Introduction: The LCME and ACGME require that residents engage in teaching in order to develop skills as educators. Residents spend an estimated 20% of their time teaching; many do not receive training for this role. Although proposed guidelines for an Emergency Medicine (EM) resident-as-teachers (RAT) curriculum were published in 2006, there are no follow-up descriptions of RAT curriculum development, implementation, or outcomes. A necessary first step of developing a formal RAT curriculum for EM educators to pilot, implement, and evaluate is to conduct a formal needs assessment.

Objectives: The aim was to conduct a needs assessment of EM residency programs regarding RAT curricular resources and practices.

Methods: We invited all EM residencies to participate in a web-based survey assessing current RAT curricula and needs. We used a previously published survey instrument that had been implemented in pediatric residencies, and made minor modifications to fit our EM audience.

Results: 49% of 3-year residencies have a RAT curriculum in place, while 86% of 4-year residencies have a RAT curriculum. At university-based residencies, 60% of programs have a RAT curriculum, versus 50% of programs based in the community and 75% in county based programs. At programs with a required medical student rotation, 59% of programs have a RAT curriculum.

Among programs that had no RAT program, 14% have a program in development, and 18% have a teaching resident program but no formal curriculum. Other programs cited lack of interest, limited resources, and lack of time in curriculum as reasons for not having a program.

Conclusions: Analysis of our data indicates that despite ACGME and LCME mandates, there is a lack of consistent RAT curricula. A national curriculum is one solution to this problem. Most all of the responding programs are interested in the development of a web-based national curriculum. Our results may inform collaborative efforts to develop a national RAT curriculum.