Are Our Students Teachers?

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*Et al.*
Teaching role and its delights and drawbacks

Teaching assistance for faculty and curricular development

Methods

Propose a blueprint for a course.

Objectives

- 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.

Literature Review: Student as Teacher (SAT), Resident as Teacher (RaT), Faculty Development.

Institutional survey: Faculty course and clerkship directors & all currently enrolled students.

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[IRB: exemption not required]

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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

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Results

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

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 acute 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

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.