Committee members include: Drs. Jason Rosenstock (chair), Jonathan Finder (vice chair), James Johnston, Petronilla Vaulx-Smith, Basil Zitelli, Raquel Buranosky, Kathleen McIntyre-Seltman, Rita M. Patel and Peter Ferson. Dr. Helen Westman has been a regular participant on the committee. We have met sixteen times between 4/07 and 3/09 and conducted work between meetings. Our accomplishments include.

1. Reviews of existing resources
2. Resident-as-teacher curricular philosophy and format:
   - Required orientation for incoming housestaff (presented June/July 2008)
   - Menu of teaching modules for programs to utilize (4 of 6 sections completed so far)
   - APPLE curriculum (Applying Principles and Practice of Learning and Education)
     A. Fundamental Principles of Medical Education (adult learning, learner needs, resident role)
     B. Skills (clinical including microskills, didactic)
     C. Matching Strategies to Opportunities (teachable moments, specific settings)
     D. Teaching the Four ACGME Common Competencies (e.g., professionalism, communication)
     E. Assessment (evaluation/feedback)
     F. Outcomes (self-assessment, program evaluation, scholarship)
3. Follow-up Survey on resident teaching (post-orientation)
   We sent an 11-question survey to the 500 participants in the 2008 orientation session to find out what was most helpful, what they wished they'd learned up front, and what they've been utilizing to help with their teaching. Our response rate was low but we learned that the videos/vignettes were most helpful, housestaff are using direct guidance from attendings about teaching, and adding the med student perspective might make the session more powerful.
4. Revision of GME orientation
   We revised the slides and are expanding the vignettes/video prompts to make the 2009 sessions more helpful, and we've added more written resources to the syllabus to make it more useful as a reference.

Future plans:

1. Distributing the “toolbox” of resident-as-teacher activities
   By July/August, we want to collate our compendium of resources that could be rolled out to individual programs/departments. This toolbox would include curricular follow-up, materials (slide sets, video scenarios, discussion guides), and ties to competencies—a general approach and suggested timing/formats but not full content. We would create the toolbox in a three-year cycle for most (beginning in the spring of PGY-I) and a one-year “cram course” for fellows. It would be posted to the AME website and publicized widely.

2. Planning for an AAMC workshop and a scholarly paper that would discuss our work and outcomes, including orientation follow-up data