We have all been there, whether as a medical student or junior-level resident: you are speaking to a patient, taking their history, when a person supervising you interrupts your conversation to expedite the encounter. That feeling of frustration when a learning opportunity is lost is a universally shared experience among all learners in medicine. In a field where time and efficiency are of such high value, it can be difficult to add yet another time-intensive element to your day: teaching medical students.

As a medical student at the beginning of my clinical rotations, few objectives were clear to me; I was to learn as much as possible and stay out of the way. When I could, I tried to make myself useful. During that journey, I encountered residents that made me cringe inside and others that shared the joy of gaining knowledge and caring for patients. Now that I’m the resident, I try to channel the good ones and block out the aspects of the bad.

Whether or not you plan to enter academia after residency, teaching students can help you to better develop your skills as a doctor and as a communicator. You also have the potential to help shape an aspiring physician. Collectively, as Family Medicine residents, we have the opportunity to show students what the future of our field looks like. They can see that we are a body of skilled professionals that values academic learning and evidence-based medicine as much as we value relationships with patients, families, and communities. You may even encourage some of them to pursue your chosen field.

Medical students only really want a few things: to learn, to feel like part of the patient care team, and to be inspired.

- Tell them what they can do to contribute, whether it is to look in on patients after rounds, recheck a patient’s blood pressure in the clinic, or look up a clinical question you have. They want to be helpful.
- Assign them mini topics (5 minutes or so) to share with the team. They will learn, and so will you.
- Ask them what they want to learn and what they want to work on, even if they’re not planning on going into Family Medicine (i.e., grab the student interested in Orthopaedics to examine a knee injury).
- Set your own goals for them, and tell them your expectations. This includes time limits. I often set a specific time goal for a student to do a history and focused physical exam. This technique helps you to stay on track and allows them to develop an essential skill for their future.
- Allow them to make mistakes, and provide a safe learning environment. Foster curiosity and encourage questions.
- Don’t be satisfied with a simple diagnosis. Have the students develop a broad differential and then support their diagnoses.
- Take them with you when you have difficult conversations with patients and their families. Observing these moments allows them to see that physicians are human beings first, and scientists, second.

There are entire curricula that have been developed on this topic within the field of Family Medicine, alone. However, you don’t need to review PowerPoints and listen to lectures to become a teacher—you just need to be willing to try. As residents, we can nurture a culture that values the education of our students and residents as an investment in the future physicians of Tennessee and the field of Family Medicine.

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