OSU COM FAME/CTT Peer Review Program
Peer Review of Teaching

SAMPLE LETTER
MEMORANDUM

To: Jane Doe, M.D., Associate Professor, Internal Medicine

From: John Doe, M.D., Professor, Internal Medicine

Subject: Evaluation of Teaching June 22, 2014, Part 2 Clinical Ring

This memorandum will serve as a follow-up to my June 22 observations of your clinical and classroom teaching and our subsequent conversation. I will first address the clinical teaching.

Over the two day period in which I shadowed you and your group of two third-year students, an intern, a resident, a pharmacy student, and an R.N., I was very pleased to see that you exhibit most of the skills contained in the literature on clinical teaching. Throughout your rounds you stressed histology and pathophysiology and problem solving.

You used excellent questioning strategies. You went from the general to the specific, from normal to abnormal, and you pitched your questions at different levels based on each student's level of understanding. As we discussed, you often put students on the warm seat but not the hot seat. Key phrases you used to stimulate students to make a commitment to a diagnosis or treatment and to provide them opportunities to think through problems were "Tell us about . . .", "Why is that?", "Other thoughts, concerns, questions?". By constantly seeking to get the students to utilize their thought processes and problem solving skills and sharing your problem solving processes, you stress the essence of the clinical experience.

I think it is very important that you continue to give students your particular biases such as "I'm conservative, a non-interventionist." Or "In my mind the algorithm is . . ." When all else failed, you provided students with short scenarios to get them to think and gave them either/or and A or B type questions with frequent hints to encourage their interaction in a non-threatening manner. When students did come to the point or make good points, you encouraged them by using words such as: right, excellent, good job."

In addition to demonstrating excellent teaching skills, you role modeled the physician-patient relationship very well. You stressed the patient's mood such as anxiety, depression and you stressed patient education. You made certain that things were explained in terms that the patient could understand. You evaluated the patient's understanding of their condition, took the time to explain to them the course of action that you were recommending, and made them feel a part of the decision making process. In addition to all this, you were extremely well informed about your cases. I cannot imagine how you remember all those lab values, but I was very impressed.

As you discussed, your delivery is often a little fast and I think it is your nature to talk fast. I didn't find it particularly objectionable, but I am sure some people would. I found that you were very careful to be sure that you were being understood and provided opportunities for clarification if students were not able to keep up. Two incidences serve as examples. First, you used the chalkboard to draw out the anatomical sites of drug interaction and quizzed the students on drugs of choice based on route and site of action. In this way you related basic science to clinical medicine and let the students describe to you in their own terms what they thought was occurring. The other incident was the homework assignment requiring students to review an ethics article on end of life issues and be prepared to discuss it. You wisely made the students responsible to remind you of assignments so that there will be follow-up on such activities. Overall, I was very impressed with your clinical teaching ability and I think you should serve as role model for others.

It was interesting to be able to contrast your clinical teaching with your lecturing by attending your Part 1 lecture on June 6, 2014, in which you discussed the pathophysiology of COPD. You were extremely well organized, you were very clear, you used excellent examples and cases, and your voice and inflection were excellent. You related your

topic to previous discussions and to upcoming learning events so that the students had a context for your lecture topic.

As we discussed, student attention spans wane after approximately 15 to 20 minutes. You need to build in activities and involvement techniques to keep their attention. There are many suggestions for doing this as we discussed and I hope you will utilize some of them. Primarily I suggest that you build in some rhetorical questions so that your lecture is not all telling. Question and answer sessions that do not necessarily require a verbal answer but force students to think about the topic at hand are a good way of keeping their attention. Other suggestions we discussed were to begin with a case or problem which is solved during the lecture. Have students work in small groups for a limited discussion or short "buzz session", or have students take notes that they are going to have to share with their neighbor.

For this particular lecture you could have begun with a question for the students such as, what are five causes of COPD? Have students list these at the beginning of the lecture or share them verbally. You could also ask students what are some differentials and how to rule them out or in. I like the way you challenged them to consider costs, patient education, compliance, and prognosis.

Another technique is the use of appropriate audiovisuals. I suggest that you type your overhead transparencies on the computer and copy them onto transparency film. You made good use of revelation techniques at the overhead projector but your handwritten transparencies lacked legibility. They were, however, well organized and you followed them throughout your lecture. You should also meet with Janice Doe in our office if you want help with Power Point presentations. It is an excellent, user friendly presentation program. Just type in an outline of your talk and it makes slides, transparencies, notes, handouts, etc.

I was very interested to hear that you have as much anxiety as you claim in front of a large group. It certainly didn't come across that way and I am reluctant to endorse your policy of "don't prepare to reduce your anxiety." I find that preparation reduces my anxiety considerably when I speak in front of a large group. One suggestion is to write the test questions that will come from your lecture prior to doing the lecture. In this way you are focused on what the students need to do rather than what you need to do.

I hope that this review of your clinical and classroom teaching has been beneficial. I very much appreciate the opportunity to shadow you in clinics. It was a very enlightening experience for me as well. If I can be of further assistance, don't hesitate to contact me.

OSU COM FAME/CTT Peer Review Program
Peer Review of Clinical Teaching Letter from
Stanford Faculty Development Form/Construct

Faculty member:	John Doe, MD
Course:	Internal Medicine Clerkship
Topic:	Clinical Decision-Making
Format:	Interactive Lecture
Reviewer:	Jane Doe, MD
Field:	General Internal Medicine
Topic expertise:	Competent, neither novice, nor expert

1. Learning Climate:
   Dr. Doe showed enthusiasm for both the learners and the topic. He encouraged learners to participate, particularly in the first half of the lecture. He invited them to express their opinions and was consistently respectful.

2. Control of Session:
   Despite beginning a few minutes late due to delay from the previous lecture, Dr. Doe was able to finish on time while maintaining a reasonable pace. He followed a clear agenda and avoided digressions. His leadership style was directive.

3. Communication of Goals:
   Dr. Doe defined and stated his goals clearly as learner behaviors. He repeated these goals appropriately.

4. Promotion of Understanding and Retention:
   The lecture was well organized with use of an overview and summary. He enumerated the goals effectively. Dr. Doe used examples to illustrate and define new terms. He encouraged active learning through note taking, having learners apply the material to example cases, and assigning further reading through the handout.

5. Evaluation:
   Dr. Doe appeared to observe learners for understanding. He asked both recall and synthesis questions.

6. Feedback:
   Dr. Doe encouraged and reinforced participation through use of immediate positive minimal feedback, such as nodding and voicing agreement.

7. Promotion of Self-directed Learning:
   No behaviors promoting self-directed learning were noted.

<u>Overall assessment of approach to topic</u>: Very Good to Excellent. This topic can be very difficult to present due to its complexity and students difficulty seeing the relevance to them. Dr. Doe handled the topic creatively and was able to overcome some of these barriers.

<u>Strengths</u>: Dr. Doe used a case to illustrate points during first half of lecture. Through this case he effectively encourage their participation, engaging them in the topic. He used examples well to illustrate different types of error. He showed enthusiasm for both the students and the topic.

<u>Recommendations for improvement</u>: I recommend trying to keep student participation high throughout the lecture. A simpler and less controversial example than anticoagulation in dilated cardiomyopathy may serve his purposes better and keep students engaged. (Perhaps elaborate on the acute cystitis case by analyzing the utility of culture?) Other options are to keep time at the end to involve students in self-assessment, defining their own goals, or applying the concepts to their current clinical experiences.