Are Our Students Teachers?

Joel Bradley  
*University of Massachusetts Medical School*

Melissa A. Fischer  
*University of Massachusetts Medical School*

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Background

The LCME does not require medical schools to introduce, refine, or test teaching skills, but it requires all residents to be "prepared for their roles in teaching and assessment."

UMMS requires all students be prepared for "assuming the role of teacher" in 100% of medical schools, students teach. 44% of US schools have formal teaching programs.

There are many reasons why clinical skills are important.

- Improved teaching
- Increased awareness of clinical complexity
- Decreased medical errors
- Improved patient care
- Learner satisfaction

The ACGME requires all residencies to incorporate formalized student teaching into their course or clerkship.

Objectives

- Quantify peer and patient teaching opportunities at UMMS.
- Describe faculty and student attitudes toward institution of a formal student teaching program.
- Report arguments for and against such a program, including barriers specific to UMMS.
- Propose a blueprint for a course.

Methods

- Literature Review: Student as Teacher (SAT), Resident as Teacher (RAT), Faculty Development.
- Institutional survey: Faculty course and clerkship directors & all currently enrolled students.
- [ IRB: exemption not required ]

Acknowledgements

With thanks to Sue Collette in the OUSE for help with data collection; to Thomas Kramer MS4, for assistance with data analysis; and to Elisa Bradley and Anna Bahoulb MS4, for guidance in formatting.

Conclusions

1. There is solid faculty and student support for a student teaching course at UMMS.
2. Students gradually become more comfortable as educators within the current system, but make only modest gains; we currently have no measure of efficacy.
3. Students in all class years perceived the value of learning and practicing teaching skills within the formal curriculum, but might not make time for it otherwise.
4. The are dramatic differences in student and faculty recognition of teaching as part of the professional role.
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.

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Joel Bradley MS4, Melissa Fischer, M.D. M.Ed.
Office of Undergraduate Medical Education, University of Massachusetts Medical School, Worcester, Massachusetts

Results

The LITERATURE

Teaching courses have impact:
- Improved teaching
- Learning communication & clinical skills
- Professional & Leadership development
- Increased awareness of teaching role and its delights and challenges
- Teaching assistance for faculty & curricular development

The REQUIREMENTS

The LCME does not require medical schools to introduce, refine, or test teaching skills, but it requires all residents to be “prepared for their roles in teaching and assessment.”

The ACGME requires all residencies to teach formal teaching skills.

UMMS requires all students be prepared for “assuming the role of teacher” in 100% of medical schools, students teach. 44% of US schools have formal teaching programs.

Should OUR MEDICAL STUDENTS BE TAUGHT TO TEACH?

- Clinical complexity
- Critically ill patients increasing medical knowledge
- Duty hours vs. teaching time

the HEALTH CARE SYSTEM

What are the effects of unskilled & inexperienced teaching?

- Quality of clinical training for residents and students
- Lower quality physicians
- Weak inter-professional exchange
- Lost opportunity for collaboration
- Ineffective patient education – poor patient care

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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’s choice; incorporate feedback, re-teach with peer review. Taped clinical presentation during sub-1 – peer, patient, or both. OSTE – teaching skills exam prior to graduation. May use junior medical students as standardized patients.