

Teaching Observation Guidelines and Training

Virginia Tech Carilion School of Medicine (VTC SOM)

Introduction

Peer observation of teaching is intended to cultivate a culture of instructional excellence and improvement. The main purpose of the VTC SOM peer observation process is for formative assessment of VTC SOM faculty. The feedback provided by the observer is intended for the faculty member's growth and development as an educator, rather than for public inspection or formal review by anyone in a supervisory role. Thus, the results are provided directly to the faculty member and are considered private and confidential.

TEACH can be a great resource for this service. However, a peer teaching observation can be done by any trusted teaching colleague that is a faculty member in good standing within the observee's appointment-granting school. Observers should also review the guidelines included within this document to ensure their preparedness for providing effective observations.

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General Teaching Observation Overview

Definition of Peer Observation

In its most basic terms, a peer observation of teaching is when a person provides feedback on the instructional performance of a colleague. For the purposes of this document, the *observee* is the faculty member whose teaching practices are to be observed. The *observer* is the person who is conducting the observation. The emphasis on peer observation should be on its value to the observee, the process should be observee-driven, and the results should be the property of the observee.

Purpose of Observation

Teaching observations are a requirement for promotion for all faculty tracks at VTCSOM. Virginia Tech's promotion criteria state that all faculty (regardless of track) who are seeking promotion to either Associate or Full Professor present evidence of at least two peer observations of their teaching **separated in duration by no less than three months** to give the observee time to **demonstrate growth** in areas identified via the previous observation. Documentation of these observations should include:

- a. feedback using an appropriate rubric (see [Peer Observation Rubrics and Guidance](#) below)
- b. a letter or report from the peer observer verifying that the observation took place

Note: Please remember, there must be three months between receiving feedback from an observation and the time you participate in a subsequent observation. If you have questions about whether an observable encounter qualifies, please reach out to the [Faculty Affairs](#) or [TEACH team](#) for questions/clarification.

Peer-Observation is:

- A confidential process
- A method of feedback for individual development
- A promotion portfolio opportunity
- An interaction with genuine, experienced educators who care about your teaching success
- An opportunity to receive highly customized feedback to develop your teaching skills

What Constitutes an Observable Encounter?

The answer to this question is rooted in the philosophy of teaching that VTCSOM adheres to. *We consider teaching to be encompassing of various roles and responsibilities: mentor (research or other), coach, information provider, facilitator, curriculum developer, assessor, role model, educational leader, and/or educational scholar/researcher.*

This philosophy broadens the opportunities and possibilities for observation to be inclusive of a myriad of encounters. Common teaching observation opportunities include **in-person, virtual, or hybrid teaching encounters** through which a faculty member is providing guidance to at least one learner for the purpose of their development as a healthcare professional, teacher, and/or researcher; any such encounter would qualify as a peer observation opportunity. Some examples include:

- Lecture
- Large or small group
- Operating Room

- 1-to-1 teaching opportunity
- Bedside rounds
- May be a recorded or live event
- Video-recorded session
 - *If used for peer observations, recorded teaching sessions should **not be older than one prior academic year.***
 - *At least **one of the two observations must occur in real time.***
- On-line teaching as part of course instruction

Please contact [TEACH](#) if you would like guidance on developing a departmental teaching peer observation process. We are happy to help!

OR participate in the...

TEACH Observation Process

TEACH offers [educational observation and consultation services](#) for faculty of VTCSOM and Radford University Carilion. These experienced educators can provide objective and confidential feedback on your current teaching practices, offer educational resources for improving skills, and/or assist in measuring impact on learners.

To initiate the observation process, [Complete the TEACH Observation Request Form](#).

Administrative Process (behind the scenes):

- a. The form is automatically sent to the TEACH Administrative Coordinator (AC).*
- b. Administrative Coordinator contacts preferred observer or full observer group if preferred. observer is not selected. If a preferred observer is selected but not available, the AC will contact the full observer group to identify a backup.*
- c. Once the observer is identified, AC will ask observer to contact observee.*
- d. The observer contacts the AC once observation has taken place to trigger the AC to send confirmation letter to observee.*

TEACH's 3-step Process

1. Brief pre-observation meeting (online or in person).
2. Observation takes place. Observer completes feedback rubric.
3. Post-observation Debrief using feedback rubric as a guide. Observer subsequently shares rubric and any additional notes with the observee ONLY.

It's just that easy!

Guidance for Observees

Pre-observation Meeting Guidance

In preparation:

[Complete the TEACH Observation Request Form](#)

- **Please consider providing adequate time between your request for observation and the anticipated observation event.** Scheduling an observation takes time. The more notice you give, the better chance we have in identifying an appropriate observer for you.
- Choose your observer from our list of experienced observers. We recommend having someone external to your discipline provide the observation.
- TEACH staff will respond to your request.

Step 1:

Pre-observation Meeting -

- Consider what you think your strengths and growth areas are related to teaching. Be prepared to discuss this with your observer.

Step 2:

Participate in the observation -

- A skilled observer will view your teaching encounter anywhere you teach without disruption to your lecture, small or large group!
- Remember, observations can occur almost anywhere.

Step 3:

Participate in a post-observation debrief –

- Arrange a mutually convenient time to meet with your observer no later than 7-10 days post-observation to discuss your teaching strengths and growth areas.
- Clarify any additional questions about your teaching skills that you may have with your observer.
- Implement the feedback provided by your observer.
- Look for Observation Confirmation letter from the TEACH Administrator.
- Include your TEACH Observation Confirmation letter in your promotion dossier.

Guidance for Observers

This instrument was designed so that peer observers may provide meaningful formative feedback to educators. Best practices for peer observers of teaching involves a pre-observation meeting, the observation (for which you'll use the appropriate rubric), and a post-observation debrief with the observee.

Pre-observation Meeting Guidance (adapted from *Peer Feedback Tool for Lectures and Small Group Teaching*)¹

1. Determine the purpose of the observation. Ask the observee:

- what he/she hopes to gain from this observation
- whether he/she is thinking of using this observation for formative purposes (promoting the development of his/her teaching practice)
- what the observee's teaching strengths are and areas for the observer to focus on during the observation
- how you can best address his/her expectations and needs

2. Create an environment of trust/comfort. Even though great care is taken to reassure observees that the observation process is formative in nature, inviting an observer into one's teaching space can feel intimidating. The observer should create an environment of trust with an observee by operating transparently and answering questions that observees have about the process. Observers can also utilize active listening skills and appropriate probing questions to explore with the observee what their teaching skill strengths and growth areas are.

3. Establish confidentiality. Remind observees that you will keep your observations and post-session discussion confidential and that you will send the completed observation form only to the observee unless he/she requests that you disclose this information to others. Note: if the observation is used for promotional review purposes, please share with the observee that they will need to include their observation confirmation letter from within the promotion portfolio. *This is an automatic part of the TEACH process. Observers outside of the TEACH process should remember to provide a similar confirmation that the observation has taken place.*

4. Verify the observation appointment and location are clear and correct. Schedule the post-observation feedback session. Ensure all parties are clear on the date, time, and location of the observation and schedule the post-observation feedback session within approximately 7-10 days on a day and time that are mutually agreed upon.

5. Learn about the context of the teaching venue to be observed. Ask for information about the observation context as applicable:

- the learner audience
- the session plan
- the session format
- the session goals
- any other information the observee wants you to learn about before you observe

6. Identify teaching behaviors to be observed with the observee by:

- asking what he/she would like you to focus on during the observation
- sharing the observation rubric form

- asking the observee to identify any specific teaching behaviors on the form that he/she would like you to pay particular attention to during the observation

7. **Decide on the observer's position and introduction.** Before the session begins, decide with your peer where you should sit and how you will be introduced to the learners in order to share with them the focus of your observation. Some examples include:

- Do not introduce the observer (if the observer feels that it would create more of a distraction to do so)
- Provide a very brief introduction: "This is Dr. Whicker. She is here to provide me some feedback on my teaching today."
- Provide a little more detail: "Virginia Tech requires all faculty who are seeking promotion to take part in 2 teaching observations. I have invited Dr. Whicker to observe my teaching as a part of that process and to provide me some feedback on my teaching today."

Observation Guidance

1. Before the observation, **select an appropriate rubric** that best fits the teaching context (bedside, surgical, lecture-style, etc.). [Examples](#) are provided below. However, observers should feel free to use another rubric if desired.
2. **Maintain the focus of the observation.** Focus on the teaching behaviors the observee exhibits and be attentive to other aspects you might want to consider drawing their attention to as well.
3. **Document observations.** During the observation, you can take notes to record your observations and/or relevant quotes and then use those notes to guide your completion of the form after the observation. You may also complete the form during the observation itself. Choose the approach that would work best for you.
4. **Identify aspects that you think are strengths of your peer's teaching practice.**
5. **Identify aspects that you think he/she needs to develop.**
6. Post-observation, **complete written feedback** for sharing with observee at the post-observation meeting.

Post-observation Debrief Guidance

The post-observation debrief provides a safe, supportive environment for the observee to receive feedback on their teaching. It is the responsibility of the observer to provide the observee with comprehensive feedback that can be implemented in subsequent teaching endeavors by the observee. Observers should provide written feedback, talk through the feedback with the observee, and query for questions the feedback might solicit.

The post-observation debrief should occur 7-10 days after the observation has occurred. Observee and observer should meet in a mutually agreed upon location that provides confidentiality and at a time that is mutually agreed upon.

Note on Providing Feedback: The feedback provided should be rich enough in detail so that observees can obtain clear insight into the nature of their teaching strengths and weaknesses. Peer observations are intended to complement teaching feedback obtained via other sources such as learner evaluations.

Peer Observation Rubrics and Guidance*

Multi-purpose Observation Rubrics

[Teaching Observation Form](#)

[Interprofessional Teaching Observation Form](#)

Didactics/Lecture

[Academy at Harvard Medical School's Peer Observation of Case-Based Collaborative Learning Worksheet and Compendium](#)

[Lecture Observation Form](#)

[Small Group Observation Form](#)

Clinical Encounter

[RIME Group on Peer Evaluation of Teaching PEER FEEDBACK FOR CLINICAL TEACHING ©2008](#)

[Guidance for utilizing Peer Feedback for Clinical Teaching Rubric](#)

[Ambulatory Outpatient](#)

[Inpatient Teaching Observation](#)

[Bedside Teaching](#)

[Surgery](#)

**Not all teaching settings will have a specific rubric. As an observer, you can select the most appropriate one based on your pre-observation consultation.*

FAQs

Q1: Do I have to go through TEACH for my peer observation?

A1: No. Peer observations do not have to be completed through TEACH. While the TEACH Observation service is open to all who teach, departments are encouraged to also establish their own peer observation process.

Q2: Can I have a student or resident serve as my peer observer?

A2: No. Peer observations must be completed by faculty-level observers.

Q3: Which types of teaching scenarios qualify for peer observation?

A3: Any experience through which a faculty member is providing guidance to at least one learner for the purpose of their development as a healthcare professional, teacher, and/or researcher would qualify as a peer observation opportunity.

Q4: What are some examples of peer observation venues?

A4: Lectures, Large or small groups, Operating room, 1-to-1 teaching opportunities, bedside rounds, recorded lectures, or sessions such as Grand Rounds. The possibilities are endless. Reach out to [TEACH](#) if you would like to discuss a particular teaching venue.

Q5: Who should I ask to observe my teaching?

A5: We recommend someone outside of your discipline provide your observation so that the focus is on the teaching rather than the content. Also, the observer should be a VTCSOM or RUC (depending on the observee's institutional affiliation) faculty member in good standing.

Resources

[Key Tips for Teaching in the Clinical Setting](#)

[Twelve Tips for Peer Observation of Teaching](#)

[TEACH Observation Infographic](#)

References

Blanco M, Capello C, Gusic M, McCormack W, Hafler J. Peer Feedback Tool for Lectures & Small Group Teaching. MedEdPORTAL; 2011. Available from: [Peer Feedback Tool for Lectures & Small-Group Teaching | MedEdPORTAL](#)

Jahangiri L, Mucciolo T. Presentation Skills Assessment Tools. MedEdPORTAL; 2010. Available from: [Presentation Skills Assessment Tools | MedEdPORTAL](#)

Newman L, Roberts D, Schwartzstein. Peer Observation of Teaching Handbook. MedEdPORTAL; 2012. Available from: [Peer Observation of Teaching Handbook | MedEdPORTAL](#)

Zenni E, Hageman H, Hafler J, Gusic M, Peer Feedback Tool for Clinical Teaching. MedEdPORTAL; 2011. Available from: [Peer Feedback Tool for Clinical Teaching | MedEdPORTAL](#)

**Virginia Tech/Carilion SOM, Office of Continuing Professional Development
Peer Observation of Teaching Summary**

Faculty Name:

Course:

Title/Topic:

Date:

Name of person observing faculty:

PLEASE USE THE FOLLOWING SCALE TO ANSWER EACH OF THE FOLLOWING ITEMS:

4 strongly agree	3 agree	2 disagree	1 strongly disagree	N/A not applicable	U/A unable to assess
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Content/Medical Knowledge of Educator	4	3	2	1	N/A	U/A
Knowledgeable about subject(s)						
Amount of information presented was appropriate for time allotted						
Content covered stated learning objectives						
Included a variety of relevant illustrations/examples						
Explained new/difficult terms and concepts clearly						
The handout was put together well (i.e. organized, easy to read, appropriate amount of information)						
Challenged and facilitated learners in practicing high quality, compassionate patient care within their field of expertise						
Assessed learner progress in acquiring knowledge, skills and attitudes						
Provided learners with graduated responsibility based on their abilities						
Presentation/Learner Centeredness	4	3	2	1	N/A	U/A
Presentation was organized						
Clearly stated the aims/objectives/activities of the class session						
Taught at an appropriate level						
Communicated the information clearly and effectively						
Communicated a sense of enthusiasm and interest in course content						
Spoke audibly and clearly, and without distracting speech characteristics						
Selected teaching methods appropriate to course content						
Effectively held the audience's attention						
Demonstrated respect for each learner						
Invested in each learner's growth and skill development						
Created a learning climate in which learning is facilitated						

Interpersonal & Communication Skills	4	3	2	1	N/A	U/A
Communicated expectations, goals and information in ways that stimulate and engage learners						
Tailored communication and educational strategies to optimize learning, based on the learning context and learners' needs						
Determined each learner's prior knowledge and skills through direct observation or questions						
Provided specific feedback to each learner to help the learner improve						
Was open to alternative approaches to problems and issues						
Problem-solved in a social context						
Facilitated dialogue and understanding during times of professional conflict						
Professionalism and Role-modeling	4	3	2	1	N/A	U/A
Began and ended on time						
Well-prepared						
Responded to students' questions appropriately and constructively						
Allowed sufficient opportunity for student input, discussion, questioning, and interaction with instructor						
Admitted error and/or insufficient knowledge, when appropriate						
Used humor constructively and appropriately						
Inspired learners to excellence in their field of expertise thru modeling professional behaviors						
Adhered to ethical principles in teaching, demonstrating compassion & integrity						
Modeled professional practice standards in their field of expertise						
Up to date on educational practices and resources within their field of expertise						
Remained accountable for their actions and follow-through on agreed-up activities in a timely fashion						
Practice-based Reflection and Improvement	4	3	2	1	N/A	U/A
Reflects upon education practices routinely						
Develops personal educational goals based on self-assessment & implements a plan to achieve those goals						
Seeks faculty development opportunities to improve educational practice						
Systems-based Learning	4	3	2	1	N/A	U/A
Utilizes medical education resources to advocate for learners, to coordinate teaching endeavors, and to optimize learning environments						
Negotiates resources to succeed in teaching w/in their area of expertise						
Anticipates how trends w/in their field of expertise will affect clinical practice, and plan for curricular changes to meet those needs						

Comments (optional comments):

For your feedback, please consider the following: “Continue (what was effective) ...”; “Consider (what could they add/change to improve) ...”; Question the rationale of using a particular technique.

SET (Mood; Motivation; Objectives – Learner-centered, Measurable, Achievable; Roles)

BODY (Cooperative; Active; Experiential; Organization; Content amount & appropriateness; Pace)

CLOSURE (Review/Summarize; Relate to objectives; Accomplishment; No new material)

VERBAL & NON-VERBAL SKILLS (Volume/tone/speed/clarity/hesitations, Eye gaze, Room position & movement, Facial expression, Gestures, etc.)

INSTRUCTIONAL MEDIA (Large enough, Clear/legible, Uncluttered, Effective animation, Images, etc.)

Interprofessional Teaching Observation Form

Observee's Name: _____ Date: _____

Observer's Name: _____

Activity/Session Title/Topic: _____

Focus of observation (per advance discussion with observee):

Describe specific observations for each element.

LEARNING CLIMATE	NOTES
Introduced topic, offered rationale for learning content.	
Stated objectives, provided preview of session content/process.	
Asked all participants to introduce themselves and identify their profession. (if applicable)	
Assessed levels, goals, and needs of participants in all professions. (if applicable)	
Encouraged active participation from participants in all professions.	
Acknowledged/respected the diverse roles, experiences, and perspectives of participants in all professions.	
All contributions were acknowledged and questions welcomed and validated.	

STRUCTURE OF SESSION AND TEACHING DYNAMICS	NOTES
Taught session objectives as appropriate to level and needs of participants in all professions.	
Well-prepared, knowledgeable, provided clear explanations, and directed participants to other	
Exhibited enthusiasm and stimulated interest in interprofessional collaboration.	

STRUCTURE OF SESSION AND TEACHING DYNAMICS	NOTES
Demonstrated awareness of the impact of own statements/behaviors on the interprofessional group dynamics and outcomes achieved.	
Tackled sensitive issues and challenged stereotypical statements while maintaining neutrality and	
Made profession-specific jargon explicit and understandable.	
Asked questions to facilitate participants' learning <i>about</i> other health providers' roles/responsibilities, as well as <i>from</i> their views, opinions, and experiences.	
Encouraged all participants to contribute to decisions and seek opinions from others in the group during case and decision-making activities.	
Provided appropriate feedback and encouraged reciprocal feedback among the participants.	
Optimized "teachable moments" for highlighting interprofessional concepts.	
In concluding the session, summarized key topical points <i>and</i> key interprofessional collaboration points.	

NOTE: Elicit observee perspective prior to sharing your perspective and tailor your feedback to area of focus that observee identified.

STRENGTHS	RECOMMENDATIONS

Adapted from:

1. The UCSF Haile T. Debas Academy of Medical Educators Teaching Observation Form based on work done by Kelley Skeff et al. from Stanford and David Irby et al. from UCSF.
2. Sargeant J, Hill T, Breau L. Development and testing of a scale to assess interprofessional education (IPE) facilitation skills. J Contin Educ Health Prof. 2010 Spring;30(2):126-31.
3. Howkins E, Bray J, eds. Preparing for Interprofessional Teaching: Theory and Practice. Abingdon, Oxon: Radcliffe Publishing; 2008.
4. 10 Tips for Interprofessional Facilitation. National Center for Interprofessional Practice and Education Website. <https://nexusipe.org/engaging/learning-system/preceptors-nexus-toolkit> within "Facilitating Interprofessional Discussions: Best Practices" module. Accessed July 9, 2021.

Peer Observation of Case-Based Collaborative Learning* Worksheet and Compendium

Developed by the Academy at Harvard Medical School's

Peer Observation of Teaching Interest Group Members

In Case-based Collaborative Learning (CBCL), students and facilitators *share* responsibility for exploring, uncovering, and applying knowledge, creating in-depth and lasting understanding of complex concepts and organizing principles. Through advanced preparation, guided inquiry, and creative problem solving, students assume active responsibility for their own intellectual development.

The packet presented here is the result of scholarly and real-time classroom exploration of effective CBCL facilitation behaviors by the Harvard Medical School (HMS) Academy's Peer Observation of Teaching Interest Group. Our aim in developing the observation worksheet and accompanying compendium was to identify and define the principles and behaviors needed to lead a successful CBCL session, thereby establishing a shared understanding of this student-centered, collaborative pedagogic approach. The observation worksheet will become a key instrument in future faculty development efforts to prepare individuals to teach in this format.

The Peer Observation Worksheet outlines 7 categories of effective CBCL facilitation strategies, each supported by demonstrable examples of these behaviors. On the second page of the worksheet, we have included 7 elements of effective instruction that should form the basis of any instructional session. The Compendium further defines for the CBCL facilitator and the peer observer the varied, demonstrable behaviors associated with each category. We have tried to include a comprehensive listing for each category. However, not all behaviors are applicable to every teaching session; instructors should not feel it is necessary to demonstrate all listed behaviors.

Having studied Case-based Collaborative Learning over a multi-year period, our interest group has identified the establishment of a safe, collaborative learning environment by the course director and faculty as the element most critical to leading a successful CBCL session. This is due to the focus on individual and group work in which students are encouraged to reveal their thought processes and engage in critical thinking. They must feel comfortable with taking intellectual risks and openly expressing what they know and don't know.

*CBCL applies flipped classroom principles to the medical school classroom.

Peer Observation Worksheet of Case-Based Collaborative Learning

Category/Behavior	Notes
1. Connects prior learning and pre-class assignment to in-class activities. May conduct a student readiness assessment.	
2. Prompts deeper learning by using one or more of the following active learning strategies: <ul style="list-style-type: none"> • Uses higher-order questioning; asks questions such as “Why?” “What if?” or “How does that happen and why?” to further students’ understanding and critical thinking • Asks students to clarify, elaborate further, make connections, or reason through their responses • Alters case or question to see if students can apply their knowledge to different situations (e.g., predict what will happen if...; compare or contrast this situation with another one) • Challenges students’ existing ways of thinking or points out exceptions to the rule 	
3. Responds to students’ questions in ways that promote further learning. Examples: <ul style="list-style-type: none"> • Explores student’s thought process before answering • Asks students to respond to each other • Relates students’ questions back to conceptual framework • Uses student’s question as a means to assess his/her understanding 	
4. Uses a variety of learner-centered activities to engage students in the application, transfer, or generation of knowledge. Examples: <ul style="list-style-type: none"> • "Think-Pair-Share" activities; peer teaching; team learning • Audience response, open-ended questions, “warm” calls • Innovation challenges; hypothesis generation and testing • Learner calibration (e.g. peer-graded quizzes; “think out loud” problem solving) 	
5. Conducts frequent, “non-graded” assessment of students’ understanding to allow for immediate feedback and inform real-time instruction. Examples include audience response, polls, group quiz, partnering with student, and “assessment while walking around” during small group work	

<p>6. When co-teaching with other faculty, does so in a coordinated and collaborative manner. Examples:</p> <ul style="list-style-type: none"> • Lends insights from own specialty and experiences • Respectfully builds upon the other faculty's responses as if having a conversation <p>Provides support to students when not taking the lead in a discussion or activity</p>	
<p>7. Blends facilitated instruction with students' self-directed learning (e.g. promotes exploration, analysis, and/or evaluation of topic; prompts students to find solutions to unanswered questions or steers them in right direction)</p>	

Elements of Effective Instruction	Notes
<p>A. Establishes an environment of intellectual safety in which students feel comfortable expressing their thoughts, learning from mistakes, and admitting if they do not know the answer.</p>	
<p>B. States learning objectives and plan for in-class time, making organization of session transparent to students (Note: this may have already been accomplished prior to session)</p>	
<p>C. Effectively manages time to address learning objectives. (Majority of time is for active learning. Attention paid to pacing, momentum, and flow of session; knows when to dive deeper into content, move session forward, or pause to reinforce core concepts. Able to adapt to immediate student learning needs, including modifying session plan or making in-the-moment adjustments.)</p>	
<p>D. Demonstrates enthusiasm about topic and promotes student engagement (e.g. maintains eye contact, varies voice, intonations, pitch, inflections; purposefully gestures; attends to body movement).</p>	
<p>E. Uses effective strategies to manage group dynamics, including engaging the quiet learner, managing the overly talkative student, or redirecting the distracted learner. Element also includes attending to and addressing the emotional tenor of the room.</p>	
<p>F. Highlights main teaching points or asks students to summarize or state main points in own words.</p>	
<p>G. Provides closure to the session (e.g. leaves time at end of session for final reflections or questions, informs students about upcoming sessions, or notes office hours or extra help).</p>	

Compendium for Peer Observation of Case-Based Collaborative Learning

We have included a comprehensive listing of behaviors associated with each category to amplify on the descriptions provided in the worksheet. A facilitator may demonstrate any combination of these behaviors. We encourage the peer observer and facilitator to meet prior to the session to identify behaviors that are of the highest priority for the observation.

Category/Behaviors -- OPENING
<p>1. Connects prior learning and pre-class assignment to in-class activities. May conduct a student readiness assessment.</p> <ul style="list-style-type: none">• Starts session by asking students which parts of the pre-assignments they found most challenging or need further clarification. Alternatively, students form groups and discuss what they found most challenging about completing the assignment; students clarify confusing concepts or teach each other how they arrived at answers.• 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.• Contextualizes the content learned prior to class.• Student Readiness Assessment Types:<ul style="list-style-type: none">◦ <i>Knowledge readiness quiz</i> -- A mini-quiz of selected questions administered at the start of class, occasionally collected to evaluate individual pre-class learning.◦ <i>Mini-needs assessment</i> -- An assessment of the entire class’ understanding of pre-class learning. Usually conducted verbally at beginning of class; may be performed using an audience response system.◦ <i>Student self-assessment</i> -- Students are asked to complete a questionnaire to evaluate their own understanding of the pre-class material and identify gaps in their knowledge.

Category/Behaviors – ACTIVE LEARNING

2. Prompts deeper learning by using one or more of the following active learning strategies:

- Uses higher-order questioning or asks questions such as “Why?” “What if?” or “How does that happen? Why?” to further students’ understanding and critical thinking
 - Asks students to clarify, elaborate further, make connections, or reason through their responses
 - Alters case or question to see if students can apply their knowledge to different situations
 - Challenges students’ existing ways of thinking or points out exceptions to the rule
- Asks students to dive deeper into material by discovering links to prior knowledge, making hypotheses, or building conceptual frameworks.
 - Encourages student to use inductive reasoning while applying conceptual frameworks and newly-learned concepts to novel situations, patient cases, and authentic problems.
 - Instead of leading students to a single “correct” answer, uses questions to promote learning and stimulate critical thinking about a topic. For example, facilitator avoids responding to answers with comments such as “that’s correct” or “that’s wrong.” Rather the facilitator probes the student to clarify or elaborate his or her thinking: “You’re on to something. Tell us all how you got there. What if I changed the scenario slightly to...then what?”
 - If the class doesn’t answer a question the facilitator poses, he/she will wait and then ask the class to identify what is most confusing about the question.
 - Uses questions to stimulate active engagement and discussion by having students build upon their classmates’ answers, suggest counterpoints, or ask related questions.

Examples of higher-order questions that promote deeper learning include:

“Why?”	“What if?”
“How and why does this happen?”	“What do you think about...?”
“How would you explain?”	Can you describe how that would ...?
“Can you tell me more about that?”	“Can you walk me through your thought process
“Why did you choose b over c?”	“Consider a patient with x instead of y. How would you think about it then?”
“What do these cases have in common?”	

Category/Behavior – RESPONSE TO QUESTIONS
3. Responds to students' responses or questions in ways to promote further learning. Examples: <ul style="list-style-type: none"> ▪ Explores student's thought process before answering ▪ Asks students to respond to each other ▪ Relates student's question back to the conceptual framework or core concepts ▪ Use student's question as a means to assess his/her understanding

- Repeats student question to the rest of the class. This is done to:
 - validate the importance of the question
 - clarify the question
 - build on the question
- Purposefully holds off on answering question – “Let’s hold off on that and see how your question plays into the next part of our discussion.”
- Explores student's thought process before answering:
 - That’s very interesting. Can you take that thought a step further? Or step back?
 - What factors led you to that conclusion?
 - How does your answer relate to the framework up on the board?
- Asks students to respond to each other:
 - Sarah, why do you think Peter chose that response? Do you agree?
 - What might be another answer?
 - Who can elaborate further?
- Uses student's question as a means to assess the class' understanding:
 - Who else has a question about ...?
 - Before I answer that, let’s review ...
 - Mary, please explain how you arrived at that conclusion.
- Admits own uncertainty/knowledge limit
 - I don’t know, let’s think that through together.
 - This is a difficult area for most people, but let’s consider what we do know.
- When reviewing multiple choice answers, discusses correct and incorrect responses to clarify errors in students' understanding and reasoning.
- Collects multiple answers to a question before revealing correct response.
- Calls attention to how the student's thinking about a particular problem can be applied to other scenarios.

Category/Behavior – LEARNER-CENTER ACTIVITIES
<p>4. Use a variety of learner-centered activities to engage students in the application, transfer, or generation of knowledge and core concepts.</p> <p>Examples:</p> <ul style="list-style-type: none">▪ “Think-Pair-Share,” peer teaching or team learning▪ Audience response, open-ended questions, “warm” calls▪ Innovation challenges; hypothesis generation and testing▪ Learner calibration (e.g. peer-graded quizzes; “think out loud” problem solving)

- **4. Use a variety of learner-centered activities to engage students in the application, transfer, or generation of knowledge and core concepts.**

Examples:

 - “Think-Pair-Share,” peer teaching or team learning
 - Audience response, open-ended questions, “warm” calls
 - Innovation challenges; hypothesis generation and testing
 - Learner calibration (e.g. peer-graded quizzes; “think out loud” problem solving)
- Think-Pair-Share
 - Instructor poses question to which students must come up with answer alone and then discuss with a partner before settling on final answer to be shared with the rest of the class.
 - Peer Teaching
 - Time designated for students to teach each other and help fellow students get past confusion or summarize the case and its main points
 - Instruction is provided by students who have just recently grasped the material themselves
 - In small groups or pairs, students take a low-stake assessment (quiz) and then share and discuss answers with each other
 - Time in class for notes sharing or prep work sharing
 - When feeling “stumped” by a question, student can “call a friend”
 - Students are asked to present answer and share thought process to the entire class
 - Team Learning
 - Involves small groups of students working collaboratively to solve problems and practice applying concepts
 - Students learn from each other as they work on activities that require shared decision making and articulation of complex concepts
 - Students, together, summarize the main points of a case
 - Audience Response
 - Using either smartphone devices (high tech) or show of hands in front of chest
 - Asks students to form buzz groups first and then vote
 - Warm call
 - Provides students the opportunity to sign-up ahead of time to be called upon in class without raising their hands
 - Students who volunteer to be called on may be incentivized with extra credit
 - Students who choose not to sign-up can still indicate a willingness to answer a question

- Innovation challenges
 - Students are challenged to formulate therapy for a disease, build mechanisms to prevent pathophysiologic occurrence; design disease-free environments; generate/test hypotheses.
- Facilitator gives low-stakes, cumulative assessment of prior sessions to engage students in spaced and accumulated learning
- Students author test questions (and answers) that they pose to other class members
- Students engage in a physical activity – e.g. demonstrate physiological reaction, feel for pulse, etc.
- Students are asked to come to board and draw diagram or explain a particular concept

Category/Behavior – ASSESSMENT AND FEEDBACK
<p>5. Conducts frequent, “non-graded” assessment of students’ understanding to allow for immediate feedback and inform real-time instruction Examples:</p> <ul style="list-style-type: none"> ▪ Audience response polls ▪ Group quiz ▪ Partnering with student ▪ “Assessment while walking around”

- Assessment while walking around --
 - While students are engaged in small group work, instructor walks about the room, listening in to small group conversations, and identifies learning gaps and provides just-in-time teaching
- Audience Response Polls
 - Uses mobile phones or the internet to collect students’ answers or feedback in real-time
- Group Quiz
 - Small groups of students work together to answer questions on a short quiz
- Partnering with a student
 - Facilitator sits next to a student in class and actively guides student while he/she answers a question or assesses a situation
- Faculty facilitator stresses to students that he/she is as interested in seeing how they got to an answer as he/she is with the answer itself. “Show your work.”
- After determining students have achieved appropriate level of understanding, facilitator delivers a new challenge to advance students’ understanding of topic– new mini-case to discuss or higher order question to answer.

Category/Behavior – CO-TEACHING
<p>6. When co-teaching with other faculty, does so in a coordinated and collaborative manner. Examples:</p> <ul style="list-style-type: none">• Lends insights from own specialty and experience• Respectfully builds upon other faculty's responses as if having a conversation, including offering another view point• Provides support to students when not taking the lead in a discussion activity

- Faculty members identify the roles they will take during the class time.
- Faculty members model how to respond to an open-ended question or undifferentiated patient case.
- Faculty offer diverse, yet equally relevant answers, often providing differing perspectives.
- Faculty question each other to unveil underlying thought processes.
- Faculty demonstrate interconnectivity among multiple specialties and how to think together as a healthcare team.
- Faculty members take turns leading 2-4 minute micro-tutoring about specific topics in their areas of expertise.
- Faculty members each lead a team of students in friendly, in-class competition.
- The faculty member who is not currently taking the lead remains engaged and interested. May walk around the class, partner with the students, ask clarifying questions, or physically join the students as a “participant.”
- Faculty member encourages students to ask faculty partner question(s) or re-directs students to partner for insight, additional information, or commentary.

Category/Behavior –BALANCING FACILITATED/SELF-DIRECTED LEARNING
<p>7. Balances facilitated instruction with students’ self-directed learning</p> <p>(e.g. promotes exploration, analysis, and/or evaluation of topic; prompts students to find solutions to unanswered questions or steers them in right direction)</p>

- Provides guidance and support as students work through a problem–
 - does not jump in with the “right” answer, yet does not allow students to flounder unnecessarily
 - works with students’ misconceptions, bringing them back to foundational knowledge until they express understanding of main concept
- Allows class time to explore a new or novel question raised by students.
- Sequences learning so that activities are logically organized and increase in complexity as students demonstrate understanding.
- Provides students with opportunities to explore new or complex concepts using a variety of approaches that address a range of learning preferences – e.g. discussion, reading, writing, reflection, demonstrations, observations, and chunking knowledge vs presenting entire framework.
- Demonstrates patience if a student seems confused; allows time for student to think through issues and acquire own understanding.
- Gives student-groups time and space to plan, think, and do.
- Asks students identify their own areas of confusion about in-class work before submitting to facilitator.
- Suggests areas of further study or presents questions students should answer on their own.
- Maintains a “parking lot” of important unanswered questions; highlights these at the end of class and encourages students to pursue answers.
- Ends session with a synopsis of key concepts – generated by either students (preferably) or facilitator

Peer Assessment of Medical Lecturing Instrument

Name of lecturer: _____ Topic of presentation: _____ Date: _____

Audience (UME/GME/CME) Size (<, >, = 100) Name of observer: _____

Please rate your own content expertise in this topic: Excellent Very Good Good Fair Poor

Criteria for Effective Lecturing		Excellent Demonstration of Criteria 5	Very Good Demonstration of Criteria 4	Adequate Demonstration of Criteria 3	Poor Demonstration of Criteria 2	Does not Demonstrate Criteria 1	Rating or Unable to Assess (U/A)	COMMENTS
1 <i>Goals</i>	Clearly states goals of the talk	During introduction, communicates purpose of the presentation. For example may provide an overview of content, present expected learning outcomes, pose rhetorical/challenging questions to be answered, etc.		Communicates the goals, but description is limited in scope (e.g. <i>only</i> provides topics to be covered or the format of talk)		Does not provide overview nor communicate goals of talk		
2 <i>Importance of Topic</i>	Communicates or demonstrates importance of the lecture's topic(s)	Clearly explains the topic and subtopics' relevance, context, applicability, and/or the significance to the audience (e.g. presents compelling information, case, or data; uses a "hook")		Refers to the importance of topic, but provides limited description of why learners need to know the material		Does not communicate or describe why the topic is of importance		
3 <i>Organization</i>	Presents material in a clear, organized fashion	Uses an explicit, organized framework so that the presentation flows logically (e.g. articulates a structure and sequence to the talk, frames subtopics, links concepts)		Presentation has some organization, but limited in structure, linkage, and/or sequence		Does not present material in a clear, organized fashion		
4 <i>Enthusiasm</i>	Shows enthusiasm for topic	Demonstrates keen enthusiasm for topic through voice, eye contact, energy, movement and/or body language (e.g. varies pitch, inflection, tempo and volume; gestures to emphasize importance)		Shows some enthusiasm for topic, but limited in display		Does not show enthusiasm for the topic		

Criteria for Effective Lecturing		Excellent Demonstration of Criteria 5	Very Good Demonstration of Criteria 4	Adequate Demonstration of Criteria 3	Poor Demonstration of Criteria 2	Does not Demonstrate Criteria 1	Rating or Unable to Assess (U/A)	COMMENTS
5 <i>Command of Topic</i>	Demonstrates command of the subject matter	Demonstrates strong understanding of subject matter (e.g. cites the literature, refers to overarching subject area, draws upon personal experiences, speaks to advances or current controversies in the field, and/or provides informative answers to questions, etc.)		Demonstrates some command of subject, but breadth of understanding is limited (e.g. unable elaborate with greater detail or information)		Does not demonstrate a command of subject matter		
6 <i>Explanations</i>	Explains and summarizes key concepts	Defines new terms/principles, synthesizes information (e.g. identifies important points; uses examples, analogies, metaphors; thinks out loud)		Explains some key concepts, or provides vague explanations		Does not explain or summarize key concepts		
7 <i>Audience Interaction</i>	Encourages appropriate audience interaction	Stimulates active participation (e.g. makes eye contact, solicits comments and questions, polls the audience, uses deliberate silence, poses open-ended questions, invites learners to interact with each other; manages flow of discussion)		Encourages some interaction or uses less effective strategies (close-ended questions, little wait time, often turns back to audience and reads from slides)		Does not engage or encourage interaction (e.g. reads all slides without looking at audience, defers questions and does not answer them)		
8 <i>Monitors Audience's Understanding</i>	Monitors audience's understanding of material and responds accordingly	At appropriate intervals assesses and responds to audience's understanding of material (e.g. asks probing questions or polls audience; asks if material is clear, then tailors response by rephrasing or providing alternative examples; adjusts the pace of lecture to accommodate learners)		Pays some attention to the audience's understanding of topic, but tailoring of response is limited		Does not pay attention to the audience's understanding of material		
9 <i>Audio and/or Visual Aids</i>	Audio and/ or visual aids reinforce the content effectively	Appropriately chooses and designs instructional material to reinforce key points, demonstrate relevance of material, or stimulate thought		Some of the audio and/or visual aids reinforce content, or material is less than effective		Audio and/or visual aids do not reinforce content		

Criteria for Effective Lecturing		Excellent Demonstration of Criteria 5	Very Good Demonstration of Criteria 4	Adequate Demonstration of Criteria 3	Poor Demonstration of Criteria 2	Does not Demonstrate Criteria 1	Rating or Unable to Assess (U/A)	COMMENTS
10 <i>Mechanics of Communication</i>	Voice is clear and audiovisuals are audible/legible	Sensitive to the setting and tailors audio and visual aids so all can see and hear (e.g. checks if audience can hear/see material; talks to audience not to blackboard, laptop, or screen; visual material is well organized, text is legible, and graphics are clear)		At times voice is unclear or audiovisuals are inaudible/illegible		Voice is unclear and audiovisuals are inaudible/illegible.		
11 <i>Conclusion</i>	Provides a conclusion to the talk	Concludes presentation by summarizing main points. If appropriate venue, invites/responds to questions and open to hearing learners' perspectives/opinions		Provides summary of talk, but limited in scope. Invites few questions and/or provides limited or ambiguous responses		Fails to summarize information and does not solicit questions/opinions		

PEER OBSERVATION OF SMALL GROUP TEACHING FORM

Observer:	Faculty Member:	<i>Observations/Notes/Quotes</i>
Learning Environment		
Gets to know the learners and identifies their needs		
Demonstrates enthusiasm for teaching		
Builds on learners' knowledge and skill-base		
Encourages learners to voice uncertainty, ask questions		
Addresses range of learner levels and needs		
Learner Engagement		
Probes and encourages learners to share information and experiences		
Is comfortable with silence		
Asks learners to make connections between what they already know and what they are discussing		
Encourages learners to pursue and critically appraise the literature		
Solicits and provides learner feedback		
Session Management		
Communicates learning goals for the discussion		
Uses resources/cases/materials that promote critical thinking and problem solving		
Organizes the session appropriately		
Helps the group transition to new topics or tasks		
Keeps track of time		
Teaching Method		
Assumes appropriate role as facilitator (coach, consultant, instructor)		
Models and encourages critical thinking		
Uses questions to promote discussion and probe learners' thought processes		
Highlights key teaching points and emphasizes understanding of concepts		
Discusses relevance of discussion topic to clinical experiences		
Summarizes key points and encourages learners to share what they have learned		

Instructor:

Observer:

Date:

Target Audience (learners):

Session Format/Location:

PEER FEEDBACK FOR CLINICAL TEACHING

Instructions for reviewer: this form is intended to be used as a checklist supplemented by qualitative comments where appropriate. The categories in “bold” have a number of behaviors that may be observed, however it is neither likely nor expected that a teacher will exhibit all of the listed behaviors in a single encounter. The observer may consider commenting on behaviors that were not observed during the feedback session, if appropriate.

Establishing Learning Environment <input type="checkbox"/> Listens to learners <input type="checkbox"/> Encourages learners' participation <input type="checkbox"/> Asks learners to outline their diagnosis, assessment or management plans <input type="checkbox"/> Incorporates learners' ideas <input type="checkbox"/> Directly observes learners' clinical skills in interacting with patients <input type="checkbox"/> Provides constructive feedback to learners <input type="checkbox"/> Shows enthusiasm	Comments:
Fostering Communication <input type="checkbox"/> Introduces learner(s) and patient(s) <input type="checkbox"/> Involves patient(s) in discussion. <input type="checkbox"/> Encourages exchanges between learner(s) and patient <input type="checkbox"/> Maintains rapport with patient(s)	Comments:

Modeling Clinical Knowledge, Decisions, Skills <input type="checkbox"/> Reveals broad knowledge-base <input type="checkbox"/> Shows relationships between theory and practice <input type="checkbox"/> Directs learners to useful literature <input type="checkbox"/> Demonstrates data- gathering, use of consultations, & interpretation of laboratory data <input type="checkbox"/> Demonstrates clinical procedures <input type="checkbox"/> Briefs learners to observe specific features of consultation/procedure <input type="checkbox"/> Provides learners with practice opportunities <input type="checkbox"/> Demonstrates clinical reasoning and decision-making skills <input type="checkbox"/> Objectively defines patient problems <input type="checkbox"/> Synthesizes patient problems <input type="checkbox"/> Demonstrates reflective practice <input type="checkbox"/> Shares insights from own practice	Comments:
<input type="checkbox"/> Works effectively with health care team	
<input type="checkbox"/> Elicits feedback on his/her performance from learners	

Promoting Professionalism	Comments:
<input type="checkbox"/> Shows respect (for learners and patients) <input type="checkbox"/> Recognizes own limitations <input type="checkbox"/> Shares ethical values and beliefs that guide him/her in patient care <input type="checkbox"/> Shares profession's legal boundaries <input type="checkbox"/> Shares insights about profession's relationship to society	

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DESCRIPTORS FOR TEACHING BEHAVIORS LISTED ON OBSERVATION FORM

Establishing Learning Environment

1. Listens to learner(s)

- Listens actively and non-judgmentally to what the learner(s) is communicating without interruption
- Incorporates learner's (s') ideas and comments into the discussion

2. Encourages learners' participation

- Welcomes and demonstrates appreciation of learner's (s') participation
- Encourages and makes learner(s) feel comfortable asking questions
- Promotes learner(s) interaction with the patient(s) and their role on the care team
- Reminds learner(s) that they are to respect their peers' participation
- Promotes learner's teaching each other
- Draws nonparticipating learners safely into the discussion without "grilling" them

3. Asks learner(s) to outline their diagnosis, assessment or management plans

4. Incorporates learner's (s') ideas

- Draws/builds on learner's(s') comments to provide reinforcement or expand concepts
- Offers opportunities for learners to summarize/define patient problems
- Paraphrases learner(s)' ideas to summarize patient's(s') problems and assessment.
- Uses/builds on learner's (s'') suggestions to develop evaluation and management plans
- Provides justification if learner's(s') suggestions are not incorporated

5. Directly observes learners' clinical skills in interacting with patients

- Watches learners talk with patient(s)
- Watches learners examine patients(s)

6. Provides constructive feedback to learners

- Provides specific descriptive feedback
- Gives learner(s) ideas or helps him/her identify strategies to improve in their knowledge, skills, and/or behavior

7. Shows enthusiasm

- Is enthusiastic about the subject matter and makes it interesting
- Shows interest in learners' ideas, comments or concerns
- Displays energy and passion

Fostering Communication

1. Introduces learner(s) and patient(s)
 - Makes sure all participants are identified and their roles on the team are understood by the patient
2. Involves patient(s) in discussion
 - Incorporates discussion with patient(s) into educational session
 - Observes and/or demonstrates pertinent aspects of history taking and physical examination
3. Encourages exchanges between learner(s) and patient
 - Encourages learner(s) to ask questions and to provide explanations to the patient(s)
4. Maintains rapport with patient(s)
 - Demonstrates appropriate nonverbal communication with patient(s)
 - Demonstrates clear communication with patient(s)
 - Includes communication skills in educational discussion

Modeling Clinical Knowledge, Decisions, Skills

1. Reveals broad knowledge-base
 - Shares accurate and current information
2. Shows relationships between theory and practice
 - Associates basic science concepts with clinical practice
 - Shares relevant research and explains how it applies in decisions about patient's (s') care.
 - Cites evidence to support practice decisions
3. Directs learners to useful literature
 - Encourages outside reading and refers learners to specific references/bibliography
4. Demonstrates data-gathering, use of consultations, and interpretation of laboratory data
 - Facilitates learner's (s') skill development by modeling these behaviors:
 - Demonstrates skills in obtaining elements of the history and/or performing aspects of the physical examination
 - Incorporates analysis of laboratory and other data into discussion
 - Helps learners formulate appropriate consultation questions
 - Discusses how information provided in a consultation will be used in further decisions about patient's(s') care
5. Demonstrates clinical procedures
 - Facilitates learner's (s') skill development by:

- Demonstrating the steps involved in doing a procedure(s).
 - Supervising and observing learner(s) doing procedures
 - Providing feedback to learner(s) on procedural techniques
6. Briefs learners to observe specific features of consultation/procedure
 - Discusses approaches to procedures, including informed consent
 - Prior to patient encounter or procedure, directs learner(s) to observe key elements
 7. Provides learners with practice opportunities
 - Offers opportunities for learner(s) to practice oral presentations, role-play interactions with patients before performing these skills with other members of the team or with the patient (s)
 - Offers opportunities for learner(s) to draft written documentation, consultation request(s), prescriptions, orders, etc. before completing permanent written document
 8. Demonstrates clinical reasoning and decision-making skills
 - Discusses reasons for diagnostic and therapeutic decisions
 - Raises stimulating and challenging questions that provoke learners' reasoning
 9. Objectively defines patient problems
 - Uses data obtained to succinctly express patient's (s') problems/needs
 10. Synthesizes patient problems
 - Periodically summarizes data to reinforce key elements of the case
 - Integrates key findings in the patient's(s') clinical presentation and in the data from the patient's (s') evaluation to identify patient's ('s) problems/needs
 11. Demonstrates reflective practice
 - Reflects on what has been accomplished and what still may need to be done
 - Acknowledges knowledge gaps and identifies strategies to obtain information/data to ensure provision of evidence-based care
 12. Shares insights from own practice
 - Relates content under discussion to previous clinical situations
 - Uses clinical examples to reinforce teaching points
 13. Works effectively with health care team
 - Reminds learner(s) that he/she is a member of the team
 - Promotes active exchange of ideas and redirects questions to other members of the group when appropriate
 - Includes other health care providers in patient discussions
 - Fosters learner interaction with other members of the health care team
 - Turns conflict or differences of opinion into learning opportunities
 - Helps learners to collectively solve problems or make decisions together
 14. Elicits feedback on his/her performance from learners
 - Solicits learner(s)' feedback and suggestions for improvement

Promoting Professionalism

1. Shows respect for learner(s) and patient(s)
 - Communicates with all learners and patients
 - Uses learner's(s') and patient's(s') names
 - Is sensitive to learner's(s') individual interests and abilities
 - Is aware of and sensitive to learner's(s') and patient's(s') cultural backgrounds
 - Allow learner(s) and patients to bring up concerns
 - Answer all questions
 - Incorporates patient values/preferences into clinical decision-making
2. Recognizes own limitations
 - States when he/she does not know the answer to learner's (s') and/or patient's (s') questions or concerns
3. Shares ethical values and beliefs that guide him/her in patient care
 - Incorporates discussion of ethics into teaching when appropriate
4. Shares professions legal boundaries
 - Discusses scope of practice issues
 - Explains laws regulating aspects of patient care when applicable to the case
5. Shares insights about profession's relationship to society
 - Discusses physician's role in the community/society/the health care system
 - Helps learner(s) see how physicians relate to one another and to other members of the health care team

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PEER OBSERVATION OF AMBULATORY/OUTPATIENT TEACHING FORM

Observer:	Faculty Member:	<i>Observation/Notes/Quotes:</i>
Learning Environment		
Demonstrates interest in/enthusiasm for teaching		
Gets to know the learner and assesses his/her learning needs and experiences		
Demonstrates respect for the learner		
Encourages learner to ask questions and voice uncertainty		
Models "thinking out loud"		
Learner Engagement		
Elicits and discusses learner's thought processes (e.g. through questioning and problem solving)		
Facilitates appropriate learner autonomy		
Asks learner to investigate a relevant clinical topic and report back		
Solicits and provides timely feedback		
Balance of Patient and Learner Needs		
Models respect for patients and staff		
Helps learner to manage his/her time		
Addresses social, ethical, and economic aspects of medicine		
Discusses rationale/evidence for clinical decision making		
Teaching Method		
Asks learner to observe important doctor-patient interactions and discuss together afterwards		
Observes learner interact with patients and provides feedback		
Demonstrates or observes physical diagnosis skills		
Asks learner to discuss differential diagnosis, assessment, plan -- probes for supporting evidence		
Reasons through issues of medical uncertainty and provides necessary direction		
Cites evidence from the medical literature		
Makes explicit plan for future learning		

INPATIENT TEACHING OBSERVATION

Instructions: Peer observers should use this form when observing attending
Rating Scale:

faculty who are teaching in the inpatient setting. If you are
unsure about

whether you observed a particular teaching behavior, leave the
item blank

or mark "unable to rate" (3 on the rating scale). All results are
kept in strict

confidence and shared with the rated faculty member upon
request.

5 Strongly Agree

4 Agree

3 Unable to Rate

2 Disagree

1 Strongly Disagree

The attending physician:

1 Made learners feel comfortable asking questions on rounds

2 Allowed learners to present without frequent interruptions

3 Never ordered tests without telling the learner

4 Expressed respect for learners

5 Treated his or her residents kindly

6 Was a good role model of a caring doctor

7 Showed enthusiasm for his/her work/learners

8 Started and finished rounds on time

9 Did not delay rounds to write lengthy notes

10 Discouraged external interruptions

11 Stated goals and expectations of the team

12 Stated relevance of goals to learners

13 Prioritized goals

14 Repeated goals periodically

15 Provided didactic teaching on non-admission days

16 Gave justification before changing learner's plans

17 Used blackboard or other visual aids

18 Asked learner to discuss differential diagnosis on most patients

19 Asked learners to discuss alternative management options on most
patients

20 Asked learners to demonstrate physical exam skills on rounds

21 Evaluated learner's knowledge of factual medical information

22 Gave learners regular, useful feedback on their performance

23 Gave negative (corrective) feedback to learners

24 Explained to learners why they were correct or incorrect

25 Offered learners suggestions for improvement

26 Encouraged learners to pursue the literature to answer specific questions

27 Motivated learners to learn on their own

28 Encouraged learners to do outside reading

MTEF-28 (Mayo Teaching Evaluation Form)

Validated in 2003 by Beckman et al

Alpha reliability = 0.894

PEER OBSERVATION OF BEDSIDE TEACHING FORM

Observer:	Faculty Member:	<i>Observations/Notes/Quotes</i>
Learning Environment		
Gets to know the learners		
Identifies the learners' needs		
Demonstrates enthusiasm for teaching		
Builds on learners' knowledge and skill-base		
Models and encourages "thinking out loud"		
Encourages learners to voice uncertainty		
Teaches to the range of learners		
Demonstrates respect for learners		
Encourages team leadership and decision making		
Learner Engagement		
Fosters active learning by asking open-ended, analytic, or evaluative questions		
Encourages learners to share information and experiences		
Elicits learner's thought process		
Encourages learners to ask questions and discuss issues		
Ensures that all learners can see/hear key physical findings		
Asks learners to discuss differential diagnosis; probes for supporting evidence		
Encourages learners to pursue and critically appraise the literature		
Balance of Patient and Learner Needs		
Models sensitive and respectful attitude toward patients		
Engages patient as a teacher of the team		
At the bedside demonstrates history-taking and PE skills		
Models respect for allied professionals		
Addresses the social, ethical, and cost-effective care aspects of medicine		
Teaching Methods		
Reasons through issues of medical uncertainty and provides necessary direction		
Challenges learners' assumptions and explores their reasoning		
Highlights key teaching points		
Discusses complex issues in concise and logical manner		
Emphasizes understanding of concepts		
Models and encourages critical thinking		
Cites examples from the literature		
Makes explicit plan for further learning		
Summarizes key points or asks learners to summarize		

PEER OBSERVATION OF OPERATING ROOM TEACHING

Observer:	Faculty Member:	<i>Observation/Notes/Quotes:</i>
Learning Environment		
Creates a supportive learning environment		
Gets to know the trainee (asks which skills he/she wants to perform/practice during the operation)		
Delineates expectations for each case		
Encourages learner to ask questions and voice any uncertainty		
Allows for graduated trainee autonomy		
Models and encourages "thinking out loud"		
Balances Patient and Learner Needs		
Models respectful attitude toward the patient		
Models respect for allied professionals		
Addresses the social, ethical, and cost-effective care aspects of medicine		
Discusses rationale/evidence for operative decision making		
Preoperative Assessment		
Discusses cases pre-operatively with trainee		
Asks trainee to describe "steps" of operation		
Addresses potential intraoperative pitfalls		
Reviews salient films		
Intraoperative Teaching Method		
Engages in discussion of retraction techniques		
Demonstrates technical steps		
Lets trainee perform critical technical steps		
Provides immediate feedback to the trainee		
Provides illustrations		
Refers to literature to support decisions		
Discusses topics relevant to the case		
Provides clear verbal instructions		
Demonstrates tolerance and patience w/trainee		
Encourages collaboration in decision making		
Post-Operative Debriefing		
Takes time to discuss case post-operatively		
Provides specific examples of what the trainee did well and what he/she needs to improve		
Makes explicit plan for further learning		

REVIEW

Open Access

Key tips for teaching in the clinical setting



Annette Burgess^{1,2*}, Christie van Diggele^{2,3}, Chris Roberts^{1,2} and Craig Mellis⁴

Abstract

Teaching with real patients in the clinical setting lies at the heart of health professional education, providing an essential component to clinical training. This is true of all the health disciplines – particularly medicine, nursing, dentistry, physiotherapy, and dietetics. Clinical tutorials orientate students to the culture and social aspects of the healthcare environment, and shape their professional values as they prepare for practice. These patient-based tutorials introduce students to the clinical environment in a supervised and structured manner, providing opportunities to participate in communication skills, history taking, physical examination, clinical reasoning, diagnosis and management. It is only through participation that new practices are learnt, and progressively, new tasks are undertaken. The aim of this paper is to provide health professional students and early career health professionals involved in peer and near peer teaching, with an overview of approaches and key tips for teaching in the clinical setting. Although there are many competencies developed by students in the clinical setting, our tips for teaching focus on the domains of medical knowledge, interpersonal and communication skills, and professionalism.

Keywords: Clinical teaching, Clinical tutorials, Clinical reasoning, Bedside teaching, Role modelling, Near-peer teaching, Peer-peer teaching

Background

Although simulation is increasingly used in health professional education, the long-held tradition of teaching with the involvement of real patients, remains invaluable. Teaching within the clinical setting, such as bedside and out-patient clinic, lies at the heart of healthcare education, providing a vital component to clinical training. These tutorials orientate students to the culture and social aspects of the clinical environment, and shape students' professional values as they prepare for practice [1]. They offer students meaningful opportunities to participate in clinical activities, practicing and developing their communication skills, history taking and physical examination competence. However, students'

learning in the clinical environment is largely dependent upon the affective, pedagogic and organisational support afforded to them [2–6].

Peer and near peer tutoring are well accepted as sources of support within healthcare curricula, particularly in the clinical setting, where participation involves a process of socialisation [3, 6]. Clinical tutors act as socialising agents, demonstrating the expected culture and professional values of their respective health professions, and their organisation. That is, clinical tutors, whether peer-to-peer, or clinician to student, demonstrate key components of the 'hidden curriculum' [7]. The aim of this paper is to provide health professional students and early career health professionals involved in peer and near peer teaching, with an overview of approaches and key tips for teaching in the clinical setting. Although there are many competencies developed by students in the clinical setting, our tips for teaching focus on the domains of medical knowledge, interpersonal and communication skills, and professionalism.

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Tips for teaching with patients

Bedside and out-patient (office-based) teaching remains a primary teaching modality in the clinical setting, where many aspects of clinical practice can be taught and modelled [8]. A holistic approach in the diagnostic process and patient care is provided in bedside teaching, where history taking, physical examination skills and professional attitude are combined [8]. As a general rule, patients enjoy being included in the teaching process. Essentially, teaching with patients permits three key learning domains to be integrated with teaching [9]:

1. Clinical (knowledge and skills).
2. Professionalism (teamwork, ethical considerations).
3. Communication (with staff and patients).

Healthcare students find interactions with some patients to be challenging, particularly if the patient is hostile, angry, uncooperative, disinterested, overly talkative, or experiencing chronic pain [10]. When teaching with a patient there a number of important considerations:

- Incorporate interactions as “key teaching moments”, with opportunities for tutors to help students develop competence in communication skills [11]
- Ensure patient involvement in education, and patient centredness [12]
- Respect the comfort and rights of patients, whether in the presence of the patient, or otherwise [13, 14]
- Always obtain the patient’s consent
- Ensure the patient is prepared for their role through clear communication
- Allow the patient to ask questions and give feedback
- Use appropriate language that the patient can understand
- Have a specific purpose/objective for the teaching session
- Limit the time the student spends with the patient by identifying the tasks and timeframe for the student
- Provide feedback (particularly negative feedback) to the student away from the patient
- Be aware that it may not be appropriate to discuss some patient conditions in front of a group

Part of the role of clinical tutors is to facilitate the process of socialisation into the healthcare profession, creating a sense of identity relating to the students’ current and future roles in healthcare [15–20]. Tutors are entrusted with responsibilities to foster students’ learning, helping to develop students’ attitudes, values and professional competencies. Three core characteristics of a positive role model include [15–20]:

1. Clinical attributes
2. Personal qualities
3. Teaching skills

Displays of humanistic behaviours, encompassing empathy, respect and compassion for patients are of the utmost importance to students [16–18, 21–26]. Undesirable behaviours by clinical tutors include tutor-centred patient interactions; the humiliation of students; and negative remarks about colleagues [18, 24]. Table 1 summarises positive and negative attributes of clinical teachers as role models, identified within health professional education [18, 27].

Tips for planning teaching

Ensure that your teaching session is well planned and any assessments are aligned with the learning outcomes and content [28]. Important considerations include:

- Use of a framework, such as ‘Outcomes, Activity, Summary’ (OAS) (Table 2).

Table 1 Positive and negative attributes of clinical teachers as role models

<i>Clinical Attributes</i>	
Positive	Negative
Good knowledge of medicine, able to articulate history taking skills	Inability to impart knowledge at the student level
Empathy, respect and compassion for patients	Lack of empathy, respect or compassion for the patients
Recognises own limitations	Lack of awareness of own limitations
<i>Personal Qualities</i>	
Positive	Negative
Clearly prepares for the tutorials	Lack of enthusiasm for teaching and the subject
Respectful interactions amongst all hospital staff	Lack of respect for members of staff
<i>Teaching Skills</i>	
Positive	Negative
Provision of good patient interaction	Lack of patient interaction
Positive learning environment, and a good rapport with students	Humiliation of students
Structured tutorials, clear expectations	Poorly structured tutorials
Understanding of the curriculum and assessment requirements	A poor understanding of the curriculum and assessment requirements
Observation of student performance, and provision of immediate, meaningful feedback	Lack of direct observation, and lack of meaningful feedback

Table 2 The 'OAS' method for lesson planning and teaching**Outcomes**

Consider the background knowledge of the learners

Establish learning outcomes for the teaching session

Plan the set up of the environment (seating, etc)

Activity

Plan how you will engage learners in the teaching activity

Encourage students to actively contribute to the session

Involve all students actively in the session, for example, take turns in taking a history, or share parts of the task

Summary

Summarise the knowledge and skills covered

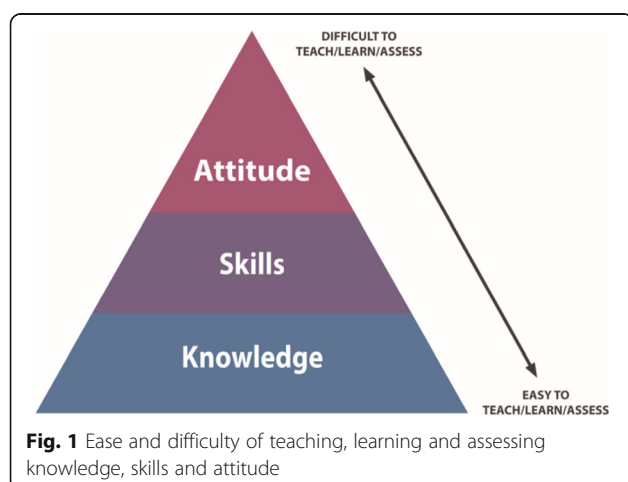
Ensure the session finishes on time

Reflect on the teaching session and seek feedback

- How will your teaching session link to previous (for example, lectures) and future learning activities (for example, formative assessments)?
- How will you incorporate the teaching of knowledge, skills and attitudes (Fig. 1) into your session, with 'knowledge' being more easily imparted and assessed than 'skills' and 'attitudes' [29]
- What will be the role of the teacher, the learner, and the patient, and how will each individual contribute to the session?
- Are there aspects of the teaching environment that require consideration? These might include how the students will be placed around the bedside, or in the outpatient room; patient confidentiality; and where briefing and debriefing will take place (booking of a tutorial room may be required).

Tips for teaching strategies

Apply an appropriate teaching strategy, such as SNAPPS (Fig. 2), developed as a mnemonic for a learner-centred teaching model for case presentations in the outpatient/



office setting [30]. The benefits of the SNAPPS format include:

- encourages a structured and brief presentation by the student
- engages the learner to explore, and express their own knowledge gaps (that is, the student “probes” the tutor about their uncertainties)
- compared to more traditional tutor interactions, learners are more actively involved, and ask more questions
- enables tutors to address each learners’ specific, individual needs [30].

Clinical reasoning

Do your best to promote the learners’ clinical reasoning [31, 32] - the cognitive process underlying diagnosis and management of a patient’s presenting problem. The process involves:

- The collection of data
- Diagnostic reasoning
- Therapeutic reasoning
- Planning intervention and recommendations

The process of integrating and applying knowledge to patient care is a complex, difficult skill for students to acquire [32–34]. In particular, it is difficult for students to navigate patient information during patient interactions. There are three main ways to promote clinical reasoning [24, 31, 35] (Fig. 3):

1. *Learner explanation*: The learner explains their thinking process, allowing the tutor to observe the learner’s reasoning ability, and the process they take to form a conclusion.
2. *Role modelling*: The tutor role models their own thinking process, explaining their reasoning (‘thinking aloud’).
3. *Questioning the learner*: The tutor uses questioning to promote reasoning, “what if?” questions are asked.

A suggested framework for teaching clinical reasoning [34], which was adapted from Peyton’s model [36], is shown in Table 3. Teaching clinical reasoning also provides an excellent opportunity for tutors to reflect on their own clinical reasoning skills. The benefits of reflection may include the avoidance of assumptions, reduction of unnecessary investigations, and improvement in time to diagnosis [34].

Tips for assessment strategies

Assessment provides a key driving force for learning. It reinforces the information and skills learned, provides the learner with information on their areas of strength

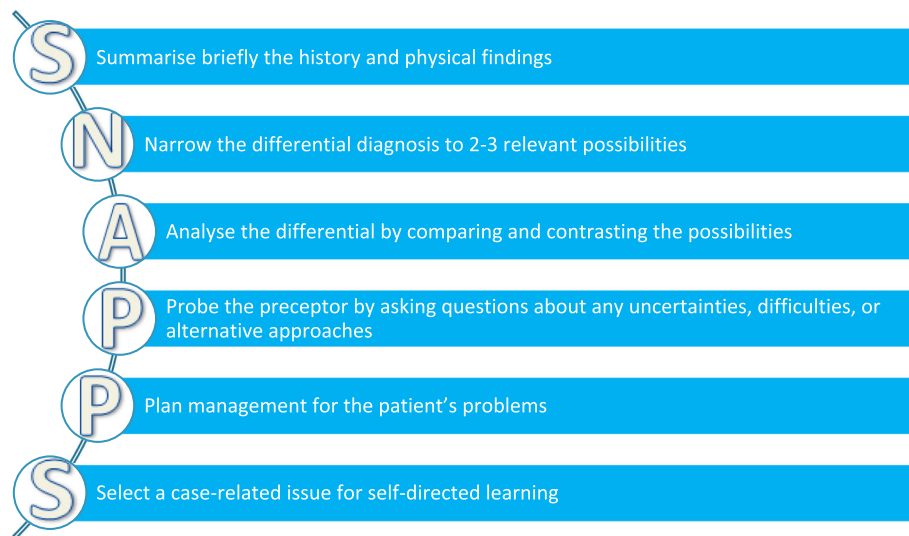


Fig. 2 The SNAPPS model [30]

and weakness, and provides the teacher with information on areas that may need to be re-taught [14, 37]. In order for the assessment activity to be worthwhile students need clear outcomes, an indication of their performance against these outcomes and guidelines on how to improve [37–39].

The utility or usefulness of an assessment has been defined as a product of its reliability, validity, cost-effectiveness, acceptability, educational impact and feasibility [40–43]. Factors to consider when selecting and creating an appropriate assessment for students include [14]:

1. **Reliability:** refers to the reproducibility of the scores obtained from an assessment if repeated under similar circumstances [41].
2. **Validity:** refers to whether an instrument actually does measure what it is purposed to [41]. Evidence of the validity supports the use of the results of an assessment for a particular purpose [43].
3. **Feasibility:** refers to whether the assessment is practical, realistic, and sensible, given the circumstances and context [43]. Constraints on an ideal assessment include availability of examiners,

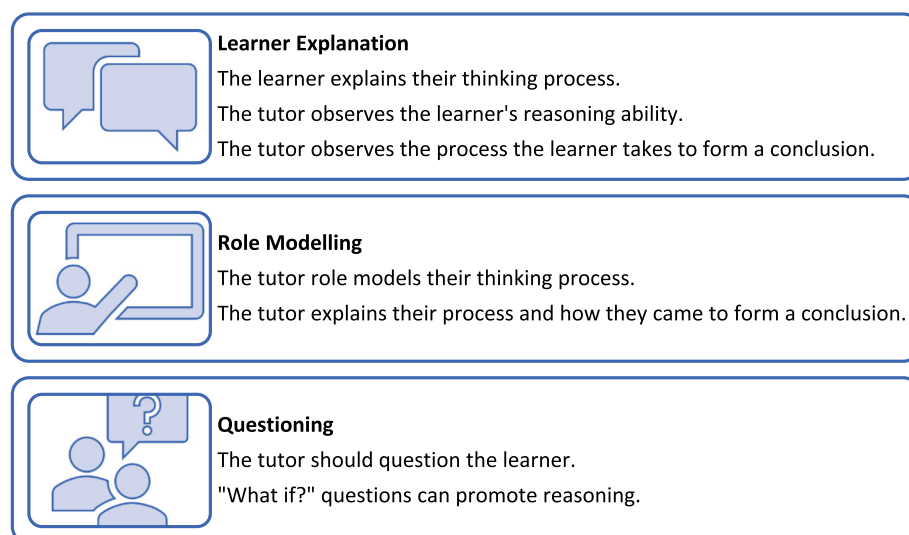


Fig. 3 Three tips for promoting clinical reasoning

Table 3 Clinical reasoning framework (adapted from Linn et al., 2012) [34]**1. Demonstration and deconstruction**

The clinical tutor demonstrates a patient interaction at normal speed. The tutor then clearly explains their thinking and reasoning to the student.

2. Comprehension

The student actively tracks the consultation, outlining the clinical reasoning process being demonstrated. The teacher pauses to allow the student to explain what they understand is happening.

3. Performance

The student performs the history taking and physical examination, and suggests investigations. The student explains their reasoning to the tutor as they proceed, and the tutor offers clarity throughout the process.

the time of academics to develop the material, administrative resources to implement assessments, faculty training requirements and analysis of assessment [42].

4. *Acceptability*: refers to the extent to which the assessment, the assessment process and results are considered credible by the stakeholders [43].
5. *Educational impact*: refers to the educational effects of assessment on both the learner and the curriculum; including unexpected impacts [40].
6. *The cost of an assessment*: refers to lengthy tests having major resource implications, both in terms of testing time as well as in terms of cost to produce these tests. This impacts decisions on the effective use of resources in a sustainable way [40].

Formative assessment methods in the clinical setting

Formative assessment offers a powerful tool to inform the learner of their progress at a particular point in time [14]. In recent years, formative assessments have been reshaped and formalised to suit the clinical setting [44]. These improvements have evolved from a previously loosely planned clinical immersion, to a curriculum-based experience linked to achievement of pre-determined outcomes. A number of well described formative assessment methods (Table 4), suitable

for providing feedback based on direct observation in the clinical setting, have been developed in recent years [45]. In order to gain a well-rounded understanding of a learner's performance and ability, increasingly, formative assessment takes place over multiple occasions. This allows the assessor to have multiple opportunities to observe and monitor communication skills, procedural skills, levels of professionalism, clinical skills and general competence [38, 39, 46].

Tips for provision of effective feedback

Feedback to students forms a crucial part of the learning process, and should always be included within clinical tutorials. Tips for provision of effective feedback are outlined in Table 5. A meta-analysis exploring the effect of feedback on clinical performance found that the provision of feedback had a positive impact in over 75% of the included studies [47]. Effective and regular feedback has the potential to promote self-reflection, reinforce good practice; and directs the learner to practice towards the required outcome [37]. Feedback has the greatest impact on students' behaviour when it is based on direct observation, and is immediate [37, 48]. Existing feedback frameworks, such as Pendleton's model [49] is learner-centred, and offers the learner the opportunity to evaluate their own practice. First, the tutor asks the learner what they think they did well, then describes areas that were done well; then the tutor asks the learner how they could improve, and then suggests to the learner how they can improve. Whatever model of feedback is chosen, feedback from the tutor should be honest, descriptive and specific.

Conclusion

Teaching in the clinical setting, and particularly, bedside teaching is viewed by patients, students and tutors as an invaluable teaching method. To optimise learning and maximise student engagement, learning activities in the clinical environment should be planned, structured, and aligned with the curriculum, and assessment [50]. Since students learn largely through observing and imitating their tutors,

Table 4 Examples of formative assessment methods

Name	Description
Direct observation of procedural skills (DOPS)	Usually a checklist approach to measuring procedural skills
Mini Clinical Evaluation Exercise (Mini-CEX)	A focused component of a clinical encounter (eg. a targeted history, or a focused physical examination, or a communication skill).
Case-based Discussion (CbD)	A trainee discusses a case with a supervisor, the case notes may also provide triggers to guide discussion.
Formative (practise) long case clinical examination	Learner will see a patient and then afterwards discuss the patient's condition and management in depth with the examiners.
Formative (practise) Objective Structured Clinical Examination (OSCE)	Designed for rating clinical skill performance and competence. eg. communication, physical examination, procedural skills.
Multi-source feedback (MSF)	Designed for rating professional behaviour. Ratings may come from peers, supervisors, patients. They include the benefit of aggregating multiple perspectives of performance.

Table 5 Tips for provision of effective feedback*Tips for provision of effective feedback*

- Make a direct observation
- First ask the learner for a 'self-assessment'
- Be constructive
- Provide specific detail on what went well, and what needs improvement
- Limit the feedback to two or three specific areas for improvement
- Provide a detailed strategy on how to achieve improvement
- Check the learner clearly understands what needs improvement, and how to work towards improvement
- Plan another observation and feedback session
- Document the session

role modelling plays a critical role in influencing students' learning and behaviour. Role modelling by clinicians, and by senior students, assists in the development of healthcare students' professional competencies, values, and attitudes. Feedback plays a crucial role in the learning process. By observing, and providing students with accurate feedback, the gap between actual and desired performance is narrowed.

Take-home message

- Always ensure the rights of patients are respected when teaching and learning activities take place in the clinical setting.
- Successful teaching activities are well planned, with a structured format.
- Structured teaching methods, such as "SNAPPS", help to format the session.
- Direct observation and provision of feedback is essential to student learning.

Abbreviations

OAS: Outcomes, Activities, Summary; SNAPPS: Summarise, Narrow, Analyse, Probe, Plan, Select; DOPS: Direct observation of procedural skills; Mini-CEX: Mini Clinical Evaluation Exercise; CbD: Case-based Discussion; OSCE: Objective Structured Clinical Examination; MSF: Multi-source feedback

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Twelve tips for peer observation of teaching

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TWELVE TIPS

Twelve tips for peer observation of teaching

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Abstract

This paper outlines twelve tips for undertaking peer observation of teaching in medical education, using the peer review model and the experiences of the authors. An accurate understanding of teaching effectiveness is required by individuals, medical schools, and universities to evaluate the learning environment and to substantiate academic and institutional performance. Peer Observation of Teaching is one tool that provides rich, qualitative evidence for teachers, quite different from closed-ended student evaluations. When Peer Observation of Teaching is incorporated into university practice and culture, and is conducted in a mutually respectful and supportive way, it has the potential to facilitate reflective change and growth for teachers.

Introduction

Evaluation of teaching and teacher effectiveness has received renewed attention in higher education institutions. Some universities are using student evaluations as one of their performance indicators, linked to funding allocations. Despite recommendations that a range of formative and summative evaluation methods and tools (Elzubeir & Rizk 2002) be used to evaluate teacher effectiveness, many universities have not moved beyond reviews of individual course evaluations by students (Fitzpatrick & Joyce 2004).

It has recently been recognised in medical schools that the central role of the teacher should be evaluated (Harden & Crosby 2000; Elzubeir & Rizk 2002). Evidence of teaching effectiveness is not used only to evaluate student experience and outcomes, but also to substantiate applications for promotion. In a survey of medical schools, four methods for evaluating teaching were ranked as 'highly important' for the purposes of promotion: teaching awards; peer evaluation; learner evaluation; and teaching portfolios (Beasley et al. 1997). Of the 115 medical schools that participated in the survey, more than 70% were using these methods frequently or always.

Peer Observation of Teaching (POT) is one method of evaluating teaching, and can offer formative feedback to assist in the development of reflective processes of the teacher and to provide qualitative evidence to substantiate student evaluations (Hammersley-Fletcher & Orsmond 2004). Academics might like POT if they have a curiosity about their colleagues' teaching methods and strategies, an interest in improving their own teaching effectiveness, or feel comfortable being observed in the classroom because they have previously experienced observations (Keig 2000).

Conversely, academic staff might resist POT if they have concerns about the objectivity of the observer or the accuracy and generalisability of what is reviewed, or if they feel that the

observation might restrict their academic freedom (Keig & Waggoner 1995).

In a questionnaire study of General Practitioner teachers, only half of the teachers were willing to take part in the peer-observation process. Time constraints, busy workloads, and fear of scrutiny and criticism were identified as hurdles that might inhibit participation in the process (Adshead et al. 2006). The level of resistance may alter, depending on the POT model chosen.

Models

There are several models of POT. These models differ on the basis of either the number of observers (i.e. pairs, trios, or larger groups) or the purpose of the observation (Table 1). According to Gosling (2002), "peers can be colleagues from the same department, either of a similar status or there can be differentials of status, or the colleagues can be from another department or from a central educational development unit".

Three models have been developed according to the purpose of the observation: an evaluation model; a developmental model; and a peer-review model (Gosling 2002). In the evaluation model, it is usually a senior faculty member who observes others, while in the developmental model, the observer is an educational developers, expert or teaching practitioner. The essence of the peer-review model however, is that teachers observe each other, often in a reciprocal process. They are not being judged by any externally set criteria; instead, the assessment is based around a set of mutually agreed issues (Ewens & Orr 2002). One could even argue that the evaluation and developmental models are not actually peer models, because of existing power relationships in the earlier two models.

The purpose of this paper is to provide twelve tips for the peer-review observation of teaching in medical

Table 1. Models for peer observation of teaching (Gosling 2002).

Model	Objective
Evaluation model	Identify under-performance, confirm probation, Appraisal, promotion, quality assurance, assessment.
Developmental model	Demonstrate competency, improve teaching competencies; assessment quality enhancement and professional development.
Peer-review model	Engagement in discussion about teaching; self and mutual reflection on good practice amongst academic staff.

1. Choose the observer carefully
2. Set aside time for the peer observation
3. Clarify expectations
4. Familiarise yourself with the course
5. Select the instrument wisely
6. Include students
7. Be objective
8. Resist the urge to compare with your own teaching style
9. Do not intervene
10. Follow the general principles of feedback
11. Maintain confidentiality
12. Make it a learning experience

Figure 1. Twelve tips for peer observation of teaching.

education (Figure 1). These tips may also be relevant to the developmental model. Although primarily written for the observer, these tips may be equally helpful to the observed teacher, as well as to institutions aiming to introduce peer-review observation.

Tip 1

Choose the observer carefully

The observation process should be a collaborative effort among colleagues who trust and respect each other. Therefore, careful consideration is required in choosing the observer. For example, academic rank may influence the process, if a good rapport does not exist between the colleagues. The first author experienced the importance of rapport when the Teaching Assistants Program at Aga Khan University was implemented in 2002. Concerns had been raised by the regular faculty members about the quality of facilitation by the graduate teaching assistants, so the decision was made to observe the teaching assistants. As the author had developed the training program for the teaching assistants and was regularly interacting with them, the participants felt comfortable with the author being the observer.

In an informal discussion among participants of the Foundations of Teaching and Learning (FTL) Program at the University of Western Australia (Perth, Australia, July 2005), one participant related how she had invited two people to observe her teaching. One of the people was from the same department, and the other was another member of FTL Program. The participant felt at more ease with the other participant from the FTL Program, because they could relate

well to each other, both being new to the university. Hawkey (1995) describes it as 'shared empathy': where peers are involved in a parallel experience.

Tip 2

Set aside time for the peer observation

The process of peer observation comprises three stages: pre-observation; observation; and post-observation. The pre-observation stage involves discussing the process and gaining an understanding of the session to be observed. The second stage is the actual observation. The post-observation stage involves reflection and debriefing. These three stages require approximately 45-60 minutes both before and after observation, plus the duration of the observed session.

Tip 3

Clarify expectations

It is helpful to meet before the observation and clarify the roles of the observer and the observed teacher, and to agree on the process and evaluation criteria. This will help to alleviate concerns about the observation process. For example, in the FTL Program, the following concerns were raised about an observer being present: students might lose respect for the teacher; it could have a negative impact on group dynamics; there might be disagreement on the content; and the session may end up as a total mess.

If peers are not comfortable observing or being observed, they will not learn from the experience. Another way to reduce the anxiety is for the novice to observe the more experienced peer's session prior to their session being observed.

Tip 4

Familiarise yourself with the course

Review the learning outcomes, type and content of learning resources, and the number of students in the course. If it is available, review previous student feedback about the course prior to the observation (Goody 2005). This information can be used later, in conjunction with your own observations.

Tip 5

Select the instrument wisely

A range of instruments is identified in the literature (Beckman et al. 2003; Fry & Morris 2004; Bell 2005). Many universities conduct their own evaluations of teaching units, which might offer assistance, either by allowing the development of an instrument from their existing item pool, or by providing a pre-existing instrument for the observation. If selecting instruments for an observation session, the emphasis should be on selecting the ones that match your session format.

Tip 6

Include students

If a large class is being observed, an observer may not be noticed. In cases of small groups, such as tutorials or problem-based learning, the presence of an observer can cause anxiety among students. It is best to inform students beforehand that there will be an observer present, and explain that the observer is not there to assess the students; rather, they are there as part of the professional development of the academic staff.

Tip 7

Be objective

While you are observing the session, work within the previously agreed observational framework (see Tip 3). It is equally important to consider the students' perspectives; for example, observe whether they are enthusiastic or bored (Bell 2005). You should make notes during the observation—this information will be useful when providing feedback to your colleague.

Tip 8

Resist the urge to compare with your own teaching style

Being peers does not necessarily mean that the two of you will have the same teaching style. Concentrate on the teaching style of the person and the interactions that you observe.

Tip 9

Do not intervene

Whilst observing, you may feel like intervening at times. However, it is important to remember that your role is just to observe. You may not know what the observed teacher has planned. For example, in a problem-based learning session, the observer noticed that the students had misinterpreted a fundamental aspect of atherosclerosis. She refrained from intervening, although she found this difficult. Later, she realised the facilitator had deliberately not corrected the students' misconception—instead, she asked several pertinent questions that led the group to identify the gap in their knowledge and discuss it further as a learning issue.

If an observer intervenes, an uncomfortable situation may arise. This can reduce the credibility of observed teacher in the students' view and may lead to resistance towards peer observation. As Slade (2002) pointed out, it is harder to observe than to be observed.

Tip 10

Follow the general principles for feedback

This is the crucial step in the process. Observation itself does not lead to improved teaching; rather, it is the process of

debriefing and feedback that is so helpful. Encourage the observed teacher to articulate their experience of the session. Self-reflection helps to create a positive learning climate, which in turn encourages discussion. Inform your peer about their strengths and identify areas where improvement may be required. Avoid any direct advice about future actions unless the observed teacher requests it (Munson 1998). Discussion, in the form of questions and comments, will encourage the observed teacher to explain their intent, and give them an opportunity for them to reflect and to enact subsequent change. Schon (1987) describes a 'reflection on action' approach that involves thinking about what has happened, what may have contributed to that event, whether appropriate actions were taken, and how the event may affect future practice.

Tip 11

Respect confidentiality

It is important to respect the confidentiality of this relationship, and both peers should show integrity and maintain the highest professional and ethical standards. It is likely that your observations will lead you to make judgements about the person's teaching abilities, but these thoughts should not be shared or discussed with colleagues.

Tip 12

Make it a learning experience

Giving supportive feedback and constructive advice is an extremely challenging skill (Cosh 1998). The observational experience is a great learning experience for the observer, who can build or enhance skills such as teaching techniques, managing students, and asking questions. Complete the observation process by sending a note of thanks to the observed teacher.

Conclusion

Peer review of teaching provides academic staff with an opportunity to reflect on and improve their teaching practices and can promote supportive teaching relationships between staff. Medical schools that plan to introduce POT must implement it in such a way that it can truly foster a culture of personal questioning, reflection, adaptation, and improvement (Peel 2005). If it is adopted in a superficial, mechanistic manner, it is unlikely to effect change. When POT is conducted in a mutually respectful and supportive way, it is a valuable and worthwhile practice.

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