AME Education and Innovation Symposium

Title

A Peer-to-Peer Observation Model of Pediatric Hospitalists and Their Teaching Behaviors

Background

Clinical faculty receive little professional development on teaching during their careers yet interact with learners every day. A local needs assessment confirmed 83% of hospitalists strongly agreed or agreed they want more feedback on their teaching. Prior research has shown peer observations to be feasible and improve teaching effectiveness. To fill our need, we initiated peer-to-peer observations as part of our Pediatric Hospital Medicine (PHM) teaching program, known as *Teaching Excellence Among Medical Providers ("TEAM")*.

Objective

To describe teaching behaviors valued by pediatric hospitalists after implementation of a previously-published peer-to-peer observation model

Design/Methods

Implemented in 2019, TEAM consists of 9 PHM faculty and is funded by departmental leadership. TEAM hospitalists participate in quarterly professional development on optimal teaching and feedback behaviors. In February 2020, TEAM hospitalists started observing peers during family-centered rounds in a non-evaluative manner using a published social learning theory model. After rounds, the two hospitalists discuss written observations of behaviors related to team leadership, learner presentations, bedside teaching, and professionalism; they then reflect on behavior(s) each plans to adopt. We provided faculty development on this model to all hospitalists. Using basic interpretative qualitative methodology, 3 PHM faculty members coded the recorded observations and reflections iteratively until consensus of themes was obtained.

Results

From February 2020 to October 2021, TEAM hospitalists observed peers 119 times (1-2 observations/week). Qualitative analysis of the recorded observations and reflections revealed themes of effective teaching: expectation-setting, promoting learner autonomy, encouraging efficiency, providing timely, relevant feedback, teaching "pearls," and role modeling (Table 1). Teaching strategies that hospitalists plan to adopt included utilizing available teaching tools, maximizing teaching opportunities during specific times, sharing the task of teaching with others, fostering graduated autonomy, and incorporating reflection (Table 2).

Conclusion

To our knowledge, this is the first application of this peer observation model in pediatrics. Our findings provide insight into effective teaching behaviors perceived by colleagues and those faculty wish to adopt, such as means to promote autonomy and "gratitude rounds." Next steps include incorporating these valued behaviors into professional development to enhance faculty competency and obtaining the learner perspective about these teaching strategies.

Table 1. Themes and subthemes obtained from qualitative analysis of written observations and reflections that were perceived as effective teaching by hospitalists, with illustrative comments

Theme	Subthemes	Illustrative Written Comments
Setting expectations	• Set clear expectations for workflow, care escalation, presentations on day one of service • Emphasize a safe learning environment	*"Goes over general and oral presentation-related expectations with new learners prior to rounds on their first day."* *"[Set] expectations- safe to make mistakes, when to call… normalizing the fact that we as attendings are still learning all the time."* *"Asked people's goals in group setting along with ice breaker questions. Explicitly said this is a safe place to make mistakes."*
Promoting learner autonomy	• Not interrupting learners' presentations • Deliberate positioning • Deferring questions to learners first	*"Promotes resident autonomy by being quiet, positioning in room away from senior."* *"Minimizes interruptions and honors the flow of [communication from] intern to senior to attending."* *"Physically positions himself [the attending physician] in the patient's room to be out of the line of sight of the family/patient-intern-senior triad to keep the focus on the learners. Does not interrupt presentations. Waits until the senior resident (after the intern/student) has talked to speak up. Then allows the senior to close the encounter."*
Encouraging efficiency	• Team efficiency, including moving team members along to the next patient's room • System efficiency, including ensuring prompt discharges and navigating the system to get tasks done in a safe, efficient manner	*"Having the team move to down hall to next patient for efficiency."* *"Improved discharge efficiency on rounds by pausing to sign [prescriptions]."*
Providing timely, relevant feedback	• In-the-moment feedback	*"Gave in the moment feedback during transitions [to next patient]."*

	• Feedback relevant to patient care at hand	*"Gives positive general feedback following presentations to build learner confidence."* *"Gave in-the-moment public feedback regarding visual acuity testing… Did this gently in a way that was educational for everyone by talking about what strategies everyone could employ next time."*
Teaching "pearls"	• Value of brief, concise, relevant information or "pearls" • Using time between patient rooms to share key information or "pearls"	*"Will use time in between patients and in the patient room to give brief teaching points or to emphasize key learning points from patient presentation."* *"Takes opportunity between patients to teach pearls for each patient. When there was a wait for interpreter, used that time to do a brief chalk talk."*
Role modeling	• Serving as an example of how to handle medical errors or patient care issues • Demonstrating lifelong learning behaviors	*"Admitted medication error in room in front of team; GREAT modeling."* *"Stated out loud to the team what her goal for the day was."*

Table 2. Themes and subthemes obtained from qualitative analysis of reflections about behaviors that hospitalists plan to adopt moving forward, with illustrative comments

Theme	Subthemes	Illustrative Written Comments
Utilize readily available tools to optimize teaching	• Physical resources (for example. white boards) to teach learners and patients/families • Intellectual resources (for example, clinical pathways, Quality Improvement or patient safety initiatives, or Electronic Medical Record tips) to expand teaching methods and scope	*"Use white board [in patient room] to teach."* *"Using [hospital safety program's goals and metrics] as a 'touch point' to think through high-risk patients with the team."* *"Teaching things other than medical knowledge/ presentation during rounds when pertinent, such as [Electronic Medical Record] tips and chart review technique."*
Maximize teaching opportunities during specific times	• Use one's physical examination of patients to teach • Teach during transition periods (in between rooms or during any down time on rounds)	*"Using each patient as an opportunity to teach at the bedside."* *"I really liked the way he used time in between patients and in patient rooms to incorporate teaching. I don't do this as much because I'm always worried about disrupting rounds / efficiency. I'd like to incorporate more teaching during rounds."*
Share the teaching role	• Allow other team members, such as the pharmacist or dietician, to teach • "Hallway assignments": Assign learners brief topics to research and teach when they cannot come in a certain room	*"Utilizing pharmacist more for teaching."* *"Give assignments of learning/ discussion for learners not coming in the room."*
Foster graduated autonomy of learners	• Accept that the attending physician may not need to say something in every room	*"Not saying a single word if nothing needs to be said."* *"Giving the [senior resident] the responsibility of introducing me [the attending physician] in*

	• Support the senior resident as the team leader • Encourage independent clinical decision-making	*the room in order to allow them to maintain the team leader role."* *"Will try to insert my opinion without taking over the conversation … give additional information and help the residents get there on their own."*
Incorporate reflection	• Share learning goals • Debrief after difficult situations • Reflect and share appreciation or gratitude for oneself or a colleague's work	*"Ask for goals of learners on day 1 before rounds."* *"Will implement mini-debrief after difficult situations on rounds to allow for learning points to be highlighted"* *"Gratitude rounds after rounds" [i.e. asking team members what they are thankful for or what they appreciate about a colleague and their contribution to the team]*