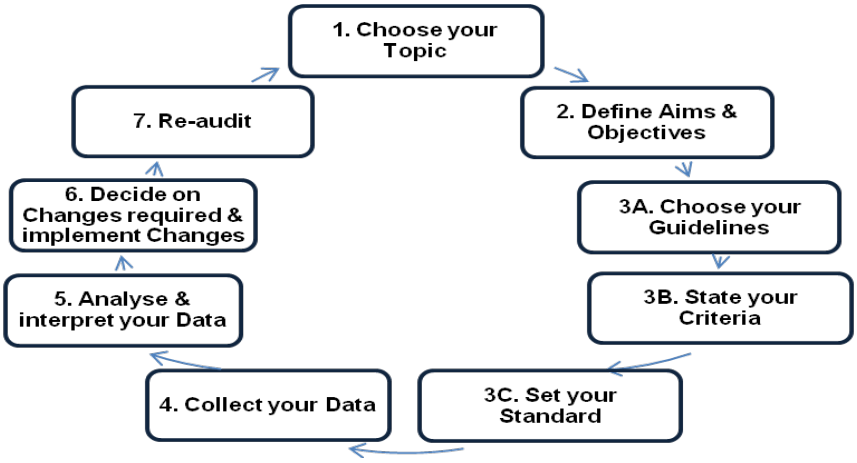
Peer Observation of Teaching
Sample Audit for non-clinical GP teachers



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Purpose of ICGP sample audits on specific topics

The purpose of the ICGP sample audit for each topic area is to provide practitioners with audit topic proposals and related tools in order to aid them in carrying out the audit requirements of Professional Competence Scheme as set out by the Medical Council.

The sample provided here is of relevance to those engaged in medical teaching at both undergraduate and postgraduate level who do not see patients.

The Medical Council has given the following advice to such doctors:

> 'you must maintain competence in line with your medical practice. You should engage in relevant maintenance of professional competence activities. If your role is entirely comprised of non-patient-facing services, the principles of clinical audit can be applied to your professional practice as an improvement project.'[1]

Audit is a quality improvement exercise and involves reflection on your practice - whatever that constitutes. The Medical Council has stated that the following are included in acceptable audits:

- Measurement of individual compliance with guidelines/protocols
- Skills analysis.
- Directly Observed Procedures (DOPS).
- Evaluation of individual risk incidents/complaints.
- Patient satisfaction.
- Self assessment.
- Peer review.
- Work Site Visits (Occupational Medicine).

Thus, a project to improve teaching practice and skills would meet the requirement as set down in the Professional Competence Guidelines of the Irish Medical Council. We propose that a system of peer observation of teaching (POT) with follow-up as such an improvement project for clinical teachers.

[1] Professional Competence Guidelines for Doctors, Irish Medical Council. 2011. pg 37. http://www.medicalcouncil.ie/Professional-Development/Professional-Competence/Professional-Competence-Guidelines.pdf

Evidence

It has been recognised that the role of the teacher in medical schools should be evaluated[2]. Peer observation of teaching is one method of doing this. It has two principle functions:

1. A developmental role to enhance the quality of teaching and
2. A means of evaluating the quality of teaching[3].

Gosling[4] describes 3 models of peer observation of teaching: evaluation, developmental and collaborative. The collaborative, or peer-review, model involves teachers observing each other with engagement in discussion about teaching, and self and mutual reflection on good academic practice.

POT has been identified as an effective means of enhancing the quality of teaching with benefits to both the observed and the observer, it is about 'enabling change for the better'[5,6]. Gosling[7] identified the objectives of peer observation of teaching as

- To facilitate reflection on the effectiveness of the teacher's own teaching and to identify development needs
- To improve the quality of learning and teaching
- To foster discussion and development of good practice
- To increase teacher awareness of the student experience of learning

Peer observation of teaching draws on several theories of learning including reflective practice and Kolb's[8] experiential learning cycle. Schon[9] has described reflective practice as 'a dialogue of thinking and doing through which I become more skilled'. POT provides the clinical teacher with the opportunity to receive feedback to identify strengths and weaknesses, to critically reflect on this with a colleague, and to explore different approaches to teaching in the future. This shared reflection allows for learning

[2] Elzubeir M, Rizk d. Evaluating the quality of teaching in medical education: are we using the evidence for both formative and summative purposes? Med Teach 2002; 24:313-319
[3] Kemp R, Gosling D. Peer observation of teaching. http://escalate.ac.uk/resources/peerobservation2/
[4] Gosling D. Models of Peer Observation of teaching. 2202. Available from www.heacademy.ac.uk. *Accessed Nov 2011*
[5] Gosling D, Ritchie. ESCALATE Report: Research Project on Peer Observation of Teaching. http://escalate.ac.uk/resources/peerobservation2/. Accessed August 2011
[6] Allen L. 'Consenting adults in private' – Union and management perspectives on peer observation of teaching. 2002 LTSN Generic Centre. Downloaded from http://www.heacademy.ac.uk/resources Aug 2011
[7] Gosling D. Peer observation of teaching. SEDA Paper 118. London: Staff and Educational Development Association. 2005
[8] Kolb. Experiential learning: Experience as the source of learning and development. 1983 New York: Prentice Hall
[9] Schon D. Educating the reflective practitioner. 1987. San Francisco: Jossey-Bass

and development on the part of both the observed and observer. This has been identified as contributing to the development of a reflective learning organisation[10].

A study of general practice teachers identified the benefits of peer observation of teaching as including identification of clearer learning goals with students, improved reflection on teaching, provision of a means to address problems in teaching, encouragement to try out new teaching methods[11]. Almost 70% of the GP teachers responded that peer observation would help them to improve the education of future doctors.

Peer review models where the observed teacher has control over the flow of the information and procedural aspects such as choice of observer, focus of observation, how feedback is given have been proposed as being a more effective approach to lead to improved teaching[12].

Conduct of the Peer Observation of Teaching:

This process will adopt a collaborative model of peer observation of teaching to maximise teaching development. As outlined below, the conduct of the peer-review will be based on Twelve Tips for Peer Observation of Teaching published in Medical Teacher in 2007[13]. All participants in the peer-review process will be provided with written information on the process, the conduct of the observation, and the potential value of it.

1. Choice of Observer:

The choice of observer will be made by the teacher to be observed. This choice will depend on the objectives of the teaching review. There are many areas on which the teacher may wish to receive feedback: interaction with students, teaching content, teaching materials, how a teaching event fits with the overall curriculum, etc. Different

[10] Askew S. Learning about teaching through reflective, collaborative inquiry and observation. Learning matters 2004; 15: 2-4

[11] Ashead L, White P, Stephenson A. Introducing peer observation of teaching to GP teachers: a questionnaire study. Med Teach 2006; 28(2): e68-e73

[12] McMahon T, Barrett T, ONeill G. Using observation of teaching to improve quality: finding your way through the muddle of competing conceptions, confusion of practice and mutually exclusive interventions. Teaching in Higher Education 2007; 12 (4): 499-511

[13] Siddiqui ZS, Jonas-Dwyer D, Carr SE. Twelve tips for peer observation of teaching. Medical teacher 2007; 29: 297-300

observers may be needed to address different aspects of teaching, e.g. a content expert for content, an observer with educational expertise for interaction with students.

An important element in the choice of observer is that there should be mutual trust and respect between observer and observed.

2. Time:

The process of peer-review takes up to 3 hours in total:

- Pre-observation meeting: to discuss the process and the teaching session to be observed.
- The teaching event
- Post-observation meeting: reflection and de-briefing

This process will be followed by a cycle of personal reading, development of new teaching methods, application of these methods, self-reflection, and further development as needed. A second round of peer-review will again take 3 hours. It is anticipated that each teacher acting as observer and observed will at very least meet the minimum requirement of 12 hours set down by the Irish College of General Practitioners for audit activity.

3. Clarify expectations:

The pre-observation meeting will be used to clarify the roles of the observer and observed teachers and to establish the process and the evaluation criteria.

4. Observer should familiarise himself with the course

The observer will have information on the learning outcomes, learning resources, number of students, where the observed teaching event fits in the overall programme.

5. Select review instrument

For the purposes of this scheme, the instrument being used is the NUI, Galway Clinical Education Peer Observation Form. This can be adapted to both clinical and classroom teaching. This is attached as Appendix 1.

6. Include students

Students will be informed in advance about the presence of the observer and reassured that he is not there to evaluate them.

7. Be objective

The observer will work within the previously agreed framework and should also comment on observed student behaviour.

8. The observer will concentrate on the teaching style of the teacher and the interactions that he observes.

9. The observer will not intervene in the teaching session

10. Follow general principles of feedback

All participants in the peer-review process will be provided with reading material on giving effective feedback.

11. Respect confidentiality

Although the observer may draw conclusions about the teacher's abilities, these must remain confidential.

12. Make it a learning experience

The post-observation meeting will commence with a description of the teaching as observed by the peer reviewer. This will focus on the areas identified in the pre-observation meeting. Shared reflection will follow. The development of an action plan for the observed teacher will result.

Patient involvement:

An important aspect of the process which must be addressed in the context of clinical teaching is patient involvement. While many of the teaching sessions to be used may not involve patient contact, it is likely that bedside teaching may be included. Thus, informed consent must be obtained. Patient confidentiality must be respected and the best interests of the patient must be paramount.

Record keeping:

The minutes of the pre-observation meeting will be retained by both the observer and observed.

The Peer Observation Form will be held by the observed teacher as will the action plan. This is to allow the observed teacher to maintain control of the information from the process related specifically to his teaching.

Patient consent forms, if needed, will be retained by the observed teacher.

Completing the audit cycle:

In order to further support the development of teaching practice, it is planned that the initial peer-review will be followed by a second review to focus on teaching developments in the intervening time and further encourage reflection and discussion. This will focus on the action plan agreed at the first observation and the degree to which learning objectives have been met and implemented.

Appendix 1: **Clinical Education Peer Observation Form**

The purpose of this Peer Observation Form (POF) is to help you to become more aware of yourself as a teacher. Without self awareness it is very difficult to develop as a teacher. The POF can be used by non expert observers to rate aspects of clinical education, but it is also useful as a checklist for planning effective clinical learning events. The categories are intended as prompts for reflection and discussion, not as a prescriptive checklist, and they will not all be applicable to all contexts.

Peer observers are reminded that they need to:

1. Prior to observation, agree the duration of the observation with the participant.
2. Introduce themselves to each patient and check that consent for observation has been given.
3. Respect and ensure patient confidentiality, including not putting any identifying information on the POF

Context details

Teacher	Observer	
Department/Division	Module/Rotation/Firm	
Learners (number, level/s, profession etc.)		
Number of patients	Date	Venue
Type of Teaching (e.g. ward round)		

Setting the scene

Behaviours to observe	What was observed?
How did the teacher orientate those being taught to the purposes, context, likely learning points of the patient care / teaching session?	
Did the teacher seek any information from those being taught about relevant prior knowledge and experience, either before the teaching episode or during it?	
Did the teacher identify the learning outcomes for the session and communicate these to the learners?	

Structuring of the episode (Prior learning)

Behaviours to observe	What was observed?
Did the teacher try to link level and content of teaching to the undergrad learners' curriculum or level of training for postgraduates?	
How did the teacher encourage those taught to draw on prior knowledge?	
Did the teacher try to ascertain if they were pitching their teaching at an appropriate level for the target learner(s)? How?	

Structuring of the Episode (Methods)

How did the teacher find ways of interacting with the learner(s)?	
How did the teacher use and respond to questions?	
How was feedback given to the learner(s) on their performance? Were the learner(s) given suggestions for ways of improving/ extending their knowledge/ skills/ reasoning etc?	
How did the teacher establish a safe learning environment for the learners?	

Developing expertise

Behaviours to observe	**What was observed?**
Were learners (provided with an opportunity for) practicing/ developing clinical and/ or communication skills? If so, were they given any demonstration/ guidance/ explanation of the skill(s)?	

Concluding the session

Behaviours to observe	What was observed?
Was there a round-up or summary that was oriented to helping the learner(s) pick out the main learning points from the session?	
Were learners advised in any way how they might improve/ consolidate/ extend learning from the session – e.g. revise some topics, more clerking, practicing a skill etc.?	

Summary of observations

What aspects of good teaching practice and design might be noted from this session?	
What aspects of teaching practice and design might be enhanced? Why? How?	
Recommendations	