

OSU COM FAME/CTT Peer Review Program

Small Group/Individual Teaching Peer Review Form

Program

Who/What?

Peers (other faculty members or other health care professionals involved in the educational mission of the college, trainees are not peers) sit in on lectures, attend teaching rounds, or shadow other clinical teaching activities to provide feedback to teaching faculty. It is recommended that senior or master teachers in one's own department or the college serve as peer reviewers. CTT/FAME has trained a group of OSU OM CTT/FAME Peer Reviewers and they can be viewed on the OSU FAME Education Programs web page. This process is a review of content and the teaching and learning process using structured observation forms that cover common criteria for "good" lecturing or clinical teaching (see LARGE CLASSROOM, SMALL GROUP/INDIVIDUAL TEACHING, CLINICAL TEACHING [STANFORD] FORMS).

How?

1. Faculty member initiates Peer Review (PR) by contacting CTT/FAME administrator (Bev Trout) through OSU FAME Education Programs web page [faculty member may suggest desired Peer Reviewers who may be in or outside of Department] or email.
2. Faculty member chooses format and completes Self-Assessment [see suggested format table] and communicates the evaluation process and goals with Peer Reviewer prior to PR.
3. The Peer Reviewer uses the appropriate OSU COM CTT Peer Review of Teaching form to document the review.
4. After the Peer Review observation, the Peer Reviewer and the faculty member discuss what was observed with any suggestions for improvement [by meeting, phone or email].
5. The faculty member receives copy of completed form for her/his review and record.
6. If desired by the faculty member, a letter/memorandum summarizing the evaluation is prepared by Peer Reviewer which serves as documentation for formative feedback and for the faculty member's P&T file (see SAMPLE LETTER).
7. PR form is filed with the CTT/FAME Peer Review Program unless the faculty member decides to not have it stored there. Peer Reviewer clarifies this with faculty member and if desired, the form is sent to Bev Trout for CTT/FAME PR files (and is available to faculty member from this repository in future).
8. Peer Reviewer completes online documentation that PR was performed.

Why?

- To reinforce "good" teaching characteristics and suggest areas for improvement.
- To develop documentation for P&T that is consistent with University guidelines.
- To provide a "teachable" moment for faculty development.
- To facilitate reflective improvement of teaching when conducted over time.

Who

- CTT members, LSI Expert Educators and experienced OSU faculty are trained and available to provide peer review of your teaching. [List of trained reviewers available on the OSU FAME Education Program web page]
- Contact Bev Trout for more information and a peer reviewer.

When and Where?

It is up to the faculty and peer to decide. At least one documented peer review per year is recommended.

We are excited about offering this Peer Review opportunity to our faculty!

Any questions, please contact me at John.mahan@nationwidechildrens.org

John D Mahan, MD

Adapted from documents developed by Andy Hudson PhD.

9.20.16

Faculty Peer Review of Teaching in LSI

Overview – Peer Review process is designed to:

- 1. Help assist faculty in continual improvement of teaching**
- 2. Improve the LSI experience for learners**
- 3. Provide opportunities for educational program enhancement**

Faculty Information:

- 1. OSU COM Peer Review of Teaching (PRT) process focuses on instructor/teacher development by starting at what area the faculty member particularly desires assessment and feedback**
- 2. The PRT is completed by LSI Expert Educator faculty or a member of the OSU COM Courage to Teach Peer Review Group assigned by educational leadership to do the Peer Review**
- 3. There are no 'grades' required of teaching faculty**
- 4. All faculty will eventually receive PRT**
- 5. The faculty (instructor) may indicate preference for a specific Peer Reviewer; assignment will be made by education leaders**
- 6. The instructor initiates process by identifying areas for particular emphasis by the reviewer**
- 7. The instructor completes a self-assessment as part of understanding process and chance for reflection; this may be incorporated into the debriefing session at the instructor's discretion**
- 8. Opportunities for feedback on the educational program from the instructor to educational leaders is available as part of the process**
- 9. The Peer Reviewer discusses/debriefs the teaching activities and review with the instructor at the end of the teaching session or later by phone/personal meeting**
- 10. The instructor receives a copy of the PRT form suitable for inclusion into her/his P&T dossier**

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INSTRUCTOR: _____ DATE: _____

COURSE AND TOPIC: _____ EVALUATOR: _____

REASON FOR EVALUATION (CIRCLE ONE): Self-initiated / recommended by other / required by other / P&T

Areas for focused feedback as identified by faculty member: _____

KEY: NO= NOT OBSERVED NI= NEEDS IMPROVEMENT EF= EFFECTIVE AS IS EX= EXEMPLARY NA= NOT APPLICABLE

		NO	NI	EF	EX	NA
1.	Organization (i.e., Stated objectives clearly, oriented to content, and clarified trainee expectations). COMMENTS:					
2.	Engaged students (i.e., Encouraged discussion and active involvement in patient care, demonstrated enthusiasm). COMMENTS:					
3.	Encouraged independent thinking (i.e., Encouraged or stimulated trainees to make decisions and to defend their diagnoses and treatment plans. Asked poignant questions to get trainees to think.) COMMENTS:					
4.	Feedback (i.e., Provided positive reinforcement and constructive criticism to trainees. Demonstrated good listening skills and the ability to put trainees on the "warm" seat, not the "hot" seat). COMMENTS:					
5.	Clinical ability (i.e., Exhibits proficiency in clinical skills and knowledge. Serves as a good clinical role model). COMMENTS:					
6.	Professionalism (i.e., Showed respect for trainees. Demonstrated professional and ethical conduct. Addressed the ethics of case management). COMMENTS:					
7.	Overall teaching quality Comments:					

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Comments:

1. STRENGTHS (1-3 ITEMS):

2. AREAS FOR IMPROVEMENT (1-3 ITEMS):

3. REVIEWER RECOMMENDATIONS:

A. SPECIFIC (1-3 ITEMS)

B. RECOMMENDED RESOURCES

- FACULTY ADVISOR _____
- OSU FAME EDUCATION PROGRAMS WEB PAGE
- OSU COM FD4ME (ONLINE FACULTY DEVELOPMENT MODULES)
- READINGS _____
- OTHER _____

4. COMMENTS FROM INSTRUCTOR ON THE COURSE/CLINICAL RING/ROTATION:

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Self-Assessment Form

INSTRUCTOR: _____ DATE: _____

COURSE AND TOPIC: _____ EVALUATOR: _____

REASON FOR EVALUATION (CIRCLE ONE): Self-initiated / recommended by other / required by other / P&T

Areas for focused feedback as identified by faculty member: _____

KEY: NO= NOT OBSERVED NI= NEEDS IMPROVEMENT EF= EFFECTIVE AS IS EX= EXEMPLARY NA= NOT APPLICABLE

		NO	NI	EF	EX	NA
1.	Organization (i.e., Stated objectives clearly, oriented to content, and clarified trainee expectations). COMMENTS:					
2.	Engaged students (i.e., Encouraged discussion and active involvement in patient care, demonstrated enthusiasm). COMMENTS:					
3.	Encouraged independent thinking (i.e., Encouraged or stimulated trainees to make decisions and to defend their diagnoses and treatment plans. Asked poignant questions to get trainees to think.) COMMENTS:					
4.	Feedback (i.e., Provided positive reinforcement and constructive criticism to trainees. Demonstrated good listening skills and the ability to put trainees on the "warm" seat, not the "hot" seat). COMMENTS:					
5.	Clinical ability (i.e., Exhibits proficiency in clinical skills and knowledge. Serves as a good clinical role model). COMMENTS:					
6.	Professionalism (i.e., Showed respect for trainees. Demonstrated professional and ethical conduct. Addressed the ethics of case management). COMMENTS:					
7.	Overall teaching quality Comments:					

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Comments:

1. STRENGTHS (1-3 ITEMS):

2. AREAS FOR IMPROVEMENT/TO WORK ON (1-3 ITEMS):

Potential venues and colleagues for peer review of teaching

The following are existing venues in the college for peer review of teaching. By capturing the opportunities that exist for peer evaluation, rather than developing new methods or forums departments and individual faculty can easily implement peer review. It is suggested that whenever feasible faculty make use of teaching situations to involve peers in the review and documentation of their teaching. Several models in the literature suggest that peer review be “built in” to existing teaching opportunities, especially in team taught situations. Peers are other faculty members or other health care professionals involved in the educational mission of the college. Trainees are not peers.

Cafeteria of Items to Develop Clinical Evaluation Instruments

Use the following statements to develop your own clinical teaching evaluation instrument for peers or students using a Likert type scale (SA= Strongly Agree, A= Agree, U= Undecided, D= Disagree, SD= Strongly Disagree). These 41 statements are in rank order as rated by students and faculty at the Ohio State University as to their appropriateness for evaluating clinical teaching. The first number (in parenthesis) is an average score by students on a five point scale, the second number is an average score by faculty. Items with a significant difference between student and faculty ranking as indicated by chi square analysis are indicated by an asterisk *.

1. Instructor is willing to address student questions.(4.60),4.70
2. Instructor encourages student discussion of, and active involvement in, patient care.(4.58),4.34
3. Instructor shares his/her rationale for decision-making.(4.56),4.62 *
4. Instructor encourages students to make decisions.(4.51),3.92
5. Instructor's conduct is professional and ethical.(4.48),4.70
6. Instructor stimulates students to think.(4.47),4.46
7. Instructor challenges students to explain the rationale for their own decisions.(4.47),4.42
8. Instructor demonstrates enthusiasm and interest.(4.46),3.96 *
9. Instructor exhibits proficiency in clinical ability and knowledge.(4.46),4.22
10. Instructor teaches by questioning and challenging students in a non-threatening way.(4.43),4.29
11. Instructor provides a clear orientation to the clinical rotation.(4.38),4.48
12. Instructor uses thought-provoking questions to get students to think.(4.37),4.22
13. Instructor respects students as people.(4.33),3.92
14. Instructor provides positive reinforcement to students.(4.32),4.33
15. Instructor shows a great deal of interest in teaching.(4.31),4.29
16. Instructor motivates students to learn.(4.31),4.19
17. Instructor challenges students to develop their own opinions.(4.30),3.96
18. Instructor provides students the opportunity to act independently.(4.30),3.73 *
19. Instructor has patience with students.(4.27),3.44 *
20. Instructor demonstrates comprehensive knowledge of subject.(4.27),4.25
21. Instructor has good organizational skills.(4.25),4.07
22. Instructor provides clear expectations of student performance.(4.25),4.48
23. Instructor challenges students to defend their diagnostic and treatment plans.(4.23),4.00
24. Instructor serves as a good clinical role model.(4.16),4.37
25. Instructor stresses patient communication.(4.15),4.07
26. Instructor provides examples, stories, and analogies to complement clinical problem solving.(4.13),3.6 *
27. Instructor enables students to assume as much responsibility as they are capable of.(4.13),3.74 *
28. Instructor has good listening skills.(4.12),4.14
29. Instructor helps students separate major problems from minor problems.(4.11),3.85
30. Instructor clarifies the scientific basis for decisions.(4.08),4.03
31. Instructor stresses ethics of case management.(4.05),4.25
32. Instructor provides praise in public and criticism in private.(4.02),3.33
33. Instructor shares his/her accumulated experiences.(4.01),3.74 *
34. Instructor is willing to admit to his/her own limitations.(3.97),3.85
35. Instructor takes a personal interest in students and their development.(3.96),3.59
36. Instructor is compassionate and caring toward students.(3.81),3.40 *
37. Instructor knows the names of students.(3.67),3.14
38. Instructor encourages students to answer their own questions.(3.67),3.85
39. Instructor makes an obvious, genuine attempt to become acquainted with each student.(3.65),3.07
40. Instructor makes effective use of humor.(3.61),3.14
41. Instructor assigns homework and follow-up reports.(3.00),3.14

Peer Review Bibliography
OSU COM
December 2000; updated July 2014

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Web sites of interest:

There is more information on University guidelines and resources for evaluation of teaching, including peer review at <http://senate.osu.edu/PeerEvalTeach.html>

Visit the OSU Office of Academic Affairs web site at <http://oaa.osu.edu/index.php>

Create your own student evaluation of teaching form on the registrar's site
<http://www.ureg.ohio-state.edu/fyi/>

Baylor College of Medicine:
http://www.bcm.tmc.edu/fac-ed/peer_review.htm

Center for Instructional Support
the Support Site for Educators in the Health Professions
<http://www.uchsc.edu/CIS/>

University of Wisconsin – Madison:
<http://www.provost.wisc.edu/archives/ccae/MOO/index.html>