

52 Teaching to Learn, Learning to Teach: Turning Our Residents Into Effective

Educators

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Introduction: Throughout residency it is expected that residents function as effective educators both clinically and didactically. In spite of the importance of this role few residencies undertake the job of formally educating residents in the science of adult learning theory and mentorship. Clinical precepting as well as didactic lecturing are skills that can be taught rather than indirectly modeled through pure mentorship. The TLLT curriculum endeavors to train residents to act as educators in all facets of emergency medicine education.

Objectives: 1. Enhance the ability of the learner to act as a clinical preceptor 2. Improve didactic lecturing skills 3. Demonstrate the ability to provide feedback to medical students. 5. Understand the basics of adult learning theory 6. Demonstrate a basic understanding of the science of didactic and clinical education.

General Structure: The curriculum is given as a four week rotation in which the resident receives specific instruction in all facets of emergency education including clinical mentorship, providing feedback, generating a lesson plan, and providing a lecture. Residents are expected to read prepared materials and are given formal training via direct mentorship regarding the learning objectives. The resident is assigned teaching shifts within the emergency department in which they are assigned third year medical students to precept and educate. Each month also includes simulation time in which the resident oversees clerkship students running through basic case scenarios in the laboratory. In addition it is expected that the learner will provide two 25 minute lectures including an assigned “clinical controversy” that the learner is expected to solve utilizing current medical literature.

Effectiveness: The course has run for 1.5 years and has been recognized as a “best practice” within the SUNY Upstate GME. Both medical student and resident feedback has been universally positive.