Peer Observation of Peer Teaching Workshop

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Peer Observation of Peer Teaching
B Fisher 2012

- Principles
- Benefits
- Barriers
- Methodology
- Practice example
- Discussion
Literature

- Since 1980s
- Initially evaluation models
- MANY effective teaching strategies
- Observation model
  - Promote reflection on teaching
  - Benefits to groups
Peer observation of peer teaching: Benefits

• Teaching can be lonely: start dialog about it
• Peer review benefits both!
  – Mutual reflection and insight into teaching challenges, strategies and skills
  – Exchange methods
• Form teaching collaborations
  – Reinforce and promote best teaching practices
  – Identify and solve recurring dilemmas
Peer observation of peer teaching: Barriers

• How will I be assessed?
  – Will the observer be objective?
  – Will the feedback be accurate or useful?
  – Will learners lose respect for me?

• How will this assessment be used?
  – Will this *scrutiny* restrict my teaching freedom?
  – What are the motives behind this activity?

• Hey, I am displaying my clinical acumen as well!

• There isn’t enough time.. How can I schedule with my colleagues?
Methodology:
How will one be assessed?

Pick from various models
• All are formative

• Developmental (“experts” observe less experienced)
• Peer to peer and *quid pro quo*
Methodology: Peer to peer & *quid pro quo*

- No experts
- Eyes and ears using *mutually agreed upon* methods to observe and provide feedback
- Addresses *fear factor*

- Start dialog about teaching
- Reflect and gain insight into teaching skills (both parties)
- Exchange methods
- Reinforce best teaching methods
- Form teaching collaborations
- Engage in promoting best teaching practices
- Identify and solve recurring dilemmas
Methodology: How will the assessment be used?

- **Formative** (No “marks”)
- **Collective** learning tool (both learn)

- Promote understanding of shared teaching goals challenges and solutions
- Builds community of clinical teachers
Why make methods shared, organized & explicit?

<table>
<thead>
<tr>
<th>Method</th>
<th>Perceived source of assessment</th>
<th>Perceived validity</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implicit ad hoc</td>
<td>Personal</td>
<td>Individual based</td>
<td>Power differential</td>
</tr>
<tr>
<td></td>
<td>Subjective</td>
<td></td>
<td>Oppositional Defensive</td>
</tr>
<tr>
<td>Explicit Organized</td>
<td>Shared</td>
<td>Criterion based</td>
<td>Empowering</td>
</tr>
<tr>
<td></td>
<td>Objective</td>
<td></td>
<td>Collaborative Receptive</td>
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</tbody>
</table>
Methodology: Pre-session

• Explore experience, skills and knowledge of group
• Discuss learning objectives
• Reflect on most common teaching and learning venues

• Discuss what do you want peer review to accomplish
• Think of what the ideal process might be
• What are the desired characteristics of feedback from peer review?
• What should be reviewed

• Decide on an assessment guide form
• Plan method for timely feedback and second assessment

• Make plans
  – Select venue
  – Select date (s) and time
  – Includes observation and feedback times
  – Make a written record
Why a second session?

Two episode “dyad”
- Observation 1
- Feedback and plan
- Observation 2

Identify task
Identify context
Do or Observe
Feedback and linked plan for improvement
Review/Practice Accountability
Assess
Methodology: Session general principles

- Observer joins team at outset of event
- Introduce selves and purpose to team
  - Observing teaching of attending staff
  - *Not* evaluating residents or students
  - No interaction/contribution to event

- Uses guide to record observations

- Observation time (≤ 30 minutes?)
Methodology: Post session

• After session, observer provides feedback
• Use short narrative, structured summary:
  – Name of person observed and date
  – Setting
  – Number/level of learners    Learner/team behaviour
  – Teaching task /describe case
  – Specific examples of teaching skills and techniques observed
  – Offer alternative methods and opportunities for improvement
• Written comments provided and copies held by both
Methodology: Producing a guide

- BEME
- Should reflect most important elements of clinical (workplace) teaching
- Rubric must be understood and agreed upon

\[\begin{array}{ll}
R & \text{Recognize the learner} \\
E & \text{Expectations & enthusiasm} \\
S & \text{Situate} \\
S & \text{Setup the educational encounter} \\
T/O & \text{Teach or observe} \\
A & \text{Assess & give feedback} \\
R & \text{Role model & “deliberate practice” teaching} \\
\end{array}\]

RES: each time establishes a teaching relationship with a new learner
SOAR: each clinical teaching encounter

Modified from The Ed STAT developers, 2001.
# Categories

<table>
<thead>
<tr>
<th>Objectives and Educational contract</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setup of specific encounter and engagement</td>
<td></td>
</tr>
<tr>
<td>Observing and listening</td>
<td>Rapport and Role modeling</td>
</tr>
<tr>
<td>Addressing Objectives and forming an Educational Contract</td>
<td>Characteristics of Feedback given</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Recognizes learner(s): Name, background Level, program, experience</td>
<td>Timely, pertinent and constructive, (focused on agreed upon objectives &amp; goals)</td>
</tr>
<tr>
<td>Expectations: Develops clear and shared &quot;learning contract&quot; for: Identifying and addressing curricular objectives What work will be done and how will work together To what degree work will be done and over what time How learners will be observed and assessed</td>
<td>Based on observed behaviors rather than inferred beliefs or values</td>
</tr>
<tr>
<td>Situates learner: To overall setting &amp; particular tasks (priorities, scope, degree)</td>
<td>Actionable (specific, limited in amount, focused on issues person can control)</td>
</tr>
<tr>
<td><strong>Setup of specific encounter and engagement (Contextual Facilitation)</strong></td>
<td>Discusses and validates what was done right (consolidation)</td>
</tr>
<tr>
<td>Chooses or focuses on appropriate setting, degree and scope of interaction</td>
<td>Discusses what needs improving (constructive)</td>
</tr>
<tr>
<td><strong>Picks a strategy for teaching and learning</strong></td>
<td>Renders “teachable moments” of case into general rules</td>
</tr>
<tr>
<td>Declares specifically what will be demonstrated, observed, assessed, and purpose of doing so</td>
<td>Summaries and offers action plan linked to clear and useful instructions for improvement, and (if needed) enabling support</td>
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<tr>
<td>If a team, assigns roles or alerts learners as to what to observe or consider</td>
<td></td>
</tr>
<tr>
<td><strong>Observing and listening and questioning</strong></td>
<td>Rapport and Role Modeling</td>
</tr>
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<td>Asks learner(s) to make a commitment: Demonstrate skill or review what they observed, what they did, or commit to diagnosis, management or action plan in relation to the case</td>
<td>Enthusiastic; demonstrates interest in body language</td>
</tr>
<tr>
<td>Probes learner(s) for supporting evidence or rationale</td>
<td>Interacts with learner(s) in a non judgmental manner</td>
</tr>
<tr>
<td>Listens and observes attentively when learner is speaking/performing task</td>
<td>Provides non threatening learning environment in which learner(s) feel safe to admit doesn’t know the answer/make mistakes</td>
</tr>
<tr>
<td>Lets learner complete a line of thinking or task before responding/interrupting</td>
<td>Explicitly models an effective approach to uncertainty and knowledge gaps in the context of clinical decision making</td>
</tr>
<tr>
<td>Tracks learner’s organization, timeliness, and communication skills</td>
<td>Answers questions clearly or models effective approach to seek answers Models collaborator communicator and scholar</td>
</tr>
<tr>
<td>Uses convergent questions (yes/no/define/list)</td>
<td>Explicitly models strategies to avoid common heuristic errors</td>
</tr>
<tr>
<td>Uses divergent questions (hypothesize/judge/predict/justify)</td>
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### Addressing Objectives and forming an Educational Contract

- **Recognizes learner(s): Name, background Level, program, experience**
  - Characteristics of Feedback given: Timely, pertinent, constructive, (focused on agreed upon objectives & goals)
- **Expectations: Develops clear and shared "learning contract" for:**
  - Identifying and addressing curricular objectives
  - What work will be done and how will work together
  - To what degree work will done and over what time
  - How learners will be observed and assessed
  - Based on observed behaviors rather than inferred beliefs or values

### Situates learner: To overall setting & particular tasks (priorities, scope, degree)

- **Setup of specific encounter and engagement (Contextual Facilitation)**
  - Discusses and validates what was done right (consolidation)
  - Discusses what needs improving (constructive)
  - Renders “teachable moments” of case into general rules
- **Picks a strategy for teaching and learning**
  - Discusses what needs improving (constructive)
  - Summaries and offers action plan linked to clear and useful instructions for improvement, and (if needed) enabling support

### Observing and listening and questioning

- **Asks learner(s) to make a commitment:**
  - Demonstrates skill or review what they observed, what they did, or commit to diagnosis, management or action plan in relation to the case
  - Enthusiastic; demonstrates interest in body language
  - Interacts with learner(s) in a non judgmental manner
  - Provides non threatening learning environment in which learner(s) feel safe to admit doesn't know the answer/make mistakes

- **Probes learner(s) for supporting evidence or rationale**
  - Explicitly models an effective approach to uncertainty and knowledge gaps in the context of clinical decision making

- **LISTENS and observes attentively when learner is speaking/performing task**
  - Explicitly models strategies to avoid common heuristic errors

- **LETS learner complete a line of thinking or task before responding/interrupting**
  - Explicitly models an effective approach to uncertainty and knowledge gaps in the context of clinical decision making

- **Tracks learner’s organization, timeliness, and communication skills**
  - Answers questions clearly or models effective approach to seek answers
  - Models collaborator communicator and scholar

- **Uses convergent questions (yes/no/define/list)**
  - Uses divergent questions (hypothesize/judge/predict/justify)**

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**Number/type of learners:** N1, N2, N3
## Notes for session 1

### General

<table>
<thead>
<tr>
<th>N1</th>
<th>Interjections during student presentation reduced to 8 and almost all linked to teaching (communication or clinical reasoning) point or general rule applied to the context at hand.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N2</td>
<td>Done very well. Linked constructive feedback to plan to review performance on that exam skill tomorrow</td>
</tr>
<tr>
<td>N3</td>
<td>Done well with good engagement of the medical student presenting the case. How could this have been further pursued to engage the rest of the team?</td>
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</table>

**Feedback given:** As per notes. We discussed the improved trade-off between the delivery of clinical teaching "general rules" and, and the degree of interjection into the learner's performance in giving a summary that is required to do that.

The nature of the senior's interaction with the group (at a higher level of input) could be further encouraged by asking them to provide comments and feedback instead of you/us doing it.

**Time and date of feedback:** 1500 Jan 2012

Peer__________________________                                 Observer__________________________

**Keep record:**

- This should be claimed on ARO by adding “Peer-reviewed” along with date of review in notes section of pertinent Workplace based teaching entry.
- The cycle of 2 sessions plus feedback may be claimed as 3 hours of MOC credit under section
Customize to various venues

Outpatient: Clinic teaching

Outpatient: Emergency

In-patient wards: Major case discussion

In-patient wards: Rounds teaching

In-patient wards: Morning report

In-patient wards: Resident as teacher

How many times?
Observation TIPS

• Review form in advance
• During observation situate yourself out of line of sight of faculty member to reduce their anxiety
• Ensure you are in a position to:
  – Hear everyone speak
  – Assess degree of learner engagement
• Don’t take active part in the session activities
Follow the rules of feedback

• Be timely

• Feedback session ASAP after event

• Mirror back what you saw while event still fresh in both of your minds
Remember Main objective

- Sharing observations and reflections rather than giving advice
- Stimulate self reflection and problem solving
- Mutual learning: Thank colleague for sharing the experience
- Avoid one way conversation or immediate launch into “What I would have done in same situation”
Self-reflection first

Prompts:

• Name the task or focus or 2 main teaching point you hoped to accomplish or convey

• What techniques did you use to do this?

• One question or issue you would like to discuss during the session

• At what point during the teaching session did you think the learner(s) were most engaged? Least engaged? Why did you think so?

• If you did this again what would you keep and what would you change (1 example each)
Be objective and specific

Specific observations or quotes on what you saw/heard
  – What was done well
  – Opportunities for growth
  – Key moments or turning points in teaching session

Instead of: “You really know your learners” ....
  ....say.... “I saw that you greeted all the learners with their first names and asked about their patients”
Advocacy inquiry method

- Did you notice that the learner spent most of the time texting in the corner of the patient’s room? I thought they appeared disengaged.

- How could we better engage the whole group?

- Directly states your perspective
- Asks for colleague’s viewpoint
- Provides opportunity to see, understand and share different approaches
Less is more

• Too much feedback can overwhelm or be counterproductive

• Avoid focus solely on identifying and describing problems observed
Actionable and accountable

• Identify things that can be influenced & discuss means to do so

<table>
<thead>
<tr>
<th>Instead of</th>
<th>Try</th>
</tr>
</thead>
<tbody>
<tr>
<td>“You ran out of time”</td>
<td>“I noticed you covered several topics really quickly near the end...how could you avoid that?...I might have asked the learners to choose one thing to do in the time remaining”</td>
</tr>
</tbody>
</table>

• Agree on Session 2 plan:
  – Ensures dialog
  – Enables understanding and focus on what would like to improve or experiment on

• Make sure you focus on what you agreed upon in Session 2
References

Beckham TJ. Lessons learned from a peer review of Bedside teaching. Acad Med 2004; 79:343-346


Pattison AT et al. Foundation observation to teaching project-A developmental model of peer observation of teaching. Medical Teacher 2012; 34: e136-e142

L Newman D Roberts and R Schwartzstein: Peer Observation of Teaching Handbook Shapiro Institute for Education and Research at Harvard Medical School

Beckham TJ et al Evaluating an instrument for the peer review of inpatient teaching. Medical Teacher 2003; 25 (2): 131-135