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Brief Reports

Enhancing professionalism in post-graduate medical education: the initial implementation and evaluation of a longitudinal curriculum for geriatrics residents in Toronto, Canada

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Abstract

Background: Professionalism is vital in medicine, yet gaps exist in its teaching within post-graduate medical education.

Methods: We developed an eight-session curriculum on professionalism for geriatrics residents at the University of Toronto. Topics included personal-professional identity, physician well-being, communication, and leadership, incorporating a focus on self-reflection throughout. We evaluated the curriculum in two ways: (1) we captured immediate reactions using standard evaluations with Likert-scale questions on teaching effectiveness. (2) Graduated residents participated in semi-structured interviews to assess deeper reactions and longer-term impacts on professional identity and practice. Interview transcripts were rigorously analyzed using thematic.

Results: The teaching effectiveness scores averaged from 80 written evaluations were excellent: 4.45/5 (89%). We interviewed 12 of 22 eligible graduates (55%). Thematic analysis demonstrated that the curriculum impacted residents in three key thematic areas: (1) it led participants to understand their role as physicians in a more comprehensive way, while staying consistent with their personal values and strengths. (2) Communication skills training in particular equipped learners with important skills needed to enact their professional standards. (3) Through developing a supportive community and practicing mindful self-reflection, participants reported improvements in their well-being.

Conclusions: This paper demonstrates that professionalism can and should be integrated into the formal curriculum of post-graduate medical education. Key success factors in our study included a focus on fostering peer support and training in communication skills as a concrete method to actualize personal professional standards.

Résumé

Résumé français à venir.

Introduction

Professionalism is essential to medical training and practice, yet there is no consensus on how to teach it effectively and incivility remains common in the field.[1–3] There are varying approaches to defining medical professionalism.[4–6] The CanMEDS framework defines professionalism through a commitment to patients, society, profession, and self.[7] Irby and Hamstra describe three paradigms including "professional identity formation" which emphasizes integrating the values, beliefs and behavioural norms of the physician community into one's self-concept.[8,9] Learning occurs through a transformative process of re-examining and redefining oneself as a physician, supported by role modelling, discussion and reflection in a safe learning environment.[10] Additionally, Verkert et al describe professionalism as a meta-competency since it is expressed *through* the performance of other competencies,[11] suggesting that professionalism should be taught in concert with the other competencies inherent to professionalism.

Using these paradigms, we designed a two-year professionalism curriculum for geriatrics residents at the University of Toronto (UT), called Professionalism Plus. This report presents the evaluation of this curriculum.

Methods

We developed the curriculum iteratively over three academic years beginning in 2018. Teaching sessions were held during protected academic time and were open to geriatric medicine subspecialty trainees at UT. The final curriculum included eight sessions taught over two years, with a communication skills seminar taught annually. (The learning objectives and individual session characteristics are described in Table 1. See Appendix A for more detailed descriptions of each session).

Table 1. Professionalism Plus curriculum – learning objectives and individual workshops

Overarching Learning Objectives				
By the end of this curriculum, learners will:				
1.	Connect with a sense of purpose in their work that aligns with their personal values and goals.			
2.	Understand the main drivers of burnout and implement strategies in professional practice to maintain well-being.			
3.	Utilize empathic communication skills to navigate challenging conversations with patients and colleagues.			
4.	Appreciate different leadership styles and leverage their own leadership style to work effectively in teams.			
Professionalism Plus Curriculum Workshops				
	Title	CanMEDS Role[7]	Description	Time/Cost
1.	The Physician as Self	Professional-commitment to self	Narrative medicine exercise (adapted from Boggild et al.)[26] PERMA- Positive Psychology exercise[27] Goal setting and peer coaching exercise	Offered as 1 or 2 sessions, 2-4 hours total
2.	The Patient-Physician Relationship	Professional-commitment to patients	Pre-reading on the models of the patient-physician relationship and epistemic power(28,29) Didactic on PatientPrioritiesCare model for identifying patient values[30]	2 hours
3. and 4.	Communication Skills Workshop, offered annually	Communicator	Powered by VitalTalk© -Evidence-based communication skills training module involving simulation exercises with standardized patients	3 hours 1-2 additional trained communication skills facilitators 2 standardized patient actors, cost approximately $1000 CAD
5.	Leading Oneself to Lead Others	Leader	Didactic and discussion on personality types and leadership principles	2 hours
6.	Building Optimal Outcomes from Successful Teamwork (BOOST!)*	Collaborator	Team-based virtual workshop with didactic on the interprofessional competency model. The objective is to equip participants with the knowledge and skills necessary for successful interprofessional collaboration in healthcare settings.	2.5 hours Taught by the CACHE at the UT Temerty Faculty of Medicine
7.	Health Policy and Age-Inclusive Care	Advocate Professional, commitment to society	Panel presentation followed by Q & A covering: Introduction to health-care policy in Ontario Key legislation governing LTC management in Ontario Reflections of a caregiver during the COVID-19 LTC lockdowns	2 hours 4 panelists: elder law expert, MD clinician-epidemiologist, MD clinician-advocate, caregiver advocate
8.	Combatting Burnout and Building Resilience	Professionalism, commitment to self	Didactic on burnout, well-being and resilience Review of strategies to combat burnout: mindfulness, mind-body exercises, positive psychology	2 hours

*Abbreviation: CAD Canadian Dollar; LTC Long Term Care; PERMA Positive Emotions, Engagement, Relationships, Meaning, Achievement; UT University of Toronto; CACHE: Centre for Advancing Collaborative Healthcare & Education. *Proprietary teaching materials*

We used a mixed-methods design to evaluate the curriculum: we assessed learner satisfaction (Kirkpatrick level 1)[12] using written evaluations sent electronically to all attendees immediately after each teaching session. The written evaluation was a standard questionnaire used for Academic Half-Day teaching activities within the Department of Medicine at UT which included both 5-point Likert-scale questions (where 1 indicated 'poor' and 5 indicated 'excellent') and free-text questions (Appendix B). We calculated the teaching effectiveness as an average of the Likert-scale questions;. We analyzed the free-text questions using thematic analysis, which is described in detail below.

To explore deeper impacts on learning (Kirkpatrick levels 2 and 3),[12] we conducted semi-structured interviews with graduated residents who had attended at least one professionalism session. Interview transcripts were analyzed using the thematic analysis methodology described by Braun and Clarke.[13] One of two research assistants conducted the interviews, audio recorded, transcribed using Otter.ai™ software, de-identified, and reviewed for accuracy (see Appendix B for interview guide). We also added the open-ended responses from the written evaluation forms to the interview data to analyze using thematic analysis. Two researchers coded every transcript using an inductive approach, allowing themes to emerge naturally.[13] The research team discussed findings and resolved discrepancies through discussion and consensus-building.

We opted for this method of evaluation for a few reasons: First, considering the novelty of this curriculum, we did not know what impact it would have. This mixed-method approach captured both numerical data and in-depth insights. The semi-structured interviews focused on 'how' and 'why' questions, aligning with a phenomenological approach to understanding participants' lived experiences. Second, we considered using a measure like the Professionalism Mini-Evaluation Exercise[16] or a patient satisfaction scale that would measure learners' behaviour in the clinical setting. However, in the absence of a control group, these measures would not have been able to distinguish the impact of our curriculum specifically versus the impact of the entirety of their training and learning over the preceding two years.

A formative evaluation in 2020 helped refine the curriculum and a summative evaluation was completed in 2022. We combine the results here. UT Research Ethics Board approved the study (Protocol #00039842).

Results

Over five years (2018-2022) we taught a total of 14 individual sessions, with 8-15 learners per session.

We obtained a total of 80 written evaluations. Immediate learner satisfaction was extremely positive: the average teaching effectiveness score was 4.45/5 (89%). The written comments highlighted an important process outcome: the sessions facilitated the creation of community and a safe learning space ("A rare moment to hear from colleagues about the challenges they faced in residency—I think it's a really important step in building trust within a group." Anonymous evaluation of session 1). They also hinted at the potential impact the sessions may have had on learners' personal development ("I left inspired to be motivated by feedback as opposed to disappointed." Anonymous evaluation of session 4).

The results of the interviews were analyzed at two time-points, as described above. For the formative evaluation, seven of 13 graduates who had attended at least one session during the pilot phase (2018-2020) completed an interview (response rate [RR] 53%). First, learners emphasized how this curriculum offered a unique opportunity for self-reflection that enhanced their understanding of themselves as physicians, suggesting that even during the pilot phase, the curriculum was successful at achieving our first learning objective of enhancing professional identity. Second, reinforcing comments in the written evaluations, they emphasized the value added of building community with co-residents and the important role the facilitator played in creating a psychologically safe learning environment. Despite these positive reactions, learners had difficulty connecting the curriculum to any concrete change in their practice. They felt that the curriculum was either "too late" in their training, had "too little" curricular time to be impactful, or was too removed from day-to-day clinical practice.

In the summative evaluation phase, we interviewed five of nine eligible graduates (RR 56%). These interviews noted three areas of significant impact:

1. Communication and patient-centered care

   Communication-focused sessions with standardized patients empowered participants with practical tools and frameworks to navigate complex conversations, boosting their confidence to address topics such as driving cessation and to become more collaborative team-members. The respondents emphasized the opportunity to practice skills and receive feedback from experienced professionals as particularly

beneficial and they felt this translated directly into real-life scenarios.

2. Professional identity enrichment
   The curriculum led participants to reflect on their professional identity, their strengths and aspirations, and to embrace roles beyond clinical competence. Many came to newly appreciate their roles as leaders and advocates as integral to professionalism and the practice of geriatric medicine.

3. Improved personal well-being
   a. ***Through community***. By developing a safe, collaborative community, participants found that peer support improved their self-confidence by normalizing and problem-solving around common challenges.

   b. ***Mindfulness and reflection***. While the integration of mindfulness practices outside the learning environment varied, mindfulness exercises reminded participants of the importance of prioritizing emotional well-being. The curriculum encouraged participants to incorporate mindfulness into their clinical practice, enabling them to be present with patients and navigate the distractions inherent in a bustling medical environment.

See Table 2 for selected quotations demonstrating the key themes.

Discussion

We describe the development and initial outcomes of a novel and comprehensive curriculum on professionalism. Our approach focused on fostering professional growth and building the skills, both patient-facing and inner-facing, needed to practice person-centered care in an increasingly demanding medical environment. The curriculum helped participants better understand the physicians they want to be and left them motivated to continue learning and working toward that goal. It illuminated the significance of effective communication, leadership, and advocacy in shaping a well-rounded physician, while equipping them with skills to reach competence in those roles. Essential to this impact was a psychologically safe space to engage in self-reflection, further fostered by developing a community of supportive peers. Figure 1 demonstrates our hypothesis on the interaction between the learning environment, clinical environment, learned skills and the key outcomes of improved patient-centered care and physician well-being.

This curriculum differs significantly from typical medical education which focuses on knowledge and skills acquisition for the exclusive benefit of patients. In contrast, this curriculum highlights the importance of the physician self in the patient-physician encounter. Additionally, within the context of professionalism education, previous studies typically focused on isolated components of professionalism such as empathy, stress-management or medical ethics,[3,17,18] rather than the integrated approach taken here. Professional identity formation is a multifaceted, iterative process that involves the internalization of professional values, attitudes, and behaviors over time.[19–23] By integrating elements of professional identity, physician well-being, communication, and leadership into our curriculum, we sought to foster the development of a robust professional identity among geriatrics residents. Our study adds to the literature on professional identity and on competency-based medical education by demonstrating how these two constructs can work together

Limitations

Our results have several limitations. This was a small, single center study, that lacked a control group and did not directly measure behaviour change. This restricts our ability to make definitive conclusions about the curriculum's impact. That being said, our deliberate use of quantitative and qualitative methods to assess our curriculum's effectiveness is a particular strength of this study. As highlighted by Ng et al., the landscape of medical training necessitates a holistic understanding of learners' experiences and perceptions, which can be best captured through qualitative methodology.[24] Our study aligns with their call to embrace qualitative methodologies, acknowledging that quantitative metrics may only scratch the surface of the multifaceted impact of an intervention.[25]

Table 2. Results - emergent themes, selected quotations

Communication and Patient-Centered Care	
P9	So I remember the advanced communication skills workshop… So this was very helpful because in geriatrics, we ended up having a lot of difficult discussions. And I remember we practiced [telling a patient they were not fit to drive.] And after that session, I got feedback that I wasn't shying away from that discussion, because it can be awkward. It's something that you'd rather just not bring up but [after the workshop] I felt like I had the confidence to bring it up in a way that was mature but also patient-centered but also thinking about overall societal safety.
P11	The communication skills workshops were the most useful because the opportunity to actually practice and then get feedback from people who are much better at this than you are, who are like practiced at giving feedback, that opportunity is pretty rare… that is very helpful. And then I saw that directly translate into later conversations where I would have to either like break bad news or talk about driving and I was just so much more comfortable… and I think that patients feed off of that in a positive way and ends up being a more positive interaction.
P12	The actor [got very angry]. And the [feedback to me] was, "It's okay, you've taken away his license, that [anger] can almost be expected because it's such a profound loss of independence for him." And so way back after when I did take away somebody's license, and I had a response like that, because I had lived it through these mock sessions, I think it made it easier to handle in real life. And so it just it made a very difficult situation kind of emotionally bearable.
Professional Identity Enrichment	
P3	It was helpful in terms of just trying to better understand ourselves as individuals and trying to recognize our own traits or strengths or weaknesses… And just to learn more about myself…
P6	It's made me confident that how I approach medicine, how I approach the ethical frameworks within medicine, how I approach the value system—that my way of doing it is valuable and that I have developed a way to be professional within medicine and still kind of maintain my own individualism and identity.
P8	[B]ecause it was so relevant to the context of the world, the advocacy section session in November [2021] with ageism, and COVID-19 pandemic, long term care situation, all of that… I hadn't considered as much before our role as geriatricians to be how prominent we are as advocates for older people…
P9	There's a lot of soul searching that happens in PGY 4 and 5, like, this is your last opportunity as a resident to think about what you want to be when you grow up. And, you know, do you want to do community [versus] academic [practice]? Do you want to do clinical, teaching, research?... [S]o I would say, partly this curriculum helps with that for sure. Yeah, I think it helps with that. Yeah, it does.
P10	The other parts of the curriculum, like person-centered care or patient-doctor relationship, leadership, I think it kind of reframed attitudes that I already had, but it was harder to put into words and it was nice to be able to talk with my colleagues who felt in a similar way, but it wouldn't have happened if it wasn't for a formal curriculum.
P11	Yeah, I do think the curriculum changed how I view myself as a physician and what kind of doctor I want to be. We talked about the fact that I want to be a mindful doctor. I don't want to be the doctor who's checking for social media or emails during patient care. It taught me to be a doctor who knows better how to communicate with patients, how to adopt different strategies, being a smart communicator. And it also changed [me to become] a better leader because that's so much needed.
P12	And then from a leadership perspective, I've been thinking about a lot just because being in geriatrics and having an aging population, I think we have so many opportunities to showcase our fields because we're in need. And so [not being] a natural leader, I've been thinking about how I can basically change that and become a leader. So yeah, I think it already has had an impact.
P12	And it'll require ongoing practice… So I can look back at how I can continue to improve. So these areas are works in progress. And same for the for the leadership. Like to be a leader is one thing, but to constantly think about how you can improve is another.
Improved Personal Well-Being Through Community	
P3	We had such a wonderful group of trainees, and being able to have some very open, honest, sometimes not easy conversations with them and getting to open up and hear others' views and thoughts … that's probably my favorite part of academic half-day in general, but specifically to these sessions.
P4	I think what I like the best is … discussing these cases with your peers and colleagues that you trust, and then you hear about what other people experience. So it may seem like something has happened [only] to you… but you're not really alone.
P6	[T] here's that imposter syndrome you have in medicine where you have to be perfect and know everything, and it felt—at least anyways during those sessions—that you didn't have to know everything or be perfect …
P8	A benefit, or a side benefit was that I did feel like I was getting to know my peers a bit better and more a sense of community, especially unfortunately, with the pandemic, everything was virtual, we weren't really in person. But some of the sessions made me feel closer to my peers, and did also normalize some of the experiences. I think, for example, there was one session [when] we were sharing some reflections… some being more personal or like more vulnerable. And that was kind of a nice session, bringing the group closer and also feeling that we're going through this together. And even with the communication skills, because actually you don't have too many times when you actually get to observe a peer,… and it's kind of nice to see how other people do it. I personally feel very nervous when being watched, but it also normalizes that, 'Oh, this is a hard conversation for everyone.' So someone else is struggling too and it's not just me.
Improved Personal Well-Being Through Mindful Reflection	
P9	But one of the themes that I remember being constant throughout those three sessions was a lot of active engagement, like practicing skills, active personal reflection, rather than the passive learning that comes from some of the other sessions. I really think when it comes to professionalism, [you] can't passively learn it, especially at this stage, you need to practically practice it. And so I feel like the sessions where we got to do that were most helpful.
P11	And so I have this acquired flaw from medicine, which is like ADHD… like the fact that we're constantly on the [go] with research with everything else, we're always checking your email. I was starting to do that, email checking in front of patients, which was really disruptive to the care flow and not respectful. And so I think the sessions [were] a good reminder to take a step back, and focus on yourself, focus on what's going on… it was really good to be mindful of what we're doing… and not be someone that I wouldn't wish myself to be. So just to say, it increased my self-esteem.
P12	I think it's opened many doors on how I can improve myself in medicine and be available for my patients, but also how I need to be conducting myself in medicine and outside of medicine to avoid burnout. These sessions definitely contributed to that. It was the first opportunity that I've had in my training to really put the professionalism at the forefront.

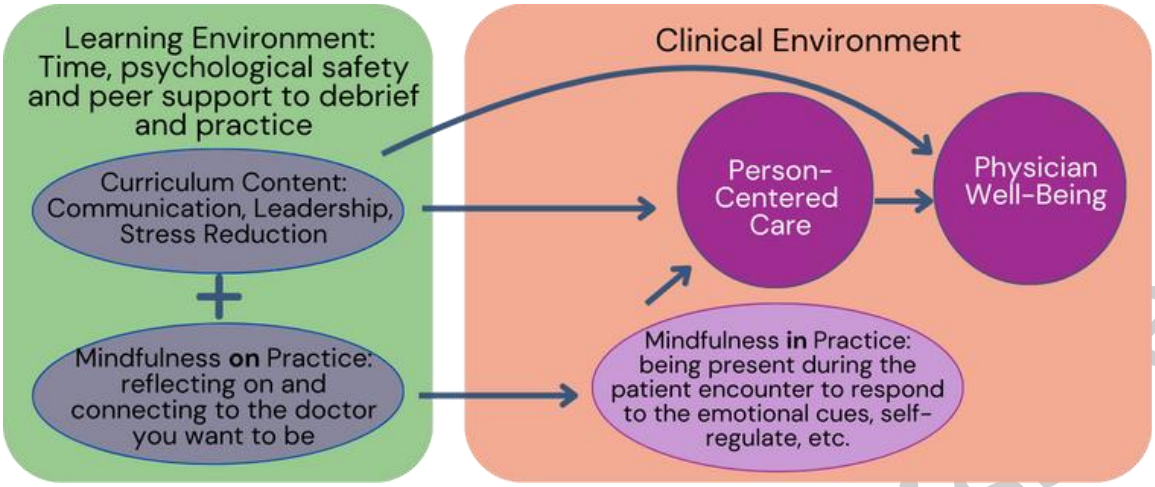

Figure 1. Interaction between curriculum content, learning environment, learned skills and key outcomes
In the setting of a psychologically safe learning environment fostering a community of peer support, learners acquire new knowledge and skills in areas such as communication, leadership, stress-reduction and are given time and exercises for mindful reflection on connecting to "the doctor you want to be". Together, this leads to mindfulness in practice: being present during the patient encounter to respond to emotional cues and self-regulate. This in turn leads to better person-centred care. Finally, improved physician well-being can stem from this process for two reasons: (1) Professional satisfaction from becoming a more effective practitioner, and (2) Empowerment through appreciating their roles as leaders and advocates allows physicians to exercise agency in a complex, imperfect health-care system.

We recognize the potential for biases to influence various aspects of the research process, despite our efforts to minimize bias through rigorous methodology and transparent reporting. Firstly, as educators deeply involved in the curriculum's development, we acknowledge our interest to interpret the findings in a positive light. To mitigate this, independent research assistants (RA) conducted the interviews, transcripts were each coded by two RAs who also identified the initial themes. Additionally, the self-selection of participants for the interview portion of the study may have introduced bias, with those who liked the curriculum more likely to volunteer. However, the strong TES from required written evaluations suggests that the curriculum was well received overall.

Practical implications

On the practical front, our curriculum stands as a valuable resource for institutions aiming to enhance their professionalism education offerings. While it was developed in the context of geriatric medicine, the majority of the content is not specific to geriatrics can be easily adapted to other specialties and environments. An important barrier to implementation is limited curricular time, though we've demonstrated how professionalism can be incorporated into sessions addressing other CanMEDS competencies. Additionally, identifying educators interested and skilled in teaching this content may be a barrier. Our experience collaborating with educators in other medical subspecialties and in other medical professions was successful and provided additional value to our program. As medical practice becomes increasingly interdisciplinary, this learning experience may help set the stage for our learners to implement high quality collaborative care into the future.

Conclusion

Our study suggests that professionalism education is highly valued by residents, can be implemented into existing formal curricular time and can have a significant impact on learners' professional identity, well-being and on patient care. Incorporating self-reflection, community building and advanced communication skills training into the curriculum were essential components of our success. We welcome additional research testing these hypotheses and encourage readers to adapt our curriculum materials to their own context.

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Appendices

Appendix A. Professionalism plus curriculum manual

1. The Physician as Self*

*offered as one or two sessions, depending on number of learners and time available for group discussion.

Learning Objectives: By the end of this session, learners will:

1) Enrich their understanding of their own professional and personal self-identity
2) Use the PERMA model to identify specific moments of wellbeing
3) Use the Eisenhower matrix, adapted for academic medicine, to identify areas of work that are rewarding and deserve more attention (maximizing) and tasks that can be delegated or de-emphasized (satisficing)
4) Participate in Peer Coaching to identify 1-2 professional goals for the coming 6 months

Pre-work: PERMA exercise, see https://ppc.sas.upenn.edu/learn-more/perma-theory-well-being-and-perma-workshops

Homework: Geriatric Medicine Special Assessment (SA) #1: Developing and implementing a continuing personal development plan geared to setting of future practice

Additional Resources/References:

- Naomi Rachel Remen. (2000). From the Heart. In *My Grandfather's Blessings: Stories of Strength, Refuge and Belonging* (pp. 146–149). Riverhead Books.
- Positive Psychology: field of psychology developed by Martin Seligman focused on flourishing, happiness and wellbeing rather than pathology. https://ppc.sas.upenn.edu/learn-more/perma-theory-well-being-and-perma-workshops
- Meaningful work: see Lieff, S. J. (2009). Perspective: The missing link in academic career planning and development: Pursuit of meaningful and aligned work. Academic Medicine, 84(10), 1383–1388. https://doi.org/10.1097/ACM.0b013e3181b6bd54
- Andrea Wershof Schwartz & Sonja R. Solomon (2023) Finding and doing what matters most: Five productivity strategies for physicians in academic medicine, Medical Teacher, 45:2, 123-127.

2. The Patient-Physician Relationship and Shared Decision-Making

Learning Objectives: By the end of this session, learners will be able to:

1) Describe 4 Models of the patient-physician relationship, and reflect on their natural approach to this relationship
2) Describe 4 Phenotypes of a "difficult patient", and begin developing an approach to manage these challenging relationships
3) Describe Epistemic power/humility and reflect on how epistemic power plays out in their own practice
4) Use the Patient Priorities Care model to work with their patients to identify health-related goals

Pre-Reading:

- Emanuel, E. J., & Emanuel, L. L. (1992). Four Models of the Physician-Patient Relationship. JAMA: The Journal of the American Medical Association, 267(16), 2221–2226. https://doi.org/10.1001/jama.1992.03480160079038
- Ho. (2009). "They just don't get it!" When family disagrees with expert opinion. *Journal of Medical Ethics*, *35*(8), 497–501. https://doi.org/10.1136/jme.2008.028555
- Hunter, J. J., & Maunder, R. G. (2001). Using attachment theory to understand illness behavior. General Hospital Psychiatry, 23(4), 177–182. https://doi.org/10.1016/S0163-8343(01)00141-4:

Homework: Geriatric Medicine Core EPA #9: Assessing and managing complex psycho-social issues unique to vulnerable older adults

Additional Resources/References:

- www.PatientPrioritiesCare.org

3. Communication Skills Workshop

Learning objectives: By the end of this session, learners will be able to:

1) Describe an evidence-based approach that an interprofessional team can use to lead serious illness conversations (e.g., ACP/GOC)
2) Observe and practice skills that will enhance empathic communication, for example:
    a. NURSE statements
    b. Wish/worry/wonder
3) Appreciate that a defined set of communication skills can be used to increase confidence in your ability to lead serious illness conversations

Additional Resources/References:

- https://www.vitaltalk.org/
- Geriatric medicine cases for standardized patients
- A Blessing for Ben's Ears, by Ronna Bloom, found in Allan D. Peterkin. (2016). Portfolio To Go. University of Toronto Press, (pp. 143–144).

4. Leading Oneself to Lead Others

Learning Objectives: By the end of this session, learners should be able to:

1) Identify different personality models and cater their leadership style based on their personality
2) Enrich their understanding of their relationship with others and themselves through Johari's Window
3) Recognize that behaviours are modifiable despite our innate preferences

Pre-work:

- Complete the 16 Personalities test at https://www.16personalities.com

Additional Resources/References:

- Rothmann, S., & Coetzer, E. P. (2003). The big five personality dimensions and job performance. SA Journal of Industrial Psychology, 29(1). https://doi.org/10.4102/sajip.v29i1.88
- Dweck, C. S. (2008). *MindSet: The New Psychology of Success*. Ballantine Books.

Building Optimal outcomes from Successful Teamwork (BOOST!)

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

1) Apply inter-professional competency-based tools to optimize communication, conflict and performance for virtual and non-virtual teams
2) Promote a climate of psychological safety and team functioning in virtual and non-virtual interactions and meetings
3) Reflect on and develop an action plan for improving quality, safe team-based care in your context

Additional Resources/References:

- Canadian Interprofessional Health Collaborative. (2010). A National Interprofessional Competency Framework. https://phabc.org/wp-content/uploads/2015/07/CIHC-National-Interprofessional-Competency-Framework.pdf
- Jain, A. K., Thompson, J. M., Chaudry, J., McKenzie, S., & Schwartz, R. W. (2008). High-Performance Teams for Current and Future Physician Leaders: An Introduction. Journal of Surgical Education, 65(2), 145–150. https://doi.org/10.1016/J.JSURG.2007.10.003
- David Whyte. (2012). Working Together. In *River Flow: New and Selected Poems*. Many Rivers Press. Accessed https://onbeing.org/poetry/working-together/

6. Health Policy and Age-Inclusive Care

Learning Objectives: By the end of this session, learners will:

1) Identify key organizations and players in health care policy in Ontario
2) Understand key legislation related to long-term care in Ontario
3) Better appreciate the perspective of a family caregiver

7. Combating Burnout and Building Resilience

Learning Objectives: By the end of this session, learners will:

1) Be able to define burnout, well-being, resilience and the key factors contributing to these states of being
2) Better understand the neurobiology of stress
3) Be familiar with specific tools to build personal resilience for both themselves and for use with their patients, including:
    - Mindfulness tools
    - Mind-Body approaches
    - Positive psychology

Additional Resources/References:

- Shanafelt, T., Trockel, M., Rodriguez, A., & Logan, D. (2021). Wellness-Centered Leadership. Academic Medicine, 96(5), 641–651. https://doi.org/10.1097/acm.0000000000003907
- West, C. P., Dyrbye, L. N., Rabatin, J. T., Call, T. G., Davidson, J. H., Multari, A., … Shanafelt, T. D. (2014). Intervention to Promote Physician Well-being, Job Satisfaction, and Professionalism. JAMA Internal Medicine, 174(4), 527. https://doi.org/10.1001/jamainternmed.2013.14387
- Palamara, K., Kauffman, C., Stone, V. E., Bazari, H., & Donelan, K. (2015). Promoting Success: A Professional Development Coaching Program for Interns in Medicine. Journal of Graduate Medical Education, 7(4), 630–637. https://doi.org/10.4300/JGME-D-14-00791.1

Appendix B Written evaluation form

1. In your opinion, what CanMEDs roles did the seminar address? (multiple choice, you may choose more than one)
    - ☐ Collaborator
    - ☐ Communicator
    - ☐ Health Advocate
    - ☐ Leader
    - ☐ Medical Expert
    - ☐ Professional
    - ☐ Scholar
2. Using the scale provided, please evaluate the following:

(Scale: 1=STRONGLY DISAGREE; 2=SOMEWHAT DISAGREE; 3=EQUIVOCAL; 4=SOMEWHAT AGREE; 5=STRONGLY AGREE)

a) Presenter provided objectives or an outline at the beginning of the presentation

b) Presenter provided/facilitated the exchange of relevant knowledge

c) Presenter stimulated enthusiasm about his/her topic

d) Presenter established good rapport with the audience

e) At least 25% of the time was allocated to interactive learning

f) Presentation was balanced and unbiased

3. What is your overall rating of this presenter? (multiple choice, choose 1)
    - ☐ 1=POOR
    - ☐ 2=FAIR
    - ☐ 3=GOOD
    - ☐ 4=EXCELLENT
    - ☐ 5=OUTSTANDING
4. What I like most: (free text)
5. What I learned fom this session: (free text)
6. Suggestions for change: (free text)
7. Other comments: (free text)
8. As a result of this presentation: (fill in one that is most applicable)
    - ☐ I plan to make changes in my professional activity
    - ☐ This presentation validates my current knowledge, beliefs and current activity
    - ☐ I need more information before I will change my activity
    - ☐ This activity increased my knowledge or awareness of the topic
    - ☐ This presentation was not relevant to my practice

Appendix C. Semi-structured interview guide

Introduction:

- Hello, my name is _____
- Thank you again for agreeing to being interviewed today
- As mentioned in our email, we are developing teaching sessions for the UofT geriatrics program on topics related to professionalism on an ongoing basis
- The purpose of conducting this pilot interview is to gain a deeper understanding of what you learned from these sessions AND what you wished you had learned in residency, as it relates to professionalism
- The findings will inform future curriculum development

Confidentiality and Consent:

- By agreeing to proceed with this interview, you are indicating your consent to participate in this pilot study.
- We will record and then transcribe these interviews to enable thematic analysis of your responses. All personal identifiers, such as name or year of graduation, will be removed from the transcripts to preserve anonymity.
- Feel free to take a break and/or pause as necessary. Do you have any questions before we start?
- Do you agree to proceed and start the recording?

Interview Questions:

Grand Tour question: ***What did you learn from these sessions? Since these sessions, i) has there been a change in how you do your job or think about your job, and ii) has your level of professionalism improved?***

General Questions:

1. Overall, what do you feel you learned or took away from these sessions?
    a. Probe: Which lessons stand out most strongly?
    b. Probe: What else?
2. Are there ways that your practice of medicine has been influenced by these sessions?
    a. Probe: Can you think of an instance when you behaved differently or experienced a situation differently than you would have if you hadn't attended these sessions?
3. Out of all the sessions, what did you like best? What did you like least?
    a. Probe: How do you think we could improve what you liked least about the sessions?

Immediate Outcomes

For the following set of questions, I will read each of the curriculum's overall learning objectives. After I read them, could you please explain whether you believed the sessions you attended achieved the objectives? If not, how do you believe the sessions could be modified?

a) Be able to articulate a sense of purpose in their work
b) Develop a greater understanding of the CanMEDS Professional Role
c) Identify what tools can be used to address challenges that arise through their work in the areas of:
    a. Internal conflicts or challenges in their personal life
    b. Interprofessional challenges
    c. Patient-Physician challenges
d) Effectively use the following tools to address the challenges (listed above) that arise through their work. These tools include:

a. Self-care strategies to combat burnout, vicarious trauma, and moral injury
b. Advanced communication skills (verbal and non-verbal) to effectively communicate with patients
c. Strong foundational knowledge of the principles of medical ethics
d. Leadership skills to work effectively in teams and initiate leadership when identified as necessary
e. Strategies to continually enrich a strong professional identity that aligns with their personal values and goals

Structure

1. Did you enjoy the content and the way the professionalism curriculum was delivered?
    a. Probe: If not, what would you change about it?
2. How did you find the frequency and duration of the sessions?

Impact/Overall thoughts

1. What else do you think would be helpful to include in these sessions moving forward?
2. Are there any comments or feedback you would like to bring up that were not mentioned in the interview?

Conclusions:

- Thank them for their time
- We will be in touch if necessary