P-45 Educational Team — Is it better to concentrate the opportunity to educate? —

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Background: In our department, a senior resident (SR; PGY3-5) and a junior resident (JR; PGY1-2) pair up to do medical care, during which the SR educates the JR (Yanegawara-style). While this style can offer extensive education, the methods and contents of teaching depend on each attending doctor. So from 2017, we formed a medical team called "Educational Team" with the aims of establishing uniformity in educational content and further teaching SRs "how to teach". Since one year has passed, we report the current status.

Method: One staff physician, one SR, and two PGY1 JRs, were designated as an "Educational Team". The team treated simple cases or patients who offered a chance for JRs to learn a lot. An upper limit of 10 on the number of patients made time for team members to work together. In addition to bedside teaching, regular lectures of basic internal medicine knowledge and simulation-based education were incorporated. The SR learned the educational skills from the staff physician, and feedback was given each time regarding the contents.

Result: After the launch of the "Educational Team", we feel we can do daily medical practice with no problems. In a questionnaire delivered to SRs who experienced the educational team, 4/4 felt that they could learn effective methods of education. The response to the education team was generally good even in the JR questionnaire survey.

Discussion: There is a report that "there is now a move to require all new lecturers in the UK to complete an accredited course in teaching or to have equivalent experience" (Hesketh EA. Med Educ. 2001; 35: 555-64). In Japan, however, opportunities to learn about medical education are very limited especially in younger generations. The "Educational Team" provided our staff with such an opportunity.

Conclusion: Through the "Educational Team", it is shown that the educational skills for medical education can be transferred to SRs.