

Tutorials

Purpose

To assess and ensure basic clinical skills for Emergency Medicine residents with emphasis on history, physical exam, and inter-personal skills.

Background

Each of the PA residents will be observed for the evaluation of up to 4 clinical scenarios as scheduled during the Block 1 of the rotation schedule. A separate form will be filled out for each encounter, based on the CORD SDOT evaluations. Only one scenario can be fulfilled by a single patient. Any ED senior staff physician or PA may supervise the evaluation, though observation mini-shifts are preferentially set up between the PA resident and a former PA resident or senior PA staff member. It is preferable that all 4 scenarios be fulfilled, but not essential. A minimum of 2 complaint-based evaluations should be done during each scheduled 3-hour session.

References

There's a growing body of literature to support direct observation as a method for better evaluation of clinical performance of house staff. Historically, evaluations are based on behaviors rather than work-ups. Tutorials offer the opportunity to evaluate resident's performance directly, offer opportunity to teach one-on-one, and provide direct feedback to residents on their progress. It is resident-directed and as such, allows better utilization of staff and resident time. Emphasis should be placed on basic physical exam and interview skills, as well as inter-personal relations. Tutorials also identify specific complaint-based cases to be assessed.

Responsibilities

Prior to starting the tutorial, PA resident will obtain the appropriate SDOT form from the Program Coordinator. The PA resident will identify a patient based on their chief complaint as reported on Epic as a candidate for evaluation. The resident will then notify the faculty of this case. The faculty will be present during the initial interview and examination of the patient. After the encounter, the faculty and resident will discuss the history, physical exam, and treatment plan. The staff will take the opportunity to do any education regarding both the clinical skills and also specific pathophysiology for the case. Immediate verbal feedback will be provided, as well as written feedback on the form. These forms will then be returned to the Coordinator.