evaluation form was received by the researchers, a 90-minute DVD with the positive, negative and, finally, the test scenario again was completed. These two test scenario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

| CORD Standardized Direct Observational Assessment Tool | ЕМ | Outco | mes A | ssessm | ent |
|---|-----------|-----------|---------|---------|-------------|
| This assessment tool, the S-DOT, is designed to obtain objective d | lata thre | ough o | bserva | tion of | |
| residents during actual ED patient encounters. Each item should b | | | | | |
| Improvement (NI)," "Meets Expectations (ME)," "Above Expecte | | | | | |
| (NA)" for level of training. | | | | | |
| Resident's Name: Test Evaluated by: | Da | ite: | J | PGY: | 1 2 3 4 |
| Time spent (minutes): Patient complaint: | # | of postis | nte an | counte | rs observed |
| Time spent (minutes). Patient complaint. | #1 | м раце | ints en | Counte | is observed |
| | | 2.553 | 1.50 | | |
| DATA CATUEDING | NI | ME | AE | N/A | Category |
| DATA GATHERING 1. Respectful of patient's privacy and confidentiality. | + | X | - | | nc nn |
| Appears professional, introduces self, and communicates | X | ^ | | | PC, PR |
| efficiently and respectfully with patient, family and staff. | ı ^ | | | | ICS, PR |
| Uses language translation personnel when indicated. | X | | | | ICS |
| 4. Efficiently gathers essential and accurate information from all | 1 | | X | | |
| available sources (i.e. patient, family, EMS, PMD, old records). | | | | | PC, SBP |
| Performs complaint oriented physical exam and appropriate | | X | | | |
| general exam for level of care. | _ | | | | PC |
| SYNTHESIS/ DDX | - | 1. | _ | - | 2.000 |
| Can explain the pathologic basis for management. | - | X | - V | | MK, PC |
| Presents the case in a structured manner appropriate to the patients' condition/complexity. | | | X | | MK, PC |
| Discusses an appropriate differential diagnosis, treatment plan and disposition with the attending. | | Х | | | MK, PC |
| Understands benefits, risks and indications for a therapy or | + | X | | | MK |
| procedure. | | ** | | | |
| MANAGEMENT | | | | | |
| Appropriately sequences critical actions in patient care. | | X | | | MK |
| Competently performs a procedure, demonstrating knowledge of anatomy and observant of inherent risks. | | | X | | MK, PC |
| Communicates clearly, concisely, and professionally with colleagues and ancillary staff | | Х | | | ICS, PR |
| Anticipates, negotiates, and effectively resolves conflicts that | + | X | | | ICS.SBP.PF |
| occur at the interface between patients, family, staff, and | | '' | | | |
| physicians. | | | | | |
| Discusses and updates care plan with the patient or family. | | | | X | PR, PC |
| Clinical charting is timely, legible, and succinct, and reflects ED course and decision-making. | | X | | | PC, PR |
| Prioritizes patients appropriately by acuity and waiting time | + | | X | | SBP |
| Plans patient work-up in the context of health care system | | | X | | SBP |
| limitations (staffing, consultants, testing availability) | | | | | |
| minimum one (equiling, consummer, resum, a familie in f | - | | | X | SBP |

| CORD S-DOT | | | | | | | | CORD S-DOT | |
|---|-----------|---|--|------------------------------------|-----------------|---|---|-------------------------------|--|
| NI = Needs improvement, ME = meets expectations, AE = Above Expectations, NE | NA = No | x Assess | sed | | | - | | NI = Needs improveme | nt, ME = meets expectations, AE |
| | NI | ME | AE | N/A | Category | - | | | |
| Controls distractions and other priorities while maintaining focus on patient's care | | X | | | SBP | - | | | n -as manifested through a c l principles, and sensitivity |
| Makes informed diagnostic and treatment decisions using patient information and preferences, clinical judgment, and scientific evidence | | х | | | PC | | | Needs Improvement 1 Comments: | |
| Reevaluates patient after therapeutic intervention and follows up on diagnostic tests. | | х | | | PC | | | Comments | |
| Documents reassessment and response to therapeutic intervention. | | | | Х | PC | | | | Practice -as manifested by t and system of health care: |
| ITION | | | | | | - | | provide care that is | |
| Uses resources such as social work and financial aid effectively | | | | X | SBP | | | Needs Improvement | |
| Discharge plan discussed with patient in a compassionate, professional manner | | | | Х | PC, ICS, PR | | | Comments: | 2 3 |
| Carries out appropriate discharge/admission/transfer plan, including notification of accepting MD or PMD as indicated | | X | | | 20.000 | | | | |
| Arranges patient follow-up with an understanding of outpatient resources and the patient's unique situation. | | | | Х | PC, SBP SBP | | | Circle best descr | iption of overall clinical |
| A. Patient Care -that is compassionate, appropriate, and effective he promotion of health Needs Improvement Meets Expectations | | bove E | xpecta | | h problems and | | ı | Summary Comm | To the Control of the |
| 1 2 3 4 | | | 5 | | | | | community com | nents (Faculty): |
| | | | 5 | | | | | Bullium, Com | nents (Faculty): |
| Comments: B. Medical Knowledge - Residents are expected to formulate an a special attention to life-threatening conditions, demonstrate the abit effectively, and apply this knowledge to clinical decision making. Needs Improvement Meets Expectations 1 2 3 4 | lity to | | ifferen availa | ble me | | | 1 | | nents (Faculty): |
| Comments: B. Medical Knowledge - Residents are expected to formulate an a special attention to life-threatening conditions, demonstrate the abit effectively, and apply this knowledge to clinical decision making. Needs Improvement Meets Expectations | lity to | utilize bove E | ifferen availa xpecta 5 | tion | dical resources | | | | |
| Comments: B. Medical Knowledge - Residents are expected to formulate an a special attention to life-threatening conditions, demonstrate the abit effectively, and apply this knowledge to clinical decision making. Needs Improvement Meets Expectations 1 | A vestig: | bove E | ifferen availa expecta 5 nd eva s in pa | tion | dical resources | | | | |
| Comments: B. Medical Knowledge - Residents are expected to formulate an a special attention to life-threatening conditions, demonstrate the abit effectively, and apply this knowledge to clinical decision making. Needs Improvement Meets Expectations | A vestig: | bove Estation au | ifferen availa expecta 5 nd eva s in pa | tion | dical resources | | | | |
| Comments: B. Medical Knowledge - Residents are expected to formulate an a special attention to life-threatening conditions, demonstrate the abit effectively, and apply this knowledge to clinical decision making. Needs Improvement Meets Expectations | vestig: | utilize bove Es ation are rements bove Es | ifferen availa xpecta 5 nd eva s in pa xpecta 5 | tion | of their own | | | | ents (Optional): |
| Comments: B. Medical Knowledge - Residents are expected to formulate an a special attention to life-threatening conditions, demonstrate the abit effectively, and apply this knowledge to clinical decision making. Needs Improvement Meets Expectations | vestig: | utilize bove Es ation are rements bove Es | ifferen availa xpecta 5 nd eva s in pa xpecta 5 | duation duation tient cation | of their own | | | Resident Comm | ents (Optional): |

| CORD S-DOT | | | | |
|---|----------------------|--------------|---------------------------------------|-----|
| | | | | |
| NI = Needs improvement, ME = meets expecta | tions, AE = Above Ex | epectations, | NA = Not Assessed | |
| | | | | |
| E. Professionalism -as manifested the | rough a commitme | ent to com | ving out professional responsibilitie | es |
| dherence to ethical principles, and se | | | | es, |
| Needs Improvement Meets | s Expectations | | Above Expectation | |
| Comments: | 3 | 4 | 5 | |
| Comments: | | | | |
| | | | | |
| F. Systems-Based Practice -as manif | | | | |
| o the larger context and system of hea provide care that is of optimal value | ilth care and the at | bility to el | frectively call on system resources t | to |
| | s Expectations | | Above Expectation | |
| 2 | 3 | 4 | 5 | |
| Comments: | | | | |
| Needs Improvement Mee | ets Expectations | | Above Expectations | |
| Needs Improvement Med Summary Comments (Faculty): | ets Expectations | | Above Expectations | |
| _ | ets Expectations | | Above Expectations | |
| _ | ets Expectations | | Above Expectations | |
| _ | ets Expectations | i , | Above Expectations | |
| _ | ets Expectations | | Above Expectations | |
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| Summary Comments (Faculty): | | | Above Expectations | |
| Summary Comments (Faculty): Resident Comments (Optional): | | | | |
| Summary Comments (Faculty): | | | Above Expectations Date | |
| Summary Comments (Faculty): Resident Comments (Optional): | | | | |
| Summary Comments (Faculty): Resident Comments (Optional): | | | | |











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).

Download Flash Player

Conclusions:

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

A PASSION FOR BETTER MEDICINE."

