Residents as Future Teachers (RAFT)

To the Editor:
I enjoyed the article by Sweety Jain, MD, “Training Residents to Be Office-based Teachers of Family Medicine.”

A number of residency programs have established “Residents as Teachers” curricula. A literature review conducted by Wamsley and colleagues found that “Resident teaching courses improve resident self-assessed teaching behaviors and teaching confidence.” They also found that “Teaching courses are linked to improved student evaluations.”

Dr. Jain describes her institution’s “Residents as Future Teachers” (RAFT) curricular program. In summary, residents are introduced to particular precepting skills through a series of weekly conferences. The residents are then given the opportunity to practice these skills with medical students and interns in an ambulatory setting under the supervision of the attending physician. Dr. Jain presents a helpful guide for faculty who may be overseeing such sessions.

Through mentoring from Dr. Jain, along with guidance from the faculty in the Primary Care Faculty Development Fellowship at Michigan State University, we at Franklin Square Hospital have started our own RAFT program. Our second-year residents take part in a series of monthly half-day workshops, each focusing on a specific teaching skill. Similar to Dr. Jain’s program, our residents then have a monthly clinic session in which they practice these particular skills with our rotating medical students. These sessions are also supervised by select RAFT faculty. At the end of the session, evaluations are completed by the resident, the medical student, and the supervising attending. The evaluations are meant to capture feedback on the value of the RAFT clinic sessions, along with the quality of the resident’s teaching.

The focus on the practice of precepting skills during each RAFT clinic session allows for a longitudinal approach. As mentioned by Dr. Jain, RAFT sessions are a great way to document a residency program’s practice-based learning approach to the competencies. In fact, we recently started to ask our residents to formulate a clinical question during each RAFT clinic session. The resident then finds an evidence-based answer to that question, attaching a copy of the article to their evaluation at the end of the day. These evaluations are then placed in the residents’ portfolios. However, one can easily see how the RAFT sessions can capture behaviors that match each of the other five competencies as well.

The RAFT curriculum has been met with praise by the participating residents. They have found the sessions to be an enjoyable way to acquire new precepting skills. A number of residents have actually commented on how surprisingly difficult it can be to precept a medical student in the office-based setting when put in the role of a preceptor. One resident was especially surprised at how challenging it can be to precept a case that a student has presented without having seen the patient first. Some residents have even stated that they have a new appreciation for the jobs that we have as faculty.

Though the RAFT curriculum was developed for the residents, we have found a significant benefit in regard to faculty development and medical student education. RAFT has allowed some of our faculty to learn new skills and enhance one’s teaching style. Medical students have found the RAFT clinic sessions to be unique, worthwhile experiences. Students appreciate the focus on teaching during each session. They value the opportunity to present each case with the full attention of the RAFT preceptor. Residents are taught how to give feedback to students after each clinical presentation, something all-too-often omitted during busy clinic sessions. Students also value their role as evaluators of the RAFT sessions and the resident teaching. In fact, some of the most thorough evaluations seem to come from the medical students.

With its focus on office-based teaching, RAFT may serve a unique role in family medicine education. With declining interest among US medical students for our specialty, would such a program increase medical student interest in family medicine? Would residents who participate in RAFT gain interest in entering a career in academic medicine? Further, would residents be more prone to accepting a medical student as a community preceptor upon entering private practice?

Through our experience with RAFT, Dr. Jain and I would invite collaboration with other faculty involved or interested in resident teaching skills. In fact, I envision a role for resident teaching sessions at future STFM conferences, either as a resident teaching skills track or even perhaps as a preconference workshop. The benefit of training in this area would certainly extend not only to the individual resident but also to that participant’s residency program.

I would like to end with one of my favorite quotes and one that surely brings a sense of humor and humility to those involved in Residents as Teachers curricula:

Those who can . . . do.
Those who can’t . . . teach.
Those who can’t teach . . . teach about teaching.

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New Research

Training on How to Teach

To the Editor:

Preceptors who are responsible for supervising medical students and interns in clinical settings must balance professional responsibility with teaching obligations and yet often do not receive formal training on how to teach. To increase clinical teaching effectiveness, it is important to increase preceptor access to clinical training methods.

Members of the Clinical Teaching Committee of the Reinert Center for Teaching Excellence at St Louis University conducted a survey to examine computer access and barriers to and preferences for clinical teaching training among family medicine preceptors. After receiving Institutional Review Board approval, the researchers mailed a letter describing the purpose of the study, questionnaire, and return envelope to 70 university-affiliated family medicine preceptors. No identifiers were attached to the questionnaire or return envelope, so responses were anonymous.

Responses indicated that all preceptors had access to computing technology such as blogs or discussion boards. Learning management systems (LMS) serve as a repository of interactive educational modules. The modules on the LMS allow preceptors to view PowerPoint presentations with embedded lectures, video clips, respond to questions, choose and view possible solutions to problems presented, and interact with other preceptors in both real and asynchronous time. Tailoring clinical teaching education to fit preferences and accessibility of clinical preceptors can maximize resources and lead to more effective clinical training while overcoming the barriers associated with limited time.

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References