Successful Implementation of a Resident Liaison to Medical Students in Emergency Medicine Rotations

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ABSTRACT

Background: As the role of the resident-as-teacher grows, some residents are inspired to develop themselves early as leaders in education while in training. We describe the successful implementation of a resident liaison (RL) to medical students in emergency medicine (EM) as a way to develop resident leaders in medical education.

Methods: This position was implemented to develop interested residents as leaders in medical education and to provide medical students access to an EM physician who is closer to their training level and may be more approachable than the clerkship director. RLs are mentored by the clerkship director and are involved in curricular programming and education research.

Results: This innovation has strengthened our student EM rotations and has provided residents with a unique opportunity to explore a career in medical education. Residents have made tangible contributions to our educational programming in this role and have pursued careers in medical education. The program has been recognized as a “best practice” by students and the school of medicine.

Conclusions: The RL initiative has conferred significant benefits to residents and medical students. Implementation of a RL program may benefit EM rotations outside of our institution and perhaps outside of the EM specialty.

NEED FOR INNOVATION

As the concept of the resident-as-teacher grows and expands, some residents are motivated to pursue opportunities as leaders in education while in training. These residents are interested in learning about and being exposed to the entire scope of a career in educational leadership. This creates a need beyond the previously published resident-as-teacher curricula engaging residents in bedside, small-group, and lecture-based teaching. These motivated residents need programs that engage them in educational leadership

opportunities, curricular design, and education research so that they can develop as clinician-educators.

BACKGROUND

The role of the resident-as-teacher has increasingly been recognized and emphasized in graduate medical education.^{1,2} Nationally, in emergency medicine (EM) and across many specialties, resident-as-teacher curricula have been implemented to train residents to teach.^{3,4} On our review of the literature, a formal program focusing on the development of an EM resident

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as a medical education leader or director has not been previously described.

At our institution, a subset of residents has demonstrated superior engagement in teaching activities and an interest in an education leadership role during residency. Some aspire to conduct medical education research or to prepare for careers as medical educators. Many resident-as-teacher curricula that primarily focus on bedside teaching and lecturing may not adequately prepare residents for careers as academic clinician-educators who have the additional academic responsibilities of developing curricula, administering programs, and engaging in scholarship.⁵⁻⁷ Previously published work has demonstrated that there is a dearth of programming for residents who wish to pursue careers as clinician-educators.⁷ Programs that have been implemented in the past have required significant financial and infrastructural support and may not be easily reproduced at other sites.⁸

In addition, rotating medical students at the clerkship and subinternship level were eager for a resident as a near-peer educator and a “safe” point of contact to voice concerns about the rotation. Near-peer educators have been shown to more easily establish a social rapport with learners that promotes a safe and comfortable educational environment, reduced anxiety, and free exchange of ideas.^{9,10} We developed and implemented the role of the resident liaison (RL) to medical students in our EM clerkship and subinternship in 2015 to serve the needs of the students and to train residents to become leaders in medical education.

OBJECTIVES OF INNOVATION

The objectives were to provide EM residents with mentorship, research, and educational leadership opportunities and to provide medical students with a resident leader for mentoring, feedback, and expression of concerns.

DEVELOPMENT PROCESS

There are very few published model curricula in education leadership for resident physicians. Our RL program was developed within the framework of the key roles of the clinician-educator as a clinical teacher, curriculum developer, administrator, and education scholar.⁷ The importance of mentorship and role modeling in supporting career satisfaction and achievement is well documented.¹¹ In medical education, role models

and mentors play a key role in the development of professional identity and career aspirations.¹² The mentoring relationship of the clerkship director and RL is one of the cornerstones of the program. We set out to create a program that would be sustainable, adaptable, and reproducible at other institutions. A summary table of the program is included as a reference in Data Supplement S1 (available as supporting information in the online version of this paper, which is available at <http://onlinelibrary.wiley.com/doi/10.1002/aet2.10398/full>).

The RL is selected by the EM program director and clerkship director among interested senior residents. The resident selected has already demonstrated engagement in medical student education and has participated in the medical education “area-of-concentration” and resident-as-teacher program in the residency. These activities provide the resident with a background in education theory, curriculum design, and opportunities to conduct bedside and small-group teaching. The position is held for 1 academic year. To help ensure specific focus on the medical students, the role is not assigned to a chief resident.

Our program recognizes the importance of near-peer education and the value of a near peer educational leader to understand and relay student concerns.¹⁰ Importantly, the RL is not tasked with any grading responsibilities and does not participate in resident selection. Students are informed of this policy during the orientation to their rotation. This allows the RL to function as a “safe” person for medical students to approach with any concerns about the clerkship or subinternship. Anonymized concerns can then be relayed to the clerkship director without student fear of judgment or negative impact on grading.

IMPLEMENTATION PHASE

The RL program was implemented in 2015 and is ongoing. Each year the residency program director and clerkship director select a qualified resident who has participated in the education area of concentration. The RL participates all areas of programming for clerkship students and subinterns in EM, including direct teaching responsibilities such as orientation workshops, didactic sessions, and procedural workshops. Some of these activities, such as orientation, are more formal and allow the RL to interact with students in large groups. The RL, with the clerkship director present, is given the opportunity to address overarching

concerns such as course objectives, student roles, and responsibilities and professionalism expectations. Others, such as the procedural workshops and didactic sessions, take place in small groups. The RL is encouraged to design and pilot didactic sessions with the clerkship director. The clerkship director also observes small-group teaching sessions and gives feedback on technique. Training for many of these responsibilities is done via participation in the education area of concentration which focuses on adult education theory, feedback, and curriculum design. The RL also undergoes formal training in educational debriefing as part of the simulation rotation in residency.

Administrative responsibilities include leading the resident and medical student education committee, recruiting residents to teach workshops and lectures, and organizing introductions between rotating subinterns and potential mentors. The resident and medical student education committee is composed of EM residents of all years who are interested in medical education. Led by the RL, the group is responsible for planning activities for the EM interest group, scheduling residents to teach small-group sessions for clerkship students and distributing the student schedules to faculty. The RL attends quarterly feedback meetings with clerkship medical students and meets individually with subinterns to receive feedback on the rotation. The RL also attends the monthly EM medical student and residency education committee meeting, gives updates about issues in the clerkship and subinternship, and discusses any problems that have occurred or may arise.

The RL meets regularly with the clerkship director to identify career goals and to help develop curricular initiatives. The clerkship director also serves as the faculty mentor for education research projects that RL wishes to pursue as part of the experience.

OUTCOMES

Since implementation of the program in 2015, the RL position has become a coveted role in the residency. Of the four residents who have served in the role, one has become a clerkship director, one has taken an academic appointment focused on point-of-care ultrasound education, and one will complete a fellowship in education leadership. In exit interviews, the RLs expressed that the position helped to solidify their commitment to a career in medical education and provided valuable insight into the administrative aspects of educational programming. They appreciated the leadership

experience; the opportunity to work with faculty on educational initiatives; and the ability to develop academic projects, teaching skills, and a teaching portfolio.

Students have also valued the program. During curricular improvement feedback sessions, they cited the benefit of having a near-peer for frank feedback and concerns as well as a designated “go-to” person from whom to learn more about the specialty of EM and our residency program. Our medical school has recognized the RL program as a “best practice” among clerkships in their clerkship review committee and notes that this implementation signals a superior level of departmental investment in medical student education.

The RLs have made a significant impact on the curriculum of our clerkship and subinternship via their own initiatives. Some of these include the overhaul of the clerkship student schedule in response to student feedback, implementation of a lecture series for clerkship students, and creation of a procedure workshop for subinterns. They have completed research projects in medical education and have published these and/or presented them at national meetings. The flow of energy and fresh ideas has allowed our clerkship and subinternship rotations to evolve and thrive in a department with many competing priorities.

REFLECTIVE DISCUSSION

The RL program has unequivocally benefitted our educational programming for students and has produced some promising leaders in EM education. Implementation of an RL program may be easily accomplished in EM residencies outside of our institution. It is important to be intentional about the responsibilities and the academic goals of the resident so that the RL can plan the year to achieve those goals. We believe that the focus on mentorship is key in guiding RLs in their academic and curricular pursuits and in providing tangible benefit to the residents who are volunteering to take on extra administrative responsibilities. Clerkship directors seeking to implement an RL program should seek buy-in from residency program leadership, as well as from the school of medicine and should facilitate inclusion of the RL in all aspects of curricular planning. As the popularity of the program has grown at our institution, it has proven to be sustainable. Interested junior residents are working with the RL in educating medical students to be selected as the RL in the future. This enthusiasm has, in some

part, been sustained by the ongoing support of the residency leadership.

Challenges of the RL program include the balancing of education responsibilities with clinical work and the inherent challenges of doing education research. Chief residents in our program have protected time to engage in administrative responsibilities and it may be helpful to similarly protect time for RLs going forward. It may also be beneficial to seek opportunities for the RL to engage in education administration at higher levels in the medical school, for example, to be invited to attend a clerkship directors' meeting. Despite these challenges, the RL initiative has conferred significant benefits to the RLs, the medical students, the education leadership, and the rotations in general. We are committed to continuing this program to train the next generation of clinician-educators.

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Supporting Information

The following supporting information is available in the online version of this paper available at <http://onlinelibrary.wiley.com/doi/10.1002/aet2.10398/full>

Data Supplement S1. Resident liaison summary.