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Designing a surgical 'resident-as-teacher' programme

B Price Kerfoot, Kate S Nabha & Janet Palmer Hafler

Context and setting The core surgical education of our medical students is conducted in Year 3 clinical clerkships at 3 major Boston teaching hospitals. Feedback from students indicates that teaching by residents varies substantially in frequency and quality.

Why the idea was necessary In order to create an effective faculty development programme (surgery 'resident-as-teacher') to improve the teaching by residents, it was crucial to perform a teaching needs assessment of the specific challenges facing both surgery residents and students in the creation of an effective teaching interaction.

What was done A survey of 20 open-ended and 5 point-scale rating questions was developed by 2 investigators with survey expertise (BPK, KSN). In December 2003, the voluntary, anonymous online survey was distributed via e-mail to all 173 surgical residents in the 3 major general surgical residency programmes. All 152 Year 3 medical students were similarly surveyed at the end of their 3-month surgery clerkships (April 2003–March 2004). Responses were electronically and anonymously collated via HMS MyCourses™ intranet. Quantitative data were analysed with SPSS for Windows (SSPS Inc., Chicago, Illinois, USA), utilising the Mann–Whitney U-test. Qualitative data were coded for themes by 2 independent reviewers (BPK, KSN).

Evaluation of results The overall survey response rate was 65% for both residents and students. Intercoder agreement was 89–94%. When asked to list the greatest challenges faced by surgical residents in teaching medical students, residents cited: their limited interactions with students, who are often absent due to required didactic sessions (39/103 respondents, 38%); lack of student interest in surgery (36/103, 35%); limited time to teach students due to residents' competing responsibilities (35/103, 34%), and residents' lack of teacher training (15/103, 15%). In response to the same question, medical students cited: residents' limited time to teach (82/90, 91%); residents' limited teaching skills (23/90, 26%); residents' lack of incentive to teach (21/90, 23%), and residents' fatigue, stress and depression (14/90,

16%). Significant discordances between students and residents were noted in their ratings of several statements (1 = strongly agree, 5 = strongly disagree): 'surgical residents clearly communicate their expectations to medical students' (students' mean 3.48, SD 1.04; residents' mean 2.34, SD 0.93; $P < 0.001$); 'teaching of medical students is valued by surgical residents as an important part of their job' (students' mean 3.39, SD 1.09; residents' mean 1.78, SD 1.05; $P < 0.001$), and 'surgical residents are effective teachers of medical students' (students' mean 2.92, SD 1.18; residents' mean 2.43, SD 0.85; $P = 0.003$). When asked what percentage of their overall learning during their surgical clerkship came from teaching by surgical residents, students responded with a mean 39% (SD 22%), thus confirming the substantial contributions made by resident teaching. As we implement a surgery resident-as-teacher programme at our institutions, these data will act as benchmarks by which to document our progress. These results also suggest potentially high yielding strategies by which to improve resident teaching in the short-term, such as: educating residents in how to use time-efficient teaching techniques; rescheduling students' competing didactic requirements, and promoting effective communication of expectations between students and residents.

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Exploring professional values and health policy through Photovoice

Caroline C Wang, Robert M Anderson & David T Stern

Context and setting While many students enter medical school with idealistic intentions for their future engagement in health policy issues, they often lose sight of these ideals as the pressures of medical education consume them over subsequent years. We therefore developed a pilot elective entitled 'Using Photovoice to explore professional values and health policy issues' for University of Michigan final year medical students. Students were asked to photograph situations in a health care delivery context that could suggest policy changes with a potential to improve patient care or medical education.

Why the idea was necessary Doctors in training often experience the frustration shared among practising

doctors of providing band-aid care for chronic and complex medical problems. Given this scenario, it is striking that many medical students complete their training without being given a formal opportunity to participate in examining and advocating health care policy.

What was done We used the Photovoice method to achieve our goals. A basic tenet of this method included recruiting medical school senior administrators and other 'policy maker' advocates as we enrolled elective participants. Final year medical students learned the Photovoice concept, goals, and methodology. Initial discussion focused on power, ethics and the use of cameras; literature on health disparities and on how Photovoice is implemented; and ways in which one can take photographs so as to advocate healthful public policy. Students were asked to photograph people only with their prior written consent. At weekly sessions they discussed and critiqued both the process and the content of their documentary work.

Students selected issues about which they felt passionate, such as why their medical education curriculum ought to enable students to rotate with underserved populations, the implications of the nursing shortage for quality of care, and the challenges of caring for patients with comorbid acute and chronic illnesses. They captured 'real life' stories through photographs of their patients and colleagues, as well as of themselves, to advocate policies supporting preventive health measures such as enhancement of health care delivery, and social justice, and constructed narratives about their images buttressed by external literature data. The elective culminated in students' Photovoice presentations to influential leaders such as deans, journalists, department chairs and other interested faculty.

Evaluation of results Students were provided a practical framework through which they could move upstream to promote healthful public policy. Local newspaper coverage drew attention to the specific issues raised by the students. One reporter observed that the students' use of Photovoice capitalised on journalistic techniques, including the use of powerful images and newsworthy elements (broad interest, authentic voices and injustice) to win attention for health policy issues and demonstrate doctor leadership. Students' written evaluations uniformly indicated that they highly valued the elective's contribution to their professional development and sense of political efficacy.

The need for intensive discussion about the photographs and presentations to policy makers specified by the Photovoice methodology may limit optimal enrollment to a small number of students for future Photovoice courses. In such offerings of this elective, our state's surgeon general has committed to selecting 3 students who will make their presentations to policy makers at the state capitol.

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Rowing towards leadership and teambuilding

Lynne Robins, Linda Pinsky & Marilyn Krichko

Context and setting The teaching scholars programme at the University of Washington, a 1-year professional development programme for educators in the health professions who desire to become academic leaders, partnered with an innovative corporate leadership programme: the OARS Programme. The intent of the collaboration was to build the capacity of this year's scholars to take leadership roles in the academic medical centre and to foster the group's identity as agents of change.

Why the idea was necessary We sought a leadership experience that would galvanise the current cohort of teaching scholars – one exciting enough to create a community of clinician educators and institutional leaders for innovation and change. The need to gain teambuilding skills around education has been identified; there are over 70 programme graduates within the institution, many of whom, when they return to their departments, report feeling disconnected from others who share their vision of health professions education.

What was done We partnered with the OARS Leadership and Teambuilding Programme to introduce these skills to the 2003–04 teaching scholars cohort. The programme uses the Olympic sport of rowing as a method and metaphor for creating high functioning leaders and teams. Scholars participated in 4 non-consecutive, half-day sessions. During the first session, the scholars were introduced to teambuilding skills through the 'rower's code', which established ground rules for team interactions. Through group selection of appropriate seating in an 8-person shell, the group began exploring different team needs and identifying team members' unique talents and attributes. Having matched each individual to a seat, scholars learned to row.

Discussion then focused on applying these skills to their usual work. Off-water, the cohort reflected on what they had learned individually and as a group in