

Feasibility and acceptability of peer direct observation for faculty development in ambulatory teaching

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Abstract

There is a lack of faculty development targeting teaching skills in an ambulatory setting. In order to improve resident primary care clinic teaching performance among faculty in general internal medicine, we proposed incorporating a peer direct observation program. This type of intervention using a standardized and validated instrument has been described in inpatient settings, but not yet reported in an outpatient teaching environment. Prior to rolling out the program in a time-constricted clinic setting, we piloted the feedback process and instrument in an inpatient setting, primarily to assess feasibility and acceptability. The results showed that faculty largely felt the program was relevant, agreed with the concept, and noted benefits for both individual growth and division culture. Barriers included difficulty with scheduling and reluctance evaluating senior faculty.

Background & Purpose

Academic clinicians require ongoing faculty development programs. Traditionally, programs are didactics or workshops which are detached from learners, can only simulate teaching, lack feedback opportunities, and maintain customary hierarchies. Peer direct observation addresses these limitations in faculty development. Feedback is based on real world practice, performed in real time, and can provide feedback on the effectiveness of changes.

Figure 1: SFDP 26 tool with Pre-observation checklist

Methods

Based on a Utilization-Oriented Evaluation, we designed a peer direct observation feedback program for general medicine faculty precepting residents at the Grady Health System Primary Care Clinic. The feedback was structured and employed a modified version of the Stanford Faculty Development Program Tool in Clinical Teaching Effectiveness (SFDP 26), a validated instrument for observed feedback on 26 aspects of teaching across 7 dimensions. There were two division-wide educational sessions and instructional documents on how to use the instrument. There was also an additional document accompanying the instrument which facilitated a pre-session discussion between the observer and observed faculty (Figure 1). In order to pilot the tool in our division, it was initially done as an inpatient observation. Participants were requested to complete surveys after completing the session, with questions focused on program utility and acceptability.

Results

- 29 online surveys were completed following observation sessions.
 - 69% liked the program to a moderate/great deg.
 - Only 20% felt that they were not well prepared
 - 82% reported that they would probably or definitely participate in another round.
- In terms of relevance to individual and division-wide growth, the figures below illustrate the usefulness.
- Figure 2 – nearly 2/3 of respondents felt it was at least a moderately relevant for their development
 - Figure 3 – a majority think the program had substantial benefits for the group, such as identifying targeted areas for development, increasing collegiality, and engendering a commitment to improvement.
 - Figure 4 – while most individuals felt improvements in giving feedback, they did not feel as strongly that it improved teaching satisfaction or would result in better evaluations.

Barriers

Barriers identified by participants were assessed with open ended survey questions. Scheduling and time commitments were frequently cited, as was discomfort in giving critical feedback to a more senior faculty member. Study barriers included redundant survey design, low sample size, inconsistent use of the pre-planning discussion, and lack of qualitative data.

Conclusion

The goal of this pilot project on peer direct observation for faculty development was to establish if it is feasible to perform and an acceptable activity amongst faculty. The study will ultimately be performed in a different setting, but this pilot clearly demonstrated that faculty felt it was meaningful, though more for the division than for individual benefits. The evaluation tool and preparatory materials were also largely acceptable, though further qualitative data would be helpful. Direct observations were less feasible, evidenced both by comments mentioning difficulty with scheduling as well as low overall voluntary participation amongst faculty. Using this initial pilot data, several changes will be incorporated for the outpatient study, including better scheduling to reduce time constraints and the addition of focus groups for further insight on attitudes regarding the process and its value.

References

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2. Kogan J, Holmboe E, Hauer K. Tools for Direct Observation and Assessment of Clinical Skills of Medical Trainees: A Systematic Review. *JAMA* 2009; 302(12): 1316-1326.
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How relevant is this program to your personal goals for faculty development?

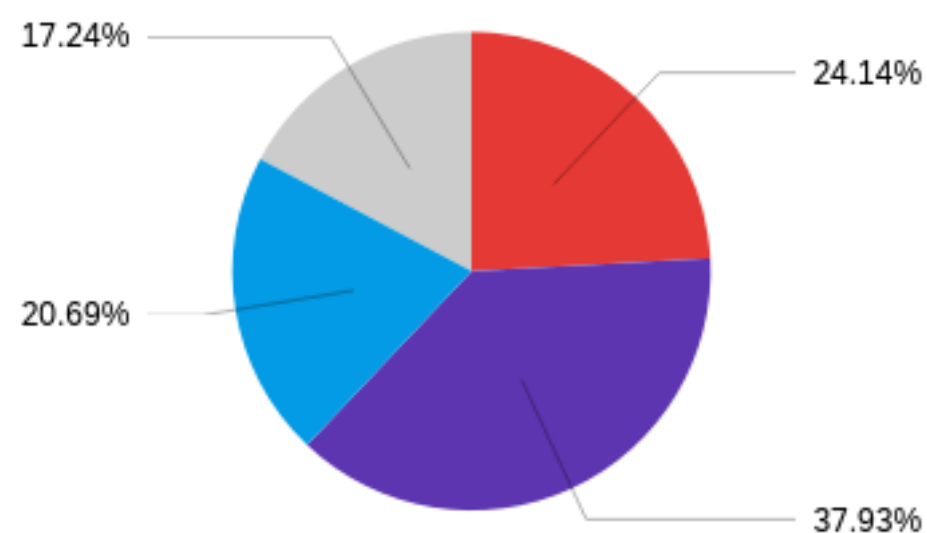


Figure 2

Did this program achieve the following objectives for group benefits?

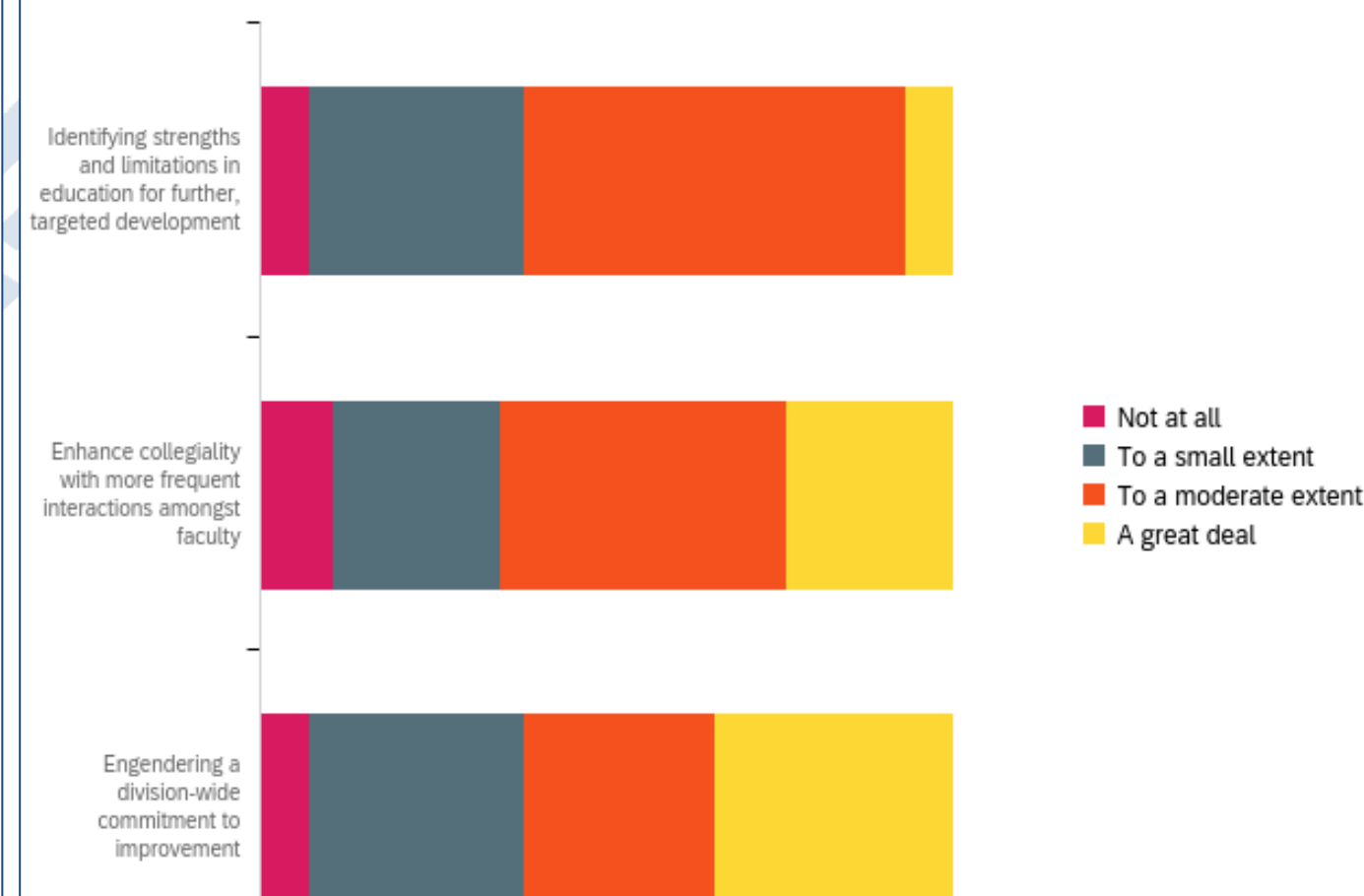


Figure 3

Did this program achieve the following objectives for individual benefits?

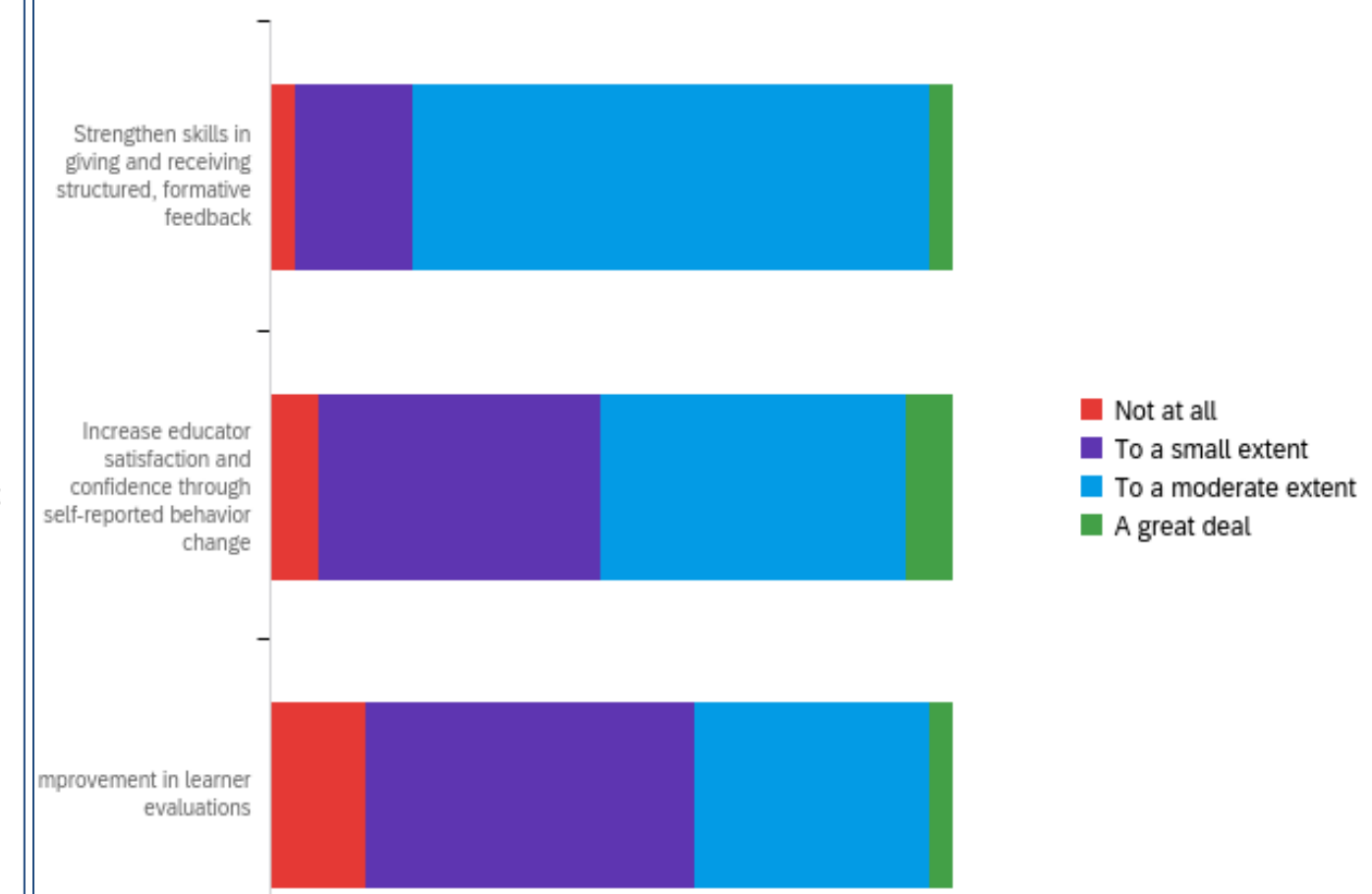


Figure 4