Residents as Educators: Understanding the Role in Medical Student Education

Amy Domeyer-Klenske, MD and Kristina Kaljo, PhD
Department of Obstetrics & Gynecology
Medical College of Wisconsin, Milwaukee, WI

INTRODUCTION
Residents play a critical role in medical student education and have the capacity to significantly contribute to learner’s knowledge and clinical skill acquisition. Currently, no standardized resident teacher preparation model exists, with many programs attempting to fit in teaching strategies sporadically throughout a four-year residency (Helfin et al, 2009). Couple this with additional barriers such as duty hour restrictions, patient demands, and departments’ varying level of commitment to teaching have tremendous impact on the efficacy of residents as educators, and in turn, medical student learning.

2014 Graduate Questionnaire—quality of educational experience: Good to excellent, %

<table>
<thead>
<tr>
<th></th>
<th>Internal medicine</th>
<th>Pediatrics</th>
<th>Emergency medicine</th>
<th>Psychiatry</th>
<th>Family medicine</th>
<th>Surgery</th>
<th>Obstetrics and gynecology</th>
<th>Neurology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduating year 2014</td>
<td>92</td>
<td>87</td>
<td>87</td>
<td>86</td>
<td>84</td>
<td>83</td>
<td>79</td>
<td>76</td>
</tr>
</tbody>
</table>

Pradhan et al, 2016

METHODS
- A validated, anonymous survey was e-mailed to 1st-4th year residents of ACGME-accredited OB/GYN programs across the United States.
- Open-ended results were coded by the study authors.
- At the Medical College of Wisconsin (MCW) an OB/GYN ‘Residents as Educators’ workshop was facilitated to collectively delineate common medical student learning expectations and identify barriers to effective teaching.

2014 Graduate Questionnaire—quality of educational experience: Good to excellent, %

<table>
<thead>
<tr>
<th></th>
<th>Internal medicine</th>
<th>Pediatrics</th>
<th>Emergency medicine</th>
<th>Psychiatry</th>
<th>Family medicine</th>
<th>Surgery</th>
<th>Obstetrics and gynecology</th>
<th>Neurology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduating year 2014</td>
<td>92</td>
<td>87</td>
<td>87</td>
<td>86</td>
<td>84</td>
<td>83</td>
<td>79</td>
<td>76</td>
</tr>
</tbody>
</table>

Pradhan et al, 2016

WHAT BARRIERS, IF ANY, HINDER YOUR TEACHING?
Time,
- I feel we are so stretched in trying to complete our clinical duties that it becomes nearly impossible for me to seek out teaching without compromising patient care or breaking work hours.
- Balancing clinical duties
- Occasionally there is too much work to be done on service to effectively teach a group of students, and I feel like I have to juggle between my commitment to my patients and my commitment to teaching medical students.

Knowledge of what to teach (e.g. content)
- I’m still learning myself so sometimes I might not be the best person to teach the students.

Lack of Pedagogical Skills
- Lack of knowledge on my part.
- No standardized information that I know I should teach them.

CONCLUSIONS AND NEXT STEPS
- Variable teacher training exists to provide residents with teaching skills.
- A majority of residents report they receive either informal or no training.
- Barriers to effective resident teaching include: limited time, difficulty balancing clinical duties, variable student interest and lack of knowledge course content.
- Established an Ob/Gyn-specific RAE committee.
- Residents across all levels self-selected to participate.
- Facilitated by Clerkship Co-Directors.
- First meeting took place in the beginning of April, with sessions planned quarterly.
- Identified the areas of: Evaluations, resident teaching expectations, different learning styles to address in the immediate future.

RAE CURRICULUM DEVELOPMENT
- Ample and diverse opportunities must be provided for residents to develop the necessary pedagogical skills to effectively prepare medical students to successfully meet clinical expectations.
- Provide a RAE training session for interns in July.
- Focus on strategies when time is limited, working with challenging personalities, emphasizing the notion of “team”.
- A role-model based educational intervention for residents could serve as a useful strategy to improve the teaching of students and could further address identified barriers to teaching.
- Structured resident-as-educators training sessions and curricula significantly improve residents’ teaching skills and may alleviate the challenges that continue to persist (Post et al, 2009).

CONCLUSIONS
- OB/GYN RAE COMMITTEE
- Residents as the leaders in teaching medical students.

Resident Training as Medical Student Educators

<table>
<thead>
<tr>
<th>None</th>
<th>Yes, by informal instruction and feedback from other residents</th>
<th>Yes, by formal didactic lectures</th>
<th>Yes, by formal courses on teaching students</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>30</td>
<td>23</td>
<td>12</td>
</tr>
</tbody>
</table>

RESIDENTS AS EDUCATORS WORKSHOP
- 25 Ob/Gyn residents attended
- Collectively standardized student expectations for three hospital sites across the areas of Clinic, Professionalism, Call, Obstetrics, Gynecology
- Empower residents as the leaders in teaching medical students.

QUALITATIVE SURVEY DATA

QUANTITATIVE SURVEY DATA

Residents as Educators: Understanding the Role in Medical Student Education

Amy Domeyer-Klenske, MD and Kristina Kaljo, PhD
Department of Obstetrics & Gynecology
Medical College of Wisconsin, Milwaukee, WI

INTRODUCTION
Residents play a critical role in medical student education and have the capacity to significantly contribute to learner’s knowledge and clinical skill acquisition. Currently, no standardized resident teacher preparation model exists, with many programs attempting to fit in teaching strategies sporadically throughout a four-year residency (Helfin et al, 2009). Couple this with additional barriers such as duty hour restrictions, patient demands, and departments’ varying level of commitment to teaching have tremendous impact on the efficacy of residents as educators, and in turn, medical student learning.

METHODS
- A validated, anonymous survey was e-mailed to 1st-4th year residents of ACGME-accredited OB/GYN programs across the United States.
- Open-ended results were coded by the study authors.
- At the Medical College of Wisconsin (MCW) an OB/GYN ‘Residents as Educators’ workshop was facilitated to collectively delineate common medical student learning expectations and identify barriers to effective teaching.

WHAT BARRIERS, IF ANY, HINDER YOUR TEACHING?
Time,
- I feel we are so stretched in trying to complete our clinical duties that it becomes nearly impossible for me to seek out teaching without compromising patient care or breaking work hours.
- Balancing clinical duties
- Occasionally there is too much work to be done on service to effectively teach a group of students, and I feel like I have to juggle between my commitment to my patients and my commitment to teaching medical students.

Knowledge of what to teach (e.g. content)
- I’m still learning myself so sometimes I might not be the best person to teach the students.

Lack of Pedagogical Skills
- Lack of knowledge on my part.
- No standardized information that I know I should teach them.

CONCLUSIONS AND NEXT STEPS
- Variable teacher training exists to provide residents with teaching skills.
- A majority of residents report they receive either informal or no training.
- Barriers to effective resident teaching include: limited time, difficulty balancing clinical duties, variable student interest and lack of knowledge course content.
- Established an Ob/Gyn-specific RAE committee.
- Residents across all levels self-selected to participate.
- Facilitated by Clerkship Co-Directors.
- First meeting took place in the beginning of April, with sessions planned quarterly.
- Identified the areas of: Evaluations, resident teaching expectations, different learning styles to address in the immediate future.

RAE CURRICULUM DEVELOPMENT
- Ample and diverse opportunities must be provided for residents to develop the necessary pedagogical skills to effectively prepare medical students to successfully meet clinical expectations.
- Provide a RAE training session for interns in July.
- Focus on strategies when time is limited, working with challenging personalities, emphasizing the notion of “team”.
- A role-model based educational intervention for residents could serve as a useful strategy to improve the teaching of students and could further address identified barriers to teaching.
- Structured resident-as-educators training sessions and curricula significantly improve residents’ teaching skills and may alleviate the challenges that continue to persist (Post et al, 2009).

CONCLUSIONS
- OB/GYN RAE COMMITTEE
- residents as the leaders in teaching medical students.

Resident Training as Medical Student Educators

<table>
<thead>
<tr>
<th>None</th>
<th>Yes, by informal instruction and feedback from other residents</th>
<th>Yes, by formal didactic lectures</th>
<th>Yes, by formal courses on teaching students</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>30</td>
<td>23</td>
<td>12</td>
</tr>
</tbody>
</table>

RESIDENTS AS EDUCATORS WORKSHOP
- 25 Ob/Gyn residents attended
- Collectively standardized student expectations for three hospital sites across the areas of Clinic, Professionalism, Call, Obstetrics, Gynecology
- Empower residents as the leaders in teaching medical students.

QUALITATIVE SURVEY DATA

QUANTITATIVE SURVEY DATA

Residents as Educators: Understanding the Role in Medical Student Education

Amy Domeyer-Klenske, MD and Kristina Kaljo, PhD
Department of Obstetrics & Gynecology
Medical College of Wisconsin, Milwaukee, WI

INTRODUCTION
Residents play a critical role in medical student education and have the capacity to significantly contribute to learner’s knowledge and clinical skill acquisition. Currently, no standardized resident teacher preparation model exists, with many programs attempting to fit in teaching strategies sporadically throughout a four-year residency (Helfin et al, 2009). Couple this with additional barriers such as duty hour restrictions, patient demands, and departments’ varying level of commitment to teaching have tremendous impact on the efficacy of residents as educators, and in turn, medical student learning.

METHODS
- A validated, anonymous survey was e-mailed to 1st-4th year residents of ACGME-accredited OB/GYN programs across the United States.
- Open-ended results were coded by the study authors.
- At the Medical College of Wisconsin (MCW) an OB/GYN ‘Residents as Educators’ workshop was facilitated to collectively delineate common medical student learning expectations and identify barriers to effective teaching.

WHAT BARRIERS, IF ANY, HINDER YOUR TEACHING?
Time,
- I feel we are so stretched in trying to complete our clinical duties that it becomes nearly impossible for me to seek out teaching without compromising patient care or breaking work hours.
- Balancing clinical duties
- Occasionally there is too much work to be done on service to effectively teach a group of students, and I feel like I have to juggle between my commitment to my patients and my commitment to teaching medical students.

Knowledge of what to teach (e.g. content)
- I’m still learning myself so sometimes I might not be the best person to teach the students.

Lack of Pedagogical Skills
- Lack of knowledge on my part.
- No standardized information that I know I should teach them.

CONCLUSIONS AND NEXT STEPS
- Variable teacher training exists to provide residents with teaching skills.
- A majority of residents report they receive either informal or no training.
- Barriers to effective resident teaching include: limited time, difficulty balancing clinical duties, variable student interest and lack of knowledge course content.
- Established an Ob/Gyn-specific RAE committee.
- Residents across all levels self-selected to participate.
- Facilitated by Clerkship Co-Directors.
- First meeting took place in the beginning of April, with sessions planned quarterly.
- Identified the areas of: Evaluations, resident teaching expectations, different learning styles to address in the immediate future.

RAE CURRICULUM DEVELOPMENT
- Ample and diverse opportunities must be provided for residents to develop the necessary pedagogical skills to effectively prepare medical students to successfully meet clinical expectations.
- Provide a RAE training session for interns in July.
- Focus on strategies when time is limited, working with challenging personalities, emphasizing the notion of “team”.
- A role-model based educational intervention for residents could serve as a useful strategy to improve the teaching of students and could further address identified barriers to teaching.
- Structured resident-as-educators training sessions and curricula significantly improve residents’ teaching skills and may alleviate the challenges that continue to persist (Post et al, 2009).

CONCLUSIONS
- OB/GYN RAE COMMITTEE
- residents as the leaders in teaching medical students.