

# Day 1: Absences and Tensions

Wednesday October 19

9:30-12:30pm

## Theme 1: Absences

These presentations share an interest in what is missing: absences in understandings of practice, blank spots of curricular focus, and contributions rendered otherwise invisible in health professions education.

**Podium sessions:** Presentation: 12 min; Discussion: 6 min; Transition to next presentation: 2 min

**Rapid report sessions:** Presentation: 3 min; Discussion: 2 min

---

## RAPID REPORT 1.1 - 9:35-9:40am

### Educating Future Physicians for Francophone Official Language Minority Communities in Canada: A case study

Yeuchy, T.<sup>1</sup>, Elhafid, M.<sup>1</sup>, Nyhof-Young<sup>2</sup>, J., Schrewe, B<sup>3</sup>.

1. Temerty Faculty of Medicine, University of Toronto

2. Department of Family & Community Medicine, Temerty Faculty of Medicine, University of Toronto

3. Department of Pediatrics, Faculty of Medicine, University of British Columbia

Tatiana Yeuchy [t.yeuchy@mail.utoronto.ca](mailto:t.yeuchy@mail.utoronto.ca)

**BACKGROUND:** In Canada, over 1 million Francophone Canadians live in official language minority communities (OLMC) outside of Québec. Healthcare availability in French is often limited or absent, leading to reduced access to and quality of care. To address this gap in health equity, one effective strategy is training Francophone/Francophile medical students at Anglophone faculties of medicine in medical French. Our purpose is to understand what drives the development of skills required to respond to the needs of OLMCs, and how the Association of Faculties of Medicine of Canada's program FrancoDoc has affected student perceptions of the former. In analyzing these phenomena, we can better support their professional development towards this goal in the next chapter of FrancoDoc.

**METHODS:** A qualitative case study is underway using constructivist grounded theory and an exploratory approach. Semi-structured interviews have been conducted with twelve medical students involved in FrancoDoc. Interviews were transcribed and analyzed using a constant comparative approach until saturation of concepts was attained.

**RESULTS:** Four main themes were prevalent during our data analysis supported by quotes from all participants: factors facilitating French language learning; barriers to French language learning; broader issues shaping the provision of linguistically appropriate health care; and specific recommendations to improve health care education in the interest of better preparing learners to provide care to OLMCs.

**CONCLUSION:** Our needs and motivations analysis has allowed us to propose concrete adjuncts to Anglophone faculties of medicine, making them better positioned to deliver on their mission of social accountability to Francophone patients and OLMCs.

## **PODIUM 1.2 - 9:40-10:00am**

### **Psychosocial support for siblings of children with poor prognosis cancers: Reflections on current practices**

Preet Walia<sup>1,2</sup>, Tina Martimianakis<sup>2</sup>, Sonia Lucchetta<sup>2</sup>, Angela Punnett<sup>2</sup>, Fyeza Hasan<sup>2</sup>

1. Temerty Faculty of Medicine
2. The Hospital for Sick Children

Preet Walia [preet.walia@mail.utoronto.ca](mailto:preet.walia@mail.utoronto.ca)

**Background:** The provision of psychosocial support for siblings has been identified as a standard of care in pediatric oncology. In practice, however, this standard is inconsistently implemented, and barriers to supporting siblings are not well understood, particularly in the context of poor prognosis cancers and anticipated bereavement. In addition, education and training on sibling support in pediatric oncology has not been studied.

**Methods:** We used interpretive description to conduct and analyze 13 semi-structured interviews with oncology healthcare providers (HCPs) at a Canadian pediatric oncology centre. Interviews explored perspectives on supporting siblings of children with poor prognoses, and HCPs' training on sibling support. Analysis was inductive, whereby emergent themes were identified, and deductive, using a theoretical framework based on literature and study team knowledge.

**Results:** Participants identified siblings as underserved individuals who would benefit from additional support. Support is typically provided either directly to siblings or indirectly through caregiver psychoeducation. Despite HCPs' desire to help siblings, there are several factors that influence their ability to do so, including sibling preferences, parent openness to discussing poor prognoses, focus on the ill child, scopes of practice, and systemic factors. Across multiple disciplines, training around sibling support is mostly informal and through role modelling.

**Conclusions:** These findings contribute to our understanding of the barriers to providing sibling support in pediatric oncology, and further our knowledge of how family-centered care works in practice. Formal training should be provided for HCPs to support them in recognizing, reflecting on, and managing challenges related to sibling support.

## PODIUM 1.3 – 10:00-10:20am

### Advocacy in Postgraduate Education

Jennifer Hulme<sup>1</sup>, Sarah Wright<sup>2</sup>, Katherine Rouleau<sup>1</sup>, Jonathan Sherbino<sup>3</sup>, Kate Hayman<sup>3</sup>, Alex McKnight<sup>4</sup>, Megan Landes<sup>1</sup>, Malika Sharma<sup>3</sup>, Andrew D. Pinto<sup>1,7,8,9</sup>, Kate Atkinson<sup>5</sup>, Madeline McDonald<sup>6</sup>, Conor Lavelle<sup>3</sup>, John Ihnat<sup>1</sup>.

1. Department of Family and Community Medicine, University of Toronto

2. Wilson Centre

3. Department of Medicine, McMaster University

4. Public Health Ontario

5. Parkdale Queen West CHC

6. Department of Surgery, McMaster University

7. Upstream Lab, MAP, Li Ka Shing Knowledge Institute, Unity Health Toronto

8. Department of Family and Community Medicine, St. Michael's Hospital

9. Dalla Lana School of Public Health, University of Toronto

[Jennifer.Hulme@uhn.ca](mailto:Jennifer.Hulme@uhn.ca); Hannah Girdler [hgirdler@ghem.ca](mailto:hgirdler@ghem.ca)

**Background:** Health advocacy is a core competency of all physicians, and helps shape healthy public policy. Urgent work is needed to understand the current state of health advocacy training in Canadian family (FM) and emergency (EM) postgraduate medical education. We aim to understand the existing barriers and facilitators to health advocacy training, with the goal of informing curricula that can better meet the needs of trainees and the communities that they serve. **Methods:** In 2019, we published a narrative literature review to understand the state of health advocacy training in Canadian FM and EM postgraduate medical education. This informed the semi-structured interview guide, which inquired about health advocate role being taught, modeled, and evaluated at the micro, meso and macro level; the core elements of advocacy culture, supports, successes and challenges; and the role of accreditation. A criterion sampling strategy was employed, inviting program directors of Canadian FRCPC (EM) and family medicine programs to interview, with additional informants identified by snowball sampling. We are using a qualitative description approach to interpreting interviews as well as document analysis of the existing literature and accreditation documents.

**Results:** To date we have completed 22 interviews, 16 of which were representatives from family medicine programs and 6 from emergency medicine programs. Two authors (JH, AM) conducted the initial coding of the interviews conducted to date. Preliminary findings suggest that programs' primary focus is often on advocating for individual patients and trainee assessment is based on micro-level activities. Macro-level activities are rare, most often resident-led, and not part of formal curriculum. Mentorship, local champions, and longitudinal partnerships with local community-based organizations were cited as the key to successfully supporting trainees in meso and macro-level advocacy, but the risk and fear of being too political and "drifting" to less serious medicine, and the resulting discomfort of faculty and lack of mentors were major ongoing barriers.

**Discussion/Future Directions:** Early results suggest that we should prioritize long term partnerships with community based organizations and actively recruit and support faculty who as local champions can effectively mentor residents. Defining advocacy competencies may help drive this change. Future directions include interviews with Accreditation Committee members at both the RCPSC and CFPC, opinion leaders, and residents to situate our findings at the program director level.

## PODIUM 1.4 – 10:20-10:40am

### **A Foucauldian-inspired discourse analysis of administrative staff and faculty relations in health professions education**

Morag Paton<sup>1</sup>, Cynthia Whitehead<sup>2-4</sup>, Stephanie Waterman<sup>1</sup>, Ayelet Kuper<sup>4-6</sup>

1. Leadership, Higher, and Adult Education, OISE, University of Toronto
2. Department of Family & Community Medicine, Temerty Faculty of Medicine
3. Family & Community Medicine, Women's College Hospital
4. Wilson Centre
5. Department of Medicine, Temerty Faculty of Medicine
6. Division of General Internal Medicine, Sunnybrook Health Sciences Centre

[morag.paton@utoronto.ca](mailto:morag.paton@utoronto.ca)

Administrative staff in higher education have been described as invisible (Eveline, 2004; Szekeres, 2004) and characterized as being “non-academic, non-faculty, non-teaching, [and] non-professional” (Losinger, 2015, p. 157). Staff are also often absent in HPE documents, literature, and reports. With few exceptions, if staff appear in the HPE literature it is as a passive object, often as a resource, a possession, or a liability. If staff appear in institutional reports, it is often within an acknowledgement section rather than a list of authors. These absences are felt in everyday staff experiences: staff may be overlooked in meetings, feel uncomfortable contributing knowledge, or feel devalued or invisible in their roles. The increasing professionalization of staff roles due to neoliberalism, occurring as health professionals experience their own shifts in power and prestige, can lead to tensions, if not toxicity, in the health professions education space.

I build and examine an archive to conduct a Foucauldian-inspired discourse analysis. I identify discourses that regulate the work of and power relations between administrative staff and faculty in HPE. I engage with feminist and decolonial critical theories throughout my analysis.

Staff have been discursively constructed as devoted caregivers, controlling matriarchs and as professionals. These three discourses regulate staff and faculty relations to the present day. To navigate the tensions produced by discourses and structure, I work to rebuild agency through staff voices, resistance, and recommendations for practice.

## PODIUM 1.5 – 10:40-11:00am

Setting the tone for team performance in the operating room: a constructivist grounded theory study

Hillary Lia<sup>1,2</sup>, Melanie Hammond Mobilio<sup>1</sup>, Frank Rudzicz<sup>2,3,4</sup>, Carol-anne Moulton<sup>1,2</sup>

1. The Wilson Centre, University of Toronto, Toronto, ON, Canada
2. Institute of Medical Science, Temerty Faculty of Medicine, University of Toronto, Toronto, ON, Canada
3. Department of Computer Science, University of Toronto, Toronto, ON, Canada
4. Vector Institute for Artificial Intelligence, Toronto, ON, Canada

[Hillary.lia@mail.utoronto.ca](mailto:Hillary.lia@mail.utoronto.ca); [Melanie.HammondMobilio@uhn.ca](mailto:Melanie.HammondMobilio@uhn.ca);

**Background:** Teamwork in the operating room (OR) has been studied using various approaches. Literature suggests the presence of a “tone” in the OR which is set by the attending surgeon and modified by the OR team. Though tone may be an important factor for team functioning, there does not exist a framework which clearly defines tone, explains how tone emerges, and explores its impact. Our research aims to develop a conceptual framework for tone in the OR, with the aim to contribute to the understanding of the mechanisms of team performance in the OR.

**Methods:** Semi-structured interviews were conducted and analyzed using a constructivist grounded theory methodology. OR staff across professions (i.e., surgeons, anesthesiologists, nurses, and perfusionists) were recruited to capture a variety of experiences and viewpoints. Study recruitment and data analysis remains ongoing.

**Results:** Tone is experienced differently by the varying health profession groups. Data suggest the surgeon is primarily responsible for *setting* the tone, “*you know in the orchestra, if you don't have a conductor, everyone is gonna be kind of doing everything on their own, right?... It's really about running the team, making sure that we reach the goal.*” S1. Other members of the team described *responding* and *adjusting* the existing tone: “*...what I would like to do is prevent ambient tension from forming. And if I know what these surgeon's triggers are, I can avoid [them].*” A2

**Conclusion:** Tone is an emergent, relational state steeped in context and interpersonal interactions which shapes team functioning.

# Day 1: Absences and Tensions

Wednesday October 19

9:30-12:30pm

## Theme 2: Exploring tensions

Long-standing and new tensions shape the dynamism of health professions education. These presentations share an interest in exploring these tensions and their possible effects.

**Podium sessions:** Presentation: 12 min; Discussion: 6 min; Transition to next presentation: 2 min

---

### PODIUM 2.1 – 11:10-11:30am

#### Exploring the impact of redeployment on the professional identity of family medicine residents

Nathan Cupido<sup>1</sup>, Laura Diamond<sup>2</sup>, Kulamakan Kulasegaram<sup>1,3</sup>, Tina Martimianakis<sup>1,4</sup>, Milena Forte<sup>1,2,3,5</sup>

1. The Wilson Centre
2. Temerty Faculty of Medicine, University of Toronto
3. Department of Family & Community Medicine, University of Toronto
4. Department of Paediatrics, University of Toronto
5. Mount Sinai Hospital, Toronto

[nathan.cupido@mail.utoronto.ca](mailto:nathan.cupido@mail.utoronto.ca)

The redeployment of family medicine residents in response to the COVID-19 pandemic has impacted residents' learning opportunities within their postgraduate training; however, little attention has been given to the impact of redeployment on their professional identity formation (PIF). For residents, PIF requires a complex negotiation between their role as learners and providers of care—both of which attach meaning to experiences during training. The goal of this study was to explore the impact of redeployment on the professional identity of family medicine residents.

22 family medicine residents were interviewed between September 2020-July 2022. Using symbolic interactionism as a theoretical framework, thematic analysis explored the meanings residents attributed to both experiences disrupted due to redeployment, and new experiences that resulted from redeployment.

From the perspective of learning, the pandemic represented a loss of the presupposed learning experiences that residents expected of their training and redeployment challenged their perceived agency as self-directed learners. Meanwhile, regarding the provision of care, redeployment accelerated residents' sense of membership in the healthcare community and re-affirmed their value in independent care settings.

Participants' responses to redeployment highlight the challenge of PIF in postgraduate training: the different roles required of residents can result in different meanings attributed to experiences. Although tensions may exist between learning and the provision of care—as seen in responses to redeployment—residents must negotiate expectations related to both roles as they develop their professional identity. The results of this study accentuate how meanings aligned with these roles can define residents' experiences in training.

## PODIUM 2.2 – 11:30-11:50am

### Critical Tensions in Evaluation Work: An Empirical Examination of how Paradoxes Orient Evaluation Practices & Impact

Betty Onyura<sup>1,2,3</sup>, Abigail Fisher<sup>1,3,4</sup>, Qian Wu<sup>1</sup>, Shrutikaa Rajkumar<sup>5\*</sup>, Sarick Chapagain<sup>6\*</sup>, Judith Nassuna<sup>5\*</sup>, Latika Nirula<sup>1,8</sup>

1. Centre for Faculty Development, Faculty of Medicine, University of Toronto at Unity Health Toronto, Toronto, Canada
2. Department of Family and Community Medicine, University of Toronto, Toronto, Canada
3. The Wilson Centre, Toronto, Ontario, Canada
4. Ontario Institute for Studies in Education (OISE), University of Toronto, Toronto, Ontario, Canada
5. University of Toronto, Toronto, Ontario, Canada
6. Department of Biology, Toronto Metropolitan University, Toronto, Ontario, Canada
7. Department of Psychiatry, Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada

\*These co-authors were former Research Summer Students at the University of Toronto

[Abigail.fisher@utoronto.ca](mailto:Abigail.fisher@utoronto.ca);

**Background:** Program evaluation has become routine practice in health professions education (HPE). However, there is scant research on the experience, utility, or impact of evaluation work in the field. To address this gap, our research focuses on the experiences of those who are tasked with the responsibility of leading/implementing evaluation mandates. Drawing on organizational paradox theory, we examine the tensions that HPE evaluators must navigate in doing evaluation work.

**Methods:** We recruited 29 evaluators/persons who work within evaluation across 26 academic health science institutions and 4 countries to participate in semi-structured interviews on their evaluation practices. Thematic and matrix analysis were used for data analysis.

**Results:** Results identified that evaluators encountered *paradoxes, confusion about the role of evaluation, and dilemmas* in their day-to-day practice. We surfaced 5 paradoxical tensions including *performing, learning, organizing, belonging, and publicizing along with multiple sub-themes*. For example, sub-themes of the publishing paradox revealed tensions around data ownership and access. Sub-themes of the performing paradox disclose the tension between balancing the demands and interests of multiple stakeholders against professional standards.

**Discussion:** Our study unveils the underlying paradoxes that evaluators encounter. Participants acknowledge that these paradoxes can negatively affect their practice. Additionally, evaluators' creative navigation of challenges can be hampered or facilitated by positional authority and organizations' evaluation culture.

**Conclusion:** Claims of evaluation as integral to the academic mission may have misaligned institutional support. To be socially accountable, institutions need to better understand the entrenched tensions of evaluation practice and invest in the structural support and capacity building required to navigate them.

## PODIUM 2.3 – 11:50-12:10am

### **The experiences of healthcare professionals in providing care to unvaccinated Covid-19 critically ill patients: a qualitative study.**

Candice Griffin<sup>1</sup>, Christie Lee<sup>1,4</sup>, Phil Shin<sup>1,5</sup>, Andrew Helmers<sup>1,6</sup>, Csilla Kalocsai<sup>1,3</sup>, Wendy Ye<sup>1</sup>, Dominique Piquette<sup>1,2,3</sup>

<sup>1</sup>University of Toronto

<sup>2</sup>Wilson Centre

<sup>3</sup>Sunnybrook Health Sciences

<sup>4</sup>Mount Sinai Hospital

<sup>5</sup>North York General Hospital

<sup>6</sup>Sick Kids Hospital

[candice.griffin@medportal.ca](mailto:candice.griffin@medportal.ca)

The Covid-19 pandemic has placed immense pressure on healthcare systems, and resulted in increasing rates of moral distress, compassion fatigue and burnout amongst healthcare workers<sup>1-6</sup>. The development of the Sars-CoV-2 vaccine has been instrumental in reducing viral transmission; however, has been accompanied by public resistance against vaccination mandates<sup>7-9</sup>. Healthcare providers have faced new challenges providing care to unvaccinated patients with severe, yet potentially preventable, respiratory failure. Our study explores the experiences of medical personnel caring for unvaccinated patients admitted with Covid-19 infections in intensive care (ICU).

ICU nurses, physicians, fellows, residents, and respiratory therapists at Sunnybrook, Mount Sinai, and North York General Hospitals were invited to participate in a semi-structured interview to discuss their experiences and opinions pertaining to the provision of care to critically ill unvaccinated Covid-19 patients. Interviews were transcribed, coded and thematically analyzed to identify emerging themes that assist in understanding participants' experiences and impacts of caring for unvaccinated Covid-19 patients.

At the time of submission, seventeen interviews were conducted. Unanimously, respondents reported feeling a compelling ethical responsibility to provide standard of care for all Covid-19 patients, regardless of vaccination status. Many recognized biases and frustration towards unvaccinated patients, often driven by patients' resistance to other therapeutics and mistrust in healthcare, burnout, personnel shortages, and public backlash against healthcare providers during vaccine protests. Biases were suppressed and compartmentalized to preserve therapeutic relationships. ICU providers reported a strict and proactive adherence to the highest standard of care while navigating complex interactions with unvaccinated Covid-19 patients and their families.



# Day 2: Systems, Structures, and Change

Thursday October 20

9:30-12:00pm

## Theme 3: Systems and Structures

How do we navigate the systems and structures that shape health professions education? How do we participate in creating them? And how might we change them?

**Podium sessions:** Presentation: 12 min; Discussion: 6 min; Transition to next presentation: 2 min

---

### PODIUM 3.1 – 9:35-9:55am

#### Examining Network Weaving as a Knowledge Mobilization Strategy in Medical Education Using System Evaluation Theory and Network Analysis

Betty Onyura<sup>1,2,3,4</sup>; Alexandra Wong<sup>5</sup>, Qian Wu<sup>1</sup>, Shrutikaa Rajkumar<sup>6</sup>, Emilia Main<sup>7</sup>, Hollie Mullins<sup>1</sup>, Karen Leslie<sup>8,9</sup>, Lindsay Baker<sup>1,10</sup>

1. Centre for Faculty Development, Temerty Faculty of Medicine, University of Toronto at Unity Health Toronto, Toronto, Canada
2. Wilson Centre, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada
3. Department of Family and Community Medicine, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada
4. Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, Canada
5. York University, Toronto, Canada
6. Medical School, Brunel University, London, United Kingdom
7. Sunnybrook Hospital, Toronto, Canada
8. The Hospital for Sick Children, Toronto, Canada
9. Department of Paediatrics, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada
10. Department of Psychiatry, Temerty Faculty of Medicine, University of Toronto, Toronto, Canada

[Qian.Wu@unityhealth.to](mailto:Qian.Wu@unityhealth.to); [Betty.Onyura@unityhealth.to](mailto:Betty.Onyura@unityhealth.to)

Our research examines structural network weaving, or how people are interconnected across organizations, as an organizational-level strategy for knowledge mobilization (KMb). We specifically examine structural network weaving realized through longer-term formal appointments.

We engage systems evaluation theory (SET) as an underlying methodology for scrutinizing KMb within TAHSN (Toronto Academic Health Sciences Network). We use a multi-case study design, and rely on diverse data sources (institutional records, informant interviews) and analytical approaches (network analysis, document analysis, and matrix analysis) to study the quantity, nature, and quality of the networks formed by researchers, clinicians, educators, and staff.

To quantify and visualize structural network weaving, we use network analysis to generate network graphs, which illustrate how individuals in diverse roles are connected across designated KMb organizations, university departments, and hospitals. The analysis provided statistics on the centrality, or level of inter-connectivity, of each KMb organizations within the system.

Overall, our results show that some KMb organizations have strong and elaborate ties with multiple other entities across the entire system. Conversely, others KMb organizations have weaker ties to a small number of entities. Implications of the diverse centrality of connections across department and hospitals are discussed. Our qualitative findings explore the efficacy of and challenges inherent in working across KMb organizations.

Ultimately, we discuss barriers and facilitators of sustainable KMb across organizations and present suggestions on how institutions can improve the quality and equity of KMb practices in medical education system through longer-term formal appointments.

## PODIUM 3.2 – 9:55-10:15am

### **Discourses of Equity, Diversity, and Inclusion in Undergraduate Medical Education**

Samuel MacLennan<sup>1</sup>, Ayelet Kuper<sup>1</sup>, Cynthia Whitehead<sup>1</sup>, Lisa Richardson<sup>1</sup>

1. Wilson Centre

[s.maclennan@mail.utoronto.ca](mailto:s.maclennan@mail.utoronto.ca)

Increasingly, discourses of equity, diversity, and inclusion (EDI) have garnered traction in undergraduate medical education literature. This project offers a critical analysis of these discourses, as well as a description of their chronological development. Relevant undergraduate medical education literature in Canada, the United States, the United Kingdom, Australia, and New Zealand was identified using the Ovid Medline database with relevant key words (e.g. ‘equity,’ ‘diversity,’ etc.). This literature was iteratively coded with particular attention to 1) mapping terms’ historical emergence and conceptual relations, 2) identifying what forms of social difference ‘count’ in discourses on EDI, 3) classifying dominant arguments ‘for’ and ‘against’ EDI, and 4) characterizing national contours of such discourses. Conceptually, these discourses largely operate in the literature with respect to four domains: social description of groups or individuals (e.g. ‘diversity,’ ‘minority’); student skills or attitudes (e.g. ‘cultural competence’); ethics responding to social difference (e.g. ‘equity,’ ‘inclusion’) and notions of harm (e.g. ‘discrimination,’ ‘microaggression’). The triad of race, ethnicity, and culture often represented the form of social difference to which EDI responded to, though these terms were often undertheorized or erroneously conflated. Other forms of social difference, for example, disability, were largely absent in this literature, or if present only referred to the attributes of patients, not students or providers. Myriad arguments existed for and against EDI, but largely represented either ethical or instrumental justifications for and against EDI. Finally, related national discourses (e.g. ‘affirmative action,’ ‘widening participation’) structured much of this EDI literature.

## PODIUM 3.3 – 10:15-10:35am

### **#Team Vaccine: Exploring the History of Toronto’s COVID-19 Vaccination Initiative through Social Media**

Robert Paul<sup>1,2,3</sup>, Cynthia Whitehead<sup>1,4</sup>, Stella Ng<sup>1,5</sup>, Jeff Crukley<sup>6</sup>, Mitchell Irving<sup>2</sup>, Brian Hodges<sup>1,7</sup>

1. The Wilson Centre, University of Toronto & University Health Network
2. The Institute for Education Research, University Health Network
3. Institute of Health Policy, Management and Evaluation, University of Toronto
4. Department of Family and Community Medicine, Faculty of Medicine, University of Toronto
5. Centre for Advancing Collaborative Healthcare & Education, University of Toronto
6. Faculty of Science, McMaster University
7. Department of Psychiatry, Faculty of Medicine, University of Toronto

[robert.paul@mail.utoronto.ca](mailto:robert.paul@mail.utoronto.ca); [MitchellLee.Irving@uhnresearch.ca](mailto:MitchellLee.Irving@uhnresearch.ca);

To vaccinate North America’s fourth-largest city against COVID-19, unprecedented collaborations galvanized rapidly among previously-siloed community and academic healthcare institutions toward a common goal. Social media platforms such as Twitter played a central role throughout the pandemic in the spread of critical public health information among health professionals and the public at large. The influence of social media extended as an important digital space that documented vaccination initiatives from their start in the winter of 2020. One of the most common thematic metadata tags (hashtags) utilized on social media globally during the early months of COVID vaccinations was “#TeamVaccine”. This work aimed to characterize the use of #TeamVaccine on Twitter, as a key source to tell the story of Toronto’s mass vaccination initiative. Analyzing ≈15,400 posts collected from Twitter’s Application Programming Interface (API), this work focused on describing the emergence, geographic spread and institutional engagement with #TeamVaccine, as well as identification of key local “influencers”. Initial sentiment analysis and content analysis of posts was conducted. This work acts as a pilot step toward a broader historical assessment of what “Team Vaccine” may have produced as a health system concept, and its existence as a real-life collaborative entity in Toronto. Future “Team Vaccine” research may focus on the porosity between health disciplines and institutions, discursive analysis related to novel institutional collaborations, the possible emergence of pan-professional competencies amid vaccine clinic re-deployment and an expanded social network analysis of Twitter data.

## PODIUM 3.4 – 10:35-10:55am

### **Dying to Stay Alive in Residency and Beyond: A Critical Discourse Analysis of ‘Burnout’**

Rabia Khan.<sup>1,2,3</sup>, Donald Cole<sup>1,3,4,5</sup>, Cynthia Whitehead<sup>1,3,4,5</sup>, Brian David Hodges<sup>1,2,4,6</sup>, Tina Martimianakis<sup>1,7</sup>

1. The Wilson Centre
2. The Institute of Medical Sciences
3. Dalla Lana School of Public Health
4. Temerty Faculty of Medicine, University of Toronto
5. Department of Family and Community Medicine
6. Department of Psychiatry
7. Department of Paediatrics, University of Toronto

[ircrabia@gmail.com](mailto:ircrabia@gmail.com)

In 1974, Dr. Herbert Freudenberger ‘coined’ the term ‘burnout’. With the creation of the Maslach Burnout Inventory in 1984, ‘burnout’ went from a term used in pop psychology to a highly studied phenomenon of academic interest in the helping professions, including medicine. Exponential growth in the study of ‘burnout’, culminated in its adoption into the International Classification of Diseases (ICD)- 11 in 2022. Yet, despite awareness of this issue, and the many efforts aimed at addressing ‘burnout’ in physicians, the rates of ‘burnout’ continue to rise.

Why does ‘burnout’ persist in medicine despite efforts to ameliorate it? In this study, a Foucauldian discourse analysis was used to investigate this question, specifically examining the socializing period of post-graduate medical education (PGME) in a North American context.

The purpose of this study was to identify different discourses that legitimate or function to mobilize the use of the word ‘burnout’ in PGME. The archive from which the discourses were constructed included 10 review articles, over 500 academic articles, numerous policy documents, autobiographies, videos, documentaries, materials from conferences and discussions in forums including Reddit.

This study identified three discourses of ‘burnout’: illness, occupational stress and existentialism. Each discourse was associated with statements of truth, signs and signifiers, roles that individuals play within the discourse and different institutions that gained visibility as a result of differing discourses.

Finally, the analysis of these discourses revealed socio-historical dimensions of their occurrence, including undefined medicalization, neo-liberal capitalism and existentialism.

## Day 2: Systems, Structures, and Change

Thursday October 20

9:30-12:00pm

### Theme 4: Here Comes Change: It Isn't (Always) About Technology

These presentations all share an interest in exploring recent changes in the development and delivery of both care and education. Many of these changes were inspired or necessitated by the COVID-19 pandemic and associated public health interventions. Not entirely about the pandemic, these presentations bring forward long-standing education questions: experiences of faculty members, professional identity, and evaluation of interventions, particularly in intersections with technologies such as virtual care and digital learning environments.

**Podium sessions:** Presentation: 12 min; Discussion: 6 min; Transition to next presentation: 2 min

**Rapid report sessions:** Presentation: 3 min; Discussion: 2 min

---

### Rapid Report 4.1 – 11:05-11:10am

#### **Educating Together While Apart: Investigating the experiences of post-graduate clinician-teachers in the Women's College Academic Family Health Team during the COVID-19 pandemic**

Joyce Nyhof-Young<sup>1,2,3</sup>, Oshan Fernando<sup>3</sup>, Betty H. Chen<sup>2,3</sup>, Ruth Heisey<sup>2,3</sup>, Nicholas Pimlott<sup>2,3</sup>, and Risa Freeman<sup>1,2,3</sup>

<sup>1</sup> Wilson Centre

<sup>2</sup> Department of Family and Community Medicine

<sup>3</sup> Women's College Hospital, Toronto, Ontario, Canada

[joyce.nyhof.young@utoronto.ca](mailto:joyce.nyhof.young@utoronto.ca); [oshan.fernando@sickkids.ca](mailto:oshan.fernando@sickkids.ca);

**Background:** The Coronavirus Disease 2019 (COVID-19) global pandemic is having profound and rapidly evolving impacts on health care and medical education systems. It poses unique challenges for family practitioners in academic health centers as they work in multidisciplinary teams responsible for both clinical care and residency education.

**Methods:** To understand the educational experiences of clinician-teachers (CTs) in the Women's College Academic Family Health Team as they adapted to the pandemic and faced barriers to innovation during this crisis, we conducted and analyzed semi-structured interviews in the grounded theory tradition.

**Results:** Seven of 32 CTs were interviewed and data saturation achieved. Four themes were identified: 1) Challenges (multitasking and fatigue, change in practice, change in teaching/learning, system challenges); 2) Strategies and opportunities (teaching strategies, leveraging opportunities); 3) Supports (collaboration with learners, interpersonal support, systemic support), and 4) Recommendations (personal and organizational).

**Discussion/Conclusion:** The experiences, knowledge, and expectations of these CTs influenced their teaching and experiences during COVID. Similarly, the institutional context (the established roles, norms and practices of the medical school), and the broader socio-cultural contexts (political, social, economic) in which the education was embedded also strongly shaped clinical and teaching processes. Study results and recommendations are helping our education leaders improve the design of educational strategies, virtual learning, and teaching tools during the pandemic. We anticipate that they are generalizable to other contexts and will lead to improved trainee education, faculty development, and potentially patient care in current and future pandemics, as well as in other situations requiring crisis management.

## **RAPID REPORT 4.2 – 11:10-11:15am**

### **Professional Identity: Understanding Perceptions Entering a Virtual Education Scholarship Course**

Drs Vivian Choo<sup>1</sup>, Phillip Tsang<sup>2</sup>, Gurpreet Mand<sup>3,4</sup> and Risa Bordman<sup>3,4</sup>

1. Women's College Hospital, Toronto, Ontario, Canada
2. St. Michael's Hospital, Toronto, Ontario, Canada
3. Department of Family and Community Medicine, University of Toronto, Toronto, Ontario, Canada
4. Southlake Regional Health Centre, Toronto, Ontario, Canada
5. North York General Hospital, Toronto, Ontario, Canada

[Vivian.Choo@wchospital.ca](mailto:Vivian.Choo@wchospital.ca)

**Introduction:** Essence is a longitudinal interprofessional one year course that supports and mentors a small group of clinical faculty to complete an education scholarship project of their choosing. The course outline contains a series of expert-run seminars, structured homework assignments, mentorship, and consultations with clinician educators. Due to the COVID19 Pandemic, the course transitioned to virtual delivery through Zoom.

**Objective:** We investigated the impact of a virtually delivered course on education scholarship on professional identity formation and development of a community of practice.

**Methods:** This was a qualitative study using semi-structured interviews. Seven participants were recruited after informed consent. Interviews were recorded, transcribed, and analyzed using inductive thematic analysis. Member checking was performed with participants to ensure accuracy.

**Results:** Our qualitative analysis demonstrated four primary themes with regards to the impact of a virtually run faculty development course on education scholarship including: 1) professional identity formation 2) uncertainty around education scholarship 3) structural supports and barriers 4) pandemic effects. At baseline, most participants ranked professional identity components in the following order of importance: clinician, teacher, scholar, and researcher, respectively.

**Conclusions:** Entering the course, many participants expressed uncertainty around their competency with education scholarship. Participants expressed interest in a hybrid model, involving a mix of in-person and virtual sessions for future iterations. Participants emphasized that faculty resources and protected time were key supports at the beginning of their education scholarship career. Semi-structured interviews will be repeated in two years to assess professional identity development and rankings of components over time.

## PODIUM 4.3 – 11:15-11:35am

### **A multi-institutional evaluation of virtual care practices among different specialties: Does one size fit all?**

David Rojas<sup>1,4</sup>, Mitchell Irving<sup>2</sup>, Ramanan Aiyadurai<sup>2</sup>, Roberto Mendoza-Londono<sup>3</sup>, Lauren Chad<sup>3</sup>, Karen Leslie<sup>4</sup>, Tina Martimianakis<sup>5,6</sup>, Catherine Wang<sup>7</sup>, Peter Rossos<sup>7</sup>, Cynthia Whitehead<sup>5,8</sup>, Rob Paul<sup>2,4</sup>.

1. MD Program, Faculty of Medicine, University of Toronto
2. The Institute for Education Research, University Health Network
3. Division of Clinical & Metabolic Genetics, Hospital for Sick Children
4. Division of Adolescent Medicine, Hospital for Sick Children
5. The Wilson Centre, University of Toronto & University Health Network
6. Department of Paediatrics, Hospital for Sick Children
7. University Health Network
8. Department of Family and Community Medicine, Faculty of Medicine, University of Toronto

[david.rojas@mail.utoronto.ca](mailto:david.rojas@mail.utoronto.ca);

**Background/Purpose:** The COVID-19 pandemic was the catalyst for a rapid transition into virtual care practices to ensure continuity of care throughout the pandemic. The fast pace of the initial transition and adoption, combined with the current pressures to identify the ideal balance between in-person and virtual care offerings, highlighted the literature gaps around virtual care best practices, educational affordances, and perceived quality from different stakeholder groups. To study this phenomenon, we conducted a multi-institutional, participatory, value-based evaluation to gain a more holistic understanding of virtual care and its impact.

**Methods:** Using a value-based, participatory evaluation framework, we followed a mix-methods approach to collecting data via surveys and semi-structured interviews. We collected data within SickKids Hospital and University Health Network from the following medical specialties: Medical Genetics, Adolescents Medicine, Cancer, and Rehabilitation sciences. We obtained 90 surveys and conducted 20 interviews with patients (n=9), trainees (n=6), and physicians (n=5) around the transition to Virtual Care. We used an inductive thematic analysis to analyze interview data, while surveys were analyzed descriptively.

**Results:** Evaluation results show misalignment between the stakeholders' perceptions of the effectiveness of virtual care. While the patient population appears grateful for the continuity of care (i.e., access), physicians worry about the changes to the care process, including implications to the professional identity. Furthermore, trainees consider that although virtual care might limit the breadth of cases they have access to, it offers a less invasive environment for bedside teaching. Unfortunately, patient's perception of the quality of virtual care focuses mainly on access, which prevents a deeper dive into areas like communication and rapport.

**Conclusion:** The practice of virtual care is very complex due to the multiple factors that influence its experience. Rather than being a one size fit all type of solution, our study has shown that virtual care practices need to be tailored to the characteristics of the different specialties. Further work is required to understand virtual care best practices, their impact, and potential unintended consequences.

## PODIUM 4.4 – 11:35-11:55am

### COVID-19 and the Shift to Virtual Care: Implications HPE in a “post” COVID-19 world

Robert Paul<sup>1,2,3</sup>, Cynthia Whitehead<sup>1,4</sup>, Athena (Tina) Martimianakis<sup>1,5,6</sup>, Catherine Wang<sup>7</sup>, Peter Rossos<sup>7</sup>, David Rojas<sup>1,8</sup>, Mark Bayley<sup>9</sup>, Karen Leslie<sup>10</sup>, Roberto Mendoza-Londono<sup>5,11</sup>, Lauren Chad<sup>5,11</sup>, Alejandro Berlin<sup>12</sup>, Mitchell Irving<sup>2</sup>, Ramanan Aiyadurai<sup>2</sup>

1. The Wilson Centre, University of Toronto & University Health Network ROB, CW, TM, DAVID
2. The Institute for Education Research, University Health Network ROB, MITCH, RAMANAN
3. Institute of Health Policy, Management and Evaluation, University of Toronto ROB
4. Department of Family and Community Medicine, Faculty of Medicine, University of Toronto CW
5. Department of Paediatrics, Faculty of Medicine, University of Toronto TINA, ROBERT, LAUREN
6. Department of Paediatrics, Hospital for Sick Children RINA
7. University Health Network CATHERINE, PETER
8. MD Program, Faculty of Medicine, University of Toronto DAVID
9. Toronto Rehab, University Health Network MARK
10. Division of Adolescent Medicine, Hospital for Sick Children KAREN
11. Division of Clinical & Metabolic Genetics, Hospital for Sick Children ROBERT, LAUREN
12. Radiation Medicine Program, Princess Margaret Cancer Centre, University Health Network, ALEJANDRO

[robert.paul@mail.utoronto.ca](mailto:robert.paul@mail.utoronto.ca);

The Covid-19 pandemic triggered a rapid massive adoption of virtual technologies (video, telephone, email, text, messaging etc..) by clinicians, clinics and hospitals. As a result, virtual care became “the” care modality when in-person care was simply not possible. Two years later, as virtual care is becoming broadly accepted by clinicians, hospitals and patients, the impacts, the unintended consequences of this adoption of a new technology, are only beginning to emerge.

This presentation will present the emergent findings of the critical discourse analysis arm of the *DECISION Study*, a project looking at the adoption of virtual technologies in two clinical sites in SickKids (Adolescent Medicine, Medical Genetics) and two hospitals in UHN (Toronto Rehab and Princess Margaret Hospitals).

Preliminary findings suggest that the adoption of virtual technologies is effecting far ranging changes at the levels of institution identity, professional identity, professional development, communication, and governance - all of these changes having material implications for health professions education.



# Day 3: Futures of Health Professions Education

Friday October 21

9:30-12:00pm

---

## Theme 5: Better

These presentations share an aspiration for ever better health professions education. Highlighting the need to understand learner needs, use innovative design strategies, and create new resources, these intervention-focused presentations showcase leading edge health professions education.

**PODIUM SESSIONS:** Presentation: 12 min; Discussion: 6 min; Transition to next presentation: 2 min

**RAPID REPORT SESSIONS:** Presentation: 3 min; Discussion: 2 min

---

## RAPID REPORT 5.1 – 9:35-9:40am

### Primary Care Perspectives on Education Scholarship: A qualitative synthesis

Ms. Laura Liu<sup>1</sup>, Dr. Betty Chen<sup>2</sup>, Dr. Joyce Nyhof-Young<sup>2,3</sup>

<sup>1</sup>Temerty Faculty of Medicine, University of Toronto

<sup>2</sup>Department of Family and Community Medicine, Temerty Faculty of Medicine, University of Toronto

<sup>3</sup>The Wilson Centre, Temerty Faculty of Medicine and University Health Network, Toronto, ON

Laura Liu [laur.liu@mail.utoronto.ca](mailto:laur.liu@mail.utoronto.ca)

A significant portion of medical education takes place in primary care settings. Much of the clinical teaching is taken on by primary care physicians with variable teaching backgrounds and training. Ernest Boyer introduced the concept of education scholarship, calling on faculty to systematically study and innovate their teaching practices. This review synthesizes the literature on clinician educators' perspectives, understandings, and experiences of integrating education scholarship in practice. An electronic database search was conducted in MEDLINE, Scopus, Web of Science, and PubMed. Relevant articles included those that studying primary care physician and/or resident clinician teachers, their perspectives of clinical teaching, and reported qualitative results (interviews, focus groups, questionnaires, mixed methods, etc.). In total, 33 articles met the inclusion criteria and were included in the final synthesis. Four main themes emerged capturing the experiences of primary care clinician educators: 1) perceptions of clinical teaching (lack of confidence, presumed competency in teaching, lack of formal recognition); 2) clinical teaching strategies (learner-centred teaching, ad hoc teaching, role modeling, mentorship); 3) benefits of clinical teaching (shared learning experience, networking, personal interest, career satisfaction), and 4) challenges of clinical teaching (inadequate time, compensation, conflicting responsibilities). These clinician educators identified several common factors regarding their scholarly roles but had difficulty describing them in relation to education scholarship. Institutional support, resources, and awareness are therefore needed to support primary care clinician educators in order to further implement Boyer's framework for education scholarship, especially the component calling for the innovation and evaluation of clinical teaching.

## RAPID REPORT 5.2 – 9:40-9:45am

### REVIEW: Effectiveness of Concussion Curriculum in Postgraduate Medical Education

Alice Kam MD, MScCH (HPTE), FRCPC<sup>1,2</sup>; Alex Melkuev, MD<sup>3</sup>; Alyson Summers, BSc, BA (Candidate)<sup>4</sup>; Aisha Husain MD, CCFP, FCFP<sup>5</sup>; Denyse Richardson, MD, MEd, FRCPC<sup>1,2</sup>

1. Toronto Rehabilitation Institute-University Health Network, Toronto, Ontario, Canada

2. Division of Physical Medicine and Rehabilitation, Department of Medicine, University of Toronto, Toronto, Ontario, Canada

3. Ross University School of Medicine, Bridgetown, Barbados

4. University of Toronto, Toronto, Ontario, Canada

5. Department of Family and Community Medicine (DFCM), University of Toronto, Toronto, ON, Canada

[Alice.Kam@uhn.ca](mailto:Alice.Kam@uhn.ca)

**Objectives:** The aims of this review are to describe and assess Concussion Curriculum (CC) effects on medical learning, as they pertain to future CC development.

**Design:** All indexed years of MEDLINE/ PUBMED, Embase, ERIC, Cochrane, and CINAHL were searched. Kirkpatrick's model and Miller's pyramid were used to determining the impacts of CC.

**Results:** Five articles were identified, three cohort studies, and two retrospective studies. Although there were mixed findings overall, the highest positive program evaluation outcome reported was chart review (Kirkpatrick Level 3). Both workplace learning and repetitive learning increased knowledge acquisition. Additionally, learner satisfaction was reported with classroom learning, but an outcome measurement of the application of the knowledge to practice was not collated.

**Conclusion:** The effectiveness of CC in post-graduate medical education (PGME) in terms of its impact on practice change by the application of newly acquired competencies remains unknown. Furthermore, the impact of said curriculae on patient outcomes is also undetermined.

Successful curriculae employed conceptual frameworks including constructivism, situated learning theory, and social learning theory/community of practice as the underpinning theories. Further prospective concussion educational scholarship, with socio-constructivism framework, evidence-based teaching techniques and mixed-method evaluation, is needed to capture curriculum processes and competency impacts over time in the current paradigm shifts of competency-based medical education.

**Key Words:** Brain Concussion; Curriculum; Education, Medical; Learning

## PODIUM 5.3 – 9:45-10:05 AM

### **Innovation in occupational therapy clinical fieldwork placements during the COVID-19 pandemic**

Monique Gill<sup>1</sup>, Andrea Duncan<sup>2</sup> and Anne Hunt<sup>2</sup>

<sup>1</sup>Rehabilitation Science Institute, University of Toronto

<sup>2</sup>Department of Occupational Science and Occupational Therapy, University of Toronto

[moniquekaur.gill@mail.utoronto.ca](mailto:moniquekaur.gill@mail.utoronto.ca); [a.duncan@utoronto.ca](mailto:a.duncan@utoronto.ca); [anne.hunt@utoronto.ca](mailto:anne.hunt@utoronto.ca);

Background: Fieldwork placements are foundational within occupational therapy (OT) education,<sup>1</sup> as they provide the link between theory and application.<sup>2</sup> During the COVID-19 pandemic, many innovative fieldwork opportunities were created to address the shortage of traditional fieldwork placements.

Objectives: This study sought to understand the scope of these innovations and how they impacted learners' competency development. Specifically, this study: 1) identified clinical fieldwork education innovations that occurred because of the COVID-19 pandemic and 2) described how innovations impacted competency development in learners.

Methods: Yin's case study method was employed to identify the multiple "cases" of innovation and their impact on competency development. Twenty-eight semi-structured interviews with OT learners and preceptors were conducted and data was analyzed thematically.

Findings: Fieldwork placement innovations were identified as cases described as administrative, virtual care, and intrapreneurship. Competencies developed across all cases are OT expertise, excellence in practice, and communication/collaboration. Administrative cases identified engagement with the profession as a uniquely developed competency, whereas administrative and virtual cases also identified professional responsibility. Intrapreneurship and virtual cases uniquely addressed culture, diversity and justice competencies.

Implications: This study informs clinical practice education and policy to advance OT fieldwork education addressing the rapidly changing healthcare context. These findings suggest that fieldwork innovations can support the development of generalized and unique OT competencies.

## PODIUM 5.4 – 10:05-10:25am

### **Filling the Gap: Using postgraduate serious-illness-communication needs to improve goals of care conversations**

Natalie Pulenzas MD<sup>1</sup>, Warren Lewin MD<sup>1,2</sup>, Joyce Nyhof-Young PhD<sup>1,3</sup>, Stuart Murdoch MD<sup>1</sup>, Batya Grundland MD<sup>1</sup>, Camilla Zimmermann MD<sup>2</sup>, and Paul Krueger PhD<sup>1</sup>

<sup>1</sup>Department of Family and Community Medicine, University of Toronto, <sup>2</sup>Division of Palliative Care, University of Toronto, <sup>3</sup>Wilson Centre

[natalie.pulenzas@mail.utoronto.ca](mailto:natalie.pulenzas@mail.utoronto.ca); [warren.Lewin@uhn.ca](mailto:warren.Lewin@uhn.ca);

**Background:** Goals of Care (GOC) conversations are essential to meet the needs of an aging population and to deliver high-quality care. Most clinicians do not receive training on this important skill and no national standard exists to teach these skills.

**Purpose:** We explored the current state of GOC teaching at the Department of Family & Community Medicine (DFCM) to assess resident preferences for teaching and feedback methods and faculty experience in teaching GOC.

**Methods:** An online survey was sent to all graduating DFCM residents. Focus groups were then conducted using purposeful sampling of DFCM residents and faculty to further explore survey results and gain a deeper understanding of preferences for teaching.

**Results:** Survey completion rate was 60% (93/155) across 14 training sites. Most residents prefer direct observation and feedback and using a structured approach to learn how to lead conversations. However, most were not taught such an approach or observed and given feedback. Most favoured learning communication skills on their Palliative Care (PC) rotation and 1/3<sup>rd</sup> took a PC elective to improve skill. 4 focus groups and 4 one-on-one interviews were conducted with faculty and residents. Thematic analysis is underway.

**Conclusions:** Residents and faculty value using a standardized, evidence-informed and longitudinal approach to teach and practice GOC-related communication skills. To begin filling this educational gap, we created two asynchronous e-learning modules introducing residents to core evidence-based conversation tools that can be incorporated into curriculum in the DFCM and beyond with a goal to improve high-quality care for an aging population.

## PODIUM 5.5 – 10:25-10:45am

### **Two for One: Merging Continuing Professional Development and Faculty Development in the CATE curriculum for Pharmacy Preceptors**

Debbie Kwan<sup>1</sup>, Karen Leslie<sup>2</sup>, David Dubins<sup>1</sup>, Alice Guo<sup>1</sup>, Elnaz Haddadi<sup>3</sup>, Naomi Steenhof<sup>1</sup>

<sup>1</sup>Leslie Dan Faculty of Pharmacy, University of Toronto

<sup>2</sup>Temerty Faculty of Medicine, University of Toronto

<sup>3</sup>Centre for Addiction and Mental Health (CAMH)

[deborakwan@utoronto.ca](mailto:deborakwan@utoronto.ca)

**Introduction:** Continuing professional development (CPD) and Faculty development (FD) are seldom combined, though there is evidence that integrating them enhances knowledge acquisition. This study explored preceptor perceptions and the effectiveness of CATE (Clinical and Teaching Education), a synchronous, on-line workshop that blended clinical content with the application of that knowledge utilizing a teaching technique.

**Methods:** Thirty-five pharmacy preceptors participated in a 2-hour workshop integrating clinical content on depression with the One-Minute Preceptor (OMP) teaching skill. Qualitative and quantitative data were collected longitudinally using surveys and semi-structured interviews. Participant and process outcomes were explored through descriptive and thematic analysis using a modified Kirkpatrick's framework.

**Results:** Participants valued the incorporation of educational theory and opportunities to practice the OMP using scripted role-plays based on the depression content. The combination of FD and CPD was appealing, though participants wanted more clarity about the integration. CATE positively influenced their approaches to precepting and using the OMP helped uncover learner knowledge gaps. There was a desire to share the teaching techniques with colleagues to provide more cohesive approaches to teaching.

**Discussion:** Integrating CPD and FD in a synchronous, on-line environment was feasible, well-received, and helped solidify preceptors' roles as educators. Combining CPD and FD represents an effective strategy to build clinical and educational expertise of preceptors that, in turn, has the potential to impact the quality of experiential learning for pharmacy students. This novel method of fostering the pedagogical growth of preceptors can be a model for other health professions.

## PODIUM 5.6 – 10:55-11:15am

### Life goal framing: A design strategy for supporting medical students' motivation and engagement in training activities

Adam Gavarkovs<sup>1,2</sup>, Jeff Crukley<sup>3,4</sup>, Rashmi Kusurkar<sup>5,6</sup>, Kulamakan Kulasegaram<sup>2,7</sup>, & Ryan Brydges<sup>2,8,9</sup>

<sup>1</sup>Institute of Health Policy, Management & Evaluation, Faculty of Medicine, University of Toronto, Toronto, Canada

<sup>2</sup>Wilson Centre, University of Toronto, Toronto, Canada

<sup>3</sup>Department of Speech-Language Pathology, University of Toronto, Toronto, Canada

<sup>4</sup>Data Science and Statistics, Toronto, Canada

<sup>5</sup>Amsterdam UMC location Vrije Universiteit Amsterdam, Research in Education, De Boelelaan 1118, Amsterdam, The Netherlands

<sup>6</sup>LEARN! Research Institute for Learning and Education, Faculty of Psychology and Education, VU University Amsterdam, The Netherlands

<sup>7</sup>Department of Family and Community Medicine, Faculty of Medicine, University of Toronto, Toronto, Canada

<sup>8</sup>Department of Medicine, University of Toronto, Toronto, Canada

<sup>9</sup>Allan Waters Family Simulation Centre, St. Michael's Hospital, Unity Health Toronto, Toronto, Canada

[adam.gavarkovs@mail.utoronto.ca](mailto:adam.gavarkovs@mail.utoronto.ca)

**Background:** The *life goals* that medical students pursue through a career in medicine (e.g., to help others) are amongst the most important and self-defining goals that they possess. Training activities could be designed to emphasize how they can prepare students to attain their life goals via skillful clinical practice. Such a design may enhance the quality of students' motivation and engagement.

**Methods:** Medical students ( $n = 128$ ) were sent an online module on 'The Physiology of Weight Loss'. Students were randomized to receive a version of the module with an introductory slide prompting them to link the presented concepts with their life goals, or a version without this slide. Autonomous motivation and perceived competence for learning were assessed after the introductory section of the module. The module was programmed to collect data on students' engagement with embedded experiments, questions, and hyperlinks. Students were also sent a notebook to take notes in, which were subsequently analyzed for the presence of different learning strategies.

**Results:** The intervention had an effect on autonomous motivation, moderated by perceived competence. At high levels of perceived competence, the intervention had a strong, positive effect, whereas at low levels it had a negative effect. Intervention group students clicked on more hyperlinks but had lower odds of recording any notes.

**Discussion:** Our results demonstrate that a single slide can have a significant impact on medical students' motivation and engagement, although students' perceived competence for learning should be considered when trying to link activities to students' most self-defining goals.

## PODIUM 5.7 – 11:15-11:35am

### **Peer-assisted Learning (PAL): Democratizing Knowledge and Resources**

Denisha McCurchin<sup>2</sup>, Bayan Berri<sup>2</sup>, Nicole Woods<sup>1</sup>, Ellena Andoniou<sup>1</sup>, Lisa Staiano-Coico<sup>2</sup> and Emine Ercikan Abali<sup>2</sup>

1. The Wilson Centre, University Health Network
2. CUNY School of Medicine

Denisha McCurchin [dmccurc000@citymail.cuny.edu](mailto:dmccurc000@citymail.cuny.edu)

Peer-assisted learning (PAL) has proven effective in medical school education, but few studies seek to understand its mechanisms, and none have examined those mechanisms through the construct of knowledge building (KB). KB says that knowledge is not merely consumed or contained, but collectively created. It is built on twelve principles, one of which is democratization of knowledge: every participant is a legitimate contributor to the knowledge of the group and their diversity and differences help — not hinder — the group's advancement. Our study used this tenet to identify learning modalities in first and second year medical school students (M1s and M2s) at the CUNY School of Medicine (CUNY SoM) participating in a PAL initiative. This initiative democratized knowledge by grouping students with peers who use different resources from them. Using surveys and interviews, we gauged student perception of the PAL program and found mechanisms of learning employed during these sessions. These means can be deliberately fostered in future iterations of PAL at CUNY SoM and other medical schools, implemented into medical school curriculum, and honed to develop clinicians who are adaptive experts: able to apply known skills to novel areas by integrating knowledge.

**Keywords:** Peer-assisted learning (PAL), knowledge building, democratization of knowledge, adaptive expertise, communities of practice (CoP)

## PODIUM 5.8 – 11:35-11:55 AM

### **Promoting resilience and protecting wellbeing in undergraduate medical learners: Identifying faculty development needs**

Hilarie Stein<sup>1</sup>, Jana Lazor<sup>1,2</sup>, David Rojas<sup>1,2</sup>, Rikin Patel<sup>1</sup>, Leslie Nickell<sup>1</sup>, Andrea Levinson<sup>1</sup>.

1. Temerty Faculty of Medicine

2. Wilson Centre

Hilarie Stein [h.stein@mail.utoronto.ca](mailto:h.stein@mail.utoronto.ca)

**Background:** Resilience curricula can promote wellness, self-care, and health in trainees, but it can be challenging for teachers to support this curriculum, as it departs from traditional medical professional culture and knowledge. The purpose of this study is to examine faculty development (FD) needs of teachers, to promote learner resilience and protect wellbeing.

**Summary of work:** Semi-structured interviews were conducted with 10 experienced faculty to explore their experience with engaging with learners to promote learner resilience. Framework analysis using an established instructional design approach was applied to identify key concepts and themes and their relationships that describe potential core tasks faculty can engage in to promote resilience and protect wellness which then will be used to inform the development of a FD strategy.

**Summary of results:** Eight key related concepts were identified that describe tasks faculty can engage in to promote learner resilience: (1) Preparedness and Readiness; (2) Proactive Watchfulness; (3) Listening and Validating; (4) Probing Introspection; (5) Recommending Resources and Support; (6) Facilitating Peer Discussions; (7) Role Modeling; and (8) Influence of Context/Culture. These concepts will be described along with how they can inform the development of FD strategy and resources.

**Discussion and conclusion:** Our study characterizes specific aspects to be considered when designing future FD that promote learner resilience and in turn their wellness. In developing faculty members skills set in this area, faculty themselves may benefit in enhancing their own resilience and wellness.