

Indiana University School of Medicine
Observation of Teaching Form

Person Observed: Dr. John Teacher

Observer: Dr. Jane Reviewer

Date and Time: Friday August 2, 2006

Class/Setting: Large lecture hall

Number of Learners: over 100

Type of Learners: Medical students

Learning Objectives: not provided at time of observation

LEARNING CLIMATE

- Shows enthusiasm for topic and learners through body language and voice
- Varies instructional format to increase learner interest
- Makes eye contact with learners
- Encourages learners to participate
- Solicits questions from learners
- Acknowledges learners' experience and situation
- Invites learners to express opinions
- Respects and welcomes divergent ideas
- Avoids ridiculing, intimidating and interrupting learners
- Invites learners to bring up problems
- Admits own errors or limitations
- Uses teaching techniques that dispel disruptive, monopolizing, or disrespectful student behavior
- Shows sensitivity to student diversity

Comments:

Dr. Teacher makes eye contact regularly with learners. He generally has an informal speaking style. Dr. Teacher did acknowledge that some of the material he presented was a review for some students. Dr. Teacher was able to laugh at himself, which is a good quality in teachers (he had 4 rather than 3 points in an image). He also uses non-verbal gestures to emphasize points. At 11:45, there was a question from the back of the class that Dr. Teacher did not see. I believe later he did see the student's hand but asked her to wait for the question but never got back to her. This oversight can mistakenly lead to students believing that he may not be open to taking questions.

CONTROL OF SESSION

- Takes dominant role in deciding what to do, how and when
- Collaborates with learning in making decisions
- Watches the session drive itself
- Sets an agenda
- Avoids digressions; keeps on topic
- Calls attention to time
- Manages time and pace of instruction
- Addresses all scheduled topics
- Starts and ends the session on time
- Efficiently handles day-to-day administrative details (i.e., on time, distributing paperwork, forming groups)

Comments:

Dr. Teacher had a prepared lecture. He began with his series of slides and worked through them. It was not clear that an agenda or structure for what was to be covered was shared with the students (though the slides were available to students prior to the lecture). It would be useful for students to have a sense of the organization of the material so they could more easily make connections between ideas and follow along.

COMMUNICATION OF GOALS

- Defines goals as learner behaviors (e.g., the students will do x as compared to the teacher will cover x)
- States goals clearly and concisely
- Asks learners for their goals
- Works with learners to agree on goals
- Prioritizes learning goals
- States relevance of goals to learners
- States expected level of competence (e.g., % of accuracy, % of completion, completing experiment).
- Repeats goals periodically and at end of session

Comments:

No learning objectives or goals were stated at the start of the session. It may be helpful for learners to have a clear sense of what they are to learn during the class session. It may be useful to Dr. Teacher to take a step away from the materials and really consider what do he wants the students to know or be able to do as a result of the lecture. Then, write objectives from the learner point of view. For example, after this lecture students will be able to discriminate between X and Y or after this lecture students will be able to explain X and its relationship to Y. In this lecture, there was a lot of detail being presented and this could get lost on the learner. Apparently Dr. Teacher had six main receptors that he intended to discuss during this lecture. This became clear only at the end of the session. The behaviors listed above are things that Dr. Teacher could incorporate in order to improve his teaching and student learning.

PROMOTION OF UNDERSTANDING AND RETENTION

- Uses overviews and summaries
- Uses advance organizers
- Uses transitions and/or closure activities before presenting a new topic
- Uses examples
- Defines new terms
- Explains relationships in material
- Answers learners' questions clearly
- Varies voice quality and speed
- Uses visual aids (e.g., whiteboard, demonstrations, slides)
- Uses instructional materials that are legible and contain appropriate amount of information
- Cues important points
- Uses repetition
- Focuses instruction on clear objectives
- Asks learners to reformulate material by taking notes, practicing a new skill, formulating an experimental design, etc.
- Assigns and discusses readings
- Varies instructional format
- Punctuates session with questions or activities
- Asks thought-provoking questions

Comments:

Images are clear. Showing motion is helpful but at times was overdone. I think it might be more useful to highlight the part of the image being discussed and animation showing motion should only be used when motion is actually taking place. To highlight text a circle, text box, etc. is more useful. Dr. Teacher may want to reduce the amount of material on a slide (for example molecular structure slide had a lot of text in addition to images). Use of too many colors can also be distracting (dopamine receptors slide was an example of this).

It was useful to use the clinical application(s). Why not start the lecture with this as a way to peak student interest? This gives the students a need to know. Then, you can work backward from the clinical case to talk about the content. The asthma cigarettes image got a lot of reaction. Is there a way to use this to drive interest? I was not clear on the connection (though this is probably because I am not familiar with the content area).

Dr. Teacher should experiment with ways for students to become more active learners in his lectures. In this session, students were very passive and it was not clear if they understood or would retain the information being presented.

EVALUATION

- Observes learner performance (in clinical or lab setting)
- Allows appropriate wait time after asking learners a question and before moving on
- Asks questions that require the learners to recall scientific/medical/patient information, skills, or attitudes
- Asks questions that require the learner to demonstrate understanding (e.g., determine the relationships between two concepts, combine diverse ideas into a coherent whole, apply deductive reasoning)
- Asks questions that require the learner to apply content or conceptual understanding to a specific case, example, or patient
- Asks learners to self-assess
- Uses formative assessment regularly to check students understanding
- Uses multiple forms of assessment (e.g., asking questions, informal quizzes, observations of learners, written testing)

Comments:

There was no opportunity for Dr. Teacher to assess student learning. A short application activity, a case presentation, a clinical application or similar engaging instructional strategy could help Dr. Teacher know if students understand the information being presented.

FEEDBACK

- Tells learners that performance is correct or incorrect
- Tells learners why performance is correct or incorrect
- Uses nonverbal cues like nodding
- Gives reasons for agreement or disagreement with learners
- Offers specific (behavioral) suggestions for improvement
- Has learners self-assess and provides feedback on the self-assessment
- Develops an action plan with learners

Comments:

Dr. Teacher provided feedback that a question was good and then responded with answer. Outside of telling students that they asked good questions (two students asked questions in the session), Dr. Teacher did not provide learners with feedback.

SELF-DIRECTED LEARNING

- Asks learners to identify goals, needs and/or interests
- Explicitly reinforces evidence of self-directed learning (i.e., acknowledging learner's use of non-assigned outside resources)
- Uses controversy/doubt/curiosity to promote self-directed learning
- Brainstorms with learners
- Provides opportunities for learners to pursue their area of interest/chosen topics
- Models motivating self-directing learning behaviors (e.g., consulting resources, collaboration with others, telling learners what drives the instructor to learn more about a topic)
- Informs learners about resources for life-long learning (e.g., journals, consultation, databases)

Comments:

No self-directed learning behavior was observed.

OVERALL COMMENTS

At 11:20 am, it was observed that the majority of students were paying attention to the lecture, had their notes out, and a few students were taking notes on the slides. There were, however, several students in my view who were not attentive (working on the internet, reviewing other materials, sleeping). At 11:43, most students within my view still appeared to be paying attention to the lecture though students were fidgeting more and whispering to their neighbors. It was unclear if students understood the information or how the lecture enhanced what they gained from the reading. At 11:50am, two students left the meeting room. At 11:55am a large number of students were packing up. Dr. Teacher did finish up with talking about the MS2 experience related to serotonin.

Dr. Teacher clearly was prepared and seems to care about students and their learning. He was able to provide some clinical examples and use humor and a personal story within his teaching style. Spending some time thinking about how to make the material more outwardly relevant to the students as well as finding ways to engage them in their learning will enhance the teaching and learning experience. Time spent on public speaking skills (verbal pauses, use of PPT, drop in voice tone) would also assist Dr. Teacher in his teaching.