

Phase 2 Direct Observation of Clinical Skills (DOCS)

What is a DOCS assessment?

A DOCS is a Workplace-Based Assessment used to provide a snapshot of a student's competency in different aspects of patient care. The DOCS assessment is built upon an assessment method that was originally developed by the American Board of Internal Medicine, called a mini-CEX. The mini-CEX is a method of assessing students based on direct observation that has been rigorously analyzed and has been shown to be a highly valid and reliable means of assessing competencies in clinical encounters with patients. This method of Workplace-Based Assessment has evolved to be a central component of Competency-Based Medical Education, in which the principle of “*assessment for learning*” is a central tenant.

The DOCS forms in Phase 2 are organized into 3 main *clinical activities*, which are similar to Entrustable Professional Activities (EPA). These clinical activities are aligned with the Phase 2 Program Outcomes, which clearly articulate the expectations for Phase 2 students. The *critical elements* which are listed on each DOCS form covers material from multiple content areas, including interviewing and examination skills, communication, professionalism, clinical judgement, counselling, organization and efficiency. The DOCS consolidate and integrate these elements into a single clinical activity.

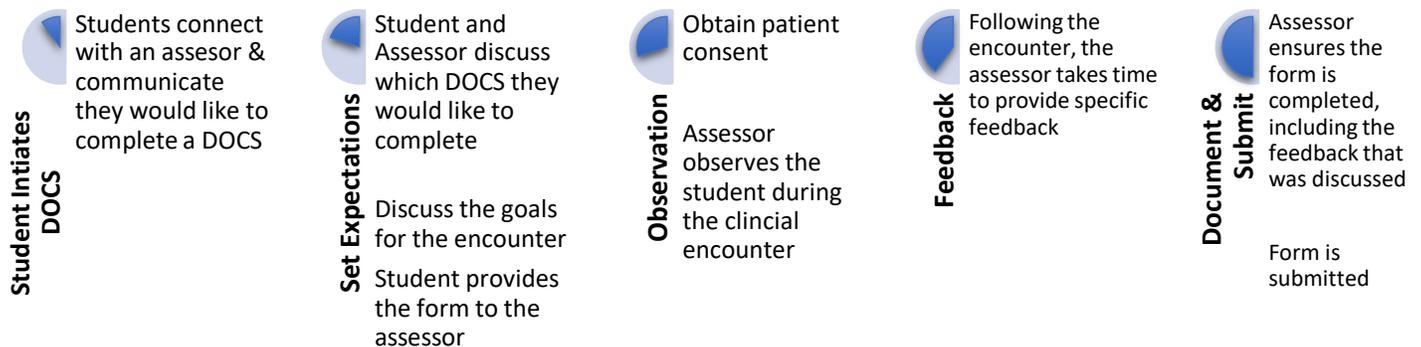
The three resulting DOCS for Phase 2 are:

- **History and Physical Examination**
- **Diagnostic Formulation and Management**
- **Counselling and Communication**

Each of these individual DOCS forms list the *critical elements* required to successfully complete the identified clinical activity.

How does it work?

The DOCS assessment process is **student driven**. Recall that DOCS are meant to support student learning by creating a structure to obtain feedback and coaching regarding a specific portion of a clinical encounter. The following outlines the general process for a completing a DOCS.



Students ask a preceptor to assess them. The student and assessor discuss the clinical encounter in which they would like to be assessed and decide on which DOCS is most appropriate. The students will then provide the form to the assessor. The assessor enters the room with the student, and obtains the consent of the patient. The student then proceeds as normal in that patient encounter. The assessor's direct observation of the encounter should take no longer than 15 minutes. A DOCS assessment may cover only part of an entire patient encounter. This is intentional in order to ensure students receive specific and focused feedback.

The *elements* being assessed during the encounter are listed on the DOCS form. If the assessor does not observe a listed element, or it is not relevant to the encounter, the assessor can leave the assessment as Not Observed/Unable to Assess. It will be unlikely that the assessor will be able to observe all of listed elements with each encounter, hence the requirement to perform multiple DOCS assessments throughout the CCC.

Following the observation, the assessor and student will meet to discuss the encounter, and so that the assessor will give the student feedback on their skills. The assessor will then complete then DOCS assessment form. Providing feedback is a critical component of the process, driving the '*assessment for learning*' philosophy.

Who are the assessors?

Any physician or resident may be selected by a student to act as an assessor. It is recommended that students are assessed by physicians they work closely with as well as by physicians with whom they have had little contact. Physicians from other Phase 2 sites as well as the East and West campus faculty will be visiting communities regularly and will have an opportunity to act as independent assessors. This independent assessment will help to ensure that the student's skill development is proceeding in an equivalent fashion to their peers in other communities.

Assessment Requirements

As outlined in the Phase 2 Promotion, Remediation and Re-assessment Plan (PRA RP), ***students are required to submit 5 DOCS assessments for each individual DOCS form, for a total of 15 DOCS by the end of Phase 2:***

- 5 for History and Physical Examination
- 5 for Diagnostic Formulation and Management
- 5 for Counselling and Communication
- ***15 Total***

Note: Students must submit at least 2 DOCS for each type of form by the end of Quarter 2.

The DOCS assessment process itself is formative, as it is meant to be a learning opportunity for students where they are able to receive focused feedback from a preceptor. The completion of the 15 does is however mandatory. The information from the DOCS will be used to inform decisions related to progress. Progression is documented on the QSLC forms.

Additional criterion for your 15 assessments includes the following:

- At least one from each discipline (Children's Health, Women's Health, Family Medicine, Mental Health, Internal Medicine and Surgery)
- At least one from each of the 4 different environments (ambulatory, in-patient, emergency and acute admission)
- At least 2 from a preceptor that is does not complete a QCPR
- No more than two assessments completed by a resident

Assessor Information for Completing a DOCS

Completing the Critical Element Checklist

Each of the three DOCS form contains a list of **elements** that are essential for completing the **clinical activity**. For each element on the checklist, faculty are to assess the student's level of performance based on your *one-time observation of a specific clinical encounter* using the following criteria as a guide.

There are 3 available options for a faculty member to select:

1. **Not Applicable**
2. **Not Attempted**
3. **In Progress**
4. **Achieved**

The following section provides more detail for the list for each of the options.

Not Applicable

This is the appropriate selection if the required element in the checklist is not relevant to the clinical situation, or the assessor did not observe the student complete this element during the encounter. It is important to note that assessors may not be able to provide a rating for every required element in each individual clinical encounter. This rating suggests that no feedback was given to the student related to list required element. In the online version of the form, this will be the 'default' setting, so assessors will only have to make a selection that apply to the clinical encounter.

Not Attempted

This rating should be selected if the required element, was not performed and the assessor felt it was essential to do so. This also suggests that you as the assessor would like to provide feedback related to this element.

In-Progress

This rating should be selected if the student demonstrated they attempted to perform the element but requires improvement. This is an important distinction from '*unsatisfactory*' as it is not expected that students are immediately able to perform all the required elements. An assessment of **In-Progress** reinforces "assessment for learning" and that feedback can be provided, reflecting that the student is not yet at the level of entrustability based on the one-time observation. This creates an expectation of formative feedback in the student's progression toward achieving entrustability. Below are examples from each of the required DOCS that may indicate an assessment of **In-Progress**:

Physical exam: element is incomplete or done with inaccurate technique, unable to elicit important findings

History: element is incomplete or student obtains inaccurate information, is too inclusive or unable to apply reasoning in data gathering

Diagnostic Formulation & Management: the student is unable to identify high acuity situations, unable to generate important differential diagnosis or basic components of a management plan

Counseling & Communication: provides information that is not accurate or clear, does not adequately involve patient in plan or check for understanding, demonstrates limited listening or responding, may use jargon, may not appreciate cultural appropriateness

Achieved

This rating is selected if the student demonstrated that they could perform the individual element at the appropriate level for a student who has completed Phase 2 and is ready to progress to Phase 3 (4th Year Clerkship). An assessment of **Achieved** reflects that based on the *one-time observation of a specific clinical encounter* the student could be entrusted to perform the required element. It does NOT mean that the student is not to be observed in the future. Multiple data points are required for a student to achieve full entrustability. Below are examples from each of the required DOCS that indicates and assessment of **Achieved**:

Physical exam: completes elements with correct technique, reproducibility and elicits relevant information

History: the element is completed with open and closed ended questions to allow for understanding of the problem and identification of 'red flags';

Diagnostic Formulation & Management: the student generates a short differential diagnosis of common problems, identifies urgent or life-threatening problems, identifies basic components of a management plan and can explain rationale

Counseling & Communication: the student provides advice on common lifestyle modification issues, explanations are clear and accurate, uses ask-tell approaches, checks for understanding, negotiates common ground, demonstrates empathy and respect, avoids jargon, has a culturally appropriate approach

It may not be possible to observe all the listed elements in a single encounter. This is why the default setting for the item will be set to "Not Applicable", and also why students are required to complete multiple DOCS. As an assessor, it is more important to complete a rating for the elements you observed and provide meaningful feedback than it is to complete the entire list of elements.

Completing the Entrustment Scale

The entrustment scale is an overall global rating of the observed clinical activity for the selected DOCS. It provides the opportunity to document exactly what occurred during the patient encounter, rather than make a subjective judgment. It is also important to note that what you input as an assessor is not a predictor of future encounters, but rather what you as the assessor were required to do. Recall that the assessment itself is formative and is meant to create a structure for providing concrete feedback.

The entrustment scale used on the Phase 2 DOCS demonstrates various levels of supervision required by the assessor.

At this point in the students' training, there is no entrustability requirement that has been set. As in, students will not be required to demonstrate full entrustability on all of their DOCS before progressing to Phase 3. Rather the information from the DOCS (as well as all other assessment sources) will be used by SLCs to determine if students are in fact progressing at the appropriate pace and will be ready for Phase 3.

Level	Description
Intervention	Requires others' action for completion
Direction	Requires supervision and others' guidance for completion
Support	Requires minimal supervision or guidance for completion
Autonomy	Does not require guidance or supervision for completion
Independence	Demonstrates excellence, is a good role model

Completing the Comment Sections and Providing Feedback

Below the entrustment scale, there are sections for the assessor to provide concrete feedback on what was observed. It is of vital importance that assessors take time to meet with students, discuss the encounter, and provide written feedback before finally submitting the DOCS.

There are number of frameworks that can be utilized for providing feedback. For Workplace-Based Assessments such as DOCS, some keys to giving in the moment feedback are listed below:

- Capture your verbal feedback into written comments
- Be specific – provide examples
- Focus on behaviours – not attitudes
- When possible discuss the outcome
- Tell the student what they could do better next time or tomorrow (e.g. “re-read SBAR or iPASS technique and practice applying it to help with organization”, rather than “try to be more organized”)