

Sunday, April 14th - 10:00-11:30

## Workshop Presentation – Block - A

### WA- 1

#### **CPD eCoach: An online, self-guided practice assessment tool to support individual learning and practice improvement**

**Brenna Lynn** University of British Columbia, **Bob Bluman** University of British Columbia, **Christie Newton** University of British Columbia, **Toby Kirshin** BC College of Family Physicians, **Laura Beamish** University of British Columbia, **Vivian Lam** University of British Columbia, **Bruce Hobson** University of British Columbia, **Jennie Barrows** University of British Columbia

**Rationale/Background:** Evidence shows that individual physicians are poor at self-assessment and as a result, fail to evaluate their own learning needs accurately. In an era of practice improvement and physician enhancement programs, physicians require support to collect, interpret and analyze practice data in order to identify and address gaps in knowledge and practice. In partnership with the BC College of Family Physicians, the UBC CPD has designed and implemented an online, self-guided practice improvement tool that walks family physicians through the process of identifying and addressing personal learning needs.

**Instructional Methods:** This workshop will review the evidence for supported self-assessment in the context of practice improvement and engage participants in a discussion around challenges with implementing and sustaining practice improvement initiatives. The main portion of the workshop will introduce the online tool and have them work through the process of identifying and defining a clinical or practice based question. Participants will then work in small groups to define a practice query, formulate a researchable question and collect objective practice data to more accurately gauge the learning need. Once the data sources are identified and reviewed, learners will outline measurements or indicators for improvement and develop a practice improvement action plan. The small group work will

allow participants to use the tool and explore some of the embedded resources.

**Target audience:** Family physicians, residents, and any conference participant interested in developing skills of self-assessment

#### **Learning Objective**

1. Identify and access the online (eCoach) self-assessment tool for practice improvement;
2. Develop a personalized, relevant practice improvement question to apply to the online e-coach self-assessment tool;
3. Create an individualized learning plan for practice improvement; and
4. Evaluate their individualized learning plan

### WA- 2

#### **The art of facilitation: Learning to facilitate learning**

**Rick Penciner** University of Toronto, **Jeremy Rezmovitz** University of Toronto

**Rationale/Background:** One of our roles as teachers of "learners" (students, residents and colleagues) is to facilitate learning, not transmit information. This allows our learners to construct their own knowledge and take more responsibility for their own learning. This approach to active learning often results in more meaningful and deeper learning. As John Dewey argued - the role of the teacher is to provide a setting that is conducive to learning. Historically facilitation was grounded in organizational development and training domains. The literature (both traditional and gray) is full of comparisons of "facilitation" versus "teaching". Our belief is that facilitation is more than a process but also a philosophy or approach to teaching and learning.

**Instructional Methods:** This interactive, evidence-informed workshop will utilize the Shakespearean "play-within-the play" - facilitating how to be an

effective facilitator through effective facilitation. Some of the instructional methods used will include; think-pair-share, brainstorming, questioning, buzz groups, role plays, group discussion and reflections.

**Target audience:** Medical and health professional teachers and educators

**Learning Objective:** The goal of this workshop is to introduce the concept of facilitation as a teaching philosophy; and to guide the learning of those that teach at the undergraduate, postgraduate and CPD levels in the "art of facilitation". By the end of the workshop, the participants will be able to (1) discuss what facilitation is in the context of teaching and presenting; (2) describe characteristics of an effective facilitator; and (3) demonstrate effective facilitation in challenging teaching situations.

### WA- 3

#### **Preceptor-learner boundaries: Optimizing professional, educational and personal relationships**

**James Goertzen** Northern Ontario School of Medicine, **Miriam Boillat** McGill, **Teresa Cavett** University of Manitoba, **Brent Kvern** University of Manitoba

**Rationale/Background:** Appropriate preceptor-learner boundaries are essential for safe learning environments. Developing relationships with collegial qualities are important as learners take on greater responsibilities. Supporting learners to gain competence with boundary concepts is crucial to multiple CanMEDS roles. Preceptors play key roles with learners' professional identify formation and assisting their integration into the medical profession requires a level of collegial and social closeness. Within the preceptor-learner relationship there is a power dynamic which places learners at potential risk. Inappropriate closeness may compromise preceptor objectivity and be viewed as favouritism by other learners. Physician-patient boundary concepts provide important principles applicable to preceptor-learner boundaries. Strategies will be explored to assist preceptors in developing optimal professional, educational and personal relationships with their learners.

**Instructional Methods:** As boundary issues within preceptor-learner relationships are often not clear cut, participants will explore the range of issues while keeping in mind the best interests of the learner. This interactive session will incorporate a case-based approach with small and large group discussions. Relevant cases have been developed from examples provided by learners, preceptors and the literature. The grey boundary zones of preceptor-learner relationships will be explored. Multiple short micro-teaches will highlight relevant boundary issues within the educational setting along with risk factors for boundary crossings. Reflective exercises will provide participants with opportunities to examine preceptor-learner boundary issues within their own context.

**Target audience:** Preceptors, faculty developers, program directors, students and residents

**Learning Objective:** Apply physician-patient boundary concepts to preceptor-learner relationships. Describe preceptor-learner boundary crossings and risk factors. Identify strategies to assist preceptors in developing optimal professional, educational and personal relationships with their learners.

### WA- 4

#### **Effective teaching practices that support learner (and teacher) mental health and wellbeing**

**Marcel D'Eon** University of Saskatchewan, **Sean Polreis** University of Saskatchewan, **Cathy MacLean** University of Saskatchewan, **Helen Chang** University of Saskatchewan, **Meredith McKague** University of Saskatchewan, **Michael Epstein** University of Saskatchewan

**Rationale/Background:** Medical student mental health and wellbeing is an important topic having been featured in a learner forum at the 2018 CCME in Halifax and the subject of numerous recent national and international studies. Administrators, teachers, and student especially are concerned about this situation. It is important to employ effective teaching practices that support learner mental health and avoid those that cause harm.

**Instructional Methods:** Together participants will explore the topic and identify effective teaching practices that both contribute to and harm learner mental health. The workshop will begin with introductions and a brief rationale (about 10 min). The most active part will be generating ideas and descriptions of teaching both individually and then in small groups (about 45 min). These ideas will be shared in the large group (about 30 min), refined by the participants and presenters, and recorded so participants will leave with classroom and clinic ready ideas to use.

**Target audience:** Teachers, administrators, students, faculty developers

**Learning Objective:** Participants will be able to:

1. list, describe, and commit to trying at least three effective teaching practices that can contribute to learner mental health and
2. commit to avoiding teaching practices that harm the mental health and wellbeing of learners.

## WA- 5

### Don't Fail to Fail: Strategies for Clear Communication with the Learner in Difficulty

**Carmen Wiebe** University of Toronto, **Mark Halman** University of Toronto

**Rationale/Background:** Clinical teachers are often daunted by the realisation that a learner is in difficulty. Reluctance to offend the learner, frustration with the learner for not meeting responsibilities, and fear of having to justify one's actions can make it challenging to address concerns in a timely, supportive and productive way. There is a need to train staff to communicate "bad news" (Dudek, 2005): providing specific skills should help staff engage in, rather than avoid, these difficult conversations. This workshop will introduce three communication techniques to help teachers talk to learners about performance issues, clarify the underlying problem, and begin to negotiate a remediation plan. There is currently no evidence to support any particular set of communication

techniques with learners in difficulty. This workshop will introduce three strategies borrowed from Dialectical Behaviour Therapy, a manualised, evidence-based psychotherapy which operationalizes its communication techniques in a concrete, specific way. Removing the strategies from a psychotherapy context allows teachers to improve the clarity and directness of their communication without crossing a line into "doing therapy". We have found this approach to be effective in our teaching practices; moreover, the concepts resonated strongly with a group of health professions faculty developers when the workshop was piloted.

**Instructional Methods:** The facilitators will begin by demonstrating a role-play of poor communication between a supervisor and a trainee. Participants will reflect as a large group about how they would approach similar situations. A framework for responding to learners in difficulty will be presented (Steinert 2013; Sanfrey 2012). Three communication strategies will be described and then illustrated or practiced via:

1. a video with opportunity to reflect;
2. sample conversations inviting input from the group;
3. whole-group brainstorming, and
4. a paper exercise to be completed in pairs.

Facilitators will close by reprising the opening role-play, this time demonstrating the strategies taught. Participants will discuss the differences between the two role-plays.

**Target audience:** Interprofessional clinical teachers

**Learning Objective:** After this workshop, participants will be able to:

1. Describe a framework for working with a learner in difficulty
2. Implement effective communication strategies with a learner in difficulty
3. Be more willing to engage with the learner in difficulty.

## **WA- 6**

### **The Challenges of High Quality Qualitative Research**

**Laura Nimmon** University of British Columbia, **Christopher Watling** Western University, **Lindsay Baker** University of Toronto, **Laura Nimmon** University of British Columbia, **Christopher Watling** Western University

**Rationale/Background:** Since qualitative research explores social, relational, and experiential phenomena, it is well-positioned to address pressing issues in health professions education (HPE). However, qualitative research offers distinct challenges, including how to integrate theory into the work, how to engage meaningfully in theory development, and how to recognize and respond to ethical dilemmas. To engage in high quality work, HPE scholars need opportunities to learn the fundamental elements of rigorous qualitative research. This workshop builds on the areas of expertise of the presenters, and offers insights into the nuances of theory integration, theory building, and ethical moments in qualitative research.

**Instructional Methods:** The workshop will open with 15 minutes of brief presentations related to the theoretical, ethical, and practical challenges outlined above. Participants will then write 3 questions or problems they are grappling with in their research

relevant to the workshop topic areas. For the following hour, participants will interact with 3 stations for 20 minutes each: Integrating theory into qualitative research, designing a robust grounded theory study, responding to ethically important moments in qualitative research. Each station will be in a discussion format facilitated by one of the presenters, and will offer practical guidance toward addressing participants' questions/problems. In the final 15 minutes, participants and facilitators will gather as a large group to discuss new insights generated and/or questions raised related to aspects of their research.

**Target audience:** The workshop provides learning opportunities for participants who plan to, or who currently conduct qualitative research. Participants will engage with experienced qualitative researchers in small groups about complex aspects of qualitative research that are tailored to participants' own areas of inquiry.

**Learning Objective:** Participants will leave the workshop with an understanding of the nuances and challenges to successfully engaging in qualitative research. They will refine their understanding of high quality qualitative research and gain practical knowledge about how to advance their research. Participants will be provided with a list of recommended resources to further deepen their ongoing and future research.

Sunday, April 14th - 15:30-17:00

## Workshop Presentation – Block - B

### WB -1

#### Writing reliable Multiple Choice Questions (MCQ)s, and using item analysis for post-exam analysis

**Susanna Martiin** University of Saskatchewan, **Joshua Lloyd** University of Saskatchewan

**Rationale/Background:** Assessment of knowledge remains a core element of undergraduate medical curricula, and a common format involves MCQs. Frequently criticized as testing trivia, MCQs can be designed to assess higher levels of knowledge. This includes reasoning and application to diagnosis, investigation and management, while maintaining ease of grading and effective resource utilization. Additionally, through the use of item analysis reports, provided by test software, MCQs can be further improved.

#### **Instructional Methods:**

- Participants will work in groups to identify errors in sample MCQs. Subsequent facilitated discussion will explore and generate a list of common pitfalls
- Interpretation of item analysis reports will be then be discussed. Groups will work to revise the sample questions, informed by item analysis reports, which will be provided.
- This will be followed by group discussion of a selection of the revised questions.
- Participants are encouraged to bring their own questions for group input in the final part of the session.

**Target audience:** Educators aspiring to write and assist colleagues in developing high performing questions. Teachers seeking clarity on interpretation of item analysis reports, and their use to improve subsequent question performance.

**Learning Objective:** Participants will be able to:

- Identify and correct common errors seen in MCQs

- Develop high quality MCQs

- Utilize item analysis reports to assess question performance and revise questions

### WB - 2

#### So you want to Implement Programmatic Assessment? Strategies, tactics, and lessons learned from the University of British Columbia (UBC) and the University of Toronto Experiences.

**Glendon Tait** University of Toronto, **Kiran Veerapen** University of British Columbia

**Rationale/Background:** Programmatic assessment shifts the focus of assessment to being for learning. This involves shifting the emphasis from high-stakes assessments to more frequent, low-stakes assessments, that together form a reliable and defensible student performance profile. Translating this into performance enhancement requires facilitated feedback, coaching, and alignment of institutional practices and culture with the stated values. The University of British Columbia (2015) and the University of Toronto (2016) launched fully renewed curricula, including a shift to the paradigm of programmatic assessment, aligned with, and preparing graduates for postgraduate competency by design. Both UBC and University of Toronto employed a project management lens as this shift has been a large scale project Involving people, policies, technology, and significant change management. This session aims to share the experiences of two large medical schools, drawing on similarities and differences in context and implementation.

**Target audience:** This workshop assumes a basic knowledge of programmatic assessment as it will focus on planning, implementation, and change management. While primarily intended for curriculum and assessment planners who are contemplating or in the process of implementing

programmatic assessment at a program level, the principles may also be applied to smaller courses.

### WB -3

#### Managing Change in Medical Education

**J. Damon Dagnone** Queen's University, **Ming-Ka Chan** University of Manitoba, **Diane Meschino** University of Toronto, **Laura McEwen** Queen's University

**Rationale/Background:** Education leaders are continually called upon to design and orchestrate major changes within university health science centres. Embedded in both academic, clinical, and administrative environments, education leaders must oversee change initiatives that arise from scholarly inquiry, institutional requirements, or external forces. Regardless of the nature of the change, success hinges on having a solid approach to change that is rooted in theory and practically tested in real world environments. We are not starved for good models of change management; in fact many appropriate models exist that may help in any given context. The challenge for education leaders is recognizing when change is afoot, articulating a strong vision for the change, and selecting the best approach for the given circumstances. Given these challenges, we have developed a workshop that focuses on the unique aspects of change in education. We draw on multiple theories and practical experience to help education leaders design an effective approach to change while avoiding common pitfalls and frustrations. We include a process that maps multiple well-known models to one common framework to help leaders select the approach most likely to lead to success.

**Instructional Methods:** The presenters will conduct a small group interactive exercise designed to attune participants to the challenges of change in education. There will then be a large group discussion of some case examples brought by the presenters from their own experience in addressing challenging change initiatives. Two further large and small group exercises will allow participants to apply the concepts to an individual change initiative relevant to them.

**Target audience:** Anyone who is called upon to design or lead change initiatives in the education environment.

**Learning Objective:** Participants will be able to identify key elements in understanding the impact of change, describe an approach to designing an effective change initiative, and outline common pitfalls and avoidance strategies.

### WB-4

#### Art is Patient With Us: proposal for using video art in place of live patient narrative

**Cam Matamoros** University of Calgary, **Tom Rosenal** University of Calgary, **Neil Surkan** University of Calgary

**Rationale/Background:** Patient presentations offer important chances for students to consider physician roles in individual experiences of illness. But there is a missed opportunity to enrich this learning event. Such enrichment can be found by first teaching students to interpret art. The skill of analyzing art is discussed as beneficial to learners for fostering observation, critical thinking, introspection, communication, and other competencies which undergird Entrustable Professional Activities (EPAs). But this is rarely taught in the classroom, preventing students from testing and learning the process together, or seeing it modelled by preceptors. This workshop invites participants to test the following proposal: by replacing occasional patient presentations with practice in analyzing art, the learning outcomes from the live patient presentations will be greatly enriched.

**Instructional Methods:** Four interactive steps:

1. Interactive discussion about the benefits and limitations of the typical patient presentation in medical education.
2. Introduction to a three-step approach to art interpretation and its clinical relevance.
3. Presentation of a short video on which to practice the new skills.
4. Discussion about possible benefits of replacing some patient presentations with art analysis.

**Target audience:** Medical educators, medical students, physicians

**Learning Objective:** Participants will experiment with a simple approach to art interpretation that has a direct bearing on the development of professionalism, communication, critical thinking, and self-assessment skills. Participants will also reflect on the role of the patient presentation in medical education: the benefits, limitations, and opportunities inherent in this mode of instruction.

## WB -5

### Disrupting our teaching practices: Applying self-determination theory to set the motivational context for learning

**Greg Malin** University of Saskatchewan

**Rationale/Background:** Medical educators often focus on cognitive strategies to support student learning. Less attention is given to how our teaching strategies support or hinder learner motivation, a key but often neglected ingredient in learning. Self-determination theory (SDT) is a motivational theory positing that the fulfillment of three basic psychological needs - autonomy, competence, and relatedness - provides the necessary conditions to support "autonomous/intrinsic" motivation in learners, which is associated with better learning outcomes, including, deeper learning, desire for optimal challenge, and improved well-being. The purpose of this workshop is to apply the principles of SDT to understand how we support or hinder learner motivation in our teaching, to implement strategies to support greater learner self-determination, and to avoid approaches that hinder learner self-determination.

**Instructional Methods:** This workshop will include a blend of lecture and interactive components. Participants will be briefly introduced to the basic tenets and three basic psychological needs of SDT. Participants will engage in facilitated table discussions about how they could implement supportive strategies for each basic need, and ways to avoid hindering each need. We will discuss the rationale for why certain teaching approaches are more or less supportive of learner self-determination.

**Target audience:** Faculty, teachers, program leaders, medical educators

**Learning Objective:** By the end of this workshop, participants will be able to:

1. Describe the principles of SDT, including the three basic needs of autonomy, competence, and relatedness, and how they impact motivation.
2. Explain how teaching practices support or hinder learner motivation.
3. Implement strategies to intentionally support learner motivation.

## WB - 6

### Understanding and utilizing item analysis to create high-quality multiple-choice questions.

**Joshua Lloyd** University of Saskatchewan, **Susanna Martin** University of Saskatchewan

**Rationale/Background:** With the ever-increasing access to technology, calculation and interpretation of item analysis reports no longer require access to statistical software or advanced expertise in statistics. Additionally, with easier access to item analysis, educators are faced with managing increasing amounts of data regarding performance of their exam items. Coupling the ease of calculating item analysis statistics with access to this data, educators are offered opportunities to greatly enhance the quality of their exam items.

**Instructional Methods:** Participants will briefly review item analysis calculation and interpretation. Participants will be provided with a tool to make item analysis calculation easier. Participants will work in groups to interpret item analysis results and discuss changes to questions to increase subsequent performance. Participants will work in groups to update question quality based on item analysis results.

**Target audience:** Educators seeking an understanding of item analysis interpretation and calculation. Educators seeking to use item analysis to develop high-quality multiple-choice questions.

**Learning Objective:** Participants will be able to:

1. Calculate basic item analysis results

2. Interpret item analysis results
3. Increase the quality of multiple-choice questions.



Monday, April 15th - 10:00-11:30

## Workshop Presentation – Block - C

### WC - 1

#### Speaking From The Heart: Addressing The Language Learning Needs of Multilingual Medical Students

**Lalit Narayan** George Washington School of Medicine and Health Sciences, **Wynn Tran** University of British Columbia, **Meiying Zhuang** University of British Columbia, **Vonessa Costa** Cambridge Health Alliance,

**Rationale/Background:** The demographics of North American medical trainees are changing, with more second generation immigrants with intermediate to advanced skills in their heritage languages and more trainees who have learned foreign languages in high school. Currently, the norm is to train monolingual clinicians who would use professional interpretation services in language discordant encounters. However, research demonstrates some benefit of language concordance over professional interpretation in caring for limited English proficiency patients. Language instruction during medical education could allow trainees with non-English language skills to achieve certifiable competency in providing care in these languages. There is a widespread lack of high quality educational resources to facilitate language learning for medical practice, particularly in the languages of Asia and Africa. Developing such resources in collaboration with language communities could benefit trainees in both North America and in these regions.

#### Instructional Methods:

##### A. Short presentations/case studies

1. Tran and Zhuang - Perspectives of two Chinese-Canadian medical students and experience creating a Medical Mandarin workshop in Vancouver
2. Costa - Working with qualified interpreters and credentialed bilingual providers to provide clinical services to a linguistically diverse population in Boston
3. Narayan - Creating collaborative transcontinental language learning programs

##### B. Individual research based exercise

1. Using large datasets to assess patient and clinician language diversity in your region

##### C. Focused small group discussion

1. Sharing of individual language learning journeys and use of language in clinical settings.
2. Should medical schools assign financial resources to develop a more linguistically diverse student body?
3. Should we insist that multilingual providers be certified?
4. How might North American schools collaborate with partners in the Global South?

##### D. Printed take-home toolkits

1. Assessing language competency and learning needs
2. Language learning strategies
3. Legal frameworks and best evidence

**Target audience:** Clinical faculty and administrators of North American medical schools and residency programs

#### Learning Objective:

1. Describe appropriate use of qualified interpreters and multilingual providers.
2. Assess the language diversity and learning needs at your home institution.
3. Compare different language learning strategies.
4. Analyze potential for collaborative projects to develop new language learning resources.

## WC - 2

### Power dynamics in the learning and work environment: 'watt' can we do?

**Ming-Ka Chan** University of Manitoba, **Deepak Dath** McMaster University, **Diane de Camps Meschino** University of Toronto

**Rationale/Background:** The learning and work environment in healthcare is fraught with power dynamics associated with relationships plagued by hierarchy and involving those considered 'other' on the basis of position, race, sex, gender, disability etc. Power differentials between learners and teachers or between followers and leaders are further amplified and complicated during observation and assessment. Perceived and real power differentials magnify the possibility for misperception, projection, barriers and disconnection. Working and learning in this complex environment is challenging, and potentially leads to experiences of being misunderstood and devalued. The willingness to discuss power dynamics in healthcare professional education and the workplace may enhance awareness and create the space to foster dialogue and reconnection.

**Instructional Methods:** This workshop will use tools including SCARF model of reward and threat, and small group discussion with large group debriefing around scenarios designed to expand awareness. Sharing of narratives and pearls will also be encouraged.

**Target audience:** Any interested in the topics of power and learning/work environment as well as leadership development including learners, educators, teachers, leaders and administrators.

**Learning Objective:** By the end of the session, participants will be able to:

1. Share positive and negative personal experiences involving power dynamics as learners and teachers as well as followers and leaders.
2. Identify situation in their own contexts that are inherently laden with power differentials and share experiences on how these were managed.

3. Develop strategies to mitigate consequences of power differential including misperception, projection, barriers and disconnection.

## WC - 3

### Learning in an Artificial Intelligence World

**Wanda Peteanu** The Michener Institute, University Health Network, **Caitlin Gillan** University of Toronto, **Mohammad Salhia** The Michener Institute, University Health Network, **David Wiljer** University of Toronto

**Rationale/Background:** The health care environment continues to evolve as clinical data applications and big data analytics increasingly become employed (1). This transformation requires a paradigm shift in the medical education context as well (1-2). Quite simply, traditional approaches to education will not prepare learners to be competent in future practice (2). As clinical practice and performance improvement initiatives increasingly become data-driven, familiarity and understanding of terminology, such as artificial intelligence (AI), big data, and machine learning is imperative, especially as it applies to the clinical context. Through this interactive workshop, participants will gain an understanding of what AI is, how its applied in healthcare, and what they and their learners need to know to prepare for care in the future.

**Instructional Methods:** This workshop will require grouped tables (approximately 5-6 per table) and a projector. Delivery methods include didactic and case study exercises. Themes discussed will be:

1. basics of AI and associated vocabulary, and
2. implications for health professional practice and education.

Hallmark activities include a case study, where learners will be challenged to apply this new lexicon and reflect on their medical education experience to address a particular education gap for clinical learners as well as a 'think-aloud' session on the competencies clinical learners will require to adapt to this shift in care.

**Target audience:** Attendees will learn how AI and big data will shape the future learning for clinical

learners. The target audience are educators, clinical leadership/CPD representatives and education operations staff who have an introductory understanding of AI, big data, and machine learning. With this introduction, we hope to prompt thinking, discussion, and innovation amongst our audience of educators and clinical education advocates on how we should train our present and future healthcare professionals to care with AI.

**Learning Objective:**

1. Assess the impact of big data, artificial intelligence and machine learning on future clinical practice.
2. Explore the impact that clinical AI applications will have on health professions education and team-based learning.
3. Identify core competencies for medical educators when working and learning with artificial intelligence.

## WC - 4

### Doctors Against Tragedies - Fighting the Fentanyl Crisis through Game Play

**Michiko Maruyama** University of Alberta, **Cheryl Mack** University of Alberta, **Lindsay Delmar** University of Alberta, **Meyy Arunachalam** University of Alberta, **Jennifer Szerb** Dalhousie University

**Rationale/Background:** Fentanyl overdose is a rapidly increasing global crisis costing thousands of lives. As a result of the increasing mortality of young individuals, there has been a call for action to initiate change in our society. In response, our team has created "Doctors Against Tragedies," (DAT) an educational, yet edgy, card game designed to fight the Fentanyl Crisis.

**Instructional Methods:** The workshop will begin with a very short presentation on the fentanyl crisis and Doctors Against Tragedies (15 minutes max). The majority of the workshop will be a hands-on, interactive and collaborative activity where the audience will have the opportunity to play Doctors Against Tragedies with each other. Together, we will create an "expansion pack" together as a group to show how the game is made. To end the workshop,

we will have a Q and A question session. All audience members will be given copies of Doctors Against Tragedies to take home and share with colleagues or use in their clinics.

**Target audience:** Everyone! The fentanyl crisis is a growing global problem.

**Learning Objective:**

1. Enhance knowledge about fentanyl and the opioid crisis.
2. Introduce Doctors Against Tragedies.
3. Review the industrial design process and demonstrate how to successfully turn an innovative idea into reality with a limited budget.
4. Inspire others to pursue creative and innovative methods of medical education and social advocacy.
5. Discussing the dynamics of working in an interdisciplinary team.
6. Network, Network, Network.

## WC - 5

### When theory hits the real world: Exploring tensions around entrustment in non-procedural clinical contexts

**Rose Hatala** University of British Columbia, **Andrea Gingerich** University of British Columbia, **Shiphra Ginsburg** University of Toronto, **Mark Goldszmidt** Western University

**Rationale/Background:** In competency-based education, the concept of entrustment and the use of entrustable professional activities (EPAs) have gained increasing attention. However, the translation of theory to practice raises tensions between how entrustment is being taken up by programs and what tasks are legitimately entrusted to learners in real world settings. This workshop will use Internal Medicine as an example to explore what is actually entrustable and how we capture entrustment decisions.

**Instructional Methods:** A mix of brief presentations, large group discussion and small group work.

Part 1 (40 min): \*\*\*What is actually entrustable?\*\*\*  
The facilitators will briefly present some of the current challenges in translating the theory of entrustment into practical action. This will be followed by small group discussions where participants examine internal medicine EPAs to identify which ones involve ad hoc entrustment decisions. This section will conclude with a large group discussion extending the concepts to other specialties' non-procedural clinical contexts.

Part 2 (40 min) \*\*\*How can we capture those entrustment decisions?\*\*\* The facilitators will briefly present current issues with assessment based on entrustment. Participants will then engage in small group discussions to envision the range of supervisory decisions that could be enacted for two pre-selected EPAs. This section will conclude with a large group activity, compiling examples of the different supervisory decisions that could be used to document ad hoc entrustment and troubleshooting how these could eventually feed into an overall summative entrustment decision.

Wrap-Up (10 min): A facilitator-led brief summary of the discussions, highlighting that entrustment is a compelling premise for monitoring workplace learning and assessment but only if used for activities that actually have a corresponding entrustment decision point.

**Target audience:** clinician-educators and educational leaders

**Learning Objective:**

1. Identify the difference between what we have formally created in our programs as EPAs vs what we entrust in practice.
2. Describe the concepts, advantages and limitations of using entrustability as the basis of both ad hoc and summative assessment.

## WC -6

### Adjusting to new contexts of clinical training

**Joanna Bates** University of British Columbia, **Christopher Watling** Western University, **Brett Schrewe** University of British Columbia, **Rachel**

**Ellaway** University of Calgary, **Pim Teunissen** University of Maastricht

**Rationale/Background:** Residents and medical students face multiple transitions into new clinical workplace contexts during training and beyond, and are typically expected to quickly find their feet in unfamiliar practice contexts. Program directors may know little about the distant context, local preceptors may not realize the challenges trainees face in their setting, and information about the clinical workplace may be scarce. While these challenges may be particularly noticeable in distributed programs and rotations, adapting to new and unfamiliar training contexts is a problem across all of medical education. Failing to attend to context not only puts trainees at risk of poor performance or workplace stress, but also limits the educational potential of contextual change to develop their capability. This workshop draws on theory and research about transitions and context to identify challenges and develop strategies for program directors, preceptors, and trainees to plan for and manage these transitions effectively.

**Instructional Methods:** We intend to use several instructional methods, including:

1. Ten-minute presentation about the dimensions that make up clinical workplace context by facilitators
2. Individual work describing dimensions of personal clinical workplace context using workbook materials drawn from published work;
3. Small group interaction in order to share findings and understand the multiple dimensions of transitions across contexts;
4. Ten minute presentation about useful educational strategies to ease the transition between clinical workplace contexts.
5. Small group work applying these strategies to the gaps between two dimensions of clinical workplace context.

**Target audience:** Trainees, preceptors, and program directors who wish to examine and develop educational strategies for facilitating transition of trainees to new clinical workplace contexts.

**Learning Objective:** Participants in this workshop will develop skills to support trainees to anticipate, prepare for, perceive and adjust to differences in clinical workplace context. By the completion of the

workshop, participants will have created an individualized model of strategies that can support their trainees' transitions between diverse and challenging training contexts.

Monday, April 15th - 13:00-14:30

## Workshop Presentation – Block - D

### WD - 1

#### How to "AACE-IT:" Coaching Students in Difficulty - Lessons learned from the Achieving Academic and Clinical Excellence In Training Program at the University of Toronto

**Laila Premji** University of Toronto, **Katina Tzanetos** University of Toronto, **Jana Lazor** University of Toronto

**Rationale/Background:** There is a growing body of literature on the remediation of learners in difficulty and the role of academic coaches (Kalet et al. 2016). Early recognition and remediation of learners in difficulty is key (Katz et al. 2010). However, there are no clear "best practices" on how to be a successful academic coach or create a coaching program. This workshop will provide educators with tools to navigate remediation as learned by the Achieving Academic and Clinical Excellence In Training (AACE-IT) program at the University of Toronto medical school. AACE-IT, implemented in 2016, is a non-evaluative, individualized coaching program with 35 volunteer faculty and 60 student referrals to date.

**Instructional Methods:** This will be a highly interactive case based learning workshop that will use large group discussions and small group problem solving. Two simulated cases have been developed to highlight important teaching points. Participants will work in groups to dissect the simulated learners' records and create plans. A large-group facilitated discussion will follow the cases to establish best practices. Some time will be left to discuss AACE-IT, including the logistics of program development, challenges faced, and lessons learned.

**Target audience:** This workshop is best suited for education leads who identify students in difficulty and create remediation programs or for teachers who are academic coaches.

**Learning Objective:** At the end of the workshop, attendees will be able to:

1. List the roles and limitations of an academic coach.
2. Describe key steps in a coaching relationship to establish rapport and trust.
3. Outline the steps required in the development of an academic coaching program.
4. Develop a basic remediation plan for a student in difficulty.

### WD - 2

#### Developing Partnerships between Community Organizations and Universities to Deliver Service Learning Experiences for Medical Students

**Karen Cook** University of Manitoba, **Roxanne Wright** University of Toronto, **Chelsea Jalloh** University of Manitoba, **Sarah Peddle** Dalhousie University, **Karen Cook** University of Manitoba, **Anne Andermann** McGill, **Ian Whetter** University of Manitoba, **Robert Carlin** McGill

**Rationale/Background:** Recently, Canadian medical schools began to include service learning in accreditation processes that consisted primarily of building upon a community practice of community service learning (CSL) in undergraduate education. Service Learning can include "time spent in educational and clinical activities, organizations, [and] instructional formats" such as class time or independent study (CACMS, 2014). Building on the success of the workshop offered at the 2018 CCME Conference entitled, "Asset-based Community Service Learning in Undergraduate Medical Education," this workshop will address gaps in knowledge related to community-level engagement and impacts. In particular, this workshop will explore the ways in which community organizations can be engaged as partners in developing and delivering Service Learning educational experiences for medical students. How these reciprocal partnerships take shape, and best practices to maintain these working relationships, will be the focus of this workshop.

**Instructional Methods:** Facilitators for the workshop will include equal number of university and community organization representatives. In small groups, participants will explore a series of topics related to effective service learning relationships, such as reciprocity, ideal length of exposure, roles of students/organizations, etc. Small groups will report back to larger group. Information will then be stratified into themes, which participants will receive after the workshop. The workshop will finish with a panel of university/community representatives who will answer questions from workshop participants based on their experiences as service learning partners for medical students and findings based on small group discussions.

**Target audience:** Service Learning Coordinators, Preceptors for Service Learning Exposures, Community Organizations involved in Service learning for undergraduate medical education.

**Learning Objective:** Identify approaches to build, maintain equitable and mutually beneficial relationships between universities and community organizations, specifically in regards to service learning. Discuss strategies to effectively structure service learning experiences for medical students (including equal input from both university and community organizations) Discover how to apply concepts such as structural oppression, systems of privilege, intersectionality, reflective practice that will support students in developing important skills as future physicians, and enhance their understanding of broader determinants of health. Explore how medical students can work with community agencies to achieve social change and advocacy through longitudinal placements.

### WD - 3

#### **Competence Committees: Designing and Running an Effective Competence Committee to Support Resident Progress**

**Julie Johnstone** University of Toronto, **Adelle Atkinson** University of Toronto

**Rationale/Background:** With the move to Competency Based Medical Education, residency programs across Canada all need to develop a

Competence Committee (CC). Through group decision-making processes, a CC determines resident progression by assessing and interpreting a broad range of assessment data. (1) Although heterogeneity exists amongst the make-up of CCs across different specialties, there remain core concepts that reflect best practices. These practices can ensure that a CC is maximally effective in its goal to support learners as they progress through training (2).

An overview of competence committees, including rationale, design and functioning, will be given with discussion of relevant evidence, as well as the presenters' local experience. In small groups, participants will have an opportunity to work on the session objectives, through guided questions and exercises to support the development of CC processes that will work for their specific context.

**Target audience:** This workshop is designed for CC Chairs, Program Directors, committee members, and educational leads wanting to understand the process of CCs.

**Learning Objective:** At the end of this session, participants will have:

1. Developed an understanding of and created a template for, the size and specific membership of their CC.
2. Organized the work flow for resident review and CC member faculty development
3. Created templates for data collection, presentation, and summary of assessment data
4. An understanding of the role of their CC in creating learning and remediation plans
5. Developed a process for bringing the work of the CC into the coaching plan for each resident

### WD - 4

#### **Using DELPHI Methodologies in Medical Education Research - the Basics of Design and Deployment**

**John Murray PhD** University of Manitoba, **Peggy Alexiadis-Brown MA** Dalhousie University

**Rationale/Background:** The Oracle at Delphi in Greece is the stuff of legend, but it lives on today among researchers who like to make use of a novel tool for forecasting. The Delphi method was originally developed in the late 1950s by researchers at the RAND Corporation in California, and got its start in Cold-War era opinion research. It became de-classified as a methodology only in the early 1960s. The Delphi approach is considered to be uniquely situated to the analysis of topics and issues for which there is little historical precedent, where rapidly changing events are occurring or are considered to be imminent, where expert opinion is needed among individuals who are geographically separated, and in areas that have high levels of connectivity and complexity such as setting educational goals or constructing innovative curriculum. Delphi is best-known either as a forecasting tool among a group of experts or a manner in which expert opinion can be gathered in order to reach consensus on issues of interest. The technique has been used widely for program analysis, the development of new frameworks, and in other avenues - with particular success in healthcare professions and academic medicine. The workshop facilitators have a depth of experience with Delphi, and have recently completed a national study in distributed medical education using a modified version of Delphi. If you have ever wondered about whether Delphi has advantages for your research, this 90 minutes will be well spent exploring that.

**Instructional Methods:** This workshop will focus on the practical application of Delphi techniques to design, implement, and interpret the results of a proposed study or area of inquiry. Participants will have an opportunity to learn first-hand the typical procedures which are used in Delphi. No previous experience in mixed-methods research is required in order to be successful or value the workshop experience. The classic text on Delphi is available here:

<https://web.njit.edu/~turoff/pubs/delphibook/delphibook.pdf>

**Target audience:** Medical education researchers, clinical researchers, physician-researchers, PGME learners, medical curriculum designers, medical education assessment specialists.

**Learning Objective:** Workshop attendees will take their own actual or consider hypothetical research questions and learn how to design and execute a study using classical Delphi, Modified Delphi, and Hybrid Delphi-RAND/UCLA in accordance with their expected audience and outcomes for the research.

## WD - 5

### Teaching with Serious Board Games: Learning from the GridlockED Example

**Teresa Chan** McMaster University, **Anuja Bhalerao** University of Toronto, **Tanishq Suryavanshi** McMaster University

**Rationale/Background:** The emergency department (ED) is one of the busiest places in a hospital and can often be overwhelming and difficult for learners to understand. A safe way to understand the processes within such an environment is simulation; a branch of simulation that has yet to be capitalized fully is the serious game, a game in which the objective is learning rather than fun. GridlockED was developed to help medical trainees better understand the workings of the ED and provide a low-risk way to practice managing patients in multi-patient environments (1). In this game, participants role play providers (Nurses, Emergency Physicians, Resident, Radiologists, and Consultants). Participants draw cards who become the patients they must take care of in each round. , participants will also be able to move around the providers to manage these patients in the most efficient manner. Each round may have its own set of challenges such as low number of staff or beds and through these challenges, participants are encouraged to work together. Using our game as a case study in the workshop, we hope to teach medical educators about how serious games can be used in medical education.

**Instructional Methods:** First, there will be a short didactic component where we will provide a history of the game's development and how it works. Then, attendees will be divided into groups of 6-8 to play a game of GridlockED, which will be guided by the facilitators. The workshop will end with a debrief and discussion where we will debate the merits of the game and compare it to other classroom based strategies. Participants will be guided to consider how



and where serious gaming may be useful in their own disciplines.

**Target audience:** Any students or professionals interested in serious games and/or teaching about complex systems.

**Learning Objective:**

1. Describe the role of and problems with serious games;
2. Compare how a serious game and other classroom based strategies differ in their ability to teach certain topics (e.g. collaborating with other healthcare professionals)
3. Play the GridlockED game, and begin thinking about opportunities in their own disciplines to design a serious game

## WD - 6

### Understanding the Role of Faculty Teachers and Educators in CBME : Coaching and Competency

**Viola Antao** University of Toronto, **Karen Leslie** University of Toronto

**Rationale/Background:** Implementation of competency-based medical education requires teachers to have specific skills in assessment and coaching, for key roles including clinical preceptor, competency coach, competency committee member and educational leader. The College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons (RCPSC) developed tools to help teachers understand CBME and various key roles they play. The CFPC defines a competency coach as "An educational advisor along the course of the learner's training, guiding development of competencies. ....the CC facilitates the planning and

career development of the learner."<sup>1</sup> The RCPSC identifies a competency committee process and outlines a coaching model for 'coaching in the moment' and 'coaching over time'<sup>2</sup>, the latter which aligns with the above mentioned competency coach role. There is a lack of clarity around the role of the competency coach: In a recent Faculty Needs Assessment Survey<sup>3</sup> only 14% understood the role of faculty advisor/competency coach. This identifies a crucial role for faculty development. Preceptors and programs directors need a better understanding of these roles and how they underpin CBME models.

**Instructional Methods:** A. Introduction to group activities and workshop 10min B Think, pair, share 10min What is your current experience relating to the assessment of learner competence in CBME model? C Debrief D Review concepts around CBME - presentation 15min E Small group activity - groups divided by their roles 20min Utilize tools to reflect on activities at your site. F. Debrief G. Small group activity 20min Discuss strengths and weaknesses of a) Professional development plans b) Portfolios H. Debrief I. Conclusions - discuss opportunities for better integration 10min

**Target audience:** Preceptors, Competency Coaches, Program Directors, Educators, Faculty Developers

**Learning Objective:**

1. Recognize the importance of the competency coach and coaching over time within CBME, and the requirements set out by the colleges.
2. Describe the responsibilities of the various faculty roles that relate to competency and coaching, and consider how to improve the understanding of these roles.
3. Articulate the knowledge gaps pertaining to roles and identify solutions/resources to close gaps

Monday, April 15th - 15:00-16:30

## Workshop Presentation – Block - E

### WE - 1

#### Curriculum Mapping to Broaden Scope and Impact of Your Continuing Professional Development Program Development

**Heather Lochnan** University of Ottawa, **Robert Parson** University of Ottawa, **Paul Hendry** University of Ottawa

**Rationale/Background:** Curriculum mapping (CM), traditionally a process applied to UGME programs, can be adapted for use for any educational program including Continuing Professional Development (CPD). Mapping can be used to demonstrate attention to accreditation standards, competencies and to categorize sessions thematically, according to evaluation method, learning methods, level of difficulty and more. CM can assist with program evaluation and gap analysis.

**Instructional Methods:** We will describe the benefits of curriculum mapping for faculty development and CPD. Sample mapping results from our local mapping endeavour will be used for illustration. Participants will break out into small groups to complete a curriculum mapping grid based on courses they are familiar with. Their course "grids" will be added to a large scale map that will demonstrate how comprehensive mapping is used. The full group will be guided to interpret the maps to identify gaps or redundancies and learn how mapping can inform planning. Attention to evaluation strategies and learning outcomes (level of evaluation and degree of impact) will be highlighted with suggestions of how mapping can help elevate the level of evaluation outcomes. A meta evaluation exercise will allow participants to apply CM to their own work environments.

**Target audience:** This workshop will be of interest to those involved in curriculum design at all levels including for continuing professional development and faculty development.

#### Learning Objective:

1. Describe and create a searchable curriculum map
2. Apply the design principles to construct map for their unique program
3. Identify gaps in their programming by utilizing their curricular map.

### WE - 2

#### "Falling Through the Cracks": A Patient-Centered Film Creates Meaning for an Undergraduate Teamwork Curriculum

**Kristin Fraser** University of Calgary, **Ward Flemons** University of Calgary, **Teri Price** Greg's Wings, **Irina Charania** University of Calgary, **Nishan Sharma** University of Calgary, **Ian Wishart** University of Calgary

**Rationale/Background:** As complexity increases in healthcare systems, teamwork is becoming an increasingly important element for the delivery of high quality, safe patient care. Our medical school has partnered with local institutions of nursing and respiratory therapy to develop a curriculum for teaching teamwork in healthcare. We aim to introduce learners early to team principles upon which they can scaffold their future experiences in both interprofessional simulations and clinical rotations. To create meaning for these early learners and to foster a culture of learning from error, we have anchored this teamwork curriculum with a powerful and emotional patient story. "Falling Through the Cracks" is a 30 minute film directed by one of Canada's leading television directors that describes the recent experience of Greg Price, a healthy 30 year-old man who died tragically of a highly treatable condition after falling through many cracks in the health care system. The film trailer can be viewed at <https://film.gregswings.ca/en> Greg's family has been extensively involved in the film's production and the plan for its distribution and use. They remain dedicated to using Greg's story to empower patients

and healthcare providers to challenge the status quo and to find solutions for a better health system. A member of the family will be present for this workshop.

**Instructional Methods:** Learners will participate in one of the interactive exercises from our teamwork curriculum. They will reflect on their own team skills based on the experience, and the potential utility of the exercise for their own learners. The film will then be shown and learners will engage in small group discussions about the main themes of the film and how they overlap with the skills experienced in the earlier exercise. Using a framework for team skills, our curricular approach will be described, including the important role of the film for our program. Finally, video clips that were filmed with the original story will be viewed and learners will work in pairs to identify gaps or excellent team behaviours in these teaching scenes.

**Target audience:** Educators interested in patient safety, teamwork training, systems improvement and interprofessional collaboration

**Learning Objective:** At the end of the workshop, attendees will be able to:

1. Describe common challenges to providing safe, continuing care across clinics and/or institutions.
2. Teach team skills at their home institutions using fun and inexpensive activities.
3. Use the film, "Falling Through the Cracks" to create meaning and motivation for undergraduate health professions learners.

## WE - 3

### Adapting to Change: Assessment and Coaching in Portfolio

**Nirit Bernhard** University of Toronto, **Susanna Talarico** University of Toronto, **Susanna Talarico** University of Toronto, **Glendon Tait** University of Toronto, **Pier Bryden** University of Toronto, **Joan Sargeant** Dalhousie University

**Rationale/Background:** With the intention of facilitating learning and assessment, competency

based medical education is increasingly utilizing programmatic assessment. Reflection and directed self-assessment, captured through portfolios, have been employed as tools to foster reflective practice as well as to assess competence. These approaches, when examined independently, have their respective weaknesses. For example, the use of reflection in portfolios has been critiqued for introducing assessment to a formative activity (Ng et al., 2015). It is also well recognized that individuals' capacity for self-assessment is poor (Eva and Regehr, 2005). Watling has shown that feedback, in medical education is a challenge for both educators and students (2014). So how can these disparate entities be brought together in a meaningful way for learners and faculty? Relationships are at the core of the R2C2 model developed by Sargeant et al. This model of facilitated feedback pairs reflection on feedback with coaching for performance change and is being used in an undergraduate medical Portfolio program to facilitate dialogue about academic and personal progress between learners and faculty. This workshop will present a novel approach to programmatic assessment, making use of the relationship created in Portfolio as the foundation for a coaching model of directed self-assessment. We will review how students use the assessments and feedback found in an e-portfolio to reflect on their progress and learning.

**Instructional Methods:** A critical review of the literature and approach to programmatic assessment will be described in a brief didactic presentation. Following this, participants will simulate a small reflective practice group through role-play. Following a demonstration of the R2C2 model, participants will engage in a facilitated feedback conversation. Participants will discuss how this approach might be adapted to their own education context.

**Target audience:** Medical educators and trainees at all levels

**Learning Objective:**

1. Critically review the literature on portfolios, reflection, self-assessment, facilitated feedback and programmatic assessment in medical education

2. Describe and adapt a programmatic assessment model to your own education context
3. Participate in/facilitate a mock reflective practice group
4. Experience the R2C2 model of facilitated feedback

## WE - 4

### Live One, Teach One: Building equitable collaborations with health service users to transform health professions education

**Sacha Agrawal** University of Toronto, **Michaela Beder** University of Toronto, **Suze Berkhout** University of Toronto, **Rachel Cooper** University of Toronto, **Csilla Kalocsai** Centre for Addiction and Mental Health, **Brenda McGovern**, **Sophie Soklaridis** University of Toronto, **David Wiljer** University of Toronto

**Rationale/Background:** Historically, health service users have typically had passive roles in health professions education, for example sharing details of their illness or being examined on rounds. However, with increasing recognition that the lived experience of recovering from health conditions and navigating health services represent legitimate sources of knowledge, service users are now playing more active educator roles, particularly in curriculum design and delivery. Evidence is accruing of the potentially transformative impact of co-produced education [1, 2], but questions remain about how to collaborate with service user educators in a way that is mutually beneficial and achieves the intended goals of such programs. This co-produced workshop aims to enable participants to deepen their understanding of service user educator initiatives and to sharpen their critical 'gaze' on them.

**Instructional Methods:** After starting with introductions and eliciting participants' "burning questions" (10 min), we will invite participants to critically reflect on their past experiences learning from and teaching with service users by asking: What were the explicit and implicit messages conveyed? What messages were left out? What benefits accrued to the students, teachers and institutions? What potential harms and risks were at play? (20 min) We will next describe a novel longitudinal service user

advisory course that we have developed for senior psychiatry residents at the University of Toronto [3], highlighting both the potential for transformational learning and some of the challenges we have encountered (25 min). Participants will then work in facilitated small groups through a case example to consider how to build equitable collaborations with service user educators by considering issues such as power, representation, diversity, tokenism and exploitation (25 min). We will conclude by inviting participants to identify lessons learned and practical next steps (10 min).

**Target audience:** Anyone working with health service users in health professions education.

**Learning Objective:** Participants will:

1. Critically examine their own experiences as teachers and learners working with service user educators.
2. Identify some benefits and risks of including service users as educators.
3. Work through common challenges in building equitable collaborations with service user educators.

## WE - 5

### Utilizing Design Thinking to Guide Design and Development of Online Patient and Healthcare Professional Education

**Ilana Bayer** McMaster University, **Margaret Leyland** McMaster University

**Rationale/Background:** A design thinking approach was used to guide the development of an online education course on medicinal cannabis for patients with non-chronic cancer pain. The core stages of this approach are: empathize, define, ideate, prototype and test. In the empathize stage, data was gathered from a variety of sources including semi-structured interviews, course evaluations from in-person classes, literature searches and brainstorm sessions. The data was used to conceptualize the end-users (i.e., target patients who will take the course) through "empathy" and "as-is" scenario maps. In the define stage, "How might we" questions were developed based on the themes that emerged from the maps

allowing the identification of key challenges and opportunities. In the ideate stage, innovative ideas to address challenges were generated and prioritized based on impact and feasibility. Prototypes were developed and incorporated into the pilot course. In this session, we'll provide an overview of the design thinking process, discuss the tools that were used as well as share the results of the process and how it informed the design and development of the online course. We will also discuss team collaboration, strategies to address challenges with data collection and how the process may apply to participants' work.

**Instructional Methods:** Participants will be guided through the design thinking process and will have the opportunity to engage with the practical tools used. They will also have the opportunity to view the online course on their own using their mobile devices and provide user experience feedback using our evaluation tools. During large group discussions participants will have the opportunity to ask questions and provide feedback.

**Target audience:** Anyone involved in the delivery of educational materials, education professionals, faculty from all health professions

**Learning Objective:**

1. Describe the key stages of a design thinking approach
2. Explain how design thinking can be used to identify challenges and explore innovative solutions
3. Identify opportunities where the principles of design thinking can be applied to participants' work

## WE - 6

### Designing Curricula to Maximize Learning

**Wendy Stewart** Dalhousie University, **Keith Wilson** Dalhousie University

**Rationale/Background:** Study strategies used by students in undergraduate degree programs are often not effective in medicine. How we teach can

influence knowledge retention and recall. Research has shown that spaced learning, interleaving and testing are effective ways in which to enhance knowledge retention. Cognitive load is an important consideration when teaching complex key concepts. This workshop explores how we can incorporate our understanding of knowledge retention and recall to enhance learning in our medical curricula, and encourage effective study strategies in our learners.

**Instructional Methods:** The format includes brief interactive presentations interspersed with individual and group activities. Participants will engage with known research around knowledge retention and apply this to their own teaching experience. The techniques used in the workshop will demonstrate the different methods participants can incorporate into their own teaching, and in turn, encourage their learners to adopt. Specific activities: 1. Consider the methods they used to study during training and place in sequence the success rate of different study strategies used by students 2. Think, pair share around their own experiences of learning and the strategies used 3. Identify a teaching activity in their own institution and consider how they might change the teaching format to maximize comprehension, retention and recall.

**Target audience:** Educators with an interest in designing curricula that maximize comprehension, retention and recall of knowledge.

**Learning Objective:** By the end of this workshop, participants will be able to:

1. Explain why the more common study methods employed by students are ineffective
2. Give examples of teaching strategies that maximize learning and recall
3. Contrast current curricular teaching methods with proven strategies to maximize learning
4. Apply the concept of scaffolding to a course or topic they are responsible for teaching

Tuesday, April 16th - 08:30-10:00

## Workshop Presentation – Block - F

### WF - 1

#### **Learning from the 'Kolabo' experience: Navigating challenges and alternative approaches to small group learning in low resource settings**

**Jaylynn Arcand** University of Calgary, **Rachel Grimminck** University of Calgary, **Kimberly Williams** University of Calgary, **Jordan Li** University of Calgary, **Critstin Fitzgerald** University of Calgary, **Rita Watterson** University of Calgary, **Susan Poon** University of Calgary, **Michael Grimminck** University of Calgary, **Kanwal Mohan** University of Calgary, **Jian Choo** University of Calgary, **Jonathon Dornian** University of Calgary, **Mary Shen** University of Calgary, **Matiko Mwita**

**Rationale/Background:** Physician-facilitated small group sessions are a critical part of undergraduate education. However, alternative models of learning may allow for navigation of challenges in classrooms with low resources. The challenges identified in our experience in teaching in low resource settings through the 'Kolabo' undergraduate Psychiatry initiative in Tanzania will allow us to guide participants in the exploration of small group education through group activities and discussion, drawing on the experiences of the participants and facilitators. This will provide a toolbox approach to small group education in low resource settings to be used in navigating challenges and to encourage innovation.

**Instructional Methods:** An interactive small group model will be used throughout the workshop to facilitate discussion, sharing of experiences, group activities, and brainstorming. This workshop will be organized in multiple sections with small group activities within each section. The sections include:

1. Introductions and ice breakers;
2. Exploration of participants experience with collaborative learning models, noting experiences of benefits and challenges;

3. Exploration of alternative collaborative small group models, including activities to facilitate innovative thought;
4. Addressing the benefits and challenges of collaborative small group learning models;
5. Activities and discussions in navigating human resource limitations and facilitation requirements for small group learning;
6. 'Take away' discussion ensure the learning objective was covered, and to encourage final discussion on navigating challenges and creating innovative change.

**Target audience:** students, residents, undergraduate educators, postgraduate educators

**Learning Objective:** At the end of this session participants will be able to identify the benefits and challenges in various collaborative learning models and will be familiar with multiple models of collaborative learning models that may be applied in the undergraduate education setting to navigate challenges and create innovation.

### WF - 3

#### **Medical Learner Mistreatment: Exploring Directions and Strategies for Enhancing Success of Mistreatment Interventions**

**Namta Gupta** McGill, **Camila Velez** McGill

**Rationale/Background:** Medical learner mistreatment is a pervasive problem that has a harmful impact on learners' personal and professional development. Medical schools are mandated to effectively address learner mistreatment. There is scant research on the effectiveness of mistreatment interventions, with outcome studies often reporting minimal to no change in the incidence of mistreatment. Novel and aggressive interventions that can successfully change the medical academic culture are needed. This workshop will highlight strategies to improve mistreatment interventions at macro and micro

levels. Presenters will share experiences of creating, implementing, and evaluating an 8-year mistreatment program at McGill. Participants will engage in a discussion about mistreatment programs at their home institutions, addressing obstacles and facilitators to program success. Participants will engage in real-life case studies to practice skills in addressing mistreatment when it occurs.

**Instructional Methods:**

1. Brief group discussion on the definition and impact of learner mistreatment.
2. Brief didactic presentation on best practices to enhance the quality of mistreatment interventions, drawing from existing literature and data from McGill's mistreatment program.
3. Small group discussion on mistreatment programs at participants' institutions.
4. Engagement in real-life case studies in small groups to practice skills in recognizing and managing mistreatment.
5. Interactive closing discussion.

**Target audience:** Anyone who wishes to understand a model of culture change around mistreatment.

**Learning Objective:**

1. Identify mistreatment in the learning environment
2. Understand the impact of mistreatment
3. Learn and implement best practices to enhance the quality of mistreatment interventions
4. Learn and adopt strategies to effectively address mistreatment cases

**WF - 4**

**Resident Leadership in the Co-Production of CBME**

**Samantha Buttemer** Queen's University, **Kristen Weersink** Queen's University, **Jena Hall** Queen's University, **Damon Dagnone** Queen's University, **Julia Tai** Queen's University, **Kathryn Hay** Queen's

University, **Liora Berger** Queen's University, **Jessica Trier** Queen's University

**Rationale/Background:** A competency based medical education (CBME) approach to residency education is currently being implemented across Canada by the Royal College of Physicians & Surgeons (Competency by Design Project) on a rolling timeline over a seven year period, with multiple specialty committees launching CBME curriculums each year. Queen's University, under a FIRE proposal, launched CBME for all specialty residents and fellows in July 2017. Engagement and empowerment of residents through this transition and ongoing implementation was prioritized as a prerequisite for success. The Queen's CBME Resident Sub-committee was formed to fill this purpose. The committee has membership from nearly all specialties and across multiple residency years, in both traditional and CBME models. The mandate is to represent resident interest in anticipation of and throughout the transition to CBME. With consideration given to change management strategies and purposeful engagement tasks and events, the resident subcommittee continues to maintain an open and iterative dialogue with the Queen's resident body, and helps maintain lines of communication between faculty and residents. Resident engagement and leadership has been essential in the successful implementation and ongoing transition to CBME at Queen's University. The purpose of this workshop is to support residents, program administrative assistants, and faculty members in designing an approach to engaging residents in the co-production of CBME.

**Instructional Methods:** This workshop will begin with interactive group activities to explore local contexts, current status of resident engagement, and barriers to successful CBME implementation (30 minutes). A subsequent short didactic presentation will introduce basics of change management theory and explain the strategies used at Queen's University to engage residents in the co-production and transition to CBME (15 minutes). Further group activities will be pursued to encourage collaboration and leave participants with concrete ideas to take home (45 minutes).

**Target audience:** Residents, Faculty, Program Directors, Educational Consultants, Program Administrators

**Learning Objective:**

1. Understand how to leverage change management theory to facilitate the transition to CBME
2. Build a strategy for engaging residents in the transition to CBME at your home institution
3. Establish collaborative relationships with residents and faculty preparing to transition to CBME

**WF - 5**

**How can we deliver learner-driven mentoring in an academic setting?**

**Stephanie Ameyaw** University of British Columbia, **Brenna Lynn** University of British Columbia, **Gurdeep Parhar** University of British Columbia, **Bob Bluman** University of British Columbia, **Susan Paul** University of British Columbia

**Rationale/Background:** The impact of mentorship has been shown to be beneficial in developing the early careers of professionals, facilitating self-directed learning, and building professional relationships. Mentoring programs foster strong relationships and provide clinical faculty and health professional partners with faculty development and promote continuous quality improvement in the workplace. Mentoring programs also lead to increased access to education, practitioner resilience, recruitment and retention as well as supports effective practitioner training. The literature around mentoring and its benefits reports empirical evidence of high levels of satisfaction participating in mentoring programs particularly for mentee and mentor participants. Benefits that have been reported include:

1. increased job satisfaction,
2. professional development and sense of well-being,
3. confidence and clinical knowledge, and increased research productivity.

Further studies have shown that while mentoring is perceived by junior physicians to be very valuable, many junior physicians report having considerable

difficulty in finding a mentor in the absence of a formal program. The UBC Faculty of Medicine's Division of Continuing Professional Development (UBC CPD) has been involved with developing, delivering and evaluating mentoring programs for physicians in BC and recently partnered with the Clinical Partnerships and Professionalism and the Office of Clinical Faculty Affairs to offer the program in an academic setting for clinical faculty (physicians and physiotherapists).

**Instructional Methods:** The workshop will have interactive segments, each with a brief introductory presentation followed by facilitated discussion.

1. Introduction to the concepts around mentoring and how it differs from coaching, teaching and assessing;
2. Discuss some approaches to developing effective mentoring relationships in academic settings;
3. Presentation of the current mentoring programs and tools followed by Q&A, including sharing workshop participants' approaches and experiences along with evaluation data from the programs;
4. Summary of the workshop discussion, supplemented with participants' additional input and comments.

**Target audience:** Administrators, educators, clinicians, professionals and others interested in mentoring.

**Learning Objective:** Through the workshop, participants will:

1. Learn how mentoring can be applied in a CPD-academic context which i) integrates unique needs assessment measures and course tools; ii) is learner driven; iii) flexible and customizable; and iv) combines learning methods including self-monitoring and reflection, and ongoing support;
2. Share their own approaches and experiences in similar effort developing a mentoring program and also their experience of being a mentor/being mentored;



3. Discuss insights, challenges and opportunities for helping learners identify considerations into their own mentoring programming.

## WF - 6

### An interprofessional education course on design thinking for technology

**Sabrina Tang** Dalhousie University, **Anna Braunizer** Vancouver Coastal Health, **Dr. Stephen Miller** Dalhousie University, **Professor Heidi Lauckner** Dalhousie University

**Rationale/Background:** Technology is changing healthcare, and the AFMC identified ehealth competencies[1] health professionals need in the undergraduate medical education that aligns with the Canadian Interprofessional Health Collaborative's (CIHC) framework[2]. Health professionals need to not only understand how to operate technology but also to show leadership by collaborating to shape the technology tools our patients and we will use. These tools should be created to meet the needs of stakeholders, especially patients, and design thinking is a widely used method for developing person-centred technologies and systems. It is also important for students to be aware of emerging technologies so they can identify or adapt new technologies for person-centred care.

**Instructional Methods:** This workshop is based on: "Health Hack: Health Technology Team Challenge", a student-led interprofessional mini-course on designing technology for learners in various health professions. Health Hack will be used as an example for broader discussions on instructional strategies to integrate health technology into courses, and participants will be actively engaged in learning tools from design thinking which encourage entrepreneurial and person-centred thinking. This workshop will also review student perceptions and feedback from the mini-course and resources for fostering interprofessional design thinking amongst students.

**Target audience:** Educators and students interested in design thinking and/or technology in an interprofessional education setting

**Learning Objective:**

1. Participants will identify three evidence-based reasons behind introducing technology design to learners
2. Participants will demonstrate three skills and mindsets from design thinking
3. Participants will understand three challenges to implementing this kind of initiative, and how to overcome these barriers

## WF -7

### Best Practices in Medicine (BPiM) - How to Organize and Implement a Right-Sizing Test Utilization Campaign

**Mallory Jackman** University of Toronto, **Ajay Kapur** University of Toronto, **Rishie Seth** University of Toronto, **Victor Tron** University of Toronto, **Raheem Kherani** University of British Columbia, **Craig Barnes** St Joseph's Health Centre, **Donna Arab-O'Brien** University of Toronto, **Jerry Maniate** University of Ottawa, **Sharon Mulsant** University of Toronto, **Maria Pasic** University of Toronto, **Jennifer Taher** University of Toronto, **Elizabeth Wooster** OISE/University of Toronto

**Rationale/Background:** Diagnostic and laboratory testing play a significant role in clinical diagnosis. Unfortunately, in recent years appropriate test ordering has become poorly defined and infrequently practiced. This places unnecessary financial and resource burden on an already strained health care system. While resource utilization initiatives are becoming increasingly popular, they often target overutilization exclusively. By ignoring underutilization and misutilization, these campaigns overlook two key targets for resource stewardship and patient care. This workshop looks at how evidence-based continuing professional development (CPD) strategies (sequential audit & feedback, modular online learning) can be used to "right-size" test ordering. In line with best practices, this effective programming method instills confidence in health care providers to ensure they are ordering the appropriate test at the appropriate time for the appropriate patient.

**Instructional Methods:** In this session, participants will collaborate with workshop leaders to produce a

handbook on developing and implementing a best practices test utilization campaign. We will begin with an introduction on over- and underutilization of laboratory/diagnostic testing. Mini-presentations, large group round robin brainstorming, and small group discussions will guide participants through each section of the handbook. All individuals are invited to share their experiences with CPD creation and best practices programming. After the workshop, an online version of this collectively produced handbook will be made available to all attendees.

**Target audience:** This workshop welcomes all medical educators, administrators, practitioners and allied health professionals interested in learning about the design and implementation of resource utilization programs. This session may be of particular interest

to those interested in developing institution-specific campaigns.

**Learning Objective:** By the end of this workshop, participants will be able to:

1. describe why test utilization is an important target for health care reforms;
2. articulate core components of a successful CPD audit & feedback initiative;
3. evaluate the steps required to implement "right-sizing" test utilization programming;
4. develop a BPiM campaign framework; (
5. apply this framework in an interprofessional, interdisciplinary fashion.