Are Our Students Teachers?

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Are Our Students Teachers?
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Background

**The LITERATURE**
Teaching courses have significant impact:
- Improved teaching/learning communication & clinical skills

**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.
- UMMMS requires all students be prepared for "assuming the role of teacher"

**the HEALTH CARE SYSTEM**

- Clinical: complexity; critically ill patients exponentially increasing medical knowledge
- Duty: hours = teaching time

The CONCERNS
- Quality of clinical training for residents and students
- Ineffective patient exchange
- Poor patient education – poor patient care

**Objectives**
- Quantify peer and patient teaching opportunities at UMMMS.
- 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 UMMMS.
- 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
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Results

**RESPONSE TO SURVEY**

42 of 56 total course & clerkship faculty (75%): 14 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 UMMMS 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

**Table 1:**

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<th>MS3</th>
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Conclusions

1. There is solid faculty and student support for a student teaching course at UMMMS.
2. Students gradually become more comfortable as educators within the current system, but may need 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 BLUEPRINT

UMMMS 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.

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