The Resident as Teacher: A Neglected Role

Program directors and others concerned with residency training devote considerable time to ensuring that teaching institutions and training programs are meeting the educational needs of their residents. One often discussed topic is how to balance the resident’s roles as both a student and a caregiver. Often overlooked, however, is the resident’s role as a teacher. All residents teach medical students and other residents during training, and many are preparing for a career in academic medicine where they will be increasing their teaching functions. Unfortunately, residents often assume teaching responsibilities with little formal preparation, and few programs set aside time and other resources to develop residents’ teaching skills.

Residents play an important part in the education of students and other residents, and they need to be supported in this activity. Training institutions, residency programs, and residents themselves need to acknowledge the importance of the resident’s role as a teacher and take account of the time and energy needed to prepare and to teach well. Institutions and programs must foster a healthy teaching environment and define the scope of the training that residents provide.

In their first year, residents are quickly introduced to the mechanics of fulfilling their patient care responsibilities and given an overview of their training program. Rarely do programs emphasize how important the resident’s function as a teacher is to the medical students who rotate on their service and to the junior residents with whom they will work. Further, while program directors and attending physicians review clinical knowledge and management skills, they rarely review and develop teaching skills, at least not systematically.

All residency programs would be well served if they were to develop a systematic, ongoing program that teaches residents how to teach. Residents would then be better prepared to recognize all teaching opportunities and settings, not only formal teaching rounds, but also opportunities during the course of routine activities.

Residents need to become familiar with a broad array of teaching techniques, such as case presentations, structured lectures, and informal team discussions. Many residents would also benefit from a basic understanding of adult learning theory. Most importantly, residency programs must dedicate time for residents to learn how to teach. Institutions and programs cannot assume that residents will squeeze these activities into their already strained schedules.

Allocating adequate time and resources is the first step required in creating an environment that promotes learning; institutions must also reward faculty and staff who actively teach residents how to teach. It is important that institutions clearly define the expectations placed on residents and students in their roles as teachers, students, caregivers, and team members. Finally, institutions should try to create a paradigm shift, away from rewarding a resident or student for immediately knowing the correct answer, toward rewarding the ability to find the correct answer and to learn from mistakes.

Medical educators and others have called for medical school and residency programs to broaden the scope of topics that are addressed in structured, educational formats. While our medical education system is the world’s best at developing a mastery of procedural skills and teaching clinical management and decision making, other essential topics need to be addressed. Medical ethics, management, economics, and health policy are some of the topics that have been increasingly incorporated in medical school and residency curricula. A few programs have also incorporated teaching skills. So critical is this to medical education that all programs need to make the commitment to develop residents as effective teachers. By doing this, we can also enhance medical students’ and residents’ learning experiences.

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