Health Professions Education Institute (HPEI)

Title: "Resident Led Remote Instruction for Medical Student Clerkships."

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MEDICAL EDUCATION RESEARCH

Background:
The Covid-19 pandemic created worldwide disruptions for the training of the healthcare workforce. In March 2020, medical students were taken out of hospitals, creating a demand for remote clinical experiences. Resident teaching is impactful for undergraduate medical education and positively affects student test scores.[1,2] Residents also serve as student mentors in workforce diversity and career choices.[3,4] The relationship between resident and student is mutually beneficial: residents gain knowledge retention, teaching skills, and exploration of careers in academic medicine. [5,6]

Objectives:
Evaluate the feasibility of a remote resident-led didactic alternative for medical clerkships with student response as outcome measures.

Methods/Design:
For the Internal Medicine (IM) clerkship, we implemented a remote didactic clerkship experience for 3rd year medical students from April to May, 2020. Three internal medicine residents led small group didactics for medical students using WebEx. The residents used various methods including procedure-based cases, morning report simulations, and chalk talks. Didactic sessions aimed to develop student oral presentations, written documentation, and clinical reasoning. Self-administered, anonymous REDCap surveys using Likert scales evaluated the perceived effectiveness and acceptability of remote didactics at the end of the clerkship.

Results:
Of 24 medical students in the IM clerkship, 14 students participated in the resident-led sessions with 4-6 students participating in each 1 hour small-group session. According to the survey responses, resident-led sessions were well-received: 11 of 14 respondents agreed (6) or strongly agreed (5) that the resident-led sessions allowed effective application of knowledge and clinical skills. Most students (83-100%) strongly agreed or agreed that residents were well-prepared, taught at an appropriate level, responded to feedback, had a valuable perspective, and found the format effective for applying medical knowledge and clinical skills. Qualitative responses indicated that these sessions also helped with oral presentation skills.

Conclusions:
Our results suggest that remote, resident-led education is feasible and acceptable to 3rd year medical students in their IM clerkship. Students responded positively to this learning style, and the residents mutually benefitted through the development of teaching skills. Limitations included small sample size and no baseline test. Given that the COVID-19 pandemic continues to impact medical education and has an unpredictable course, alternative education methods are important to evaluate for future implementation.

References

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