Teaching Clinical Observation Skills

Observation in Medicine

For physicians, observation skills are paramount. Observation leads to diagnosis and treatment. As such, physicians must distinguish the difference between visual observation and any conclusions or inferences that are created from that observation. Initial observation, therefore, should be devoid of judgment. A very relevant medical example is an expression of pain in an individual’s face. This may vary from culture to culture and may be context specific (for example, in a clinical setting compared with a sports field or work station). In addition, the authors try to get medical students to focus observation on the whole person with an illness rather than just a disease or part of the person. In this way, observation skills help fulfill and support the role of physician as healer. As the authors state, “students need to be able to identify or recognize observable materials, describe them and communicate their observations to patients, colleagues, the medical record and clinical or scientific literature.”

Preparing medical students to become skilled at clinical observation

- J. Donald Boudreau, Eric J. Cassell, and Abraham Fuks, in a recent study elucidated the importance of clinical observation and discussed methods for teaching this essential skill. Below is a brief description of some of their fundamental insights and principles. Click here for the full article.

Rationale

While observation is an essential skill for physicians, and has been valued for a long time, it is usually not explicitly taught in core curricular content. The purpose of this study was to establish principles and guidelines for educators to explicitly teach observation skills to medical students. Observation, along with the accompanying skills of describing, interpreting, and communicating, can be taught.

Why Teach Observation?

Humans in general tend to conflate observation with perception or interpretation of what they see. For this reason, students must be made aware of the difference between the two so they can become better observers. Our perception of what we observe is shaped by our culture, our experiences, and previous knowledge. The only way to avoid the biases that we bring into observation is to become fully aware of the factors that shape our perceptions. An additional potential pitfall is that our perception can often be fooled either by illusion or because previous knowledge and experience does not fit with a novel situation. By refining our observation skills, we are better able to analyze situations as well as describe them to others.

How to Teach Observation

Boudreau, Cassell, and Fuks have created principles and guidelines for use in their course on observation. In very general terms, the focus is on using visual examples to show students the difference between what they observe and the inferences they make. These types of teaching strategies work wonderfully as active learning exercises. In this way, students discover many of the fundamental principles of observation for themselves which helps with retention. The process of learning effective observation is very similar to learning other skills; experience through practice and awareness. In the picture to the right, with careful observation, you should be able to see 11 people.

Other Resources

- The Art of Observation
- Medical Students Transfer Observation Skills from Painting to Patient
- Utilizing visual art to enhance the clinical observation skills of medical students
- Articles on teaching observation skills in medicine