Residents enjoy teaching and consider it an important aspect of their training and preparation for practice. Many residents devote a great deal of time to teaching activities, regardless of their future career plans. Teaching by residents contributes significantly to medical students’ education, with one study reporting that one third of medical students’ knowledge results from resident teaching, while in contrast, only 19% of knowledge results from faculty teaching. Despite their well-established teaching role, many residents receive little or no formal instruction in this important skill. Generally, efforts to enhance residents’ teaching skills have not been as intensive as those offered to faculty.

By teaching medical students, residents can achieve the Accreditation Council for Graduate Medical Education (ACGME) practice-based learning and improvement competency that states “Residents are expected to facilitate the learning of students and other health care professionals.” In addition, departments or programs that train residents to be teachers will fulfill the Liaison Committee on Medical Education (LCME) requirement ED-24 that “Residents who supervise or teach medical students . . . must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation.”

At the Sacred Heart Hospital residency, a faculty member and behavioral scientist train third-year residents to be teachers through a “Residents as Future Teachers” (RAFT) program conducted over 10–12 1-hour weekly sessions. The format of these sessions includes lectures, interactive discussions, video vignettes from the Society of Teachers of Family Medicine’s PEP2 tape (see Table 1, item 6) and role-playing sessions. Residents are also referred to multiple resources, including Web sites (see Table 1). The training essentially focuses on the qualities of adult learners; assessment of knowledge, attitude, and skills; tips for effective teaching; and the art of providing effective and useful feedback. The lead faculty also conducts a brief in-service for participating faculty so that they understand their role as supervisors and can effectively guide the residents as they teach.

Residents who have completed the RAFT training program are allowed to conduct sessions in which
they precept interns or medical students in the ambulatory setting with a faculty supervisor present. Before the learner sees the patient, the teaching resident reviews the patient chart with the learner and direct them to the teaching resident. If the teaching resident makes a mistake, the faculty supervisor should discuss this with the teaching resident. The teaching resident then manages the patient in a way that is not the teaching resident. Although the intent is to give the teaching resident as much autonomy as possible, the faculty supervisor must remember that he/she will still sign the chart as teaching physician of record. This means that the faculty supervisor is responsible for ensuring that quality clinical care is given during the encounter and that the correct billing code is used. Therefore, although an observer, the faculty supervisor should pay close attention to the details and depth of the clinical encounter.

(3) Role of the faculty in supervising the teaching resident. The faculty supervisor must also carefully watch and listen to the teaching and learning process that occurs in the encounter. He/she must be prepared to give the teaching resident feedback on his/her teaching skills after the encounter, at the end of the session/day, and finally at the end of the rotation. Relevant attributes to observe include enthusiasm as a teacher, availability throughout the session, the working relationship developed with the learner, and the quality of questions used to encourage problem solving by the learner. The faculty supervisor should also make note of the teaching resident’s skills in giving specific feedback, in encouraging the learner to express opinions about patient problem and treatment, and in guiding independent learning by suggesting articles, books, or other resources that the learner can access later.

(4) Response of the faculty supervisor when the teaching resident advises the learner to manage the patient in a way that is not the faculty supervisor’s preference or when the teaching resident makes a mistake. When the teaching resident advises the learner to manage the patient in a way that is not the faculty’s preference, the faculty supervisor should discuss this with the teaching resident after the learner has left. Depending on the importance of the issue, the number of acceptable options for treating the condition and the availability of evidence that may point to the best option, the teaching resident may choose to change his/her decision and inform the learner.

A more challenging situation may occur when the teaching resident teaches something that is clearly incorrect. In this case, the welfare of the patient takes...
precedence. It is appropriate for the faculty supervisor to intervene immediately and correct the teaching resident in front of the learner. However, this should be done in a professional manner, keeping in mind that the teaching resident is in the role of a junior colleague when he/she is precepting.

(5) Responsibility of faculty in giving feedback and evaluation to the teaching resident. To give formative feedback, the faculty supervisor should wait until the learner leaves the precepting room. This feedback should be specific and include positive reinforcement of teaching behaviors that were well demonstrated and constructive suggestions on how the teaching resident could perform better in some other areas. As needed, the faculty supervisor should also suggest teaching skill resources such as videos, books, or articles as part of the feedback.

The faculty supervisor must also prepare to give summative feedback at the end of the rotation or end of the year. This includes completion of an evaluation form rating the precepting skills of the teaching resident and writing appropriate comments that summarize and provide guidance for the teaching resident to improve as a clinical teacher in the future.

Conclusions
An increasing number of family medicine residency programs are developing teaching skills programs for their residents and designing them to suit their specific scheduling requirements. For example, as part of its Preparing the Personal Physician for Practice (P4) curriculum, the Lehigh Valley Family Medicine Residency Program uses a 2-day learning laboratory to train their second- and third-year residents in teaching skills. In addition, Dr Adam Dimitrov at Franklin Square Hospital (Baltimore, Maryland) has designed a curriculum consisting of a series of half-day workshops, each focusing on a specific teaching skill. The author suggests the above guidelines and resources in Table 1 to help residencies develop a program that is tailored to their goals and needs. Interested faculty are encouraged to contact the author for examples of materials that are used, such as evaluation forms and teaching logs.

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