

## Residents

# Teacher or Student: The Resident's Role in Teaching at the Undergraduate and Postgraduate Level

Karin A. Jablonowski, MD, CM

Resident, Department of Psychiatry, McGill University, Montreal, Quebec

**Key Words:** resident, teaching, undergraduate, postgraduate, psychiatry

Much has been written on developing residents' teaching skills. Evidently, there is a need for training programs designed to develop capable teachers. Undergraduate and postgraduate training in all fields of medicine depends on both didactic and clinical teaching. Training residents to be capable teachers requires the acquisition of skills in self-directed learning, effective presentations, appropriate evaluations and feedback and educational techniques. These skill sets represent only a fraction of the elements that are required to become a good teacher. Even more difficult is the fact that some of these skills are not necessarily taught in a general psychiatric residency. The Royal College of Physicians and Surgeons suggests that becoming a scholar is an essential part of residency training (1). This definition implies that we should learn to be both good students and good teachers. From the resident's perspective, it is important to examine how we are taught to be teachers. How important is it to receive specialized training to improve our teaching skills? What are our roles in teaching medical students and, perhaps, other residents? How can we enact changes to improve our abilities as teachers on an institutional and personal level?

### Specialized Training

Some research has looked at the effectiveness of specific programs designed to teach residents how to be teachers. It is useful to briefly consider the outcomes of university-based initiatives to study these programs, though they are not specific to psychiatry. Though most work that studies education is descriptive, a recent randomized controlled trial of a "residents-as-teachers" curriculum used a scientific approach to assess the program's usefulness. Over a two-year period, 23 generalist residents were randomized to receive a 13-hour curriculum, in which either teaching skills were practised or no specialized training was received. An objective structured teaching exam was used to assess the program's efficacy. The 13 residents who underwent the specialized training received higher ratings

from medical students than did the 10 residents who did not receive training (2). Though the study has several limitations, including small sample size, it clearly demonstrates the possibility that specialized programs designed to develop teaching skills may improve resident teaching abilities and that further research in this area is warranted. Other studies with small sample numbers have also shown similar improvements, as rated during and six months following such training (3).

Several psychiatry training programs in Canada have initiatives designed to improve resident teaching skills. These programs vary and include resident-taught curricula, designed specifically for medical students during the psychiatry clerkship; effective presentation workshops; and opportunities for residents to become involved in medical undergraduate teaching at the university level. Less prevalent are formal didactic or hands-on sessions aimed at directly improving teaching skills within the obligatory curriculum.

### The Resident's Role

There are many reasons why residents become involved in teaching during their five years of training. It may be the result of their desire to learn more for themselves, there may be monetary rewards, it may be expected of residents by their program, or it may fulfill their own need to pass what they have learned on to others. Whatever the motivation, residents will certainly be involved in teaching medical students at some point during their training, whether in a didactic, clinical or on-call setting. The benefits of this practice for both medical students and residents are numerous (4). Residents are able to broaden students' views about psychiatry and clarify misconceptions about the field. Residents can be less intimidating than faculty and medical students may be more apt to ask questions and cover topics outside the formal curriculum. For the resident, teaching medical students allows development of their own ability for self-directed learning, fulfillment of training objectives and exposure to work that could comprise a significant part of their future practice. The American Psychiatric Association has prepared a guide about resident teaching in psychiatry that is readily available on their Web site (4). This document is useful for residents

---

(CPA Bulletin 2004;36[3]:18-19)

because it discusses the role and benefits of teaching as well as issues specific to psychiatry. One such issue is that junior residents often have more exposure to clerkship students during their initial inpatient rotation than later in their training. At this time, residents' own knowledge may not yet have crystallized, and they may feel uncomfortable teaching in this early stage of their own scholarly development. This is not to suggest that junior residents should not teach medical students. However, they should be aware of their limits and should help medical students to find answers to their questions.

It is also important to consider the role of senior residents in teaching other residents, likely at a more junior level. With demands on academic psychiatrists increasing, it is probable that many programs will be considering ways to maintain high levels of teaching without adding to the burden of clinical staff. One possibility is to examine what role, if any, residents should play in teaching their junior colleagues. While there is little written on this subject, it is not uncommon in some medical specialties to have procedures and clinical skills routinely taught by senior residents or fellows (for example, in internal medicine and surgery). In psychiatry programs with many residents, it is not unusual to have senior and junior residents on service at the same time, and informal teaching often occurs. An interesting idea is to formalize this clinical experience by matching junior residents and more senior residents or by having senior residents teach important parts of the curriculum, such as interview sessions, at the postgraduate level. However, with multiple time demands, some senior residents would probably choose to forgo this experience if the burden were too great. Didactic teaching is one area where involving senior residents in teaching is more problematic. Without the expertise of clinical staff, it is difficult to imagine the benefit of senior residents assuming didactic teaching duties for resident training.

### **Resident Initiatives**

Regardless of what skills we possess prior to residency, it is important to take advantage of the opportunities available to improve our teaching skills during training. Whether a resident is planning an academic or community-based career is irrelevant. Teaching patients, colleagues and (or) students will always be a part of our daily work. Thus, finding ways to improve our teaching skills can only benefit our future careers. During junior years of training, it is important to find occasions to improve presentation and communication skills. Receiving and giving regular feedback should also be an

integral part of a resident's skill set. When on call, residents should teach medical students interview and diagnostic skills. Though not always possible because of work demands, quiet moments on call do occur and can be used to practise teaching skills. As residents make the transition to their senior years, they may wish to make use of formal teaching opportunities. As well, residents should seek regular feedback from students and colleagues about their teaching style and areas for improvement. The best opinion on teaching skills will surely come from students. Finally, there are online resources where residents can rate the characteristics of their ideal teacher and compare themselves to that model. Some of these resources also provide a useful bibliography and document techniques for planning and implementing a resident-as-teacher program (see <http://www.residentteachers.com>).

### **Conclusion**

It is important that residents improve their teaching skills during residency. Teaching is an integral part of medicine, and no matter what type of career a resident chooses, the skills developed in that area will be an asset. Formal programs to improve teaching skills seem to be useful, but if these are not available to a resident, there are still opportunities to practise and improve teaching.

Areas of interest for future research or development include the benefit of formalized training programs for resident teachers, the usefulness of involving senior residents in teaching their junior colleagues and the long-term results of improving teaching skills over the psychiatrist's practice lifetime.

### **References**

1. Frank J, Jabour M, Tugwell P, Boyd D, Fr chette D, Labrosse J, and others. Skills for the new millennium: report of the societal needs working group. Ottawa: Royal College of Physicians and Surgeons of Canada; 1996.
2. Morrison EH, Rucker L, Boker JR, Hollingshead J, Hitchcock MA, Prisl n MD, and others. A pilot randomized controlled trial of a longitudinal residents-as teachers curriculum. *Acad Med* 2003;78:722–9.
3. Edwards JC, Kissling GE, Brannan JR, Plauche WC, Marier RL. Study of teaching residents how to teach. *J Med Educ* 1998;63:603–10.
4. American Psychiatric Association. Psychiatric residents as teachers—a practical guide. Arlington (AV): American Psychiatric Association; 2002. Available: [http://www.psych.org/edu/res\\_felows/psychresidentguide71102.cfm](http://www.psych.org/edu/res_felows/psychresidentguide71102.cfm) Accessed 2004 April 15.