Resident-Led Online Clerkship Instruction for 3rd Year Medical Students



Leah D. Snipe,1 Charles T. Semelka,2 and Katherine R. Schafer3

contact: lsnipe@wakehealth.edu

Wake Forest School of Medicine, Department of Internal Medicine: 1. Section of Hospital Medicine; 2. Section of Geriatric Medicine, 3. Section of Infectious Diseases

Background

- Context: March 2020, medical students were taken out of hospitals, creating a demand for remote clinical experiences.
- Resident teaching has measured benefits:
 - Positive effects on student test scores.^{1,2}
 - Student mentorship in workforce diversity and career choices.^{3,4}
 - Residents retain knowledge, learn teaching skills, and explore of careers in academic medicine. ^{5,6}

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

Methods

<u>Population</u>: Wake Forest School of Medicine 3rd year students on IM Clerkship (April-May, 2020). Intervention: Online learning activities with 1-hour resident-led didactics via WebEx.

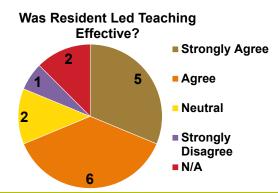
- Focus: developing oral presentations, written documentation, and clinical reasoning.
- · Approach: procedure-based cases, morning report simulations, and chalk talks.

<u>Measures</u>: Anonymous surveys on REDCap with 5-question Likert scales to evaluate student attitudes towards remote didactics at the end of the clerkship.

Results

Survey respondents: 16 of 24 medical students in the IM clerkship

- → 14 students participated in the resident-led sessions
- → 4-6 students participated in each session



"I thought the Resident-led cases were the most valuable. We really dove into a patient's chart and participate in the clinical decision-making process, I thought it was the closest thing to our week on the wards."

"We presented cases taken from the chart and included our assessment and plan. This proved to be an excellent opportunity for feedback and pointed discussions about patient care and diagnosis."





Discussion

- Our results suggest that remote, resident-led education is feasible and accepted by 3rd year medical students.
- The benefit is mutual, as IM residents were able to develop teaching skills, including curriculum development, learner engagement, and feedback.
- Given that the pandemic has lasted longer than anticipated, alternative education methods are important to study and implement.
- Further directions include development and publication of curricular materials to facilitate future remote sessions.

References

- Ogburn, J. A. T., Espey, E. L., Dorin, M. H., Ming, C., & Rayburn, W. F. (2005). Obstetrics and gynecology residents as teachers of medical students: predictors of excellence. *American journal of obstetrics and gynecology*, 193(5), 1831-1834.
- Langenfeld, S. J., Helmer, S. D., Cusick, T. E., & Smith, R. S. (2011). Do strong resident teachers help medical students on objective examinations of knowledge?. *Journal of* surgical education, 68(5), 350-354.
- Montacute T, Chan Teng V, Chen Yu G, Schillinger E, Lin S. Qualities of Resident Teachers Valued by Medical Students. Fam Med. 2016;48(5):381-384.
- Yoon, J. D., Ham, S. A., Reddy, S. T., & Curlin, F. A. (2018). Role Models' Influence on Specialty Choice for Residency Training: A National Longitudinal Study. Journal of graduate medical education, 10(2), 149–154.
- Weiss, V., & Needlman, R. (1998). To teach is to learn twice. Resident teachers learn more Archives of pediatrics & adolescent medicine, 152(2), 190–192.
- Morrison, E. H., Shapiro, J. F., & Harthill, M. (2005). Resident doctors' understanding of their roles as clinical teachers. *Medical education*, 39(2), 137–144.