Title: Primary Care Essentials: Developing clinician educators through a near-peer led core ambulatory curriculum supported by digitally available teaching materials

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Background

A key component of Internal Medicine (IM) residency training is developing the expertise and skills to practice and teach ambulatory medicine. Prior work by our institution showed that a majority of our IM residents intend to incorporate teaching into their careers, but rarely get the chance to develop teaching skills in an ambulatory setting. To create more opportunities to develop clinician educator skills in a primary care setting, we implemented a novel core curriculum of primary care topics with resident-teacher opportunity to utilize prepared digital teaching materials for educational didactics.

Methods

Six core ambulatory topics were identified: 1) Cancer screening, 2) Preventative health, 3) Hypertension, 4) Chronic obstructive pulmonary disease, 5) Type 2 Diabetes, and 6) Depression/Anxiety. Standardized teaching materials labeled "Primary Care Essentials" (PCE) were developed by ambulatory chief residents and core faculty and published on TeachIM.org, a free and publicly available online platform for teaching materials. Upper-level trainees were assigned teaching topics and delivered content to their peers at the beginning of the academic year either using the prepared teaching module, their own content, or both. Resident educators and learners participated in surveys at the completion of PCE to evaluate attitudes and acceptability of the content and teaching method.

Results

PCE didactics were delivered by upper-level residents at a large academic medical institution across two continuity clinic sites. Of the 70 residents who participated (24 interns and 46 upper level), 77% agreed that opportunities to teach during a continuity clinic block are important and 90% valued near-peer teaching. Ninety-three percent of residents valued having access to digitally available teaching materials and 94% of those who taught a didactic utilized the prepared materials. Ninety-three percent felt that the PCE curriculum was a valuable learning experience and 86% of upper-level residents felt that it was non-inferior to faculty delivered content of similar topics from prior years. The majority (96%) of first year residents look forward to developing their own medical education skills by teaching PCE didactics in subsequent years.

Conclusion

Opportunities to develop clinician educator skills in the outpatient setting are limited. This work showed a near-peer led core primary care curriculum using prepared materials is well-accepted by trainees, allows for development of skills as clinician educators, and is received as non-inferior to faculty teaching by trainees at a large academic Internal Medicine training program.