

Indiana University School of Medicine
Observation of Teaching Feedback Form

Person Observed: John Teacher, MD

Observer: Jane Reviewer, PhD

Date: February 4, 2008, 9:30am-11:30pm

Setting: General Hospital, Pediatrics Service

Number of Learners: 2

Type of Learners: Intern and Fellow

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
- Shows sensitivity to student diversity

Comments:

Based on my observation, this is one of Dr. Teacher's greatest strengths. He is approachable, easy-going, asks learners for their ideas and questions, and creates an environment in which it is safe (and expected) to ask questions, propose alternative ideas, declare a lack of knowledge, etc. John is clearly committed to being an excellent physician educator. Learners are able to see him easily work with and interact with nursing staff, technicians, patients, and learners. He sets a tone that is respectful, open, and that places a value on being curious. Further, John recognizes the prior knowledge (of lack thereof) of each learner and seeks to find ways to build on this without creating an overwhelming environment or making learners feel they have little to contribute.

As is typical in many clinical teaching sessions, the fellow started with a brief history and then Dr. Teacher and the learners engaged in a brief discussion before going in to see the patient. Following the bedside interaction, another brief discussion took place. Dr. Teacher might consider mixing this up a bit within a clinical teaching session. For example, he might present the summary of the patient, then turn to the learners and ask what other information they need (was anything missing from his presentation?), collectively come up with a game plan, and then have the learner take the primary role with the patient (this would likely only work with advanced learners). The brief discussion following seeing the patient could then be both about the medical issues as well as physician-patient interaction. It may very well be that Dr. Teacher does this sort of thing but given the small number of learners and large number of patients on the service this was not possible on the day that I observed him.

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 session
- Efficiently handles day-to-day administrative details (i.e., on time, completing orders)

Comments:

Given this clinical teaching setting, the session is largely determined by what is happening on the service. On the day of my observation, the service was extremely busy so this did not allow for much personalization in terms of deciding to spend more time on one case or revisiting a patient or issue later in the session. At one point during rounds, John did ask the fellow what order he would like to move through with the next group of patients. The intern was only present for a short at the start of the session (he had to leave for another commitment), but John was still able to make sure he was engaged prior to his departure. At the start of the session, it may be useful to ask the learners for their goals given the patients who need to be seen. That is, is there a particular patient or medical issue that is of greatest interest? If this was established, it's possible that more time could be spent discussing that case or this could serve as a source of additional instruction at another time (conference, readings, weblinks, etc). Further, learners are likely to have more buy-in during the entire session if they were part of the design/focus of what learning would take place.

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:

During my observation, neither Dr. Teacher nor the learners articulated specific goals for the session. Although this takes time, it may be useful to spend a few minutes at the start of the teaching session doing this. At several points during rounds, Dr. Teacher was able to explain why knowing about a particular drug or a patient's likely reaction to a treatment was information that would be useful to the learners and the ways in which that knowledge was (or was not) generalizable to a greater patient population. As mentioned above, if the learners are asked to generate goals for the session they are likely to be more motivated and retain the information they are learning.

If Dr. Teacher does not already share expectations and goals for learners at the start of their rotation, I would strongly recommend he do so. Further, learners should be asked for their goals and expectations. This then makes setting daily goals easier as one can refer to the larger team goals at the start of rounds. This may be something Dr. Teacher is already doing.

PROMOTION OF UNDERSTANDING AND RETENTION

- Uses overviews and summaries
- Uses transitions and/or closure activities before presenting a new patient
- Uses examples
- Defines new terms
- Explains relationships in information/material
- Answers learners' questions clearly
- Cues important points
- Uses repetition
- Focuses teaching on clear objectives
- Asks thought-provoking questions

Comments:

Dr. Teacher did a nice job of setting a routine for the learner regarding how he should present the history and next steps/what this means for their treatment plan. On multiple occasions, the fellow seemed to get distracted or lacked focus, so he would complete the brief history and not provide a summary about their action plan. Dr. Teacher did an excellent job of asking an open ended question regarding what should be included in their plan. Further, he was able to ask the learner what questions he had that needed to be answered prior to coming up with a plan or while talking with the patient.

It might be useful to, as allowable given time constraints, to draw connections between cases or compare and contrast cases. This would allow learners to hear additional examples, see relationships between pieces of information, and understand what the most important learning points are for the session. Dr. Teacher was going to conference with the learners later in the day so it's possible this sort of conversation took place but I was just not present for it.

EVALUATION

- Observes learner performance (in clinical or lab setting)
- 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

Comments:

Dr. Teacher was very skilled at providing feedback to the learners. Throughout his interactions, Dr. Teacher was able to share what was right (and why) and areas in which they needed to improve. Given that John created a trusting learning environment, the learners did not appear at all threatened when he asked questions or sought clarification. I believe that Dr. Teacher, in a short amount of time, had a pretty good sense of the knowledge, skills, and abilities of the learners. The only recommendation I have in this area is that John might consider how to include more self-assessment in the teaching session.

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:

As discussed above, John was able to assess learner's understanding and performance. Further, he was able to provide learners with prompt 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)
- Informs learners about resources for life-long learning (e.g., journals, consultation, databases)

Comments:

I was incredible impressed with the fact that Dr. Teacher provided each learner with a DVD that contained articles, websites, and other resources that would be useful to them and their learning about nephrology. This set a clear tone that he is committed to their long-term learning and believes that essential learning can and must happen outside of the clinical setting.

OVERALL COMMENTS

Dr. Teacher created a positive climate for his learners. He included a variety of feedback approaches that encouraged learners to think critically and ask questions. By providing the learners with the DVD of resources, Dr. Teacher demonstrated that learning occurs in multiple settings and contexts. Throughout this report, I have made some suggestions that will assist in Dr. Teacher's development. He should be commended for recognizing the importance of building a community of learners in a clinical setting. I am confident that Dr. Teacher will continue to grow as an instructor and will become even more effective over time. It was my pleasure to observe him, and I look forward to attending another session in the future.