

For the Office-based Teacher of Family Medicine

William Huang, MD
Feature Editor

Editor's Note: In this month's column, Sweetey Jain, MD, formerly of the Sacred Heart Hospital Family Medicine Residency and currently at the Lehigh Valley Hospital Family Medicine Residency (both in Allentown, Pa), discusses how program faculty can help their residents gain office-based teaching skills.

This is the final column for which I will serve as editor. I thank the Editorial Board and staff of *Family Medicine* for their support, authors for submitting manuscripts to the column, and readers for their feedback. **Please welcome the new column editor, John Delzell, MD, of the University of Kansas.**

This feature is also published on the STFM Web site at www.stfm.org. Predoctoral directors are urged to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation).

Send your submissions to jdelzell@kumc.edu. John Delzell, Jr, MD, University of Kansas Medical Center, Department of Family Medicine, 3901 Rainbow Boulevard, Mail Stop 4010, Kansas City, KS 66160. 913-588-1996. Fax: 913-588-1905. Submissions should be no longer than three to four double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Training Residents to Be Office-based Teachers of Family Medicine

Sweetey Jain, MD

Residents enjoy teaching and consider it an important aspect of their training and preparation for practice.^{1,2} Many residents devote a great deal of time to teaching activities, regardless of their future career plans.² Teaching by residents contributes significantly to medical students' education, with one study reporting that one third of medical students' knowledge results from resident teaching, while in contrast, only 19% of knowledge results from faculty teaching.³ Despite their well-established teaching role, many residents receive little or no formal instruction in this important skill. Generally, efforts to enhance residents' teaching skills have not

been as intensive as those offered to faculty.⁴

By teaching medical students, residents can achieve the Accreditation Council for Graduate Medical Education (ACGME) practice-based learning and improvement competency that states "Residents are expected to facilitate the learning of students and other health care professionals."⁵ In addition, departments or programs that train residents to be teachers will fulfill the Liaison Committee on Medical Education (LCME) requirement ED-24 that "Residents who supervise or teach medical students . . . must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation."⁶

At the Sacred Heart Hospital residency, a faculty member and behavioral scientist train third-year residents to be teachers through

a "Residents as Future Teachers" (RAFT) program conducted over 10–12 1-hour weekly sessions. The format of these sessions includes lectures, interactive discussions, video vignettes from the Society of Teachers of Family Medicine's PEP2 tape (see Table 1, item 6) and role-playing sessions. Residents are also referred to multiple resources, including Web sites (see Table 1). The training essentially focuses on the qualities of adult learners; assessment of knowledge, attitude, and skills; tips for effective teaching; and the art of providing effective and useful feedback. The lead faculty also conducts a brief in-service for participating faculty so that they understand their role as supervisors and can effectively guide the residents as they teach.

Residents who have completed the RAFT training program are allowed to conduct sessions in which

Fam Med 2007;39(10):700-2.

Table 1

Resources for Enhancing Teaching Skills of Residents

1. The Residents' Teaching Skills Web Site. University of California, Irvine School of Medicine. Available at <http://www.ucimc.netouch.com/>
2. Residents as Teachers. Cincinnati Children's Hospital Medical Center. Faculty Development Program. Available at <http://www.cincinnatichildrens.org/ed/clinical/grad/faculty/residents.htm?view=content>
3. Residents as Teachers. Medical College of Wisconsin. Available at <http://www.mcw.edu/display/router.asp?docid=2446>
4. Residents as Teachers. The University of Kansas Medical Center. Office of Graduate Medical Education. Available at: <http://gme.kumc.edu/rat.html>
5. Office-based Teacher. Society of Teachers of Family Medicine. Available at www.stfm.org/teacher/hub.html
6. Sheets KJ, Garrett EA, Garner J, Monroe AD, Mygdal WK, Usatine RP, Sherwood RA. Preceptor Education Project, Second Edition: Facilitator's Guide for Conducting PEP2 Workshops. Leawood, Kan: Society of Teachers of Family Medicine, 1999. Includes a guide and videotape with teaching vignettes. More information available at www.stfm.org/pep/pep2.html

All accessed on September 17, 2007

they precept interns or medical students in the ambulatory setting with a faculty supervisor present. Before the learner sees the patient, the teaching resident reviews the patient chart with the learner and discusses the presenting problem, the ways the learner could approach the problem, and offers tips to effectively manage time when the patient presents with multiple medical and social problems. After receiving this anticipatory guidance, the learner proceeds to the exam room while the teaching resident observes the encounter on the video monitor. Upon completion of the encounter, the learner returns to the teaching resident and presents the case.

To enhance the effectiveness of our program, learners and faculty supervisors complete evaluations on the teaching resident's precepting skills. The lead faculty reviews these and gives feedback and suggestions to the teaching resident later. During the precepting sessions, the teaching resident also completes a log of teaching encounters, self-assesses his/her comfort in each encounter, and notes areas that he/she needs to read and learn more about.

If your program sets up a similar opportunity for residents to teach in the ambulatory setting, we recommend the following items to help the faculty supervisor handle the responsibilities and different situations that may arise during these precepting sessions:

(1) *Precepting room arrangement.* To facilitate the teaching resident-learner interaction, the teaching resident and learner should face each other during the patient presentation, while the faculty supervisor sits off to the side and observes. The faculty supervisor should allow the teaching resident to conduct the precepting session on his/her own. As much as possible, learners or ancillary staff with questions or problems should direct them to the teaching resident and not to the faculty supervisor.

(2) *Responsibility of the faculty supervisor as teaching and billing physician.* Although the intent is to give the teaching resident as much autonomy as possible, the faculty supervisor must remember that he/she will still sign the chart as teaching physician of record. This means that the faculty supervisor is responsible for ensuring that quality clinical care is given during the encounter and that the correct

billing code is used. Therefore, although an observer, the faculty supervisor should pay close attention to the details and depth of the clinical encounter.

(3) *Role of the faculty in supervising the teaching resident.* The faculty supervisor must also carefully watch and listen to the teaching and learning process that occurs in the encounter. He/she must be prepared to give the teaching resident feedback on his/her teaching skills after the encounter, at the end of the session/day, and finally at the end of the rotation. Relevant attributes to observe include enthusiasm as a teacher, availability throughout the session, the working relationship developed with the learner, and the quality of questions used to encourage problem solving by the learner. The faculty supervisor should also make note of the teaching resident's skills in giving specific feedback, in encouraging the learner to express opinions about patient problem and treatment, and in guiding independent learning by suggesting articles, books, or other resources that the learner can access later.

(4) *Response of the faculty supervisor when the teaching resident advises the learner to manage the patient in a way that is not the faculty supervisor's preference or when the teaching resident makes a mistake.* When the teaching resident advises the learner to manage the patient in a way that is not the faculty's preference, the faculty supervisor should discuss this with the teaching resident after the learner has left. Depending on the importance of the issue, the number of acceptable options for treating the condition and the availability of evidence that may point to the best option, the teaching resident may choose to change his/her decision and inform the learner.

A more challenging situation may occur when the teaching resident teaches something that is clearly incorrect. In this case, the welfare of the patient takes

precedence. It is appropriate for the faculty supervisor to intervene immediately and correct the teaching resident in front of the learner. However, this should be done in a professional manner, keeping in mind that the teaching resident is in the role of a junior colleague when he/she is precepting.

(5) *Responsibility of faculty in giving feedback and evaluation to the teaching resident.* To give formative feedback, the faculty supervisor should wait until the learner leaves the precepting room. This feedback should be specific and include positive reinforcement of teaching behaviors that were well demonstrated and constructive suggestions on how the teaching resident could perform better in some other areas. As needed, the faculty supervisor should also suggest teaching skill resources such as videos, books, or articles as part of the feedback.

The faculty supervisor must also prepare to give summative feedback at the end of the rotation or end of the year. This includes completion of an evaluation form rating the precepting skills of the teaching resident and writing appropriate comments that summa-

rize and provide guidance for the teaching resident to improve as a clinical teacher in the future.

Conclusions

An increasing number of family medicine residency programs are developing teaching skills programs for their residents and designing them to suit their specific scheduling requirements. For example, as part of its Preparing the Personal Physician for Practice (P4) curriculum, the Lehigh Valley Family Medicine Residency Program uses a 2-day learning laboratory to train their second- and third-year residents in teaching skills. In addition, Dr Adam Dimitrov at Franklin Square Hospital (Baltimore, Maryland) has designed a curriculum consisting of a series of half-day workshops, each focusing on a specific teaching skill. The author suggests the above guidelines and resources in Table 1 to help residencies develop a program that is tailored to their goals and needs. Interested faculty are encouraged to contact the author for examples of materials that are used, such as evaluation forms and teaching logs.

Acknowledgments: I thank the faculty and residents of Sacred Heart Hospital Family Medicine Residency Program, especially the class of 2003–2004 RAFT residents; John Turoczi, EdD, behavioral scientist, Sacred Heart Hospital Family Medicine Residency; and Adam Dimitrov, MD, faculty, Family Medicine Residency, Franklin Square Hospital, Baltimore. I also thank Elizabeth Morrison, MD, University of California, Irvine School of Medicine for her guidance and support.

Correspondence: Address correspondence to Dr Jain, Lehigh Valley Hospital Family Medicine Residency Program, 17th and Chew Streets, Allentown, PA 18105. 610-969-4890. Fax: 610-969-4952. Sweetie.Jain@lvh.com.

REFERENCES

1. Greenberg LW, Goldberg RM, Jewett LS. Teaching in the clinical setting; factors influencing residents' perception, confidence, and behavior. *Med Educ* 1984;18:360-5.
2. Apter A, Metzger R, Glassroth J. Residents' perception of their role as teachers. *J Med Educ* 1988;63:900-5.
3. Bing-You RG, Sproul MS. Medical students' perception of themselves and residents as teachers. *Med Teach* 1992;14(2/3):133-8.
4. Morrison EH, Hafler JP. Yesterday a learner, today a teacher too: residents as teachers in 2000. *Pediatrics* 2000;105(1 part 3) suppl: S238-S241.
5. ACGME Outcome project. The Accreditation Council for Graduate Medical Education Web site. Available at www.acgme.org/outcome/comp/compfull.asp. Accessed September 17, 2007.
6. LCME Accreditation Standards. The Liaison Committee on Medical Education Web site. Available at www.lcme.org/functionslist.htm#teachingandevaluation. Accessed September 17, 2007.