

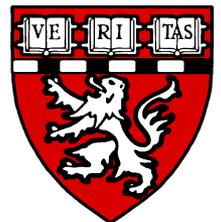
PEER OBSERVATION OF TEACHING: A POWERFUL FACULTY DEVELOPMENT TOOL

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Background

- Teaching faculty routinely receive written feedback on their teaching performance in clinics, lectures and small groups from their trainees.
- Although a potentially a rich source of feedback, studies have found that
 - attendings' acceptance of resident feedback may be low
 - residents may use shortcuts to complete these and may not provide substantive constructive criticism

Carr TF, et al. Southwest Journal of Pulmonary and Critical Care. 2015,Jun 27.
Myers K, et al. Acad Med. 2012;87:1397 & Acad Med. 2011;86:S21.

Background: what is it

- Peer observation of teaching programs allow medical teachers to:
 - reflect on and augment their own teaching skills
 - engage in a discourse about teaching and share best teaching practices
- Programs may be structured to be formative or summative

Background: what is it?

- ★ A colleague who has had training will observe a peer's teaching session
- ★ the teacher (host) and peer (observer) will debrief after
- ★ with or without a teaching observation form
- The host may choose any area that he/she would like feedback on (learner-centered approach)
- In general, educational strategies, such as engagement of learners, question asking, time management etc. can also be shared

Background: what is it

- Best practices for conducting peer observation have previously been outlined

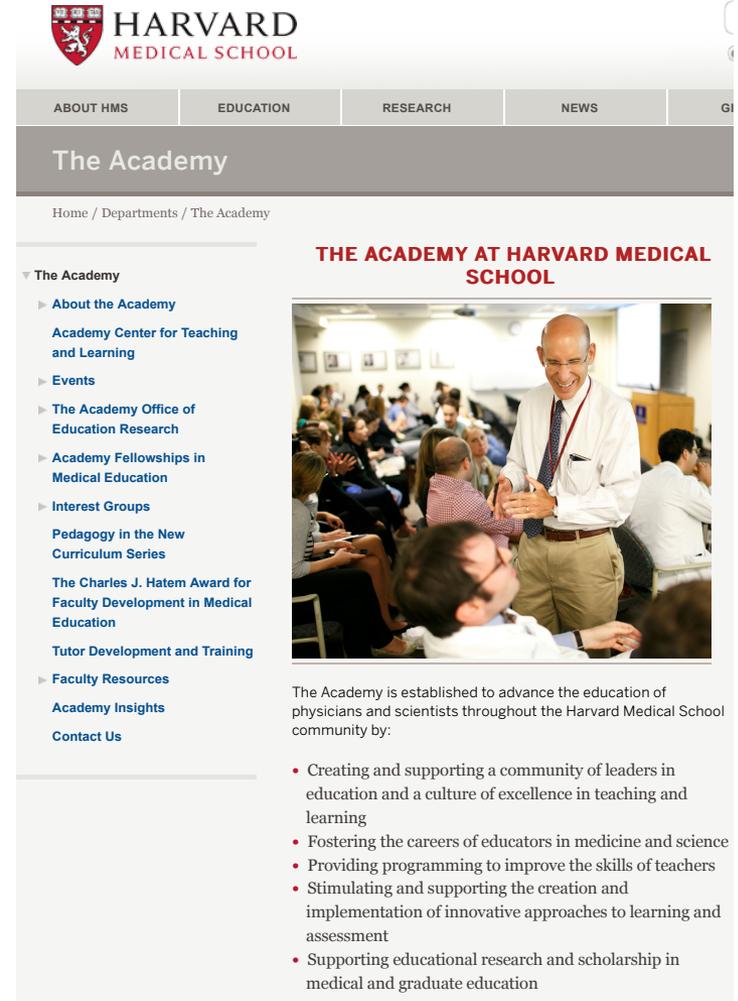
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Peer observation programs at Harvard

- The Academy at Harvard Medical School
- The BIDMC Academy of Teachers

The Academy at Harvard Medical School

- Fosters the careers of educators in medicine and science
- Members selected because of their leadership roles and commitment to medical education at the UME and GME levels



The screenshot shows the Harvard Medical School website for The Academy. At the top is the Harvard Medical School logo. Below it is a navigation menu with links for ABOUT HMS, EDUCATION, RESEARCH, NEWS, and G. The main heading is "The Academy". Below this is a breadcrumb trail: Home / Departments / The Academy. A left sidebar contains a list of links under "The Academy": About the Academy, Academy Center for Teaching and Learning, Events, The Academy Office of Education Research, Academy Fellowships in Medical Education, Interest Groups, Pedagogy in the New Curriculum Series, The Charles J. Hatem Award for Faculty Development in Medical Education, Tutor Development and Training, Faculty Resources, Academy Insights, and Contact Us. The main content area features the title "THE ACADEMY AT HARVARD MEDICAL SCHOOL" above a photograph of a man in a white lab coat interacting with a group of people in a classroom. Below the photo is a paragraph describing the Academy's mission and a bulleted list of its goals.

HARVARD MEDICAL SCHOOL

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THE ACADEMY AT HARVARD MEDICAL SCHOOL



The Academy is established to advance the education of physicians and scientists throughout the Harvard Medical School community by:

- Creating and supporting a community of leaders in education and a culture of excellence in teaching and learning
- Fostering the careers of educators in medicine and science
- Providing programming to improve the skills of teachers
- Stimulating and supporting the creation and implementation of innovative approaches to learning and assessment
- Supporting educational research and scholarship in medical and graduate education

Interest groups

Communication, compassion, empathy

Critical thinking

Cross-cultural care

Education technology

Feedback and evaluation

Hidden curriculum

Mentoring

Peer observation

Resident as teacher

Science of learning

Simulation

Writing for scholarship

Peer observation interest group

- Primary goals:
 - to develop a culture of teaching improvement across HMS
 - provide individualized faculty development for those involved in teaching at the UME, GME, and CME levels
 - generate a community-wide conversation about best teaching practices

Ambulatory teaching

Project: Peer observation of teaching
in the HMS primary care clerkship

Observation of ambulatory teaching

DESIGN: Susan Frankl, M.D.

- All PCC preceptors were invited to host a trained faculty observer who would visit their clinical office when a PCC student was present
- Each volunteer preceptor was paired with a faculty observer who conducted two 90-minute observations during the 9-month clerkship
- **Peer observation group members served as observers for this project**

Observation of ambulatory teaching

DESIGN

- All observers underwent a 2-hr training workshop prior to conducting observations, used a standardized worksheet to record their observations, and provided both verbal and written feedback to their host
- Both hosts and observers were asked to complete online surveys at the start and conclusion of the program to assess attitudes, expectations and experiences

Observation of ambulatory teaching

RESULTS

- 23 faculty were trained as observers and 47 faculty volunteered to host a peer observer
- A total of 80 observations were conducted
- Of the 34 preceptors who underwent 2 teaching observations, 27 completed a survey following their experience (response rate = 79.4%)
- All 27 respondents (100%) reported that the experience helped them reflect more on their teaching, helped improve the education of medical students and that they would recommend the experience to a colleague

Observation of ambulatory teaching

RESULTS

- 92.6% reported that the experience encouraged them to try new teaching methods and 88.9% noted that it enhanced their teaching
- 81.5 % said they would be interested in being observed again and 51.8% would be interested in training to be an observer for the program in the future
- 74.1% believed that it did not make their patients uncomfortable or take up too much time

How to become a better clinical teacher: A collaborative peer observation process

KATHLEEN FINN, VICTOR CHIAPPA, ALBERTO PUIG & DANIEL P. HUNT

Massachusetts General Hospital, USA

Abstract

Background: Peer observation of teaching (PoT) is most commonly done as a way of evaluating educators in lecture or small group teaching. Teaching in the clinical environment is a complex and hectic endeavor that requires nimble and innovative teaching on a daily basis. Most junior faculty start their careers with little formal training in education and with limited opportunity to be observed or to observe more experienced faculty.

Aim: Formal PoT would potentially ameliorate these challenges.

Methods: This article describes a collaborative peer observation process that a group of 11 clinician educators is using as a longitudinal faculty development program.

Results: The process described in this article provides detailed and specific teaching feedback for the observed teaching attending while prompting the observing faculty to reflect on their own teaching style and to borrow effective teaching techniques from the observation.

Conclusion: This article provides detailed examples from written feedback obtained during collaborative peer observation to emphasize the richness of this combined experience.

Small group teaching

Project: Observation of teaching program for the HMS Medical Ethics course

Small group teaching observation

DESIGN:

- a small group teaching observation of teaching instrument was created using a modified Delphi method.
- Prior to observation:
 - All observers attended a 90 minute training session
 - The ethics course description was shared with observers
 - Course director provided observation worksheet to faculty and asked for their edits

Small group teaching observation

DESIGN:

- a small group teaching observation of teaching instrument was created using a modified Delphi method.
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Small group teaching observation

DESIGN:

- 9 small group sessions met for 2 hrs
- Feedback to faculty was confidential and was only shared with the host (immediate verbal feedback and subsequent written comments)
- 9 observers and 9 hosts completed surveys on the HMS Academy Peer Observation of Medical Ethics Teaching experience.

Small group teaching observation

RESULTS: “HOSTS”

- 100% felt very comfortable/comfortable being observed by a faculty peer and receiving feedback from the peer
- 100% did not feel the observation was disruptive to the flow of the tutorial
- 89% felt it provided a forum for addressing teaching dilemmas faced in leading small group discussions
- 67% felt the experience “very much” stimulated critical reflection about small group teaching strategies
- 67% found the experience helpful in providing tips and insights about small group facilitation

Small group teaching observation

RESULTS: OBSERVERS

- 100% felt very comfortable or comfortable conducting the observation, observing a subject area outside of one's expertise, and providing feedback to a peer about his/her teaching.
- 89% felt the experience “very much” stimulated critical reflection about small group teaching strategies
- 89% felt the experience “Made me more aware of my own small group facilitation skills/methods”
- 78% felt the experience inspired them to try new teaching methods and increased their confidence as an observer

“The flipped classroom”

Project: Development of a worksheet and compendium for case-based collaborative learning (CBCL)

Harvard Medical School revamps curriculum



DAVID L. RYAN/GLOBE STAFF

The changes at Harvard Medical School mirrors a wider movement to shift methods that have been used for a century.

By Laura Krantz | GLOBE STAFF SEPTEMBER 20, 2015

Harvard Medical School has debuted a major set of changes to its curriculum that the school says will cater to a generation of technologically savvy students and will better prepare them for an ever-changing health care environment.

Process

- To create an observation tool for teachers who will be teaching this method, group members studied the “flipped classroom” method of teaching through literature review, discussion with expert teachers and review of “flipped classroom” teaching.
- The Worksheet comprises 8 categories of effective CBCL facilitation strategies, each supported by demonstrable examples of these behaviors and 8 elements of effective instruction that should form the basis of any instructional session.

CBCL

- The Compendium further identifies and defines for the CBCL facilitator and the peer observer the varied, demonstrable behaviors associated with each category.
- The Worksheet will be piloted by trained observers in the upcoming Immune Defense and Disease Course, in which dermatologists will be leading sessions along with rheumatologists and immunologists.

Connects prior learning and pre-class assignment to in-class activities

Explicitly determines student preparation and understanding of core concepts

Prompts deeper learning by using one or more active learning strategies

Responds to students' questions in ways to promote further learning

Uses a variety of learner-centered activities to engage students in the application, transfer, or generation of knowledge

Conducts frequent, formative assessment of students' understanding to allow for immediate feedback and inform real-time instruction

When co-teaching with other faculty, does so in a coordinated and collaborative manner

Blends facilitated instruction with student self-directed learning

Compendium for Peer Observation of Case-Based Collaborative Learning

Category/Behavior

1. Connects prior learning and pre-class assignment to in-class activities

- Evident that pre-class assignment was:
 - Understandable
 - Easy to access
 - Appropriate amount of material
- Uses pre-class communication (e.g. email, online forum) to identify challenging concepts
- Provides clear rationale as to how pre-class assignment connects to that day's topic
- Informs the class the questions that will be answered by the end of the session
- Begins session by presenting a mini-didactic to fill knowledge gaps and correct misunderstanding
- Starts session by asking students which part of the pre-assignment they found most challenging or need further clarification
- Starts by asking open-ended or challenging question derived from the assignment
- Starts session by having students work in small groups (e.g. 4 students) in which they are asked to discuss a case or work through a problem based on the prior session's learning objectives
- Asks students to summarize what they learned during the previous class as the instructor takes notes on the board
- At the beginning of class, students form pairs or groups of 4 and generate a summary of the main ideas covered during the pre-class assignment
- Starts the class with a "Think, Write, Share." Instructor poses a problem or case to the class; students are then given time to write or map their ideas, after which they are asked to share their reflections in small groups or with the whole class.

Peer observation programs at Harvard

- The Academy at Harvard Medical School
- The BIDMC Academy of Teachers
 - Peer observation program
 - Master Teacher Observation Program

Personal observation experience

Observer	Host
Ambulatory teaching <ul style="list-style-type: none">- PCC- BIDMC PCP	Ambulatory teaching <ul style="list-style-type: none">- Master teacher observation program
Flipped classroom <ul style="list-style-type: none">- Pathophysiology course at HMS	Lecture <ul style="list-style-type: none">- Annual lecture to 2nd yr medical students (twice)
Small group teaching <ul style="list-style-type: none">- Medical Ethics course- Resident-as-teacher program	Small group teaching <ul style="list-style-type: none">- I ask residents to observe my teaching behaviors when I teach Diff Dx course each year

Conclusions

- Many opportunities for peer observation locally
- Both host acceptance and host and observer gains have been noted
- My personal insights as both observer and host
 - extremely valuable
 - augments learner feedback → provides different dimension

Newman L, Roberts D, Schwartzstein R. Peer Observation of Teaching Handbook. MedEdPORTAL; 2012. Available from: www.mededportal.org/publication/9150

Finn K, Chiappa V, Puig A, Hunt D. How to become a better clinical teacher: a collaborative peer observation process. Med Teach 2011; 33: 151

Thank you!

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