



COLLEGE OF MEDICINE



NOV 2014

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Ebola—An Argument for Cultivating Reflective Practice

Karen Spear Ellinwood, PhD, JD

Ebola is a formidable argument for cultivating in our students a habit of reflection *in, on and for* professional practice (Plack & Santiasier, 2005; Schön, 1983).

Doing Good in Harm’s Way ([Schwartz, New York Times](#), 1/06/2014) highlights the Hobson’s choice many clinicians are forced to make these days when considering volunteering their medical services to West African communities

stricken with Ebola. Schwartz says, “Many of those who work with Ebola patients and come back to the United States find themselves facing a different set of problems: the spreading hysteria over the disease and effort to impose mandatory quarantines.”

Communities across the nation are asking whether to—and some are insisting we— quarantine physicians, nurses and other health care professionals who return to the United States

(Continued on page 3)

Practice Tips for

Karen Spear Ellinwood, PhD, JD

The University of Arizona requires that the annual performance review of non-tenure and tenure track faculty include both peer and student evaluations of teaching (UHAP 3.2; 3.2.01). The policy has some “bite” but the intention is to provide additional support for faculty to improve teaching practice. Tenured faculty, for example, who receive less than satisfactory evaluation on any part of their annual review will be required to “enter into a Faculty Development Plan (FDP)”, involving a Performance Improvement Plan (PIP) (UHAP

Peer Review of Teaching

3.2.05). Department heads or chairs have may ask faculty who receive a rating of “needs improvement in more than one area” to create a PIP as well. Department heads or chairs are expected to create a process for peer evaluation of teaching and adopt instruments to assist faculty in conducting such reviews (see, [The Scoop on Policy](#)).

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Key Points

Peer Review of Teaching

- ◇ Establish Expectations
- ◇ Preview Session Objectives
- ◇ Contextualize Observations
- ◇ Debrief/Offer Feedback
- ◇ Document Evaluation
- ⇒ [Additional Resources](#)



Key Questions

Who conducts the peer review of teaching?

- ⇒ Faculty within same department as faculty whose teaching is to be reviewed
- ⇒ Member of AMES—The Academy of Medical Education Scholars
- ⇒ OMSE FID—Office of Medical Student Education, Director of Faculty instructional development

What resources do we have to develop evaluation instruments?

- ⇒ AMES templates for peer observation and review of teaching
- ⇒ OMSE FID resources
- ⇒ OIA resources

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Annual performance reviews are intended: to assess actual performance and accomplishments in the areas of teaching, research, and professional service through the use of peer review (UHAP 3.2);

Peer evaluation [is required with each annual review and will be conducted per] procedures and criteria determined by the faculty and head (UHAP 3.2.01).



Karen Spear Ellinwood, PhD, JD

Director, Faculty Instructional Development

The University of Arizona requires that the annual performance review of non-tenure and tenure track faculty include both peer and student evaluations of teaching (UHAP 3.2; 3.2.01). The policy has some “bite”. Tenured faculty, for example, who receive less than satisfactory evaluation on any part of their annual review will be required to “enter into a Faculty Development Plan (FDP)”, which will involve a Performance Improvement Plan (PIP) (UHAP 3.2.05). Department heads or chairs have the discretion to ask faculty with rating of “needs improvement in more than one area” to create a PIP as well (more about that next issue).

The UA policy requires department heads to define the criteria for peer review of teaching. This includes outlining who conducts peer review observations and evaluation of teaching. Departments may differ in their approaches.

Some departments may not have determined a process yet, or are looking for an instrument or process that will consider the special circumstances of certain clinical settings or an emphasis on interactive teaching strategies. It is critical to identify instruments that will address your particular education philosophy and department or program priorities for teaching. Departments may call on experienced educators or education professionals in their own or other departments to conduct peer reviews of teaching. UA CoM has many

resources to implement peer review plans.

Paul Gordon, as Chair of the Academy of Medical Education Scholars (AMES), has offered that departments may call on AMES faculty to conduct peer reviews of teaching. AMES members are affiliated with both basic and clinical sciences departments, and are recognized for their teaching ability and experience. [📞 Contact AMES](#)

As the Director of faculty instructional development for the UA College of Medicine, I can assist in conducting peer reviews of teaching as well as training in the use of observation and evaluation instruments, or assisting in identifying validated instruments to suit specific needs. In addition, teaching contexts at UA CoM vary a great deal. If you think it is necessary to adapt peer review instruments to specific educational settings or faculty concerns, you may contact OMSE FID to assist with that process. [📞 Contact OMSE](#)

The UA [Office of Instruction & Assessment](#) also provides guidelines and instruments for peer review of teaching, and is available to help translate those forms into practice.

In addition to these human resources, OMSE FID offers relevant resources from scholarly literature so that departments may identify, develop or adapt instruments based upon education or medical education research. [📞 Click here](#)

⇒ [UHAP Chapter 3](#)—Annual Performance Reviews of Faculty

NEXT ISSUE

- ★ UA FID Policy on Residents as Educators
- ★ UA Policy on Peer Review of Teaching, the PIP—Performance Improvement Plan.

Feature: Ebola... continued from page 1

after working with Ebola patients in West Africa. The Center for Disease Control (CDC) rightly warns us not to panic, not to overreach so that in avoiding one harm we create another. Given the potential for an emotional response in any crisis, it is critical for logic to prevail.

Schwartz’s article attempts to bring these competing interests in health and dedication to service into relief, highlighting the reasons why clinicians need and want to serve local communities in West Africa, how they care deeply about ensuring Ebola does not spread farther, and the importance of conveying and heeding accurate information about the situation. It also

emphasizes the collaborative effort by several organizations, including IMEC (International Medical Equipment Collaborative), International Relief and Development, Doctors without Borders, US AID and others—demonstrating this is

a problem with the attention of the world’s best minds and hearts.

While Richard Preston ([The Ebola Wars](#), 10/27/2014) characterizes Ebola as the “most dangerous outbreak of an emerging infectious disease since the appearance of H.I.V.”, his *New Yorker* article translates to lay terms the genomic sequencing research being done by the [Broad Institute of M.I.T. and Harvard](#) as an example of focusing on the solution and not getting stuck on the problem. Before describing the extent and effects of the outbreak, Preston reiterates that Ebola “is spread only through direct



Created by CDC microbiologist Cynthia Goldsmith, this colorized transmission electron micrograph (TEM) revealed some of the ultrastructural morphology displayed by an Ebola virus virion. [LINK](#)

“By looking at a few genomes of Ebola, the scientists hoped to grasp an image of the whole virus, which could be conceived of as a life-form visible in four dimensions, as vast amounts of code flowing through time and space. To find the genome, they needed blood.” (Preston, 2014)

contact with blood and bodily fluids.” As with effective medical problem-solving, the article attends to emerging solutions, rather than urging the *panic button*.

Preston explains the science of Ebola, composed of “six structural proteins,” and capitalizes on the much publicized image, “an object that resembles a strand of cooked spaghetti” (below). He walks us through the DNA data collection process—droplets



NYT Article Link



New Yorker Article



of blood infected with Ebola and containing “billions of fragments of code from bacteria and other viruses”, each droplet a “library”. You have probably heard the phrase, *explain it to me like I’m a fifth grader*. While the *New Yorker* does not lay out Ebola in fifth grade terms, it presents as digestible a version of science as any for non-scientists and non-clinicians.

Broad Institute scientists ventured to Sierra Leone to collect samples of blood. Preston

explains that, “In that part of the world, not everybody believed in the infectious theory of disease, the idea that illnesses can spread through microbes”. As a result, members of the community had a

difficult time following or, in some cases, refused to follow protocol for contact with patients.

But the Broad Institute scientists understood that Ebola has a signature, one that can be studied with urgency unattended by panic. They needed to collect and analyze data directly from patients. They needed to bring their laboratory to the world and study this disease in situ, as Pasteur did with anthrax in cattle in 19th century France (Latour, [1994](#)). They wanted to help unravel Ebola.

When scientists and health care profes-

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Practice Tips-Peer Review of Teaching...continued from page 1

Regardless of the instruments or process your department decides to use, there are certain things that evaluators and instructors should consider when participating in a peer review of teaching process. The Shapiro Institute for Education and Research at Harvard Medical School and Beth Israel Deaconess Medical Center published a handbook on peer observation of teaching¹ with ten guidelines for engaging in peer review. I have condensed these to five (hopefully, easy-to-remember) practice tips:

- 1) Establish expectations;
- 2) Preview session learning objectives and materials and/or assignments;
- 3) Contextualize observations;
- 4) Debrief with instructor face-to-face; and
- 5) Document observations and the evaluation.



Practice Tip No. 1—Establish Expectations

Establish collaboratively the purpose and scope of the observation and evaluation instruments to be used.

Prior to the observation, meet with the instructor to explain the process of peer review of teaching (what you will address before the session, during the session and after the session), review the observation instrument, learn about the teaching/

learning situation (Practice Tip No. 2) and context (Practice Tip No. 3), and schedule the observation and debriefing.

Before the session, the evaluator should establish with the instructor the purpose and scope of the observation. This offers the instructor an opportunity to articulate what they hope to gain from the observation and evaluation process.

The evaluator should share the evaluation instruments to be used with the instructor before the observation and document that the instrument has been provided or offered in advance of the scheduled observation. Reviewing the observation instrument with the instructor may help to determine whether the tool is likely to capture the kind of teaching/learning situation for the planned observation. The instructor, then, has a chance to become familiar with the tool and ask questions or provide input about its use prior to the session.

If the evaluator expects to see specific types of student engagement or interaction, it is important to clarify these expectations prior to the session. Course directors may expect students to demonstrate particular skills or knowledge in sessions or during types of learning experiences. These should be articulated beforehand (see also, Practice Tip No. 3—Observe).

Based upon this exchange, the evaluator can adapt the instrument. An adaptation might be as simple as a note in the narrative comment section to observe for particular kinds of interactions, engagement or strategies that are reasonable to expect in a given environment or specialized learning situation.

Moreover, while the institution sets the

overarching purpose of the observation— at the UA it is to contribute to the annual evaluation of faculty performance, the instructor might have additional reasons for participating. A conversation about scope and purpose might reveal an instructor’s desire for feedback on a particular strategy new to their repertoire, or ideas for applying strategies to particular subject matter or in certain contexts.

Practice Tip No. 2—Preview Objectives & Materials

Review learning objectives and assigned materials before the event.



Before the session, the evaluator should request a list of learning objectives for the session to be observed and materials and/or tasks assigned to the students to be performed prior to the event. The session objectives define the expectations for content delivery. The materials define the expectation for student preparation and, to some extent, their knowledge base or anticipated performance (if applicable). The evaluator may consider the fit between objectives and assigned materials as well as the actual session performance.



Practice Tip No. 3—Contextualize Observations

Consider the demands of the learning situation upon the instructor as well as the student when observing for student engagement or interaction.

The evaluator should be familiar with the

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Ebola...from page 3

sionals decide to assist these efforts in West Africa, they weigh the risk of exposure as well as censure on their return against the greater good. This requires a willingness to think about one's philosophy of practice, why they became a physician, a nurse, a public health worker, a scientist. It means they cannot ignore the role they are capable of playing and compare this with their sense of professional responsibility and personal ethics. This sort of decision requires a mental state that deliberates the role of humanity in the practice of medicine and other health care professions, of Pasteur's science.

They ask themselves:

Should they be involved? Do they want to be involved? How do they want to be involved? Are there circumstances when they might be compelled to provide direct care? Should they be? What about their families? Are they exposing them to infectious risk or social stress? Should the government – federal or state, impose restrictions on their freedom of movement upon their return after they have treated patients with Ebola? Assisted in a laboratory studying the virus?

Should they...would they...could they... will they?

Such reflection may produce anxiety, but it also can produce critical thought, ratification of one's commitment to practice, an exploration of professional ethics and philosophy, and answers to these many chal-

lenges. Preston's final remarks confirm: Humans possess "certain advantages in this fight" - the ability to collaborate; the willingness to sacrifice; and *self-awareness*.

American "hospitals have made fatal mistakes in protocol as they engage with Ebola for the first time-errors that no well-trained health worker in Africa would likely make. But they will learn."

Who are they?

They are today's health care professionals. *They* will be our students who venture into global health, rural health, practice in communities of people who have been underserved historically (and presently). Some will choose to devote their time and energy to this critical cause. Or, in the next world health event. If *they* are not our graduates this year, then they might be our graduates next year or the year after.

A call to reflective learning & practice

Ebola is calling on colleges of medicine, public health, social work and sciences to cultivate in our students that level of self-awareness and reflection in learning and practice.

Reflection or metacognitive reasoning "refers to the ability to think about one's own thinking processes and to critically review one's own assumptions or beliefs regarding a problem," (Mamede & Schmidt [2004](#), 1304). This sort of reflection forces learners to examine assumptions, to look

"Medical emergencies (e.g., cardiac arrest) present a challenge for medical professionals because they are demanding in terms of both the medical knowledge needed to plan effective interventions and the regulatory skills required to effectively manage the team." (Duffy, et al. [2014](#)).

for credible evidence, to discern relevant from irrelevant – in short, to be judicious about determining where to focus their efforts and how to take their next steps. The fundamental nature of reflective professional practice is learning how to engage metacognitively, that is, to identify assumptions and search for reliable evidence (Duffy, et al, [2014](#)). This supports the aim of education for public health – to dispel fear, to inform, and to activate a social conscience toward responsible action.

Just as Preston and Schwartz walk us through a thoughtful process that promises us that scientists and clinicians offer the world a logical, measured response to Ebola, we need to walk our students through a thoughtful and thought-provoking process of becoming self-aware of the world, problem-solving, and their role in health care and public service.

How does the medical profession promote reflective practice?

Health care professionals have a long tradition of reflective professional practice (Groopman, [2007](#); Schön, [1983](#)), engaging in case reviews, including *mortality and morbidity conferences*. In fact, Arizona Revised Statutes (ARS) § 36-445¹ not only

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[Click here to find out more about the 8th Annual IPEP Pandemic Exercise](#)

Ebola...from page 3

recognizes the importance of peer review, but ARS § 36-445.01² requires physicians admitted to hospital practice to debrief cases with colleagues to review for potential error and identify ways to avoid it in future cases to reduce mortality and morbidity as well as improve clinical practice.

While the fact that such peer review occurred might be discoverable in some court proceedings, the “**contents and records of the peer review proceedings are fully confidential and inadmissible as evidence in any court of law,**” (ARS § 445.01 (B), emphasis added) (See inset, right.)

Physicians who participate in this process may admit error freely. This makes for better public policy, to “encourage full and frank discussions and decision-making in a process that can be both time consuming and contentious,” than to allow for compensation based upon admissions designed to avoid future mistakes. This law “protects the peer review process itself — the discussions, exchanges and opinions

In research on reflective engagement of emergency medicine teams, Duffy et al (2014) found that, “...the team members and leader exhibited a great deal of metacognitive knowledge while reflecting upon the sources of their difficulties.” (Duffy et al. [2014](#)).

found in the committee minutes,” and the “internal workings and deliberative processes of regularly constituted committees. ...” That review process is all about reflection - one that models the principles of reflective practice – to reflect *in, on* and *for* professional practice for the purposes of improving practice (Schön, [1983](#); also Plack & Santasier, [2005](#)).

How does UA CoM prepare students for reflective practice?

Given that our students will be expected to engage in the rigorous peer review process upon admittance to practice at a hospital or center of clinical practice, we should ask ourselves – how do we and how could we prepare our students to engage in this kind of reflection?

The UA College of Medicine provides students with opportunities to develop the ability to engage in reflective learning and encourage future reflective practice. Participation in longitudinal educational experiences offers ongoing deliberation of the development of professional identity as students engage in small group discussions of real patient cases with the mentoring of an experienced clinician ([More about Societies](#)).

Another longitudinal experience requires students to engage in a systematic approach to reflective medical problem-solving in case-based instruction (CBI). For the first two years of medical school, stu-

§36-445. Review of certain medical practices

The governing body of each licensed hospital or outpatient surgical center *shall require* that physicians admitted to practice in the hospital or center organize into committees or other organizational structures to *review the professional practices within the hospital or center for the purposes of reducing morbidity and mortality and for the improvement of the care of patients provided in the institution.* Such review shall include the nature, quality and necessity of the care provided and the preventability of complications and deaths occurring in the hospital or center. Such review need not identify the patient or doctor by name but may use a case number or some other such designation.

[Read ARS § 36-445](#)

§36-445.01. Confidentiality of information; conditions of disclosure

All proceedings, records and materials prepared in connection with the reviews provided for in section 36-445, including all peer reviews of individual health care providers practicing in and applying to practice in hospitals or outpatient surgical centers and the records of such reviews, are confidential and are not subject to discovery (exceptions omitted).

[Read ARS § 36-445.01](#)

dents are expected to submit written pre-case reflections in every case and post-case reflections for most cases. These reflective writings are shared with students’ small group colleagues, and document what they learned, whether they committed some


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AHSL Search Tools


Clinical Key



EBM Search



PubMed



Ebola—Continued from page 6

kind of cognitive error, how they approach clinical problem-solving, and how they might avoid error or improve performance in future cases. In addition to these experiences, students are encouraged to think critically and articulate their reasoning in clinical situations during clerkships and sub-internships. [More about CBI at UA CoM](#)

Perhaps one of the more visible reflective activities is the **IPEP Pandemic Exercise** at the UA College of Medicine, which privileges the importance of questioning assumptions, examining bias and the influence these have on decision-making in critical situations, such as with pandemic flu or Ebola. UA students from all health care professions, law and journalism participate in this annual exercise.

During this exercise this year (10/31/2014), IPEP faculty stressed the value each discipline contributes to determining the direction and organization of both the emergent and strategic response to a pandemic. **Dr. Richard Carmona**, former US Surgeon General, noted responsible journalism is critical to the success of the health care team's response, and that health care professionals, in turn, share an obligation to *inform*, not to *inflame*.

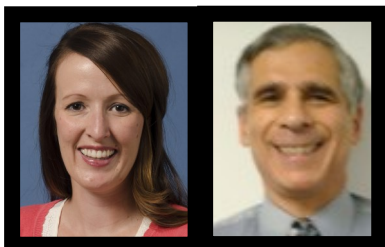
Such calm calls for reflection. What should be disclosed to the public? Who should address the press? How should the release be phrased? When should we share information?

The **IPEP Pandemic Exercise** is run by a team of interdisciplinary faculty headed by [Sally Reel](#), PhD, RN, FNP, BC, FAAN, FAANP, and including the participation of [Andreas Theodorou](#), MD, UAHN Chief Medical Officer, who helped establish IPEP, and [Hal Strich](#), MPH, Associate Director, MD/MPH Dual Degree Program and member of the IPEP pandemic flu planning committee. The exercise consists of several activities that require students to engage in a similar type of reflection as they work in interdisciplinary teams to determine the criteria for treating patients with pandemic flu and to whom to administer precious medicines. Exposure to multiple perspectives is a key component of the exercise. Students must consider how they would respond based upon their understanding of their own profession and then must examine and reconcile the varying perspectives of students of social work, law, public health, nursing, pharmacy and journalism. Participants explore their role in a crisis like the

one with Ebola. [More about IPEP](#) [Message from Dr. Andy Theodorou](#) [More about Pandemic Exercise](#)

UA College of Medicine also models reflective practice through its response to the international concerns for establishing reasonable measures to respond to an Ebola outbreak. University of Arizona Health Network (UAHN) has put together a team of 100 health care professionals. Professor, **Sean Elliott, MD**, recently appointed to the Arizona Governor Governor's Council on Infectious Disease Preparedness and Response, conducted a "hot wash" at the UA Health Network on university campus as part of the training of health care professionals in taking a measured approach to Ebola. The hot wash utilized real Ebola cases based upon recent reports of patients who are health care professionals in Spain and the US (see, Innes, [Arizona Daily Star, 10/17/2014](#); also, Grijalva, [Tucson News Now, 10/15/2014](#)). The training was inter-disciplinary and provided opportunities for asking questions and thinking through the issues in an organized and collaborative fashion. The IPEP pandemic exercise included the same process for students.

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Bryna Koch, MPH
Director of Program Evaluation and Student Assessment

Philip Harber, MD, MPH
Mel & Enid Zuckerman College of Public Health

AMES/OMSE FID Series 2014-15— Lessons Learned from Clinicians

Description

Dr. Harber will describe his research on how clinicians spend their time and its implications for how schools of medicine determine what to teach medical students in clerkship. Bryna Koch,

MPH, will discuss the connections between such research and how the UA CoM can generate evidence-based curriculum.

Date: 15 January 2015



Time: 12:30—2:00 pm

Room: COM-3230

[Map to Room](#)

In managing health care crises, health care professionals need to know how to inform the public about potential health care in language that is understandable to non-scientists or non-clinicians, identifies and directly addresses assumptions or misconceptions, and urges a solution-oriented approach to the problem. We can encourage future health care practitioners to develop a habit of reflection not only on how to practice medicine for the sake of individual patients, but for the sake of community and global health and to develop capacity to work with interprofessional teams to respond to everyday health care needs as well as crises on an epidemic or pandemic scale.

By asking students regularly to engage in reflection, and modeling such behaviors, we are preparing students to deal with crisis in a calm, reflective manner, to contribute to the solution without getting stuck on the problem, and to prepare society for addressing crises with relative calm and deliberation of contested issues and competing interests in their resolution.

Practical Tips

How can you contribute to the reflection effort?

Reflective practice is effective practice. How can you incorporate reflection into your current teaching routine?

Expect your students to think before they perform, to think while they perform and to think after they perform. To think about what is expected of them in a particular situation, how they can contribute, what are their limitations, how might they overcome them, and with whom should they partner to find the solutions their patients need.

Thus, clinical educators can encourage reflective practice as follows:

- **BEFORE** - Establish expectations; describe the nature and scope of the student's role or task BEFORE patient encounters;
- **DURING** - Monitor or observe performance, when possible; assist or guide performance, as needed DURING patient encounters; and
- **AFTER** - Debrief the experience with the student; invite self-assessment of performance; ask students to identify areas in need of improvement and possible strategies to improve future performance; and offer constructive feedback (e.g., advise how they might avoid error or how to carry forward what they've learned to future practice).

Preclinical educators can encour-

age reflective practice as well:

- **BEFORE** – Establish expectations; ask students to consider the principal concepts involved in the educational experience
- **DURING** – Engage students in activities that will require them to think beyond simple recall exercises; ask HOW or WHY questions, ask them to consider bias, assumptions or to problem-solve cases;
- **AFTER** – Ask students to make connections between the new material and what they learned in previous sessions or blocks, or to identify questions, reflect on progress or self-assess.

In sum

The most important thing is for educators in preclinical and clinical settings to offer many and frequent opportunities for students to reflect on their roles, on what they need to know to address anticipated learning situations or patient cases, on framing problems and their approaches to them, on the influence of perspectives, bias and assumptions, and anything else that bears upon becoming an effective practitioner of medicine. If we ask our students to do this repeatedly and in multiple contexts, reflection, then, will become second nature and emerge when it is most needed - in trauma, in crisis—as well as everyday practice.

/kse/

*References**

- ¹ §36-445. Review of certain medical practices
- ³ Hourani v. Benson Hosp., 211 Ariz. 427, 122 P.3d 6, 9 (Ariz.Ct. App.2005).
- ² §36-445.01. Confidentiality of information; conditions of disclosure
- ⁴ Humana Hosp. Desert Valley v. Superior Court, 154 Ariz. 396, 742 P.2d 1382, 1387, 1389 (Ariz.Ct.App.1987).

Related Resources

- ⇒ [Reflection & Cognitive Error](#)
- ⇒ [IPEP Pandemic Exercise 2014](#)
- ⇒ [BDA & RIME Framework for Teaching](#)
- ⇒ [More Educational Strategies](#)

*References cited in article are hyperlinked, instead of being listed here.



John Hall, PhD
AHSC BioCommunications

TWT Series No. 05

AHSL Recording Studio

This TWT Workshop will introduce faculty to the AHSL Recording Studio, both the guidelines for and mechanics of its use. The AHSL Studio supports, among other things, the flipped classroom approach to teaching in pre-clinical and clinical settings.

Event Information

12 January 2015

9:00 – 11:00 am

AHSC Library



Practice Tips Continued from Page 4

you're making good progress; the students seemed very engaged);

- ◆ Ask questions to clarify anything that was not clear regarding the instructor's intent or a described behavior or event;
- ◆ Invite the instructor's self-assessment or reflection on performance;
- ◆ Identify strengths for teaching³; and
- ◆ Offer constructive feedback aimed at helping the instructor develop ideas for continuing improvement.

Constructive feedback involves a reflective conversation³ between evaluator and instructor that offers both constructive correction and constructive compliments. Even faculty who display excellent use of strategies, communication skills and student engagement may benefit from reflecting on performance and identifying which strategies to continue to use, how to adapt them to new circumstances or improve upon them as part of their ongoing professional development. OMSE FID has a [Guide to Constructive Feedback Essentials](#) online that offers concrete assistance in giving verbal or writing narrative feedback.⁴

Practice Tip No. 5—Document Observations & Evaluations



Provide a written evaluation to the instructor with narrative feedback.

Preparing a written evaluation is a reasonable expectation for any peer review of teaching that would be included in the consideration of a faculty member's promotion and tenure or annual review of performance. From a professional development perspective, the process of documenting observations offers the evaluator

an opportunity to exercise considered judgment in how to evaluate teaching and how to represent one's observations and evaluative remarks. Written evaluations allow the evaluator to reflect more deeply on:

- ◆ What they observed;
- ◆ Whether and how the instructor's teaching was aligned with learning objectives or appropriately addressed the demands on the student; and
- ◆ Consider the competing demands on the instructor, or environmental limitations (e.g., technology failure).

A written evaluation also provides the instructor an opportunity to have distance from the event and the evaluator.

That distance may also help an instructor to reflect on the evaluator's observations and compare them with their self-assessment or recognize strengths they did not realize they had. Seeing the observations described in concrete terms and connected with constructive feedback might also prompt the instructor to ask questions or seek clarification or advice for professional development.

Bonus Tip—Follow-up Offer Follow-up Feedback, Observation or Evaluation



As a matter of professionalism and collegiality, evaluators could offer to provide follow-up feedback or conduct subsequent evaluations, especially where they have given a rating of "needs improvement" or "less than satisfactory performance" in one or more areas. Although the peer evaluator may not serve as the instructor's mentor, instructors might seek the continued guidance of an evaluator as a more experienced educator. Moreover, faculty could agree to conduct mutual peer evaluations of teaching to foster an exchange of ideas and distribute what they

find to be effective practices. Such informal evaluations might also serve to prepare faculty for formalized evaluations conducted for P&T (Promotion and Tenure) or annual performance review process.

These practice tips are intended to assist faculty and departments in conducting mutually beneficial peer reviews of teaching. To ensure following the appropriate process in your department for peer review of teaching in P&T or annual performance evaluations, please consult your department's policy on peer review of teaching. /kse/

References

¹ Newman LR, Roberts DH & Schwartztein RM. Peer Observation of Teaching Handbook. Shapiro Institute for Education and Research at Harvard Medical School and Beth Israel Deaconess Medical Center; 2012.

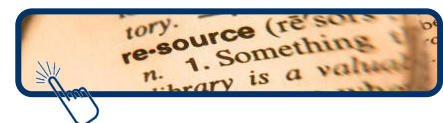
² Newman LR, Lown BA, Jones RN, Johansson A, Schwartzstein RM. Developing a peer assessment of lecturing instrument: Lessons learned. *Academic Medicine*. 2009; 84:1104-1110.

³ Cantillon P & Sargeant J. Teaching Rounds: Giving Feedback in Clinical Settings. *British Medical Journal* 337(7681) (Nov. 29, 2008):1292-1294; 2008.

⁴ Spear Ellinwood KC. Constructive Feedback Essentials. *Med/Ed eNews* 3(2); October 2014.

Image Attributions

Great Expectations by Chapman & Hall (Heritage Auction Galleries) [Public domain], via Wikimedia Commons.



FID Resources

- ⇒ [AMES templates & resources](#)
- ⇒ [Peer Review of Teaching](#)
- ⇒ [FID Support for Peer Review Process](#)
- ⇒ [Office of Instruction & Assessment](#)
- ⇒ [Feedback Guide](#)



Copyright Guides & Resources Online!

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Teaching with Technology

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- ⇒ Generate an index for readers’ convenience.
- ⇒ Create and embed a variety of other widgets included in iBooks Author tools.
- ⇒ Select from several templates, each with a professional look and feel.

In addition to iBooks Author tools, you can download widgets from online sources such as [Bookry](#), including customized quizzes, graphs, interactive maps, and videos, as well as server-based widgets that link to more.

Apple offers introductory videos and tutorials on YouTube (click on image below to view).



View in Mac App Store



iBooks Author Guide from OEP

The playlist linked to the Apple image below (bottom left) contains other YouTube tutorials by educators and private individual, which you might find helpful to learning how to create iBooks and customizable widgets.

Apple has created a taxonomy of apps to help users find the apps to match their needs. Categories include Productivity (office software apps), Utilities (e.g., reminder apps), and Travel (e.g., maps, compass).

iBooks Author is known as a “desktop publishing” app. Unfortunately, right now, the app can be used only on an Apple iPad, or Mac laptop or desktop. While you cannot create an iBook on other devices, you may view iBooks on iPads, PCs (non-Mac computers), Mac desktops, laptops and other devices. You can export your iBook from iBooks Author to a PDF version that non Mac-users can read on any computer.

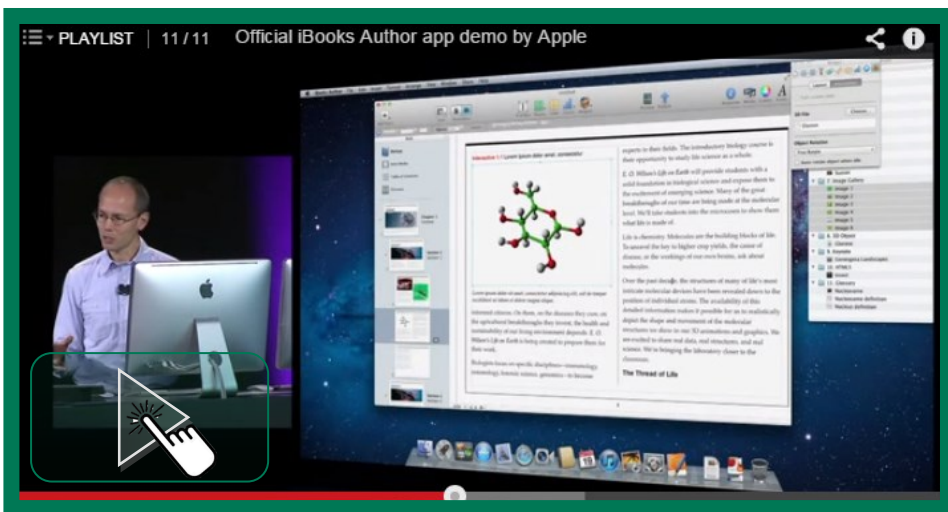
If you would like to experiment with creating an iBook before investing in a Mac or iPad, there are Macs available in the AHSC Library and Mac desktops available for use in computer labs on main campus. Check with the IT Help Desk to find out which ones have iBooks Author installed.

⇒ [iBooks Author Support](#)

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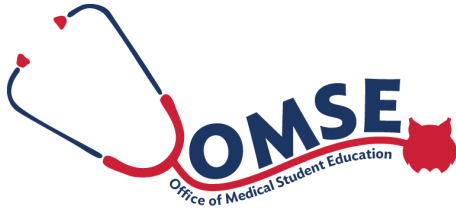
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