



Contents lists available at ScienceDirect

Currents in Pharmacy Teaching and Learning

journal homepage: www.elsevier.com/locate/cptl

Experiences in Teaching and Learning

Supporting formative peer review of clinical teaching through a focus on process

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ARTICLE INFO

Keywords:

Peer review
Clinical teaching
Professional development
Reflective practice
Faculty development

ABSTRACT

Background: The professional need for development of clinical faculty is clear. Previous scholarship provides insight into the formative potential of peer review in both didactic and experiential settings. Less information exists on a comprehensive peer review process (PRP) designed to support faculty change.

Educational activity and setting: A clinical faculty PRP was developed and implemented based on input from the literature, stakeholders, and field experts. The process included: 1) self-reflective pre-work, 2) a peer-observation component, 3) self-reflective post-work, and 4) creation of a specific action plan via meeting with an educational expert. The process was assessed by collecting evaluative data from peer reviewer and clinical faculty participants.

Findings: Eight of 26 faculty members participated in a pilot of the PRP and formed four clinical faculty-peer dyads. When surveyed, all participants unanimously reported that they would participate in the PRP again. Aspects perceived among most helpful to clinical teaching included peer observation, self-reflection, and meeting with an educational expert. Challenges related to the process included anxiety of peer observation, burden of pre-work, and logistics of scheduling meetings.

Discussion: While instruments are important in guiding and documenting the evaluation of clinical teaching during an observation period, this initiative focused on the process supporting the observation and evaluation, in order to optimize the formative feedback received by participating faculty and encourage professional development actions.

Summary: A PRP that incorporates preparation, reflective practice, and a meeting with an educational expert may support meaningful faculty development in the area of clinical teaching.

Background and purpose

The 2016 American Council for Pharmacy Education (ACPE) Standards require colleges to assess faculty teaching effectiveness.¹ Historically, peer observation and evaluation has been a hallmark of didactic classroom teaching effectiveness in pharmacy

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Received 12 June 2017; Received in revised form 16 November 2017; Accepted 2 March 2018

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education.²⁻⁴ While it is recognized that pharmacy students spend approximately one-third of their academic career in experiential education (EE) settings, clinical teaching is not often subject to a peer review process (PRP). This lack of peer observation and evaluation for EE disadvantages not only students, but also faculty for which EE may be the primary teaching responsibility.

There have been several recent innovations in the literature of peer review as a formative assessment of faculty teaching in the didactic setting. In building their classroom-based peer review system, DiVall et al.² included a pre-observation meeting to discuss the objectives of the session and the placement of the session within the course sequence, as well as a post-observation meeting to discuss the evaluator's preliminary written suggestions and the teacher's self-reflections on the session. In Davis's³ process, an instructional design expert was included as one of two observers to help mitigate bias and to focus on the instructional process (vs. content).

Discussion of peer review as a formative assessment of faculty teaching in EE settings exists in both the medical and nursing literature.⁵⁻⁹ However, the discussion has focused more on the development of observation/evaluation tools and theory-based models, and less on the process of implementation. In the pharmacy specific literature, Cox et al.¹⁰ provided a useful tool for peer review of clinical teaching and described a process which consisted of a day-long on-site peer observation followed by verbal and written feedback. Cox also included a comparison between peer and student ratings, evaluated the impact of review for future teaching changes, and examined student rated performance of the clinical faculty over time. The authors found that qualitative feedback appeared to stimulate faculty change.

The professional need for development of clinical faculty is clear and previous scholarship provides insight into the formative potential of peer review in both the didactic and EE settings. Less information exists around building a comprehensive, reflection-based, PRP for the experiential setting. Peer review consisting of an observation may be limited in its ability to be contextualized, analyzed, assimilated, and integrated into faculty teaching methods. Therefore, the following project was designed with the intent to not only provide an evaluation tool and schedule a peer review observation, but also create an effective framework for faculty change that specifically included: 1) self-reflective pre-work, 2) a peer-observation component, 3) self-reflective post-work, and 4) creation of a specific action plan via meeting with an educational expert. This paper will describe the development, implementation and evaluation of this new PRP.

Educational activity and setting

Developing a peer observation process

The pilot occurred in a setting with 26 clinical faculty spanning across two campuses and three departments, within a single college of pharmacy. As the college does not have a single clinical department, these clinical faculty comprised the pharmacist faculty practice group (PFPG). The research team consisted of four clinical faculty from the PFPG and three educational experts. Educational experts all had a terminal degree (e.g., Pharm.D., Ph.D.) and formal preparation in education. For one expert, education was the degree program major and for two it was the degree program minor or emphasis. All three had dissertations addressing a challenge within education. Most importantly, all three individuals were familiar to the faculty and versed in the educational challenges involved in providing a robust experiential learning environment for pharmacy students. All experts had spent at least two years working directly with pharmacy faculty in identifying teaching-learning problems, utilizing emerging educational methods to address those problems and collecting data to evaluate the impact.

Prior to initiation of the pilot, PFPG members participated in a peer review using only the college's annual, written, "faculty activity report" - a document designed to record and tally teaching and clinical activities. Members were randomly assigned to read a peer's report and provide written feedback. Over time an in-person, small-group discussion component was added that allowed peers to ask clarifying questions and discuss potential areas of growth. Despite this change, PFPG members continued to express a need to include an observation-based, "live" review of clinical teaching at the faculty member's clinical site to enhance professional development and enrich the annual college review.

Given the limited pharmacy literature, the research team invited the expertise of two pharmacy faculty having published their experiences in peer review of clinical teaching to serve on an expert panel (panel) to provide feedback and guidance on the stepwise development of a PRP. In consultation with these experts, additional experts were added based on personal knowledge of their experience in: 1) directing experiential education programs, including preceptor development and quality assurance aspects or 2) piloting peer review of clinical teaching initiatives. The panel engaged in two, one-hour telephone conferences with the research lead around project aims and design and subsequently reviewed all processes and documents. The panel made several recommendations and asked clarifying questions to help crystalize goals for each step in the process (e.g., refining the peer review objective, how to minimize bias in a small peer group, clarifying the purpose of the pre-meeting and educational expert meeting, modifications to the observational tool in scale and criteria, considering faculty pre-work, and timeline of events). These recommendations were reviewed by the research team for integration and implementation. Feedback was also solicited from internal stakeholders, including three department heads, the co-Associate Deans of Clinical Affairs and Executive Director of Applied and Experiential Education.

With input from stakeholders, panel members, and the literature, the research team attempted to compile the elements of an ideal process. [Table 1](#) outlines each step in a "who, why, where, what, when" format. To orient and train participants, this stepwise process was provided to each participant in a written guide (Supplemental Files). Although a face-to-face training program was contemplated, it was deemed logistically difficult to implement and was not used during this pilot. Instead, narrative on the purpose of the review and an overview of the process was added to the written guide (see supplemental files), a page detailing the process, suggested timelines and responsible parties was added and participants were encouraged to contact the research team with any questions following their review of the guide.

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