

## Peer Mentoring Guide

How to use this guide: The person being observed should select one or two of the following questions that they would like for the observer to focus on. The observer only needs to review the specific questions and descriptions selected by the person being observed. This guide is meant to be a tool for both observer and observed to further develop their teaching skills. Observers should look for teaching strategies they would like to implement themselves, not just areas of growth for the person being observed. It is not meant to be a summative evaluation of teaching skills.

### Hidden Curriculum

Question	Description	Observer's Notes
Did the faculty member communicate hidden curriculum through <b>specific phrasing</b> of comments or questions? If so, give an example.	Hidden curriculum can be communicated using phrases or ways of talking. Some examples include calling a patient a frequent flyer or drug seeker, telling a resident "You are a third year, you should know that already," using questions to uncover gaps in knowledge rather than to identify where to start teaching.	
Did the faculty member communicate hidden curriculum through <b>body language</b> or other non-verbal actions? If so, give an example.	Hidden curriculum can also be communicated by how we use our bodies in space. Examples of communicating hidden curriculum through body language include rolling eyes, turning your back on someone, throwing hands in the air in frustration.	
Did the faculty member communicate hidden curriculum through <b>which residents they addressed and how they addressed them</b> ? If so, give an example.	Hidden curriculum can also be communicated through the ways we work in teams. Examples in this category include focusing teaching on only one resident rather than teaching the group, singling out one resident for repeated criticism.	
Did the faculty member communicate hidden curriculum through <b>interactions with other members of the team</b> ? If so, give an example.	Like above but thinking about interprofessional communication and collaboration.	

## Adult Learning Principles

Question	Description	Observer's Notes
<p>Did the faculty support <b>self-directed learning</b>? If so, give an example of when they did so. If not, give an example of when the faculty member could have done so.</p>	<p>Self-directed learning is the ability to assess one's own needs, create goals, and seek out appropriate strategies for achieving them. Supporting self-directed learning includes asking residents what they may still need to learn and facilitating them in setting goals and action steps. In most cases, faculty also guides learner to find an answer and develop treatment plan, rather than simply providing the answer.</p>	
<p>Did the faculty recognize the <b>existing experience</b> of residents? If so, give an example of when they did so. If not, give an example of when the faculty member could have done so.</p>	<p>Residents have varying levels of experience in a diverse array of areas. Recognizing the existing experience of residents includes asking if residents have seen anything like the present case rather than assuming they have no prior knowledge and identifying foundational concepts that residents are likely familiar with and starting there.</p>	
<p>Did the faculty provide <b>practical and relevant teaching</b>? If so, give an example of when they did so. If not, give an example of when the faculty member could have done so.</p>	<p>Practical and relevant teaching means teaching skills, concepts, behaviors that are important both for current work as residents and future work in independent practice. Examples of focusing on practical and relevant teaching include focusing on the knowledge needed to take care of the patient.</p>	
<p>Did the faculty use <b>problem-oriented teaching strategies</b>? If so, give an example of when they did so. If not, give an example of when the faculty member could have done so.</p>	<p>Problem-oriented teaching strategies use problems, issues, or cases that residents are currently working on to teach more general knowledge, skills, and practices. Examples of problem-oriented teaching strategies include using a specific patient case to teach about a disease, treatment, or set of behaviors, using a mistake someone made as an opportunity to teach how not to make that mistake again, and using a positive example of when treatment led to good outcomes to discuss what the team did to get to that positive result.</p>	

## Teaching to Learning Level

Question	Description	Observer's Notes
Does faculty member appropriately <b>identify level</b> of resident as learner?	The RIME model can be used to identify the learning level of the resident.	
Did the faculty member address any residents as <b>reporters</b> ? Give an example of when this was appropriate and/or inappropriate to the resident/situation.	Working with a resident as a reporter means focusing on basic knowledge and skills such as completing a history and physical, having basic medical knowledge and data gathering.	
Did the faculty member address any residents as <b>interpreters</b> ? Give an example of when this was appropriate and/or inappropriate to the resident/situation.	Working with a resident as an interpreter means recognizing and focusing on the resident's ability to take the basic skills and knowledge they have and apply it to specific patients. This may include developing a differential diagnosis and being able to support it and the ability to interpret clinical findings.	
Did the faculty member address any residents as <b>managers</b> ? Give an example of when this was appropriate and/or inappropriate to the resident/situation.	Working with a resident as a manager means focusing on the resident's ability to make decisions based on knowledge, skills, and interpretation. This may include choosing from various options to develop a treatment plan and working with a patient's preferences and circumstances to develop a workable treatment plan.	
Did the faculty member address any residents as <b>educators</b> ? Give an example of when this was appropriate and/or inappropriate to the resident/situation.	Working with a resident as an educator means going beyond the previous three steps to being able to teach what you know, be self-directed in further learning, and demonstrate leadership in educating the team and patients. This may include senior residents supporting junior residents who are at different levels of this model or taking the lead in developing a plan for a particularly complex patient.	

### Cognitive Load

Question	Description	Observer's Notes
<p>Did the faculty member give an <b>appropriate amount of information</b> for the situation? Give an example of when they did or did not.</p>	<p>An appropriate amount of information is how much a resident can effectively process at a particular moment and/or situation. Evidence that the amount of information is appropriate includes that the resident applies the information to the problem at hand without forgetting specific pieces of information and can repeat back and/or summarize what you just stated.</p>	
<p>Did the faculty member provide an <b>appropriate level of information</b> for the situation? Give an example of when they did or did not.</p>	<p>An appropriate level of information considers the learning level of the resident. It includes starting with the foundational knowledge required and building on that (scaffolding) [may not always be evident to observer who hasn't been with the team the whole time]. Evidence that the level of information is appropriate includes that the resident can integrate new knowledge into what they already knew to develop a treatment plan, make a diagnosis, etc. Evidence that the level of information is <i>not</i> appropriate is like the above - resident cannot remember what you said, repeat back and/or summarize what you stated, and/or does not know how to use the information to take next steps.</p>	
<p>Did the faculty member acknowledge (when appropriate) <b>factors outside of the teaching context</b> that may be contributing to additional cognitive load? Give an example of how they responded to this.</p>	<p>Factors outside of teaching include things that may be causing increased stress, anxiety, or other emotional states that can reduce cognitive capacity to learn at any given moment. Specific factors may include heavy load of patients, several new admissions at the same time, a personal issue in the resident's life, tension within the team, recent death of a patient. Stating in general terms what factors may be impinging on cognitive load is an example of a good teaching strategy.</p>	

### Giving and Receiving Feedback

Question	Description	Observer's Notes
<p>When faculty gives feedback, which components from the</p>	<p>A: Allow or ask learner to self-assess</p>	

<p><b>ARCH model</b> did you observe being used? Give examples.</p>	<p><b>R:</b> reinforce what is being done well, whether attitude, knowledge, or skills of the learner  <b>C:</b> confirm what need correction or improvement  <b>H:</b> Help the learner with an action plan or steps to work on improvement</p>	
<p>How does the faculty member deal with <b>feedback reactions</b>? Give examples.</p>	<div data-bbox="617 367 1188 833" style="text-align: center;"> <h3>Dealing with Feedback Reactions</h3> <p><b>HEAR Model</b></p> <p><b>HEAR</b> and articulate the individual's reaction in a non-judgemental way.  <i>"I notice you have gotten quiet."</i>  <i>"You seem to have some strong emotions around this."</i></p> <p><b>EXPLORE</b> using neutral language to assess what's driving the reaction.  <i>"What are you thinking right now?"</i>  <i>"What is your reaction about?"</i></p> <p><b>ACKNOWLEDGE</b> and validate what you hear the person saying.  <i>"It sounds like this feedback doesn't seem fair to you, given how hard you've been working. I can imagine that this must be frustrating."</i></p> <p><b>REFOCUS</b> the individual on what's true about the feedback and what they can do about it.  <i>"What about the feedback do you agree with?"</i>  <i>"What can you do to address these issues?"</i></p> <p><b>HEAR Model</b>  <b>NEXT STEP PARTNERS</b>   Leaders Without Limits  NextStepPartners.com  SF (415) 762-0148  NYC (646) 425-8820</p> </div>	
<p>Does the faculty member engage the team in a <b>debrief</b>? Do they include an opening for residents to <b>give feedback to the faculty member</b>? How did the debrief go?</p>		