

Validity and Applicability of Consensus Guidelines for Resident-as-Teacher Programs

We read with great interest the consensus guidelines to support resident-as-teacher programs by McKeon and colleagues in the June issue of the *Journal of Graduate Medical Education (JGME)*.¹ Effectiveness of resident-as-teacher programs are difficult to evaluate, hence evidence-based guidelines are sparse, and programs have to devise resident-as-teacher programs according to common sense. As such it is useful to have shared common sense from expert educators in a variety of training contexts.

We are program directors of a community hospital-based internal medicine residency training program where 50% of didactic sessions are taught by peers. We organize resident-as-teacher curriculum delivered as 10 seminars over the summer months for post-graduate year 2 and 3 residents. We used the consensus guidelines described in this article and discovered gaps in our formal curriculum, learning environment, and assessment methods. This has been a useful exercise for our program and we thank the authors and *JGME* for disseminating this work. We wonder if other program directors surveyed by the authors had a similar experience and would like to see a follow-up study in 1 to 2 years to determine if using the consensus guidelines outlined in the study inspired change in programs.

The authors described an informal iterative consensus development process that has the potential to introduce unintended bias.² With our collective expertise, we reviewed the author's guidelines for resident-as-teacher curricula with a critical eye, and did not identify any missing elements. We wonder if

the authors sought feedback from other program directors about their final guidelines, which would add validity to their results. Additionally, we would be interested in seeing any correlation between program adherence to the majority of these resident-as-teacher guidelines and resident performance as teachers. If programs that scored "higher" in the survey also show higher resident confidence in teaching ability or better learner evaluation of resident teachers compared to programs that score lower, this could verify the guidelines.

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References

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