

# Mastering teaching as a resident

*Easier done than said*

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In the process of becoming physicians, we also become teachers. A residency provides a golden opportunity for developing teaching skills; the challenge is particularly great in family medicine, where the 2 years of training seem to fly by. Despite daily contact with learners, many teaching moments are missed for a variety of all-too-familiar reasons: lack of time, lack of recognition, lack of motivation, and a heavy clinical workload.<sup>1</sup> A large percentage of what students and externs learn comes from residents, and close to half of what residents learn comes from their resident colleagues.<sup>2</sup>

The notion of the resident as teacher began to emerge in the literature in the 1970s, when programs to teach residents how to teach also began to emerge. These programs are beneficial both for learners (higher satisfaction levels during rotations, guidance in career choices, etc) and for residents (better retention of learning, an opportunity to consider a more academically focused practice, etc).<sup>3</sup> These benefits do not appear to be directly related to the type of training received; rather, they appear to be linked to the ability to become familiar with the principles of medical pedagogy and the possibility of adapting these tools to everyday work (E. Desrosiers, S. Drolet, G. Brochu, unpublished data, October 2013).

This article offers 10 tips for making the most of teaching opportunities while fulfilling all of the other roles of a family medicine resident (**Figure 1**). These tips come from the literature and out of the experiences of residents taking part in an ongoing research project. They represent a new approach to more fully integrating teaching into the daily routine of resident physicians.

## Ten tips

**1. Awareness of being a role model.** Residents serve as role models, often unconsciously, the moment they begin their residency. The greatest effect on learners, particularly where the development of “attitudes” is concerned, comes when we model behaviour for them. The first step is to shift this unconscious role into our conscious mind, becoming aware of our strengths as residents. Creating a list of attitudes that family physicians

need to cultivate based on real-life examples is another way to consciously act to provide a model for students. For example, we might remember a particular way in which a supervisor spoke to a family about stopping treatment; we can store this example in our memory bank and bring it out when we are modeling for our learners. Role modeling is one of the most powerful ways to teach and learn.<sup>4</sup>

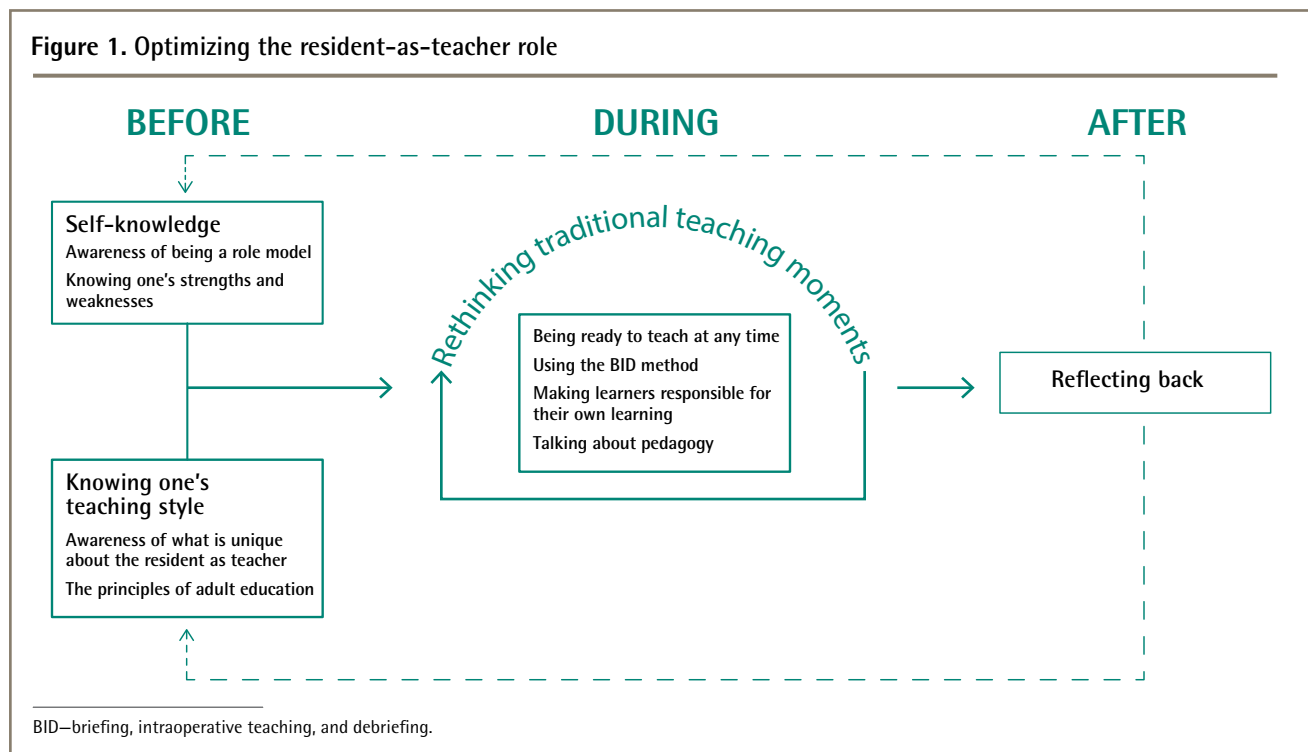
**2. Awareness of our strengths and weaknesses.** We must know ourselves before we can effectively teach others. We can draw on our strengths for more spontaneous, in-the-moment teaching. We can teach less familiar subjects by means of more structured teaching opportunities, with lots of advance preparation.

**3. Awareness of what is unique about the resident as teacher.** Unlike supervisors, who tend to focus on evidence-based learning through reading, residents are in an ideal position to teach the “hidden” curriculum (particularly by means of role modeling). Residents can focus on the practical skills used in everyday work (case management skills, bedside skills, etc). In some rotations, residents have more frequent contact with learners and there are more opportunities for ad hoc learning.<sup>3,5</sup> We need to understand this important distinction to focus on the right kind of learning.

**4. Keeping the principles of adult education in mind.** Medical teaching in a clinical setting must focus on the patient and on an issue relevant to the work setting so that the learner can experience real-life applications for himself or herself; this is why clinical vignettes and learning at the patient’s bedside is so relevant. Because adults are more fearful of criticism, feedback must be delivered in a constructive manner. Learners must believe that the teacher is seeking to impart a new skill, not merely to point out weaknesses; a safe learning environment will be conducive to spontaneous, enriching experiences. Try to connect the current experience to the learner’s previous experience; use this opportunity to correct any misunderstandings of fundamental or core knowledge. Encourage the learner by offering immediate feedback; this will enable the learner to validate what he or she has learned and to find a way to improve on what he or she has not learned. One last thing: keep learners active through interaction with colleagues, active

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Figure 1. Optimizing the resident-as-teacher role



participation in technical procedures, and close monitoring of their progress.<sup>6</sup>

**5. Rethinking traditional teaching moments.** Many teaching moments are worked into the schedule, but why not take a new approach? Instead of focusing on a rare and difficult case when reviewing an on-call shift, why not look at a routine case from a fresh perspective? Use rounds to ask learners “what if?” questions. What if your patient had a fever—what would you do? What if your patient’s son asked you why his father’s cardiac failure was making his legs swell? How would you explain edema in language that he could understand?

**6. Being ready to teach at any time.** In addition to being ready psychologically, there are other ways in which you can be ready to teach at any time. Some residents carry around a tablet and a USB stick containing all of their presentations; others use a file backup, sync, and sharing solution like Dropbox to distribute references and practice guides to their learners. Information technology can make your life as a teacher easier, too. Sometimes, the tips you teach quickly and simply are what a learner appreciates the most; be generous with your handouts.

**7. Using the BID (briefing, intraoperative teaching, and debriefing) method.** The BID (briefing, intraoperative teaching, and debriefing) method has been widely used and described for teaching surgical

procedures<sup>7</sup>; however, it can be used in any clinical setting. The BID method reminds us of the importance of setting up the teaching moment, preparing objectives in advance, focusing on these objectives during teaching, and reviewing achievement afterward. The BID method can be used for a consultation in the emergency department, in preparation for a discussion with the family on the intensity of treatment, during rounds, or when you are about to teach a technical procedure such as inserting an intrauterine device, performing an intra-articular injection, or dressing a wound.

**8. Making learners responsible for their own learning.** An active learner will have better retention; a responsible learner will derive more satisfaction from learning. Do not hesitate to offer instructions for learning but remember: telling a student to read up on a subject only works if you follow up later. Better yet, ask learners to request a review of what they have learned independently. Make learners responsible for initiating the follow-up; make them active in their own learning. This is a central tenet of adult learning. One way to help learners who forget is to end the day with a question (eg, “Is there anything that we need to review?”).

**9. Using teaching moments to talk about pedagogy.** Why not present an article on medical education at your next journal club meeting? This creates an excellent opportunity to talk about pedagogy, particularly if you are thinking about introducing pedagogic innovations in your setting.

**10. Reflecting on our teaching practice.** Reflecting back need not be complex. Simply think from time to time about the teaching you have delivered, your strengths and weaknesses, and any improvements you could make. Learners can help us in this process through the feedback they provide. It is a great time to reflect on the importance of role modeling with our learners.

### Conclusion

These tips are but a few of the changes that can help residents to become better teachers. Remember, the role you play as a teacher is probably more important than you think!



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#### Competing interests

None declared

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### TEACHING TIPS

- Despite daily contact with learners, many teaching moments are missed for a variety of all-too-familiar reasons: lack of time, lack of recognition, lack of motivation, and a heavy clinical workload.
- Role modeling is one of the most powerful ways to teach and learn.
- Unlike supervisors, who tend to focus on evidence-based learning through reading, residents are in an ideal position to teach the "hidden" curriculum.

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