

Instructor's Guide:
Peer Observation of Teaching Handbook

Purpose

Peer observation of teaching is a powerful process that engages health educators in an open exchange about teaching and promotes educational development and collaboration. A peer observer's role is to “mirror” back to the faculty member what impressed him/her about the instruction, group dynamics, and pedagogic methods. Peer observers also benefit from this exercise as they are able to consider teaching from new perspectives and take note of what methods they might want to incorporate in their own teaching practices.

While peer observation of teaching has gained considerable attention in academic medicine,¹⁻⁹ there are limited resources in how best to conduct a teaching observation that produces valuable and meaningful feedback. Without standards of how to conduct an observation, the process will often lapse into judgments of teaching performances. Done properly, however, peer observation of teaching provides a mutual exchange of best teaching practices, allows colleagues to solve educational dilemmas, and provides motivation for individualized teaching skill enhancement and development.

The Peer Observation of Teaching Handbook is designed to help individuals prepare for and conduct an effective teaching observation and feedback session. The handbook presents ten steps that observers can follow to ensure they identify critical instructional moments during the teaching encounter and then engage in a mutual exchange of ideas with their colleagues at the conclusion of the session. It also suggests ways to avoid common peer observation pitfalls and describes the benefits of partaking in an observation pairing or buddy system. A number of references and sample peer observation of teaching forms are included at the end of the handbook.

Educational objectives

By reading and reflecting on the Peer Observation of Teaching Handbook, an individual will be able to:

1. Identify effective ways to conduct teaching observations in order to provide peer faculty members with meaningful feedback intended to improve their teaching performances.
2. Assist peer faculty members in identifying key teaching methods and skills that they would like to enhance or further develop.
3. Provide effective feedback to peer faculty members about their teaching in a manner in which they feel supported and motivated to improve.
4. Engage in an open exchange of best teaching practices in a mutually respectful and supportive manner.

Conceptual background

Creation of the Peer Observation of Teaching Handbook originated from the need to translate the theory of peer observation into actual practice. While there have been recent calls from the LCME and ACGME¹⁰⁻¹¹ for regularly scheduled feedback to medical education program faculty members about their clinical teaching abilities, there is little guidance on how that feedback should be collected and delivered.

To provide individualized instructional development and feedback to the faculty members at our institution, Beth Israel Deaconess Medical Center/Harvard Medical School, we formed an Academy of Medical Educators whose members are required to engage in peer observation of each others' teaching. To ensure success of the peer observation initiative, we realized the need to: 1) communicate the goals of the program (to provide formative feedback in a collegial manner to enhance the faculty's reflection and insight about their pedagogic understanding and teaching performance); and 2) develop a protocol that the Academy members could follow in order to conduct effective teaching observations that would inform meaningful feedback to their peers.

The ideas and suggestions presented in the handbook originated from:

- the authors' many years studying medical education and instructing others on optimal teaching methods;
- discussions with distinguished clinical educators who have extensive knowledge and experience teaching in a variety of venues;
- a thorough search of the higher education and medical education literature on peer observation of teaching;
- survey feedback from the faculty regarding their views in instituting a peer observation of teaching program;
- input from a special interest group of Harvard Medical School faculty members who have prior experience in conducting teaching observations.

Practical implementation advice

The Peer Observation of Teaching Handbook is intended as a self-guided resource. At the front of the handbook we define “peer observer” as the individual conducting the teaching observation, and “faculty member” as the individual being observed. We advise the peer observer to read the handbook’s prior to an observation and to review the collection of observation forms that we have created for various teaching venues. We also note that the subsequent feedback discussion is an essential component of conducting an observation and strongly encourage the peer observer and faculty member to arrange time (approx. 30 minutes) for that discussion *prior* to the teaching encounter.

How the handbook has been successfully deployed

Our practice is to distribute the handbook as an email attachment to both the observer and to the faculty member who is being observed prior to the teaching encounter. Although the handbook is meant to guide the observer in assessing the faculty member’s needs, to conduct the observation effectively, and to provide meaningful feedback, we discovered that faculty members who have been observed have found the handbook equally valuable. By reviewing the handbook, the faculty member better understands the need to identify specific skills or educational dilemmas for which he or she would like feedback and solutions, feels less anxious about having a peer conduct the observation, and is

better prepared for the subsequent feedback discussion. Faculty come to understand that the observation is not a judgment of their teaching performance; rather it is a discussion of what occurred, which skills and methods to continue to employ, and which to improve.

All resulting discussion, notes, or completed observation forms are considered confidential and provided only to the faculty member being observed. After each BIDMC Academy peer teaching observation, we send a brief feedback form to both the observer and the faculty member to collect comments and suggestions about the peer observation of teaching experience (See attached feedback forms).

Feedback, limitations, and ideas for improvement/expansion

Quantitative and qualitative feedback collected from the surveys has been positive.

Faculty members who have been observed commented:

“(The observer’s) positive attitude and great ideas about teaching small groups made me feel ready to be a highly qualified academic teacher.”

“I would summarize by saying the feedback was invaluable and tremendously constructive. I am extremely appreciative of the (observer’s) time and energy.”

“(The observer) provided very thoughtful, constructive feedback and highlighted aspects of my teaching I wasn’t even aware of (for better and for worse). Aside from being very helpful to get feedback myself on my teaching, I think it also shows the residents and interns that we take teaching seriously and are actively trying to improve our skills.”

Peer observers have noted:

“It was a great opportunity to observe different teaching styles....I was able to appreciate the learners’ attention, interest, pros/cons of the talk. I gained some take-home points for myself as well.”

“I learned a lot by watching and also learned how to give effective feedback.”

“I think that you always learn by watching others teach and talking with them about the experience. It improves not only their teaching but the observers’ as well.”

We provide a limited number of peer observation of teaching forms in the handbook as appendices and would like to be able to validate and confirm the reliability of these forms. We also realize that the handbook itself cannot replace formal training of peer observers. We are currently engaged in designing and implementing such a training program and plan to publish our findings and results.

References:

- ¹ Steinert Y, Mann K, Centeno A, et al. A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education: BEME Guide No. 8. *Med Teach*. 2006;28:497-526.
- ² Beckman TJ, Ghosh AK, Cook DA, Erwin PJ, Mandrekar JN. How reliable are assessments of clinical teaching? A review of the published instruments. *J Gen Int Med*. 2004;19:971-977.
- ³ Snell L, et al. A review of the evaluation of clinical teaching: New perspectives and challenges. *Med Educ*. 2000;34:862-870.
- ⁴ Siddiqui Z, Jonas-Dwyer D, Carr S. Twelve tips for peer observation of teaching. *Med Teach*. 2007;29:297-300.
- ⁵ Finn K, Chiappa V, Puig A, Hunt D. How to become a better clinical teacher: a collaborative peer observation process. *Med Teach*. 2011;33:151-15.
- ⁶ Berk RA, Naumann PL, Appling SE. Beyond student ratings: Peer observation of classroom and clinical teaching. *Inter J Nurs Scholar*. 2004;1:1-26.
- ⁷ Adshead L, White P, Stephenson A. Introducing peer observation of teaching to GP teachers: A questionnaire study. *Med Teach*. 2006;28:e68-e73.
- ⁸ Fry H, Morris C. Peer observation of clinical teaching. *Med Educ*. 2004;38:560-561.
- ⁹ O'Keefe M, Lecouteur A, Miller J, McGowan U. The Colleague Development Program: A multidisciplinary program of peer observation partnerships. *Med Teach*. 2009;31:1060-1065.
- ¹⁰ Liaison Committee on Medical Education. Accreditation Standards: Functions and Structure of a Medical School. Revised May 2011. <http://www.lcme.org/functions2011may.pdf>. Accessed November 21, 2011.
- ¹¹ Accreditation Council for Graduate Medical Education. Common Program Requirements. Effective July 1, 2011. http://acgme-2010standards.org/pdf/Common_Program_Requirements_07012011.pdf. Accessed November 21, 2011.