

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Developing Resident Educators: A Cross- Specialty Graduate Medical Education Workshop Initiative

Permalink

<https://escholarship.org/uc/item/8v54q8rx>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 27(2.1)

ISSN

1936-900X

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Publication Date

2026-03-27

DOI

10.5811/westjem.64237

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process can yield richer, more meaningful faculty feedback while promoting shared accountability for educational quality. Future work will examine longitudinal trends in faculty performance and resident satisfaction.

Resident-Lead Interview Guide/Survey

Introduction: “Thanks for meeting with me to discuss faculty feedback. This process is confidential—your responses will be summarized anonymously using AI-assisted analysis and shared only in aggregate. The goal is to give faculty clear, constructive feedback and help improve the learning environment for everyone. I’ll ask you about these faculty members in several areas.”

Faculty member being evaluated: _____

1. Clinical Teaching

- How effective is this faculty member at teaching on shift? Do they explain their reasoning, provide consistent clinical teaching pearls, or identify learning moments during care?

2. Professionalism

- How does this faculty member model professionalism—teamwork, tone, respect, and communication with staff and residents?

3. Supervision

- How does this faculty member balance autonomy with safety? Are they approachable and present during critical situations while allowing appropriate independence?

4. Feedback

- Does this faculty member routinely provide timely, specific, and constructive feedback during or after shifts?

5. Efficiency & Flow

- How does this person balance teaching with patient care and departmental throughput? Do they avoid unnecessary testing or consultations that slow care?

6. Engagement & Effort

- Does this faculty member stay visibly present and engaged in patient care, team flow, and education? Or do they appear disengaged or removed from the clinical area?

7. Free-Text Reflections

- What does this faculty member do best? (required input)
- What is one area where you think they could improve? (required input)

8. Global Ranking (Match Analogy)

If you were starting a new residency program and had to recruit faculty members using a rank list system, would this faculty member fall in the top third, middle third, or lower third of your rank list? Why?

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Background: Senior residents frequently supervise junior residents and medical students but often lack formal

training in medical education. Existing programs are typically specialty-specific, resource-intensive, and reach only a small subset of interested trainees. At our large urban academic center (>1000 trainees), this gap highlighted the need for a centralized, interdisciplinary approach to enhance teaching skills across the Graduate Medical Education spectrum. To address this, a new role, Graduate Medical Education Director of Educational Development (GMEDED), was established to design and implement educational programming for all trainees.

Educational Objectives: The innovation aimed to: 1. Improve residents’ confidence in supervising junior learners. 2. Teach practical microteaching techniques. 3. Foster skills for creating safe learning environments and setting expectations. 4. Promote interdisciplinary collaboration in educational development.

Curricular Design: The GMEDED partnered with physician educators and the Residency Interdisciplinary Council (RIC) to create biannual, resident-focused workshops grounded in best practices. The inaugural two-hour session, “Supervising and Microteaching Techniques,” included case-based scenarios and small-group discussions to ensure applicability and engagement. Attendance was voluntary and free. The initial event was held in a free venue, with dinner provided for 25 participants at a cost of \$500 provided by the RIC.

Impact/Effectiveness: 25 residents registered, with 15 attending from 12 specialties. Assessment utilized pre- and post-session comfort scales analyzed via paired t-tests. Participants demonstrated statistically significant improvements in confidence with supervision, microteaching, and goal-setting. Feedback emphasized efficiency, dynamic learning, and practical content (Table 1). All attendees rated the session as useful and expressed interest in future offerings. Initial challenges included high last-minute cancellations (40%), prompting plans to over-invite for future sessions. This initiative successfully engaged multiple specialties and expanded educational development across the institution.

Comfort	Pre-Test	Post-Test	p-value
I understand the elements of a safe learning environment.	3.6	4.5	< 0.0001*
I am comfortable creating a safe learning environment for junior learners.	3.6	4.6	< 0.0001*
I am comfortable setting expectations with junior learners at the start of a shift or rotation.	3.2	4.6	< 0.0001*
I am comfortable creating SMART goals with junior learners at the start of a shift or rotation.	2.3	4.7	< 0.0001*
I understand the concept of microteaching.	2.1	4.7	< 0.0001*
I feel comfortable using microteaching techniques.	1.9	4.4	< 0.0001*
I feel confident in my ability to supervise junior learners.	3.1	4.4	< 0.0001*

Table 1. Pre- and post-comfort scale of resident physicians attending Supervising and Microteaching Workshop analyzed using paired T-test (n=15, 1-Strongly Disagree to 5 - Strongly Agree).