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Peer Observations: Enhancing Teaching Behaviors

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on behalf of the
Education Strategy Committee
Division of Hospital Medicine
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BACKGROUND

- Varying degrees of experience and training
- Evaluations from students and residents
 - Feedback is grouped for anonymity
 - Separated by months: some only see once a year
 - Lack specificity, may be biased
 - Learners may lack framework
- Potential solution: Peer observation and feedback

OBJECTIVES

1. Examine if peer observation with feedback results in improved teaching behaviors
2. Determine if observers and teachers found observation and feedback useful
3. Determine if the comfort with peer observation improved for observers and teachers after observation

METHODS

- **Participants:**

- **Teachers:** Academic hospitalists on wards or consults
- **Observers:** Peer academic hospitalists

- **Setting:**

- Morning rounds on medicine wards
- During medicine consult rounds

- **Timing:**

- Once/week for each teacher
- Approximately 1 hour

METHODS

- **Peer observation process**

- Observers determined by availability
- No teacher had same observer for consecutive observations
- Teams notified in advance
- Same-day post-observation feedback session
- Confidentiality of prior observations maintained

- **Surveys**

- Peer Observation and Feedback Tool
- Surveys of Teacher and Observer Perceptions

METHODS – *Survey Development*

Stanford Faculty Development Program

- 7 domains of effective clinical teaching
 - **Learning climate**
 - **Control of session**
 - **Communication of goals**
 - **Promotion of understanding and retention**
 - **Evaluation**
 - **Feedback**
 - **Promotion of self-directed learning**
- Used effectively to create evaluation tools for clinical teaching

Teaching Observation Tool

Provider being Observed: _____ Provider Observing: _____ Date of Observation: _____

	TEACHING BEHAVIORS	OBSERVED			COMMENTS
		Not	Sometimes	Consistently	
LEARNING CLIMATE	Shows interest through body language, uses animated voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Looks at and listens to learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Does not monopolize discussion, does not interrupt unnecessarily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Uses learners' names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Invites learners to express opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Recognizes clinical ambiguity, open to others' ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Invites learners to bring up limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CONTROL OF SESSION	Acknowledges own limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Adapts leadership style to educational purposes (MS3, MS4, R1, R2, R3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Does not digress, keeps on topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Calls attention to time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROMOTION OF UNDERSTANDING & RETENTION	Appropriately paces conversation with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Uses examples (e.g., cases, self as model) and analogies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Defines any new terms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Responds adequately to learners' questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Has learners reformulate material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Provides a chance for skill practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Assigns/discusses literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EVALUATION	Suggests expert consultations (appropriate, timely)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Asks questions to stimulate reflection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Observes learners' performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Asks fundamental recall questions (requires recall of scientific/medical information, skills, or attitudes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FEEDBACK	Asks fundamental analysis/synthesis questions (requires demonstration of understanding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Asks applied questions at recall or analysis/synthesis levels (requires application to a specific patient example or case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Asks learner to self-assess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Tells learner that performance is correct or incorrect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FEEDBACK	If agrees or disagrees with learners' opinions, gives reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Uses nonverbal cues like nodding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Number of Participants in the group: Residents: _____; Medical Students: _____; Pharmacy: _____; NPs: _____; Others (specify): _____
 NF present Yes No
Number of Patients: (check box separately for each) ○○○○○○○○○○

STATISTICAL METHODS

- **Descriptive statistics**
 - *Continuous variables* = mean (SD)
 - *Categorical variables* = percentages
- **P-values of <0.05 statistically significant**
 - *Continuous variables* = T-test
 - *Categorical variables* = chi-square/Fisher's exact test
- **Scoring of peer observation tool items**
 - 1 = not observed
 - 2 = sometimes observed
 - 3 = consistently observed
- **Teacher/observer surveys**
 - Five-point Likert scale

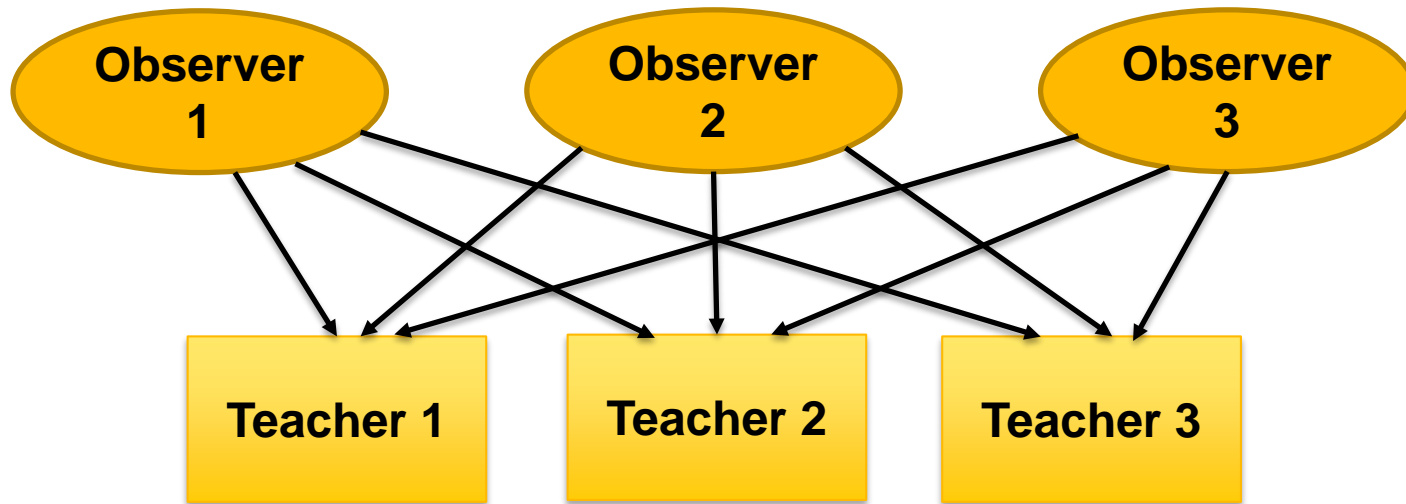
STATISTICAL METHODS

- **Mixed-linear growth curve models with crossed-design:** association of teaching skills with feedback
- **Crossed-design:** account for 3 types of correlation
 - For the same teacher on separate observations
 - For the same observer scoring a different teacher
 - For the same teacher scored by a different observer
- **Variables for adjustment:** age, gender, and years as attending of teachers and observers
- **Pearson's correlation:** correlation between domains
- **Cronbach's alpha:** internal consistency of tool items

All statistical analyses were performed using the Stata.MP version 14 for Windows (StataCorp LP, College Station, Texas)

STATISTICAL METHODS

Crossed-design Mixed Models



RESULTS

Study Population Characteristics

Variables	(N= 27; O=70)
Age, years, mean (SD)	37.5 (4.97)
Years as Attending, mean (SD)	6.36 (4.17)
Time spent in minutes, mean (SD)	73.0 (17.26)
Number of patients, mean (SD)	6.47 (2.38)
Number of Learners, mean (SD)	4.31 (1.2)

RESULTS

Study Population Characteristics

Variables	(N= 27; O=70)
Learning Climate, mean (SD)	2.64 (0.32)
Control of Session, mean (SD)	2.68 (0.33)
Promotion of Understanding & Retention, mean (SD)	2.13 (0.54)
Evaluation, mean (SD)	2.26 (0.54)
Feedback, mean (SD)	2.73 (0.37)

RESULTS

Correlation between domains of peer observation tool

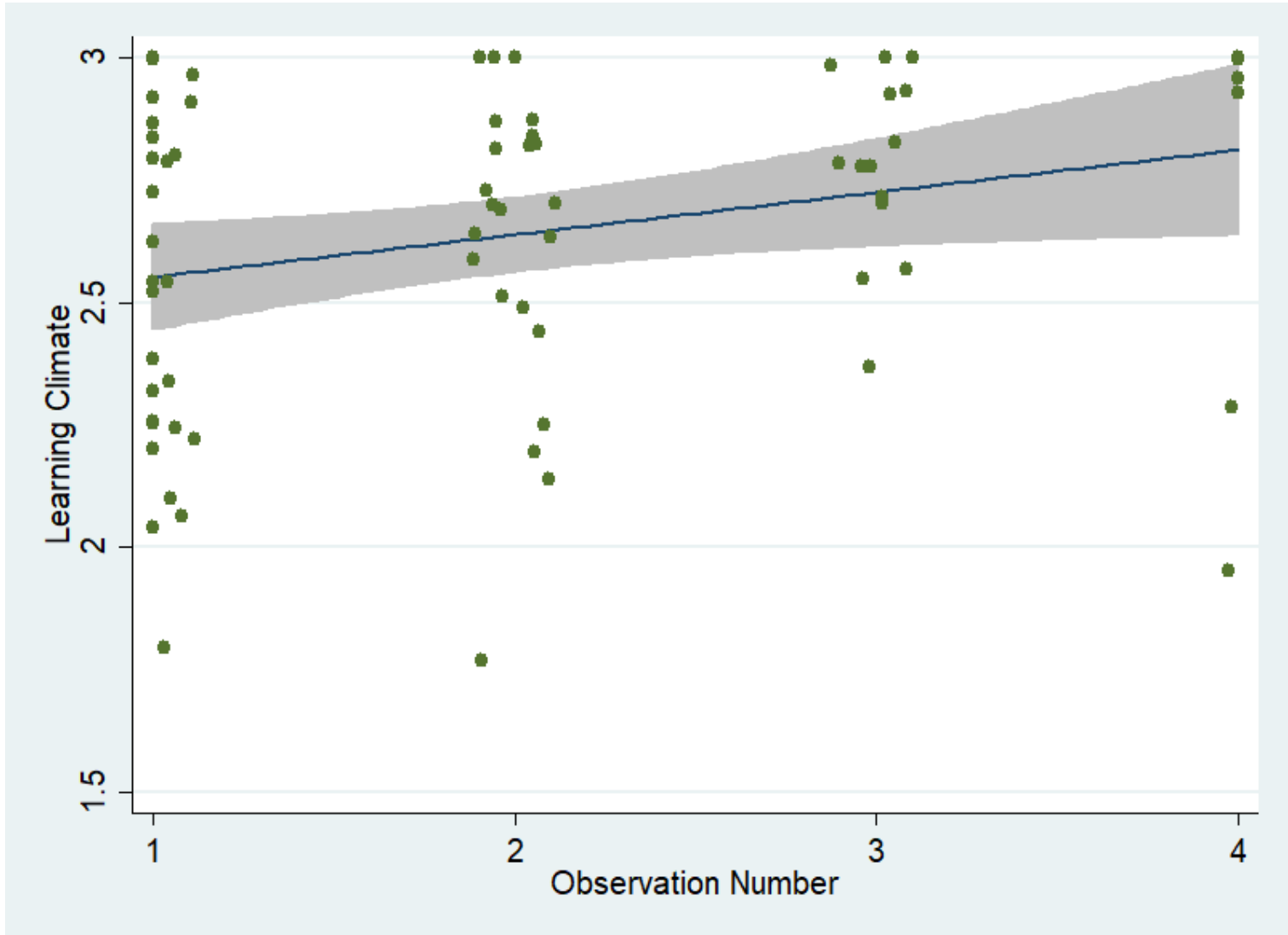
	LC	CS	PUR	E	F
Learning Climate (LC)	1.00				
Control of Session (CS)	0.39 (<0.001)	1.00			
Promotion of Understanding & Retention (PUR)	0.60 (<0.001)	0.55 (<0.001)	1.00		
Evaluation (E)	0.31 (<0.001)	0.42 (<0.001)	0.70 (<0.001)	1.00	
Feedback (F)	0.32 (0.006)	0.27 (<0.001)	0.42 (<0.001)	0.30 (<0.001)	1.00

RESULTS – *Key Findings*

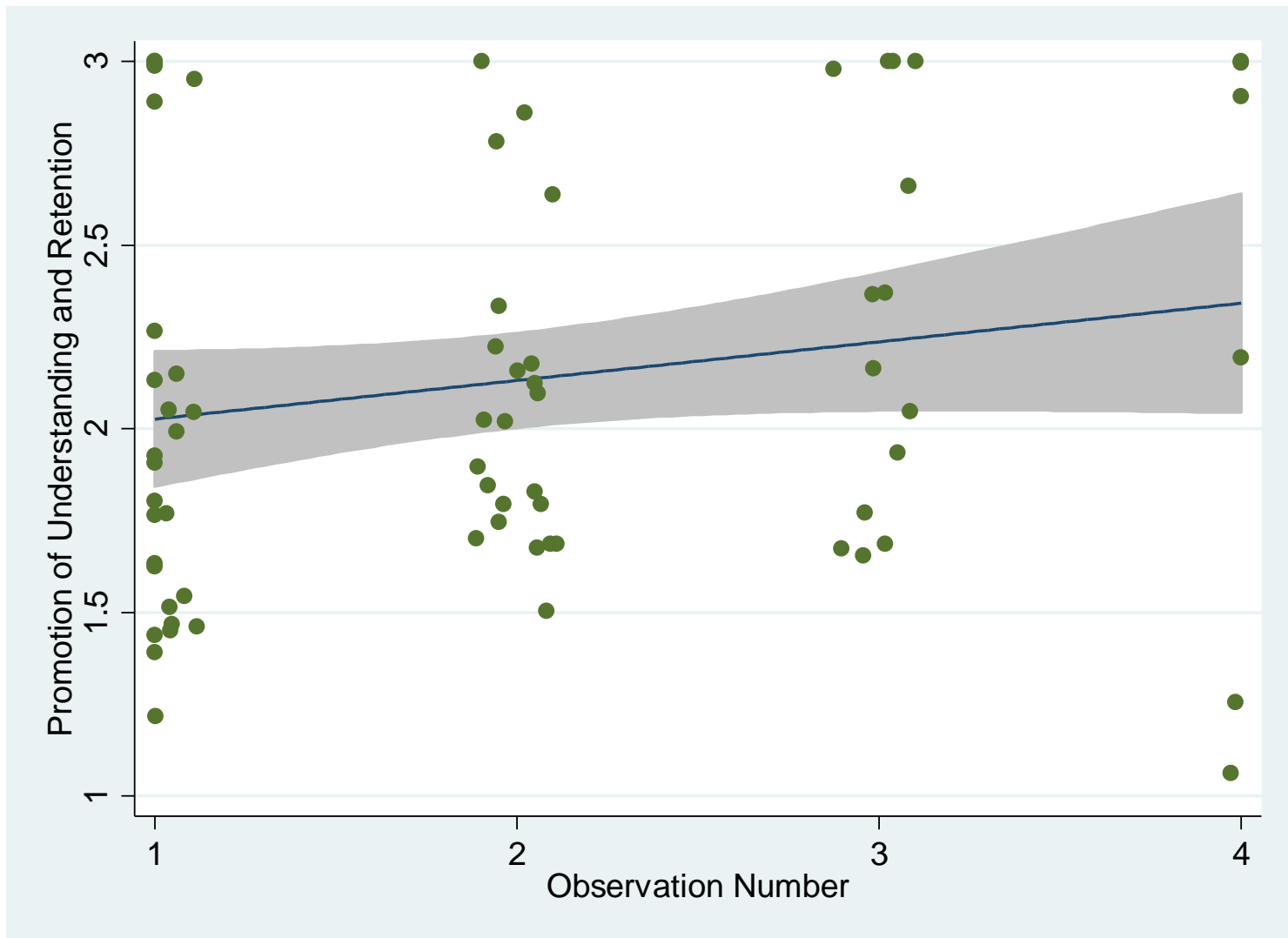
Effect of Peer Observations on Teaching Skills

- 27 teaching attendings involved
- 70 peer observations
- Observations per teaching attending: range 1-4
- All teaching behavior domains significantly correlated with each other
- Cronbach's alpha = **0.81**
- Statistically significant increase in 2 teaching domain scores

RESULTS – Learning Climate



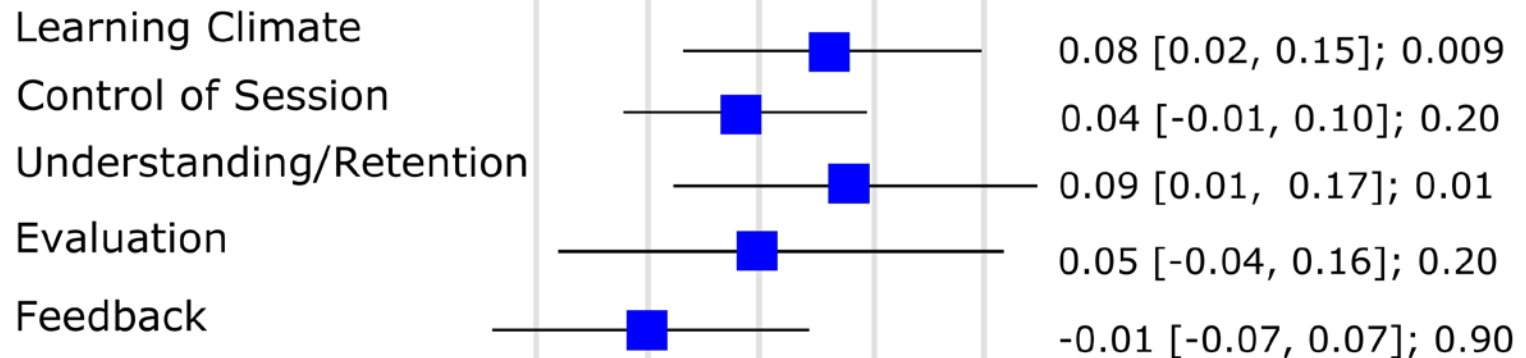
RESULTS – Promotion of Understanding & Retention



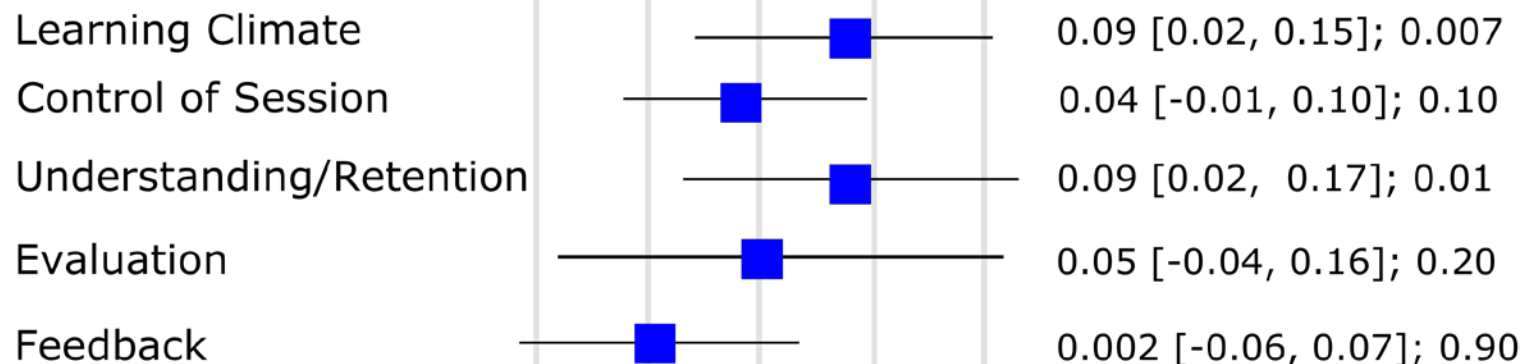
RESULTS – Improvement in Teaching Domains

Effect size [95% Confidence Interval] ; P-value

Unadjusted



Adjusted



-0.1 -0.05 0 0.05 0.1 0.15 0.2

RESULTS

Surveys of Teacher Perceptions:

- Teaching attendings: 49 surveys
- Comfort level with observation: **79%** 'very' or 'somewhat' comfortable
- Comfortable with future observations: **90%**
- Feedback by observer: 'very' or 'somewhat' helpful in **92%**

Surveys of Observer Perceptions:

- Peer observers: 33 surveys
- Completing tool: 'very' or 'somewhat' easy in **100%**
- Providing feedback to peers: 'very' or 'somewhat' easy in **94%**
- Valuable experience: 'very' or 'somewhat' helpful in **88%**

STRENGTHS

- Limited observer bias: avoided same teacher-observer pairings
- Longitudinal study: assessed effect of feedback
- Objective tool used for observation and in guiding feedback
- Objective endpoint: observed teaching behaviors

LIMITATIONS

- "Not observed" category did not distinguish between
 - Opportunity existed, but teacher did not demonstrate behavior
 - No opportunity to demonstrate behavior
- Potential for Hawthorne effect: less likely over multiple observations
- Observer time commitment: questionable feasibility in heavily RVU-focused environment

CONCLUSION

- Feasible in bedside clinical teaching setting
- Result in significant and positive improvement in teaching behaviors
- Both teachers and observers found value in observation sessions
- Unmeasured benefits:
 - Contributed to culture of learning among faculty
 - Shared mental model of good clinical teacher

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Questions?

Thank you!