

Surgical Residents as Teachers (SRAT)

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OBJECTIVES

To design, implement and evaluate an **INTEGRATED, DEVELOPMENTAL and LONGITUDINAL** surgical residents-as-teachers training program using best practice principles.

Residents and graduates from UBC surgical training programs will

- think of themselves as teachers, as part of their role/identity as surgeons
- identify learning needs of medical students, residents, patients, health care providers and colleagues
- clearly communicate new research knowledge
- teach effectively in different settings

Medical students in general surgery rotations have reported that 50% of teaching is provided by residents and fellows. (Ogburn, 2005)

One-third of a medical student's knowledge is directly attributable to residents. (Post, 2009)

Clinicians in practice regularly teach patients, staff, other health care providers and colleagues.

PGY1&2 residents think of themselves as learners, not teachers!

PGY5's have had a lot of teaching experience but not a lot of training as teachers.

"Isolated offerings" or "one size fits all" approaches are unlikely to be effective in meeting the specific needs of residents at different phases in their development.

DATA COLLECTION

Needs Assessment – residents' preferred year to learn various teaching skills

Resident Self-Evaluation – residents' perspectives of their own teaching

Medical Student Evaluation – medical students' evaluations of resident teaching on service

Attending Evaluation – faculty evaluations of resident teaching at the end of rotation

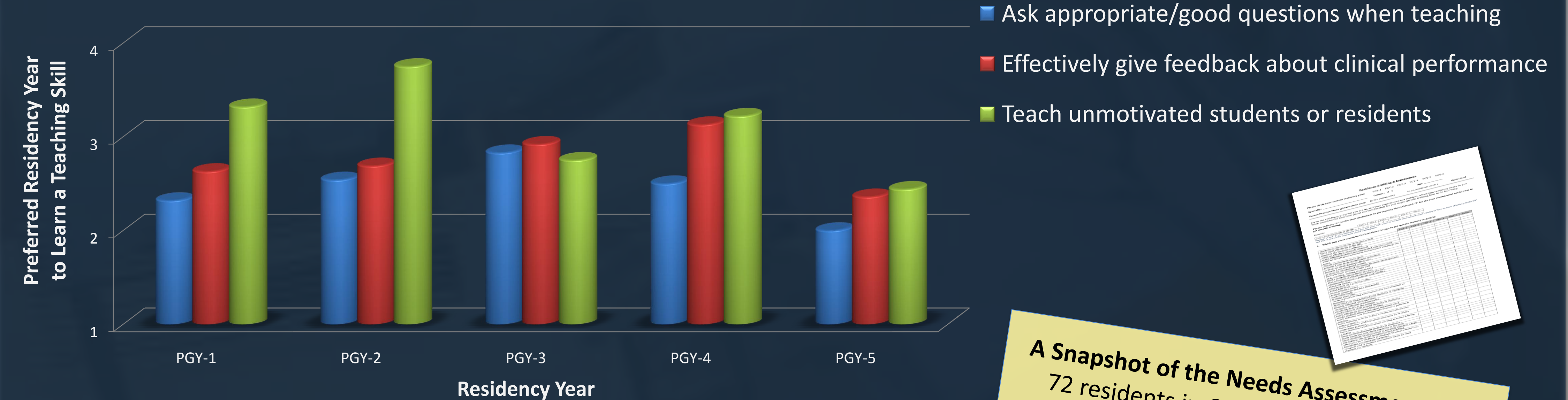
Senior Resident Evaluation – senior residents' evaluations of a teaching encounter during clinical rotations

Objective Structured Teaching Exams (OSTE) – residents rotate through 15 minute stations featuring common clinical teaching scenarios with standardized medical student learners

Program Evaluation – ongoing process evaluation and feedback

NEEDS ASSESSMENT DATA

Preferred Year to Learn How to...



A Snapshot of the Needs Assessment Data
72 residents in General Surgery (n=26), Orthopaedics (n=23), Urology (n=10) and Emergency Medicine (n=13).

A few results ...

- All residents prefer to learn teaching skills between years 1-3
- Residents in Years 4 & 5 use their teaching skills MORE than residents in Years 1,2 and 3.
- The most senior (Year 5) and the most junior (Year 1) residents prefer to learn teaching skills earlier in their training.
- Residents specializing in Orthopaedics prefer to learn 'how to break bad news' significantly later than other residents.
- Residents planning to work in community settings prefer to learn how to present a case to an attending or consultant significantly earlier than residents who plan to work in an academic/university setting.

CURRICULUM DEVELOPMENT

SRAT has integrated a **NEW** standardized and developmentally appropriate residents-as-teachers training program into the existing educational curriculum and clinical rotations of UBC surgical residency programs.

The SRAT program includes:

1. A yearly **"Surgical Residents as Teachers" workshop** integrated into the Surgical CRASH Course (Competencies in Resuscitation and Stabilization of Hospital Patients) which is mandatory for first year surgical residents. These are active learning sessions where residents practice and receive feedback on a range of teaching skills.
2. Two yearly **Academic Half-Day (AHD) sessions** implemented as developmentally appropriate sessions within the pre-existing academic half-day schedule for surgical residents across all training years.
3. Ongoing **one-on-one support** for surgical residents from members of the Resident Advisory Group and the Program Directors of participating departments.
4. Ongoing **ad-hoc teaching sessions** on topics such as how to effectively present at rounds, conferences, or other activities requiring communication and teaching skills. These are timed to coincide with resident presentation opportunities and helps reinforce the concepts learned in the workshops and AHDs.
5. The **integration of SRAT content into Clinical Rotations**. The Trauma and Acute Care services will incorporate discussions and evaluations of resident teaching in order to reinforce, enhance and apply teaching knowledge into real clinical practice.

TIMELINE OF ACTIVITIES

