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Are Our Students Teachers?

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"It goes without saying that no man can teach successfully who is not at the same time a student." Sir William Osler

Are Our Students Teachers?

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Background

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 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?

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

the CONCERNS

↑ clinical complexity; ↑ critically ill patients
exponentially increasing medical knowledge

↓ duty hours = ↓ teaching time

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]

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Results

RESPONSE TO SURVEY

42 of 56 total course & clerkship faculty (75%): 1-4 faculty per course, 22 courses (anonymity optional)
143 of 514 total students (28%): 18% MS1, 25% MS2, 27% MS3, 40% MS4 and "MS5" (extended)

Figure 1: Percent of UMMS courses and clerkships offering teaching opportunities

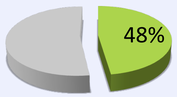


Figure 2: Percent of faculty interested in incorporating formalized student teaching into their course or clerkship

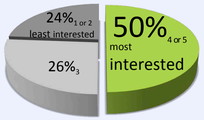


Figure 3: Percent of faculty with ideas for how to incorporate formal teaching into the curriculum

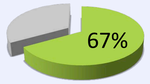


Figure 4: Average student comfort with **peer** teaching by year

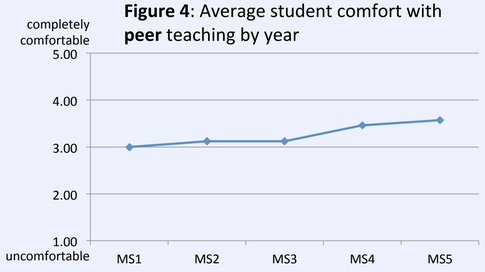
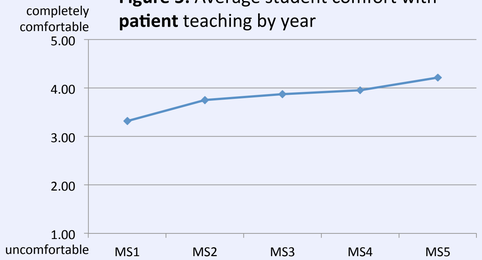


Figure 5: Average student comfort with **patient** teaching by year



76% of students: "important to learn formal teaching skills - small group, lecture, bedside - in medical school" (4 or 5)

78% of students: "important to practice formal teaching skills - small group, lecture, bedside - in medical school" (4 or 5)

Ideas & Comments

"When you boil it down, a lot of being a doctor… involves patient education and teaching."

"It is important to give students the opportunity to educate…no one teaches us how."

"Not sure if this counts…teaching MS3s as an MS4 on service?"

"Formal presentations to faculty, residents, and students – it's a big part of 4th year."

"An elective about teaching would be an excellent idea but it would probably only draw those already motivated and interested…a 3rd year clerkship about teaching would be a good way to reach everyone."

"Already too much of an emphasis on some of the "soft skills"… making teaching a formal part of the curriculum would be inappropriate."

"Teaching patients or peers these days encompasses so much more than presentation or facilitation skills. I'd like to see students also have opportunities in related areas…creating educational …[and] interactive, technology-based materials."

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.

A COURSE B L U E P R I N T

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-I – peer, patient, or both.

OSTE – teaching skills exam prior to graduation. May use junior medical students as standardized patients.