

# Paired Observation and Video Editing (POVE)

## Course Design

<http://www.fammed.washington.edu/pove/index.html>

### Course Design

The structural core of this course is peer observation of a fellow student in real clinical encounters. Students work in pairs taking turns serving as physician and observer. The observer sits in the exam room during the visit and uses a medical communication tracking form (Patient Centered Observation Form) to monitor their partner's behavior. Students discuss their experiences and observations with their preceptors and with one another. They switch roles with each successive patient. When patients consent, the interviews are videotaped. In the first three weeks of this rotation, students see at least 50 patients and they videotape at least 80% of their encounters. POVE faculty provide a series of skill focused mini-lectures (core materials provided upon request), videotape reviews and integration discussions throughout the month long course. Topics addressed include provider self-awareness, relationship development, collaborative agenda setting and time management, eliciting the patient and family perspective on illness, health behavior change, primary care counseling, family assessment, and reaching agreement on roles and goals. In addition to emphasizing how high quality communication improves patient care, instructors underscore how using these skills can help with time management and improve physician satisfaction.

### Student Products

During the final week of the course, students review the videotapes of their patient encounters and use video editing equipment to create a video essay examining their growth. They show entry-level skills, struggles and their best performances. Students are also expected to design, film and edit a role-play teaching video on selected aspects of medical communication. Teaching videos made by POVE students cover core patient centered skills, difficult patient interactions, family interviewing, working with patients from other cultures, health behavior change, and blending quality care with time management.

### Student Quote

*I took this clerkship because I believed what patients and doctors alike have told me - other than your knowledge base, how you relate to patients is fundamentally the most important part of medicine - but no one ever teaches you how to do that. I saw doctors who were really good at it, but it was difficult to pinpoint exactly why or how they do what they do. The clerkship was recommended to me by the pair who took it last year as the best thing they did in all of medical school, and I have to say I agree. I feel like I compressed years of experience by trial and error of how to communicate and negotiate with patients into one month, and as a result have a tremendous jumpstart on these skills as I will be entering my residency.*

## **Course History**

The POVE course was born in 1996 in a conversation between two University of Washington first year medical students and the POVE project director, Larry Mauksch, M.Ed. The two students (Angel Platus, MD and Kim O'Connor, MD) wanted to create an in-depth communication skills elective. A year later the University of Washington School of Medicine curriculum committee approved the course. It was first offered in the winter of 1998. Since 1998, 12 pairs of University of Washington students have taken the elective. Each pair of students has seen at least 50 patients together and videotaped 80% of these encounters. The core design of the course has not changed, with one significant exception. The first two pairs of students gave their video clips to a video technician for editing. In 2000, the University of Washington School of Academic Dean supported the purchase of video editing equipment. Since this purchase, all pairs of students have edited their own video clips to create a "video essay examining their learning". They have also created role-play teaching videos to train many medical students, residents and faculty. For example, all University of Washington medical students taking the required third year family medicine clerkship view a blend of teaching tapes made by former POVE students (see Acad Med, 2005, 80:118-124; Acad Med, 2004,79:737-743).

The core communication and relationship skills demonstrated in most videos include: relationship development, empathy, upfront collaborative agenda setting, eliciting the patient and family perspective on illness, and shared plan development. Every student who has taken the POVE course rates it as one of the best experiences in medical school (see slides for evaluation data).

## **The Arthur Vining Davis Foundations Dissemination project:**

In 2006 the Arthur Vining Davis Foundation funded the University of Washington to disseminate the POVE model. Six medical schools completed the training and began offering POVE courses. The evaluation data from students and faculty at these schools is summarized in the Powerpoint slide (Link) set on this website. The student evaluation of their POVE course remains high at all participating medical schools. A manuscript describing the course and outcomes is in process.

Arthur Vining Davis Foundation (<http://www.avdf.org/>) funds programs in health care promoting "caring attitudes." (<http://www.avdf.org/programs-healthcare.htm>)

## **POVE Project Director**

Larry Mauksch, M.Ed, the POVE project director, is a senior lecturer and behavioral scientist in the Department of Family Medicine, University of Washington School of Medicine. Since 1985, Mr. Mauksch has taught medical students, residents and community physicians about relationship development, communication skills and the detection and management of mental illness in primary care. He has practiced individual, marriage and family psychotherapy since 1982 and directs a mental health internship in collaborative care. He is the immediate past chair of the Collaborative Family HealthCare Association and former chair of the Physician-Patient Interaction group of the Society of Teachers of Family Medicine. His research, publications and national

presentations focus on physician patient communication, collaboration between mental health and primary care providers and strategies for integrating behavioral science into medical education. Mr. Mauksch has directed and taught all of the POVE courses at the University of Washington.

**POVE course consultation:**

Program representatives interested in developing a POVE course or implementing POVE components are invited to contact Mr. Mauksch for additional information. Elements of the POVE course are being widely used for training medical students, residents and medical students. The most commonly used POVE elements include peer observation with the Patient Centered Observation Form (PCOF), using the PCOF to observe senior physicians, and using the PCOF to evaluate one's own videotaped interactions.