Published in final edited form as:

Acad Psychiatry. 2016 October ; 40(5): 812–815. doi:10.1007/s40596-016-0491-5.

A Survey of American and Canadian Psychiatry Residents on Their Training, Teaching Practices, And Attitudes toward Teaching

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Abstract

Objective—Formal training for residents-as-teachers in psychiatry is increasingly emphasized. However, little is known about the quantity and content of residents' teaching, their attitudes toward teaching, or the training received on how to teach.

Methods—An online survey was disseminated to American and Canadian psychiatry residents.

Results—Three hundred eighty-two residents from all postgraduate years (PGY) responded, representing about 7% of all trainees. About half of PGY-1 have not received residents-as-teachers training, but by PGY-3 most have. The majority of respondents reported teaching, most commonly 1–5 hours. Most found teaching enjoyable or rewarding (n=304; 87%); however, 40% (n=138)

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Disclosure

On behalf of all authors, the corresponding author states that there is no conflict of interest.

found teaching burdensome, 43% (n=151) lacked sufficient time to teach, and many (n=226; 64%) reported insufficient feedback from supervisors.

Conclusions—Although the sampling methodology and low response rate limit the generalizability of findings, respondents typically seemed to value teaching, though the majority felt that they lacked feedback on their teaching skills.

Keywords

Resident as Teacher; Resident as Educator; Internship and Residency; Teaching; Education

Enhancing residents' teaching skills is a national priority [1], and efforts to improve residents' knowledge, skills, and attitudes toward teaching have been put in place in American and Canadian residency training programs [2]. How best to design, implement, and evaluate residents-as-teachers curricula has become a growing area of research. This emphasis on residents-as-teachers curricula applies to psychiatry as well, as was reflected in the July 2010 issue of *Academic Psychiatry* devoted to residents-as-teachers.

To date, only one published study, by Crisp-Han et al. in 2013 [1], looked at what actually constituted residents-as-teachers curricula in psychiatry by surveying training directors nationally. Little is known on a national level, however, about how residents perceive the amount and type of residents-as-teachers training they receive, or the amount, type, and content that residents teach. For example, in 1970, Brown [3] reported that 20–25% of non-psychiatry residents' workweek is spent teaching. The results of this study continued to be reported in current residents-as-teachers literature [1], though its publication date, small sample size (n = 57), and single-site design may limit its generalizability. A 1980 national survey of 136 psychiatry residents from postgraduate year (PGY)-1 and PGY-3 reported that residents taught medical students and other residents an average of 5.12 hours/week and taught others (allied health professionals and non-psychiatric physicians) an average of 3.65 hours/week [4]. This survey also found that only about 30% of residents felt that residents-as-teachers training should be mandatory, and that only 13% had received such instruction [4]. Both of these findings also continued to be cited in the current literature [5].

More recently, several small studies have pointed towards the possibility of a change in psychiatry residents' attitudes and beliefs about teaching since the 1980 findings of Callen and Roberts [4]. In one pilot study [6], a sample of 12 psychiatry residents surveyed before and after a brief residents-as-teachers workshop showed a significant improvement in certain attitudes, knowledge, and skills following the workshop. Brand et al., reporting on 41 psychiatry residents from a single institution who were evaluating a residents-as-teachers workshop [2], concluded that respondents felt that the program was relevant to them. In a more recent study comparing psychiatry and family medicine residents [5], most psychiatry residents from the sample of 12 reported positive attitudes and values towards teaching, though knowledge and skills were rated less highly. All three of these and similar studies add to the small but growing literature on residents-as-teachers in psychiatry, but all had small sample sizes and authors noted limitations in generalizability [2, 5, 6]. To our knowledge, no national surveys have examined similar questions since 1980.

To address these gaps, the present study surveyed psychiatry residents from across the United States and Canada. The aim was to characterize the amount and formats of residents-as-teachers training received, the amount of time typically spent teaching medical students/junior residents or others (e.g., nurses, social workers, non-psychiatrist physicians), the content areas taught, teaching practices used, and attitudes and beliefs about teaching. We believe this information will help guide both American and Canadian training directors, educators, and residents in psychiatry involved in residents-as-teachers program development.

Methods

We searched Medline and PubMed databases for keywords including *residents*, *teachers*, *residents as teachers*, *assessment*, *needs*, and *questionnaire*. Titles and abstracts of articles of interest were selected based on their relevance to psychiatry and a primary focus on assessment of residents' needs or residents-as-teachers curricula. Additional references as well as local medical school clerkship objectives were also reviewed. From these, we extracted a list of objectives for residents-as-teachers curricula, which became the foundation for creating survey questions.

The survey is available upon request. Briefly, a total of 54 questions were included. Three broad domains were assessed: *training and teaching experience*; *current teaching practices*; *attitudes and beliefs*. Most answers were indicated by selecting checked boxes. Five-point Likert scales ranged from “almost never” to “almost always” or from “strongly disagree” to “strongly agree”. Respondents were asked to indicate their PGY-year, gender, and first 3 digits of their zip code or postal code.

We conducted an online survey using SurveyMonkey (Palo Alto, CA; <http://www.surveymonkey.com>). An email containing a link to the survey was sent to training directors or coordinators of all accredited residency programs in psychiatry listed on the Accreditation Council for Graduate Medical Education (ACGME) (http://www.acgme.org/adspublic/reports/program_specialty_list.asp) and the Royal College of Physicians and Surgeons of Canada (RCPSC) (http://rcpsc.medical.org/residency/accreditation/arps/psychiatry_e.php) websites, asking them to forward the link to all current residents in adult psychiatry. Follow-up requests were sent twice at one-month intervals.

Data Analysis

For the purposes of data analysis and reporting, Likert rating scales were collapsed into 3 categories and renamed “disagree” (strongly disagree and somewhat disagree), “neutral” (neutral), and “agree” (somewhat agree and strongly agree), or “rarely” (almost never and rarely), “sometimes” (sometimes), and “frequently” (most of the time and almost always). Descriptive statistics (frequencies, percentages, mean, median, standard deviation, ranges) were used to analyze our results using SPSS version 22.0 (IBM).

The study protocol was approved by the Albert Einstein College of Medicine, West Campus Institutional Review Board.

Results

A total of 382 responses were collected representing about 7% of all psychiatry residents in the USA and Canada. Sixty-eight percent of respondents were American (n=258), 23% were Canadian (n=89), and 9% (n=35) were unspecified. Respondents indicated 134 unique ZIP/Postal-code regions representing 49 cities from among the American Northeast (n=75; 36%), Midwest (n=42; 20%), South (n=53; 25%), and West (n=38; 18%), as well as 11 cities from among Central Canada (n=35; 40%), Western Canada (n=26; 30%) and Prairie region (n=27; 30%). Because we did not ask training directors to confirm that they sent the email link, a program response rate cannot be established. Women accounted for 56% of respondents (n=169) and 44% were men (n=132). Responses were collected from PGY-1 (n=96; 26%), PGY-2 (n=97; 26%), PGY-3 (n=75; 20%), PGY-4 (n=79; 21%), and PGY-5 (n=25; 7%) residents.

Amount and Format of Residents-as-teachers Training

Among the total sample, 37% (n=142) reported receiving no prior training on how to teach before entering residency and 74% (n=278) reported residents-as-teachers training during residency. When grouped by PGY-year, the proportion of respondents who reported receiving residents-as-teachers training was lowest in PGY-1 (n=46; 48%). By PGY-2, many reported receiving residents-as-teachers training (n=68; 71%) while most of PGY-3 (n=65; 87%) and PGY-4 (n=68; 86%) respondents reported receiving training.

The most common formats/settings used to deliver residents-as-teachers training included the following: didactics (n=228; 59.7%), supervision (n=140; 36.6%), and bedside teaching (n=133; 34.8%). Sixty-three respondents (16.5%) reported learning how to teach by reading textbooks while 55 (14.4%) reported practicing on actors. The least common methods were watching teaching videos (n=32; 8.4%), participating in web-based programming (n=18; 4.7%), and reviewing videotapes of yourself teaching (n=8; 2.1%).

Time Spent Teaching and Teaching Practices Reported

Overall, 86% (n=327) of respondents reported teaching during a typical week. The majority (n=236; 67%) reported teaching medical students/residents with little variation across PGY-years. When asked about how much time is spent teaching others during a typical week, more than half of respondents (n=202; 54%) reported “0 hours”.

Teaching practices that were most commonly reported as performed *frequently* included: telling students what they did well (n=257; 86%) and teaching general principles (n=234; 78%). Other “microskills” were less common, with “getting a commitment” and “probing for supporting evidence” reported as performed *frequently* by only 45% (n=135) and 41% (n=105) of residents, respectively. Only 43% (n=129) of respondents reported *frequently* establishing goals and expectations with the learner. Even fewer respondents reported *frequently* referring students to the scientific literature (n=78; 26%) or demonstrating how to search the scientific literature (n=27; 9%).

Attitudes towards Teaching

Most respondents agreed that teaching is enjoyable or rewarding (n=304; 87%) and that residents strongly impact medical students' career choices (n=286, 82%). Many plan on incorporating teaching into their practice after residency (n=277; 79%). Respondents also reported high rates of agreement that more importance should be placed on residents' roles as teachers (n=280;80%) and that residents-as-teachers training should be mandatory (n=253; 72%). Eleven percent (n=37) reported that they do not need further training on how to teach.

The majority of respondents reported that they feel comfortable both addressing myths and misconceptions about psychiatry (n=304;87%), as well as teaching across a variety of settings (n=255;73%). Only 22.5% (n=79) reported difficulty adapting to the individual needs of the student. Still, 40% (n=138) agreed that teaching is burdensome and only 43% (n=151) agreed that they have sufficient time to teach. Just 49% (n=172) agreed that they feel competent as teachers and only 46% (n=162) agreed that they are familiar with the clerkship goals and objectives. Many respondents indicated that they do not get feedback on their teaching from supervisors (n=226; 64%) or from students (n=168; 48%). Only 13% (n=44) agreed that they need specific training on audiovisual techniques.

Discussion

Our study has several important limitations. Firstly, the major limitation was our sampling method, which did not allow us to determine a response rate or ensure generalizability. While our absolute sample size was large, it represented only about 7% of all psychiatry residents in the USA and Canada and our respondents may not be representative of all psychiatry residents. Secondly, due to lack of random sampling, a selection bias may have existed if respondents self-selected based on their interest in teaching. Thirdly, inherent to surveys of this type is the possibility of recall bias, which may have limited the accuracy of interpretation of findings.

Our study also revealed several important findings. Regarding residents-as-teachers training, we found that many respondents reported receiving some training. This finding also steadily increased with increasing PGY-year, with most residents in PGY-3 and PGY-4 reporting having been trained. This was particularly important given that residency-training programs are mandated by their respective accreditation bodies in the United States and Canada to teach residents how to teach. However, a substantial amount of PGY-1 and -2 residents reported not yet receiving residents-as-teachers training, implying that some junior residents were regularly teaching prior to having received training on how to teach. Thus, we recommend offering residents-as-teachers curricula as early as possible in PGY-1.

Regarding the formats and settings used to deliver residents-as-teachers training, a variety was reported; however, audiovisual instruction and web-based programs were highly underreported. A particular advantage of these modalities is that they might circumvent a lack of experienced faculty, which was cited as a barrier to implementing residents-as-teachers curricula in a previous study [1].

The majority of respondents indicated positive attitudes towards teaching, seemed to value their role as teachers, and felt it was important to learn how to teach. Similar attitudes have been reported in recent smaller studies by Grady-Weliky et al. and Brand et al. Insufficient feedback was highlighted as an area of need, which was consistent with other studies indicating that residents often feel that feedback is lacking and that supervisors feel underprepared to give feedback [7]. Despite respondents' positive attitudes, many also found teaching burdensome, lacked sufficient time to teach, and lacked confidence. The five "microskills" of clinical teaching [8] is a simple framework that residents can use to enhance teaching efficacy. Initially developed for family physicians, the "microskills" can also be used in psychiatry [9]. Because fewer than half of respondents reported frequently using the "microskills", we suggest teaching them in residents-as-teachers curricula. Further study of whether or not the use of the "microskills" would have a positive impact on residents' skills and attitudes would be useful.

Finally, respondents reported teaching only few hours per week typically, which was surprising given that efforts have focused on improving competence and skillfulness of resident teachers [10]. One explanation for why residents were unable to devote more time to teaching may be the increased involvement in other mandated training experiences (e.g., scholarly activity and Quality Improvement). The impact of duty hour restrictions and expanding documentation requirements should also be considered. Therefore, training directors may wish to assess the amount that their residents teach and consider whether the goals of residents-as-teachers curricula should include creating opportunities for more teaching. While the majority of respondents across all years reported teaching medical students/residents, far fewer were involved in teaching others. Future studies should aim to explore factors that influence the likelihood of residents' teaching.

In summary, the present study provided a useful, albeit limited overview of American and Canadian psychiatry residents' perspectives on residents-as-teachers training, teaching practices, and attitudes toward teaching. It provided an important update to the literature and presented encouraging findings: that most residents received residents-as-teachers training, engaged in regular teaching, and viewed teaching as part of their professional role. The study also highlighted key areas of need that individual program directors can further evaluate, such as whether more residents-as-teachers training or incorporating specific tools like the microskills can improve residents' teaching skills, attitudes and behaviors. We expect our findings will help guide the creation of more residents-as-teachers curricula and improve those already in place.

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Implications for Educators

- Residents may benefit from having more residents-as-teachers training offered earlier in residency.
- Educators may wish to assess the amount that their residents teach and consider whether the goals of residents-as-teachers curricula should include creating opportunities for more teaching
- Educators should consider the need for faculty development to help faculty provide more feedback to residents on their teaching.