

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

Kimberly O'Hara, MD, Emily Albrecht, DO, Jessica Landry, MD

Department of Pediatrics, Section of Pediatric Hospital Medicine



## RESULTS

### BACKGROUND

- Many 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

### 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<sup>1</sup>**
  - 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
  - All hospitalists received faculty development on this model
- Using basic interpretative qualitative methodology, 3 PHM faculty members coded the recorded observations and reflections iteratively until consensus of themes was obtained

- 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 and subthemes of **effective teaching behaviors** as perceived by the hospitalists:

Themes	Subthemes
Setting expectations	<ul style="list-style-type: none"> <li>• Set clear expectations about workflow, care escalation, presentations on day one</li> <li>• Emphasize a safe learning environment (e.g. encourage questions)</li> </ul>
Promoting learner autonomy	<ul style="list-style-type: none"> <li>• Not interrupting presentations</li> <li>• Deliberate positioning</li> <li>• Deferring questions to learners first</li> </ul>
Encouraging efficiency	<ul style="list-style-type: none"> <li>• Team efficiency (moving team to the next patient's room)</li> <li>• System efficiency (ensuring prompt discharges and navigating the system to get tasks done in a safe, efficient manner)</li> </ul>
Providing timely, relevant feedback	<ul style="list-style-type: none"> <li>• In-the-moment feedback</li> <li>• Feedback relevant to patient care at hand</li> </ul>
Teaching "pearls"	<ul style="list-style-type: none"> <li>• Value of brief, concise, relevant information or "pearls"</li> <li>• Using time between patient rooms to share key information</li> </ul>
Role modeling	<ul style="list-style-type: none"> <li>• Serving as an example of how to handle medical errors or patient care issues</li> <li>• Demonstrating lifelong learning behaviors</li> </ul>

- Qualitative analysis of the reflections uncovered themes and subthemes regarding **behaviors that hospitalists plan to adopt moving forward:**

Utilize readily available tools to optimize teaching	<ul style="list-style-type: none"> <li>• Physical resources (e.g. white boards) to teach</li> <li>• Intellectual resources (e.g. clinical pathways, Quality Improvement or patient safety initiatives, or Electronic Medical Record tips) to expand teaching methods and scope</li> </ul>
Maximize teaching opportunities during specific times	<ul style="list-style-type: none"> <li>• Use one's physical examination of patients to teach</li> <li>• Teach during transition periods (in between rooms or during any down time on rounds)</li> </ul>
Share the teaching role	<ul style="list-style-type: none"> <li>• Allow other team members, such as the pharmacist or dietician, to teach</li> <li>• "Hallway assignments": Assign learners brief topics to research and teach when they cannot come in a certain room</li> </ul>
Foster graduated autonomy of learners	<ul style="list-style-type: none"> <li>• Accept that the attending physician may not need to say something in every room</li> <li>• Support the senior resident as the team leader</li> <li>• Encourage independent clinical decision-making</li> </ul>
Incorporate reflection	<ul style="list-style-type: none"> <li>• Share learning goals</li> <li>• Debrief after difficult situations</li> <li>• Reflect and share appreciation or gratitude for oneself or a colleague's work</li> </ul>

### Illustrative Quotes of Effective Teaching Behaviors

*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.*

*Will use time in between patients and in the patient's room to give brief teaching points or to emphasize key learning points from patient presentation.*

*Admitted medication error in room in front of team; GREAT modeling.*

### Illustrative Quotes of Behaviors Hospitalists Plan to Adopt in the Future

*Teaching things other than medical knowledge or presentation [skills] during rounds, when pertinent, such as [Electronic Medical Record] tips and chart review technique.*

*Not saying a single word if nothing needs to be said.*

*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]*

## CONCLUSIONS

- To our knowledge, this is the **first application of this peer observation model in pediatrics**
- Our findings provide insight into effective teaching behaviors perceived and valued by colleagues; plus, the behaviors faculty wish to adopt, such as means to promote autonomy and "gratitude rounds"

## FUTURE DIRECTIONS

- Incorporate these observed, valued behaviors into professional development to enhance faculty teaching competency
- Obtain the learner perspective about these teaching strategies

<sup>1</sup>Pierce, J. R., Jr, Rendón, P., & Rao, D. (2018). Peer Observation of Rounds Leads to Collegial Discussion of Teaching. *Teaching and Learning in Medicine*, 30(2), 233–238. <https://doi.org/10.1080/10401334.2017.1360185>