SAN JUAN BAUTISTA SCHOOL OF MEDICINE

MD Program – Clinical Sciences

DIRECT OBSERVATION POLICY AND PROCEDURES

Third Year Required Clinical Clerkships

Policy Title	Direct Observation of Clinical Skills – Third Year Required Clerkships
Policy Number	2026-03
Effective Date	Academic Year 2026-2027
Applies To	All third-year medical students enrolled in required clinical clerkships; all clinical faculty, preceptors, and clerkship directors who supervise or assess students
Responsible Office	Associate Deanship of Clinical Sciences
Related LCME Elements	9.3 (Clinical Supervision), 9.4 (Assessment System – includes direct observation), 9.5 (Narrative Assessment), 9.7 (Formative Assessment and Feedback)
Related Institutional Policies	EO-2019-02 Clinical Supervision Policy; EO-2023-05 Mid-Term Formative Assessment and Feedback Policy; EO-2018-08 Narrative Assessment Policy

1. Purpose

The primary purpose of direct observation is to provide students with timely, specific, behavior-based formative feedback that supports the progressive development of clinical competence. Direct observation also generates workplace-based evidence of clinical performance that contributes to progressive responsibility, mid-clerkship progress review, and the overall clinical skills performance evaluation.

This policy establishes a uniform, clear, and practical process for conducting and documenting direct observation of third-year medical students during required clinical clerkships. It is designed so that both students and faculty can easily understand and apply the expectations.

2. Scope and Applicability

This policy applies to all required third-year clinical clerkships in the SJBSOM MD Program (Family Medicine, Internal Medicine, Pediatrics, Obstetrics & Gynecology, Surgery, Psychiatry, and any other required clerkship designated by the Associate Deanship of Clinical Sciences).

Clerkship-specific skills appropriate for direct observation may vary by specialty (as illustrated in individual clerkship syllabi, e.g., MD Section 9). The process, documentation requirements, feedback expectations, and minimum standards established in this policy apply uniformly across all required clerkships.

3. Definitions

- **Direct Observation:** The real-time observation by an authorized faculty member or preceptor of a student performing a designated clinical activity (or portion of an activity) with a real patient, under appropriate supervision, for the purpose of providing formative feedback and documenting performance. Direct observation is distinct from routine documentation of a clinical encounter or completion of a Required Clinical Experience (RCE).
- **Clinical Encounter Log / RCE Documentation:** Records exposure and level of participation (Observe / Assist / Perform). It does not, by itself, constitute direct observation of skill performance.
- **Formative Feedback:** Specific, behavior-based information provided to the student about what was done effectively and what can be improved, accompanied by actionable guidance, delivered early enough to allow improvement before summative assessment.
- **Authorized Observer:** A clinical faculty member or designated preceptor who has been oriented to the clerkship objectives and this policy and who is qualified to supervise the observed activity.

- **Workplace-Based Assessment:** Assessment that occurs in the authentic clinical environment while the student is engaged in actual patient care.

4. Guiding Principles (Aligned with LCME & AAMC)

- Patient and student safety are crucial. Observation occurs under appropriate supervision with patient consent and attention to privacy.
- Feedback is the primary goal. Observation without timely, specific feedback has limited educational value.
- Feedback focuses on observable behaviors, not personality traits.
- Observation supports progressive responsibility and entrustment (AAMC Core EPAs).
- Direct observation is one component of a comprehensive assessment system that also includes knowledge examinations, OSCEs, clinical performance evaluations, case presentations, and professionalism assessment (LCME 9.4).
- Formal formative feedback occurs early enough to allow improvement (LCME 9.7); the Mid-Clerkship Progress Review is a key opportunity to review documented observations.
- Narrative comments are required and valued; numerical ratings alone are insufficient (AAMC / best-practice guidelines).

5. Minimum Direct Observation Requirements

Every third-year student in a required clerkship must receive a minimum of one (1) formal direct observation of core clinical skills during the clerkship, documented on the SJBSOM Direct Observation Form (or equivalent approved electronic process in Medtrics). Direct observation should be carried out the week prior to the completion of clinical rotation.

Clerkship Directors may establish additional specialty-specific observation requirements (e.g., observed history, physical examination components, counseling, procedures) consistent with the clerkship's Course Learning Objectives and the table of skills appropriate for direct observation published in each clerkship syllabus. Students must complete the minimum requirements established by this institutional policy and any additional clerkship-specific requirements.

Recommended core skills appropriate for direct observation across clerkships include (but are not limited to):

- Focused or comprehensive history taking
- Focused or complete physical examination
- Clinical documentation / patient note
- Oral clinical case presentation
- Patient education, counseling, motivational interviewing, or teach-back
- Medication reconciliation or safe prescribing/ordering
- Interprofessional collaboration and care coordination
- Specialty-specific procedural or examination skills (as defined in the individual clerkship syllabus)

6. Roles and Responsibilities

6.1 Students

- Actively seek opportunities for direct observation and request observation of skills they wish to improve.
- Prepare for the observed activity and inform the patient (with faculty guidance) that a student will be observed for educational purposes.
- Receive feedback professionally, reflect on it, and incorporate it into subsequent performance.
- Ensure completed observation forms are submitted according to the clerkship process (or entered in Medtrics if electronic).
- Raise concerns promptly if observation opportunities are not available so that clerkship leadership can facilitate them.

6.2 Faculty / Preceptors (Observers)

- Conduct direct observation of designated clinical skills under appropriate supervision and with patient consent.
- Provide timely (ideally same-day), specific, behavior-based formative feedback that includes strengths and areas for improvement with an actionable plan.

- Complete the SJBSOM Direct Observation Form (or approved electronic equivalent) accurately and submit it according to clerkship procedures.
- Communicate significant performance concerns to the Clerkship Director promptly.
- Model professional, respectful, and patient-centered behavior during the observation process.

6.3 Clerkship Directors / Coordinators

- Ensure students and faculty understand the direct observation requirements and process at orientation.
- Monitor completion of minimum observation requirements and facilitate opportunities when gaps exist.
- Provide faculty development on effective observation and feedback techniques as needed.

7. Direct Observation Process (Step-by-Step)

The following process is designed to be simple and consistent:

1. **Identify the skill and timing.** Student or faculty identifies a suitable clinical activity and an appropriate moment for observation (ideally a real patient encounter).
2. **Obtain patient consent / prepare the setting.** Explain to the patient that a student will be observed for educational purposes. Ensure privacy and safety. The observer should be positioned so the encounter can be seen and heard without disrupting care.
3. **Set brief expectations (optional but recommended).** Observer and student may quickly agree on the focus of the observation (e.g., "I will watch your focused history and then give you feedback").
4. **Observe.** The authorized faculty/preceptor directly observes the designated activity or portion of the activity. Observation may focus on one or more discrete skills.
5. **Provide immediate formative feedback.** As soon as feasible after the encounter (preferably same day, privately), the observer gives specific, behavior-based feedback using a strength → areas for improvement → action plan structure. Feedback should address observable behaviors and be actionable.
6. **Document.** Complete the SJBSOM Direct Observation Form (paper or electronic). Narrative comments are required. Both observer and student should sign or acknowledge the form.
7. **Follow up.** If an area requiring improvement is identified, establish follow-up observation or practice as needed. Significant concerns are communicated to the Clerkship Director. Documented observations are reviewed at the Mid-Clerkship Progress Review and contribute to the overall clinical skills evaluation.

8. Standards for High-Quality Feedback

Effective feedback after direct observation should be:

- Timely – ideally immediately or the same day
- Specific and behavior-based – describe what was observed, not global judgments
- Balanced – note strengths as well as areas for improvement
- Actionable – include a clear next step or practice recommendation
- Respectful and private – delivered away from the patient and team when possible
- Linked to learning objectives / EPAs when relevant

9. Addressing Gaps and Concerns

If a student has not received the minimum required direct observations the week prior to the completion of clinical rotation, the student or faculty should notify the Clerkship Director/Coordinator so that observation opportunities can be arranged. Failure to complete minimum observation requirements may be addressed through the clerkship's completion and remediation processes. Performance concerns identified during observation are managed according to the clerkship's formative improvement and remediation procedures (see individual clerkship syllabi, Section 13 equivalent) and applicable institutional policies. Professionalism or patient-safety concerns are reported promptly through established channels.

Approved by: Associate Deanship of Clinical Sciences
Date: April 13, 2026

This policy is intended to be clear and practical. Questions about interpretation or implementation should be directed to the Clerkship Director or the Associate Deanship of Clinical Sciences.

Approval

Approved by: _____

Yocasta Brugal, MD
President, San Juan Bautista School of Medicine

Approved: April 13-26
Date

Reviewed: August 3-26
Date