**TOP Observation Form – UCSF Academy of Medical Educators**

Lecture/Seminar

NAME:

OBSERVER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOPIC:

FOCUS OF OBSERVATION (discuss w/ mentee in advance): general observation

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| **INTRODUCTION** | **OBSERVATIONS** |
| 1. Introduced topic, stated objectives, offered  preview. | Clear, concise well organized. Relatively easy to follow. Welcoming, non-judgmental attitude. Humor appropriately used…frequent use of questions to general audience volunteers |
| 2. Gained attention and motivated learning. |
| 3. Established climate for learning and for  participation. |

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| **BODY OF LECTURE** | **OBSERVATIONS** |
| 1. Presented 3 – 5 main points in clear and organized  fashion. | Followed the general rules of lecture organization. Objectives were “topics” but given that this course has only lower Bloom’s taxonomy, this is acceptable.  Strong connection to prior learning w/physiology review. Issue – what do you do when prior but necessary learning is not retained (course integration, not instructor issue.)  Slides were strong in use of visuals and avoidance of text overload. Some would have benefited from division, perhaps repetition when necessary, and partial presentation for “unfolding” as well as highlighting through circling or other mechanism |
| 2. Provided supporting materials, examples, and  summaries. |
| 3. Content level |
| 4. Effectively used visuals, handouts, and/or demonstrations. Include AV problems (if any),  effective use of slides (set stage for each slide, focused audience on important parts of slides), use of pointer. |
| 5. Varied presentations (Used blackboard, slides,  visuals). Only ppt…. |
| 6. Transitions between topics. |

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| **CONCLUSION** | **OBSERVATIONS** |
| 1. Summarized major principles, key points  without introducing new materials. | Had succinct summary slide. And additional resource slides also offered. |
| 2. Provided closure or stimulated further thought. |

Observation form adapted and modified by The Haile T. Debas Academy of Medical Educators at UCSF from work done by David Irby, PhD.

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| **TEACHER DYNAMICS** | **OBSERVATIONS** |
| 1. Exhibited enthusiasm and stimulated interest  in content. | Use of 11 OH dehydrogenase story good – could do more with cases to stimulate interest (asthma safety, etc.)  Clear crisp speech wo/unconscious use of oh, um etc.  Participation was individual response to questions, frequently done.  Got no questions from learners. Use of “did everyone get it?” could be replaced with something like “that was a complicated and correct explanation. What did s/he say that did not clarify it for you?” or “there are different ways to explain this – does someone else want to put it differently?” |
| 2. Used appropriate voice, gestures, movement,  and eye contact. Avoidance of unconscious use  of repeated words (e.g. “um”, “ok”). |
| 3. Encourage active participation. |
| 4. Used questions to stimulate thought and  discussion. Response to questions (repeated or rephrased question, concise answer). |

**DEBRIEF**

1. ELICIT SELF-ASSESSMENT BY MENTEE FIRST.

Noted issue of time management as physiology discussion took much longer than the typical “slide time” The rush at the end led to less opportunity for questioning and interaction. She noted that she was able to cover the major elements of what she originally intended.

2. SUMMARIZE YOUR ASSESSMENT OF MENTEE’S STRENGTHS AND YOUR RECOMMENDATIONS (KEEP IN MIND AREAS OF FOCUS).

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| **STRENGTHS** | **RECOMMENDATIONS** |
| Clear, well paced tone of delivery; movement at “stage” for variability; supportive style of delivery….tone conveys that “you can learn this…” **Slides**: 1) mostly with an appropriate amount of information 2) excellent in focusing on ppt as a visual adjunct (rather than a conveyance of text) ; Overall session was strong in **organization,** avoidance of cognitive overload, and focus on core concepts; clear summary slide and then adjuncts at end **Integration:** Excellent introductory segment on physiology – linking to prior and relevant coursework!  Frequent use of **questioning** to audience; sometimes repeats students’ answers for larger group to hear; focus on why “e.g. time for protein synthesis and onset of action); who likes licorice?  Occassional colorful use of **colloquial** terms to describe mechanisms (e.g. how do gcs decrease inflammation – by telling inflammatory cells to “go sit in the lymphoid tissue”, “mineralocorticoids are very faithful”) | Could even move up the aisles into the audience  **Some slides** (e.g. effects of mineralocorticoids and effects of glucocorticoids) could have been divided into 2 or more slides. Also could use slides to “unfold” the information – e.g. pathways without all the answers, which you or even a student then “write in.”  Could have had another slide depicting the action of 11 b OH **Questioning**: how is aldosterone regulated? Na/K answer then “you are missing the main one….” Could have taken the first as a partial answer…..again built a more detailed slide. Try to more consistently repeat the students’ answers and questions. Not well heard in the front of the room at least, nor on tape. **Address the wrong answers first** – in MCQ on pseudohyperaldosteronism – 25% of class got it wrong – big flag on their understanding of the condition –student answered then GA “did everyone get it?” next time might have a slide to work through it….; Exploit more opportunities for **clinical relevance** – e.g. time from receptor activation to onset of effect; no mechanism for acceleration of fetal lung maturation; asthma drugs “safer” – do they know what the original safety issue was/is? |

3. ACTION PLAN - proposed

1. Resources given: DaRosa and Mayer article on design principles; fielding questions (from Gross Davis); link to Washington U St Louis on asking questions: Steiner and Snell (medical teacher) Interactive lecturing, and a list of four methods, including think-pair-share and brainstorming for which I gave her ideas for implementation in this lecture; Gawande article on coaching
2. She is interested in use of videos to highlight clinical relevance. Will investigate MERLOT, HEAL, and web
3. If she feels the need, will follow-up to discuss design of next large group teaching where she has the opportunity to apply any of these principles

SUMMARY:

\_\_\_\_\_ is a highly motivated educator who does the basics well – providing a logical and well-structured lecture based on achievable learning objectives, speaking clearly and comfortably, explaining in a logical “you-can-understand-this” manner, exploitation of the visual capability of powerpoint, and offering multiple opportunities to answer her questions. I have shared with her resources and provided ideas for use of other methods of engaged large group teaching. She is very open to feedback and discussion; I am confident her skills will develop rapidly.