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Are Our Students Teachers?

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Background

Objectives

Methods

Acknowledgements

Conclusions


do not have a measure of efficacy.

5. A teaching course may further increase medical students’ self-reported teaching comfort - and teaching efficacy - to an extent that will impact the quality of institutional education and patient care over time.

A COURSE BLUEPRINT
UMMS students contribute to teaching at all levels of the formal and informal curriculum – but better definition, integration, and coordination is needed to improve these efforts.

GOAL: Use what we have, but add context; make it universal, longitudinal (but flexible), and relevant. Then, we must evaluate students for areas of improvement, and provide opportunities to practice & refine their skills.

YEAR 1
Introduction to the teaching role; small group preparation, learning & facilitation.

YEAR 2
Learning and teaching principles; giving case and topical presentations; introduction to the clinical & bedside teaching environment.

YEAR 3
Peer-peer observation of peer and patient education with formalized feedback – on wards; taped clinical presentations at the beginning & end of the third year.

YEAR 4
Experience preparing educational materials to conduct a session of student choice; incorporate feedback, re-teach with peer review. Taped clinical presentation during sub-i – peer, patient, or both. OSTE – teaching skills exam prior to graduation. May use junior medical students as standardized patients.