

Residency and Various Educational Experiences

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As a senior resident looking towards the light at the end of the tunnel called graduation, I look back at the various teaching strategies that I have used, encountered or read about and I am now trying to form my repertoire of ones to use.

We have all heard of the “see one, do one, teach one” modality. Putting this method to use has become increasingly difficult with critical ill patients and the need for more invasive procedures. It is no longer acceptable to subject a patient to “practice.” Restrictions being placed on medical educators opened the door to finding creative alternative methods to practice medical knowledge and gain procedural competency. Luckily, this brought about a whole new era of teaching modalities, which will be discussed. Any teaching modality alone can be good; however, it is dependent on the individual and his/her perception of teaching and information.

The first step to any successful educational experience is for one to know what methods work best for him/her. Some prefer the practical aspect of education through patient interaction and on-the-spot learning. Others prefer learning through hands-on experiences, such as procedures. Another group prefers to read at length about a topic prior to implementing that knowledge, unlike others who prefer looking up references as the topics arise during clinical practice. Regardless of the learning style, generally residents as a group tend to choose more interactive and hands-on experiences in comparison to lectures, journal clubs or studying books. The question then becomes what are the education modalities that are available?

Every resident and every ED has access to medical educational materials through the internet from various websites, computer-based training to applications on various smart phones or handheld devices. The internet has become integrated into education with the design of clinical scenarios online and simulation of real-life experiences.

With the advent of high fidelity simulation, residents have been able to “practice” care of critically ill patients, as well as performance of invasive procedures, with no cost to

the patient, as well as the added benefit of being able to do over scenarios as many time as necessary.

At the University of California, Irvine, a 10-minute teaching session was put into effect early last year. In the morning, the incoming attending prepares a 10- minute teaching session about a topic with teaching pearls that are emphasized at the end of the session. This provides the exiting team with a conclusion of their shift and jumpstarts the entering team to get ready for the experiences that the day has in store. All of this is conducted keeping in mind the fatigue levels of the team that has worked all night and the possible presence of critically ill patients in the ED.

All of these modalities supplement a long established modality: bedside teaching. Many studies have been performed to evaluate the importance of bedside teaching across all residency programs. Emergency medicine educators agree that bedside teaching and direct observation are optimal for both resident teaching and feedback. The best teaching moments are ones where both the attending and the resident are at the patient’s bedside, where the attending is speaking to both the resident and the patient at the same time. Some view the presence of an acutely ill patient as an obstacle to bedside teaching, as the patient requires immediate medical attention; however, the power of observation in itself is a teaching tool, especially for the junior residents. Based on the Osler model, the attending physicians are actively involved in resident teaching in every aspect of medicine. William Osler stated: “the art of medicine is an observation, as the old motto goes, but to educate the eye to see, the ear to hear, and the finger to feel takes time, and to make a beginning to start a man on the right path is all that we can do.”

Teaching comes in various forms other than the internet, a research paper, or a book. Different teaching experiences can come from various exposures to personnel within the department. The obvious encounter is the one between the attending and the resident to discuss a patient case, perform a procedure, follow up on test results or patient outcome. However, there are other encounters in the ED.. Nursing

and ancillary staff can have great teaching value by virtue of their knowledge and experience. Consultations are experts in given fields and can provide great insight in patient care and management in the ED, especially when questions are posed to them in a manner to help educate.

Regardless of the type of learner one is, and the resources present at one's fingertips, none of it matters unless each person takes responsibility for his/her educational experience. Residency is a short incubation period where one learns in a graduated manner to take care of patients regardless of their illness, background, socioeconomic status, insurance, time of day, or any other factor. It is the time to ask every question, explore every interest, and expand the horizon, and embrace the new motto: "see one, simulate many, do one competently, and teach everyone."

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