

INTERVIEWING SKILLS AND OBSERVATION

ASSESSOR MEETING

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Faculty/Presenter Disclosure

- Faculty/Presenters: Cornelia Mielke, William Cass
- No relationships with commercial interests:
 - **Grants/Research Support:**
 - **Speakers Bureau/Honoraria:**
 - **Consulting Fees:**
 - **Other:**



Disclosure of Commercial Support

- This program has not received financial support from any outside organization.
- This program has not received in-kind support from any outside organization.
- Potential for conflict(s) of interest: Nil



SESSION OUTLINE

- 1) **Types of assessments**
- 2) **Introduction**
- 3) **Common elements**
- 4) **Peer Assessments**
- 5) **Registration Assessments**
- 6) **Investigation Assessments**
- 7) **Observation of patient care**
- 8) **Questions**



LEARNING OBJECTIVES

- 1) **Identify key principles for effective interviewing and observing of physicians.**
- 2) **Discuss common challenges encountered in physician interviews.**
- 3) **Describe a common framework for approaching interviews.**



COMMON ELEMENTS

Of Physician Interviewing



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Purpose of the Assessment

- **Is the physician practising competent and current medicine?**
- **Stimulate ongoing learning and improvement**
- **Depends on whom the assessment is for**



Setting up the Assessment

- **Peer and Registration**
 - Phone call to physician only
 - Peer to Peer
- **Investigation**
 - Work with investigative staff



Setting up the Assessment

Emphasize purpose of the Assessment:
assess routine, daily practice of
medicine and office processes



Setting up the Assessment

- Describe the process
- Review Preparations



Setting up the Assessment

- **Email / Phone**
- **Suggest reviewing the CPSO website**
- **Work with College Investigator for Investigation**



PEER ASSESSMENT



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Introductory discussion

Tell me about your practice...

Employees and colleagues

Typical work week

Booking of patients

Chart selection process



Introductory discussion

Is there anything you do not do or prescribe?

How are reports reviewed when they come back to your office?

Assistance for the assessor



PEER Assessment

Post Chart Review Discussion (Interview)



Purpose of Discussion

- **Give positives**
- **Explore issues & topics that cannot be determined from chart review**
- **Enhancement and continuing professional development**



Explore topics & issues

Based on Chart reviews

If records are inadequate...

**Is it ... Record Keeping
and/or
Care Provision?**



Discussion

- **Investigation and management**

e.g., What is your approach to ... ?

- **Issues relating to history / physical exam**

e.g., What were you looking for in your history or exam?

- **Basic understanding of pathophysiology or pharmacology**

e.g., Why did you prescribe ...?

What is your understanding of ... ?



Discussion ...

- **Review processes**
 - **Review of lab tests & reports**
 - **Informing patients**
 - **Implementation of consultant recommendations**
 - **CPP maintenance**



Enhancement:

- **Resources**

e.g. PHQ9, FRS, recent guidelines

- **Courses**

e.g. Medical Record Keeping

REGISTRATION ASSESSMENT



REGISTRATION ASSESSMENT

- **Background**
- **Types of interviews**
 - 1) **The subject physician**
 - **Initial meeting**

Between these two interviews are the four components of the Assessment:

- **discussions with physician**
 - **observation of patient care**
 - **interviews with referees**
 - **chart reviews**
- **Summary**



REGISTRATION ASSESSMENT

- **Types of interviews (cont'd)**

- 2) **Medical colleagues and Administration**

- 3) **Allied health staff**

- 4) **Clerical staff**



REGISTRATION ASSESSMENT

INITIAL INTERVIEW WITH SUBJECT PHYSICIAN

- **Concern for physician angst**
- **Casual conversation**
- **Establish credentials**
- **Casual atmosphere – coffee in hand**
 - **cafeteria**
- **Allow 1 hour**



REGISTRATION ASSESSMENT

SUMMARY INTERVIEW WITH SUBJECT PHYSICIAN

- Review findings
- Review supervisor's reports
- Positive feedback
- Comments and criticisms from any of the Assessment components
- Final decision made by College committee
- Outline what will be in report – no surprises



REGISTRATION ASSESSMENT

INTERVIEW WITH REFEREES

- Review purpose of the Assessment
- Present credentials
- Questions appropriate to the type of interaction with subject physician
- Generally a short interview (10 – 15 min.)
- Keep on time



INVESTIGATION ASSESSMENT



INVESTIGATION ASSESSMENT

- **Focus is on obtaining details in an investigation, not on providing practice enhancement information**



INVESTIGATION ASSESSMENT

- **Background**

- **Complaint from the public**
- **Complaint from another physician**
- **Questions raised by a coroner**
- **Peer Assessment**
- **Billing concerns from OHIP**



INVESTIGATION ASSESSMENT

● Process

● Chart(s) review

- Questions: (1) Standard of practice of profession
(2) If not, is there evidence of:

- Lack of knowledge
- Lack of skill
- Lack of judgment

- (3) If so, is there evidence of harm or potential harm to the patient

● (Observation of patient care)

● Interview



INVESTIGATION ASSESSMENT

- **Venue**

- **College**
- **On site**

- **Interview attendees**

- **Subject physician**
- **Physician Investigator**
- **Legal counsel for subject physician**
- **College facilitator/case manager**



INTERVIEWING TIPS

- **Always maintain a calm, respectful tone**
- **Establish your own credentials that qualify you to be doing the Assessment**
- **Start by engaging the physician in some light, non-threatening conversation**
- **When presenting a negative finding be able to document exactly where it came from**



INTERVIEWING TIPS (Continued)

- **Remain nonjudgmental**
- **Remain resolute and factual when presenting potentially damaging findings**
- **Invite physician's response. If anything that is said would make you change your opinion be prepared to say this.**
- **At end of interview invite physician to make comments**



OBSERVATION OF PATIENT CARE



Registration

&

Investigation Assessments



“Fly on the wall”

- **Confirm patient permission**
- **Seating**
- **No eye contact**
- **No introduction to the patient**



Clinical Observation Form

Chief presenting problem full description

onset, location, chronology, aggravating/
relieving factors and associated signs and
symptoms



History

Elicits underlying patient agenda

Functional / General Inquiry



History

Are the following considered:

- Past medical history**
- Family history**
- Medications**
- Allergies**
- Smoking/ alcohol / drug use**
- Sexual preference**



Patient Examination

Problem focused?

Technique?

- correct and efficient



Patient Examination

Patient Privacy

Good infectious disease practices

- hand cleaning
- equipment



Differential Diagnosis

Logical

Reasonable

Discriminating

**Incorporates pathophysiology and
psychosocial issues**



Management Plan

Investigations:
Data accurately interpreted
Evidence/guideline based



Management

- **Appropriate use of consultants**
- **Joint decision making**
- **Safety issues**



Communication skills

- **Vocabulary**: easily understandable, avoids medical jargon, asks for clarification of patient's terms
- **Presence/Attitude**: empathy, sensitivity, non-judgmental attitude, posture/ physical presence, professional behavior
- **Listening**: clarifying, active listening (reflecting content and affect)

Communication skills

- **Inquiry**: open ended and closed questions
- **Organizational skills**: avoids unnecessary details/ focused, explores leads, efficiency
- **Closure**: explanation of diagnosis & management, encourages discussion of patient questions & concerns, supportive, shared decision making

Observing Procedures

- **Team – collaboration, comfortable env't**
- **Surgical safety check list**
- **Indications for surgery & consent**
- **Procedure technique**
- **Post-op orders**



PEARLS

- **Look for patterns of clinical practice**
- **The first clinical observation will not be indicative of the physician's usual practice...**



PEARLS

- **Before starting consider how many interactions you will likely want to observe**
- **Review scripts/ requisitions**
- **Don't make assumptions ...**



QUESTIONS

