Objective: The training objectives for postgraduate education in the United States and Canada both state that teaching skills should be formally developed during training. This article reviews the development of the Teaching-to-Teach program at the University of Toronto Department of Psychiatry, the current curriculum, evaluation, and future directions of the program. The authors highlight some of the challenges encountered and discuss ideas for implementation of similar programs in diverse training settings.

Methods: A Teaching-to-Teach curriculum was developed with separate tracks for junior and senior residents. Topics covered include one-to-one teaching, the one-minute clinical preceptor model, challenging teaching scenarios, and providing effective feedback.

Results: In 2007, 100% of residents who responded to an evaluation questionnaire agreed or strongly agreed that the topics covered were relevant, and in 2008, 92% of respondents agreed that topics were relevant. In 2007, all respondents agreed or strongly agreed that they felt more prepared to teach. In 2008, 85% of respondents felt more prepared to teach. In 2007, all respondents felt that the amount of teaching was good or too little, but in 2008, 46% of respondents felt there was too much teaching.

Conclusion: The large size of the University of Toronto psychiatry program may make this curriculum difficult to generalize to smaller training sites. The use of online modules, collaboration between programs, or individual teaching electives may be other ways of implementing a teaching to teach program. Overall, our curriculum was well-received by trainees and they felt better prepared to take on the role of teacher after participating.

Residents have been identified as key contributors in the education of medical students. Medical students attribute one-third of their knowledge to teaching from house staff (1). The residents' proximity to students in the ward, ER, or consultation service and during extended hours provides for constant opportunities for observation and teaching (2, 3).

Not only does the structure of training present frequent opportunities for residents to take on the role of teacher, the training objectives for postgraduate education in the United States (4) and Canada (5) both state that these skills should be formally developed during training.

Resident teaching skills should be considered a priority by postgraduate and undergraduate training directors and department chairs. Not only do these skills represent essential competencies of a practicing psychiatrist, but competent resident teaching is an essential component of a successful undergraduate medical education program in psychiatry. Student experience with competent teachers, particularly during a clerkship experience, has an impact on attitudes toward a specialty, exam performance, and even future recruitment into the field (6–8).

This article will review the development of the Teaching-to-Teach program at the University of Toronto Department of Psychiatry over the past 15 years. We review the current curriculum and evaluate the program. We also highlight some of the challenges encountered and discuss ideas for implementation of similar programs in diverse training settings.

History of the Teaching-to-Teach Program in Toronto

The University of Toronto psychiatric residency program is a 5-year program which currently accepts 29 first postgraduate year (PGY-1) residents per year. This comprises 50% of psychiatric residency positions in Ontario, and 18% of psychiatric residency positions in Canada.
There are 14 clinical training sites and psychiatric residents rotate through a number of these sites through their residency.

In 1994, the faculty of medicine at the University of Toronto underwent a curricular reform in the undergraduate medical education program. The psychiatry clinical clerkship was moved from a 4-week fourth-year clerkship rotation to a 6-week rotation in the third year that incorporated both clinical and didactic teaching. Students began spending more time in the hospital settings at a more junior level, thus requiring more teaching and supervision from faculty and residents alike.

Residents provide the bulk of the onsite clinical teaching to our medical students, but there had been no formal program in the department of psychiatry to provide psychiatric residents with any particular teaching skills. The old adage of “see one, do one, teach one” was the prevailing ethos, without any provision in specifying how. With the advent of the new undergraduate curriculum, a small group of general psychiatrists created a course to provide the residents with an approach to developing the skill set necessary to become effective teachers.

The course was designed to familiarize residents with teaching modalities for undergraduate medical students. Topics included one-to-one teaching, seminars, role playing, problem-based learning, and evaluation/feedback. Sessions were delivered in an interactive and experiential way using techniques of brainstorming, simulations, and modeling while exposing the residents to common teaching moments encountered with clinical clerks in the ER and on the wards.

This course was held over the summer for five 2-hour sessions from 1994–2002. A cohort of five faculty members, including a medical educator (JL), delivered the course each summer prior to the arrival of the next year’s medical students. Initially the course was offered only to the residents at one site; eventually it was offered to all residents as an elective in Medical Education. Resident attendance ranged from 10–20 trainees out of approximately 125 during 1994–2002.

From 2003–2005, there was a hiatus in the Teaching-to-Teach course after a number of the staff participating in this program departed. Departmentally, there was a growing awareness of the need to provide core teaching skills to all residents in the training program and not just those at select settings. Residents began asking for a resurrection of the elective course given in earlier years. In 2005, a half-day session was created for second-year residents.

Twenty-five residents attended this mandatory half-day Teaching-to-Teach workshop.

A small group of residents and faculty continued to work on a program that acknowledged the learning needs of junior and senior residents. By 2007, the current curriculum and syllabus were designed.

**Program Development**

In 2005 a needs assessment was distributed to junior residents to survey them about their interest in an educational curriculum. We found that 73% of residents who responded wanted to devote at least 7 hours of their educational curriculum over the course of their residency (approximately 5% of structured educational time) to improving teaching skills.

In January 2007, we implemented a full-day curriculum/workshop for all 133 psychiatric residents called the “Teaching-to-Teach Day.” The morning was dedicated to junior residents (PGY-1 and PGY-2), and the afternoon was dedicated to senior residents (PGY-3, PGY-4, and PGY-5). Both groups of residents gathered together for a lunch session to share thoughts about teaching opportunities. This has since been split into a half day for junior residents and a separate half day for senior residents.

**Junior Resident Program: PGY-1 and PGY-2**

In the junior resident half-day (schedule available upon request), residents are oriented to the undergraduate curriculum, brainstorm qualities of strong and weak teachers, discuss anxieties about teaching medical students, and view a role play of a teaching encounter. Finally, the residents practice one-to-one teaching with a simulated medical student who is role-played by a senior resident. The role play scenarios have included the typical student, the disinterested student, and the sarcastic student (see Appendix 1).

**Senior Resident Program: PGY-3, PGY-4, and PGY-5**

In the senior resident half-day (schedule available upon request), residents have a review of basic teaching skills including knowing the learner, the one-minute clinical preceptor model (9) of teaching, and effective questioning techniques. Mandatory 1-hour sessions in a smaller group setting include giving effective feedback and advanced one-to-one teaching skills (e.g., challenging teaching scenarios).

Residents are also asked to rank their preferences for a