

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

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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 model¹
 - 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"> • Set clear expectations about workflow, care escalation, presentations on day one • Emphasize a safe learning environment (e.g. encourage questions)
Promoting learner autonomy	<ul style="list-style-type: none"> • Not interrupting presentations • Deliberate positioning • Deferring questions to learners first
Encouraging efficiency	<ul style="list-style-type: none"> • Team efficiency (moving team to the next patient's room) • System efficiency (ensuring prompt discharges and navigating the system to get tasks done in a safe, efficient manner)
Providing timely, relevant feedback	<ul style="list-style-type: none"> • In-the-moment feedback • Feedback relevant to patient care at hand
Teaching "pearls"	<ul style="list-style-type: none"> • Value of brief, concise, relevant information or "pearls" • Using time between patient rooms to share key information
Role modeling	<ul style="list-style-type: none"> • Serving as an example of how to handle medical errors or patient care issues • Demonstrating lifelong learning behaviors

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

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

¹Pierce, 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>