TidalHealth®

Continuing Medical Education

July 24, 2026

Introduction to Direct Observation and Giving Effective Feedback

Bob Cermak, PhD

Director of Faculty Development & Assistant Professor

MSU GME Alliance

Adapted with permission from the ACGME

Faculty Development Toolkit: Improving Assessment Using Direct Observation

MSU COM

TidalHealth®

2026 GME Faculty Development Monthly Sessions
July 24, 2026

Please Log Your Attendance by:

Texting: 1365

To this phone number: 1-844-945-1150

OR

Scan the QR code with the CloudCME APP



Disclosure Statement: The planners, committee members, and Continuing Medical Education Committee of this educational activity declare they have no relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

TidalHealth

Learning Objectives

After completing this workshop, you will be able to:

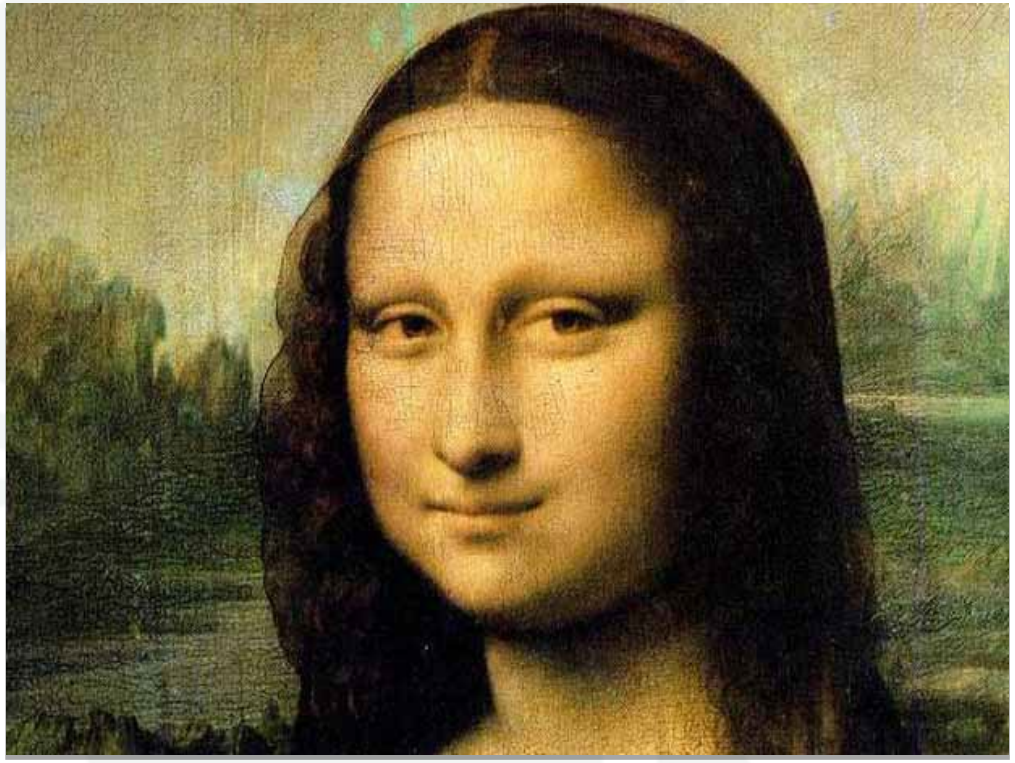
1. Describe the key concepts of competency-based medical education, assessment, direct observation, and feedback
2. Examine an evidence-based model for providing effective feedback to learners
3. Critique a feedback scenario in GME

Date

Disclosure

- No conflicts of interest to report
- No disclosures

Icebreaker: Who watched you?



Being Observed

- How did it feel?
- Was it useful?

Being the Observer

- How did it feel?
- Was it useful?

Share your recollections with each other

Why should we care about direct observation?

It is one of only two ways of assessing learners…

All assessments come down to one of two practices:

- Questioning, i.e., asking learners what they know.
- Observing, i.e., having learners show you what they know.

It is the best at assessing competency in clinical skills…

The ACGME's shift to an "outcomes-based" approach necessitated a shift toward assessments that are:

- Authentic and contextualized
- Focused on knowledge application

And… it drives feedback!

Competency is not static and fixed.

Rather it is developmental, with learners growing in clinical competence and skills with more:

- Time
- Practice
- Feedback

Why Outcomes?

Whether 16 or
60 years old….





Outcomes determine competence, not time.

Requires a shift from *fixed length, variable outcome* to **variable length, fixed outcome**

Outcomes-based Education: What is it?

- Central tenet: *start with the end in mind*
  - Focus on what type of physician will be produced
  - Structure and process flow from the outcomes

Harden RM. Outcomes-based education: Part 1-An introduction to outcomes-based education. Med Teach. 2009; 21: 7-14

Operationalizing Outcomes: Competency-based Medical Education

- An approach to preparing physicians for practice that is fundamentally oriented to graduate learners' outcome abilities and organized around competencies that derive from an analysis of societal and patient needs
- De-emphasizes time-based training and promises greater accountability, flexibility, and learner-centeredness

Frank et al. Toward a definition of CBME. Med Teacher 2010

What are Milestones?

- Observable developmental steps
- Organized by core competency
- Trajectory of progress from novice to expert (developmental life-long learning, not just residency!)
  - Novice → Advanced Beginner → Competent → Proficient → Expert
- Enable the individual and the program/department/institution to know an individual's trajectory of competence development



"Mile 1 Marker M-185 Mackinac Island" by Royalbroil, retrieved from https://commons.wikimedia.org/wiki/File:Mile_1_Marker_M-185_Mackinac_Island.jpg. Used under Creative Commons Attribution-Share Alike 3.0 Unported license.

Milestones vs. EPAs

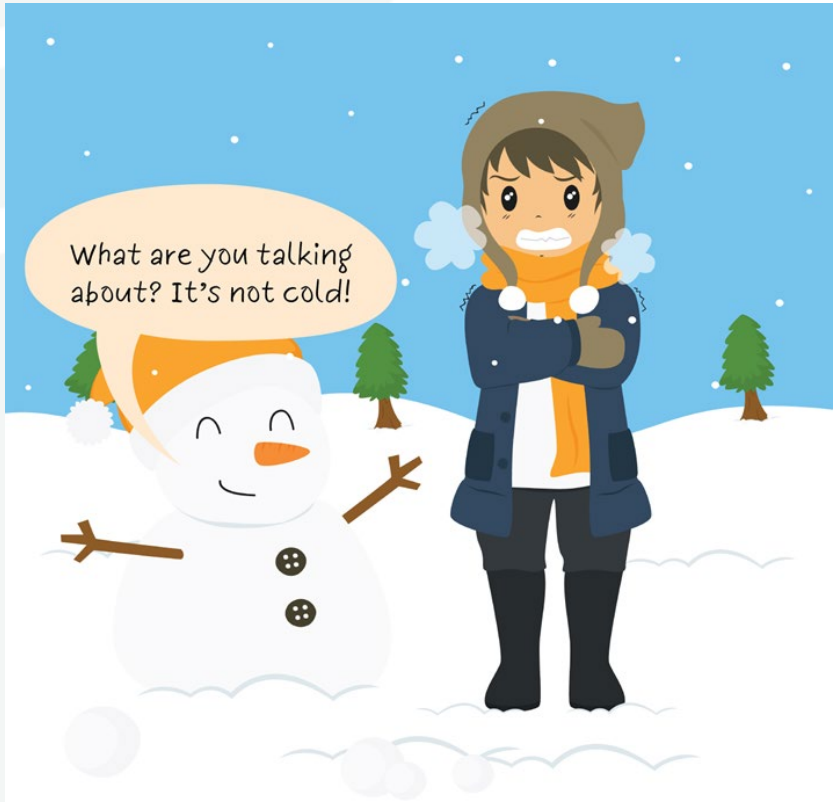
- Competencies define the core ***abilities*** of the individual (i.e. educational outcomes)
- Milestones describe competencies in ***developmental narratives. They are attributes of the learner.***
- Entrustable Professional Activities (EPAs) define the core ***activities*** health professionals perform in daily practice.
- Competencies, as defined by milestones, are needed by the individual in order to effectively perform the professional activity.

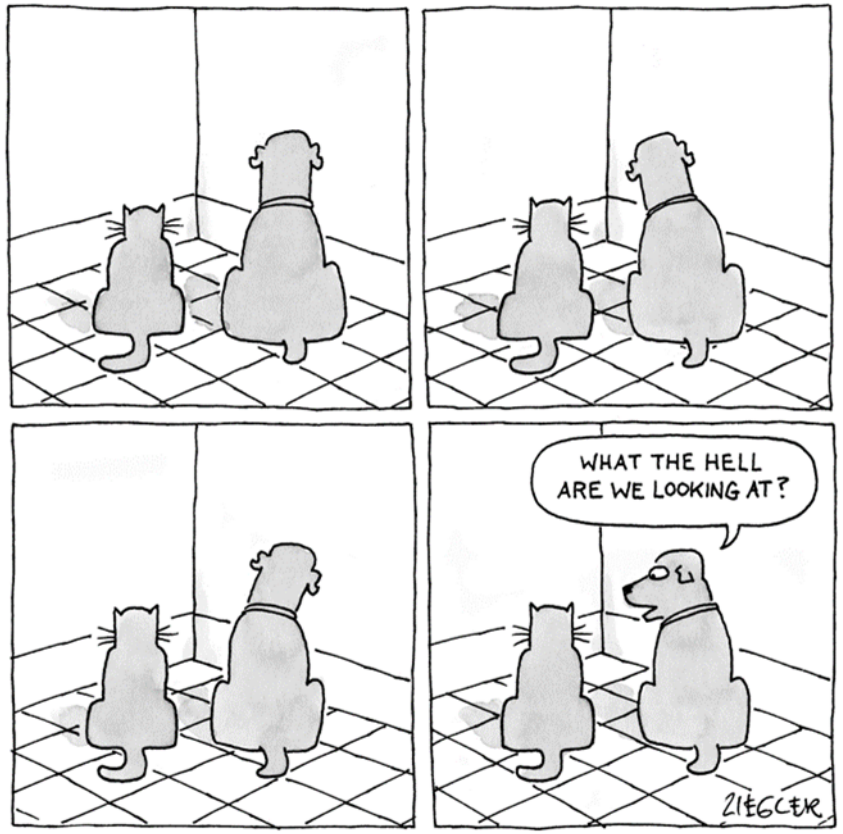
Let’s consider a scenario…

Review Ratings of Video



Poor Inter-Rater Reliability without Common Frames of Reference





Performance Dimension Training (PDT)

Identify specific dimensions of a competency in behavioral terms

↓

Discuss the criteria and qualifications required for each dimension of that competency

↓

Compare with an evidenced-based framework

↓

Develop a SHARED MENTAL MODEL

IMPORTANT: Milestones are the starting point, not the end point in CBME assessments

Version 2.1 Emergency Medicine, ACGME Report Worksheet

Patient Care 2: Performance of a Focused History and Physical Exam				
Level 1	Level 2	Level 3	Level 4	Level 5
Elicits and communicates a reliable comprehensive patient history and performs a physical exam	Elicits and communicates a focused patient history and performs a focused physical exam that effectively address the patient's chief complaint and urgent issues	Prioritizes essential components of a patient history and physical exam, given a limited or dynamic circumstance	Using all potential sources of data, gathers those that are necessary for the beneficial management of patients	Models the effective use of a patient history and physical exam to minimize the need for further diagnostic testing
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:			Not Yet Completed Level 1 ☐ Not Yet Assessable ☐	

Giving Effective Feedback

Shifting Definition of Feedback

"Specific information about the comparison between a trainee's observed performance and a standard, given with the intent to improve the trainee's performance."

(Van der Ridder et al. 2008)

A supportive conversation that…

- clarifies the learners' awareness of their developing competencies
- enhances their self-efficacy for making progress
- challenges them to set objectives for improvement
- facilitates their development of strategies to enable that improvement to occur

(Lefroy et al. 2015)

Reflection

Think of an example when feedback went well. . . Why did it go well?



How did it mitigate feedback barriers?

Teacher

Learner

Learning Culture

Toss the Feedback Sandwich



Instead… Prepare to ADAPT!

Learner Initiates		Coach Initiates
• Reflect on learning goals. • Communicate your goals	**Prepare** for the observation	• Reflect on program & learner goals. • Orient learner to expectations.
• Try to be natural.	**Perform** the observation	• Try to be neutral.
• Reflect on the observation. • ASK for feedback.	**Ask** ⟷	• Reflect on learner's readiness. • ASK for his/her thoughts about the observation.
• Have a conversation about the observation.	**Discuss** ⟷	• Coach observed, modifiable, specific behaviors related to the task(s).
• ASK for clarification.	**Ask** ⟷	• ASK learner to clarify points, as necessary.
• Plan next steps with your coach.	**Plan Together** ⟷	• Plan next steps with your learner.

Developed at the University of Washington, UW Medicine, by Susan S. Johnston, EdD; Judith Pauwels, MD; Kristen Patton, MD; Tyra Fainstad, MD; Adelaide McClintock, MD.

Ask

- Learner's readiness to receive feedback
- Learner to assess own performance
  - Feedback becomes dialogue
  - Assess learner's insight
  - Tailor feedback to learner perceptions
- Learner often identifies area for improvement

"How do you think that went?"
"How do you think things are going?"
"What's going/went well?"

"What are you trying to work on?"
"What didn't go as well as you hoped?"
"What would you do differently the next time?"

"What do you want feedback about?"

Discuss

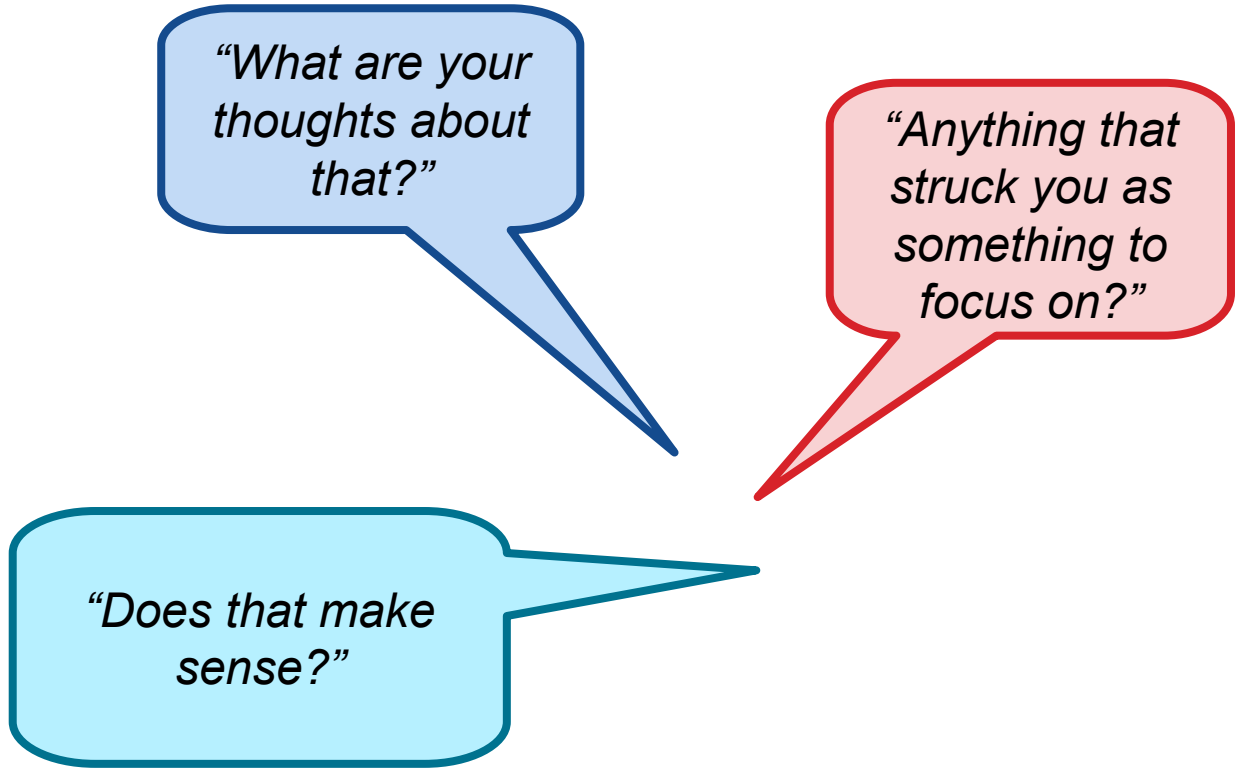
- Learner's self-assessment

- Your observations
  - Positive
  - Corrective
  - Specific
  - Prioritized (2-3 points)
  - Descriptive, not evaluative
  - About performance, not person



Ask

- Clarify what feedback means for learner
- Ask about opportunities for change/ development



Plan Together

- How can the learner get from point A to point B?
- What can you do to help them?

"How might you work on X?"

"Here are some suggestions..."

"Who/what might help you with this change?"

"What might get in the way?"

Feedback in Action!

- What was you overall impression of this feedback encounter? How did it go well? How could it be improved?
- Which steps of the ADAPT model were addressed? Which step(s) could have used more work or attention?
- What, if anything, would you have done differently as the faculty coach?

Discussion

- What was you overall impression of this feedback encounter? How did it go well? How could it be improved?
- Which steps of the ADAPT model were addressed? Which step(s) could have used more work or attention?
- What, if anything, would you have done differently as the faculty coach?

Bibliography

Holmboe, Eric S., Jonathan Sherbino, Donlin M. Long, Susan R. Swing, and Jason R. Frank. 2010. "The Role of Assessment in Competency-Based Medical Education." *Medical Teacher* 32, no. 8: 676–82. https://doi.org/10.3109/0142159x.2010.500704.

Johnston, Susan S., Judith Pauwels, Kristen Patton, Tyra Fainstad, and Adelaide McClintock. "Prepare to ADAPT." University of Washington. Accessed March 21, 2024. https://education.uwmedicine.org/wp-content/uploads/2019/05/ADAPT-Model-Summary.pdf.

Kogan, Jennifer R, Lisa Conforti, Elizabeth Bernabeo, William Iobst, and Eric Holmboe. 2011. "Opening the Black Box of Clinical Skills Assessment via Observation: A Conceptual Model." *Medical Education* 45, no. 10: 1048–60. https://doi.org/10.1111/j.1365-2923.2011.04025.x.

Lefroy, Janet, Chris Watling, Pim W. Teunissen, and Paul Brand. 2015. "Guidelines: The Do's, Don'ts and Don't Knows of Feedback for Clinical Education." *Perspectives on Medical Education* 4, no. 6: 284–99. https://doi.org/10.1007/s40037-015-0231-7.

Messick, Samuel. 1989. Validity. In R. L. Linn (Ed.), Educational measurement (3rd ed., pp. 13-104). New York, NY: American Council on Education and Macmillan.

Sargeant, Joan, Jocelyn Lockyer, Karen Mann, Eric Holmboe, Ivan Silver, Heather Armson, Erik Driessen, et al. 2015. "Facilitated Reflective Performance Feedback." *Academic Medicine* 90, no. 12: 1698–1706. https://doi.org/10.1097/acm.0000000000000809.

Van De Ridder, J M, Karel M Stokking, William C McGaghie, and Olle Th Ten Cate. 2008. "What Is Feedback in Clinical Education?" *Medical Education* 42, no. 2: 189–97. https://doi.org/10.1111/j.1365-2923.2007.02973.x.

TidalHealth

Continuing Medical Education
Date

Please Log Your Attendance by:

Texting:

To this phone number: 1-844-945-1150

OR

Scan the QR code with the CloudCME APP

Disclosure Statement: The planners, committee members, and Continuing Medical Education Committee of this educational activity declare they have no relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Accreditation Statement for CME: TidalHealth Peninsula Regional is accredited by MedChi, The Maryland State Medical Society to provide continuing medical education for physicians.

Thank you! Questions?

Bob Cermak, PhD

cermakro@msu.edu

TidalHealth