Assessing the quality of clinical teaching: a preliminary study
Rosemarie L. Conigliaro & Terry D. Stratton
Medical Education 2010 (44) 379–386.
http://www.wiley.com/bw/journal.asp?ref=0308-0110&site=1

Objectives: Current assessments of clinical teaching typically measure attributes of clinical teachers in overly broad terms, are often subjective and often succumb to the halo effect. This is in contradistinction to measurements of lectures, workshops or online educational content, which can more readily be assessed using objective criteria. As a result, clinical evaluations are often insufficient to provide focused feedback, guide faculty development or identify specific areas for clinical teachers to implement change and improvement. The aim of this study was to offset these limitations.

Methods: Research began with a literature review of over 100 articles from PubMed between 1990 and 2005 that was used to identify specific qualities, characteristics, or behaviors of excellent clinical teachers. The researchers identified consistent items and themes, most of which related to broad domains such as learning climate, overall teaching effectiveness or general knowledge. They then developed a structured, 15-item objective structured clinical examination (OSCE)-type checklist of discrete teaching behaviors intended to be: (i) observable; (ii) applicable to multiple disciplines, and (iii) reliably identifiable. The goal was to test and utilize checklists as an objective assessment of clinical teaching across a range of in-patient teaching rounds experiences. During 2007–2008, pairs of external raters on two separate occasions observed nine attending physicians during actual in-patient pediatrics and internal medicine ward rounds at a large, academic medical center. Observers documented the extent to which specific teaching behaviors did or did not occur.

Results: The internal consistency of the 15-item checklist was good (a = 0.85). A two-facet, partially nested G study found the generalizability of ratings to be generally acceptable, but inter-rater reliability varied greatly between occasions and across individual checklist items.

Conclusions: The authors specified key discrete behaviors intended to be measurable and germane to clinical teaching across numerous disciplines, and examined a companion pilot process by which raters were trained to observe and record these during actual clinical teaching rounds. They suggest that placing observers on rounds to detect these behaviors may not be as straightforward as it would seem; clinical teaching may be a more inherently subjective process, based on different teaching styles of faculty staff. However, the authors concluded that a set of objective checklist items to be completed by trained observers on teaching rounds holds promise as a potentially viable means of identifying strengths and weaknesses of clinical instruction. Further research is needed to define what constitutes quality clinical teaching, as well as the most reliable method for assessing it.

Implications for TUSM: In an effort to promote quality teaching as well as peer-to-peer exchanges and feedback on teaching, a subcommittee of the Curriculum Committee proposed a set of criteria for effective lecturing at TUSM based on student and faculty input. This subcommittee also recommended that we identify a set of criteria for effective clinical teaching at TUSM as the next step. This article could serve as a resource for us to start thinking about what would constitute good clinical teaching on the wards at TUSM.