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International Congress on Academic Medicine: 2023 medical education abstracts

United today for a healthier tomorrow

Le congrès international de médecine universitaire : résumes de éducation médicale 2023

Unis aujourd'hui pour la santé de demain

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Canadian Medical Education Journal **Conference Abstracts**

International Congress on Academic Medicine: 2023 medical education abstracts

Le congrès international de médecine universitaire : résumés de éducation médicale 2023

United today for a healthier tomorrow; Unis aujourd'hui pour la sante de demain

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Table of Contents

Oral Presentations ***166***
Block A 166
Block B 181
Block C 196
Block D 211
Block E 226
Block F 241
Block G 256
Block H 271
Block I (International) 286

Workshops ***291***
Block A 291
Block B 294
Block C 298
Block D 301
Block E 305
Block F 308
Block G 312
Block H 315

Dedicated Poster Sessions ***319***

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Oral Presentations

Block A

OA-1

Health Workforce

OA-1-1

78319

The International Outreach Program - Collaboration for the Promotion of Health Care in Uganda

Josh Neposlan Western University, **Rebecca Kruisselbrink** McMaster University, **Madeleine Kruth** University of Alberta

Background/Purpose: Health outcome disparities between high- and low-income countries are intimately tied to the strength of their respective healthcare workforces. In Uganda, steady population increase and a rise in patient-to-physician ratio have increased the burden on specialists and decreased their capacity for medical education. As subspecialty training is virtually non-existent, Ugandan physicians often seek training internationally to care for their own nation. A long-standing bidirectional exchange program has provided accredited fellowship training to Ugandan physicians at no cost. The purpose of this study was to evaluate the impact of this program on subspecialty care, training and the healthcare system in Uganda.

Methods: This mixed-methods study derived data from semi-structured interviews with program alumni, selected using stratified purposeful sampling. Demographic and retention data were collected. Interview transcriptions were inductively coded for thematic analysis. The realist evaluation framework was used to understand and link the context, mechanisms, and outcomes of healthcare improvement.

Results: While 'brain drain' is a concern with many international educational partnerships, 96% of alumni remain actively working in Uganda. Thematic analysis has highlighted key outcomes of the program from the trainee perspective, including heightened practical skills and intangible changes in perspective, among others.

Discussion: This study contributes to the literature surrounding the benefits of bidirectional exchange in medical education. Moreover, the free and fully-accredited nature of this program differentiates it from others. Unique enablers and barriers to the effectiveness of this program, characterized in this study, provide context to direct future investment and inspire the development of this and other like-minded programs.

OA-1-2

77920

Training Exposure to Team-Based Practices: A Descriptive Analysis of the Distribution of Family Medicine Residency Learning Sites Across Canada

Asiana Elma McMaster University, **Lawrence Grierson** McMaster University, **Laurie Yang** McMaster University, **Irene Chang** University of Toronto

Background/Purpose: There are currently loud calls for increased investment in team-based practices and alternative remuneration structures to improve access to primary care in Canada. However, medical education systems also hold sway over the effectiveness of health system reform. For instance, exposure to a variety of training experiences can prepare residents for practice in a variety of environments. In this regard, we have come to wonder about the degree to which family medicine residency training in Canada is situated in practices that embody principles of the Patient Medical Home (PMH), an idealized practice concept that has not yet gained widespread traction across the country.

Methods: On a foundation of clinical training site data collected by the CFPC, we conducted a comprehensive environmental scan of family medicine training across the country. We used a descriptive approach to appraise training sites according to key PMH framework practice characteristics, pertaining to administration, funding, and comprehensive team-based care with family physician leadership.

Results: Data for 564 learning sites were included. More than half (53.7%) of the sites were in PMH practices where the practices had interprofessional, team-based support with family physician leadership and alternate remuneration structures.

Discussion: The results suggest an education-to-practice gap. Family medicine training is taking place predominantly in well-supported PMH practices. The difference between the nature of training and opportunities for practice suggests that medical educators and health system planners must consider how the tremendous investment in medical education can be leveraged to support resident transitions to practice and overall health system reform.

OA-1-3

78312

Engaging Alumni, Faculty and Employers to Identify Gaps in Professional and Academic Competencies for Community Health Sciences Graduate Students

Benedicta Antepim University of Calgary, **Jasmeet Khatkar** University of Calgary, **Sheila Sun** University of Calgary, **Elizabeth Oddone Paolucci** University of Calgary

Background/Purpose: Thesis-based graduate programs in health sciences traditionally focus on ensuring students obtain the knowledge and research skills necessary for a career in academia. However, an increasing number of graduates are choosing careers in non-academic settings. Universities can respond to these changes by expanding the core competencies and curricula of their training programs to prepare students. The purpose of this study was to explore and identify gaps in the academic and professional competencies of a community health sciences graduate program through the lens of alumni, frequent employers of alumni, and faculty from the program.

Methods: We conducted semi-structured interviews with 17 alumni across multiple specializations (public health, epidemiology, health services research etc.), 7 faculty specialization leads, and representatives from 4 organizations. Interviews were analyzed using thematic analysis.

Results: There were moderate gaps in the skills students gained through the graduate program and the skills needed to succeed in their various post-graduate roles across both academic and non-academic settings. The gaps included technical, people and stakeholder management skills, as well as requirements for prior or "real world" experience. Participants reported that an imbedded internship experience during the program may address many of these gaps.

Discussion: While this program was adequately equipping graduate students with many of the professional skills needed to succeed in a variety of roles post-graduation, more is needed to better prepare students for a variety of roles and professional expectations. An imbedded internship program developed with thesis-based students in mind may be one solution.

OA-1-4

78208

Accelerating the Appropriate Adoption of Artificial Intelligence in Health Care: Clinician Champions Program

Rebecca Charow University Health Network, **Caitlin Gillan** University Health Network, **Mohammad Salhia** Michener Institute, **Tharshini Jeyakumar** University Health Network, **Dalia Al-Mouaswas** University Health Network, **Megan Clare** St. Michael's Hospital, **Azra Dhalla** Vector Institute, **Nadim Lalani** Vector Institute, **Jane Mattson** The Michener Institute at University Health Network, **Inaara Karsan** University Health Network, **Melody Zhang** University Health Network, **David Wiljer** University Health Network, **Sarah Younus** University Health Network, **Bemnet Teferi** University Health Network, **Jessica Jardine** University Health Network, **Jillian Scandiffio** University Health Network

Background/Purpose: The Clinician Champions Program was created in collaboration between the Michener and Vector Institutes to address gaps in AI literacy and education among healthcare professions (HCP) in an ever-changing medical landscape. This presentation outlines relevant opportunities to accelerate AI implementation to improve and shape the future of healthcare.

Methods: The Clinician Champions Program was held in 2 cohorts: Nov 2021 and Jun 2022. Data collected included pre/post evaluation surveys and interviews. Reflexive notes, debrief notes, and Blackboard data were also available to the study team. Interview data was coded using NVivo.

Results: 109 clinicians attended the Nov and Jun cohorts. Clinicians, including physicians, nurses, researchers, and other HCPs, were invited to share their perspectives following course completion. A total of 5 instructor and 11 learner interviews have been conducted. Some emerging themes included the need for more interaction between learners and providing networking opportunities. Participants also mentioned that the course facilitated an increased understanding of AI application and competencies in healthcare.

Discussion: AI technologies are rapidly progressing, yet barriers remain for HCPs seeking to adopt AI in their clinical settings. The results provide insights into the attitudes and skillsets of clinicians to inform identified needs to advance data-driven and AI-enhanced care. For example, professional networks of AI enable collaboration, capacity-building and confidence learning through innovation.

OA-1-5

78228

Building an Equity Lens in Ai Education: Reporting on the Grey Literature of A Scoping Review

David Wiljer University Health Network, **Melody Zhang** University Health Network, **Shadia Jirreh** University Health Network, **Inaara Karsan** University Health Network, **Dalia Al-Mouaswas** University Health Network, **Jillian Scandiffio** University Health Network, **Megan Clare** Unity Health Toronto, **Rebecca Charow** University Health Network, **Tharshini Jeyakumar** University Health Network

Background/Purpose: Healthcare is in the midst of an artificial intelligence (AI) revolution. However, a gap exists in understanding how to mobilize principles of equity throughout the lifecycle of AI integration, specifically for responsible implementation. There is a need to understand opportunities and recommendations available for advancing equity in AI implementation through investigating education and training approaches for healthcare professionals (HCPs).

Methods: The project employed the methodological framework for scoping reviews outlined by Arksey and O'Malley. A grey literature search was also conducted to identify non-academic sources including government reports, conference proceedings, and organizational reports. Analysis of articles will be completed through an inductive thematic approach.

Results: The scoping review is in the initial stage of title and abstract screening. A total of 4162 articles were retrieved from academic databases and twenty-two sources met the inclusion criteria for the grey literature search. After a preliminary analysis of the grey literature, common findings among both searches include: (1) the need for clear organizational guidelines on how to foster trust between patients and HCPs when using AI (2) facilitation of training for HCPs that promote understanding the uncertainties in AI and how to communicate effectively with patients to address their concerns, (3) importance of capacity and resource building among diverse HCPs to ensure accountable and equitable clinical encounters that are assisted by AI.

Discussion: This study highlights practical implications to advance health equity by promoting standards of ethical AI use and implementation. Findings can be leveraged in the development of current and future AI curricula for HCPs.

OA-1-6

78265

Examining the Past to Prepare for the Future: an Archival Analysis of Health Care Teams

Lucy Vorobej University of Waterloo, **Lucy Vorobej** University of Waterloo, **Cynthia Whitehead** University of Toronto

Background/Purpose: Effective team-based care is increasingly recognized as essential to mitigate current health workforce shortages. Knowledge of historical dynamics within the health care workforce provides key findings to inform future education and practice changes. To date, examinations of past health care teams have focused on physicians and nurses, a scope which has obscured the contributions of diverse actors of a health care team.

Methods: We conducted an archival study of Toronto's University Health Network. Using critical historical and discourse analysis, we focused attention on the identities of profession, gender, and race, to assess key assumptions about the role of members of a health care team. Specifically, we assessed how the nature of workplace language (1) shaped regimes of labour (2) contributed to the definitions of 'skilled' and 'unskilled' work and (3) impacted perceptions of the workplace environments and labour essential for quality patient care.

Results: In its 1988 annual report, the Toronto Hospital network's mission statement proclaimed the institution's commitment to "fostering excellence in health care delivery" by "making optimal use of the resources of both its divisions." As this study reveals, the identification of which actors and forms of knowledge were valued as resources remained rooted in relationships of imbalanced power based on professional status, gender, and race.

Discussion: Historical descriptions of the tensions and collaborations that have shaped past work environments are crucial to allow us to learn from past successes, avoid repeating challenges, and create effective education to prepare future health workers to provide the best care possible.

OA-2
Interprofessional Education | Enseignement interprofessionnel

OA-2-1
78310
Collaborer Autour De La Formation Interprofessionnelle: Un Partenariat Porteur Entre Le Canada Et La Suisse

Amélie Richard Université de Sherbrooke, **Liliana Staffoni** Haute école de santé Vaud, **Sara Keel** Haute école de santé Vaud, **Camille Greppin-Bécherraz** Haute école de santé Vaud, **Catarina Canelo Gomez** Haute école de santé Vaud, **Amélia Didier** Haute école de santé Vaud, **Loris Franco** Haute école de santé Vaud

Background/Purpose: La Haute école de santé Vaud (HESAV) de Lausanne offre un curriculum de formation interprofessionnelle (FIP) aux étudiants de quatre programmes: sciences infirmières, sage-femmes, radiologie médicale et physiothérapie. La concertation d'étudiant.e.s provenant de perspectives aussi différentes n'est cependant pas toujours aisée. Un partenariat a donc été établi entre l'Université Laval et HESAV afin de renforcer l'enseignement de la pratique réflexive, un élément clé en FIP, favorisant la prise en compte des différentes perspectives. Ce partenariat, financé par Movetia, a soutenu la mise en place d'un projet pilote à HESAV visant l'intégration de l'approche CREATS (Clinical Reasoning Explicitation And Thinking Skills), originellement implantée à l'Université Laval.

Methods: Un devis de recherche action collaborative a favorisé l'adaptation de l'approche CREATS au contexte suisse grâce à une méthodologie de design pédagogique. L'implantation de l'approche a été effectué auprès de deux groupes pilotes d'étudiant.e.s de première et de troisième année. Des entretiens pré/post auprès des facilitatrices lausannoises formées et les discussions des étudiant.e.s ont été analysés de façon déductive et inductive.

Results: Des retombées positives ont été nommées par les facilitatrices concernant leur compétence à soutenir la réflexion et les apprentissages des étudiant.e.s. Les étudiant.e.s ont été en mesure de considérer la perspective de chacun.e, de partager leur raisonnement et de prendre des décisions concertées en réponse aux besoins de la personne.

Discussion: L'évaluation a mis en lumière la plus-value de l'approche. HESAV vise maintenant à partager ces avancées avec ses partenaires lausannois afin de créer une culture commune et un leadership autour de la FIP.

OA-2-2
76425
Internal Medicine Meets External Medicine: Survey of Dermatology Education for Internal Medicine Residents

Valerie Doyon University of British Columbia, **Linda Zhou** University of British Columbia, **Sheila Au** University of British Columbia

Background/Purpose: Many systemic diseases present with cutaneous findings, yet there is a documented lack of dermatology training in internal medicine (IM) residency. We conducted a needs assessment survey to guide future dermatology education for IM.

Methods: A survey was sent to first, second, and third year UBC IM residents in 2021. A series of 9 questions were asked, including quantitative ratings of their experience and comfort levels in evaluating dermatologic presentations, such as "bullae" or "ulcers", and qualitative opinions regarding dermatology teaching.

Results: The response rate was 31% (53/171). In terms of residents' comfort levels, 70% (371/530) of clinical presentations were rated as "uncomfortable" or "very uncomfortable". On average, residents were most experienced and comfortable managing a "red leg" and least with "alopecia". With increasing seniority, residents encountered cutaneous diseases significantly more frequently (p=.002). Despite this, there were no significant differences in comfort levels based on level of training or previous experience. In terms of dermatology-focused exam questions, 94% were "unconfident" to "not at all confident". Frequently requested teaching subjects were "common" and "dangerous" conditions, including drug eruptions, SJS/TEN, and morbilliform rashes. Preferred teaching modalities were consult templates, informal teaching, clinical rotations, as well as small group sessions and lectures, via morphology-based education.

Discussion: Through all training levels, the majority of IM residents self-report a general lack of comfort with dermatologic presentations, despite an increasing frequency of encounters through their training. Residents are most interested in learning common and not-to-miss diagnoses, and preferred numerous modalities to do so.

OA-2-3

77661

Meaningful Learning, Greater Choice, and Easier Reporting. A Proposal to Meet Physician Needs

Kate Runacres The Royal College of Physicians and Surgeons, **Farah Wissanji** The Royal College of Physicians and Surgeons, **Jill Garner** The Royal College of Physicians and Surgeons, **Katherine Marsden** The Royal College of Physicians and Surgeons, **Lucie Filteau** The Royal College of Physicians and Surgeons, **Chanelle Goulet** The Royal College of Physicians and Surgeons, **Tim Paquette** The Royal College of Physicians and Surgeons, **Guylaine Lefebvre** The Royal College of Physicians and Surgeons, **Rhonda St. Croix** The Royal College of Physicians and Surgeons, **Sofia Valanci Aroesty** The Royal College of Physicians and Surgeons

Background/Purpose: The Maintenance of Certification (MOC) Framework supports physicians in keeping up with advances in clinical practice. The science of CPD has evolved to a personalized, data driven, team-based, hands-on, innovative, and reflective lifelong learning endeavor. This project sought to revise the MOC Framework to be socially responsible, informed by scientific evidence, and designed to support meaningful improvements in practice and patient outcomes.

Methods: The project was approached in multiple steps: 1) an assessment from an extensive literature review, comparison of worldwide programs, and evolving requirements of provincial colleges was conducted; 2) focus groups including diverse Fellows and patient partner groups aiming to understand CPD needs, desires and barriers, and what constitutes meaningful learning; and 3) updating the Framework to a new draft, with a second stage of focus groups to gather feedback on these proposed changes.

Results: Over 40 codesign sessions were completed seeking feedback with 70+ Fellows from all practice settings and career stages. Based on the data, we propose that the refreshed MOC Framework maintain three sections, each with enhanced learning modalities. Section 3 deemed the most relevant, will be divided into three subgroups: personal assessment, assessment of others, and improvement initiatives. Additionally, workplace, team, and networking enhanced learning would be embedded to reflect varied practices.

Discussion: As best practice, the MOC Framework should be co-designed with physician and patient partners and regularly evolve, grounded in CPD science and research, for effective lifelong learning and relevant practice changes centered on patient outcomes.

OA-2-4

78287

Exploring Clinical Clerks' Perception of the Development of Collaborator Canmeds Competency Through Completion of an Interprofessional Clinical Placement

Saud Sunba University of Calgary, **Sana Jawad** University of Calgary, **Kelly Shinkaruk** University of Calgary

Background/Purpose: Background: Medical students acquire skills during their training that are necessary for building successful teams capable of achieving shared decision-making. Currently, little is known about the way clinical clerks perceive interprofessional collaboration. Through the lens of situated learning theory, this study assessed the student perspective of the collaboration competency outlined in the CanMEDS framework during a multidisciplinary chronic pain two-week elective.

Methods: Methods: Fourteen students from across Canada completed a two-week chronic pain elective in Calgary between 2018 and 2019. Semi-structured interviews were conducted, line by line coding was performed and deductive content analysis was used to identify themes. Input from two non-participating medical students at an early stage of clerkship was included during the secondary analysis, providing a new perspective on this topic.

Results: Results: Two major themes were identified following our analysis. Students highlighted the importance of communication in multidisciplinary settings and conveyed a better understanding of the responsibilities assigned to allied health professionals. Clerks also reported a better understanding of the hierarchical decision-making process, and an increased ability to utilize the expertise of other professionals. These themes were highlighted by all 14 participants. Overall, this elective helped clerks achieve a better understanding of allied health fields and highlighted the perspectives of Canadian clerks.

Discussion: Discussion: Effective communication and teaching methods to increase awareness of the different skillsets available within the health care system will improve professional collaborations and ensure patient-centered care. Further inquiries into the limitations within the education system will improve our abilities to eliminate communication barriers.

OA-2-5

77934

The Use of 360 Degree Video to Aid Teaching in Major Trauma Resuscitative Thoracotomy

Gnananandan Janakan Royal Sussex County Hospital

Background/Purpose: 1. There is minimal exposure to major trauma for many trainees 2. Situations are usually highly pressurised so teaching is not appropriate. 3. Small working space around a patient limits it to those providing direct patient care 4. Few high quality teaching resources for trauma

Methods: A trauma scenario was filmed with an Insta360 camera using senior members of the trauma team. The hyper-realistic SimBodies' Pro Thoracotomy Trainer manikin was used to simulate a trauma victim with life threatening thoracic injuries. The scenario ran from pre-alert briefing until preparation for transfer to theatre. The video was used as a teaching aid for a number of specialities (General surgery, Anaesthetics, ED and ED nurses) and viewed on a projector with the facilitator choosing the viewing angle or viewed individually with learner viewing the scenario using a 360 headset.

Results: Across all specialities there was significant increase in their reported confidence level in trauma situations. A single recorded video was used by a large number of clinical groups to view the scenario as a whole as well as to focus on their own clinical area (team leader, intubation and thoracotomy).

Discussion: There is clear need to provide high quality teaching aids to facilitate teaching of situations which are difficult to experience. Barriers to learning through experience in real life include a rare event, time critical pathology and difficult exposure. New novel modalities such as 360 video can prove useful when teaching and can be easily used across multiple clinical area and even hospital once produced.

OA-2-6

78263

La Collaboration Interprofessionnelle en Santé : Un Incontournable Dans La Formation Universitaire

Julie Fortin Université Laval, **Julie Poirier** Université du Québec à Rimouski (UQAR), **Hélène Ouellet** Université du Québec à Rimouski (UQAR), **Julie F. Thériault** Université Laval, **Nicole Ouellet** Université du Québec à Rimouski (UQAR)

Background/Purpose: Le travail d'équipe et la collaboration interprofessionnelle (CIP) en santé sont essentiels pour assurer la sécurité et la qualité des soins aux patients. Afin de poursuivre le développement des compétences de CIP chez les futurs professionnels de la santé, des infirmières de l'Université du Québec à Rimouski en collaboration avec des médecins de la Faculté de médecine de l'Université Laval ont co-construit, co-enseigné et co-évalué des activités de formation à la CIP. Objectif. La première activité CIP expérimentée à l'automne 2021 avec les futurs médecins et infirmières en pratique avancée de première ligne (IPSPL) visait à développer des compétences liées à la clarification des rôles et l'expérimentation de la collaboration en situation simulée.

Methods: L'activité simulée dans laquelle les apprenants interviennent est suivie d'une discussion en équipe interdisciplinaire sur l'expérience et retour en plénière avec débreffage. Au total, 27 étudiant.es ont rempli une grille d'évaluation de leur satisfaction et des apprentissages réalisés.

Results: Les participant.es sont très majoritairement satisfaits.es de l'activité, considèrent que l'activité a permis de mieux comprendre le processus de collaboration, de clarifier son rôle dans l'équipe et d'expérimenter une discussion sur une situation concrète d'un patient simulé.

Discussion: La CIP demande des compétences relationnelles et de communication importantes centrées sur le patient qui se développent tout au long de la formation universitaire. Ces compétences doivent être soutenues par les organisations et mises en application une fois la formation terminée afin d'optimiser la qualité, la sécurité et l'accessibilité des soins de santé.

OA-3

Equity, Diversity, and Inclusivity - Disability

OA-3-1

78050

Entanglements of Invisible Work and Creating Disability Access in Clinical Education

Laura Bulk University of British Columbia, **Ashley Franks** York University, **Lindsay Stephens** University of Toronto, **Melanie Baljko** York U, **Nastaran Dadashi** George Brown, **Hilda Smith** York U, **Iris Epstein** York U

Background/Purpose: Promoting health equity necessitates the diversification of healthcare workforces. Disability is one aspect of diversity that is increasing in healthcare. While the number of Disabled students in health professions increases, barriers in their work integrated learning (WIL), such as placements in hospitals or clinics, persist. While literature has addressed some of these barriers, there is less known about the social processes that enable access in WIL when it does occur.

Methods: Therefore, an interdisciplinary team from design, geography, occupational science, nursing, occupational therapy, critical disability studies, and knowledge mobilization explored questions regarding social processes involved in WIL accessibility in clinical settings. The team conducted in-depth interviews with twenty-five educators - 4 placement coordinators, 8 placement supervisors, 6 access professionals, 4 education leaders (e.g. Deans) and 3 healthcare leaders (e.g. clinical educators) - from two hospitals and two universities in eastern Canada. Transcribed interviews were analysed with a collaborative, thematic approach.

Results: The team's analysis of participant narratives constructed four themes regarding the invisible work clinical and academic educators engage in to create access: putting in extra time, doing emotional labour, engaging in relational work, and navigating complexities.

Discussion: This labour is unrecognized and optional, and therefore its result - access to education - is inequitably distributed. Educators, policy makers, and institutions need to know how access is created in WIL to promote diversity within health professions and systems.

OA-3-2

77685

Associations Between Program Access, Depressive Symptoms, and Medical Errors Among Resident Physicians with Disability: Results From the Intern Health Study

Lisa Meeks University of Michigan, **Erene Stergiopolous** University of Toronto, **Karina Pereira-Lima** The University of Michigan, **Melissa Plegue** The University of Michigan, **Elena Frank** The University of Michigan, **Katherine Ross** The University of Michigan, **Srijan Sen** The University of Michigan

Background/Purpose: The rate of medical students disclosing disability is increasing, and the Accreditation Council for Graduate Medical Education (ACGME) has outlined new disability-focused regulations, making disability a new priority for residency programs. While data exist on the prevalence and characteristics of medical students and physicians with disabilities, little is known about residents with disabilities. We assessed the prevalence of self-reported disabilities, program access (i.e. receiving accommodations when residents perceived a need), and the association between program access, depressive symptoms, and self-reported medical errors in a large, multispecialty cohort of US intern physicians.

Methods: Interns from 282 institutions across 22 specialties completed a survey for the Intern Health Study 2 months prior to internship, and 1 year into internship, assessing depressive symptoms, disability status, access to program support, and self-reported medical errors. Survey data were analyzed using Mann-Whitney, $\chi 2$, Kruskal-Wallis and Dunn-Bonferroni tests for associations.

Results: Of 2472 survey respondents, 7.5% self-reported a disability. Most residents with disabilities self-reported program access through accommodations (32.3%) or that accommodations were not required (53.1%). Those reporting unmet program access needs demonstrated a statistically significantly greater increase in depressive symptoms compared to nondisabled residents. They were significantly more likely to self-report major medical errors compared with nondisabled residents and disabled residents whose access needs were met ($p = .008$).

Discussion: There is an association between a lack of accessibility supports and heightened risk for depression and self-reported medical errors during residency training.

OA-3-3

78031

Access and Success in Clinical Education: the Work of Being A Disabled Student

Erika Katzman Western University, **Sally Kimpson** University of Victoria, **Shahbano Zaman** University of British Columbia, **Tal Jarus** University of British Columbia

Background/Purpose: This ongoing study explores the experiences of disabled students in clinical education. Gaps exist in the literature regarding what educators know about the barriers disabled students face during practica (Awang & Taylor, 2005) that impede disabled students' equitable access and success.

Methods: This innovative, national-scope Canadian study is led by an interprofessional team of health professional scholars, including some who are disabled. Qualitative interviews and focus groups were conducted with disabled students in nine health disciplines (Medicine, Nursing, Occupational Therapy, Physical Therapy, Dentistry, Psychology, Speech Language Pathology, Audiology, and Social Work). Thematic analysis of the data presented here is informed by a Critical Disability Studies theoretical framework (Shildrick, 2012). To protect participants' identities, key themes are illustrated through a presentation of narrative composites (Willis, 2018).

Results: On top of the often-invisible everyday work of living with and managing disability, disabled students perform additional work to access and succeed in clinical education. This includes the work of discovering disability; pursuing medical documentation; grappling with identity; negotiating accommodations; and deliberating disclosure.

Discussion: Without awareness of disabled students' embodied experiences, and the 'disability work' they perform in everyday life and as students in clinical education programs, health professional and clinical educators are ill prepared to promote equitable access to disabled students pursuing health professional careers. In addition to the legal problem of inequitable access, the exclusion of disabled clinicians prevents integration of unique and valuable experiential knowledge of how client groups navigate disability within health care systems.

OA-3-4

77740

Disability, Program Access, Empathy and Burnout in Us Medical Students: A National Study

Lisa Meeks The University of Michigan, **Karina Pereira-Lima** The University of Michigan, **Erene Stergiopoulos** University of Toronto, **Melissa Plegue** The University of Michigan, **Catherine Stauffer** Carle Illinois College of Medicine, **Zoie Sheets** University of Illinois College of Medicine, **Neera Jain** University of British Columbia, **Bonnelin Swenor** Johns Hopkins Disability Health Research Center, **Nichole Taylor** Wake Forest University School of Medicine, **Amy Addams** Association of American Medical Colleges, **Christopher Moreland** The University of Texas at Austin Medical School

Background/Purpose: Students with disabilities, an important and growing population in medical education, report high level of empathy and resilience yet little is known about burnout and empathy experiences. This study investigates whether self-disclosed disability and reported program access are associated with measures of empathy and burnout in a national sample of US medical students.

Methods: Using AAMC Y2Q survey data from two cohorts (2019 and 2020) we investigated associations between disability status, program access, empathy, and burnout using multivariable logistic regression models accounting for demographic, personal-related, and learning environment measures.

Results: 23,898 (54.2%) provided disability data; 2,438 (10.2%) self-reported a disability. Most medical students with disability (SWD) reported having program access through accommodations (1,215 [49.8%] or that accommodations were not required for access (824 [33.8%]). Multivariable models identified that SWD with and without program access presented higher odds of high exhaustion (1.50 [95%CI, 1.34 - 1.69] and 2.59 [95%CI, 1.93 - 3.49], respectively) and lower odds of low empathy (.75 [95%CI, .67 - .85] and .68 [95%CI, .52 - .90], respectively) than their peers. In contrast, multivariable models for disengagement identified that SWD reporting lack of program access presented higher odds of high disengagement compared to peers (1.43 [95%CI, 1.09 - 1.87], while SWD with program access did not (1.09 [95%CI, .97 - 1.22]).

Discussion: SWD were less likely to report low empathy regardless of program access. SWD with program access did not differ from peers in terms of disengagement. These findings add to our understanding of SWD in medicine as empathic future physicians.

OA-3-5

78103

Disability Culture Meets Health Professions Culture: Are Health Professions Culturally Safe for Students and Clinicians with Disabilities?

Tal Jarus University of British Columbia, **Laura Yvonne Bulk** University of British Columbia, **Yael Mayer** University of Haifa

Background/Purpose: The term Cultural Safety is grounded within the critical theory and emancipatory research, and it refers to the feeling of a person receiving services in the health system, that their identity, values, and culture is accepted and respected (Ramsden, 1993). The term originates from discussions in the literature related to racialized, and particularly indigenous, practitioners and clients, although the term cultural safety may refer to various equity-seeking groups.

Methods: We adopt the term cultural safety to discuss how people with disabilities feel when providing and receiving care in the health system. Within this theoretical work, the pillars of cultural safety will be examined through the perspective of critical disability studies.

Results: Studies show that the cultures within health education and practice distinguish between the service provider as the "healthy, strong and capable" person, and the service user, as the "ill, weak and incapable," and do not always allow unique and diverse perspectives within health professions. In contrast, disability culture stresses celebrating diversity, recognizing the unique contribution of people with disabilities to the community, and embracing varying perspectives. These contradictions manifest in disabled students' and clinicians' experiences of stigma, negative attitudes, and the need to legitimize their belonging and citizenship within the health professions.

Discussion: We propose to explore how the health culture and disability culture may interact and how cultural safety for people with disabilities in health professions can be promoted.

OA-3-6

78102

Disabled Students' Belonging in Nursing Education

Laura Yvonne Bulk University of British Columbia, **Brianna Higgins** Vancouver Community College

Background/Purpose: Belonging is an important component of success in health sciences education. For underrepresented student nurses - including people from racialized minorities, people who use English as an additional language, men, older students, and Disabled people - discrimination leads to a lack of belongingness and lack of belongingness is associated with adverse outcomes (Metzger, Dowling, Guinn, & Wilson, 2020). This research team set out to understand barriers and facilitators to nursing students' sense of belonging. They used the Belonging in Academia Model (BAM) as a framework to describe how belonging develops through five dimensions: affiliation, familiarity, acceptance, interdependent relationships, and equity.

Methods: We conducted in-depth semi-structured interviews and focus groups with 38 Disabled and non-disabled students, educators, alum, and representatives of organizations related to nursing education. Our collaborative analysis process involved iterative coding and conversations to construct understandings about barriers and facilitators to Disabled student nurses' sense of belonging.

Results: Analysis indicates barriers and facilitators to Disabled student nurses' sense of belonging at each layer of the BAM, which vary between clinical and classroom contexts. Barriers to belonging for Disabled student nurses are based within ableist ideals of nursing students and professionals. Valuing Disability as an aspect of diversity and using universal design approaches facilitate belonging.

Discussion: To support access and belonging in health professions, diversity initiatives must include disability and ableism within the hidden curriculum must be addressed. Educators require a more robust understanding of how to support the success of student nurses, particularly those from underrepresented groups such as Disabled people.

OA-4

Admissions - Undergraduate

OA-4-1

77492

Impact of Admission Interventions in Anti-Indigenous Bias

Rabiya Jalil University of Calgary, **Shannon Ruzycki** University of Calgary, **Pam Roach** University of Calgary

Background/Purpose: The medical school application process favours applicants with racial and socioeconomic privilege. We sought to understand how the medical school admissions process may also select students with higher levels of anti-Indigenous bias.

Methods: Applicants were invited to complete assessments of explicit and implicit anti-Indigenous bias. Explicit bias was measured using two sliding scale thermometers asking how participants felt about Indigenous people and whether participants preferred white or Indigenous people. Participants then completed an implicit association test examining preferences for European or Indigenous faces. Explicit and implicit biases were compared by applicant demographics and application status. In Year 2, the experiment was repeated with the addition of an Indigenous Health-focused Multiple Mini-Interview (MMI) station.

Results: On average, applicants demonstrated little explicit anti-Indigenous bias and mild implicit preference for European faces. Cisgender men had greater explicit and implicit anti-Indigenous bias than cisgender women. Black and people of colour participants had stronger preference for Indigenous people and less implicit bias compared to white participants. Applicants who were offered admission had warmer feelings toward Indigenous people and greater preference for Indigenous people compared to those were not successful.

Discussion: Overall, applicants did not have strong interpersonal explicit and implicit anti-Indigenous biases. Outlier participants with strong biases were not offered interviews or admission to medical school. Our admissions processes may be effective in removing applicants with racist attitudes. Results from ongoing application cycles provide a unique opportunity to understand how interventions such as the Indigenous Health MMI station may influence candidate selection.

OA-4-2

77799

A Focused Review of the Values that Underpin Widely-Used Admissions Approaches

Laurie Yang McMaster University, **Irene Chang** University of Toronto, **Kevin Eva** University of British Columbia, **Lawrence Grierson** McMaster University

Background/Purpose: Per the theory of policy, medical school selection policies can be viewed as instruments for social reform. Unfortunately, there is little clarity regarding how training institution values are emphasized or suppressed within their selection policies. Here we present a critical review of widely-used admissions policies and a critical analysis of the values promoted therein.

Methods: We searched ERIC, Ovid Medline, Web of Science, EMBASE, and Google Scholar for literature that described selection policies of undergraduate medical education programs around the world. These policies were distilled into categories. Guided by Marrin and colleagues' (2004) framework of valued qualities in selection, we then conducted a critical interpretative analysis of the values promoted by policies within each category.

Results: Various selection policies are employed by medical schools around the world. These policies were distilled into a hierarchy of criteria, procedures, and systems. Criteria refer to academic, non-academic, and social identity data collected to inform selection decisions. Procedures reflect the ways these data are treated after collection and include actuarial, quota, lottery, and committee-based approaches. Systems describe the way various criteria and procedures are organized in the process of admitting applicants. Analysis revealed that policies may promote validity, fairness, and accessibility, amongst other values. Notably, these values become amplified or suppressed as a function of the way the categories are organized within the policy.

Discussion: Undergraduate medical education programs should consider institutional values when developing selection policies and how these values can change as they are arranged within a larger system of selection.

OA-4-3

78268

Diversity of Medical School Applicants and Matriculants in Canada

Rabiya Jalil University of Calgary, **Shannon Ruzycki** University of Calgary, **Pam Roach** University of Calgary, **Makela Nkemdirim** University of Calgary, **Remo Panaccione** University of Calgary

Background/Purpose: The diversity of medical school applicants and matriculants is not well documented in Canada. Understanding these demographics is necessary for medical schools to address underrepresentation of applicants from marginalized identities.

Methods: Applicants to the Cumming School of Medicine's 2020-2021 cycle were invited to participate following submission of the application, before file review began. The Rank Equity Index (REI) was used to estimate the representation of demographic groups throughout the phase of the application cycle (file review, interview, offer).

Results: Of the 988 applicants who opened the survey (open rate 54%), 595 (response rate 32%) consented to participate and answered at least one question. Most applicants identified as cisgender women (n=382, 64.2%) and <5% identified as gender diverse. White (n=329, 55.3%) and Asian (n=168, 28.2%) were the most common racial identities. White cisgender women were most underrepresented in the matriculating class compared to their proportion in the total application pool (REI 0.70). White and BIPOC cisgender men were nearly exactly represented among applicants and matriculants (0.97 and 0.96, respectively). All intersectional identities had an REI near 1.00 for accepting an offer of admission.

Discussion: In this survey of applicants to a single Canadian medical school, the diversity of the matriculating class was similar to that of the applicant pool. This suggests that the underrepresentation of certain groups may be due to barriers and attitudes encountered prior to the medical school application process rather than admission process related factors. Future research should strive to identify what these barriers may be.

OA-4-4

77869

Leading National Change to Increase Black Representation in Canadian Medical Schools: Collaboration in the Development of Black Admissions Pathways.

Julianah Oguntala University of Toronto, **Ike Okafor** University of Toronto, **Ikunna Nwosu** University of British Columbia, **Gbolahan Olarewaju** University of British Columbia, **Abel Berhe** Western University, **Victoire Kpadé** Queen's University, **Yusef Yousuf** University of Toronto, **Ibrahim Sadiq** University of Alberta, **Adesewa Adeleye** University of Alberta

Background/Purpose: Black students remain underrepresented in Canadian medical schools and admissions processes provide an opportunity for improving representation. Barriers to entry include cost and a lack of mentorship in navigating the application process. The Black Medical Students' Association of Canada (BMSAC) was established in 2020 to advocate for equitable representation. Previously, only Dalhousie University and the University of Toronto had mentorship/admissions programs for Black students.

Methods: BMSAC shared its recommendations to the AFMC and all 17 faculties in July 2020. Through its national network, BMSAC facilitated connecting Black medical students with successful streams/initiatives, such as Community of Support and BSAP based at the University of Toronto. This consultation resulted in the sharing of practices and expedited the development of Black equity admissions streams within Faculties.

Results: The collaboration resulted in streams/processes being implemented with others to be rolled out in future admissions cycles. For example, the University of Calgary and University of Alberta had 13 and 6 students respectively, admitted through their streams in the 2020-2021 cycle. Beginning in 2021-2022, McGill University implemented their program resulting in the admission of 24 Black students.

Discussion: The implementation of admission streams in tandem with mentorship programs has begun to reduce the disparity in representation. Through collaborative sharing of wise practices across Black student, faculty, staff, and community member networks, institutional silos were disrupted, enabling a seamless establishment of the pathways. There remains a need to evaluate the impact of these pathways and support the wellness/professional development of Black learners.

OA-4-5

78014

How Values Inform Admissions Processes, Practices, and Quality Monitoring: A Phenomenographic Exploration of Admissions Systems in Canada.

Meredith Young McGill, **Sneha Shankar** McGill, **Christina St-Onge** McGill

Background/Purpose: Medical school admissions is a contentious high-stakes selection activity. Many tools and approaches are available to support selection decisions; but how are decisions about how to build, monitor, and adapt admissions systems made? What shapes the processes and practices that underpin selection? This study explores how decisions are made across Canadian medical schools, and how values shape the creation, monitoring, and adaptation of admissions systems.

Methods: Using phenomenography, the authors interviewed 10 heads of admissions from different Canadian undergraduate medical education programs in English or French. Data was analyzed iteratively, focusing on identifying underlying values, and exploring how values shape admissions practices and considerations for validity.

Results: Eight intersecting values were identified. Of these, four values were shared across participants: critically questioning the current process, enabling equal representation and equal voice, maintaining high quality, and embracing the challenges of change. How these values were expressed depended on contextual variables (e.g. geographic location, access to expertise, resource availability), and values shaped how admissions systems were build, enacted, and monitored for quality. Ultimately, values shaped admissions practices, resulting in different candidates being offered admission.

Discussion: This study documents various values that influence admissions processes, practices, and quality monitoring. The values that shape what we assess, how we assess, and how we conceptualize fair and defensible practices have significant impact, ultimately influencing who is selected. However, the values - whether implicit or explicit - are rarely explicitly examined and questioned, and may result in unintended consequences in selection processes, including threats to validity.

OA-4

677930

The Current Admissions Challenges of Canadian Medical Schools and Their Impacts on Indigenous Candidates

Elizabeth Kliska University of British Columbia, **Andrew MacLean** Dalhousie University, **Patricia Farrugia** McMaster University, **Patricia Farrugia** McMaster University

Background/Purpose: The 2015 Report of the Truth and Reconciliation Commission (TRC) challenged Canadian medical schools to increase the numbers of Indigenous health care professionals. In April 2019, the Association of Faculties of Medicine of Canada (AFMC) endorsed the Joint Commitment to Action on Indigenous Health in 2019 (JCAIH) Report's recommendation 7, for medical schools to work towards admitting a school-specific minimum number of First Nations, Métis and Inuit students each year. They were to do this by employing distinctions-based approaches and practicing holistic file reviews as a response to the TRC Calls to Action, to fulfill their social accountability mandates with respect to Indigenous health.

Methods: A scoping review of current literature, institutional web-based information and AFMC reports was conducted by a team consisting of an Indigenous and non-Indigenous medical student and an Indigenous faculty member. The team examined the current process of medical school applications for Indigenous students in Canada, as a follow-up to the 2019 JCAIH recommendation. A grey literature search of current admission requirements, interview processes and other relevant data from each Canadian medical school was performed

Results: Despite formal commitments to reduce barriers, Indigenous applicants to medical schools in Canada still face challenges compared to non-Indigenous applicants. Most programs use tools for admission known to disadvantage Indigenous applicants. Indigenous applicants do not have equitable access to medical school seats. Facilitated Indigenous stream processes first ensure Indigenous applicants meet minimum requirements of non-Indigenous applicants; then additional work is still required.

Discussion: Seven years after the Truth and Reconciliation Commission called on Canadian universities and governments to train more Indigenous health care providers, there has been limited progress to reduce the structural disadvantages Indigenous students face when applying to medical school. Based on best practices observed in Canada and coupled with relevant Indigenous focused literature, recommendations are made for multiple stakeholders.

OA-5

Professionalism | Professionnalisme

OA-5-1

77925

Un Nouveau Cours De Mindfulness en Ligne De Type Mooc (Massive Open Online Course) Pour Les Médecins Et Professionnels De La Santé

Hugues Cormier Université de Montréal, **Hélène Boisjoly** Université de Montréal, **Yang You** Université Laval

Background/Purpose: Pour faire face à leur détresse psychologique et cultiver leur résilience, les médecins et professionnels de la santé peuvent utiliser la régulation émotionnelle associée aux exercices de Mindfulness. Les approches MBSR (Mindfulness-Based Stress Reduction de Jon Kabat-Zinn, Brown University) et Mindfulness-Finding Peace in a Frantic World (Oxford University) ont été scientifiquement validées.

Methods: En collaboration avec le Centre de Pédagogie de l'Université de Montréal (aspects pédagogiques, numériques, techniques) et s'appuyant sur 20 ans d'enseignement de mindfulness-régulation émotionnelle tant en présentiel qu'en ligne, la méthode choisie ici afin de rejoindre le plus grand nombre de médecins et professionnels de la santé francophones est un cours en ligne flexible, gratuit, de type MOOC (Massive Open Online Course).

Results: En 2020-2022, 30 capsules vidéos ont été conçues et enregistrées de façon à créer une atmosphère intimiste avec l'apprenant. Méditer simplement regroupe 30 exercices de 3-6 minutes chacun avec enseignement théorique incorporé et répartis en 3 modules intitulés: Premiers pas, Occasions simples de pratique quotidienne et Un peu plus loin. Quinze questions avec rétroaction sont intégrées dans le cours pour favoriser la compréhension des messages clés. Les médecins et professionnels de la santé de la francophonie accèderont à l'automne 2022 à la formation sur la plateforme universitaire ouverte Édulib.

Discussion: Parmi les avantages de cette approche en ligne MOOC, soulignons la qualité pédagogique, la flexibilité, la gratuité, l'amélioration de l'accessibilité à une formation de régulation émotionnelle-Mindfulness pour cultiver professionnalisme, bien-être, résilience, sérénité des résidents, étudiants, médecins-DPC, autres professionnels de la santé francophones et leurs patients.

OA-5-2

77814

Partnership Development Among Education/research, Practice, and Policy/regulation to Support Scholarly Practice for Rehabilitation Practitioners

Sungha Kim McGill, **Aliki Thomas** McGill, **Annie Rochette** Université de Montréal, **Sara Ahmed** McGill, **Philippe Archambault** McGill, **Claudine Auger** McGill, **Alex Battaglini** Centre intégré de santé et de services sociaux de Laval, **Andrew Freeman** Université Laval, **Eva Kehayia** McGill, **Elizabeth Kinsella** McGill, **Lori Letts** McMaster University, **Peter Nugus** McGill, **Margo Paterson** Queen's University, **Nancy Salbach** University of Toronto, **Josée Séguin** Canadian Association of Occupational Therapists, **Diana Sinnige** Canadian Alliance of Physiotherapy Regulators, **Yannick Tousignant-Laflamme** Université de Sherbrooke, Scholarly Practice Partnership Team

Background/Purpose: Scholarly practice (SP) is a core professional competency for rehabilitation practitioners. Historically, efforts by the three sectors most vested in SP-education/research, practice, and policy/regulation-have worked in silos. The purpose of this project was to (1) understand what SP means to each sector, including areas of commonality and divergence; (2) identify the factors that influence SP across the three sectors; and (3) develop common goals and strategies to promote SP.

Methods: Using an integrated knowledge translation approach and an interpretive description methodology, we collaborated with representatives across the three sectors. We held three consecutive 3-hour focus groups, each targeting one study aim. We analyzed the data using thematic analysis.

Results: Thirty-nine individuals across the three sectors participated. Themes related to the conceptualization of SP included (a) ongoing and reflective processes, (b) broad concepts (e.g., beyond evidence-based practice), and (c) the need for collective effort. Themes regarding the factors that influence SP were (a) recognizing the value of SP, (b) demystifying SP, (c) engaging in a professional network, (d) accessing resources, and (e) considering factors outside of practitioners' control. Participants codeveloped three goals and strategies to support SP: (a) rewarding SP, (b) encouraging SP throughout one's professional career, and (c) ensuring access to information.

Discussion: Although representatives from all sectors valued their joint contributions to SP, moving forward, it is imperative that sectors recognize and implement collective strategies to reward SP as a core competency for rehabilitation practitioners. Such partnerships among sectors can break silos and lead to meaningful, sustainable outcomes.

OA-5-3

77937

The Impact of the Covid-19 Pandemic on the Development of Professional Identity of University of Montreal's Medical Students.

Juliette Monnier McGill, **Philippe Karazivan** Université de Montréal, **Julie Gosselin** Université de Montréal, **Ahmed Maherzi** Université de Montréal, **Robert Gagnon** Université de Montréal, **Nicolas Fernandez** Université de Montréal, **Melody Porlier** Université de Montréal, **Claude-Julie Bourque** Université de Montréal, **Jean-Michel Leduc** Université de Montréal

Background/Purpose: The COVID-19 pandemic was a critical time for the Faculty of Medicine, which has experienced disruptions that will most likely mark a turning point in its operations and even in its missions. We aimed to evaluate the impact of the pandemic on the development of students' professional identity.

Methods: A questionnaire was sent to medical students who were at the undergraduate level in the first wave. Professional identity was judged on the leadership competence engaged in the community and attitudes related to professional behaviours (e.g., empathy, respect). 287 students participated in the questionnaire.

Results: 214 analyzable responses divided into Preclinical (117), Clerkship students (63) and R1 (34) students. The pandemic has had a negative impact on engaged leadership skills in the community, engagement and rigour and a positive impact on empathy skills and sense of responsibility. All these skills were most often acquired in an informal setting, not guided by the faculty.

Discussion: Lessons learned from this pandemic can potentially be extrapolated to another health crisis. Possible interventions in relation to the role of the student as an agent of change are proposed to better prepare for a new health crisis and/or other health challenges (e.g., health consequences of climate change)

OA-5-4

77585

Cpd Diversity Audit: Tracking and Reflecting for Advancing Justice

Eleftherios Soleas Queen's University, **Vivekha Kengatheran** Queen's University, **Richard van Wylick** Queen's University

Background/Purpose: Representation matters in teaching and learning. This is true also in CPD where who is chosen to present a topic reflects who is seen as knowledgeable and spotlighted. We decided to put our money where our mouth is and see what a years' worth of effort in deliberately seeking representative planning committees in profession, racialized, and other equity-deserving groups would do for the representativeness and contextual representativeness of CPD offerings.

Methods: We performed a content analysis of our 2019-2022 CPD offerings to see the extent that our planning committees and educational materials in our programs reflected the diversity of Canadian healthcare. The results were statistically analysed.

Results: This study presented descriptive statistics that show that within a year of implementing these relatively low-cost processes we were able to make our CPD offerings significantly more diverse in terms of interprofessional scope, minority representation on committees, diverse representativeness in program content, as well as areas of healthcare topics.

Discussion: It is clear that with sustained effort that these capacity-building exercises and alterations to processes that the effort exerted and sustained has a direct outcome on the durability of gains. We paired this reflective exercise with the development of new resources, guidelines, tailored additions to planning committee member and speaker role descriptions, and the communication of clear expectations. When we followed through the implementation with speakers the result was a robust change to our CPD ecosystem, one that better represented our audience and the patients that they serve.

OA-5-5

77643

Pôle Régional en Éthique Clinique, Professionnelle Et Organisationnelle : Une Collaboration Essentielle Pour Le Renforcement Des Capacités Professionnelles

Andrew Freeman Université Laval, **Sandra Bélanger** Université Laval, **Lyse Langlois** Université Laval

Background/Purpose: Les établissements de santé doivent répondre de manière appropriée aux dilemmes éthiques qui émergent. Ce défi a été amplifié par des problèmes de santé plus complexes, des circonstances imprévues, et des contraintes de ressources. En outre, il peut y avoir une variabilité considérable au sein des régions sanitaires, qui comprennent des milieux urbains et ruraux/éloignés, tant dans la nature des dilemmes éthiques qui se posent que dans la capacité organisationnelle à y répondre.

Methods: Pour répondre, un Pôle régional en éthique clinique, professionnelle et organisationnelle a été lancé en 2021 dans l'est du Québec (Canada) par l'Institut d'éthique appliquée de l'Université Laval. Ces objectifs sont de soutenir les professionnels en santé, échanger sur les bonnes pratiques en éthique, partager les outils, et favoriser une mutualisation des services. Cette communauté de pratique (Wenger et coll., 2002) est un lieu de convergence en apprentissage collectif en optimisant les expertises de chacun provenant autant des établissements en santé que du milieu académique.

Results: Jusqu'à présent, des représentants de huit établissements de la région ont participé aux réunions se tenant aux 6 semaines. Deux projets spécifiques ont émergé : une « boîte à outils » sur l'éthique et le développement d'une formation en ligne sur l'éthique qui peut être utilisée par les gestionnaires et les professionnels de la santé.

Discussion: Le haut niveau d'engagement des établissements de santé grâce au soutien des gestionnaires a été névralgique. Cette initiative a confirmé l'importance des réseaux de renforcement des capacités et la valeur des collaborations entre universitaires et milieux cliniques.

OA-5-6

76584

Peer Assessment in Undergraduate Medical Education

Jinelle Ramlackhansingh Memorial University of Newfoundland, **Fern Brunger** Memorial University of Newfoundland

Background/Purpose: Peer assessment provides an opportunity for students to become the assessor, encouraging active learning as they become the expert. Pre-clinical medical students did anonymous peer assessments of professional behaviours during clinical skills.

Methods: This was a critical ethnography examining professional identity in pre-clinical students. Data collection was done through participant observation and focus groups. The students' focus groups concentrated on their experiences.

Results: Students found it difficult to do peer assessments and give feedback. They were concerned about the moral judgement implicit in the task ("you don't want to say anything negative because everyone's trying their best."). Receiving feedback reflected misgivings about the value and quality of peer feedback. Students received unnecessarily negative, feedback, showing unprofessional conduct ("someone in their group said you're uncompassionate, thoughtless and hurled insults."). The perspective that peer feedback on professionalism may be of low value and potentially harmful - and itself perpetuating unprofessional conduct - was unnoticed by leadership and was not acknowledged in faculty governance meetings.

Discussion: Students can tacitly agree to be collectively "nice" in peer assessments, giving the impression that everything is okay, creating a "pluralistic ignorance." Pre-clinical medical students may not feel that peer assessment is useful as colleagues are too polite and do not have the knowledge to provide feedback. The students were not given criteria to judge colleagues' appearance resulting in ineffective feedback. The use of anonymous peer feedback facilitated the delivery of hostile feedback. The lack of acknowledgement of unprofessional behaviours allows this to be reinforced and reproduced in medical education.

Block B

OB-1

Indigenous Health - Virtual Clinical Medical Education

OB-1-1

78196

Developing Digital Competencies in Virtual Learning Environments: A Systematic Review

Diane Lorenzetti University of Calgary, **Lorelli Nowell** University of Calgary, **Swati Dhingra** University of Calgary, **Sandra Carless-Kane** University of Calgary, **Claire McGuinness** University of Calgary, **Alessandra Paolucci** University of Calgary, **Michele Jacobsen** University of Calgary, **Liza Lorenzetti** University of Calgary, **Elizabeth Oddone Paolucci** University of Calgary

Background/Purpose: In the wake of Covid-19, as congregate settings became increasingly unsafe, medical educators and others in caring professions pivoted to remote learning and care provision. These experiences highlighted the need for evidence-based educational strategies to support online learning and the development of virtual care competencies.

Methods: We conducted a mixed-methods systematic review on the prevalence and impact of educational strategies and technologies to develop digital competencies in medicine, nursing, social work and education degree programs. We searched eight multidisciplinary databases to identify quantitative, qualitative, and mixed-methods studies published in the last 10 years. Study selection, quality assessment, and data extraction were conducted in duplicate, against established criteria. A convergent qualitative synthesis approach was used to conduct a thematic analysis of study findings.

Results: A total of 16248 studies were identified through searching, 38 of which were included in this review. Eighteen studies (47%) focused on digital skills development, while fifteen prioritized strategies to prepare students for online practice. Most (n=21) educational approaches incorporated multiple instructional methods, nine of which utilizing three or more strategies. The most prevalent instructional methods included remote care demonstrations (n=18) videoconferencing software (n=15) and online instructional modules (n=8). Students and educators prioritized and valued educational strategies that reflected real-world practice.

Discussion: This review identifies promising educational approaches to support digital competencies development in caring professions. Future research is needed to evaluate the impact of these strategies on learning outcomes and remote care provision and identify factors to support technology integration in education and practice settings.

OB-1-2

78111

Impact of Covid-19 on Family Medicine Resident Wellbeing and Social Networks

Julia Avolio University of Toronto, **Milena Forte** University of Toronto, **Julia Avolio** University of Toronto, **Yasmin Dini** McMaster University, **Laura Diamond** University of Toronto, **Kulamakan (Mahan) Kulasegaram** University of Toronto, **Stuart Murdoch** University of Toronto, **Risa Freeman** University of Toronto

Background/Purpose: The COVID-19 pandemic has led to significant disruptions in medical education globally. While there has been increasing literature surrounding the impact of COVID-19 on the acquisition of clinical skills among residents in training, there is a paucity of data on its effect on resident social networks and well-being.

Methods: A mixed-methods longitudinal analysis was conducted using an existing national survey instrument, the Family Medicine Longitudinal Survey, modified to query COVID-19 impact. Survey items included 5-point Likert-scale questions and open-ended short answer questions. Participants included 238 graduating Family Medicine Residents (FMR) between 2021 and 2022. Likert-scale responses and multiple-choice questions are reported as summary statistics. Short answer responses underwent thematic analysis. Main outcome measures include resident perception of impact of COVID-19 on well-being and relationships with peers and teachers.

Results: Survey response rate was 81.8% (126/154) in 2021 and 74.6% (112/150) in 2022. Significant themes for both cohorts included: negative impact on well-being, social isolation, decreased interactions and relationships with peers, and difficulty establishing relationships with teachers. In 2022, 78% of residents reported a negative impact on their personal well-being due to social isolation and 43% reported a loss of interpersonal relationships.

Discussion: Graduating FMR in both the 2021 and 2022 cohorts perceived negative impacts of the pandemic on their well-being as a result of social isolation and decreased relationships with co-residents and teachers. This study provides insight on the ongoing impact of COVID-19 on the experiences of FMR beyond curricular losses. It may serve to inform programmatic initiatives to mitigate these impacts.

OB-1-3

77587

Primary Care Approaches to Insomnia: an Asynchronous Virtual Approach to Immersive Cpd

Eleftherios Soleas Queen's University, **Judith Davidson** Queen's University, **Shayna Watson** Queen's University, **David Gardner** Dalhousie University, **Katherine Fretz** Queen's University, **Cynthia Leung** Queen's University, **Erin Desmarais** Queen's University, **Stephanie Lynch** Queen's University

Background/Purpose: Insomnia-related sleep complaints are a leading reason for health professional visits. Prevalence data shows an approximately 40% increase in insomnia symptoms with the COVID-19 pandemic among healthcare workers and among the general population.

Methods: We built an online 'flipped' education program that provides foundational and practical capacity building in CBT-I, an underutilized first-line treatment for chronic. This program empowers primary care physicians and their colleagues to learn how to provide insomnia education and CBT-I programs and resources in self-guided, individual therapy, and group therapy treatment options.

Results: The building of this program opened our eyes to the possibilities of doing constructivist online CPD that melds asynchronous modules for building knowledge and practicing skills, with live webinars for guided case study exploration to capitalize on learning through structured application through curated cases. The program was evaluated and reinforced via pre-, inter-, and post-session surveys to determine knowledge acquisition and attendee feedback of the sessions as well as a prompting clinical self-assessment.

Discussion: This program has changed the way that we design programs and recruit planning committees. We've seen the value of developing programs by interprofessional committee and in doing so have vastly broadened our potential audience and financial sustainability. We propose this program as a model for other similar minded CPD that seeks to balance the best of the live and asynchronous online modalities with the scope and wide-appeal that can only be matched with a truly interprofessional planning committee.

OB-1-4

78133

Online Residency Training During the Covid-19 Pandemic: A National Survey of Otolaryngology Head and Neck Surgery Program Directors

François Thuot Université Laval, **Jade Chénard-Roy** Université Laval, **Matthieu J Guitton** Université Laval

Background/Purpose: The COVID-19 pandemic has deeply impacted healthcare and education systems, including resident education. The impact of the pandemic on the different types of pedagogical activities, and the displacement of pedagogical activities to online modalities have not yet been quantified. We sought to evaluate the impact of the COVID-19 pandemic on formal pedagogic components of otorhinolaryngology-head and neck surgery (ORL-HNS) residency, the switch to distance learning and program director's perceptions of the future of teaching and learning.

Methods: A nationwide online survey was conducted on Canadian ORL-HNS program directors. The use of standard didactic activities in-person and online, before and during the pandemic was rated with Likert scales. Perceptions of the pandemic were described with open-ended questions.

Results: A total of 11 of the 13 program directors contacted responded. The analysis were conducted using nonparametric statistics. There was a significant drop in overall didactic activities during the pandemic, regardless of the teaching format (3.5 ± 0.2 to 3.1 ± 0.3, $p < 0.05$). The most affected activities were simulation and in-house lectures. Online activities increased dramatically (0.5 ± 0.2 to 5.0 ± 0.5, $p < 0.001$), including attendance to lectures made by other programs (0.5 ± 0.3 to 4.0 ± 0.8, $p < 0.05$). Respondents stated their intention to maintain the hybrid online and in-person teaching model.

Discussion: These findings suggest that hybrid online and in-person teaching is likely to persist in the post-pandemic setting. A balanced residency curriculum requires diversity in academic activities. The pandemic can have positive consequences if higher education institutions work to better support distance teaching and learning.

OB-1-5

76678

A Data Driven Virtual Learning Environment that Identified and Mitigated the Impact of Reduced Physical Interaction on Medical Education

David Hewitt University of Edinburgh

Background/Purpose: COVID-19 reduced physical interaction, causing medical education disruptions. Accessing content normally delivered in-person, such as clinical examination was particularly challenging. Virtually delivered materials could represent a solution. This programme aimed to characterise deficits in undergraduate medical education due to COVID-19, provide a virtual interactive learning environment to mitigate these, and assess its effectiveness using data driven methodology.

Methods: Medical students completed online questionnaires on COVID-19's impact on training. 30 online, interactive system-specific clinical examination tutorials were delivered. Asynchronous online content augmented this. Participant feedback was collected. Pre-and-post session questions assessed topic-specific knowledge and confidence.

Results: 1693 responded to the COVID-19 survey. >75% described reduced patient contact, bedside teaching, and clinical skills training. 69% reported university teaching gaps. <20% were satisfied with clinical skills training. <35% felt competent performing expected clinical examinations. >85% desired supplemental teaching. For 689 attendances, there were statistically significant increases for confidence in all sessions, and knowledge for all but one session. Median increases in knowledge and confidence scores were 25% (IQR: 0-60%, $p<0.01$) and 43% (IQR: 23-81%, $p<0.01$) respectively. >95% of feedback was positive.

Discussion: Medical students reported reduced clinical contact, curricula gaps, dissatisfaction, low self-assessed competence, and desires for supplemental teaching. This virtual learning environment was in demand, demonstrated significant improvements in knowledge and confidence, and was highly valued by students. Data driven methodology may facilitate iterative ongoing improvements. This extremely scalable and reproducible methodology could continue to improve efficiency and efficacy of medical education, particularly in periods where physical contact is limited.

OB-1-6

77832

Indigenous Healthcare Education and Practice: Applying Digital Teaching and Learning Resources to the Truth and Reconciliation Commission of Canada's Calls to Action

Jennifer Turnnidge Queen's University, **Klodiana Kolomitro** Queen's University, **Bailey Brant** Queen's University, **Lindsay Brant** Queen's University, **Shalisa Barton** Queen's University, **Nancy Dalgarno** Queen's University, **Sarah Funnell** Queen's University, **Janice Hill** Queen's University, **Lorrilee McGregor** Northern Ontario School of Medicine, **Jason Pennington** University of Toronto, **Jack Moher** Queen's University, **Jeanne Mulder** Queen's University, **Wendy Phillips** Queen's University, **Yolanda Wanakamik** Northern Ontario School of Medicine

Background/Purpose: Guided by the Truth and Reconciliation Commission of Canada's (TRC) Calls to Action on education, health, and education for Reconciliation, this project focused on creating an online digital collection that enables healthcare learners to apply the TRC's Calls to Action into their current study and future practice.

Methods: This project was designed as a collaborative partnership between learners, practitioners, researchers, and community members and was guided by the principle of two-eyed seeing. This partnership informed the design, development, evaluation, and dissemination of the digital collection.

Results: The seven themes represented in the digital collection include (a) Historical Perspectives of Indigenous Peoples in Canada and Implications for Health Outcomes, (b) Biases, Racism, and Discrimination in Healthcare, (c) Indigenous Ways of Knowing and Healthcare, (d) Healthcare Rights, (e) Healthcare Services, (f) Culturally Safe Healthcare, and (g) Intersections between Education and Healthcare. Each theme has been developed into an open-access online module. A module including six pieces of artwork and two supplementary resources were also developed. The digital resources can be found at https://healthsci.queensu.ca/opdes/about-us/project-showcase/indigenous-healthcare-education-and-practice.
Results of a sharing circle with Indigenous Elders and a pre/post-program survey with healthcare learners indicated that this resource is a valuable learning opportunity for education and practice.

Discussion: This project highlights the value of collaborative approaches for healthcare education and offers an innovative resource for translating the TRC's Calls to Action into teaching and learning. Providing community-informed, accessible educational resources for learners is one way healthcare educators can contribute to the journey towards Reconciliation and health equity.

OB-2

Admissions - Equity, Diversity, and Inclusivity

OB-2-1

78155

Faculty, Staff, and Students' Perspectives on Edi-Focused Admissions Interventions at Queen's Health Sciences (Qhs)

Jiale Xie Queen's University, **Nicole Hajjar** Queen's University, **Nicole Shipton** Queen's University, **Helen Smith** Queen's University, **Aquila Akingbade** Western University, **Nomusa Mngoma** Queen's University

Background/Purpose: Canadian Health Sciences programs have begun prioritizing equity, diversity, and inclusion (EDI) in admissions by adopting EDI-focused admissions interventions, such as separate streams for equity-deserving groups. However, faculty, staff, and students' perspectives on the current state of EDI in admissions and on the adoption of these interventions are largely unknown.

Methods: To investigate faculty, staff, and students' perspectives on this topic, we distributed a survey with five-point Likert-style and open-ended questions across our Medicine, Nursing, and Rehabilitation Sciences programs at Queen's Health Sciences (QHS). We analyzed the responses using a mixed-methods nested explanatory approach.

Results: Four hundred sixty (9%) out of 5,050 members QHS answered the Likert-style questions and 348 (6%) responded to at least one open-ended question. Mean perceived equitability and inclusiveness of our current admission processes was 3.277 with no significant differences between respondents with equity-deserving demographic factors and those without. Respondents justified ratings based on visible diversity, efforts and commitment towards improving EDI, considerations of applicant backgrounds, and dependence on certain admissions metrics. Respondents highly endorsed the adoption of EDI-focused admission interventions overall (mean=4.25). Undergraduate and graduate students most strongly endorsed these interventions, followed by staff, faculty, and postgraduate students. Reserved seats and separate streams were the least endorsed interventions due to concerns around tokenism and hurtful attitudes towards students admitted through these interventions.

Discussion: Faculty, staff, and students identified many opportunities for reform in admissions and barriers that may be encountered. These insights may help programs at QHS and other Canadian institutions improve EDI in their admission processes.

OB-2-2

77636

Integrating Bias Recognition and Management Into Admissions: an Evidence-Informed Framework

Khadija Ahmed Western University, **Javeed Sukhera** Chair/Chief of Psychiatry, Hartford Hospital; Associate Clinical Professor, Department of Psychiatry, Yale University

Background/Purpose: Integrating implicit bias recognition and management (IBRM) within the context of health professions admissions is critical in advancing equity, diversity, and inclusion (EDI) within admissions processes. Admissions processes can be leveraged to enhance greater representation of racialized and minoritized groups. One mechanism to advance EDI through admissions is to address the role and influence of decision-makers by educating them about biases during the selection processes. However, there is a dearth of empirically-informed literature on advancing IBRM in the specific contexts of admissions.

Methods: This framework was developed through qualitative exploratory research on IBRM specific to a Canadian medical school admissions context. In brief, this framework was derived from semi-structured interviews with admissions stakeholders (faculty, learners, and community members) (n=21) who had participated in group based implicit bias training in the previous medical school admissions cycle.

Results: The authors propose a three-point empirically-derived framework for incorporating IBRM strategies and facilitating training about biases for decision makers and gatekeepers in admissions. This framework includes fostering critical reflection about identity tensions, building and sustaining a community of practice, and facilitating sustained dialogue.

Discussion: Developing a framework for conversations and teachings about implicit bias within the context of health professional admissions requires critical thinking about identity, affinity, and individualized reflective learning. Insights from this framework provide academic leaders with pragmatic and effective strategies to integrate IBRM into admissions in a meaningful and sustained way.

OB-2-3

78125

Appraising Bias in Medical School Admissions: A Scoping Review

Thuy-Anh Ngo McMaster University, **Anjali Menezes** McMaster University, **Alexander MacIntosh** Altus Assessment Inc., **Jason Profetto** McMaster University, **Lawrence Grierson** McMaster University, **Joshua Choi** McMaster University

Background/Purpose: Medical schools realize their social accountability mandate through engaging in education practices and policies that promote health care systems that are relevant, of high quality, cost-effective, and equitable. This starts with the admissions process. However, evidence suggests that implicit biases in the current admissions systems constrain access to the profession for some groups in the population (e.g., Khan et al., 2020). Here we present a scoping review of the nature and extent of evidence on systemic bias in the selection methods that medical schools employ during admissions.

Methods: Following Arksey and O'Malley (2005), we conducted a scoping review of published English-language research between 2000 and 2022, which presents empirical evidence of differential association between applicants' social identity and their performance on medical school selection methods and/or gaining access to medical education.

Results: Preliminary findings point to unwarranted bias within several commonly employed selection tools which negatively impacts individuals who identify with a wide range of social identities (e.g., being female, being a visible minority, having lower socioeconomic status). Some tools demonstrate greater group differences than others. In organizing the outcomes of the review, possible sources of bias are summarized.

Discussion: The evidence presented in research highlights the presence of unwarranted social biases associated in medical school admissions systems, which negatively impacts access to the profession for aspirants via the intersection of age, race, gender, and socioeconomic status. We advocate for innovative research towards the development of equitable selection systems.

OB-2-4

78126

Appraising Bias in Medical School Admissions: How Medical School Aspirants Reflect the Demography of the Canadian Population

Thuy-Anh Ngo McMaster University, **Lawrence Grierson** McMaster University, **Alexander MacIntosh** Altus Assessment Inc., **Anjali Menezes** McMaster University, **Jason Profetto** McMaster University

Background/Purpose: The Canadian medical education community recognizes that certain groups of the population are underrepresented within the profession (Khan et al., 2020), possibly due to unwarranted bias in the medical school admissions process (e.g., Razack et al. 2015). However, it may also be the case that constraints on potential aspirants are realized earlier in the pathway, before applications are even constructed (Young et al., 2012). However, our collective ability to investigate the locus of implicit bias that emphasises structural inequity has been hindered by a lack of reliable identity data of medical school applicants.

Methods: In partnership with Altus Assessments, who administer a common medical school admissions assessment, Casper, and collect applicant social identity data via a voluntary post-Casper survey. Data from this survey are anonymized and compared to population-level demographic data obtained via Statistics Canada to determine the degree to which medical school aspirants who complete Casper reflect the demography of the Canadian population.

Results: The diversity profile of applicants who completed the voluntary survey following Casper relative to the Canadian population highlights underrepresentation from those who identify as Indigenous or Black, have low socioeconomic status, or come from low-income households and rural areas.

Discussion: Results are discussed in the context of medical schools' social accountability mandate which starts with improving equity and diversity during the admissions process. The results presented here will inform admissions policymakers and provide a foundation on which to consider patterns of association between social identity features and admissions outcomes.

OB-2-5

78142

Almost Halfway There: A Continuous Quality Improvement Journey Towards A National Medical School Application Fee Waiver Program

Justin Lam University of Toronto, **Mark Hanson** University of Toronto, **Chantal Phillips** University of Toronto, **Claudine Henoud** University of Ottawa, **Amira Abdalla** Ohio State University, **Maisoon Yousif** Dalhousie University, **Tobi Olaiya** McMaster University, **Farhan Mahmood** University of Ottawa, **Ike Okafor** University of Toronto

Background/Purpose: Financial support for medical school matriculants without similar support for applicants undermines efforts to increase socioeconomic diversity in medical schools. In 2021, the Price of a Dream (POD) collaborated with Canadian medical school stakeholders to implement the Ontario Medical School Application Fee Waiver Program (MSAFWP), which subsidized applications to all six Ontario medical schools for eligible low socioeconomic status (SES) applicants. POD's long term goal is to expand this program to medical schools across Canada.

Methods: POD presented Ontario program outcomes at the 2021 Association of Faculties of Medicine of Canada Admissions Network Meeting and advertised program expansion. POD engaged in a continuous quality improvement process to identify facilitators and barriers to program expansion.

Results: Eight out of 17 Canadian medical schools now participate in POD's MSAFWP. In addition to the Ontario medical schools, two other medical schools implemented an MSAFWP for the 2022-2023 admissions cycle. Program expansion was facilitated by administrative staff support, collaboration with a locally recruited learner representative, and effective communication between all stakeholders. Challenges to expansion include pre-existing financial assistance programs for applicants and variations in eligibility criteria. Additionally, the lack of existing networks of local low-SES premed students in non-Ontario provinces impacted recruitment efforts.

Discussion: A national MSAFWP will not only decrease barriers to low SES applicants, but will also result in more equitable admissions through inter-faculty collaboration. Continuing with a trainee-centred approach and improving existing student networks is critical for further outreach and expansion efforts.

OB-2-6

78315

Reimagining Admission Evaluation Criteria for A Community Health Sciences Graduate Program

Benedicta Antepim University of Calgary, **Tolulop Sajobi** University of Calgary, **Elizabeth Oddone Paolucci** University of Calgary

Background/Purpose: Graduate education is one of the core pillars of the academy, with admissions serving as the both the gateway and pipeline for new talent within and outside of academic institutions. The Community Health Sciences Graduate Program boasts a student body of 175 graduate students, enrolled across 7 specializations. Recent changes to institutional policies and a renewed commitment to EDI has necessitated a revision of our admission processes and evaluation criteria. The purpose of this project was to conduct a needs assessment and engage with stakeholders to identify gaps and best practices in admissions processes.

Methods: We conducted an environmental scan of admissions processes in 68 public health/epidemiology, nursing, psychology, and business graduate programs across 20 institutions in Canada and the United States. Data was extracted from websites on admissions criteria, evaluation, and EDI considerations. Data from two focus groups with faculty (n=7) and 4 groups with students (n=13) on admissions was included. Focus groups were analyzed using thematic analysis.

Results: The environmental scan demonstrated consistency across programs in admissions criteria. However, many did not publish their evaluation processes and few included EDI considerations in admissions. Focus groups participants reported current admissions practices as lacking transparency and reliability in evaluating applicants, and as biased against international applicants.

Discussion: Admissions processes should reflect the core values of graduate training programs. Recommendations to improve evaluation processes, transparency, and bias in the admissions process, as well addressing EDI both prior to and at the point of admission are provided.

OB-3

Physician & Medical Student Health and Well-being

OB-3-1

78286

Modelling Burnout in Academic Surgery to Inform Organizational Strategies for Change

Ranil Sonnadara McMaster University, **Kestrel McNeill** McMaster University, **Ilun Yang** McMaster University

Background/Purpose: Although the high prevalence of burnout in healthcare has been recognized as a consequence of system-level problems, research addressing this issue in surgical settings has primarily focused on individual-focused interventions and risk factors which has been met with limited success. Thus, the purpose of this study was to determine what organizational factors are contributing to burnout amongst surgeons in the Department of Surgery at McMaster University to inform system-level strategies for change.

Methods: In a cross-sectional survey, surgeons were recruited to evaluate the prevalence of organizational stressors and burnout in the department. A backwards stepwise multiple regression was employed to evaluate which organizational, clinical, and demographic factors were related to burnout symptoms (exhaustion, cynicism, and personal inefficacy) using Maslach's Burnout Inventory and the Areas of Worklife Model.

Results: Of the 52 surgeons who participated, 57.8% (n=30) were classified as suffering from clinical burnout. Across burnout domains, significant organizational and clinical stressors included job-related burden and resource access, control over working conditions, remuneration structures, gender, race, holding a leadership position, years in independent practice, as well as the percentage of time dedicated to clinical care, research, and educational activities. Being on a fee-for-service payment plan was consistently associated with higher burnout symptoms, even after adjusting for other organizational and demographic factors.

Discussion: This study identified target areas to affect meaningful structural change and ameliorate burnout within the department of surgery. Future work will involve engaging leaders in the department to generate an informed and data-driven strategy for addressing addressing organizational factors contributing to burnout.

OB-3-2

77885

Exploring Surgeon Experiences with Burnout to Develop Stakeholder-Informed Interventions: A Qualitative Case Study

Kestrel McNeill McMaster University, **Sierra Vaillancourt** McMaster University, **Ilun Yang** McMaster University, **Ranil Sonnadara** McMaster University, **Stella Choe** McMaster University

Background/Purpose: Given the context-specific factors associated with burnout and its high prevalence in surgical departments, it is critical that surgeons be involved in the formation of interventions to ensure feasibility and uptake. Thus, the purpose of this study was to explore surgeon experiences with burnout and strategies to mitigate the identified drivers within the Department of Surgery at McMaster University.

Methods: A qualitative case study was conducted by recruiting surgeons in the department for participation in a cross-sectional survey and semi-structured interviews. Data collected were analyzed using reflexive thematic analysis. An essentialist, deductive, and semantic approach to coding was employed using the Areas of Worklife Model and the Job-Person Fit Theory.

Results: Overall, 11 surgeons participated in interviews and 22 provided responses through the survey. Significant contributors to burnout identified include balancing patient burden with their values of care and the limited resources and time available in academic medical centres (exacerbated by the pandemic). The inequitable remuneration associated with education, administration, and leadership roles through the Fee-For-Service model, as well as issues of gender inequity and hostile working environments were also reported as contributing factors. Participants suggested department leaders increase engagement with staff members by developing anonymous reporting avenues for departmental issues and facilitating collegial bonds as strategies for addressing burnout.

Discussion: The high prevalence and negative sequelae of burnout in surgery necessitates the formation of targeted interventions to address this issue. A collaborative approach to developing interventions to improve burnout amongst surgeons may lead to feasible, effective, and sustainable solutions.

OB-3-3

77345

Pre-Clerkship Medical Student Wellness During the Covid-19 Pandemic: A Canadian Cross-Sectional Study

Darcie Wilson Dalhousie University, **Anuradha Mishra** Dalhousie University, **Sunil Ruparelia** Dalhousie University, **Suzanne Zinck** Dalhousie University, **Darrell Kyte** Dalhousie University

Background/Purpose: The COVID-19 pandemic was a significant disruption to Canadian undergraduate medical education. While the effect of COVID-19 on clerkship curriculum has been studied, its impact on pre-clerkship Canadian medical student wellbeing and training has not been described.

Methods: A cross-sectional survey was designed and reviewed by content experts, including a psychiatrist, medical educators and an evaluation specialist. The survey consisted of four components: (1) Demographics, (2) WHO well-being index, (3) Sources of stress, and (4) Stress Management.

Results: 64.9% of participants reported increased stress levels during the pandemic. The mean WHO well-being score was 12.4, corresponding to a poor level of well-being. 30.1% of respondents reported reconsidering a career as a physician. The mean WHO score of those who reported reconsidering their career choice(M=10.1,SD=4.08) was significantly lower than of those who did not (M=13.2,SD=3.75)($p<0.001$). Participants reported a negative or strong negative impact on social connection to classmates(90.4%), professional connection to faculty(89.1%) and confidence in physical exam skills(80.5%) from the COVID-19 pandemic.

Discussion: Before COVID-19, many studies described a high prevalence of loneliness, anxiety and depression in medical students. The pandemic introduced further stressors which we demonstrate have negatively impacted medical student's wellbeing, satisfaction in career choice, and confidence in clinical skills. To combat the long-term effects of the pandemic on mental health, faculty may use the collected data to inform ongoing support of students. Future interventions may include supplemental learning to account for opportunities lost due to the pandemic, access to formal counselling and the inclusion of student voices in faculty decision making.

OB-3-4

77797

The Role of Art-Making as A Mindfulness Tool for Medical Students

Mia Kennedy University of British Columbia, **Carol-Ann Courneya** University of British Columbia

Background/Purpose: Already known to be a population that experiences high rates of depression and anxiety, the mental wellbeing of medical students faced a challenge with the COVID-19 pandemic. Meditative mindfulness and art therapy have separately been shown to have a positive impact on the mental health of medical students, however no studies have investigated the impact of integrating mindfulness practice and art-making in medical students. We asked whether current medical students are using art-making as a tool for mindfulness practice (either intentionally or unintentionally) and probed what impact this may have had on their mental health during the pandemic.

Methods: This study was conducted using qualitative methodology, a convenience sample of five medical students was recruited. Individual semi-structured interviews were conducted, data was coded and grouped into themes in an iterative fashion.

Results: For our findings we identified eight themes which were split into the categories 'The benefits of art-making as a mindfulness tool' and 'Engaging in art-making in medical school'. The benefits category included: quieting the mind: art as a mindfulness tool, unintentional processing of emotion, increased observance and openness, and connectedness. Engaging in art making contained four themes: decreased frequency, purposeful, lifelong art-making, and changed art.

Discussion: In each participant art was deep-rooted and entangled in all aspects of their lives. This innovative study acted to identify themes for our future research. Given our promising results our aim is to next investigate the effects of incorporating a purposeful mindfulness practice into art-making compared to art-making alone in medical students.

OB-3-5

78070

Online Learning in Clerkship - A Survey of the Impact of Online Learning on Clerkship Student Wellness

Chris Novak University of Calgary, **Rina Patel** University of Calgary, **Susan Bannister** University of Calgary, **Jovey Sharma** University of Calgary, **Erin Degelman** University of Calgary, **Tanya Beran** University of Calgary, **Melanie Lewis** University of Alberta

Background/Purpose: The COVID-19 pandemic provided a unique opportunity for educators to innovate with online learning. As we transition to a post-pandemic world, there is an opportunity for curriculum leaders to develop effective online learning to complement in-person learning. This study aims to explore the impact of online learning on clerkship student wellness.

Methods: Clerkship medical students at the Cumming School of Medicine in Calgary, Canada were provided an online survey about various aspects of online learning. This cohort of students had in-person clinical experiences with primarily online formal teaching.

Results: 78 students completed this section of the survey (approximately 50% of the graduating class). Students were divided with 37% reporting that online learning improved their overall sense of wellness, and 29.5% disagreeing. Students report that synchronous online learning sessions were more convenient to attend than in-person sessions (84%) and less disruptive to their clinical rotations (74%). However, students reported that online learning had increased their social isolation (67.9%). Students also felt that they did not have a meaningful opportunity to connect with classmates (69.2%) or instructors (65.2%) during these sessions.

Discussion: Our study identified a that online learning had variable impacts on student wellness in clerkship. While students appreciated the convenience, online learning led to increased isolation and less meaningful connection with classmates and instructors. Based on these results, a curriculum blending in-person and online learning sessions could balance the competing interests of convenience and interpersonal connection, leading to improved student wellness.

OB-3-6

77608

Creating the University of Alberta Faculty of Medicine and Dentistry Wellbeing Lab "Fomd Well"

Victor Do University of Toronto, **Melanie Lewis** University of Alberta, **Cheryl Goldstein** University of Alberta

Background/Purpose: Physician and medical learner wellbeing have been topics of intense focus within medical education. Despite the increased interest, Canada lacks physician and learner wellbeing research hubs in comparison to centres like Stanford and Mayo Clinic. A recent scoping review indicated for example that there are many issues with the way learner wellbeing metrics are being measured and reported.There is ample opportunity to improve; from ensuring more rigorous methodologies, to creating a coordinated research agenda and ensuring effective knowledge translation, formal physician and learner wellbeing research hubs are needed.

Methods: We sought to create a physician/learner wellbeing research hub within the Faculty of Medicine and Dentistry at the University of Alberta. Utilizing a design thinking approach, we adopted a novel structure that maximized collaboration, engaged learners as leaders and could start on limited start-up resources.

Results: The FoMD Well Lab officially launched in January 2022. We developed a vision, strategic objectives and initial short term plans. To date we have over 20 collaborators involved in 7 different projects studying topics ranging from the culture of medicine to how learner goal setting behaviours impacts their performance and wellbeing. Our lab members have been successful in obtaining seed grant funding, and our initial academic outputs include oral, poster and workshop presentations at national and international conferences

Discussion: As we continue aiming to improve physician and learner wellbeing, strategic labs settings whose efforts are to contribute to systemic change are critical. Our innovation serves as a learning and growth opportunity.

OB-4

Physician & Medical Student Health and Well-being

OB-4-1

77986

Defining A Health Promoting Learning Environment: Perspectives of Medical Students and Resident Physicians

Veronica Oczkowski University of Alberta, **Rachel Joffe** University of Alberta, **Victor Do** University of Toronto, **Melanie Lewis** University of Alberta

Background/Purpose: Integrated, strategic, efforts aimed at changing the culture of medicine have been challenging to develop and adopt. The Okanagan Charter on Health Promoting Universities and Colleges is a widely-adopted international framework focused on health-promoting learning environments (HPLEs). HPLEs infuse health principles into all aspects of operations, practices, mandates, and business. Our study sought to elucidate factors that could foster an HPLE within medical education as the University of Alberta (UA) seeks to develop an HPLE strategic plan.

Methods: We conducted virtual semi-structured interviews guided by thematic analysis with medical learners (students, residents and fellows at the UA). Transcripts were independently coded and reviewed by 3 researchers.

Results: Our study identified several themes including that the foundation of an HPLE is respect, openness, flexibility, and effective communication. Barriers to HPLEs include faculty being overworked and thus not being as engaged in mentoring and teaching. Learners noted that a culture of wellbeing is set by leadership and when leaders place wellbeing at the forefront people are more likely to feel like they are thriving and can pursue further personal development. Learners are aware of health services and policies aimed at wellbeing but note that in an HPLE these policies would be more consistent and embedded in the faculty culture, alongside more accessible services.

Discussion: Elucidating factors that support implementation of the Okanagan Charter and foster developing an HPLE can contribute to systemic efforts that faculties can take in addressing learner wellbeing challenges. These efforts will inform systemic wellness efforts at the UA and more broadly.

OB-4-2

78091

Exploring Imposter Syndrome and the Interplay with Vulnerability and Failure Amongst Medical Students.

Ataa Diabe University of Alberta, **Abdel Rahman Tayem** University of Alberta, **Surina Grover** University of Alberta, **Cheryl Goldstein** University of Alberta, **Victor Do** University of Toronto

Background/Purpose: Imposter Syndrome (IS), a phenomenon where individuals attribute successes to external factors aside from themselves, is reported to be high amongst medical students, with correlations to decreased wellbeing. Despite significant discussion on imposter syndrome, little work has been done to understand how medical students experience IS, the interplay of IS with how vulnerability is perceived in the learning environment and how IS may shape individuals' experiences/perceptions of failure.

Methods: We conducted virtual semi-structured individual qualitative interviews with 15 medical students from all years across Canada. Interviews were coded and analyzed independently using thematic analysis by three researchers who met with a fourth to review codes and resolve any conflicts.

Results: A number of themes emerged from our work. Within the medical context, participants described IS as a lack of belonging and fear of being considered incompetent. Students noted that they perceived there to be strong discomfort with vulnerability in the medical environment, which often heightened the impact of perceived failures. Participants highlighted the crucial role of mentors in helping students grow from failures and mitigate IS through embracing their own vulnerability in medicine.

Discussion: Our study provides insights into why and how medical students experience IS within the medical learning environment. Our themes indicate opportunities in our efforts to create and foster health promoting learning environments to support learner wellbeing. Developing a culture of openness, and supporting vulnerability can contribute to learners developing a more authentic professional identity, potentially mitigating feelings of IS.

OB-4-3

77624

The Impact of Virtual Care on Physician Motivation and Well-Being: A Self-Determination Theory Perspective

Adam Neufeld University of Calgary, **Vishal Bhella** University of Calgary, **Oksana Babenko** University of Alberta

Background/Purpose: As we strive to optimize the integration of virtual care into standard medical practice, we need to better understand its impact on physician motivation and well-being. Using a self-determination theory (SDT) lens, the present study examined the extent to which the fulfillment of basic psychological needs in the workplace mediated the relationship between physician motivation towards using virtual care and subjective well-being.

Methods: Using survey methodology, quantitative data was collected from a cross-section of N = 156 family physicians in a large Canadian province. The questionnaire contained validated scales for measuring: controlled (e.g., based on perceived pressures) and autonomous (e.g., out of personal importance) motivation towards using virtual care; workplace need fulfillment; and subjective well-being. Mediation analysis was performed.

Results: Controlled motivation towards using virtual care negatively related to physician well-being, with workplace need frustration fully mediating this relationship. On the other hand, workplace need satisfaction, but not autonomous motivation towards using virtual care, positively related to physician well-being.

Discussion: Findings align with SDT, indicating that a) when physicians are less autonomously motivated towards using virtual care, it impedes their integration of it and undermines their well-being, and b) support of basic psychological needs in the workplace will help mitigate this issue and promote physician well-being. Practical implications will be discussed in relation to supporting and preparing physician workforce.

OB-4-4

77810

Exploring Self-Esteem and Empathy During Clerkship in Medical Students

Samantha Yang McMaster University, **Keyna Bracken** McMaster University, **Thomas Alexander** McMaster University

Background/Purpose: In clerkship, students are susceptible to receiving difficult feedback and having poorer social relationships, which has been linked to low self-esteem. High self-esteem has a positive correlation with greater empathy. The evidence for changes in empathy after starting clinical training is mixed. Our purpose was to discover if the self-esteem of medical students and the relationship between self-esteem and empathy changes after clinical training.

Methods: A prospective cohort study was conducted on 208 medical students in the same year. Surveys were distributed at the onset and end of clerkship, which included demographic data, the Rosenberg Self-Esteem Scale (RSES), and the Jefferson Scale of Empathy (JSE). The relationship between the independent identity variables (age, gender, ethnicity, sexual orientation) and the dependent variables was explored using independent linear regression models. Independent t-tests on RSES and JSE scores were performed and association between them was assessed using Pearson's correlation coefficient (PCC).

Results: 82, then 57 students responded to the early and later clerkship surveys. Only visible minority status was included in the early clerkship linear regression model (r2=0.07). No variables met the threshold in later clerkship. The JSE scores decreased marginally after clerkship. The RSES scores had a statistically significant decrease from early (mean=18.9) to later clerkship (mean=16.7). The PCC at the beginning and end of clerkship was 0.035 and 0.35 respectively.

Discussion: Age, gender, ethnicity and sexual orientation minimally affect empathy and self-esteem in clerkship students. Self-esteem appears to decrease after clerkship and has low correlation with empathy.

OB-4-5

78151

Providing Education in Safe Settings: A Framework for Postgraduate Programs to Promote Resident Clinical Care Safety and Wellness

Shaheen Darani University of Toronto, **Sabrina Agnihotri** University of Toronto, **Certina Ho** University of Toronto, **Lesley Wiesenfeld** University of Toronto, **Sanjeev Sockalingam** University of Toronto

Background/Purpose: There is a lack of formal guidance in postgraduate education to address resident trainee clinical care safety and management. Involving residents in a novel safety and wellness framework could support reporting of safety concerns and resident well-being. The objective of this study is to describe the development and implementation of a safety committee and framework for resident reporting of violent incidents toward trainees, including site safety reviews and safety policy integration.

Methods: Beginning in 2016, teaching staff and residents collaborated to co-create a Resident Safety Sub-Committee (RSS) and Safety Training Framework at a Canadian psychiatry department with 200 residents across 16 training sites.

Results: From 2016-2020, the RSS conducted 26 site safety reviews and four incident reviews. Site reviews followed a standardized safety template. Seventeen training sites were deemed adherent to safety policies, 9 were found to be mostly adherent, and none were flagged as non-adherent. Recommendations to enhance safety included monthly testing of panic alarms, developing a system to flag high-risk inpatients, extending safety procedures to outpatient services, and including wellness resources during site orientations, among others.

Discussion: Enhancing resident awareness of the subcommittee and framework, dissemination of safety guidelines and checklists, in addition to a transparent process for retrospective incident reviews and proactive site reviews could bridge the gap of safety training in residency and positively impact resident safety and well-being.

OB-4-6

78205

A Deep Exploration Into the Remote Work and Learning Experiences at A Canadian Medical School: Implications for Future Planning

Nancy Dalgarno Queen's University, **Mala Joneja** Queen's University, **Amber Hastings-Truelove** Queen's University, **Rahma Osman** Queen's University, **Jennifer Turnnidge** Queen's University, **Heather Braund** Queen's University, **Eleftherios Soleas** Queen's University, **Samsoor Akberzai** Queen's University

Background/Purpose: In March 2020, the COVID-19 pandemic forced many in Ontario to shift to remote work/learning. For students, staff and faculty at our School of Medicine, this model remained in place over the next two years and had the potential to disrupt the delivery of medical education by affecting the experiences of everyone connected to teaching and learning.

Methods: In March 2020, the COVID-19 pandemic forced many in Ontario to shift to remote work/learning. For students, staff and faculty at our School of Medicine, this model remained in place over the next two years and had the potential to disrupt the delivery of medical education by affecting the experiences of everyone connected to teaching and learning.

Results: A total of 15 interviews were conducted with medical students (6), staff (4) and faculty members (5). Areas of concern that were identified consisted of five themes: 1) organizational communication, 2) teaching and learning, 3) technology, 4) work-life balance, and 5) workplace and classroom health. Within each theme, benefits and risks to the delivery of quality medical education were described. Remote experiences varied between groups, and in each group benefits and risks ranged from having minor to significant implications for the delivery of medical education.

Discussion: The identification of benefits and risks to medical education suggests that returning to pre-pandemic policies and activities is not the ideal goal. Future policies must consider the benefits provided by remote/learning. In addition, policies and crisis planning by medical education for future emergency remote work/learning transitions must recognize that different groups may have different concerns and require different forms of support.

OB-5

Assessment - Feedback

OB-5-1

78077

All or Nothing? Academic Physicians' Perspectives About Evaluations and Feedback Seeking for Professional Growth

Samantha Halman University of Ottawa, **Lindsay Cowley** University of Ottawa, **Kori LaDonna** University of Ottawa

Background/Purpose: To be successful, academic physicians must not only care for patients and teach learners - they must also be excellent researchers, mentors, administrators, and leaders. We explored academic physicians' perspectives about the role evaluations and feedback play in their professional development, including how they obtain the constructive insights to foster growth across their various roles.

Methods: Informed by constructivist grounded theory, we interviewed fourteen physicians about their evaluation and feedback experiences. Data collection and analysis occurred iteratively; themes were identified using constant comparative analysis.

Results: All participants were generally dissatisfied with the feedback they currently receive, discarding most sources as useless for informing their professional development. Specifically, feedback generated via annual performance reviews or teaching evaluations were dismissed as "tick box check-ins" generating objective, numerical productivity metrics that primarily benefitted hospital/university administration, not their own development. Instead, most participants, including senior faculty leaders, were thirsty for more personalized guidance, seeking "advice" from informal sources about subjective performance aspects such as leadership style and work-life balance. This "advice" was perceived as meaningful, but distinct from feedback.

Discussion: Dissatisfaction with formal feedback and evaluation processes may result from a disconnect between the current prioritization of performance metrics and the holistic personal and professional growth that academic physicians want. Narrow conceptualizations of feedback may also interfere with perceived utility, perhaps explaining an on-going quest for constructive feedback despite already receiving meaningful "advice". Rather than discarding formal feedback sources altogether, triangulating objective metrics with "advice" could generate the 'holistic' feedback grail physicians seek.

OB-5-2

77676

Challenges Encountered by Faculty Members in Health Sciences Programs During Assessment's Validation Process

Élise Vachon-Lachiver Université de Sherbrooke, **Aliki Thomas** McGill, **Christina St-Onge** Université de Sherbrooke, **Jean-Sébastien Renaud** Université Laval, **Kathleen Ouellet** Université de Sherbrooke, **Mélanie Marceau** Université de Sherbrooke

Background/Purpose: Erroneous conclusions about learners' performance can be made when assessment data lacks evidence of validity. For example, health professionals can be deemed competent when they are not. Although faculty members in health sciences programs recognize the importance of assessment validity, they encounter challenges when investigating and documenting it. Moreover, it is unclear what are the barriers and potential facilitators to the operationalization and implementation of a validation process by faculty members. Therefore, we aimed to explore the barriers and facilitators experienced by faculty members during the validation process.

Methods: We used qualitative interpretive description. Using quota sampling, we conducted individual interviews with faculty from four health sciences programs (medicine, nursing, occupational therapy, and physiotherapy). Two team members carried out the thematic analysis according to Braun and Clarke's approach. All team members discussed the interpretation.

Results: Twenty faculty members from four Quebec universities participated in the study. Participants shared facilitators and barriers that correspond to three levels of decision-making during validation process: 1- the organization and program (e.g., programmatic assessment, resources available); 2- the colleagues (e.g., collaboration and teamwork during validation and correction) and 3- the individual (e.g., motivation and involvement, relationship with learners).

Discussion: Our findings suggest that changing faculty members' validation practice will require a multi-level intervention approach as they do perceive some facilitators and barriers as outside their own reach and control. Moving forward, the involvement of stakeholders from all levels will be important to favor and implement change.

OB-5-3

78127

Use of the Macdot App for Monitoring and Promoting Direct Observation and Formative Feedback in the Undergraduate Medicine Clerkship at Mcmaster University.

Anthony Levinson McMaster University, **Andrew Scott** McMaster University, **Jill Rudkowski** McMaster University, **Laura DiCarlo** McMaster University, **Stephanie Ayers** McMaster University, **Sandra Clark** McMaster University, **Helen Neighbour** McMaster University, **Robert Whyte** McMaster University, **Matthew Sibbald** McMaster University

Background/Purpose: Direct observation and feedback on student patient encounters is important for skill development and as an accreditation requirement. However, documenting this 'on the fly' in clinical settings can be a challenge. We developed the McMaster Direct Observation Tool (MacDOT) smartphone application as a way to log and monitor clinical clerk observed encounters; and to promote formative feedback.

Methods: Data was collected from two clerkship cohorts between November 2017 - March 2020. 5-10 prescribed observations were required per rotation. Observers would use the student's smartphone to document feedback with free text comments or 'quick picks' to answer two questions: 'What should the student do more of?' and 'What should the student keep doing?' as part of a formative educational conversation. Students would then document a learning plan and rate the encounter on a 5-point Likert scale. Students and observers could also rate their user experience of the app.

Results: 404 students underwent a total of 33,372 observations from over 2,400 active observers, with an average completion time of 8 minutes. The average student rating of observer feedback was 4.5/5, and ratings improved across all clerkships between the two cohorts. Feedback on the app was generally positive, with some observers and students noting that it helped to facilitate feedback.

Discussion: The MacDOT app is an efficient approach to documenting direct observation of clerks, and is positively regarded by both students and observers. Future work will include an analysis of the free text comments and iterative improvements to the app.

OB-5-478324

Quality of Narrative Feedback Provided by Faculty and Resident Assessors for Entrustable Professional Activities: Analysis of 4 Years of Assessments in the Surgical Foundations Curriculum at Queen's University.

Ingrid de Vries Queen’s University, **Rosephina Del Fernandes** Queen’s University, **Boris Zevin** Queen’s University

Background/Purpose: Competency-Based Medical Education (CBME) requires formative assessments and feedback on learners' performance. Feedback within CBME is provided by faculty, residents/fellows, allied health professionals, and medical students. How the quality of narrative feedback from faculty and resident assessor groups differs is currently unknown.

Methods: We collected assessments of Entrustable Professional Activities (EPAs) performed by residents in the Surgical Foundations (SF) curriculum at Queen's University from July 2017-June 2021. We collected variables pertaining to the assessor, resident, and assessment. Two raters independently used the Quality of Assessment of Learning (QuAL) Score (range 0 to 5) to evaluate the quality of narrative feedback.

Results: A total of 3143 assessments of EPAs in the SF program were completed by faculty (n=1751) and residents (n= 1292). Narrative feedback was provided more often by faculty 59.7% (1045/1751) than residents 52.7% (681/1292) yet the overall quality of narrative feedback provided by residents was significantly greater than that provided by faculty (mean QuAL ± SD 2.29 ± 1.52 vs. 2.00 ± 1.46, $p<0.001$). When comparing year to year, a significant difference between faculty and residents' QuAL scores was found in 2018-2019. There was significant difference in feedback quality between faculty and residents when the resident was entrusted ($p=0.002$).

Discussion: There is significant difference in the quality of narrative feedback between faculty and resident assessors. Future research will focus in exploring the underlying reasons for this difference.

OB-5-5

78257

Ready to Change? Faculty Members' Perspectives About Assessment for Learning in Health Sciences Programs

Christina St-Onge Université de Sherbrooke, **Aliki Thomas** McGill, **Meghan McConnell** University of Ottawa, **Élise Vachon Lachiver** Université de Sherbrooke, **Linda Bergeron** Université de Sherbrooke, **Kathleen Ouellet** Université de Sherbrooke

Background/Purpose: Despite educators' intentions to change assessment culture and support Assessment for Learning (AFL), there are several challenges. Knowing what factors could inform or motivate change would contribute to targeted interventions during the implementation of AFL practices. This study aimed to identify such factors.

Methods: We used qualitative interpretive description informed by the theory of planned behaviour. We conducted individual interviews with faculty members from four health sciences programs (medicine, nursing, occupational therapy, and physiotherapy) in four different Canadian universities. Two team members carried out the thematic analysis and all team members discussed the interpretation.

Results: Fourteen faculty members participated in the study. Participants expressed that a more human relationship with their learners, focusing on mentoring, would contribute to their motivation to change (positive attitude). They reflected that changes in assessment practices will require a collective effort (including program leads, faculty members, and trainees) (normative beliefs). Participants negatively anticipate that these changes could increase their workload (perceived behavioural control). Lastly, participants highlighted the tension between how trainees are selected (for being the 'best' students) and the fact that grades are not as important in the AFL philosophy (perceived behavioural control).

Discussion: Our findings reaffirm that changing perceptions about assessment and assessment practices is not a small endeavour. Implementation of AFL should be done in consideration to potential barriers. Importantly, our findings highlight that these changes cannot solely occur at the individual level; we need concerted efforts by all stakeholders supported by theory-driven and tailored interventions at all levels.

OB-5-6

77579

Integrating the Patient Voice in the Assessment of Medical Trainees: A Discourse Analysis

Christina St-Onge Université de Sherbrooke, **Isabelle Boulais** Université de Sherbrooke, **Tim Dubé** Université de Sherbrooke, **Mélanie Marceau** Université de Sherbrooke, **Marie-Ève Poitras** Université de Sherbrooke, **Linda Bergeron** Université de Sherbrooke, **Iris Le Sieur** Université de Sherbrooke, **Daniel Schumacher** University of Cincinnati, **Vincent Dion** Université de Sherbrooke

Background/Purpose: Programmatic assessment is increasingly adopted to provide a more holistic and complete perspective on trainees' development towards competence. Patients' perspective is an important element in the assessment mosaic to provide further validity to the assessment data interpretation. Yet, it is seldom included. We aimed to uncover how patients' voices are integrated in the assessment of medical trainees, and what are the consequences of doing so (or not doing so).

Methods: We conducted a Discourse Analysis to identify the different ways in which the patient voice has been integrated in the assessment of medical trainees. Building on a set of key articles deemed relevant by the authors, we further built the archive through snowball sampling. We used Braun and Clarke's approach to thematic analysis to identify the discourse description, characteristics, the ways in which to participate, the things made possible, and the potential challenges and consequences of each discourse.

Results: 55 were included in the archive. We identified three discourses: 1- patients as survey fillers to meet accreditation requirements; 2- patients as feedback providers to contribute to trainee growth and development; and 3- patients as assessors in a programmatic approach to assessment.

Discussion: The integration of patients as assessors in a programmatic approach to assessment has the potential to: achieve more holistic assessment, promote trainee growth and development, and increase the validity of assessment data interpretation. This potential can only be achieved when patients are involved in decision-making regarding their role and contributions to assessment of trainees.

Block C

OC-1

Assessment - Feedback

OC-1-1

78158

Under the Microscope: Magnifying the Growing Pains of Epas in Internal Medicine

Roy Khalife University of Ottawa, **Januvi Jegatheswaran** University of Ottawa, **Kori LaDonna** University of Ottawa, **Samantha Halman** University of Ottawa

Background/Purpose: Entrustable Professional Activities (EPAs) were designed to facilitate workplace supervision and coaching via the frequent assessment of residents' enactment of observable and measurable patient care activities. EPA-based assessments became ubiquitous to competency-based medical education (CBME), yet anecdotal evidence suggests that practical implementation and engagement are fraught with growing pains. The purpose of this study was to explore how internal medicine (IM) residents perceive the learning value of EPA-based assessments in their training.

Methods: Using constructivist grounded theory, 11 IM residents from 3 institutions participated in semi-structured interviews. Themes were generated using constant comparative analysis.

Results: Participants recognized both that EPAs are meant to drive professional growth and that the learner-centered orientation of CBME confers responsibility for EPA completion on residents. However, despite learners' considerable efforts, systemic inefficiencies and impracticalities obliged residents to either engage in workarounds or risk receiving communications perceived as threatening from their programs. Learning-benefit thus diluted by stress, disengagement-and in some case-disdain, in a process perceived as onerous and not overly useful for either enhancing performance or addressing learning gaps.

Discussion: While new educational concepts, such as EPAs, necessitate time and effort to be effective, unaddressed systemic pitfalls appear to both hinder residents' learning experiences and threaten their wellbeing. Immediate action is needed as leaving the onus on learners may be backfiring leading to potentially inaccurate assumptions of competence. Learner centeredness is aspirational, but risks failing in practice. We must ask ourselves: are we losing the intended focus of EPAs?

OC-1-2

77751

To Pre or Not to Pre? Optimizing Test Enhanced Learning in Continuing Education

Kulamakan Kulasegaram University of Toronto, **Oshan Fernando** University of Toronto, **Tasnia Khan** University of Toronto, **Vishan Shan** University of Toronto, **Tina Martimianakis** University of Toronto, **Mark Feldman** University of Toronto

Background/Purpose: Test-enhanced learning (TEL) is a proven education strategy to increase retention and transfer of learning in undergraduate and postgraduate medical education. Recent studies demonstrate TEL is feasible and effective in continuing education, leading to gains in transfer of knowledge. TEL can be timed either before (pre) or after (post) learning. Choosing only one strategy maybe more efficient for participants and planners though evidence for the superiority of one strategy is inconclusive

Methods: A randomized controlled experiment studied whether pre or post-testing was superior for CE in the context of the virtual Pediatric Update 2021 Conference in Toronto, Canada. Participants were randomized to pre or post-testing across 15 workshops. Participants in the pre-group received 5 MCQs 2 weeks before live workshops. Participants in the post-group received 5 MCQs for each workshop 2 weeks after the conference. The primary outcomes were clinical reasoning knowledge transfer tests for each workshop delivered one month after the conference. Participants also completed 3 surveys which queried learning behaviours and mpact of pre or post-testing on their learning and clinical practices. Analysis was through multi-level model controlling for other covariates.

Results: 159 individuals provided data (90 pre/69 post). There was no statistical difference between the pre and post-groups on the primary outcome measure ($b=0.05$, $t=6.49$,$p<0.52$) though we noted greater adherence to completing pre-tests compared to post-tests ($t=18.6$, $p<0.001$).

Discussion: Both strategies were well received by participants. We did not detect an advantage for either testing strategy by any measure except significantly greater adherence to pre-testing. We discuss implications for TEL.

OC-1-3

78175

Through the Eyes of the Beholder: What Canmeds Roles Do Clinician Teachers See when Interpreting Epas?

Teresa Chan McMaster University, **Andrew LoGiudice** University of Toronto, **Matthew Sibbald** McMaster University, **Sandra Monteiro** McMaster University, **Jonathan Sherbino** McMaster University, **Geoffrey R. Norman** McMaster University

Background/Purpose: The CanMEDS framework guides postgraduate medical education in Canada by representing the broader needs of the public. Nonetheless, the CanMEDS roles are now less prominent following a recent shift to Entrustable Professional Activities (EPAs) as cornerstones of assessment. Therefore, to evaluate whether these new assessment standards still capture society's needs, we explored how well clinician teachers share an understanding of the roles when interpreting specific EPAs.

Methods: We conducted a cross-sectional study of 3 specialties (adult cardiology, emergency medicine, anesthesia) to measure how consistently clinician teachers mapped roles onto EPAs. Clinician teachers received a set of EPAs from their specialty via an online survey, and for each EPA selected which roles they thought informed the EPA. We then used these responses to measure agreement with classifications found in formal EPA guides (% matching responses) and agreement among participants (inter-rater reliability via intraclass correlation; ICC).

Results: Thirty-eight clinician teachers participated with no attrition. Overall, across roles and specialties, classifications of EPA by role matched formal guides approximately 62% of the time, with Communicator (75%; SEM = 2.6) and Collaborator (69%; SEM = 2.3) showing the greatest agreement. Inter-rater reliability was poor across all included roles and specialties (Cardiology ICC = 0.28; Emergency Medicine ICC = 0.24; Anesthesia ICC = 0.17).

Discussion: Our findings suggest frontline clinician teachers in Canada often "see" different roles when interpreting EPAs, and thus that this new EPA-based assessment system does not easily map onto the pre-existing CanMEDS framework.

OC-1-4

77867

A Realist, Multi-Site Comparison of Competence Committee Implementation Practices

Anita Acai McMaster University, **Tessa Hanmore** Queen's University, **Melissa Andrew** Queen's University, **Sussan Askari** Queen's University, **Maria Hussain** Queen's University, **Ranil Sonnadara** McMaster University, **Jessica Trier** Queen's University

Background/Purpose: Competence committees (CCs) are groups that review resident progress in postgraduate medical education programs and make decisions about readiness to progress to the next stage of training. Literature about CC implementation in health professions education largely reflects expert consensus or single-site studies, with limited understanding of how implementation practices may vary across contexts. The purpose of this study was to compare CC implementation practices at two academic centres.

Methods: A realist evaluation of CC implementation practices was used to complete a secondary analysis of data obtained through CC observation, interviews, and a survey with key stakeholders at two academic centres in Ontario. A co-created template was populated with 15 domains based on the existing CC literature and our own experiences as researchers and educators. Multiple meetings between our interdisciplinary research team allowed us to identify similarities and differences between sites.

Results: A major contextual difference was how CCs were implemented (institution-wide transition versus on a rolling basis). Despite this, many aspects of CC implementation were similar across both centres. Shared challenges included committee membership, workload, adequate data, remediation and appeals, and processes for continuous quality improvement. A notable difference between the two centres was the operationalization of the academic advisor role and how it interfaced with CCs.

Discussion: More similarities than differences were identified in the implementation of CCs across two centres, including challenges that CCs must overcome to successfully perform their roles. The findings of this study can help identify areas for continued improvement of CC practices and areas for future scholarship.

OC-1-5

78266

Using Learning Analytics to Examine How Preceptors Describe Chest Pain Symptoms in Male versus Female Patients

Zoe Brody University of Alberta, **Shelley Ross** University of Alberta

Background/Purpose: Coronary heart disease is the leading cause of death for females. Misunderstanding gender differences in heart disease symptoms results in misclassification of symptoms and underdiagnosis in female patients. To address this problem, we used learning analytics to explore how preceptors discuss chest pain presentations during clinical teaching. Specifically, we examined how often chest pain was described as 'atypical', and compared rates of 'atypical' designations between the sexes.

Methods: Learning analytics (secondary data analysis) of 12 years (July 2010 - June 2022) of archived FieldNotes (workplace-based formative assessments). FieldNotes include narratives capturing feedback to learners and descriptions of patient presentations, thus serving as a proxy for clinical teaching discussions. We first searched for FieldNotes about chest pain (example terms: "chest pain", "heart", "MI", etc.). Extracted FieldNotes were then searched for the term 'atypical', and to determine the sex of the patient. Analysis was descriptives and Chi-square goodness of fit to test the assumption that the proportion of 'atypical' classification was equal across sexes.

Results: The database (N = 64,942) search identified 677 (1.04%) FieldNotes about chest pain. Of those, 76 (11.2%) described symptoms as 'atypical'. 'Atypical' classification varied by patient sex (male = 11; female = 32; unspecified = 33). Female patients' chest pain symptoms were described as 'atypical' significantly more frequently ($X2 = 18.24$; $df = 2$; $p = 0.00011$).

Discussion: Our findings indicate a need for targeted faculty development. Our study demonstrates the value of learning analytics for examination of quality-of-care issues and practice quality improvement.

OC-1-6

77450

Prevalence of Test Accommodations for the Mccqe Part I, 2013-2021

Quinten Clarke University of British Columbia, **Julia Hanes** University of British Columbia

Background/Purpose: Previous articles have highlighted the laborious process of acquiring disability accommodations in medical education. Findings from Peterson et al. (2022) have highlighted the harm of medical students with disabilities being refused accommodations on the USMLE Part I. We endeavoured to characterize the trends of test accommodations on the MCCQE Part I.

Methods: Data was requested from the Medical Council of Canada on the number of applicants who attained test accommodations on the MCCQE Part I between 2013 and 2021. The number of test takers for the same period was obtained from the Medical Council of Canada's Annual Technical Reports; this data was not publicly available for 2013, 2014, or 2021. Prevalence rates and graphs were produced using Microsoft Excel.

Results: The number of test takers who attained test accommodations ranged from 35 to 126 between 2013 and 2021. The percentage of test takers who attained test accommodations ranged from 0.89% to 2.01% between 2015 and 2020. Per correspondence with the Medical Council of Canada, no applicant who provided all required documentation was denied test accommodations during this period.

Discussion: The number and rate of test takers attaining test accommodations on the MCCQE Part I have increased substantially during this period. It is unclear whether this increase is due to greater rates of students with disabilities, or a reduction in stigma around using test accommodations. Further research will be necessary to determine if the accommodations provided are the same as those requested by students.

OC-2

Virtual Care

OC-2-1

78278

A Multi-Institutional Evaluation of Virtual Care Educational Affordances Among Different Specialties: Does One Size Fit All?

David Rojas University of Toronto, **Samantha Inwood** University of Toronto, **Mitchell Irving** University Health Network, **Ramanan Aiyadurai** Ministry of Health, **Roberto Mendoza** SickKids Hospital, **Lauren Chad** SickKids Hospital, **Karen Leslie** SickKids Hospital, **Tina Martimianakis** University of Toronto, **Catherine Wang** University Health Network, **Peter Rossos** University Health Network, **Cynthia Withehead** University of Toronto, **Rob Paul** University of Toronto

Background/Purpose: The COVID-19 pandemic was the catalyst for a rapid transition into virtual care practices. The fast pace of the initial transition and adoption highlighted the literature gaps around virtual care best practices, educational affordances, and perceived quality from different stakeholder groups. This study presents a multi-institutional, participatory, value-based evaluation to better understand the educational implications of virtual care implementation.

Methods: We followed a mix-methods approach to collecting data via surveys and semi-structured interviews. We collected data within SickKids Hospital and University Health Network from the following medical specialties: Genetics, Adolescents Medicine, Cancer, and Rehabilitation sciences. We obtained 90 surveys and conducted 45 interviews with patients, trainees, and physicians. We used an inductive thematic analysis to analyze interview data, while surveys were analyzed descriptively.

Results: Evaluation results show misalignment between the stakeholders' perceptions of the effectiveness of virtual care and its associated educational affordances. Trainees consider that although virtual care might limit the breadth of cases they have access to, it offers a less invasive environment for bedside teaching. Interestingly, faculty reports change son their identity as a physician.

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

OC-2-2

78213

Covid-19 and the Shift to Virtual Care: A Critical Discourse Analysis on Professionalism in Health Professions Education

Robert Paul University of Toronto, **David Rojas** University of Toronto, **Mitchell Irving** University Health Network, **Robert Paul** University of Toronto, **Cynthia Whitehead** University Health Network, **Tina Martimianakis** The Hospital for Sick Children, **Catherine Wang** University Health Network, **Mark Bayley** University Health Network - Toronto Rehabilitation Institute, **Alejandro Berlin** University Health Network - Princess Margaret Cancer Centre, **Peter Rossos** University Health Network, **Karen Leslie** Hospital for Sick Children, **Roberto Mendoza-Londono** The Hospital for Sick Children, **Lauren Chad** The Hospital For Sick Children, **Ramanan Aiyadurai** University Health Network

Background/Purpose: The Covid-19 pandemic accelerated the adoption of virtual technologies (video, telephone, email, etc.) in healthcare. The purpose of this study was to identify consequences of this shift as a way to seek potential educational affordances.

Methods: Data collected included public documents and 19 in-depth interviews with health care workers, administrators, and leaders representing four clinical sites across two academic hospitals. Analysis drew upon Michel Foucault's theory of Critical Discourse Analysis to identify shifts in power, boundaries, and practices.

Results: The adoption of virtual technologies has led to unexpected changes in patient-clinician interactions and professional identity. At the patient-clinician level, patients seemed to be less "present", to be multi-tasking in appointments, and as a result assigning less importance to virtual care appointments, which impacted communication practices and safety. At the professional identity level, there appeared to be a shift in power in the patient-clinician relationship that might affect the construction of professionalism, professional identity and what it meant to be a competent professional. Finally, virtual care work practices seemed to be removing a liminal space between meetings in which clinicians mentally transitioned between issues, contexts and roles.

Discussion: Early signs suggest a possible shift in what it means to be a professional, with implications for the patient-clinician relationship. This may require reconsideration of future curricular needs in Health Professions Education.

OC-2-3

78308

Virtual Care Providers Experience (Vcape) in Supporting Patients with Amyotrophic Lateral Sclerosis (Als): A Needs Assessment

Heather Braund Queen's University, **Nancy Dalgarno** Queen's University, **Benjamin Ritsma** Queen's University, **Benjamin Ritsma** Queen's University, **Ramana Appireddy** Queen's University, **Hailey Bergman** University of Ottawa

Background/Purpose: There has been rapid uptake of virtual care (VC) during the COVID-19 pandemic. Proposed benefits related to VC may be particularly relevant for patients with ALS. Previous research has outlined that healthcare providers require additional support and education to enhance VC delivery. Prior to such curriculum development for ALS providers, a needs assessment was conducted.

Methods: Healthcare providers involved in virtual ALS care across Canada were invited to participate in an interview or focus group in 2021-2022. Providers included dietitians, nurses, occupational therapists, physicians, physiotherapists, social workers, and spiritual advisors. The interviews/focus groups were audio recorded and transcribed verbatim. Data were analyzed thematically using NVivo.

Results: A total of 51 providers participated, representing all 8 Canadian provinces/territories with specialized ALS clinics. There were logistical differences across the VC clinics. In some, providers attended VC encounters together, whereas in others they rotated individually. Generally, providers were very open to providing VC, suggesting this may be more beneficial for patients with severe/advanced disease and that VC increased access to care. Several barriers to uptake were also identified, including lack of equipment, remote living, and limited caregiver support. Most providers reported no training specific to VC. They identified a number of desired topics for education, including guidelines, understanding of roles across the team, overview of platforms, and standardization.

Discussion: The findings highlight multiple content areas that can be used to support providers delivering VC in ALS across Canada. Additionally, participants were eager to learn from other clinics' approach/experiences and to receive further education in VC delivery.

OC-2-4

77926

Gaming the System? Exploring Physician Assistant Learner Perceptions of Virtual Patient Case Education

Sharona Kanofsky University of Toronto, **Joyce Nyhof-Young** University of Toronto, **Kathryn Hodwitz** University of Toronto, **Peter Tzakas** University of Toronto, **Catharine Walsh** University of Toronto

Background/Purpose: During the COVID-19 pandemic, healthcare learners were restricted from attending clinical placements. In two Physician Assistant (PA) programs at the University of Toronto (UofT) and McMaster University (McMaster), virtual patient (VP) case learning was therefore implemented to supplement senior learners' clinical education. We explored learners' perceptions of this educational modality to understand their experiences with this curricular adjustment.

Methods: We used an interpretivist, qualitative case study methodology to explore learners' perceptions. Senior PA students in the two programs participated in focus groups or interviews following completion of an assigned series of VP cases that corresponded to their canceled clinical placements.

Results: Eleven PA learners (8 UofT; 3 McMaster) participated in 2 focus groups and 5 individual interviews. Three factors influenced learners' experiences: 1) VP platform technical factors impacted case interactions and authenticity; 2) learner characteristics influenced individual engagement and motivation; and 3) learning environment factors, such as pandemic stressors and case alignment with the curriculum, influenced the perceived acceptability and value of the learning experience. Differences across sites related to past virtual learning experience, learner accountability, and curriculum alignment.

Discussion: To maximize the potential of VP learning as a clinical education supplement, factors influencing learners' experiences and engagement need to be considered, including VP case psychological fidelity and complexity, student motivation, and past clinical experience. VP cases can be a meaningful supplement to clinical learning in health professions education when such factors are considered.

OC-2-5

77666

Benefits and Challenges of Family Medicine Residents Teaching in Virtual Settings

Sudha Koppula University of Alberta, **Shannon Gentilini** University of Alberta, **Oksana Babenko** University of Alberta, **Nathan Turner** University of Alberta, **Olga Szafran** University of Alberta

Background/Purpose: Canadian family medicine (FM) residency programs are required to provide teaching opportunities to trainees to enable skill development. In response to this accreditation requirement, residency programs have introduced resident teaching opportunities into curricula. Since COVID-19, many sessions have been virtual which present opportunities and challenges for resident teachers. The purpose of this study was to describe benefits and challenges of teaching in virtual settings as identified by FM residents.

Methods: This qualitative study employed semi-structured, one-on-one virtual (Zoom) interviews with FM residents in the Department of Family Medicine, University of Alberta. Outcome measures included identification of benefits and challenges of virtual teaching opportunities that residents experienced. Interviews were digitally recorded and transcribed verbatim. Qualitative data were coded by each investigator and analyzed collectively using thematic analysis.

Results: Ten residents participated in the interviews. Identified benefits of virtual teaching included: having a comfortable teaching environment; reduced stage fright compared to in-person; increased accessibility to sessions; and ease of sharing resources via electronic links. Challenges of teaching in virtual settings included: difficulty assessing engagement; technical challenges; and distractions from learners' various locations.

Discussion: Virtual teaching provides conveniences; however, resident teachers should consider strategies for engaging learners virtually and overcoming technical challenges. These challenges afford opportunities for FM residents to demonstrate adaptability when required to change teaching strategies or troubleshoot technical issues, thus adding virtual settings as a new venue in which FM residents can teach.

OC-2-6

77544

Rural and Remote Resuscitation Simulation Program ("RnR Rounds"): A Monthly Hybrid in-Person and Virtual Simulation Program for Rural Physicians to Practice Resuscitation Skills, Well-Received in Either Attendance Method

Anthony Seto University of Calgary, **Jonathan Wallace** Alberta Health Services, **Natasha Goumeniouk** University of Calgary, **Craig Bertagnolli** University of Calgary, **Logan Haynes** University of Saskatchewan, **Kyle Guild** University of Calgary, **Matthew Peterson** Western University, **Colton Lewis** University of Calgary, **Mohamed Jama** University of Calgary, **Alice Ko** University of Calgary

Background/Purpose: Emergencies in rural and remote locations present unique challenges to physicians educationally and clinically. Educationally, simulation opportunities may be limited. As simulation is an effective training tool, a simulation program can be developed to help rural and remote physicians improve resuscitation skills, where certain resources and additional clinical support may not be readily available. The Rural and Remote Resuscitation Simulation Program ("RnR Rounds") was developed for rural physicians to practice resuscitation skills. Participants can attend in-person or virtually. The question is whether participants' choice in attendance method affects their global rating of monthly sessions.

Methods: RnR launched in Calgary in 2020. A monthly 2-hour simulation session was hosted in an eSIM Simulation Centre, containing 2 cases of a particular theme (e.g., shock, trauma). Session participants (up to ~10) include physicians and residents. Virtual participants joined by using Zoom Videoconferencing or the Double Telepresence Robot. Virtual participants can volunteer to run cases as a resuscitation Team Leader, virtually.

Results: Participants completed monthly post-session evaluation surveys. The average score (out of 7) was minimally higher (0.23-point difference, or 3%) for in-person participant surveys (6.31, n=29) versus virtual participant surveys (6.08, n=12), and this was not statistically significant (p=0.45, two-tailed t-test). Feedback identified debriefs and complexity of cases as positives for virtual participants. Feedback identified challenges surrounding contributing verbally as a virtual participant.

Discussion: RnR Rounds is a flexible and accessible monthly simulation program for rural resuscitation practice. Participants can join in-person or virtually, and there is no significant difference in satisfaction in either attendance method.

OC-3

Teaching and learning - Post Graduate Medical Educatio

OC-3-1

77784

Dancing with Socrates: Signals Used by Residents to Indicate Receptivity to Questioning

Katrina Dutkiewicz University of British Columbia, **Kevin Eva** University of British Columbia, **Mark Goldszmidt** Western University

Background/Purpose: Questioning has, since Socrates, been touted as an effective teaching technique in health professions education, but its use is controversial due to the risk of negative trainee experiences. While much has been written on the optimal methods of questioning, there remains an apparent disconnect between preceptors' intentions and how questioning is experienced. We explored if and how learners try to signal to their preceptors when questioning has gone from educationally valuable to 'pimping', along with learner perceptions regarding whether preceptors are able to identify those cues.

Methods: We conducted semi-structured interviews with 12 senior internal medicine residents to elicit their perspectives on how they try to signal their wishes to preceptors during questioning interactions. Our methodology was constructivist grounded theory and rigour was enhanced through iterative data collection and analysis, constant comparison, and theoretical sampling.

Results: Signalling was confirmed to be an important concept in resident-preceptor interactions because comfort with questioning was not universally positive or negative. Rather, participants signalled their openness to questioning in context-dependent ways influenced by a variety of factors. In addition to their own signaling, participants also recognized and responded to signals from their juniors, peers and attendings.

Discussion: With a better understanding of important contextual factors to consider before entering a questioning interaction, and a better ability to recognize encouraging and discouraging signals offered by residents in relation to situational factors, we hope that attending physicians will be better able to navigate these clinical teaching moments to optimize resident learning within a psychologically safe environment.

OC-3-2

77911

Social Media as A Dissemination and Knowledge Translation Strategy Among Health Professions Educators: A Scoping Review

Catherine Giroux McGill, **Sungha Kim** McGill, **Lindsey Sikora** University of Ottawa, **André Bussières** McGill, **Aliki Thomas** McGill

Background/Purpose: Health professions educators often use social media to share knowledge; however, it is unclear what specific dissemination and knowledge translation (KT) processes are occurring and the implications of this sharing for health professions education (HPE). This study explored how educators have used social media as a mechanism of dissemination and KT in the peer-reviewed and grey literature.

Methods: We employed a critical scoping review methodology, informed by Engeström's Activity Theory. We searched 12 databases and included studies that: a) addressed health professions educators; b) described the use of social media for dissemination or KT; c) focused on a regulated health profession; d) focused on undergraduate or postgraduate education; and e) were published in English or French between 2011 and 2021. Data were analyzed using numerical and qualitative content analyses.

Results: Of the 4,859 articles screened, 37 were eligible for inclusion. Social media may facilitate knowledge sharing in HPE but there is a lack of conceptual clarity on what is meant by 'dissemination' and 'KT'. Who is responsible for sharing knowledge, what knowledge is being shared, and the target audiences are not always clear. Multiple factors (e.g., affordances, opportunity costs) influence how social media is used as a mechanism of dissemination, and it remains unclear whether and how it is used as a mechanism of KT.

Discussion: Concepts like KT and dissemination, which are often borrowed from other disciplines, must be critically evaluated for their relevance and suitability if they are to be appropriately applied to HPE.

OC-3-3

78134

A Concept Analysis of Ambiguity, Uncertainty, and Complexity in Clinical Reasoning

Meredith Young McGill, **Valerie Dory** Universite de Liege, **Aliki Thomas** McGill, **Stuart Lubarsky** McGill, **Nazi Torabi** University of Toronto, **Farhan Banji** McGill, **Steven Durning** Uniformed Services University

Background/Purpose: Medical practice is fraught with uncertainty, ambiguity, or complexity. Recognizing and responding to the uncertainty, ambiguity, and complexity of practice is an enabling competency of a Medical Expert in CanMEDS 2015.1 Despite attention, these concepts remain underspecified, making it challenging to develop teaching and assessment approaches to improve clinical reasoning.

Methods: With the Royal College as a knowledge user, we conducted a scoping review to map literature on ambiguity, uncertainty, and complexity in clinical reasoning. A search was developed, peer reviewed, and executed in five databases. Two coders screened abstracts. Analysis was done using concept analysis, which focuses on: objects (things that display the target concept), antecedents (what precedes the concept), attributes (key characteristics of the concept), and consequents (things that follow from the concept).

Results: 386 of 4527 abstracts screened were included. 'Complex(ity)' was used most frequently, followed by 'uncertain(ty)', and ambiguous/ambiguity. Ambiguous objects included patient characteristics, uncertainty included clinical processes and outcomes, and complexity included systems and processes. There were important areas of overlap across concepts, but several key differences in the use of the concepts were documented. Ambiguity was more about individual patient cases whereas complexity spanned from the patient to the system levels. Uncertainty was more tied to a clinician experience and seen as undesirable, whereas complexity was inherent to health care and necessitated.

Discussion: Findings provide an overview of existing ways these terms are used - including their interrelation and interdependence. More conceptual clarity is needed to support teaching and assessing clinical reasoning in complex/uncertain/ambiguous problems.

OC-3-4

78537

Meeting the Moment: Building a Standardized Serious-Illness-Communication Skills Training Program for the Academic Medical Setting

WA**rren Lewin** University of Toronto

Background/Purpose: Background: Serious Illness Conversations (SIC) including advance-care-planning and goals-of-care conversations are essential to support person-centred care. Feeling comfortable leading these conversations can protect clinicians from burnout. Most clinicians receive little or no training on these skills and no standard exists to teach them. Purpose: We explored the literature and current state of SIC teaching at the Department of Family & Community Medicine (DFCM) at the University of Toronto to assess resident preferences for teaching and feedback methods, and faculty experiences in teaching them, in order to inform curriculum reform.

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

Results: Survey completion rate was 60% (93/155) across 14 training sites. Most residents prefer direct observation and feedback and using structured approaches to learn how to lead conversations. However, most were not taught such an approach nor received observed feedback. Themes emerged from focus groups and interviews including using brief e-modules for asynchronous foundational learning, longitudinal teaching, and incorporating frameworks from two existing evidence-based programs for both teaching and learning content.

Discussion: Residents and faculty value using a standardized, evidence-informed, mixed methods and longitudinal approach to learn and teach SIC skills. We created two asynchronous e-learning modules introducing residents to core internationally recognized tools that clinician teachers can incorporate into their teaching practices with an aim to ensure goal-concordant care.

OC-3-5

77906

New Insights and Challenges for One of the Most Classic Teaching Scenarios: Admission Case Review

Nicole Hugel Western University, **Mitchell Cooper** Western University, **Kristen Bishop** Western University, **Mark Goldszmidt** Western University

Background/Purpose: One of the most important aspects of collaborative thinking and learning for on-call junior trainees (medical students and first year residents) is the creation of a problem list at the time of hospital admission. Although prior research has identified problematic variability in its documentation little is known about how it is developed and negotiated prior to junior trainee documentation - the focus of this study.

Methods: Our methodology was constructivist grounded theory and involved iterative data collection and analysis, constant comparison and purposive sampling. Data was generated through direct observation of admission case review between senior medical residents (SMRs) and junior trainees on-call and included field notes, field interviews, and copies of de-identified admission notes.

Results: Across the 8 observation periods, 11 SMRs were observed interacting with junior trainees, admitting 19 patients. Contrary to classic teaching, the development of the problem list did not take place at a single moment. Rather, its evolution began at ER physician handover and continued past the point of review. Multiple competing demands on the SMR and changing patient status that the SMR but not the junior trainee, was privy to both contributed to this phenomena. Considerable variability was also observed in SMR problem list construction.

Discussion: Given that it is the junior trainee who documents and presents cases in the morning to the team, our findings flag a major gap in overnight collaboration and learning. Programs should explore the extent this is true in their context and develop strategies for supporting more effective practice.

OC-3-6

77344

Development and Delivery of A Workshop on Physical Examination of the Ear, Nose, Throat, and Neck

Caitlin Finley University of Alberta, **Andrew Cave** University of Alberta, **Peter George Jaminal Tian** University of Alberta, **Timothy Cooper** University of Alberta, **Graeme Mulholland** University of Alberta

Background/Purpose: Knowledge and skills on ear-nose-throat (ENT) conditions have been reported to be inadequate in undergraduate and postgraduate medical education. Moreover, with the pandemic, the shift to teleconsultations and virtual education, both knowledge and hands-on skills in various residency programs decreased. We developed and delivered a workshop on physical examination of the ENT and neck to family medicine residents.

Methods: This is an ongoing action research consisting of cycles of (1) needs assessment, (2) workshop development, (3) workshop delivery, and (4) workshop evaluation. The participants are family medicine residents from the University of Alberta.

Results: The team consisted of one family medicine professor, three otolaryngologists, and a family medicine resident. The team designed a three-hour workshop focusing on inspection and palpation of ENT, including neck, otoscopy and pneumatic otoscopy, anterior rhinoscopy. Various learning strategies were integrated into the workshop. Strategies included establishing relevance, a needs assessment, establishing a safe space for learning, managing the risk of infection, lecture and live demonstration, provision of handout, hands-on practice, provision of immediate feedback, use of a video-otoscope for otoscopy and anterior rhinoscopy, and having residents as teachers. We piloted the workshop to a group family medicine residents (n=4). The residents found the workshop useful and recommended its learning potential for family medicine residents. We then offered the workshop formally to the residents as an optional stand-alone workshop. Three participated in the workshop.

Discussion: A workshop on physical examination of the ENT-neck is a learning opportunity for family medicine residents, supplementing and reinforcing previously learned skills.

OC-4

Black Health and Wellness - Curriculum

OC-4-1

78005

Developing Priority Indicators of Cbd Implementation Using A Group Consensus Approach

Heather Braund Queen's University, **Nancy Dalgarno** Queen's University, **Anna Tomiak** Queen's University, **Nazik Hammad** Queen's University, **Elaine Van Melle** The Royal College of Physicians and Surgeons, **Sohaib Alasaaed** Memorial – University of Newfoundland, **Sanraj Basi** University of Alberta, **Flavia De Angelis** Université de Sherbrooke, **Jean-Luc Dionne** Université de Montréal, **Debjani Grenier** University of Manitoba, **Jan Henning** University of Calgary, **Tina Hsu** University of Ottawa, **Raymond Jang** University of Toronto, **Alwin Jeyakumar** Dalhousie University, **Sheryl Koski** University of Alberta, **Howard Lim** University of British Columbia, **Som Mukherjee** McMaster University, **Kylea Potvin** Western University, **Tamara Shenkier** University of British Columbia, **Xinni Song** University of Ottawa, **Patricia Tang** University of Calgary

Background/Purpose: As medical education shifts towards a Competence by Design (CBD) model in residency programs, methods for measuring and evaluating progress towards intended implementation are crucial. This study identified key CBD priority qualities, diagnostic metric indicators, and data sources that could be used in evaluating CBD implementation, based on feedback and interviews of medical educators in Canadian Medical Oncology programs.

Methods: A group consensus method collected opinions of Medical Oncology educators in 14 Canadian residency programs. The Core Components Framework for evaluating implementation was used to identify CBD qualities that reflect a high degree of CBD implementation if present in a program ("key priority qualities"). Indicators that could be measured to identify the extent to which a particular quality was being implemented on the ground were then identified ("diagnostic metric indicators"). Lastly, the sources required to provide evidence of implementation were described ("data sources").

Results: Twelve meetings (between 2019-2021) were required to reach group consensus. Seven CBD priority qualities from 3 core components (tailored experiences, competency focused education, programmatic assessment) were identified as transformative and challenging to implement. These were specific to direct observation, individualized learning, coaching, and programmatic assessment. The presentation will detail the qualities, indicators, and data sources that Canadian Medical Oncology educators consider important in progressing towards intended implementation.

Discussion: This approach is valuable for identifying priority qualities, diagnostic metric indicators, and data sources for measuring and evaluating progress towards CBD implementation. Future directions include piloting indicators and data sources in training programs to determine feasibility of measuring CBD intended implementation.

OC-4-2

78170

Evaluation of A National Pain Management and Substance Use Disorder Curriculum for Postgraduate Medical Education

Nancy Dalgarno Queen's University, **Nicholas Cofie** Queen's University, **Lisa Graves** Western Michigan University Homer Stryker M.D. School of Medicine, **Amber Hastings-Truelove** Queen's University, **Samsoor Akberzai** Queen's University, **Jennifer Turnnidge** Queen's University, **Robert Van Hoorn** The Association of Faculties of Medicine of Canada, **Richard van Wylick** Queen's University

Background/Purpose: Opioid overdoses and surging death rates are a national public health crisis for Canada. In 2022 the Association of Faculties of Medicine of Canada (AFMC) piloted a postgraduate medical education curriculum (PGME) on pain management and substance use disorder as a response to this crisis.

Methods: Online pre-and post-cross-sectional surveys with closed- and open-ended questions were administered to participants from across Canada who participated in the pilot evaluation of the PGME training program which ran from March to July 2022. Appropriate descriptive and inferential statistical techniques(t-tests) were used to analyze the quantitative data. Qualitative data was thematically analyzed.

Results: Forty (88% English) pre-program and 28 (89% English) post-surveys were completed for response rates of 83% and 58% respectively. Participants significantly increased their perceived confidence regarding their knowledge of the use of opioids in the management of pain by 27%, while their perceived ability to manage patients with substance use disorder increased by 45%. Overall, participants reported a statistically significant improvement across all 33 assessed learning outcomes. Participants noted that the strengths of the program were that it was comprehensive, interactive, and well-organized; weaknesses were that it was not user friendly, contained an overwhelming amount of content, and did not have enough opportunities to consolidate learning.

Discussion: Overall, this curriculum is meeting the learning needs of residents involved in the pilot of a curriculum for pain management and substance use disorder. Feedback from the pilot will be used to further adapt the program to meet the needs of learners.

OC-4-3

77719

Uncommon Places: Learning From the Design of Competence by Design

Mary Ott Western University, **Lori Dengler** Western University, **Kathy Hibbert** Western University, **Michael Ott** Western University

Background/Purpose: Curriculum making is a contested, contextual, ongoing process. However, the literature on curriculum design for CBME is largely conceptual. In the implementation of Competence by Design (CBD), there is opportunity to study the process. According to Schwab, four "commonplaces" should be represented as sites of curriculum making. How were the commonplaces of teachers, learners, milieu, and subject matter expert included in the design of Competence by Design? Understanding the influence of these commonplaces can offer insights for curriculum improvement.

Methods: This thematic analysis uses Schwab's theoretical framework to interpret a set of 18 semi-structured interviews with CBD implementation leads at national, institutional, and program levels in 3 Canadian provinces. Interviews explored participants' experience of the process of curriculum design and translation to practice. Two researchers independently coded the data to identify examples of human and material actors representing the commonplaces. We then engaged in 4 analytic team meetings to discern the effects of inclusions and exclusions in these sites of decision making.

Results: The commonplace of subject matter expert was well-represented, while the perspectives of teachers and learners were frequently overlooked. We found three, often unanticipated material actors in the milieu for CBD, represented by institutional policies, technologies, and training contexts. When silent or hidden, the commonplaces of teachers, learners, and milieu had unintended consequences of disconnecting assessment and entrustment from tailored learning experiences in early implementation of CBD.

Discussion: This study of curriculum making in CBD offers empirical and critical insights to inform quality improvement of competency-based curricula in medical education.

OC-4-4

77682

Operationalizing Subspecialty Training in the Competence by Design Model: A Case Study of Lived Experiences

Heather Braund Queen's University, **Nancy Dalgarno** Queen's University, **Melissa Andrew** Queen's University, **Maria Hussain** Queen's University, **Xiaolin Xu** Queen's University, **Laura Marcotte** Queen's University, **Peggy DeJong** Queen's University, **Noah Letofsky** Queen's University

Background/Purpose: With the transition and implementation of competency based medical education (CBME) and the Royal College framework Competence by Design (CBD), residency training programs must align theoretical constructs to practice. Some unique factors associated with subspecialty programs are highly subspecialized Entrustable Professional Activities (EPAs) and a short period to operationalize the 4-stage CBD model. Exploring lived experiences of leaders within subspecialty programs may help bridge the theory practice gap. This project describes the lived experiences of leaders in implementing CBD in subspecialty programs at Queen's University.

Methods: This grounded theory study recruited program directors, CBME Leads, educational consultants, and resident leads across subspecialty programs. A total of 16 participants completed semi-structured interviews which were audio recorded and transcribed verbatim. The data were analyzed using open, axial, and selective coding.

Results: Programs had varied approaches in CBD development and emphasized the need for ongoing refinement. Common challenges included assessment completion, administrative burden, software use, and developing the CBD stages. Strengths included frequent assessment, formal documentation of performance, and enhanced accountability. A challenge unique to subspecialty training in Psychiatry was the "overlap year", where in PGY5 the resident is enrolled officially in a Psychiatry program while completing subspecialty requirements. Participants shared recommendations which included faculty development, and iterative process in developing EPAs, and flexibility with timelines and stages.

Discussion: This study shared the lived experiences of key program stakeholders as they helped transition their subspecialty program to CBD. Some strengths as theorized were evident and participants had several recommendations for program leaders to operationalize CBD implementation.

OC-4-5
77982

Identifying the Needs of Medical Assistance in Dying Assessors and Providers in Canada: A Mixed Methods Needs Assessment

Heather Braund Queen's University, **Nancy Dalgarno** Queen's University, **Aliza Panjwani** University of Toronto, **Cassandra Graham** University of Toronto, **Stefanie Green** CAMAP, **Gordon Gubitz** Dalhousie University, **Kate Hunt** University of Toronto, **Gilla Shapiro** University of Toronto, **Sarah Stevens** CAMAP, **Seline Thevasahayam** CAMAP, **Madeline Li** University of Toronto

Background/Purpose: The Canadian Association of MAiD Assessors and Providers (CAMAP) MAiD Curriculum Development Project (CMCDP) is developing a comprehensive national MAiD training program for clinicians. This presentation shares findings from a needs assessment to ensure a relevant, comprehensive curriculum is designed to meet the needs of healthcare professionals.

Methods: An online survey was circulated in 2021-2022 to members of national physician and nurse practitioner regulatory organizations. The survey included quantitative demographic and ordinal scale-based questions, in addition to open-ended items. Content analysis of qualitative responses was conducted using a thematic approach.

Results: A total of 257 responses were collected (61% physicians, 35% nurse practitioners), of which 39% of clinicians were involved in MAiD and 67% were female. There was representation in rural and urban contexts across clinical settings. Findings showed that 60% of respondents had not been involved in MAiD, 58% had patients ask about MAiD, and 27% indicated lack of comfort in discussing MAiD. Qualitative barriers to MAiD work included clinical scope, moral/ethical concerns, and lack of resources/support. Facilitators for involvement in MAiD included access to guidelines (38%), peer support (38%), and accredited low-cost education (34%). Only 18% reported that emotional support for the clinician would be helpful. The 3 priority educational topics were assessing depression (66%) and somatization disorders (63%) in the context of MAiD, and managing patients with communication challenges (52%).

Discussion: Canadian clinicians identify the need for MAiD practice standards and training, particularly for cases with clinical complexity. These results will inform content development for the CMCDP.

OC-4-6
78167

Addressing the Mental Health Needs of Inmates Through Education for Correctional Officers

Shaheen Darani University of Toronto, **Kiran Patel** University of Toronto, **Laura Hayos** University of Toronto, **Tanya Connors** University of Toronto, **Faisal Islam** University of Toronto, **Anika Saiva** University of Toronto, **Fabienne Hargreaves** University of Toronto, **Rachel Antinucci** University of Toronto, **Stephanie Sliekers** University of Toronto, **Sandy Simpson** University of Toronto

Background/Purpose: Globally, there has been an increase in rate of incarceration of individuals with mental disorder. Front-line officers play a central role in dealing with mental health struggles of inmates. Nonetheless, training officers receive is often considered inadequate.

Methods: A needs assessment was undertaken and a course delivered to officers at Tonto South Detention Centre (TSDC), Vanier Centre for Women (VCW), and adapted to an online format at Edmonton Institute for Women (EIFW). Curriculum included mental health awareness; risk assessment; communicating with inmates; self-care/resilience. Simulations provided the opportunity for participants to identify mental illness, assess risk, and de-escalate situations. Participants' ability to assist individuals was established using pre-post-measures. Satisfaction surveys, three-month follow-up, focus groups at nine months showed impact of training.

Results: Results were promising, 92% of participants at TSDC, 88% at VCW and 82% at EIFW expressed satisfaction and 62% at TSDC, 68% at VCW, and 61% at EIFW intended to change practices. Analyses of change in knowledge and confidence scores showed statistically significant improvement in all measures. Three-month follow-up at TSDC showed 75% applied training to a "moderate or great extent". Focus groups showed improved ability to identify inmate struggles.

Discussion: This study shows training that is interactive, provides opportunity for skills practice, and informed by needs, can have sustained impact on practice, improve attitudes toward inmates presenting with mental health issues, and help empower officers to better meet the mental health needs of inmates. System and culture change however is needed to support maintenance of gains.

OC-5

Equity, Diversity, and Inclusivity

OC-5-1

77547

Exploring Patterns of Ostracism Experienced by Asian Canadian Physician Trainees

Sunny Kim Western University, **Amrit Kirpalani** Western University, **Yebin Shin** McMaster University

Background/Purpose: The need-threat model of ostracism proposes four stages: detection, reflexive, reflective, and resignation - these ultimately result in feelings of non-belonging and low self-esteem. Studies from the general population suggest that Asians in North America are disproportionately vulnerable to ostracism. The experiences and impacts of ostracism on the learning environment of Asian physician trainees has not yet been studied.

Methods: We explored the experiences of ostracism from Asian Canadian medical trainees using open-ended interviews. Transcripts were coded by two researchers a thematic analysis was conducted based on the need-threat model.

Results: We completed 20 interviews with senior medical students (n = 8) and residents (n=12) who self-identified as Asian. We found prominent experiences of ostracism at all levels of training from patients, colleagues, and staff. 1) Detection: root sources of ostracism included systemic racism and the existence of hierarchy in medicine throughout career progression. 2) Reflexive: the immediate responses to ostracism were anger, sadness, disappointment, and discomfort. 3) Reflective: the sense of belonging within the medical profession, self-esteem, and control were all threatened with ostracism. 4) Resignation: the responses to continued experiences of ostracism were passive acceptance, confrontation, or seeking support.

Discussion: Ostracism is prominent and fostered by the current hierarchical infrastructure in medicine. Medical trainees experienced each stage of ostracism proposed by the need-threat model, and the resignation stage in particular poses a threat to career progression. The passive acceptance of ostracism creates invisible but significant barriers and ostracism should be further highlighted in equity, diversity, and inclusivity initiatives in medical training.

OC-5-2

77870

Evaluating the Dear Md to Be Podcast as A Platform for Equity-Centered Mentorship and Under-Represented Narrative Dissemination

Imaan Kherani University of Toronto, **Clara Osei-Yeboah** University of Toronto, **Meera Mahendiran** University of Toronto, **Maham Bushra** University of Toronto, **Happy Inibhunu** Western University, **Maria Mylopoulos** University of Toronto, **Marcus Law** University of Toronto

Background/Purpose: Dear MD to Be is a medical-student-led podcast series interviewing healthcare champions of intersectional backgrounds on their institutional experience. Despite existing initiatives for equity-deserving groups, there is a paucity of institutionally-supported, equity-centred mentorship programs in medicine. This project evaluates the podcast as a vehicle for accessible equity-centred mentorship and dissemination of underrepresented narratives in medicine.

Methods: A cross-sectional survey on Qualtrics was virtually disseminated via school email listservs and social media between February and March 2022. Survey fields included demographics, knowledge gained from podcast engagement, attitudes towards podcasts as a tool for mentorship, and psychological/emotional gains from the podcast content. Inclusion criteria required English-speaking respondents who had engaged with at least one podcast episode. Descriptive and frequency analysis was collated using Microsoft Excel and qualitative data was analyzed using an inductive reflexive thematic process.

Results: Forty-seven individuals responded from all levels of training, with 96% self-identifying with at least one equity-deserving group. 100% agreed that the podcast is an accessible form of mentorship. Qualitatively, respondents most appreciated self-pacing, opportunities to interact with many narratives, and reduced power and compatibility issues often encountered in dyadic set-ups. Data suggests most listeners gleaned lessons about authenticity, wellness, advocacy work, allyship, cultural imposter syndrome, and navigating discrimination. Furthermore, data suggests that most listeners felt represented, empowered, and legitimized by podcast content.

Discussion: This project demonstrates an opportunity to broaden and diversify equity-centered mentorship delivery to allow for multiple narrative interactions through a novel medium that facilitates reflection, storytelling, and self-paced engagement.

OC-5-3

78148

"The Work Needs to Be Done by Every Single One of Us": Non-Indigenous Learners' and Educators' Engagement with the Truth and Reconciliation Commission's Calls to Action

Sarah Burm Dalhousie University, **Lisa Bishop** Dalhousie University, **Libby Dean** Dalhousie University, **Kori LaDonna** University of Ottawa, **Chris Watling** Western University, **Lloy Wylie** Western University, **Danielle Alcock** Southwest Ontario Aboriginal Health Access Centre

Background/Purpose: Following the release of the 2015 Truth and Reconciliation Commission (TRC) final report, medical schools began implementing initiatives to translate the TRC's Calls to Action into professional and academic practice. For non-Indigenous peoples particularly, these changes have been the impetus for thinking through their experiences of power and privilege and contemplating what it means to meaningfully advocate for social justice. Our research explored how non-Indigenous learners and faculty are positioning themselves and supporting others to engage in reconciliation.

Methods: Data collection and analysis were informed by narrative methodology. We interviewed non-Indigenous medical students, (n=5), a health research graduate student (n=1) and medical educators (n=10) across Canada, inviting them to share their experiences engaging with work broadly defined as reconciliation, including insights into their trajectory of personal and professional growth.

Results: In contrast to learners who viewed reconciliation as an integral part of their learning and future practice, faculty were primarily involved because they had a formal role that permitted their advocacy. While both groups expressed personal commitments to advancing the Calls, they grappled with the weight of the challenge, citing both interpersonal and institutional challenges.

Discussion: Medical education is facing a cultural reckoning, raising questions about how to enact and sustain the lasting change called for by the TRC. We hope our study findings encourage others to reflect on their role in reconciliation and the impact of their actions (positive and negative). Failure to do so risks generating a false sense of individual and institutional progress.

OC-5-4

78160

Exploring Identity, Belonging, and Marginalization in A Faculty of Health Sciences at A Canadian University

Mala Joneja Queen's University, **Jennifer Turnnidge** Queen's University, **Giselle Valarezo** Queen's University, **Sareena McDonald** Queen's University, **Nancy Dalgarno** Queen's University, **Leslie Flynn** Queen's University, **Jane Philpott** Queen's University

Background/Purpose: Given the integral role that equity, diversity, inclusion, and Indigenization (EDII) play in facilitating safe learning and working experiences within health professions education, it is necessary to gain a better understanding of learner, staff, and faculty perceptions of EDII and use this to develop recommendations for fostering EDII within health professions education.

Methods: Using a cross-sectional design, 531 participants from health professions (faculty, learners, and staff in nursing, medicine and rehabilitation therapy) completed a questionnaire exploring their perceptions of EDII, experiences of belonging, and demographics. Descriptive and inferential statistics were used to measure participants' EDII perceptions and experiences.

Results: Participants perceived that EDII should be a leading priority (M=4.47, SD=.94), they have a working knowledge of EDII principles (M = 4.17, SD = .69), and they regularly apply EDII principles in their role (M =4.05, SD=.79). Participants reported lower levels of agreement regarding whether there is good communication of the role and value of EDII (M=3.25, SD=1.12) and accountability for inappropriate behaviour (M=3.06, SD=1.11). Fifty-two percent of participants reported they had felt unwelcome or uncomfortable in health professions education. Participants primarily identified as white, heterosexual/straight, and cis-gendered.

Discussion: Results demonstrated a significant intention-behaviour gap regarding EDII. Participants placed a high value on EDII, but also expressed doubts that EDII principles were being upheld in the institution. These findings confirm the need for EDII initiatives and can guide academic leaders in enhancing the safety of learning and working environments in health professions education.

OC-5-5

78291

How Do We Train Anti-Racist Medical Researchers? Effectiveness of A Race Within Medical Research Module for Family Medicine Residents.

Anjali Menezes McMaster University, **Gabrielle Inglis** McMaster University, **Teresa Semalulu** McMaster University, **Gina Agarwal** McMaster University, **Andrea Pansoy** McMaster University

Background/Purpose: The exploitation of racialized people is built upon a pseudoscience of race created by medical scientists: assumptions of differences in biology that continue to implicitly impact clinicians' assessments of our patients physiology and health. JAMA and CIHI have recently published guidelines on race reporting within medical research. North American residency programs are required to include training in evidence-based medicine and scholarship. At McMaster University, within the Family Medicine curriculum, we aimed to increase residents' skill in understanding how race-based data in medical research has the potential to positively or negatively impact racialized communities' health.

Methods: We developed a Race within Medical Research curriculum to improve residents' ability to: define race; critique the techniques used to measure and interpret race-based data in research; and, appraise research findings and their potential impact on racialized communities. Part 1 delivers key concepts and guidance on race-based data didactically; Part 2 is small group tutorial, critiquing race within medical research. This is currently being implemented across all family medicine training sites at McMaster University.

Results: We will present findings of the learners' and tutors' end-of-module evaluations; an assessment of learners' and tutors' confidence in critiquing how race was measured/interpreted within research and how findings can impact racialized communities; and qualitative data from tutors regarding their comfort with facilitation of small group discussions, and the acceptability of resources and support provided.

Discussion: We plan to propose future directions for embedding anti-racist practices in residency training.

OC-5-6

77436

The Good Student or the Good Patient? the Barriers Encountered by Undergraduate Medical Students with Disabilities at the Northern Ontario School of Medicine

Diana Urajnik Northern Ontario School of Medicine, **Jason Shack** Northern Ontario School of Medicine, **Rachel Belanger** Northern Ontario School of Medicine, **Elizabeth Levin** Northern Ontario School of Medicine

Background/Purpose: The American Association of Medical College's Lived Experience report was released in March 2018 with hopes of broadening the diversity of medical students to include more of those with disabilities (Meeks & Jain, 2018). In response, we replicated this study with the research question "What are the barriers encountered by undergraduate medical students with disabilities at the Northern Ontario School of Medicine?". The Lived Experience Project provides a unique opportunity to learn about, and compare the experiences of, participants in this study to medical students at the Northern Ontario School of Medicine (Meeks & Jain, 2018). In doing so, this research explored the climate and culture at NOSM and how this affects the treatment and education of students with disabilities, including the barriers they face throughout medical school.

Methods: A qualitative descriptive study design was used. Data was collected using an initial demographics-based survey followed by a semi-structured interview. Interviews were conducted in person or by telephone. Data was transcribed and analyzed using Braun & Clarke Thematic Analysis (2013).

Results: The participants identified barriers directly associated with their medical education, barriers indirectly associated with their medical education and finally, barriers outside of medical school.

Discussion: The barriers encountered by medical students with disabilities at NOSM supported the themes and barriers identified in Meeks and Jain's (2018) Lived Experience Report. Implications for this research include reviews of accommodation policies, revision of technical standards at a national and institutional level as well as strengthened communication between the student, the medical school, faculty, and administration.

Block D

OD-1

Simulation

OD-1-1

78084

Bridging the Gap - Simulation as A Tool for Increasing Clinical Confidence in Undergraduate Medical Trainees

Josh Neposlan Western University, **Murad Husein** Western University, **Alice Tsui** Western University, **Agnieszka Dzioba** Western University, **Teresa VanDeven** Western University, **Richard Cherry** Western University, **Peng You** Western University

Background/Purpose: The role transition between didactic pre-clerkship studies and clinical clerkship can be challenging for medical students. To mitigate the gap between theoretical and practical medical education, a Canadian medical school has developed a 'Simulation Week' focused on procedural skills and communication techniques expected of clerks in the clinical environment. The objective of this study was to assess the impact of this course on students' self-perceived preparedness for clerkship across a series of competencies.

Methods: A questionnaire was administered at three timepoints: prior to and directly after completion of the course and after completion of students' first clerkship rotation (anticipated Oct 2022). Questions were derived from the Entrustable Professional Activities framework, focusing on role definition and confidence in procedural skills. Responses were indicated via 5-point Likert scale and subject to statistical analysis using a paired samples Wilcoxon test. Open-ended questions were included to be analyzed thematically for the purposes of quality improvement.

Results: The course was delivered to 173 undergraduate medical students. 62 completed at least one of the baseline or post-simulation surveys. Of these, 23 submitted responses both pre and post-course. Preliminary analysis has revealed increased self-confidence across multiple clinical skills. Quantitative and qualitative analysis is ongoing.

Discussion: As medical schools move towards competency-based medical education, the curriculum should prepare students for the tasks expected of them in the clinical learning environment. The results from this study indicate the efficacy of a simulation-based course in improving the confidence of medical students as they transition to clerkship.

OD-1-2

78311

Metacognition in Simulation: Evaluating the Impact of Eye-Tracking Augmented Debriefing

Heather Braund Queen's University, **Adam Szulewski** Queen's University, **Andrew Hall** University of Ottawa, **Kyla Caners** Queen's University, **Melanie Walker** Queen's University, **Damon Dagnone** Queen's University, **Wiliam Wu** Queen's University, **Alexander Chorley** McMaster University, **Jonathan Sherbino** McMaster University, **Matthew Sibbald** McMaster University, **Bing Wang** McMaster University, **Daniel Howes** Queen's University

Background/Purpose: Debriefing after simulation facilitates reflective metacognitive thinking and improved learning. A new debriefing technique, eye-tracking augmented debriefing, may provide advantages by allowing the learner and assessor to view the learner's performance from their own perspective. This study evaluated the impact of eye-tracking augmented debriefing on resident metacognition compared to a traditional debriefing technique in simulation.

Methods: In this mixed methods study, 54 emergency medicine residents from two institutions were randomly assigned to either the experimental group (PEARLS with eye-tracking augmented debrief) or the control group (PEARLS debrief only). Participants completed two simulation cases with debriefing following each case. Before starting case 1 and after completing case 2 participants completed the Metacognition Awareness Inventory (MAI). The mean overall change in MAI scores was compared between groups using an independent t-test. Interviews explored participants' experiences with the debriefing sessions and their metacognitive processes. Interview data were analyzed thematically.

Results: There was no statistically significant difference in the mean MAI scores for eye-tracking augmented debriefing vs. PEARLS alone (M=11.6, SD=24.7) vs. (M=19.4, SD=23.3), p=0.24. Four themes were identified: 1) Experience with debriefing, 2) Learnings about self, 3) Indicators of metacognition, and 4) Application of metacognition. Residents randomized to eye-tracking augmented debriefing reported that it added tailored feedback, helped with visualizing, and resulted in novel insights.

Discussion: Despite not finding a significant quantitative difference, participants described the benefits of receiving eye-tracking augmented debriefing and many requested further use. Future research should leverage longitudinal designs to better understand the development of metacognitive thinking facilitated by debriefing.

OD-1-3

78089

Simulation & Augmented Reality for Enhancement of Clinical Assessment of Ophthalmoscopy in A Virtual Setting

Andrew Robart Memorial University of Newfoundland, **Hannah Brennan** Memorial University of Newfoundland, **Zachary Dwyer** Memorial University of Newfoundland, **Joshua Conway** Memorial University of Newfoundland, **Christopher Patey** Memorial University of Newfoundland, **Christopher Jackman** Memorial University of Newfoundland, **Stephanie Roberts** Memorial University of Newfoundland, **Matthew MacLennan** Dalhousie University, **Chloe Blackman** Dalhousie University

Background/Purpose: Currently, one of the major barriers in determining competency in ophthalmoscopy is that instructors cannot visualize the pathology learners are seeing, making it difficult to assess students accurately. The purpose of this study is to determine the effectiveness of the OphthoSim Mobile simulation device in improving students confidence and proficiency in performing Ophthalmoscopy.

Methods: 40 Medical students from both pre-clerkship and clerkship completed pre and post Likert surveys about their confidence in ophthalmoscopy with an information session on the use of the simulation device and a 30-minute free-use session in between. 10 faculty clinical skills educators were provided with post surveys after the information and free use session.

Results: Overall 30/40 students completed both the pre and post surveys, and the majority of participants were female (65%), with student-experience using the ophthalmoscope limited to clinical skills and OSCE's and most students being in pre-clerkship (91.6%). Participants mean confidence before the session was 1.91 vs. 3.27 post session on a likert scale ($p = 0.0019$). On a Likert scale, the majority of faculty indicated they felt the devices accurately assessed ophthalmoscopy technique with a mean of 4.4 (SD ± 0.5), indicated the device would be useful in ophthalmoscopy teaching 4.9 (SD ± 0.1), and would improve feedback given to learners 4.5 (SD ± 0.4)

Discussion: Overall the study showed a statistically significant increase in the confidence of participants performing ophthalmoscopy before and after the session. Participants indicated the devices accurately assessed their clinical skills and provided helpful feedback on their performance.

OD-1-4

78191

A Hybrid Course for Facilitation of Simulation-Enhanced Interprofessional Education

Stephen Miller Dalhousie University, **Tanya Hill** Dalhousie University, **Kelly Lackie** Dalhousie University

Background/Purpose: An interprofessional clinician-educator team developed a hybrid (virtual/in-person) program to develop facilitators for simulation-enhanced interprofessional education (Sim-IPE). Program objectives were to teach the requisite interprofessional facilitator competencies for the design/delivery of Sim-IPE and to foster a sustainable Sim-IPE facilitator community of practice.

Methods: The course consisted of four weekly modules, including pre-readings, narrated lectures, discussion boards, webinars, and final full-day in-person simulation workshop. A retrospective post-course survey design was used to capture the impact of the course on attainment of evidence-based Sim-IPE competencies.

Results: Survey response rate was 50% (18/36); 50% of participants worked in an urban setting and 43% had prior experience facilitating Sim-IPE. Three-quarters of participants rated the course as "excellent". The greatest gains in knowledge were: describing the importance of a psychologically safe Sim-IPE environment , developing and using interprofessional collaboration competencies as objectives in Sim-IPE, assuming a leadership role in local simulation, and describing the importance of IPE to collaborative practice. 91% of participants had high or very high motivation to apply the course learnings; yet, only 70% rated their confidence to apply what they had learned as "fair" due to identified individual/cultural/ system-level barriers. Common goals for personal change were to enhance pre-briefing and debriefing skills and encourage use of Sim-IPE among professional networks.

Discussion: Participants valued the flexibility of a hybrid course and reported gains in Sim-IPE competencies. Despite intent to apply learning, participants anticipated barriers to implementation. Ongoing support of Sim-IPE facilitators would ensure the development and delivery of local Sim-IPE.

OD-1-5

77960

Developing A Framework for Communicating Time Critical Telephone Conversations in the Emergency Department

Sarah Edwards University Hospitals of Derby and Burton, **Lisa Keillor** University Hospitals of Nottingham, **Ffion Davies** University Hospitals of Leicester

Background/Purpose: The COVID-19 pandemic has resulted in restricted hospital visiting by relatives. Staff have been forced to deliver unwelcome news over the telephone. There are few training resources around how to do this. We created a bespoke training package consisting of a 15-minute eLearning session and a 1-hour facilitated role-play session using an actor. As these conversations can be often challenging, we wanted to use the feedback from the actor to help create a frame work for having these challenging conversations in the acute setting.

Methods: Two simulated telephone calls to a professional actor posing as the relative were undertaken on a speakerphone. Following each call, the actor gave feedback to the caller focusing on the likely experience of a relative during these conversations. Using some of the principles from the traditional models and the learning from discussion with the observers, participants and actors, we created a framework that may be useful for structuring a breaking bad news conversation over the telephone in the emergency department.

Results: 240 staff received this session over 12 months, from May 2020- May 2021. Participants were nurses and doctors of all grades. Common themes from the actor's feedback included the avoidance of medical jargon, speaking slowly and using unambiguous terminology, avoiding over-optimism, tips for breaking news of the death clearly and rapidly, and frequently checking comprehension. Elements specific to telephone conversations included ensuring the safety of the recipient to take the call i.e., not driving a car, and ensuring they had adequate local support. A framework structured around the eight S's; Setup and Safety, Situation, Space and Silence, Suggest, Sum up and Stop was developed. We added the eighth 'S' for STOP, to remind the caller to stop, to ensure they are also considering their own well-being.

Discussion: This framework created, could be used to help deliver bad news quickly in the emergency department and other acute settings. Further work needs to explore the use of this framework.

OD-1-6

77959

Time Critical Telephone Conversations in the Emergency Department - Changing Clinical Practice Through Simulated Telephone Calls for Breaking Bad News Situations

Sarah Edwards University Hospitals of Derby and Burton, **Lisa Keillor** Univeristy Hospitals of Nottingham, **Ffion Davies** University Hospitals of Leicester

Background/Purpose: In many countries the COVID-19 pandemic has resulted in restricted hospital visiting by relatives. Staff have been forced to deliver unwelcome news over the telephone. There are few training resources around how to do this. We created a bespoke training package consisting of a 15-minute eLearning session and a 1-hour facilitated role-play session. We wanted to see if this could help improve conversations over the phone and if this could potentially impact clinical practice when doing this.

Methods: A blended learning package was created. This consisted of a bespoke 15-minute eLearning session and a 1-hour facilitated role-play session. Two simulated telephone calls to a professional actor, posing as the relative were undertaken. The calls simulated realistic time critical telephone conversations including obtaining crucial medical information, conveying news of an acutely unstable patient. A second call to the relative involved breaking the news that the patient had died. Following this the actor gave feedback to the caller focusing on the experience of a relative during these conversations with. Participants were asked for evaluation 4-6 weeks later after attending the session.

Results: 240 staff received this session over 12 months, from May 2020- May 2021. Participants were nurses and doctors of all grades. 98 participants (40%) completed the delayed evaluation. 70% of participants used the knowledge from these sessions in their clinical practice. With themes of the importance of checking where the relative was, being empowered to use the phrase died over the phone, and how tone of voice is crucial. 85% feel these sessions have changed how they now practice.

Discussion: The unique opportunity to practice these new skills and using the feedback from an actor in this format has influenced clinical practice. Further work and training are needed to understand this more.

OD-2

Curriculum - Competency Based Medical Education

OD-2-1

78169

Divorcing Block Rotations: How We Tied the Knot with A Longitudinal Integrated and Mixed Curriculum in Hematology Residency Training.

Roy Khalife University of Ottawa, **Alexandra Moniz** University of Ottawa, **Yan Xu** University of Ottawa, **Talal Mahdi** University of Ottawa, **Lisa Duffett** University of Ottawa, **Marc Carrier** University of Ottawa, **Hyra Sapru** University of Ottawa

Background/Purpose: Longitudinal integrated curricula remain rare in postgraduate medical education despite evidence suggesting more meaningful learning, feedback, engagement, trust-building relationships, and professional development. Our purpose is to describe the design, implementation, and evaluation strategies of an innovative longitudinal integrated curriculum for the University of Ottawa hematology residency training program.

Methods: Using Thomas and Kern's 6-step approach to curriculum development, we designed and implemented a longitudinal integrated and mixed curriculum that integrates the foundational principles of competency-based medical education (CBME).

Results: Our needs assessment flagged fragmentation and inconsistencies in training experiences as a major concern and will be minimized with a longitudinal integrated curriculum. We devised a formative Rapid Evaluation Cycle evaluations and a summative evaluation at the 2-year mark to judge the program's performance and success. We developed a logic model for how our program is intended to be delivered, evaluated, and disseminated. We presented the curriculum to members of the Division of Hematology and received positive feedback.

Discussion: Whether traditional block rotation models achieve the desired educational outcomes, promote professional growth, and reflect independent practice has come into question in the era of CBME. Practicing physicians integrate a combination of clinical, laboratory, academic, and administrative duties that they learn to juggle and balance along with their personal lives. Ideally, residents should experience and learn to adapt and thrive in a curriculum and work environment that represent real-world practices. We believe that such models are transferable to other specialties.

OD-2-2

77688

Exploring Perceptions of Competency-Based Medical Education in Undergraduate Medical Students and Faculty: A Program Evaluation

Erica Ai Li Western University, **Claire Parent** Western University, **Jacob Davidson** Western University, **Aaron Kwong** Western University, **Amrit Kirpalani** Western University, **Peter Wang** Western University

Background/Purpose: There is limited work exploring competency-based medical education (CBME) in undergraduate medical education. We aimed to assess medical students' and faculty's perception of CBME in the undergraduate medicine setting after its implementation at our institution through a Content, Input, Process, Product (CIPP) program evaluation model.

Methods: We explored the rationale for the transition to a CBME curriculum (Content), the changes to the curriculum and the teams involved in the transition (Input), medical students' and faculty's perception of the current CBME curriculum (Process), and benefits and challenges of implementing undergraduate CBME (Product). A cross-sectional online survey was delivered over 8-weeks in October 2021 to medical students and faculty as part of the Process and Product evaluation.

Results: Medical students displayed greater optimism towards CBME, compared to faculty, in terms of its role in medical education ($p<0.05$). Faculty were less certain about how CBME was currently implemented ($p<0.05$), as well as how feedback to students should be delivered ($p<0.05$). Students and faculty agreed on perceived benefits to CBME implementation. Faculty time commitment to teaching and logistical concerns were reported as perceived challenges.

Discussion: Education leaders must prioritize faculty engagement and continued professional development of faculty to facilitate the transition. This program evaluation identified strategies to aid the transition to CBME in the undergraduate setting.

OD-2-3

78316

Assessment Burden in Competency-Based Medical Education: How Are Programs Adapting?

Heather Braund Queen's University, **Nancy Dalgarno** Queen's University, **Adam Szulewski** Queen's University, **Damon Dagnone** Queen's University, **Laura McEwen** Queen's University, **Karen Schultz** Queen's University, **Andrew Hall** University of Ottawa

Background/Purpose: Stakeholders have described a burden of assessment related to the implementation of CBME which may undermine its intended benefits. While this concerning signal has been identified, little has been done to identify adaptations. Grounded in an analysis of a Canadian pan-institutional CBME adopter's experience, this paper identifies postgraduate programs' adaptations related to the challenges of assessment in CBME.

Methods: Eight specialty programs underwent a standardized qualitative Rapid Evaluation (06/2019-07/2022). Interviews and focus groups with stakeholders were recorded and transcribed verbatim. Transcripts were analyzed abductively using the Core Components Framework and conventional content analysis comparing the planned versus enacted implementation. Findings were shared in technical reports with each program; program leaders then identified relevant adaptations. Researchers reviewed the 8 reports to identify subthemes and themes related to the burden of assessment with a subsequent focus on identifying adaptations across programs.

Results: Three themes were identified specific to the burden of assessment 1) Disparate mental models of assessment processes in CBME, 2) Challenges in workplace-based assessment processes, and 3) Challenges in performance review and decision making. Theme 1 adaptations included revising entrustment scales and faculty development specific to entrustment and EPAs. Theme 2 adaptations included leveraging alternative assessment strategies beyond EPA forms and proactive planning. Theme 3 adaptations included adding resident representatives to the CC and assessment platform enhancements.

Discussion: The adaptations presented here represent practical and relevant responses to the concerning signal of burden of assessment in CBME. Other programs may learn from our institution's collective experience to navigate the CBME-related assessment burden.

OD-2-4

78154

Evaluating the Long Term Impact of Flipped Classroom in A Spiral Curriculum on Resident Competency Acquisition

Alice Kam University of Toronto, **ChingLung Huang** University of Toronto, **George Zhao** University of Toronto, **Aisha Husain** University of Toronto, **Joyce Nyhof-Young** University of Toronto, **Aly Summers** University of Toronto, **Fatima Khan** International medical graduate, **Nicolas Fernandez** Université de Montréal, **Denyse Richardson** Queen's University

Background/Purpose: Research into CBE has identified five core components, essential for the success of learners (Van Melle et al., 2019), of which learning experiences and teaching practices tailored to competency acquisition are two essentials. Accordingly, revision of some education delivery methods is warranted to assure the maximization of resident competency acquisition. An area of unexplored teaching methods is the long-term impact of a spiral design. This study aims to investigate the long-term impacts of the flipped classroom educational strategy in a spiral design on competency acquisition.

Methods: A prospective cohort study was incorporated into two different family medicine residency sites. The study used constructivism iterative usability approach to improve on the curriculum structure. The involvement of peer teachers in the second cohort was implemented to improve engagement. Residents' knowledge, confidence in their competency, behaviour change and strategies for competency acquisition at six months were evaluated with mixed methodologies.

Results: Residents in the second cohort (n=7) had a knowledge increment of 11.58% (vs first cohort: minus 3.33%) and higher confidence in competency at 62.79% (vs first cohort: 30%, n=5) at six months post-intervention. Residents (5 out of 6) improved their approach to diagnosis and management at 6 months. Residents found that synchronous learning enables interactivity and case-based learning. In addition, asynchronous learning allows frequent revisit of concepts and self-directed learning. Residents are receptive to spiral curriculum.

Discussion: This is the first long-term impact study on an integrated curriculum. A spiral flipped classroom enriches competency acquisition and should be utilized in post-graduate medical education.

OD-2-5

78220

Implementing an Intentional Community of Practice: Academy of Educators

Teresa Van Deven Western University, **Shannon Venance** Western University, **Christopher Watling** Western University

Background/Purpose: To ensure a sustainable delivery of our new CBME curriculum, we rely on annual solicitation of hundreds of "volunteer" faculty, many unfamiliar with the goals and philosophy of our MD program. Faculty teach discrete sections, often unaware of what proceeds and follows their contribution; the result can be a curriculum that lacks continuity and coherence. To address this situation, we have implemented an Academy of Educators. These educators have protected time and remuneration to take an active role across the curriculum

Methods: We grounded our approach in the community of practice concept. We are building this community by offering a dedicated time and space for our Academy to develop longitudinal, trusting relationships with the ultimate goal of familiarity with the curriculum as a whole.

Results: We have completed the interview process and have selected our 20 Academy Educators. The Academy will begin a one- year journey of discovery of all four years of curriculum; during this exploration, they will identify areas of interest/need in which they will choose to focus.

Discussion: Laver and Wenger (1991) discuss three crucial characteristics for a community of practice: domain, community, practice. Our Academy will have a shared domain of bringing competency, scholarship and experience to the group; promoting community through designated group meetings, professional development and sustained interaction. We anticipate that the Academy will champion and execute the CBME renewal and serve as mentors to guide faculty colleagues to more fully develop an integrated learning experience for our MD students.

OD-2-6

77882

Has It Been Worth All the Fuss? Graduating Residents' Perspectives on Cbme

Damon Dagnone Queen's University, **Portia Kalun** Queen's University, **Natalie Wagner** Queen's University, **Heather Braund** Queen's University, **Laura McEwen** Queen's University, **Steve Mann** Queen's University, **Jessica Trier** Queen's University, **Karen Schultz** Queen's University, **Rachel Curtis** Queen's University, **Andrew McGuire** Queen's University, **Ian Pereira** Queen's University

Background/Purpose: Queen's University transitioned 29 postgraduate specialty training programs to competency-based medical education (CBME) curricula in July 2017. We explored the experiences of CBME-trained residents graduating from five-year programs to inform the ongoing practice of CBME in Canada.

Methods: We captured the experiences of residents using qualitative description. Data were collected through focus groups, interviews, and written responses. Two members of the research team analyzed the data inductively, using conventional content analysis to identify themes. The researchers ensured intercoder reliability through dialogue and consensus.

Results: Fifteen residents from eight specialties participated. Many residents described misalignment between expectations and reality of CBME. Residents initially felt the onus of operationalizing CBME was on them, experiencing a lack of faculty guidance and buy-in. Assessment changes were perceived as both challenges and strengths, as residents noted a focus on quantity rather than quality, but also appreciated a comprehensive list of expectations. Some differences in residents' experiences with CBME arose from contextual differences between programs. Overall, programs were receptive to feedback and residents experienced improvements over time. Recommendations included changes to assessment and service requirements to facilitate resident progress.

Discussion: Residents acknowledged that many challenges associated with CBME were related to initial implementation, highlighting the importance of transparency and support for residents during implementation. This presentation will also explore the contextual factors contributing to different CBME experiences between specialty programs, which highlight the importance of seeking out and being guided by resident feedback during the continued rollout of CBME curricula across Canada.

OD-3

Social Accountability

OD-3-1

77617

A Critical Narrative Analysis of How Clinicians Cope with Challenges Related to Social Determinants of Health in Practice

Erin Peebles University of British Columbia, **Rachael Pack** Western University, **Mark Goldszmidt** Western University

Background/Purpose: Medical curricula are attempting to prepare trainees to address the social determinants of health (SDH), however the life circumstances of patients are often beyond physician control. Little is known about how physicians cope with this dilemma; we sought to examine physician perspectives when faced with this challenge to help better prepare trainees

Methods: We undertook a critical analysis of physician narratives. In total, 268 physician-written narrative pieces from four high impact medical journals were screened and 47 met the inclusion criteria and were analyzed.

Results: We identified four storylines that described the physician experience and strategies for coping with SDH. In four Helplessness stories, authors experienced emotional distress when they were unable to support their patients. In eight Shortcoming and transformation stories, authors had realizations about shortcomings and shared how these transformed them. In eighteen Doctor-patient relationship stories, authors described how relationships matter and can make a difference. In seventeen System advocacy stories, authors focused on describing the role of the system and the need for advocacy to change it.

Discussion: Current approaches to teaching the SDH focus on the role of physicians in recognizing and altering SDH. However, the realities of practice do not easily allow for this and may lead to distress and burnout. There are other ways to cope and make a difference by improving ourselves, investing in getting to know our patients, and advocating for change. These results can help better support trainees for the realities of practice.

OD-3-2

78067

Educating Future Physicians for Francophone Official Language Minority Communities in Canada: A Case Study

Brett Schrewe University of British Columbia, **Tatiana Yeuchyk** University of Toronto, **Melanie El Hafid** University of Saskatchewan, **Joyce Nyhof-Young** University of Toronto

Background/Purpose: Over one million Francophone Canadians live in official language minority communities (OLMC) outside Québec. Availability of linguistically-appropriate care to these OLMCs is lacking, resulting in poorer quality of care. To address this health equity gap, the FrancoDoc program was created in 2015 to identify Francophone/Francophile medical students at Anglophone medical faculties and equip them with skills to increase their medical French abilities. Little is known, however, about the affordances and limitations of this educational endeavour.

Methods: Our qualitative instrumental single case study explored participants' experience with FrancoDoc, while also examining factors shaping the delivery of linguistically-appropriate healthcare services to OLMCs. We conducted semi-structured interviews with medical students from across Canada and thematically analyzed these using a constant comparative approach.

Results: Four main themes were derived from 12 interviews: factors facilitating French language learning; barriers to French language learning; broader issues shaping linguistically-appropriate healthcare provision, and specific recommendations to improve healthcare education to better prepare learners to provide care to OLMCs.

Discussion: Medical student participants are highly motivated to engage in educational activities linked to FrancoDoc. Their efforts are nonetheless frequently thwarted by barriers such as time constraints, irregular event programming, lack of regular clinical learning opportunities, and lukewarm support from Faculties of Medicine. If medical faculties are to realize their obligations to the OLMCs that they serve, recognition of language as a specific social determinant of health and more robust institutional supports for initiatives like FrancoDoc are paramount.

OD-3-3
77817

What Are the Elements of A Competency-Based, Longitudinal, and Integrated Md Curriculum that Relate to the Development of Competencies Underpinned by Social Accountability?

Tim Dubé Université de Sherbrooke, **Mariem Fourati** Université de Sherbrooke, **Annabelle Cumyn** Université de Sherbrooke, **Martine Chamberland** Université de Sherbrooke, **Sharon Hatcher** Université de Sherbrooke, **Michel Landry** Université de Sherbrooke

Background/Purpose: While health professions education curricula are undergoing reform toward social accountability (SA), little is known about how, or what educational experiences transform learners and the processes behind such transformative action. The purpose of our study was to explore the ways in which stakeholders speak about elements of an undergraduate MD curriculum that foster the development of competencies related to SA.

Methods: We undertook a qualitative descriptive study at one francophone Canadian university. Through purposive convenience and snowball sampling, we conducted 16 focus groups (virtual) with the following stakeholders: a) third- and fourth-year medical students, b) clinical teachers, c) program administrators (e.g., decanal leadership, clinical educators, clerkship leads) and e) community members (e.g., community organizations, patient-partners). We used inductive thematic analysis to interpret the data.

Results: The participants' perspectives organized around five key themes including: a) defining a future socially accountable health professional, b) learning outcomes and educational approaches interwoven throughout the curriculum, c) learning environments that promote transformative learning, d) characteristics of a socially accountable MD program and faculty, and e) continuous quality improvement for curriculum planning. We will present findings related to each stakeholder group and those integrated across all stakeholders.

Discussion: Our findings provide insights regarding the elements in a competency-based, longitudinal, and integrated MD curriculum that foster the development of competencies related to social accountability. We will describe what are the sequential pathways to achieve these competencies, and therefore address a critical knowledge-practice gap regarding what contributes to the implementation of educational approaches related to SA.

OD-3-4
77840

Deconstructing and Reconstructing: Revising Service Learning Objectives in Dialogue with Community Partners

Karen Cook University of Manitoba, **Chelsea Jalloh** University of Manitoba, **Liam Fullerton** WISH Clinic, **Angeline Nelson** Wii Chiiwaakanak, University of Winnipeg, **Prasansa Subedi** University of Manitoba, **Harman Vats** University of Manitoba, **Britney Wilson** CanU Canada, **Barbara Borges** University of Manitoba

Background/Purpose: Since 2016, pre-clerkship undergraduate medical students at the University of Manitoba have participated in Service Learning (SL) with community partner organizations. In 2019, we sought formal feedback about the SL program from community partners involved in program delivery. This feedback identified that the SL program's original learning objectives had been developed exclusively by university staff.

Methods: To more fully recognize community partners as co-educators, we obtained funding to engage in dialogue with community partners to reimagine the SL program's learning objectives. The working group guiding this project, comprised of medical students, community partners, and university staff, facilitated three "listening groups" with community partners in May 2022; 10 community partner organizations participated.

Results: Following analysis of the listening group data, the working group developed five revised learning objectives for the SL program. These revised objectives reflect community partner-identified priorities for the program; they have been submitted for curricular governance review to be implemented in fall 2023.

Discussion: Planning, co-imagining, and co-constructing the SL program objectives together with community partners was a rich and meaningful endeavour. The composition of the working group provided valuable insights and leadership for this process. Building on the 2019 feedback results, it was only through critical reflection upon the relational power dynamics between university staff and community partners, and a critical examination of the existing status quo - such as exclusively university staff developing the learning objectives of a community-based educational program - that existing practices could be deconstructed and intentionally reconstructed in more equitable and collaborative ways.

OD-3-5

77998

How Do Physicians Understand Social Accountability? Perspectives From Alumni of A Medical School at Different Points in Their Careers

Harini Aiyer University of Saskatchewan, **Kalyani Premkumar** University of Saskatchewan

Background/Purpose: Social accountability (SA) is more than an institutional responsibility-physicians and practitioners too have the agency to play a role in addressing issues of equity in the population they serve. This study gathered perspectives of a medical school alumni relating to how they believe physicians are accountable to society.

Methods: This paper is a part of a larger mixed methods study on the facilitators of social accountability among medical school alumni. First, alumni from a particular medical school in India were sent a questionnaire asking about their attitudes towards SA. Next, in-depth semi-structured interviews were conducted with 20 of these respondents to further explore their perceptions on SA and community-based work. Thematic analysis of the responses revealed how physicians understand their responsibilities towards their communities. A final survey of alumni was done using perceptions revealed in previous data.

Results: Of the 87 eligible responses to the preliminary questionnaire, 95% of participants agreed that physicians needed to understand the social determinants of health of communities. However, an analysis of the qualitative interviews showed a wide variation in the physicians' perceptions of accountability. It varied from addressing upstream determinants of health, practicing as doctors in rural and remote areas, to acts of altruism that were not required of them.

Discussion: SA and health advocacy literature shows that a physician's accountability extends beyond helping individual care-seeking patients navigate the health care system to modifying the social determinants of health and addressing health disparities at a community and global level, but there is ambiguity among physicians on the nature of their responsibilities beyond treating patients. This calls for the need to introducing social determinants - theory and practice from the start of medical training.

OD-3-6

77323

Exploring How A Systems-Level Pre-Clerkship Elective on Accidental Drug Poisoning Influences Medical Learner Attitudes and Advocacy Toward Inner City Populations.

Daniel Major University of Alberta, **Katherine Smith** University of Alberta, **Kathryn Dong** University of Alberta, **Ethan Candler** University of Alberta, **Daniel McClement** University of Alberta, **Jaspreet Khangura** University of Alberta

Background/Purpose: The array of complex social problems that physicians work within requires a mindset rooted in advocacy and social accountability. Two students in the MD program at the University of Alberta used a human library style approach to create an elective that generates systems-level thinking around a model topic - the accidental drug poisoning crisis - to build awareness and expertise on approaching complex social issues. The purpose of our study is to evaluate the impact of this elective on advocacy self-efficacy and attitudes toward inner city populations in pre-clerkship medical learners.

Methods: This will be a prospective cohort study, with eligible participants recruited from the pre-clerkship MD program at the University of Alberta. Based on a priori power analysis, we aim to recruit 64 participants, who will be invited to complete questionnaires pre- and post-elective. Attendance throughout the elective will be used to determine engagement. Data will be collected via online surveys that measure advocacy self-efficacy (SIAS-2) and attitudes (ICAAT). The analysis will be done using a within-person approach to determine statistically significant differences in attitudes pre- and post-elective.

Results: We hypothesize that SIAS-2 and ICAAT scores will increase significantly after participation in the elective.

Discussion: This study will evaluate whether participating in an elective that provides a systems-level approach to complex health problems may influence essential attitudes and confidence in advocacy. It may provide evidence for alternative approaches to advocacy training during preclinical years, amidst a larger paradigm shift in medical school advocacy and social accountability education.

OD-4

Social Accountability | Responsabilité sociale

OD-4-1

77860

Can the Public Speak? the Effects of Social Accountability Policies in Canadian Medical Education

Brett Schrewe University of British Columbia

Background/Purpose: Social accountability is a central discourse in contemporary Canadian medical education. As per the World Health Organization's 1995 Defining and Measuring the Social Accountability of Medical Schools policy statement, faculties of medicine need direct their activities towards "addressing priority health concerns", which are to be identified in part by the public. Despite this obligation, however, public consultation and engagement by these faculties has been limited.

Methods: This work is part of a larger Foucauldian genealogy that examines whether and to which degree physicians are educated to work for health equity. It uses critical discourse analysis to explore how Health Canada's 2001 policy Social Accountability--A Vision for Canadian Medical Schools adapts the WHO statement to the Canadian context, paying specific attention to how the relationship between medical schools and the public is elaborated through language.

Results: The Canadian adaptation elides the public from its role as a major stakeholder in the identification of priority health needs. Further, it claims an explicit role for medical schools, positioning the social accountability discourse to maintain their privileged status in response to perceived health care system shifts related to the 2002 Romanow Report.

Discussion: These discursive shifts are two decades old, yet their effects on public marginalization with respect to the identification of priority health needs reach into our present. For a medical education system that recurrently invokes its fundamental orientation to social accountability, novel strategies that more robustly engage the public are required to ensure our systems of training indeed align with meeting societal needs.

OD-4-2

78264

Teaching for Social Justice: Balint Groups as A Curricular Intervention to Support Equitable Healthcare

Alexandra Manning Dalhousie University

Background/Purpose: Healthcare occurs in a culture where well-established hierarchies govern the enactment of the patient-doctor relationship. Physicians, like all healthcare professionals, hold a more powerful position in these relationships. This carries important implications in the delivery of equitable healthcare. Physicians are not neutral practitioners - they carry with them a set of beliefs based on their perceptions of healthcare and what it means to be a doctor. These assumptions are influenced by past experiences, including the successful transition through medical education which teaches not only the knowledge of how to be a physician, but also how 'walk and talk' like the doctor - including how one positions themselves in relation to the patient. These perceptions are powerful predictors of how one engages with patients. These assumptions often go unexamined.

Methods: Balint Groups can support residents in examining the assumptions that they bring to their work - particularly the assumptions of what it may be like to be "the Other".

Results: In this presentation, we will draw on case-based discussions presented in a resident Balint Group that highlight the dissonance between competing professional identities. We will use these cases to illustrate the professional identities and issues of social justice.

Discussion: Supporting residents to become more equitable health-care providers starts with providing a safe space to engage in meaningful conversations about issues related to equity that can be uncomfortable as it calls on participants to reflect on the privilege they hold in the patient-doctor relationship. Balint groups provide such a safe space.

OD-4-3

78437

Opportunities and Challenges of Hospital Institutional Accreditation From the Stakeholders' Viewpoints.

Rasool Nasiri Kalmarzi Kurdistan University of Medical Sciences, **Roghayeh Gandomkar** Tehran University of Medical Sciences, **Nasrin Abdi** Kurdistan University of Medical Sciences, **Amjad Mohamadi Bolbanabad** Kurdistan University of Medical Sciences

Background/Purpose: Although accreditation of educational programs is an established way of quality assurance in healthcare professions education (HPE), there are few reports on institutional accreditation. The major part of HPE training occurs in hospital settings. Throughout the last decade, an accreditation system for hospitals affiliated with universities of medical sciences was established in Iran to ensure that the hospitals fulfill the requirements as the training settings for HPE trainees. This study aims to identify the opportunities and challenges of hospital institutional accreditation from the stakeholders' viewpoints.

Methods: A qualitative content analysis study was conducted. Participants were administrators, faculty, and staff of hospitals affiliated with the Kurdistan University of Medical Sciences who were involved in the self-study process and in coordination for site-visiting. Four focus group discussions and 10 semi-structured interviews were performed between June 2019 and October 2019. An inductive analysis was considered to extract opportunities and challenges.

Results: Opportunities were categorized as 'highlighting the educational duties of hospitals', 'providing feedback', 'stakeholders' familiarity with accreditation', 'promoting stakeholders' involvement' and 'structured evaluation'. Accreditation challenges were 'subjectivity of standards', 'expertise of external evaluators', 'preparing large numbers of documents' and 'accreditation workload'.

Discussion: Accreditation of training hospitals was the first experience of institutional accreditation in Iran. This study showed that accreditation had several advantages such as underscoring the training responsibilities of hospitals which are often neglected due to the dominance of service delivery. Opportunities and challenges explored in this study have the potential to be used for consideration during accreditation establishment.

OD-4-4

78245

Making A Complex Concept More Comprehensible : the Case of Social Accountability

Charles Boelen RIFRESS, **Ahmed Maherzi** Université de Montréal

Background/Purpose: It is essential that a complex concept such as social accountability be understood in a relatively similar way by different people, particularly for allowing the design a coherent changes in the governance of medical schools and in the implementation of their programs , comparative analyses of achievements and meaningfull evaluation and accreditation processes.

Methods: The comparison of several definitions and strategies designed to implement the social accountability of medical schools as well as in other sectors that the academic world has shown considerable différences. A more comprehensive definition of social accountability has emerged by taking into account the commonalities and a momentum towards greater relevance to the priorities health concerns in society

Results: A more comprehensive definition of social accountability is being proposed. This definition has three components : it relates to a system approach, a core of values and a partnership with key stakeholders. In refering to such a complex definition, it was feld useful to design a mnemonic gimmick - namely the 3-4-5 symbols- which would help learners, teachers, administrators and academic leaders to easily refer to it and hence to be more comfortable in sharing a common vision and purpose of this important concept

Discussion: The alleviation of the confusion created by the variety of perceptions of what social accountability of medical schools means and implies and the emergence of a consolidated definition will increase the credibility of efforts to close the gap between the academic institution and the real health chalenges in society.

OD-4-5

77949

Variation in the Standards of International Medical School Accreditation Agencies

Yuxing Ma Johns Hopkins University School of Medicine, **Sean Tackett** Johns Hopkins University School of Medicine

Background/Purpose: Leading international authorities recommend medical school accreditation as a key regulatory strategy to ensure a high-quality health care workforce. One criterion in the World Federation for Medical Education (WFME) Recognition Programme for accrediting agencies is that agencies must have comparable standards to the WFME global standards. This study explores the variation in accreditation standards among WFME-recognized agencies.

Methods: Between July and September 2022, we reviewed websites of the 28 WFME-recognized accrediting agencies for their accreditation standards. We mapped the standards for each agency to the current WFME guidelines and examined the differences across agencies.

Results: We obtained accreditation standards documents from 17 agencies. The number of accreditation standards and sub-standards ranged from 12 to 111 total elements. Some accreditation agencies did not address certain WFME standards, such as curriculum content and admissions, whereas others included additional standards, such as criteria for quality improvement and research. There was also variation in how similar accrediting bodies' standards were to WFME guidelines, with some using WFME standards as a template, others relying on standards not specific to medicine, and the rest having medical education standards that appeared specific to their context.

Discussion: Differences between the WFME global standards and agencies' accreditation standards appear to reveal different values, priorities, and needs of medical education internationally. Accrediting agencies have the opportunity to make public how they develop and revise their standards to explain why differences in guidelines exist. Highlighting the variation may guide the development of quality standards that can meet both local and global needs.

OD-4-6

78331

Bridging Worlds to Lead: A Conceptual Review with Stakeholder Consultation to Create the Leads+ Development Model

Teresa Chan, McMaster University, **Sandra Ramelli** McMaster University, **Sarrah Lal** McMaster University, **Jonathan Sherbino** McMaster University, **Graham Dickson** Royal Roads University

Background/Purpose: Problem: Healthcare leadership within academic health centres is increasingly complex. To handle this increasing complexity, we need models to support emerging and practicing leaders within health systems.

Methods: Methods: Through stakeholder consultation this conceptual review sought to examine leadership constructs and how they intersect with current leadership practices in academic health centres. The goal was to develop a new model of healthcare leadership development. The authors used sequential iterative cycles of divergent and convergent thinking approaches to explore and synthesize various literature vantage points. Finally, the approach sought feedback from stakeholders (including healthcare leaders, medical educators, leadership developers) to offer refinements.

Results: Results: After five rounds of discussion and reformulation, the authors arrived at a new model for leadership development: the LEADS+ Development Model. During their stakeholder consultation stage, they garnered feedback from 29 out of 65 recruited individuals (44.6% response rate). More than a quarter of respondents served as a senior leader in a healthcare network or national society (27.5%, n=8). There was a high level of endorsement: 7.93 (SD 1.7) out of 10.

Discussion: Conclusion: The LEADS+ Development Model is a new model to foster leadership development in academic health centers.

OD-5

Teaching and learning - Continuing Professional Development

OD-5-1

78145

Creating Safe Virtual Learning Spaces for Effective Health Information Systems Education

David Wiljer University Health Network, **Inaara Karsan** University Health Network, **Hafsa Hasan** University Health Network, **Tharshini Jeyakumar** University Health Network, **Sharon Ambata-Villanueva** University Health Network, **Tamee Sheriff** University Health Network

Background/Purpose: Training and education are critical components of an HIS implementation as they impact adoption and sustained use of the system. During the pandemic, the shift towards virtual training has raised numerous new opportunities and challenges in the educational ecosystem. There is a need to understand how to facilitate a safe and effective learning space in a virtual training environment for an HIS implementation.

Methods: A multi-method qualitative approach was used to evaluate the educational outcomes of the HIS training at a 4-site hospital organization through semi structured interviews and surveys. Findings underwent inductive thematic analysis guided by the Accelerating the HIS Learning Cycle framework.

Results: A total of 13 super-users and 20 end-users participated in semi-structured interviews. The survey yielded a total of 1479 responses among both groups. The following 4 themes were derived from the findings to promote a safe and inclusive virtual learning space for an HIS implementation: 1) Provide a flexible and accessible learning space through offering on-site technical resources and support, 2) Optimize the virtual environment to develop a learner-centered experience through integrating collaborative activities and offering smaller class sizes, 3) Adapt platform features to increase visual accessibility by annotating the slides, enlarging the cursor, and using digital tools in the environment, 4) Integrate hands-on learning activities into the curriculum to increase knowledge retention and confidence among learners.

Discussion: This evaluation provided insight for educators into the learner needs for virtual training and underlined how to effectively develop a safe virtual learning environment for future iterations of HIS adoption.

OD-5-2

78137

Integrating the Basic Science of Communication Into Communication Training

Nicole Woods University of Toronto, **Stella Ng** University of Toronto, **Jacquelin Forsey** University of Toronto, **Risa Freeman** University of Toronto, **Paula Rowland** University of Toronto

Background/Purpose: Health professionals must be excellent communicators, navigating a complex and dynamic interaction of high stakes, emotional situations. Excellent communication in healthcare requires adaptive expertise, to navigate novel and complex patient interactions. Integration of basic sciences with clinical knowledge supports the development of adaptive expertise, and we theorise a similar approach may support adaptive expertise for communication. Our 2022 publication identified 6 conceptual groupings representing the basic science of patient-physician communication. The current study explored how that basic science manifests within communication skills training.

Methods: Our mixed-methods approach analysed online health professions communication training across Canada. Our quantitative analysis used corpus-based linguistic methods to identify key communication-oriented words and phrases within the texts. Our qualitative phase implemented a framework analysis using our previously established conceptual groupings as an interpretive lens.

Results: Constructs from all 6 conceptual groupings appeared across training documents. Clarity and patient activation were particularly well-represented. However, concepts often lacked critical nuances. For example, the importance of individual capacity in attending to clarity. Further, the texts lacked an acknowledgement of the power imbalance inherent in the patient-practitioner relationship and its impact on communication.

Discussion: To utilize theory and conceptual knowledge to improve pedagogy, we need a strong understanding of current educational practices. This work is that first step, bridging theory and practice. Our results highlight the strengths of current communication training and illuminate areas where more in-depth and nuanced understanding of the science of communication would enable learners to develop the adaptive expertise they require to provide the care their patients deserve.

OD-5-3

77476

Upward Feedback - Exploring Learner Perspectives on Giving Feedback to Their Teachers

Kiran Veerapen University of British Columbia, **Erik Driessen** Maastricht University, **Cary Cuncic** University of British Columbia, **Kevin Eva** University of British Columbia, **Kimberlee Hart** University of British Columbia, **Katherine Wisener** University of British Columbia

Background/Purpose: Feedback from learners is known to be an important motivator for medical teachers, but it can be de-motivating if delivered poorly, leaving teachers frustrated and uncertain. Research seeking to uncover challenges providing upward feedback focuses primarily on formal teacher assessments, a subset of how students offer feedback. Further, existing literature does not generally delve into why or how learners provide upward feedback. This study explored learner perspectives on providing feedback to teachers, to further understanding of how to optimize upward feedback quality.

Methods: We conducted semi-structured interviews with 16 learners from the MD program at UBC. Applying an interpretive description methodology, interviews continued until theoretical sufficiency was achieved. Iterative analysis accounted for general trends across year, site of training and other categories as well as individual variations.

Results: Learners have well-intentioned goals in relation to upward feedback (e.g. to encourage effective teaching practices). However, conflicting priorities such as protecting one's image can create tensions leading to feedback that is discordant with teaching quality. Several mediators, including the number of feedback requests students face, and whether learners think their feedback is meaningful influence the extent to which one's original goals are enacted.

Discussion: Goal conflicts can make it difficult for students to contribute to teacher support through upward feedback. Efforts to encourage the quality of upward feedback should begin with addressing mediators (e.g. providing learners with examples of how teachers have applied learner feedback). Future research should explore upward and downward feedback in tandem to further encourage meaningful bidirectional feedback relationships.

OD-5-4

77449

Using Learning Analytics to Analyse Questions in an Online Cpd Program

Helen Mawdsley University of Manitoba

Background/Purpose: Questions are a core component of interactivity during CPD events. With a recent move to online CPD events, all questions are asked through a technical interface, which captures the content and engagement of each question. This collection of data can be used to explore how CPD learners and speakers are engaging in their online teaching and learning environment.

Methods: An audit was conducted on questions asked during a longitudinal program, which included 8 sessions over an academic year. CPD learners posted individual questions, as well as upvoted and downvoted all questions. Descriptive statistics on types of questions (open, closed, comments without explicit questions) and responses (answered, archived, rejected, withdrawn) were used to analyse the results.

Results: 594 questions were included (385 closed, 187 open, and 22 comments). With each upvote counting as 1.00 and each downvote counting as -1.00, the mean score for all open questions was 2.48, closed questions was 1.11, and comments was 0.14. For answered questions, the open questions had a mean score of 3.04, closed questions had a mean score of 1.78, and comments had a mean score of 0.40.

Discussion: Open questions were commonly upvoted and answered question. The open questions were usually seeking further guidance on how to apply content provided at the CPD program in a specific context, and given the upvoting, where of broad interest. This audit demonstrates how learning analytics can be used to asses the type of questions which fellow CPD participants are speakers are engaging with in an online event.

OD-5-5
77909
Formation Continue Au Rôle D'agent De Changement : Exploration Des Compétences Développées Selon La Perspective Des Professionnels

Michaël Beaudoin Université de Sherbrooke, **Annie Carrier** Université de Sherbrooke, **Alexandra Éthier** Université de Sherbrooke, **Denis Bédard** Université de Sherbrooke, **Anne Hudon** Université de Montréal, **Emmanuelle Jasmin** Université de Sherbrooke, **France Verville** Association canadienne des ergothérapeutes – Québec

Background/Purpose: Agir en tant qu'agent de changement (AC), par exemple en menant un projet pour améliorer les services de santé, nécessite des compétences spécifiques. Puisque ces compétences s'éloignent de celles généralement enseignées dans les cursus universitaires, peu de professionnels se sentent outillés à agir en tant qu'AC. Cette étude visait donc à explorer les compétences développées par une formation continue au rôle d'AC.

Methods: Par le biais d'un devis de recherche orientée par la conception, une formation au rôle d'AC a été développée et offerte à des groupes successifs de professionnels. Après chaque formation, des professionnels volontaires participaient à une discussion focalisée de 60 à 90 minutes, audio enregistrée et soutenue par un guide d'entretien semi-structuré. Les questions portaient notamment sur les compétences développées par les participants. Les données ont été analysées thématiquement.

Results: Au total, cinq groupes de discussion totalisant 18 participants (n = 2 à 5 par groupe) ont identifié sept compétences développées par la formation. Les sept compétences sont : 1) Mettre en place une démarche structurée; 2) Analyser le contexte de réalisation; 3) Réfléchir aux alliances stratégiques; 4) Collaborer efficacement; 5) Intégrer les notions liées au rôle d'AC dans sa pratique; 6) S'assurer de communiquer; et 7) Modéliser le projet.

Discussion: Puisque le développement des compétences améliore le sentiment d'auto-efficacité et, conséquemment, favorise l'adoption d'une pratique, des formations adaptées aux besoins des professionnels en matière d'agentivité pourraient s'avérer utiles pour améliorer les services de santé offerts à la population.

OD-5-6
77598
A Qualitative Exploration of the Use of Social Media for Learning by Emergency Medicine Doctors

Sarah Edwards University Hospitals of Derby and Burton

Background/Purpose: Medical education is ever changing with greater resources for medical practioners being available from more sources than ever. We have seen an explosion of free open access medical education resources (FOAMed) available to emergency medicine (EM) doctors. These FOAMed resources are often shared on SM in the name of medical education. Social Media Medical Education is up and coming and its role as an EM education resource is not yet fully understood. The aim of this work is to explore the reasons around the use of SM for learning by EM doctors.

Methods: 20 EM doctors from all grades, were recruited from one hospital. Semi structured interviews were undertaken to explore reasons behind the use of SM for learning. The semi structured interview followed the principles of a Critical Incident Technique (CIT). CIT allows researchers to examine behaviours in order to understand practices and systems changes that may need to occur because of it. Following this, interviews were transcribed and then thematically analysed. Ethics was granted by Cardiff University.

Results: Of the 20 participants, 6 were consultants, 7 were senior residents and 7 were junior resisdent level. Twitter was the most popular platform, infographics were the most popular resource and 80% spent less than 3 hours per week on SM for learning. Key themes from the thematic analysis as to why EM doctors used SM for their learning included; wanting to keep up to date, ease of access, discussion around topics, bench marking current practice, community and recommendations.

Discussion: This unique study, has given insight into a rapidly growing field of medical education. With the rapid growth and uptake in SM use for educational purposes, it is vital that EM educators fully understand how it is being currently used. This will allow us to further grow and develop this exciting area, and maximise the educational impact on its users.

Block E OE-1

Teaching and learning - Undergraduate | Enseignement et apprentissage - premier cycle universitaireOE-1-1

78238

Using Self-Regulated Learning Strategy Training with A Learning Diary for Low-Achieving Medical Students

Zahra Zarei Hajiabadi Tehran University of Medical Sciences, **Roghayeh Gandomkar** Tehran University of Medical Sciences, **Amir ali Sohrabpour** Tehran University of Medical Sciences, **Seyede Tahereh Ghoreishi** Tehran University of Medical Sciences, **John Sandars** Edge Hill University

Background/Purpose Previous research in general education suggests that a combination of self-regulated learning (SRL) strategy training and a structured SRL learning diary can improve students' SRL. The aim of this study was to examine the effectiveness of an intervention that combined SRL strategy training with a learning diary on the SRL and academic performance of low-achieving undergraduate medical students.

Methods Participants were year 2 low-achieving medical students based on their previous GPA (intervention group). Four weekly sessions of SRL strategy training (in multimedia format) combined with a weekly structured learning diary were administered while students (n=20) were studying and preparing for a nervous system block exam.

Results The intervention group consisted of 20 students and the comparison group had 53 students. Repeated ANOVA showed positive significant trends across the four SRL diary entries for total SRL ($F=8.006$, $P=0.00$, $\eta^2=0.296$), time estimation ($F=15.51$, $P=0.00$, $\eta^2=0.450$), time spent ($F=22.89$, $P=0.00$, $\eta^2=0.546$), concentration ($F=5.090$, $P= 0.003$, $\eta^2=0.211$), elaboration ($F=5.110$, $P=0.003$, $\eta^2=0.212$), organization ($F=6.544$, $P=0.001$, $\eta^2= 0.256$) self-monitoring ($F=3.599$, $P=0.039$, $\eta^2=0.159$), attribution ($F=3.492$, $P=0.035$, $\eta^2=0.155$) and self-evaluation ($F=3.503$, $P=0.021$, $\eta^2=0.156$). Motivation, self-efficacy and rehearsal strategies had no significant trends. The intervention group's nervous system block exam scores were higher compared with a historical comparison group ($F=4.032$, $P=0.49$, $\eta^2= 0.054$).

Discussion The results of this short course-specific intervention that combined SRL strategy training with a structured learning diary can improve the SRL and course grades of low-achieving medical students. No similar previous studies have been conducted in medical education and we recommend further research, including across different contexts.

OE-1-2

78272

Former Aux Soins en Français Grâce Aux Cliniques Simulées Linguistiques Virtuelles : Un Projet Pilote

Anne Leis University of Saskatchewan, **Isabelle Burnier** University of Ottawa, **Anne Leis** University of Saskatchewan, **Frédérique Baudemont** Réseau Santé en français de la Saskatchewan, **Pierre Roisné** Reseau Santé Nouvelle Écosse, **Carol-Ann Bilodeau** Reseau Santé Nouvelle Écosse, **Jacqueline Higgins** Réseau Santé en français de Terre-Neuve et Labrador

Background/Purpose Un besoin criant de main-d'œuvre de santé bilingue est documenté. Malheureusement, les étudiants des sciences de la santé francophones ou issus de l'immersion française ont peu d'occasions d'apprentissage en français dans des institutions anglophones. L'objectif de ce projet pilote était de développer et d'évaluer des cliniques linguistiques virtuelles avec des patients simulés pour contribuer à combler ce manque.

Methods Une formation de patient simulé en compétences linguistiques a permis d'entraîner 40 bénévoles francophones vivant en situation minoritaire. Des cliniques simulées linguistiques au niveau provincial d'abord, puis national ont été ouvertes aux étudiants en médecine et aux étudiants des sciences de la santé à l'échelle du Canada. Des évaluations de ces cliniques linguistiques ont été collectées auprès des patients simulés et des étudiants.

Results Douze cliniques de 2 heures ont permis à 35 étudiants de participer à des entrevues avec 30 patients simulés. Les patients simulés se sentent bien formés pour cette activité et apprécient de contribuer à la formation d'étudiants en médecine. Les étudiants étaient enthousiastes et ont affirmé que leur niveau de confiance avait augmenté pour utiliser le français dans un contexte de soin. Tous soulignaient que cela devrait faire partie de leur formation de base dans un pays avec deux langues officielles.

Discussion Le succès de ce projet pilote est de bon augure pour intégrer de la terminologie médicale en français dans la formation des étudiants à peu de coûts et ainsi mieux répondre aux besoins en soins d'une communauté francophone minoritaire éparpillée sur le sol canadien.

OE-1-3

77477

Online Learning in Clerkship - A Survey of Medical Student Experiences and Preferences During the Covid-19 Pandemic

Rina Patel University of Calgary, **Susan Bannister** University of Calgary, **Erin Degelman** University of Calgary, **Jovey Sharma** University of Calgary, **Tanya Beran** University of Calgary, **Melanie Lewis** University of Alberta, **Chris Novak** University of Calgary

Background/Purpose The COVID-19 pandemic provided a unique opportunity for educators to innovate with online learning. As we transition to a post-pandemic world, there is an opportunity for curriculum leaders to develop more effective online learning to complement in-person learning. This study aims to explore the clerkship student experience with online learning integrated into in-person clinical learning.

Methods Clerkship students at the Cumming School of Medicine in Calgary, Canada were provided an online survey, consisting of primarily Likert-style questions, to explore what learning strategies they perceive as the most effective. Results are reported as the proportion selecting "Quite Effective" or "Extremely Effective."

Results 89 students responded to the survey (approximately 57% of the graduating class). For synchronous online learning, case-based learning was perceived as the most effective teaching strategy (62%) and audience response systems (e.g. Poll Everywhere) were the most effective technique for improving audience engagement (70%). For asynchronous online learning, interactive cases (85%) and student-developed online study guides (84%) were perceived as the most effective. The majority of students reported that in the future they would prefer a blend of online and in-person learning in clerkship (89%).

Discussion Our study identified that most clerkship students prefer a blend of in-person and online learning. Our findings suggest effective online learning curricula could include case-based learning, audience response systems and a robust library of asynchronous learning resources. Our study is limited to data of student perceptions and does not include learning outcomes. These results could guide curriculum development at other medical institutions.

OE-1-4

77775

Groupe D'intérêt Étudiant Sur La Relation Soignant-Soigné - Reflet

Morganne Masse Université de Montréal, **Meryem Zellag** Université de Montréal, **Camille Icart** Université de Montréal, **Anne-Sophie Eymard** Université de Montréal, **Melissa Taguemout** Université de Montréal, **Annie Descoteaux** Université de Montréal, **Marie-Pierre Codsi** Université de Montréal

Background/Purpose Si de nombreuses ressources sont disponibles pour étayer le savoir scientifique, l'aspect relationnel de la médecine demeure peu abordé dans le curriculum universitaire. Les opportunités d'échanges et de réflexions entre patients et étudiants en santé sont rares. Réunir patients et étudiants semble nécessaire au développement des compétences sur la relation de soins. De ce constat, en 2019, des étudiantes en médecine de l'Université de Montréal et le Bureau du Patient Partenaire créent le groupe Reflet sur la relation soignant-soigné.

Methods Les activités proposées sont élaborées de concert par patients et étudiants. Elles prennent différentes formes : soirées de discussion, ateliers-théâtre, séances mentorat patient-étudiants, projet d'éducation citoyenne, et activités d'observation clinique.

Results Les activités élaborées ont permis un terrain fertile de discussion favorisant le développement des compétences manquantes au cursus. Les sondages démontrent que les étudiants perçoivent un enrichissement significatif de la compréhension d'enjeux relationnels. La faculté de médecine s'est même inspirée de certaines activités pour mieux penser l'enseignement de ces enjeux dans le cursus académique.

Discussion À notre connaissance, il s'agit du premier groupe étudiant à porter spécifiquement sur la relation soignant-soigné, et à intégrer des patients dès la conception de ses activités. Nos résultats mettent en évidence la pertinence d'une telle initiative pédagogique. Nous pensons que d'autres universités pourraient être intéressées par la création de groupes similaires. Ceux-ci permettraient aux étudiants de développer, une compréhension approfondie des enjeux de la relation de soins afin de mieux collaborer entre professionnels de la santé et avec les patients.

OE-1-5

77545

"Prez Drillz" for Medical Students: an Online Workshop to Practice Oral Case Presentation Skills and Improve Through Self, Peer, and Facilitator Feedback

Paul Bryan University of Calgary, **Alexis del Vecchio** Mayo Clinic, **Anthony Seto** University of Calgary, **Anthony Seto** University of Calgary, **Logan Haynes** University of Saskatchewan, **Nicole Ertl** Alberta Health Services

Background/Purpose Presenting clinical cases orally is a core skill for medical students-a potentially intimidating task. Oral case presentations may influence preceptors' impression of students, as it highlights learners' cognitive and non-cognitive attributes. University of Calgary medical students identified low confidence in presenting oral cases and a desire for more practice. We created a workshop, "Prez Drillz", to address this.

Methods Before the workshop, students viewed a podcast on oral case presentation structure. 157 second-year students participated in the 2.5-hour session containing simulated presentations to preceptors, hosted via Zoom videoconferencing, with 1 physician preceptor for 4-5 medical students. During the workshop, students first listened to a 5-minute case audio, outlining patient history and examination findings. Students delivered an oral case presentation, based on information extracted. Self-reflection and feedback from peers and preceptor followed. Students then practiced delivering a second oral case presentation by implementing the feedback received.

Results Students (N=23) completed a retrospective survey on their agreement (1=strongly disagree; 5=strongly agree) with self-efficacy statements regarding presentation skills pre- vs post-workshop (effective frame/context, clear history/physical exam, convincing top differential diagnoses, comprehensive management plan, appropriate confidence, clear/effective communication, organized/structured approach). All ratings of self-efficacy increased with statistical significance ($p<0.001$) and large effect size; the average self-efficacy rating was 2.50/5 pre-workshop versus 4.32/5 post-workshop. Average workshop rating (N=55) was 4.73/5.

Discussion This workshop improved students' self-efficacy in oral case presentation skills. Peer-teaching, repetition, and feedback opportunity aided workshop success. Educators can adapt this online, simulated oral case presentation model to help learners practice and elevate presentation skills.

OE-1-6

78139

Implantation Et Évaluation D'un Stage Longitudinal en Médecine Familial Pour Les Étudiants Au Pré-Clinique

Dominique Vandal Université Laval, **Brenda Uribe Gonzalez** Université Laval

Background/Purpose Le manque de valorisation de la médecine familiale et l'exposition insuffisante à cette spécialité durant le préexternat ont des impacts considérables sur le choix de résidence. Nous avons développé un stage longitudinal au pré-externat pour exposer les étudiants à un modèle de rôle de médecin de famille et les impliquer activement dans une pratique ambulatoire.

Methods Une étude de besoins (context) a été effectuée selon un devis qualitatif, à l'aide d'entrevues semi-structurées menées auprès de 6 étudiantes pour préciser les facilitateurs/barrières au choix de la médecine familiale comme spécialité, et discuter du format et du contenu envisagés pour un nouveau stage. Les entrevues ont été transcrites et codifiées par approche déductive. Les impacts de la participation au stage en lien avec la perception de la médecine familiale a été évaluée à l'aide d'un questionnaire standardisé réalisée avant le début du stage et à sa complétion.

Results À la fin de cette année scolaire 12 étudiants en médecine auront eu l'occasion de participer au stage, les résultats ne sont pas disponibles pour le moment, mais seront analysés avant le moment de la présentation.

Discussion Selon notre perception, l'impact d'un stage dans lesquels les étudiants sont actifs plutôt d'observant, qui se déroule au long court plutôt que de manière ponctuelle, devrait augmenter l'attractivité de la médecine familiale en milieu urbain. La rétroaction qui sera obtenue des étudiants permettra de soutenir le désir d'implanter à grande échelle le stage afin d'améliorer la perception envers notre spécialité.

OE-2

Equity, Diversity, and Inclusivity - Diversity | Équité, diversité et inclusivité – Diversité

OE-2-1

78063

Underrepresented in Medicine: Filipino-Canadian Student Experiences Pursuing A Medical Career

Gian Agtarap University of Toronto, **Marck Mercado** McMaster University, **Ivy Oandasan** The College of Family Physicians of Canada

Background/Purpose Improving equity, diversity, and inclusion (EDI) is a priority of medical schools across Canada to develop a physician workforce that reflects the diversity of the Canadian population. Despite being one of the largest visible minorities, there is a lack of Filipinos in Canadian medical schools and a paucity of available research. Understanding why this underrepresentation exists underscores the need for this study. This presentation shares the experiences of Filipino-Canadian post-secondary school students pursuing a medical career.

Methods Twenty students from a single institution participated across five focus groups. Each one-hour focus group was audio-recorded, transcribed, anonymized, then independently coded for themes negotiated to reach saturation. Member checking was performed.

Results Study findings clustered around three main themes. Individual and Family Factors included limited knowledge of pursuing medicine; nursing as a known career path; and length of time in Canada. Socioeconomic Conditions focused on the school environment, financial constraints, and social capital. Filipino Sociocultural Factors emphasized the family-centric mindset and "barkada" (group) mentality of Filipinos.

Discussion EDI work should not be a "one size fits all" solution. This study recommends tailoring EDI initiatives for Filipino-Canadians interested in pursuing a medical career that are research-informed.

OE-2-2

78197

Hope for the Future: Diversifying Health Professions Education

Ayan Gum University of British Columbia, **Nav Sidhu** University of British Columbia, **Rehana Nanjijuma** University of British Columbia, **Jialin (Lydia) Chen** University of British Columbia, **Amy Ellis** University of British Columbia, **Yu Bai Liu** University of British Columbia, **Jeanna Pillainayagam** University of British Columbia, **Jeff Boniface** University of British Columbia, **Laura l Bulk** University of British Columbia, **Michael Lee** University of British Columbia, **Julia Schmidt** University of British Columbia, **Tal Jarus** University of British Columbia, **Katie Lee Bunting** University of British Columbia, **Ben Mortenson** University of British Columbia

Background/Purpose Equity-deserving groups (EDG) are drastically underrepresented in health professions (HP). Underrepresentation contributes to health disparities and barriers to accessing healthcare for EDG (Saha & Shipman, 2006; Wakerman et al., 2019). As gatekeepers, health educational programs must enact action-oriented strategies to embody Justice, Equity, Diversity, and Inclusion (JEDI) in HP. This project aimed to increase the knowledge, familiarity, and appeal of health professions educational programs through participation in an intensive summer program and follow-up mentorship program.

Methods Thirteen high-school and undergraduate students who identify as belonging to an EDG participated in the programs. This program evaluation study is rooted in a constructivist paradigm and used a mixed-methods approach. Online surveys, semi-structured interviews (pre, post, and 3-months following), and art-based methods were used to evaluate the effectiveness of the programs. Descriptive statistics and reflexive thematic analysis were used to analyze the data.

Results Participants demonstrated an increased awareness and nuanced understanding of different health professions, associated application processes, and supports available to facilitate the application process. Participants described feeling motivated and hopeful now knowing that there are different paths one can take to become a health professional and that there is a need for diversity- that is, that they have a place in the health professions.

Discussion Initial findings support the effectiveness of the program. With discussions about the need for JEDI in health professions and related education programs rightfully growing, this program holds promise as a model for JEDI action that can be used across higher education institutions.

OE-2-3

78259

Une Collectivité en Soutien À L'équité, Diversité Et Inclusion : Co-Construction D'une Terminologie Facultaire.

Julie Beauchamp Université Laval, **Alicia Guay** Université Laval, **Yasmine Nadifi** Université Laval, **Emmanuelle Careau** Université Laval

Background/Purpose Le soutien à l'équité, la diversité et l'inclusion (EDI) doit être porté par l'ensemble d'une communauté pour un réel changement de culture. À ce sujet, la Faculté de médecine de l'Université Laval a créé le Comité d'appui à la diversité et de lutte contre la discrimination et le racisme formé et coordonné selon une méthodologie agile. Un des livrables de ce comité a été la co-construction d'une Terminologie facultaire en appui à l'EDI. Cette innovation pédagogique a permis au groupe de partager un vocabulaire commun en plus de rendre disponible un outil accessible à tous.

Methods Six sous-comités composés de membres du corps enseignants et de recherche, de membres de la direction, d'employés, d'étudiants et d'étudiantes, ainsi que d'un citoyen partenaire ont été formés. De l'hiver 2021 à l'été 2022, un processus itératif de co-construction a été suivi pour produire une terminologie en s'appuyant sur les prémisses suivantes : améliorer la compréhension des termes liés à l'EDI et comprendre les différentes formes de discrimination; sensibiliser sur les enjeux liés à l'équité et l'inclusion de toutes les personnes et des groupes sous-représentés; et que la terminologie soit en phase avec les politiques de l'Université Laval.

Results La terminologie facultaire comporte des termes communs soutenant l'EDI, mais aussi plusieurs sections distinctes pour souligner les particularités de la réalité vécus par différents groupes minoritaires.

Discussion La terminologie se veut un outil de sensibilisation et de référence pour la promotion de l'EDI dans la formation, la recherche et le service aux collectivités.

OE-2-4

78269

Mini Med School: Inspiring the Physicians of Tomorrow

Amanda Krysler University of Alberta, **Sicheng Lee** University of Alberta, **Kimberly Papp** University of Alberta, **Shelley Ross** University of Alberta

Background/Purpose Medical schools play a role in social accountability through graduating physicians who reflect the diversity of the patient populations they serve. Mini Med Schools (MMS) are intended to motivate youth from underrepresented backgrounds to pursue medicine. This study investigated the extent to which one MMS contributes to encouraging students from underrepresented groups to consider pursuing medical careers.

Methods Asclepius Medical Camp for Youth (Asclepius), an annual week-long summer camp, introduces high school students to medicine through lectures, case-based learning, and procedural skills sessions. Participants completed pre- and post-camp self-report surveys measuring: knowledge of the medical profession, perceived barriers, interest, and confidence in being accepted to medical school. Pairwise t-tests were run for each question (pre vs post) within each year with an alpha of .05.

Results Data from 2016 and 2018-2022 were analyzed. Knowledge about both the profession of medicine and the steps to get into medical school improved significantly from pre- to post-camp in all years. Confidence about getting into medical school showed significant increase in 2016, 2020, and 2022. Interest in pursuing medicine was high for both timepoints in all years (only 2016 showed significant increase).

Discussion Asclepius MMS may contribute to encouraging underrepresented youth to pursue careers in medicine by increasing their knowledge of this career and increasing their confidence and interest in pursuing this. Further data is being collected through current medical student surveys.

OE-2-5

78267

Giving Youth the Tools to Pursue Medicine with Mini Med School

Kimberly Papp University of Alberta, **Amanda Krysler** University of Alberta, **Sicheng Lee** University of Alberta, **Shelley Ross** University of Alberta

Background/Purpose Physicians who represent their diverse patient populations provide more comprehensive and quality healthcare to these patients. As such, medical schools play a role in social accountability through graduating physicians from historically-underrepresented populations. Mini Med Schools (MMS) are a strategy to motivate youth from these demographics to pursue medicine. We investigated the extent to which one MMS informs students from underrepresented groups about the steps required to train as a physician.

Methods Asclepius is an annual week-long summer camp that introduces high school students to medicine through learning sessions and hands-on activities. Students completed a 10-question orally-administered test pre- and post-camp of their knowledge about the required training to become a physician. During the week, participants learned about pursuing a career in medicine through a formal lecture, two student panels, and informal opportunities to chat with medical students. A pairwise t-test was run to compare the group's objective scores before vs after camp.

Results There was a significant difference in test scores pre-camp ($M = 7.12$, $SD = 2.39$) and post-camp ($M = 9.31$, $SD = 1.13$); $t(42) = 5.08$, $p < .05$.

Discussion Our results suggest that Asclepius, as an example MMS, serves as a strategy to inform youth about careers in medicine through increasing their knowledge about the steps to becoming a physician. For youth facing barriers to accessing medical education, medical schools may utilize the MMS strategy to provide such youth with a toolkit to pursue this career. Further data are being collected about the impact of Asclepius.

OE-2-6

78271

A Strategy to Diversify the Medical Profession: Mini Medical Schools

Sicheng Lee University of Alberta, **Kimberly Papp** University of Alberta, **Amanda Krysler** University of Alberta, **Shelley Ross** University of Alberta

Background/Purpose Recruitment of medical students from diverse backgrounds provides a crucial step toward social accountability in medicine. Mini Medical Schools (MMS) that inform youth from underrepresented backgrounds about careers in medicine aim to contribute to this goal. We examined the proportion and demographics of current medical students who participated in MMS prior to medical school.

Methods Student researchers with Asclepius Medical Camp for Youth, a summer camp MMS, surveyed current University of Alberta medical students using Facebook groups and email. Questionnaire items captured self-reported data about belonging to a demographic underrepresented in our medical school (Black, Indigenous, Filipino ethnicity; low socioeconomic status [SES]), attending MMS prior to admission, and if so, perceptions of the impact of participation in MMS. Data were analyzed using descriptive statistics and data visualization.

Results Of the 113 respondents who completed the survey (response rate = 18%), 7.9% attended MMS before medical school. Of these, none identified as an under-represented ethnicity, while 44.4% identified as low SES. Respondents perceived MMS as effective at increasing their interest (mean = 4.14/5 to 4.43/5) in medical school and inspiring them (mean = 4.14/5), but less so in informing them (mean = 3/5).

Discussion Our findings suggest that MMS can inspire participants through fostering connections and making medicine seem like an attainable career. Future research will seek to increase the response rate to the student survey to better understand the impact of MMS.

OE-3

Indigenous Health and Black Health and Wellness - Teaching and learning

OE-3-1

78218

Life Goal Framing: A Design Strategy for Supporting Medical Students' Motivation and Engagement in Training Activities

Adam Gavarkovs University of Toronto, **Jeff Crukley** University of Toronto, **Rashmi Kusurkar** Amsterdam UMC location Vrije Universiteit, **Kulamakan Kulasegaram** University of Toronto, **Ryan Brydges** University of Toronto

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

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

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

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

OE-3-2

78256

Exploring Key Elements of User Experience in Gamification of Health Profession Education: What We Learned From the Literature

Certina Ho University of Toronto, **Eulaine Ma** University of Toronto, **Stephanie Lau** University of Toronto, **Victoria Ezekwemba** University of Toronto, **Wei Wei** University of Toronto, **Ananya Garg** University of Toronto, **Autumn Qiu Hua Chen** University of Toronto

Background/Purpose Serious games (or gamification) in health profession education aims to improve knowledge retention in a more engaging format than traditional teaching and learning methods. User experience (UX) impacts the effectiveness and satisfaction of games. The goal of this project is to identify key UX elements in medical education gamifications for teaching and learning of patient safety in health profession students.

Methods We completed the first three steps of Kern's six-step approach to curriculum development of a patient safety curriculum for health professionals in a previous study. This project is Step 4 of Kern's: Educational Strategies. A structured search in MEDLINE, Science Direct, JSTOR, Web of Science, and IEEE Xplore was performed to locate relevant papers discussing UX elements of games and applications in medical and health profession education. Article titles and abstracts were screened and cross-analyzed by two independent analysts.

Results We identified 76 articles. Upon screening, nine articles were included in our subsequent thematic and content analysis. Key elements of UX in gamification included ease of use, clarity, and affordance; realism and authenticity; feedback mechanism; competition and points system; and complexity and challenge.

Discussion To design engaging games for health profession students, a series of UX elements must be considered by educators. Gamification can be an effective education strategy. Patient safety education is one that deserves further interprofessional collaboration and innovations from all health professions. Findings of this study will pilot ventures of gamification in medical and health profession education for teaching and learning of patient safety.

OE-3-3

78116

Experiences From an Undergraduate Medical Student Society's Virtual Teaching Sessions Due to Covid-19

Sarah Edwards Univerisity Hospitals of Derby and Burton, **Phyllida Roe** Leicester Partnership Trust, **Zoe Hinchcliffe** National Health Service, **Jamie Scriven** National Health Service

Background/Purpose In the wake of COVID-19, many aspects of university life have had to change and develop in the virtual world. Many Universities have helped their undergraduate societies with Zoom accounts, to allow the social and educational aspects to continue. The Undergraduate Surgical society and the Emergency Medicine society from Cardiff University delivered a collaborative Virtual Crash Course Series for exam finals. The aim from this was evaluate the aspects of this new online learning and understand its feasibility moving forward for the societies.

Methods This Clinical Diagnostic series included five teaching sessions over four weeks, which were advertised via Facebook. They were delivered by the same teacher, a qualified Medical Doctor. Two sessions were specific to ECGs and the others involved head CT, chest and orthopaedic radiographic interpretation. A simple feedback form was used and the data extracted and anonymised. The data was then subsequently analysed.

Results Over the five teaching sessions, 1125 people attended, with between 200-300 people per each session. One third of participants were from the UK, one third from Europe and the rest from other parts of the world. Most participants (80%) were medical students, with a selection of other Health Care Professionals. Around 75-85% of participants heard about the event through facebook with others hearing by other means. Across the session 88-95% of people rated the session they attended useful or more useful in comparison to previous teaching they had attended.

Discussion Surprisingly, this online series attracted more participants internationally than nationally. Also, not all participants were medical students despite being aimed at medical students. Notably, nearly all participants found the teaching they attend useful or more useful than their previous sessions. There are many advantages to virtual teaching, including reaching a global audience, convenience and accessibility. Virtual teaching has the potential to be an exciting, feasible opportunity for medical student societies to gain members and showcase their university worldwide.

OE-3-4

77927

Teaching Cultural Safety to Health Professional Students Through an Interprofessional Education Workshop

Adrian Kuchtaruk Western University, **Catherine Joyes** Western University, **Samantha Dokis** Western University, **Sam Cronk** Western University, **Josee Paradis** Western University, **Danielle Alcock** Western University, **Lloy Wylie** Western University, **Lisa Christian** University of Waterloo

Background/Purpose To identify the principles of providing culturally safe health care to Indigenous peoples, healthcare learners must: 1) apply culturally safe communication skills; 2) discern concepts of community development, empowerment and respect to healthcare delivery in Indigenous communities and 3) identify Indigenous support structures in the provision of healthcare. To achieve these objectives a half-day virtual interprofessional education (IPE) workshop among healthcare learners was developed. The purpose of this study was to retrospectively review workshop feedback to determine if the Indigenous health learning objectives were met.

Methods An 11-item anonymous online survey utilizing Likert scales and open-ended questions was offered to all learners (n = 1097). The survey addressed understanding of Indigenous culture and healthcare barriers, interest in improving the quality of Indigenous healthcare and the provision of culturally safe care.

Results The response rate was 22% (207 surveys). Most learners (77%) agreed that the workshop increased their understanding of Indigenous culture and healthcare barriers and 90% expressed interest in learning more about improving the quality of Indigenous healthcare. Common feedback included: 1) heightened appreciation for the complexity of Indigenous health care (17%), 2) recognition that healthcare challenges from non-Indigenous service providers are long-standing and intergenerational (14%), and 3) advocacy is a responsibility of health service providers to promote systemic change and reduce healthcare barriers (13%).

Discussion The IPE workshop focusing on the provision of culturally safe care was well-received by healthcare learners, and qualitative responses provided important insights for future workshop development. Additional workshops are encouraged to reinforce themes of cultural safety.

OE-3-5
78305
Building A Provincial System of Support for Black Learners in Ontario Medical Schools

Ike Okafor University of Toronto, **Nazik Hammad** Queen's University, **Cynthia Maxwell** University of Toronto

Background/Purpose As the population of Black learners has begun to increase across Canada, attention has turned towards the learner experience and matriculation into the profession of medicine, and the entrance into learning environments with deeply entrenched Anti-Black racism. In 2020, the Black Physicians' Association of Ontario (BPAO), in partnership with Equity, Diversity and Inclusion (EDI) leaders from all six medical schools in Ontario, agreed in principle to the establishment of the Network to advance Black medical learners (N-ABL). This initiative This Network will form a basis for knowledge exchange and the establishing of best practices to support Black medical learners across Ontario.

Methods BPAO shared its recommendations for the establishment of a network in 2020, and through the development of a provincial network and national partners, wise practices are being shared with learners, staff and faculty across six Ontario school to support Black learners.

Results The collaboration resulted in an active organization which is currently working on addressing issues related to the following six themes of 1) curriculum, 2) mentorship, 3) pathways for reporting incidents of racism and mistreatment, 4) wellness, 5) data collection, monitoring and evaluation, 6) transition from learner to physician, through a working group structure.

Discussion An Afrocentric asset-based approach of sharing wise practices across Ontario medical schools, and developing new resources which include the perspectives of Black faculty, staff and learners is supporting the enhancement of the Black learner experience and increased social accountability for medical schools

OE-3-6
78185
Influence D'un Contexte De Pratique en Perturbation Sur La Prise De Décision Clinique Des Ergothérapeutes : Une Étude Qualitative

Perrine Vermeulen Université de Montréal, **Annie Rochette** Université de Montréal, **Joseph-Omer Dyer** Université de Montréal, **Marie-Christine Hallé** Université de Québec, **Aliki Thomas** McGill

Background/Purpose La prise de décision clinique en ergothérapie est basée sur trois composantes : les expériences et préférences du client, les expériences et connaissances du thérapeute issues des données probantes, et le contexte de pratique. Les facteurs contextuels jouent un rôle primordial dans la prise de décision et sont susceptibles d'influencer les capacités du clinicien.ne à assumer leur rôle notamment lors d'une pandémie. L'objectif est d'identifier les facteurs ayant influencé la prise décision des ergothérapeutes (facilitateurs et obstacles) lors d'une période de perturbation provoquant un contexte d'incertitude et non routinier.

Methods En utilisant une approche herméneutique, cette étude qualitative a revisité des entretiens semi-dirigés d'ergothérapeutes réalisés en 2021-2022 d'un projet visant à comprendre l'expérience de la pratique des cliniciens en réadaptation pendant la pandémie. Une analyse thématique de contenu a utilisé un codage mixte, reprenant des catégories fermées définies a priori par les domaines du Theorical Domains Framework (cadre conceptuel pour la compréhension de l'utilisation des connaissances et données probantes) et des catégories ouvertes.

Results L'échantillon est composé de 11 ergothérapeutes exerçant dans différents milieux de pratique québécois. Les préférences du client émergent comme une composante importante. Le manque de ressources environnementales, la remise en question de l'identité professionnelle et le soutien des pairs sont des thèmes identifiés lors de l'analyse préliminaire comme facteurs influençant la prise de décision clinique des ergothérapeutes en contexte d'incertitude.

Discussion Cette étude soulève des points importants quant à l'impact des facteurs contextuels sur la prise de décision clinique pour les ergothérapeutes, les gestionnaires et l'enseignement universitaire.

OE-4

Curriculum - Continuing Professional Development

OE-4-1

77992

Education Fulfilling the Public Inquiry Into the Safety and Security of Residents in the Long-Term Care Homes System: A Needs Assessment

Heather Braund Queen's University, **Nancy Dalgarno** Queen's University, **Jenniferr Turnnidge** Queen's University, **Roger Skinner** Office of the Chief Coroner for Ontario, **Turab Ibrahim** Office of the Chief Coroner for Ontario, **Angela Coderre-Ball** Queen's University, **Nicholas Cofie** Queen's University, **Eleftherios Soleas** Queen's University, **Klodiana Kolomitro** Queen's University, **Jen Railer** Queen's University, **Richard van Wylick** Queen's University

Background/Purpose A needs assessment and environmental scan were conducted to establish the educational needs of long-term care (LTC) staff including physicians, allied healthcare professionals, facility staff, and healthcare administrators as well as coroners and staff of the Office of the Chief Coroner of Ontario (OCC). This study addresses the recommendations from The Public Inquiry and is led by the OCC in collaboration with the Ontario Forensic Pathology Service, and Office of Professional Development and Educational Scholarship (Queen's University).

Methods In 2020-2021, data were collected in three stages: (1) review of open access materials (n=60), (2) online surveys (n=57), (3) interviews/focus groups and key informant meetings (n=28). Quantitative data were analyzed descriptively using SPSS. Qualitative data were analyzed thematically using NVivo.

Results Recommendations included a need to define key terms (e.g., vulnerabilities). There was also a perceived need to shift the culture from one of blame- to one of learning and patient safety. Additionally, there is a need for greater awareness related to intentional harm and affiliated resources for how to report intentional harm. Future educational programming should foster collaborative and interdisciplinary approaches to recognizing and reporting vulnerabilities, as well as clarifying specific roles and responsibilities.

Discussion This needs assessment resulted in the identification of knowledge gaps and areas for system improvement specific to patient safety in LTC. These recommendations will inform the development of a curriculum for healthcare providers related to intentional harm as well as a new institutional patient death record to report cases of intentional harm.

OE-4-2

77703

Examining the Differential Impact of the Hidden Curriculum Among Physician Faculty and Medical Learners

Nicholas Cofie Queen's University, **Karen Schultz** Queen's University, **Mala Joneja** Queen's University, **Heather Braund** Queen's University, **Shayna Watson** Queen's University, **John Drover** Queen's University, **Laura MacMillan-Jones** Queen's University, **Nancy Dalgarno** Queen's University

Background/Purpose Although manifestations of the hidden curriculum (HC) phenomenon have the potential to reinforce or undermine the values of an institution, few studies have comprehensively measured its scope and impact. We explored the HC and assessed whether its impact varies significantly among physician faculty, residents, and medical students.

Methods We surveyed medical learners and faculty (n=470) in 2020 and measured their experience with the HC including their perceptions of respect and disrespect for different medical disciplines, personal actions, efficacy, impact of the HC, and their institutional perceptions. We used an exploratory factor analysis and regression analysis to examine the HC and its impact.

Results We discovered HC constructs reflecting negative expressions, positive impacts and expressions, negative impacts, personal actions, and positive institutional perceptions of the HC. Compared to residents, faculty were less likely to report negative impacts of the HC ($b = -0.43$, $p < 0.05$) or take certain personal actions as a result of experiencing a negative impact of the HC ($b = -0.28$, $p < 0.05$). Medical students were more likely to report they were negatively impacted by the HC ($b = 0.47$, $p < 0.05$). Females ($b = 0.42$, $p < 0.05$) and gender nonbinary respondents ($b = 0.81$, $p < 0.05$) experienced higher likelihoods of negative expressions of the HC compared to males.

Discussion Unique dimensions and contexts of the HC exist than have been previously documented. Subgroups differ significantly in their experience of the HC. We will also present respondents' views about why the HC exists and potential solutions.

OE-4-3

78172

Evaluation of A National Pain Management and Substance Use Disorder Curriculum for Continuing Professional Development

Nancy Dalgarno Queen's University, **Nicholas Cofie** Queen's University, **Lisa Graves** Western Michigan University Homer Stryker M.D. School of Medicine, **Amber Hastings-Truelove** Queen's University, **Samsoor Akberzai** Queen's University, **Jennifer Turnnidge** Queen's University, **Robert Van Hoorn** The Association of Faculties of Medicine of Canada, **Richard van Wylick** Queen's University, **Eleftherios Soleas** Queen's University

Background/Purpose Opioid overdoses and surging death rates are a national public health crisis for Canada. In 2022 the Association of Faculties of Medicine of Canada (AFMC) piloted a continuing professional development (CPD) curriculum on pain management and substance use disorder as a response to this crisis.

Methods Online pre-and post-cross-sectional surveys with closed- and open-ended questions were administered to participants from across Canada who participated in the pilot evaluation of the CPD training program which ran from March to July 2022. Appropriate descriptive and inferential statistical techniques(t-tests) were used to analyze the quantitative data. Qualitative data was thematically analyzed.

Results Thirty-eight (87% English) pre-program and 23 (83% English) post-program surveys were completed for response rates of 88% and 53% respectively. Participants significantly increased their perceived confidence regarding their knowledge of the use of opioids in the management of pain by 24%, while their perceived ability to manage patients with substance use disorder increased by 52%. Overall, participants reported a statistically significant improvement across all 45 assessed learning outcomes. Participants noted that strengths of the program were that it was comprehensive, relevant, and evidence-informed; weaknesses were that there was a need to streamline the content to reduce repetition between modules, and that the learning management platform was not user friendly.

Discussion Overall, this curriculum is meeting the learning needs of physicians involved in pain management and substance use disorder. Feedback from the pilot will be used to further adapt the program to meet the needs of learners.

OE-4-4

77710

Patient Partnership in Medical Education: A Case Study for Co-Designing Curriculums

Lisa Graves The Association of Faculties of Medicine of Canada, **Mathieu Jackson** Centre of Excellence on Partnership with Patients and the Public, **Vanessa Balounaïck-Arowas** Centre of Excellence on Partnership with Patients and the Public, **Annie Descoteaux** Centre of Excellence on Partnership with Patients and the Public, **Amber Hastings-Truelove** Queen's University, **Nancy Dalgarno** Queen's University, **Jennifer Turnnidge** Queen's University, **Richard Van Wylick** Queen's University, **Mathieu Jackson** CEPPP

Background/Purpose Patient partnership in medical education is a growing practice which fosters innovation across the curriculum. The Association of Faculties of Medicine of Canada (AFMC), in collaboration with the Centre of Excellence on Partnerships with Patients and the Public (CEPPP) of University of Montreal, have co-developed full Post Graduate Medical Education and Continuing Professional Development curriculums in response to the Opioid crisis in partnership with patients having lived experience of opioids use. This curriculum complements the existing undergraduate medical education curriculum

Methods This curriculum was developed using CEPPP's co-construction methodology. Initial topic lists and competencies were co-constructed in collaboration with expert group patient partners. During module development, healthcare professional (HCP) subject matter experts (SME) were twinned with patient SMEs from across Canada, for a total of 13 SME working groups. Patient SME recruitment and training was conducted by CEPPP using their patient partner recruitment guidelines.

Results Patient and health care professional SMEs developed a total of 15 modules. CEPPP and AFMC teams conducted regular follow-up meetings to monitor and support the work of the SMEs. In parallel to module development, patient SMEs on this project developed a Patient partnership toolkit, an online tool to support the physician-patient relationship in the context of opioid prescription and use.

Discussion This presentation highlights CEPPP's co-construction methodology, how it was applied to this project, and observations from both the patient and HCP SME perspectives. Implications for future curriculum development projects in partnership with patients and the public will also be described.

OE-4-5
78163
Patient and Healthcare Subject Matter Expert Collaborations: Developing A National Pain Management and Substance Use Disorder Curriculum

Samsoor Akberzai Queen's University, **Lisa Graves** Western Michigan University Homer Stryker M.D. School of Medicine, **Jennifer Turnnidge** Queen's University, **Nancy Dalgarno** Queen's University, **Robert Van Hoorn** The Association of Faculties of Medicine of Canada, **Richard van Wylick** Queen's University, **Amber Hastings-Truelove** Queen's University, **Sarah Greco** Queen's University, **Bryan MacLeod** Northern Ontario School of Medicine

Background/Purpose In 2021, the Association of Faculties of Medicine of Canada (AFMC) began the process of developing and implementing a postgraduate medical education (PGME) and a continuing professional development (CPD) curriculum on pain management and substance use disorder. The online educational modules for these curricula were co-created by healthcare and patient subject matter experts (SME). Thirteen SME teams developed a total of 15 online modules.

Methods Interviews were conducted with eight patient SMEs and six healthcare expert SMEs to explore their experience in co-creating these educational materials. Interviews were audio recorded and transcribed verbatim. Transcripts were thematically analyzed.

Results Six themes were developed to represent SME experiences: (1) navigating collaboration processes, (2) building collaborative partnerships, 3) sharing experiences, 4) empowering patient voices, 5) confronting stigma, and 6) finalizing modules. Within the collaboration process, participants talked about communication and needing early patient involvement in projects. In collaborative partnerships, participants discussed relationship building and navigating the power differential in their partnerships. Within sharing experiences, participants discussed their experiences and the expertise they bring to the partnership. In patient voices, participants talked about the value of including patients in the development process. Participants who spoke about stigma talked about biases within the healthcare system. Participants also shared their opinions of the final product.

Discussion Both patient and healthcare expert SMEs agreed on the importance of patient contribution to co-creation of curriculum. The themes elaborated provide further opportunities to expand on the role of patients in the development of educational materials.

OE-4-6
78345
Understanding the Development of A Physician Practice Reflection Tool - A Case Study

Chloe Burnett University of Calgary, **Johanna Blaak** University of Calgary, **Michelle Bailey** University of Calgary, **Joseph MacGillivray** University of Calgary, **Alanna Wall** University of Calgary, **Tina Nicholson** University of Calgary, **Douglas Woodhouse** University of Calgary, **David Topps** University of Calgary, **Kelly Burak** University of Calgary

Background/Purpose Integrating Physician Practice Improvement (PPI) into CPD support is a new challenge. A group of educators explored such CPD practice through building an online physician practice reflection tool. We conducted a case study on this CPD initiative to uncover how we could translate PPI principles into CPD programming and foster physician learning in practice assessment and quality improvement.

Methods Starting in late 2020, we developed the tool 'My Practice Improvement' (MyPI). In the context of this project, the instrumental case study aligned with Stake's approach of relativist and interpretivist orientation. The investigation conducted field observations and document review throughout the project for a one-year period, followed by interviews with project team members. We used Practice Theory as a basis to analyze and represent activities in which the educators engaged.

Results MyPI was successful in using continuing quality improvement principles to provide a structured approach for practice reflection. The core value of MyPI is guiding meaningful practice change for physicians themselves. The process of developing MyPI was a collaborative effort between human-centered design and education development and was well situated in interdependent connection between team members, technical environment, and greater context beyond.

Discussion In this case study we co-constructed understanding on how to approach PPI in CPD practice. The study revealed the complexity of such education initiatives, offering insights in the connections and design patterns for CPD educators' future exploration.

OE-5

Curriculum – Undergraduate

OE-5-1

78096

Online Learning in Clerkship - A Survey of Medical Student Utilization of Asychronous Online Learning Resources

Chris Novak University of Calgary, **Rina Patel** University of Calgary, **Erin Degelman** University of Calgary, **Jovey Sharma** University of Calgary, **Tanya Beran** University of Calgary, **Melanie Lewis** University of Alberta, **Susan Bannister** University of Calgary

Background/Purpose The COVID-19 pandemic provided a unique opportunity for educators to innovate with online learning. As we transition to a post-pandemic world, there is an opportunity for curriculum leaders to develop effective online learning to complement in-person learning. This study aims to explore the clerkship student experience with asynchronous online learning resources.

Methods Clerkship medical students at the Cumming School of Medicine in Calgary, Canada were provided an online survey about various aspects of online learning.

Results 78 students completed this section of the survey (approximately 50% of the graduating class). Students utilized multiple asynchronous online learning resources including online cases (97%), online readings (91%), student-made study guides (82%) and podcasts (81%). Most students used a mix of resources provided by the medical school and ones they discovered online (40%); however, 33% of students primarily used resources they discovered themselves. Almost half of the students (49%) reported that resources found online were more useful than the resources provided by the medical school. Most students would appreciate protected time to study using online resources (89%).

Discussion Our study identified a large majority of clerkship students are using asynchronous online learning resources to study. Interestingly, most students used resources beyond what are provided by the medical school. These results suggest that students are actively co-constructing their curriculum with self-directed learning. However, this could raise concerns about the quality and validity of resources that students are accessing. Curriculum leaders could apply these results to improve the online learning resources provided to students.

OE-5-2

77584

The "Meds" in Medicine: an Interprofessional Internal Medicine Clerkship Pharmacotherapy Course

Ming Li University of Toronto, **Calandra Li** University of Toronto, **Clara Healey** McMaster University, **David Antowan** University College Dublin, **Jimin Lee** University of Toronto, **Reenika Aggarwal** University of Toronto, **Melody Truong** Trillium Health Partners, **Katie Palmer** Trillium Health Partners, **Nazia Sharfuddin** University of Toronto, **Nazia Sharfuddin** University of Toronto

Background/Purpose There is currently no formal teaching in clinical pharmacotherapy during core internal medicine clerkship rotations for medical students at the University of Toronto. Literature suggests that medical students make common, but avoidable prescription errors, regardless of the length of training acquired on their internal medicine rotations and formal pharmacotherapy training in pre-clinical years. We designed a case-based pharmacotherapy seminar series delivered by clinical pharmacists during internal medicine clerkship rotation at two partially affiliated teaching sites in order to address this gap. This initiative aims to improve clerks' clinical pharmacotherapy knowledge by attaining 70% or more on internally validated tests administered as part of this seminar series.

Methods This study will follow a pre- and post- intervention design. Outcome measure is aggregate score on internally validated knowledge tests as a proxy for clinical pharmacotherapy knowledge. Process measure is the attendance rate for the series. Net Promoter Score and Likert scale will be used to assess perceived value of the program as balancing measures. Questionnaires and tests will be administered to clerks before and after each seminar as well as the full course during their internal medicine rotations. We will trial this intervention over several rotations totalling up to 12 months. Results will be analyzed descriptively and narratively synthesized.

Results Data collection is ongoing, and findings will be available at the time of presentation.

Discussion Through this pharmacotherapy series embedded within the clerkship internal medicine rotation, we aim to improve the medical clerks' clinical pharmacotherapy knowledge and application.

OE-5-3

78046

The Need for Intersectionality & Critical Approaches in Equity, Diversity, and Inclusion Literature in Postgraduate Medical Education

Justin Lam University of Toronto, **Michal Coret** University of Toronto, **Carlos Khalil** University of Toronto, **Kat Butler** University of Toronto, **Ryan Giroux** University of Toronto, **Tina Martimianakis** University of Toronto, **Justin Lam** University of Toronto

Background/Purpose Although the importance of critical approaches to health professions education scholarship is increasingly recognized, how critical concepts, theories, and methodologies have been used to conceptualize and problematize issues related to equity, diversity, and inclusion (EDI) has not been well documented. Our goal was to characterize how EDI issues have been conceptualized and problematized in North American postgraduate medical education (PGME) literature

Methods We took a critical narrative review approach and searched the medical education literature from 2009-2019 for manuscripts that addressed EDI in PGME. 1155 articles were narrowed down by relevance to 126 articles. Analysis was informed by critical race theory (CRT), intersectionality theory, and the concept of the hidden curriculum to generate themes specific to EDI reform in postgraduate training.

Results Intersectionality was essentially absent. EDI issues were mainly descriptive in nature and were largely undertheorized and underconceptualized. Moreover, we noted the dominance of positivist/post-positivist paradigmatic approaches to EDI issues that primarily employed descriptive quantitative methodologies. Conversely, few studies examined the meaning of these issues for marginalized stakeholders from constructionist or critical paradigms.

Discussion That discrimination exists in the learning environment and negatively impacts learners is well established by positivist paradigms. While descriptive analyses of EDI problems are useful, they lack explanatory power for the mechanisms perpetuating EDI issues. Critical paradigms are well suited for moving from cataloguing downstream effects of discriminatory structures to understanding its upstream mechanisms. CRT and intersectionality theory are important lenses that connect individual experiences and the structures that influence them.

OE-5-4

78222

Quality Improvement Experiential Student Training (Quest) Program: Evaluating the Effectiveness of A Novel Medical Student-Led Quality Improvement Education Program

Sunny Raval University of Toronto, **Katherine Bailey** University of Toronto, **Alison Freeland** University of Toronto, **Amir Ginzburg** University of Toronto, **Shaan Chugh** University of Toronto, **Nazia Sharfuddin** University of Toronto, **Muhammadhasan Nasser** University of Toronto, **Ke Xin Lin** University of Toronto, **Elina Farahani** University of Toronto

Background/Purpose No formal opportunities exist for undergraduate medical students at the University of Toronto (UofT) to gain hands-on experience in quality improvement and patient safety (QIPS). We developed the QuEST Program, offering enhanced theoretical and project-based opportunities in QIPS longitudinally. A pilot study of QuEST during the 2021-2022 academic year revealed that implementation of an experiential-focused QIPS education program is feasible. This study aims to evaluate the effectiveness of the QuEST Program in equipping students with foundational QIPS knowledge, understanding, and application evaluated through validated knowledge assessment and scholarship. Specifically, we aim to increase student QIPS knowledge (measured via Quality Improvement Knowledge Assessment Test-Revised; QIKAT-R) during the 2022-2023 academic year by 20% or more and achieve a scholarly production rate of at least 88% by June 2023.

Methods This program evaluation study will follow a pre-and post-intervention design. Consistent with the Kirkpatrick Model for Evaluation in Training, we will evaluate the impact of QuEST on student participant satisfaction and changes to student attitudes (assessed using mixed methods questionnaires), and changes to student QIPS knowledge and skills, assessed using the QIKAT-R. Further, students and faculty supervisors will report scholarship progress (a proxy of project completion and quality) and complete feedback surveys to inform areas for improvement. Results will be analyzed descriptively and narratively synthesized.

Results Data collection is ongoing, and findings will be available at the time of presentation.

Discussion Through the evaluation of the QuEST Program, we aim to build and sustain a robust experiential-focused QIPS curriculum.

OE-5-5
77211
Addressing Discrepancies in Canadian Undergraduate Dermatology Medical Education: the Canadian National Dermatology Curriculum Project

Abdullah Haroon University of Ottawa, **Carly Kirshen** University of Ottawa

Background/Purpose Skin disease accounts for a large proportion of visits to primary care physicians. In 2012, the Canadian Professors of Dermatology (CPD) released Dermatology objectives for medical students. Yet, a recent national survey of undergraduate dermatology directors highlighted that only 59% of Canadian medical school curricula are adhering to the CPD objectives. Respondents suggested that an online resource for students would be useful in standardisation of the curriculum. To address these gaps, the Canadian National Dermatology Curriculum Project (CNDCP) was launched. The objective of this initiative is to create resources that all Canadian medical students can use to ensure a more uniform knowledge base, while meeting CPD objectives.

Methods Seventeen medical students and 17 Dermatology faculty, one pair from each Canadian medical school, were recruited to develop evidence-based PowerPoints using CPD objectives. The content will also be available in French to ensure equity for all learners. Every PowerPoint will be reviewed to assure students of their reliability as a learning tool.

Results Twenty-two PowerPoints will be hosted on the Canadian Dermatology Association's website with open access, starting fall 2022. An initial survey will be distributed at launch to gather user demographics and intention. At nine months, an in-depth survey will collect data on perceptions and feedback. These data will be used for quality improvement and manuscript writing.

Discussion The CNDCP will result in a national Dermatology curriculum to ensure all Canadian medical students have access to standardized resources. This initiative will help address the discrepancies that currently exist in Canadian undergraduate dermatology medical education.

OE-5-6
77497
A Novel Series of Brief, Asynchronous, Case-Based E-Learning Modules to Supplement Knowledge Integration and Preparation for Clerkship

Patricia Farrugia McMaster University, **Anthony Levinson** McMaster University, **Jodie Bousfield** McMaster University

Background/Purpose The transition from pre-clerkship to clerkship marks an important opportunity for medical students to integrate previous curriculum and prepare for more experiential clinical learning. However, students may feel unprepared with respect to common scenarios that require rapid clinical decision making. We developed a novel series of e-learning modules as part of a self-directed learning week to better address this issue.

Methods Students at the end of their pre-clerkship at McMaster University worked through a series of mandatory self-directed modules during one week in October, 2021. Twenty-two 'rapid fire' e-learning modules were developed on common, critical, acute care clinical presentations across several disciplines, including internal medicine, surgery, pediatrics, and others. These were asynchronous, formative, interactive, case-based modules encompassing important clinical presentations; and mapped to the Medical Council of Canada presentations. Each module included a number of short answer questions with expert feedback, summary review content, and additional resources.

Results All 204 students completed the rapid fire modules. The modules were strongly praised with extremely positive comments, with over 90% of students stating that the activity should be offered to future cohorts.

Discussion These novel self-directed e-learning modules were an efficient and effective approach to expose medical students to important clinical presentations in a low-stress, formative manner. They were very positively evaluated by students; and can easily be re-deployed and updated in subsequent years. The modules will be maintained in the curriculum, with planned revisions and improvements, based on feedback.

Block F

OF-1

Curriculum - Post Graduate Medical Education

OF-1-1

77705

A Program Evaluation of the Family Medicine and Enhanced Skills (Fames) Integrated Residency Program Pilot

Giovanna Sirianni University of Toronto, **Shrutikaa Rajkumar** University of Toronto, **Risa Freeman** University of Toronto, **Betty Onyura** University of Toronto

Background/Purpose In 2022, the College of Family Physicians of Canada announced its plan to develop an expanded, 3-year residency training program. In anticipation of this curricular change, our team piloted a program where the current two-year family medicine training is integrated with an enhanced skills area over three years. This program evaluation seeks to evaluate the feasibility and sustainability of the pilot's implementation to help inform the changing landscape of family medicine training in Canada.

Methods Using a descriptive, multiple case study approach, we conducted semi-structured interviews with key stakeholder groups, including program directors, faculty, residents and administrators. Thematic analysis was used to review the de-identified transcripts through the lenses of both Normalization Process Theory (NPT) and the PIES (prescribed, teacher-intended, enacted, sustainable) framework to better understand the cognitive work participants engaged in.

Results Four main themes emerged from the data: 1. Participants identified program elements to both continue and adapt to ensure the sustainability of the curricula 2. There was a desire for collective action to support program implementation 3. Challenges were identified in both individual and communal participation 4. Participants engaged in relational and organizational efforts to make the program work.

Discussion Analyses show that some stakeholders engaged in the program by internalizing its values and accepting its legitimacy. Conversely, one challenge identified included the program's theory of action being unclear to the faculty tasked with supervising residents. Attention to these implementation lessons learned and concerns is imperative given the looming transitions in Canadian family medicine.

OF-1-2

78293

Math Club: Creating Safe Learning Spaces in Virtual Environments

Alexandra Manning Dalhousie University

Background/Purpose Math Club is an educational program series that was created to increase Psychiatry resident's confidence and ability in interpreting quantitative statistics. This program was created to address a curricular gap identified by residents, based on their observation that many residents frequently comment on their discomfort working with quantitative data presented in primary literature. Through participation in the Math Club workshops, residents learned to: identify, compare and contrast various types of quantitative data; advance their understanding and ability to critique statistical methods applied to quantitative findings in clinical research; and, to use quantitative findings to inform their clinical communication and decisions with patients, families and colleagues. During the COVID-19 pandemic, the program was transitioned to virtual teaching. This transition highlighted differences in how the program was received by learners, including enhanced sense of vulnerability in participating in interactive components. Our data suggest that transition to virtual learning environments, while feasible, require attention from educational design in the creation of engaging activities among participants.

Methods Qualitative and quantitate data was collected over three academic year (pre and post virtual teaching). Formative assessment measures, collected pre and post workshop, measured participant confidence and ability in using and applying qualitative research to clinical care. Standardized course evaluation was used to assess program content, presenter effectiveness and recommendations for each workshop.

Results Learner confidence and ability increased over the Math Club Series. It was an acceptable curricular intervention from participants. When workshops were separated into pre- and post-virtual delivery, while there continued to be improvement in pre- and post-virtual delivery; it became less favourably evaluated. The interactive activities becomes more uncomfortable for participants and enhanced sense of vulnerability in participating in the workshop.

Discussion Math Club is an acceptable and feasible intervention to support the delivery of evidence based practice in medical trainees. With the transition to virtual teaching, the Math Club series continued to show significant improvement in confidence and ability in understanding and applying qualitative research to clinical care; it did suggest enhanced vulnerability to participating in educational activities. This offers important considerations for medical educators as we consider how to transition constructivist-based activities to virtual environments.

OF-1-3

77742

Vancouver Notes: A Crowdsourcing, Trainee-Led Approach to Educational Resource Development

Brandon Tang University of Toronto, **Carol Bao** University of British Columbia, **Meiying Zhuang** University of British Columbia, **James Tessaro** University of British Columbia

Background/Purpose Scholarship is recognized as a key component of physician competency frameworks, with most training programs encouraging completion of a scholarly project during residency. However, given the demands of clinical training, many residents have limited opportunities to take meaningful ownership over scholarly projects, become published authors, and participate in knowledge dissemination.

Methods To enable a large cohort of residents to lead the development of a scholarly publication, we used a unique crowdsourcing model to create a novel clinical textbook, entitled Vancouver Notes, aimed at addressing knowledge gaps for early-stage internal medicine trainees. This 13-chapter textbook was produced through the cumulative efforts of internal medicine, neurology and dermatology residents, subspecialty fellows, and staff physicians. Under the leadership of three Editors-in-Chief, residents were divided into small teams of 4 to 6 individuals to develop each chapter, with each member taking on the roles of both author and editor to formulate the topics and content. Each team was further supported with input from fellows and staff.

Results This project ultimately resulted in 57 residents becoming published authors with the support of 14 fellows and 20 staff physicians.

Discussion This crowdsourcing publication model can be generalized and adapted to other disciplines and content areas. Moreover, this collaborative approach allowed residents to network with senior physicians from their desired subspecialty of interest. This facilitated mentorship between physicians in different career stages, helped build an institutional culture of innovation and scholarship, while empowering residents to lead a real-world knowledge synthesis and translation project.

OF-1-4

78323

Shaping A Clinician Scholar Program for the Next Generation of Psychiatry Residents

Sanjeev Sockalingam University of Toronto, **Kathleen Sheehan** University of Toronto, **Certina Ho** University of Toronto, **Song Min Lee** University of Toronto, **Ananya Garg** University of Toronto, **Eulaine Ma** University of Toronto, **Certina Ho** University of Toronto, **Nikhita Singhal** University of Toronto

Background/Purpose The Clinician Scholar program (CScholP) is a novel approach to enhance residents' professional development in various areas of scholarship. This project aims to deeper understand the perceived needs, barriers, and enablers of psychiatry residents to shape the new CScholP curriculum.

Methods We conducted semi-structured Zoom interviews with 17 psychiatry residents and fellows to understand their views on the new CScholP. Thematic analysis was applied to the transcribed qualitative data using NVivo-facilitated and manual, systematic processes to optimize inter-analyst reliability and identify data saturation, respectively.

Results Of the 17 respondents, majority (76.5%) were junior residents (PGY1-3). Most residents wished to pursue research and scholarship after residency. Early research training was perceived to be impactful. Key perceived enablers of CScholP recruitment included program flexibility, social network support, and professional development support. Primary perceived barriers included negative self-perception, lack of awareness of the benefits of the CScholP, and lack of self-directed program scheduling.

Discussion Medical schools can consider increasing the visibility and value of the new CScholP by providing Open Houses that showcase residents' scholarly experiences; and information booths for research supervisors to share available research opportunities. The new CScholP program may also consider supporting residents' self-selected research and scholarship to increase residents' autonomy and enrich their experiences.

OF-1-5

76863

Are Digital Images Captured by Smartphones Adequate for Histology Teaching?

Alexander Pearson University of Ottawa, **Safaa El Bialy** University of Ottawa

Background/Purpose Currently, histology is taught to medical students at the University of Ottawa, using images acquired with digital microscopes, which can be expensive, time consuming, and cumbersome to use. An alternative is acquiring images using smartphone cameras through the eyepiece of a microscope.

Methods Following lectures on gastrointestinal system histology, second-year medical students at University of Ottawa were invited to participate in an online survey that involved identifying histology images taken by both a Zeiss Axio imager A1 LED/DL microscope and an iPhone 6. The following tissues were included: esophagus, stomach, duodenum, jejunum, colon, anorectal junction, liver, portal triad, pancreas, gall bladder. Students were asked about the quality of both sets of images, whether either was superior, and whether they were both satisfactory for teaching histology.

Results 84 students participated in the study. Chi-square tests were used to compare the proportion of medical students able to correctly identify microscope versus iPhone-acquired images, and no significant differences were found (significance set at $p<.05$). 66.7% of participants agreed that both sets of images were of adequate quality, and only 7.85% disagreed. Furthermore, both microscope and iPhone-acquired images were equally preferred (40.33% preferred microscope; 37.95% preferred iPhone; 21.73% of students were indifferent). Interestingly, iPhone-acquired images were preferred for some tissues (e.g. esophagus, duodenum, anorectal junction, pancreas and gall bladder).

Discussion Using smartphone cameras to take histology images is a simple and inexpensive procedure, and produces images that are just as reliable as digital microscope-acquired images for histology teaching purposes.

OF-1-6

77801

Assessment of Incoming Paediatrics Residents' Knowledge, Attitudes, and Skills in Social Paediatrics

Dilini Kekulawala Western University, **Breanna Chen** Western University, **Jacqueline Ogilvie** Western University, **Andrea Ens** Western University, **Jill Sangha** Western University, **Dilini Kekulawala** Western University

Background/Purpose Despite increasing recognition of the importance of Social Determinants of Health (SDH), medical curricula have rarely moved beyond didactic-style teaching of these concepts. This has resulted in medical trainees lacking confidence in their knowledge and training in health advocacy and social accountability. Our study aimed to delineate incoming paediatric residents' baseline knowledge, skills, and attitudes related to social paediatrics.

Methods All incoming paediatric residents from 2019 to 2021 at Western University were invited to complete a questionnaire created by an interdisciplinary team of medical education specialists, social workers, and paediatricians. The questionnaire contained knowledge questions and scales developed to assess participant attitudes and frequency of skill use.

Results A total of 21/30 questionnaires were completed. Incoming residents demonstrated adequate knowledge base of SDH (average score 75.9% on knowledge questions). There was a high level of agreement with social paediatrics concepts, specifically regarding learning from patients and families, and empathy and humanism. While residents endorsed frequently applying patient-centred communication skills, there was greater variability in reported frequency of employing advocacy skills. Several gaps existed between knowledge and application of skills related to social paediatrics in clinical practice.

Discussion Our findings demonstrate that residents highly value social paediatrics concepts, but feel less prepared to act on them. With this understanding, we should shift our curriculum development to creating opportunities for residents to develop the necessary skills to practice paediatrics in a way that fulfills a professional mandate towards social justice and social accountability.

OF-2

Equity, Diversity, and Inclusivity - Anti-Racism

OF-2-1

77984

Blackness in Medical Education: A Qualitative Inquiry

Bolade Shipeolu University of Toronto, **Asli Fuad** University of Ottawa, **Clara Osei-Yeboah** University of Toronto, **Jane Wanjiru** University of British Columbia, **LLana James** Queen's University, **Stephanie Nixon** Queen's University, **Maria Hubinette** University of British Columbia, **Gbolahan Olarewaju** University of British Columbia

Background/Purpose Despite Black students being among the most underrepresented students in Canadian medical schools, there is a dearth of Canadian literature exploring their experiences in an educational system built around whiteness. This qualitative study explores Black students' perspectives regarding the ways their blackness has impacted their medical school journey and their perceived needs for thriving in their medical careers.

Methods 9 Black medical students from Ontario (4), Quebec (2), Atlantic (1), and Western Canada (2) participated in 60-90 minute-long 1-on-1 semi-structured interviews conducted by other Black medical students. Interviews were in English or French. Using the DEPICT method of qualitative analysis and a critical race theoretical framework, we examined students' experiences of admissions, curriculum, and their knowledge and capacity-building needs. Concepts such as intersectionality, institutionalized racism, and anti-essentialism were the structural backdrop against which participants' narratives are explored.

Results From preliminary analysis, participants experienced minority tax/stress and isolation/exclusion secondary to under-representation. Additionally, they experienced challenges related to equity illiteracy around blackness in medicine and medical racism in curriculum.

Discussion Black students experience many challenges due to institutionalized racism in Canadian medical education. These challenges signal the importance of current equity initiatives for Black students in medicine. This first of its kind study will shed some light on some factors contributing to under-representation of Black medical students in Canada and form a foundation for future research and programmatic innovations involving these students.

OF-2-2

77792

Developing an Anti-Racism Tool Kit for the University of Ottawa Md Program Pre-Clerkship Curriculum

Patricia Burhunduli University of Ottawa, **Saada Hussen** University of Ottawa, **Yuanyi Song** University of Ottawa, **Gaelle Bekolo** University of Ottawa, **Ewurabena Simpson** University of Ottawa, **Jasmin Page** University of Ottawa, **Lisa Abel** University of Ottawa, **Laura Muldoon** University of Ottawa, **Kassia Johnson** McMaster University, **Craig Campbell** University of Ottawa

Background/Purpose Currently, racialized health inequities are poorly addressed in medical education. Race-based medicine presents race without social contextualization, omits the social understanding of health disparities and perpetuates racialized bias. Reframing the understanding of race as a social construct and incorporating anti-racism education are essential to mitigate health inequities. To address these disparities, curriculum reviews are required. This project aims to describe an anti-racism curriculum audit conducted at the University of Ottawa.

Methods We completed an anti-racism audit of the formal teaching content of the pre-clerkship undergraduate MD curriculum at the University of Ottawa. The authors developed an Anti-racism audit tool kit guided by 'The Upstate Bias Checklist' developed by Brown et al. (2017). Recruited student volunteers audited assigned material. The lead authors subsequently repeated the audit individually, ensuring inter-rater reliability. Findings were categorized into four themes: reinforcement of stereotypes, insufficient representation of racialized populations, cultural insensitivity, and race-based generalizations.

Results A total of 796 curriculum material were audited by 18 medical students. In year 1, material flagged included 26.4% of didactic lectures, 54.8% of case-based learning (CBL) lectures and 34.1% of Society, the Individual and medicine (SIM) lectures. In year 2, material flagged included 18.2% of didactic lectures, 40% of CBL lectures, 34.8% of SIM lectures.

Discussion This antiracism curriculum audit revealed the lack of diverse representation and the promotion of race-based stereotypes in a significant proportion of the pre-clerkship curriculum. A curriculum reform is necessary to reduce bias and equip medical students to provide equitable care to the diverse Canadian patient population.

OF-2-3

78047

Creating "Guidelines for Inclusivity": A Resident-Driven Project to Inform Teaching Sessions at the University of Toronto

Corita Vincent University of Toronto, **Nikita-Kiran Singh** University of Toronto, **Sameer Kushwaha** University of Toronto, **Sheliza Halani** University of Toronto, **Hayeong Rho** University of Toronto, **Maxime Billick** University of Toronto, **Adam Suleman** University of Toronto, **Brandon Christensen** University of Calgary, **Zoha Hassan** University of Toronto, **Jeremy Cygler** University of Toronto, **Lisa Richardson** University of Toronto, **Umberin Najeeb** University of Toronto

Background/Purpose The Resident Interest Group in Social Advocacy (RIGSA) at the University of Toronto (UofT) is a team of Internal Medicine residents implementing scholarly projects related to social advocacy. With recent progress in understanding and implementing Equity, Diversity and Inclusion (EDI) in medical education, many faculty members are inexperienced with incorporating these principles into teaching. The concept of "Guidelines for Inclusivity" provide a framework for incorporating EDI principles in all teaching activities.

Methods The RIGSA team held multiple discussions with residents and faculty members to explore areas where additional EDI training may be beneficial. Key "principles for use" were created to highlight the goals and intent of the project. Guideline drafts were reviewed by multiple faculty stakeholders and leaders experienced in EDI principles and medical education.

Results The guidelines prompted questions to facilitate reflection (e.g., "What are key health inequities in your specialty?"), principles for inclusive language, suggestions for formatting clinical cases, and collated resources in various subspecialties highlighting impactful research incorporating EDI frameworks. The guidelines were published in March 2022 and have been disseminated across the UofT Temerty Faculty of Medicine and Canadian Internal Medicine residency programs.

Discussion Understanding and applying EDI principles is an essential competency to contemporary medical practice. The RIGSA team suggests that anti-oppression and EDI frameworks should inform all teaching activities. The "Guidelines for Inclusivity" introduce key principles for clinical educators in a concise format. We are now in the process of identifying ways to incorporate feedback from teachers into future iterations of the guidelines.

OF-2-4

78195

Anti-Oppression Leadership Education in Academic Medicine

Gaynor Watson-Creed Dalhousie University, **Tanya Hill** Dalhousie University, **Eli Manning** Dalhousie University, **Stephen Miller** Dalhousie University

Background/Purpose The Resident Interest Group in Social Advocacy (RIGSA) at the University of Toronto (UofT) is a team of Internal Medicine residents implementing scholarly projects related to social advocacy. With recent progress in understanding and implementing Equity, Diversity and Inclusion (EDI) in medical education, many faculty members are inexperienced with incorporating these principles into teaching. The concept of "Guidelines for Inclusivity" provide a framework for incorporating EDI principles in all teaching activities.

Methods The RIGSA team held multiple discussions with residents and faculty members to explore areas where additional EDI training may be beneficial. Key "principles for use" were created to highlight the goals and intent of the project. Guideline drafts were reviewed by multiple faculty stakeholders and leaders experienced in EDI principles and medical education.

Results The guidelines prompted questions to facilitate reflection (e.g., "What are key health inequities in your specialty?"), principles for inclusive language, suggestions for formatting clinical cases, and collated resources in various subspecialties highlighting impactful research incorporating EDI frameworks. The guidelines were published in March 2022 and have been disseminated across the UofT Temerty Faculty of Medicine and Canadian Internal Medicine residency programs.

Discussion Understanding and applying EDI principles is an essential competency to contemporary medical practice. The RIGSA team suggests that anti-oppression and EDI frameworks should inform all teaching activities. The "Guidelines for Inclusivity" introduce key principles for clinical educators in a concise format. We are now in the process of identifying ways to incorporate feedback from teachers into future iterations of the guidelines.

OF-2-5

78199

White Fragility Clinic as an Anti-Racism Intervention (and Innovation)

Gaynor Watson-Creed Dalhousie University, **Ajay Parasram** Dalhousie University, **Eli Manning** Dalhousie University

Background/Purpose White fragility is the term coined by Dr. Robin D'Angelo to describe the psychological state created in white persons when forced to acknowledge the role of whiteness in upholding racism. This patterned response serves to frustrate attempts to disrupt racism in the environment. We have hypothesized that an important antidote to white fragility could be the building of "racial resilience" by creating conditions in which white people must confront racism while also exploring the fragile response.

Methods Based on the work of Dr. Parasram and Dr. Alex Khasnabish (Mount Saint Vincent University) in their "Safe Spaces for White Questions" podcast series, the White Fragility Clinic in the Faculty of Medicine creates a facilitated space where white faculty members and staff can come to discuss the origins of white fragility; its manifestations within the Faculty of Medicine; and strategies for disrupting fragility and racism when they occur within the Faculty. Early results indicate that the clinics are well-attended, and create conditions for white faculty to improve their understanding of how fragility manifests in themselves and others.

Results By observation and by review of evaluations of the Clinic, it appears that in some cases this has propelled attendees to take steps to disrupt racism that they might previously have felt too "fragile" to try.

Discussion This presentation will present further background and observational and evaluation findings from the ongoing clinics.

OF-2-6

78056

The Resident Interest Group in Social Advocacy (Rigsa): Creating A Collaborative Space for Advocacy in the University of Toronto Core Internal Medicine Program

Nikita-Kiran Singh University of Toronto, **Umberin Najeeb** University of Toronto, **Lisa Richardson** University of Toronto

Background/Purpose The Resident Interest Group in Social Advocacy (RIGSA) in Internal Medicine Program at University of Toronto was co-founded by a resident lead in collaboration with peers and faculty after identifying the need for a collaborative space for residents with interests in equity, diversity, and inclusion (EDI).

Methods The team of 25 residents identified three themes related to their educational experiences: 1) the tendency to discuss anti-oppression in discrete moments of time rather than as a lens or framework; 2) the gap between knowing the theory of anti-oppression and having the skillset to implement it into practice; and 3) challenges centering the patient voice. Academic half-days (AHDs) and guidelines were developed to address these identified themes. The workshop AHDs use an intersectional approach with peer facilitators who have lived experiences of identified themes.

Results AHDs providing learning spaces (1) to safely practice skills for disruption, while acknowledging power dynamics faced by medical learners in educational spaces and (2) to focus on lived experiences of patients, were developed and delivered twice a year in Core Internal Medicine Programs across the post-graduate years. The AHDs on "Practical Skills for Allyship" and a Black Health Day including patient partners with sickle cell disease received exceptionally positive feedback. "Guidelines for Inclusivity", outlining strategies for teachers to incorporate EDI principles into formal and informal teaching sessions were also developed. These guidelines have been disseminated locally and nationally.

Discussion These educational innovations have empowered residents to employ a pragmatic approach to social advocacy while centering the patient perspective.

OF-3

Curriculum – Undergraduate

OF-3-1

77865

Variation in the Self-Evaluation Guidance for Medical School Accreditation

Yuxing Ma Johns Hopkins University School of Medicine,

Sean Tackett Johns Hopkins University School of Medicine

Background/Purpose In this era of globalized medical education, ensuring high-quality medical education internationally becomes critically important. The World Federation for Medical Education (WFME) has developed a Recognition Programme to standardize practices across medical school accrediting agencies. WFME requires that agencies provide medical schools with self-evaluation guidance but does not specify which metrics are required to demonstrate compliance with accreditation standards. The goal of this study was to assess variation in the self-evaluation guidance given by WFME-recognized medical school accreditation agencies.

Methods In the summer of 2022, we reviewed agency websites and contacted agencies to acquire medical school self-evaluation guidance, then examined the guidance given for comparable standards.

Results We obtained self-evaluation documents from 17 of 28 WFME-recognized agencies. Self-evaluation guidance ranged from agencies requesting a 25-page maximum narrative summary of compliance with standards to requiring a completed 207-page template with standard-specific qualitative and quantitative data. We identified four categories of approaches to self-evaluation guidance along a spectrum of more specific/prescriptive to less: data-collection instrument (template for data collection), evaluation rubric (self-rating compliance with standards), standard-specific free response prompts, and non-standard specific guidance.

Discussion The WFME Recognition Programme seeks to standardize accreditation practices, but the guidance that WFME-recognized agencies give to medical schools varies considerably in format and specificity even for similar standards. Many agencies also do not make their guidance available, making it impossible for the public and other stakeholders to understand how agencies are serving their quality assurance purposes. Future research should investigate how various forms of guidance support high quality medical education.

OF-3-2

78013

Usefulness of Mccqe Part 1 Results for Curricular Interrogations and Continuous Quality Assurance Efforts

Marian Jazvac-Martek McGill, **Shujiao Wang** McGill,

Melanie Mondou McGill

Background/Purpose Yearly, a confidential report on MCCQE1 exam results provides each school with whole cohort trends and patterns, including performance on specific MCC objective categories. These longitudinal exam performance trends are potential indicators for areas where curricula merit deeper interrogations. Developing protocols for continuous quality assurance using the MCCQE1 results as a starting point steers this work.

Methods The highest and lowest performing MCC Clinical Presentations (MCCs) were analyzed for patterns across 3 years of data. Comparisons to internal exam blueprints and performance, along with student feedback, triangulated these trends. Curricular mapping of the weakest performing areas and broader subject area were completed using curriculum mapping software and subsequently reviewed for content coverage, sequencing, and representativeness in assessments.

Results Seven MCCs repeatedly performed high and nine performed poorly. Review of the lowest performing MCC Clinical Presentation (coagulation abnormalities) lead to increasing the number of internal MCQ items in the exam bank. Results also triggered a larger review of the broader subject area (hematology) focused on content and related foundational sciences.

Discussion This analysis attempts to identify teaching and learning gaps in the undergraduate curriculum, setting protocols for ongoing quality assurance tasks that are iterative and meaningful to educational users of exam results. Feedback from the MCCQE1 results to the school and students is limited, especially invoking negative consequential validity for students who receive only aggregated performance data that cannot delimit specific areas in need of improvement.

OF-3-3

78194

How Does Educational Longitudinality in Medical Schools Contribute to Personal and Professional Development in Undergraduate Students? A Systematic Review

Martina Kelly University of Calgary, **Aaron Johnston** University of Calgary, **Grace Perez** University of Calgary, **Rebecca Mahli** University of Calgary, **Pariza Fazal** University of Calgary, **Javeria Shafiq** University of Calgary

Background/Purpose Internationally, longitudinal training experiences are an emerging model of training in undergraduate medical education. Educational longitudinality is defined as the persistence of educational components, participants, patients and contexts over time. The objective of this systematic review was to explore the impact of educational longitudinality in medical schools on the personal and professional development of undergraduate medical students.

Methods We systematically searched 9 databases. Inclusion criteria were: empirical studies in undergraduate medical education; any language; published between January 2001 and September 2021; and reported longitudinal learning (> 8weeks). Studies were reviewed independently by multiple reviewers using Covidence software. The data extraction form was iteratively developed. Team members individually extracted data and held regular review meetings to achieve consensus. We appraised study quality using the CASP suite of tools and Kirkpatrick's assessment of impact.

Results Of 23,738 studies identified, 104 were included. Most studies came from US (35 studies), Australia (28), the UK (15) or Canada (10). 53 studies were qualitative. 53% of longitudinal experiences were elective and 47% were longer than 6 months. 44% occurred in rural settings. Study quality was uneven. Outcomes reported included: clinical competence, knowledge and skills (57.7%), problem-solving and patient centred care (52.9%), confidence, motivation (39.4%) and sense of social responsibility (38.5%).

Discussion Definitions of longitudinal experience varied considerably. While most literature was focused on rural longitudinal clerkships, innovations in urban curricula and at pre-clerkship level were also reported. Outcomes primarily highlighted individual student learning, satisfaction and career intention.

OF-3-4

77947

A Positive Change in Medical Student's Attitude After an Indigenous Health Curriculum

Catherine St-Louis Université de Montréal, **Christophe Moderie** McGill, **Anne-Sophie Thommeret-Carrière** Université de Montréal, **Jean-Michel Leduc** Université de Montréal

Background/Purpose The longitudinal curriculum on Indigenous health of the medicine program at Université de Montréal was created in 2019 and consists of 5 lectures, one simulation activity and two clinical vignettes over 4 years. The goal of this study was to measure the impact of this curriculum during one year on student's attitudes towards Indigenous People.

Methods Medical students completed two validated scales on old fashioned (O-PATAS) and modern (M-PATAS) prejudice toward Indigenous People. Data was collected at four moments in the curriculum: before training (T0), after two lectures (T1- 1 week after T0), after a few months and before a simulation activity (T2) and lastly after the simulation (T3). One-way ANOVAs were used to compare scores at different times.

Results Overall, 182 participants were included in the study. There was a significant reduction of prejudices as measured by the O-PATAS, with a large effect size ($F_{3,172}= 13.45$, $P < 0.001$, $\eta p2= 0.19$). Tukey post-hoc analyses showed a significant reduction at T1 ($p=0.003$), T2 ($p < 0.001$) and T3 ($p < 0.001$). There was a signification reduction of prejudices as measured by the M-PATAS, with a moderate effect size ($F_{3,172}= 6.48$, $P < 0.001$, $\eta p2= 0.10$). Tukey post-hoc analyses showed a significant reduction at T1 ($p=0.01$) and T3 ($p=0.002$), but not at T2 ($p = 0.11$).

Discussion Our results suggest that the longitudinal curriculum creates a positive change in attitude towards Indigenous people that is maintained through time. Further studies will be required to see if some activities have a larger impact than others.

OF-3-5
76776

Money in Medicine: A Financial Literacy Curriculum

Mohammad Parsa Khazaneh McMaster University, **Myles Ashall** McMaster University, **Ejaz Causer** McMaster University, **Jason Profetto** McMaster University

Background/Purpose Within the Canadian medical field, the topic of finance is often considered taboo. Concepts relating to debt management, financial security, retirement planning, investing, and practice management are taught infrequently which produces a class of future physicians that are not well equipped to manage the financial aspect of medicine. We believe that a more robust financial literacy curriculum should be provided to medical students to facilitate financial independence and improve stress associated with debt management. This has proven to improve the quality of care that physicians are able to provide.

Methods Based on the literature review, class survey, and case reports on American medical programs, we propose a medical undergraduate financial literacy curriculum consisting of five 60-minute sessions during pre-clerkship with an accompanying "financial literacy" manual.

Results The focus of these sessions will be debt management, physician remuneration, entrepreneurship in medicine, investment planning, and insurance. Utilizing the "spiral learning theory", these topics will be re-visited throughout clerkship with an additional three sessions.

Discussion While this curriculum is still in the developmental stages, other North American schools have found positive results following the implementation of similar curricula. One study demonstrated that close to 85% of students felt they benefited from a financial literacy curriculum with self-assessed knowledge regarding finance and business nearly doubling. We anticipate that the proposed curriculum will follow this trend yielding positive feedback and equipping students with practical skills that they would have otherwise lacked.

OF-3-6
78186

Advancing Generalism: A Qualitative Study on Generalism Teaching and Learning in Canadian Undergraduate Family Medicine

Martina Kelly University of Calgary, **Murthata Ali** University of Calgary, **Lynn Power** Memorial University of Newfoundland, **Ann Lee** University of Alberta, **Nathalie Boudreault** Université Laval, **Maria Hubinette** University of British Columbia

Background/Purpose Despite widespread endorsement of generalism in medical education, recruitment into generalist disciplines is less than required to meet population healthcare needs. To date, our understandings of how generalism is explicitly taught in undergraduate medical education in Canada is vague. To inform curriculum development on generalism, this study aimed to comprehensively describe how generalism is taught in undergraduate family medicine (FM) in Canada.

Methods Qualitive exploratory study. Focus groups (n=17, participant n=38) were held with undergraduate FM leaders in 16 of 17 medical schools across Canada. Interviews were transcribed and French interviews (n=3) translated into English. Transcripts were analysed thematically, using inductive coding. The team met regularly to discuss and refine coding and theme development.

Results Four themes were identified: understanding generalism, current teaching practices, advancing generalism initiatives and unmet needs. A set of concepts underpin understandings of generalism including broad scope of knowledge, community engagement, the importance of context and commitment to social accountability. Generalism was understood as spanning a range of disciplines including internal medicine and pediatrics. Teaching of generalism was primarily through exposure, including placements, and mentoring relationships. While the term generalism was used in curriculum documents, explicit learning objectives, activities and evaluation was relatively absent. Several initiatives to promote generalism were described. Institutional culture, having a committed leadership and faculty support were key to supporting generalism.

Discussion Despite widespread commitment and local activities to promote generalism, experiences for learners are primarily tacit. Specific labelling and articulation of generalist learning activities could help learners understand more explicitly generalist practice across disciplines.

OF-4

Black Health and Wellness - Faculty Development

OF-4-1

77794

Educational Technology Faculty Development Needs of Medical Educators

Heather MacNeill University of Toronto, **Deanna Telner** University of Toronto, **Nick Petten** University of Toronto, **Tim Fawns** University of Edinburgh

Background/Purpose Despite emergency response teaching (ERT) during COVID-19, medical teachers feel ill-prepared to teach using technology. The goal of this research was to examine faculty development needs in educational technology and if participation in a masters/certificate course in educational technology might alter perceived needs and use of educational technology in teaching.

Methods A mixed-methods approach was used. Questionnaires given before the course and 6 months after completing the course, included the modified Technology Acceptance Model (TAM) and Technological Pedagogical and Content Knowledge (TPACK). Immediately after the course, focus groups explored perceived and unperceived needs in educational technology, and how opinions changed as learners developed knowledge in educational technology principles.

Results Initial survey results showed that although participants felt comfortable using technology, they were unsure how to integrate it into their teaching. Focus group data revealed that faculty development on theory, evidence, and hands-on practical application of educational technology allowed learners the confidence to move beyond empirical use of technology to educated discussions with peers and leadership around pedagogically informed use of educational technology in healthcare education. The 6 month follow up survey is being administered now and final results will be available at time of presentation.

Discussion Findings from this study will help determine the competencies and capacities that are most important when integrating educational technology into medical teaching. This will guide the development of faculty development in educational technology in medical education, both locally and internationally.

OF-4-2

78174

Are Two (or More) Heads Better than One?

Geoffrey Norman McMaster University, **Sandra Monteiro** McMaster University, **Jonathan Sherbino** McMaster University, **Matthew Sibbald** McMaster University

Background/Purpose Involvement of multiple clinicians in diagnosis has been proposed to reduce diagnostic error using two broad strategies- interactive groups, where active discussion occurs, and nominal groups, where individual judgments are retrospectively combined statistically. While in practice interactive discussion is likely the primary mode, research is dominated by studies of nominal groups. How (or if) expert clinicians benefit from group interactions, and the relation to group size, has not been studied.

Methods 12 general medicine written case vignettes were used. Participants (N=36) individually reviewed 4 case vignettes and provided a diagnosis and differential with up to 5 diagnoses. Residents were then formed into virtual groups of 3 (4 groups) and given 4 new cases, and asked to form a group consensus. Subsequently, in groups of 6, the consensus process repeated. In a post-hoc analysis, nominal groups were created by combining individual responses in the first phase into groups of 3 and 6. Accuracy scores (0, 1, 2) were assigned to all responses.

Results The nominal groups considered substantially more unique diagnoses: 7.23 vs 3.12 (n=3 per group) and 12.5 vs 3.0 (n=6 per group), $p<.001$). Group size and Nominal/Interactive did not influence diagnostic accuracy. Group size did not influence quality of differential. Accuracy for nominal groups was higher compared to interactive.

Discussion While multiple clinicians yield more accurate diagnoses than any individual, there is no advantage of groups of 6 over groups of 3. Conversely pooling results post hoc from independent clinicians has considerable advantage over actual group discussion.

OF-4-3

77586

Supporting Systematic Reviews: A Needs Assessment and Module Developmental Evaluation

Eleftherios Soleas Queen's University, **Sandra McKeown** Queen's University, **Zuhaib Mir** Queen's University,

Jennifer Ritonja Université de Montréal

Background/Purpose The rampant rise of systematic review publications in recent years has led to calls in some of the most prominent medical journals for an increase in value and reduction in waste in medical research. The problem of poorly conducted systematic reviews has been well-documented and librarian involvement (a best practice recommendation) is part of the solution. While many medical libraries have developed systematic review services in recent years, challenges persist in supporting the growing number of researchers embarking on systematic reviews.

Methods We conducted a mixed-methods needs assessment of library systems in Ontario surveying the perceived gaps in services supporting the conductance and completion of systematic reviews asking both qualitative and quantitative items to identify the key knowledge that needs to be provided in education. We then built the educational modules and made them freely available.

Results Library requests for support they received 2017-2022 have increased. Our analyses indicate that gaps exist in educational support as well as methodological gaps including designing search parameters, refining questions, and the rigour of designing the protocol as well as universal support for the development of asynchronous supplemental educational materials.

Discussion To address the increase in demand for systematic review educational support by Ontario medical libraries, and to improve the quality of systematic reviews in clinical research in Ontario, our research team will be developing online educational modules for researchers regarding the conduct of systematic reviews. These modules focus on gaps from the findings of the needs assessment and are freely-available to any interested stakeholders.

OF-4-4

78117

Co-Creation of Teaching and Learning Clinical Reasoning in the Absence of Certainty

Mairi Scott Centre for Medical Education University of Dundee

Background/Purpose As we emerge from the pandemic and move to a 'new norm' in healthcare delivery and healthcare education it is clear that our future clinicians must be skilled in coping with unpredictability and uncertainty. Our students and our educators must unlearn the concept of certainty and relearn the value of heuristics and identify way of embedding them into student learning. We must recognise students as co-creators of learning (Bovill, 2109) and rather than train them out of heuristic thinking, instead seek to engage them developing their skills in perspicacity - 'tuning the recognition process that underlie domain specific adaptive selection of heuristics'. (Feufel & Flach, 2019).

Methods Our Masters in Medical Education programme developed content that focused our student educators to articulate their own clinical reasoning and then adopt a Socratic approach to exploring that with their students. Students from different professional disciplines expanded on the usefulness of this approach through their responses via the on-line discussion forum.

Results With over 250 students competing the module the last year the extent to which this approach has been effective has been collated from their discussions and used to inform further educational content.

Discussion The Covid-19 pandemic has shown that reliance on EBM is a false premise and students and educators must be able to 'think-on-their' feet and confidently rely on their clinical reasoning particularly where there is an absence of evidence. This might be a lot easier for students than educators so this presentation will explore our approaches to achieving this.

OF-4-5
77922

An Innovative Multi-Faceted Pragmatic Approach to Faculty Development for Team-Based Care and Teaching

Christie Newton University of British Columbia, Columbia, **Jacqueline Ashby** University of British Columbia, **Penny Cooper** University of British Columbia, **Rob Petrella** University of British Columbia, **Mark MacKenzie** University of British Columbia, **Lua Lynch** University of British Columbia, **Ellen Chung** University of British Columbia, **Tina Webber** University of British Columbia

Background/Purpose As part of the solution to address the primary care crisis in British Columbia, the province is moving to team-based models of care. To implement this paradigm shift, Primary Care Networks have been rolling out with variable uptake across the province since 2018. One challenge that has limited traction with this model is that the majority of primary care providers, including family physicians, are not trained or supported in team-based service delivery.

Methods The University of British Columbia's, Ministry of Health funded Team-based Primary Care Learning Centre Project (TPCLC) is a three-year project designed to align the training of family practice residents within provincial Primary Care Networks and team-based care service delivery models. Part of the project is the implementation of an innovative, multi-faceted, pragmatic faculty development program aimed at building family medicine preceptors' team-based care competencies that in turn will better support resident training in team-based primary care.

Results We are at the early stages of the project and have recently began delivering and assessing our faculty development curriculum and exercises designed to encourage a team-based approach.

Discussion This presentation will describe the structured faculty development program aimed at building capacity for training within team-based primary care models and ultimately, recruiting, retaining, and sustaining team-based care across BC.

OF-4-6
78295

Can Training Medical Educators to Support Racialized Learners Improve the Experiences of Racialized Learners in Medicine?

Anjali Menezes McMaster University, **Shayna Henry** McMaster University, **Gina Agarwal** McMaster University, **Teresa Semalulu** McMaster University

Background/Purpose Research on differentials in academic attainment (DA) between racialized and white medical learners has highlighted supportive learning environments as key to reducing the gap. As racialized clinicians and the founders of the Racialized Residents at McMaster and the Black Physicians Association of Canada, we developed a workshop on racialization and techniques to support racialized medical learners. We aimed to increase educators' confidence in recognizing racialization in education and supporting racialized learners.

Methods Our workshop covered racialization and racial identity formation, within the context of DA, and how tracking race-based performance data is an effective outcome measure for EDI initiatives. We then used real case studies from the presenters' own experiences to apply this knowledge in developing racialized learner support techniques while increasing participants' confidence in initiating discussions about race.

Results Of 32 participants, 69% completed pre-, and 31% post-workshop surveys. Most identified as white. Mean confidence in recognizing racial trauma in learners (scale of 1-5) increased from 3 to 4.1 ($p.005$) and in supporting racialized learners from 2.72 to 3.9 ($p<.001$). Participants praised the workshop content and educational value of real case discussions. Respondents committed to prioritize racialized learners' needs and collect race-based data to track EDI strategies' effectiveness.

Discussion We demonstrated that brief training increases educators' confidence in supporting racialized learners. The predominance of White survey respondents indicates such educators may see the most value in this training. Raising awareness of DA resulted in most attendants supporting the collection of race-based data.

OF-5

Faculty Development

OF-5-1

78297

Integrating Direct Observations in Clinical Teachers' Workflow: an Exploratory Cognitive Task Analysis

Roy Khalife University of Ottawa, **Samantha Halman** University of Ottawa, **Susan Humphrey-Murto** University of Ottawa, **Elizabeth Papautsky** University of Illinois at Chicago, **Ara Tekian** University of Illinois at Chicago, **Rachel Yudkowsky** University of Illinois at Chicago, **Kori LaDonna** University of Ottawa

Background/Purpose Successful implementation of competency-based assessments is largely contingent on Direct Observation (DO). However, managing clinical and educational demands in the workplace is cognitively taxing for clinical teachers (CTs) whose uptake of DO remains problematic and threatens its educational mandate. The purpose of this study was to understand the cognitive functions and cues that drive CTs' decision-making in integrating DO in their workflow.

Methods We conducted a qualitative study guided by Applied Cognitive Task Analysis. We interviewed six CTs in internal medicine-based specialties who work on inpatient medical units at a single academic institution. We used a nomination process to find participants who excel at using DO in inpatient settings. Data were analyzed using reflexive thematic analysis.

Results CTs described a dual responsibility in attending to patients' and learners' needs, with patient safety ultimately prioritized as the key driver for DO. Participants shared three cognitive functions underlying their work on inpatient units: (1) making tasks count twice to promote efficient use of DO, (2) planning and re-planning DO as clinical activities unfold, and (3) self-reflections that mold their educational practices. Several cues informed CT's use of DO and were categorized in relation to (1) patients and their care, (2) learners, (3) teachers' experiences and (4) the learning environment.

Discussion The insight gained on patient safety as the primary cognitive driver for DO provides an opportunity to shift FD initiatives. Using the identified cognitive functions and cues, we discuss potential opportunities for FD to better prepare and engage CTs in integrating DO in their workflow.

OF-5-2

78274

Promoting Resilience and Protecting Wellbeing in Undergraduate Medical Learners: Identifying Faculty Development Needs

Jana Lazor University of Toronto, **Hilarie Stein** University of Toronto, **David Rojas Gualdron** University of Toronto, **Rikin Patel** University of Toronto, **Leslie Nickell** University of Toronto, **Andrea Levinson** University of Toronto

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

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

Results Eight key related concepts were identified that describe tasks faculty can engage in to promote learner resilience and protect wellness: (1) Preparedness and Readiness; (2) Proactive Watchfulness; (3) Listening and Validating; (4) Probing Introspection; (5) Recommending Resources and Support; (6) Facilitating Peer Discussions; (7) Role Modeling; and (8) Influence of Context/Culture. These concepts will be described and discussed how they connect and relate to form a blueprint that can be used to develop a FD strategy and resources.

Discussion Our study characterizes specific aspects to be considered when designing a future FD strategy and resources that supports medical faculty to promote learner resilience and in turn protect their wellness. In developing faculty members' skills set in this area, faculty themselves may benefit in enhancing their own resilience and wellness.

OF-5-3
78110
Innovations in Mentorship: Implementation of A Mentorship Program in Psychiatry that Encourages Reflection on Intersectionality and Wellness

Shaheen Darani University of Toronto, **Mary Jane Esplen** University of Toronto, **Certina Ho** University of Toronto, **John Teshima** University of Toronto, **Krista Lanctot** University of Toronto, **Jiahui Wong** University of Toronto, **Danica Kwong** University of Toronto

Background/Purpose Mentorship supports professional and academic development and wellness. At a Department of Psychiatry in Canada, a recent survey showed 60% faculty were without mentors and would like to have one; and 75% mentors received no training. A mentorship program was implemented in our department to facilitate sharing of expertise, self-reflection, and career development.

Methods Program design was informed by literature review and a mentorship working group. Core to the program is a primary mentor-mentee relationship that is further supported by mentorship groups focused on academic roles, scholarship interests, or specific groups. The program offers an online matching process, based on faculty academic interests, roles, and social identity preferences. A three-year evaluation strategy is integrated throughout implementation. Participants complete an evaluation upon enrolment and annually. Focus groups explore perception and concepts, such as intersectionality, wellness, and DEI.

Results The program was launched in 2021 with virtual workshops offering best practices and reflection on challenges encountered during mentorship. Thirty-six faculty mentors and 60 faculty mentees attended the workshops. Evaluations were positive with 93% participants indicating the workshop met learning objectives; 80% rating the workshop as excellent. Eighty-seven percent of mentor participants reported increased awareness of best practices in mentorship.

Discussion Accessibility of mentorship is a challenge, with many faculty having received limited education. This preliminary feedback suggests faculty found the workshops to be useful and represents an effective mode of facilitating implementation of a departmental program. We anticipate the implementation of our program could be adapted to other settings. Virtual workshops can be effective in facilitating implementation of a department wide mentorship program

OF-5-4
78282
Clinical Faculty Engagement: Investigating Avenues to Promote Connection for Clinical Faculty

Morgan Reedy University of British Columbia, **Erica Amari** University of British Columbia, **Katherine Wisener** University of British Columbia, **Justin Student** University of British Columbia, **Linlea Armstrong** University of British Columbia, **Heather Buckley** University of British Columbia, **Clarissa Wallace** University of British Columbia, **Kiran Veerapen** University of British Columbia

Background/Purpose Clinical faculty at the University of British Columbia have expressed that they feel disconnected from the university and peers due to their wide distribution, lack of common places of connection, and limited communication structures. Solutions to this disconnection have yet to be investigated. Our study aimed to 1) further explore variables leading to disconnection and 2) identify engagement strategies for improving connection between clinical faculty.

Methods Following constructivist and social learning theoretical approaches, we interviewed 16 clinical faculty across specialties, sites in BC, and experience levels about their recommendations on developing resources, supports, and engagement opportunities. Interview data were deductively coded and analyzed for themes.

Results Clinical faculty felt disconnected to the university largely due to the lack of 1) orientation to the role with clear expectations, 2) acknowledgement of their contribution, and 3) peer engagement opportunities, and a need for additional support resources. They were heterogenous in their recommendations for more engagement opportunities and cited a variety of ways they want to engage peers and the university. However, one solution was salient; many of the engagement recommendations of clinical faculty could be addressed with an orientation tailored to faculty needs across sites, and by providing a peer mentorship program.

Discussion Our findings suggest there is no 'one size fits all' approach to address the engagement needs of dispersed clinical faculty. Instead, an emphasis on strong onboarding and initial resource support and an offering of multiple engagement opportunities can help to promote meaningful connection for clinical faculty.

OF-5-5
78156
Orientation for New Faculty: What We Learned After 7 Years

Shaheen Darani University of Toronto, **John Teshima** University of Toronto, **Certina Ho** University of Toronto, **Eulaine Ma** University of Toronto, **Wei Wei** University of Toronto, **Elizabeth Stephanie Si** University of Toronto, **Yifanc Zhou** University of Toronto, **Sanjeev Sockalingam** University of Toronto

Background/Purpose The Department of Psychiatry at a Canadian University introduced the New Faculty Orientation Program (NFOP) to new faculty members in 2013. Since then, NFOP has been offered in the fall annually, to provide an orientation to teaching and research in the Department. The purpose of this study is to conduct a trend and thematic analysis of the in-person NFOP workshop evaluation we received in 2013-2019 (pre-pandemic). Findings will be used for continuous quality improvement and will inform future offerings of NFOP (post-pandemic).

Methods NFOP post-evaluations were administered to participants immediately after their attendance. We conducted a thematic analysis on the participants' free-form responses. Qualitative responses were reviewed and coded by two independent analysts to identify themes.

Results Upon completion of NFOP, participants appreciated the opportunity to network with colleagues and be part of an academic community of practice. They reported a desire to change their current teaching practice to incorporate goal setting and providing learner feedback. Participants requested more content addressing career development for future workshops. Suggested areas of improvement included a better balance between clinical content and approaches to research and grant writing.

Discussion The positive feedback suggests faculty found the NFOP to be useful and thus represents an effective method of facilitating the transition to their academic roles. Of note, requests for career-oriented topics, such as continuing professional development, increased from 2013-2019, suggesting more attention on self-development among new faculty. It will be of interest to compare the (pandemic/post-pandemic) virtual NFOP evaluations with our findings to identify further quality improvement opportunities.

OF-5-6
78150
Finding From the Implementation of A R2c2 Model of Feedback that Considers Intersectionality for Psychiatry Residents Within A Competency Based Medical Education Framework

Shaheen Darani University of Toronto, **Anupam Thakur** University of Toronto, **Ivan Silver** University of Toronto, **Csilla Kalocsai** University of Toronto, **Yasmin Lalani** University of Toronto, **Sanjeev Sockalingam** University of Toronto, **Sophie Soklaridis** University of Toronto

Background/Purpose Studies demonstrate feedback in clinical settings often lack the ingredients necessary to support learner progression. This assumes greater significance within a competency-based medical education (CBME) framework. R2C2 is an evidence-based model of feedback involving four phases: building relationship, exploring reactions, exploring content, coaching. To address the need for structured feedback, this study describes the implementation of R2C2 model of feedback that considers intersectionality in a CBME context

Methods 15 supervisors received training sessions from experts on R2C2 and used this feedback model with residents in longitudinal ambulatory rotation. Education leaders support was available to solidify learning. Semi-structured interviews were conducted with supervisors (n=10) to understand their experience with the model. The Consolidated Framework for Implementation Research was used to identify factors that influence implementation and effectiveness of R2C2.

Results Preliminary results showed four themes. First, participants' adherence to R2C2 focused on the first stage of the model "building relationship". Second, participants expressed positive attitudes toward the model and that it helped structure feedback. Third, participants shared they needed to understand the model more before application. They highlighted the need for faculty development on R2C2 using variety of teaching modalities (ie. role play, videos). Fourth, participants were mixed in the impact of intersectionality on the learning relationship.

Discussion R2C2 can be useful in the CBME and virtual context. Future implementation efforts should focus on faculty development and incorporate resident experience. Conclusion: Pilot study provides promising insights on feedback and coaching in resident education that considers equity and power-dynamics

Block G

OG-1

Faculty Development

OG-1-1

77493

Transformation in Time: A Case Study of Decision-Making in Continuing Professional Development Organizations During A Nonnormative Event

Paula Rowland University of Toronto, **Walter Tavares** University of Toronto, **Suzan Schneeweiss** University of Toronto, **David Wiljer** University of Toronto, **Morag Paton** University of Toronto, **Betsy Williams** University of Kansas, **Bita Zakeri** Indiana University

Background/Purpose Many CPD providers were in a reactive position as COVID-19 spread globally as few had well developed pandemic playbooks. With numerous calls to learn from these experiences and transform education and training, we question what we can learn about decision making in CPD organizations during nonnormative events. In this research study, we sought to learn how CPD organizations make decisions about CPD strategy and operations during a health or societal crisis.

Methods This work is an instrumental case study of two organizations: CPD at the University of Toronto and the Society for Academic Continuing Medical Education (SACME). Members of both organizations were invited to participate in a questionnaire and semi-structured interview. Interview data was analyzed using thematic analysis techniques.

Results We conducted 13 semi-structured interviews with consenting participants. Our research shows that decision-making during the pandemic emerged over four phases of reactions and impact from COVID and changed over the course of the pandemic. The creativity, adaptability, flexibility of the CPD community and the need for social connection within the CPD community strongly influenced the decisions of the CPD organizations.

Discussion The transformation of CPD will need to be reflective of the creativity, adaptability, and flexibility so well demonstrated by CPD organizations throughout the pandemic. We have shown that decision-making changes over time in a crisis, and that nonnormative events require a high degree of organization, adaptability, and flexibility. Advancing our understanding of individual and organizational adaptive expertise may enable CPD to better prepare for future crises and react quicker to perceived threats.

OG-1-2

78227

Academic Promotion After A Longitudinal Instructional Development Program

Daniel Panisko University of Toronto, **Umberin Najeeb** University of Toronto

Background/Purpose The Master Teacher Program (MTP) at the University of Toronto is one of the largest Canadian medical instructional development programs and has significant longevity. It is a 2-year, half day per week, certificate program which delivers a diverse curriculum in the principles and practice of medical teaching and education to busy clinician teachers. MTP allows participants to gain their initial departmental academic appointment or to accrue valuable professional development activity to enhance their likelihood for academic promotion.

Methods Success and achievement of academic promotion by graduating MTP participants was analyzed. Career advancement of its 243 graduating participants since the program's inception in 2002 was compared to a matched cohort of non-graduate clinician teachers.

Results Promotion of clinician teachers usually occurs on the basis of excellence in teaching. Of 34 MTP graduates who are now lecturers, 2 (6%) were promoted to this rank since graduation. Among the 105 assistant professor MTP graduates, 96 (92%) were promoted to this rank since completion of the program. 36 of 39 MTP participants were appointed as associate professors (92%) since graduation. All eight current full professors achieved their academic rank after graduation from the MTP. Higher likelihood for promotion and shorter time interval to promotion existed for MTP graduates in comparison with non-MTP graduated clinician teachers.

Discussion The MTP delivers a robust practical, theoretical, and evidence-based curriculum in medical teaching and medical education. It provides skills and motivation, so that participants can successfully achieve academic appointment and promotion on the basis of strength and scholarship in clinical teaching.

OG-1-3

78212

From Silo to Matrix; the Process and Product of A Faculty Development Innovation

Stephanie Giberson-Kirby Western University, **Christine Bell** Western University, **Leslie McAdam** Western University, **Valerie Schulz** Western University

Background/Purpose Organizational inertia can prevent institutions from supporting individual and program-level development needs. Within traditionally siloed organizations, inertia can be exacerbated by competing demands and scarce resources, as well as legitimized within the silos. Challenged with integrating and diversifying faculty development across its complex organization, the Schulich School of Medicine & Dentistry created the Faculty Development Collaborative (FDC). This initiative drew out the "siloed" faculty development experience and excellence into a matrix structure that engaged and empowered faculty development innovators. The first product of the FDC was the creation of intentionally, highly flexible faculty development framework.

Methods Using appreciative inquiry, communities of practice, and organizational ecology perspectives, a rigorous evaluation of the FDC matrix development, and its' resulting framework was pursued. The evaluation encompassed organizational policies, regulatory standards, and strategic directives, along with data from multiple faculty development providers, needs assessments, committee minutes, program evaluations, focus groups, and individual stakeholder input. All data was reviewed by team members and analyzed for emerging themes.

Results Emerging themes included competing faculty roles, redundant and overlapping content development, conflicting organizational priorities, and commitment to quality professional development activities. It also revealed the paradox of welcoming change while legitimizing organizational inertia.

Discussion The FDC continues to address organizational inertia as it strengthens its' matrix, and advocates for further advancements in faculty development. The faculty development framework supports a balance of individual agency, community of practice commitment, organizational goals, and institutionalized standards. This innovation study will be of interest to those responsible for implementing complex faculty development strategies.

OG-1-4

78112

Competence by Design Faculty Development Update: Cultivating Confidence Within A New Curricular Framework

Shaheen Darani University of Toronto, **Nikhita Singhal** University of Toronto, **Certina Ho** University of Toronto, **Paula Paunic** University of Toronto, **Adrienne Tan** University of Toronto, **Deanna Chaukos** University of Toronto, **Inbal Gafni** University of Toronto

Background/Purpose Competence by Design (CBD), a model of competency-based medical education (CBME) being implemented across Canadian residency programs, has now been integrated into a Canadian Department of Psychiatry. This shift has necessitated adjustments for faculty and residents, with many finding it challenging to stay appraised of best practices. In light of this, the Department's Faculty Development Committee designed a series of interactive sessions to support faculty and residents in navigating and thriving within a CBD curriculum.

Methods A needs assessment was administered to faculty to determine past experiences with CBD training and solicit topics of interest. The series was developed based on this and comprised three virtual workshops, with preeminent educators as speakers. Part 1 focused on CBD and assessment, Part 2 on CBD coaching model, and Part 3 explored a competency-based approach to cultivating professionalism.

Results The series was well-attended; 60 participants for Part 1, 56 for Part 2, and 50 for Part 3. Feedback received was highly positive, with attendees agreeing the workshops met learning objectives. The majority found information was relevant, described the format as engaging, noted that the sessions encouraged them to consider changes to their practices, and speaker evaluations were laudatory.

Discussion The positive feedback suggests participants found the series to be useful and thus represents an effective method of facilitating curricular transition. We anticipate sessions could be adapted for other programs and specialties. Virtual workshops that incorporate learning needs of faculty and include preeminent speakers can be an effective method of facilitating the transition to CBME.

OG-1-5

77999

A Thematic Analysis of Participants Feedback to Care for Indigenous Population Cpd: A University Cpd Office's Experience

X.Sheila Sun University of Calgary, **Dawn Peta** Alberta Health Services, **Cathy Scrimshaw** Alberta College of Family Physicians

Background/Purpose Following the Calls to Action by The Truth and Reconciliation Commission of Canada in 2015, the Future of Medical Education in Canada released a 2019 report on the future of continuing professional development. It pointed out that physician learning and improvement system must be responsive to the needs of patients and the community such as proficiency in Indigenous health. The office of CME&PD at University of Calgary started including content on care for Indigenous population in annual CPD programs. This thematic analysis of participants' feedback hopes to understand how these sessions are perceived and the direction for future CPD on care for Indigenous population.

Methods CPD participants provided open-ended text feedback which was then used as data for this thematic analysis. Due to the small size of data, only one reviewer coded the data and conducted the initial thematic analysis, though two reviewers examined the coding and reviewed the analysis independently. Themes emerged were extracted, analyzed, and presented.

Results 146 responses were collected and included. Key themes included effective presentations, increased awareness of inequities and disparities faced by Indigenous population, quality of care, and desire for actionable and applicable practice guidance.

Discussion Indigenous healthcare must start from an understanding of the disparities and inequities they face, and these CPD sessions effectively increased such awareness. Future CPD on Indigenous population care needs to incorporate actionable and applicable practice pearls such as tools to undercover bias, language to start patient-centered conversation, advocate for Indigenous patients, and care for Indigenous health care workers.

OG-1-6

78313

Head of the Class: Equity Policies, Practices, and Discourses Related to Department Head Appointments and Their Perspectives on Equity, Diversity, and Inclusion (Edi) at A Canadian Medical School.

Constance LeBlanc Dalhousie University, **Anne Mahalik** Dalhousie University, **Christy Simpson** Dalhousie University, **Shawna O'Hearn** Dalhousie University, **Paula Cameron** Dalhousie University

Background/Purpose Leaders in academic in medicine are crucial change-makers and department heads (DHs) are key agents for Faculties of Medicine. Who these leaders are therefore matters. For decades now, diversity amongst DHs has not kept pace with that of medical school matriculation. We require a deeper understanding of barriers and enablers to equitable clinical appointments and endorsement and how perspectives on EDI have changed.

Methods We reviewed policies on how DHs are recruited and conducted document analysis of equity policies and HR documents (n=17). We subsequently held interviews with past and present DHs (n=18), looking for implicit values and assumptions relating to equity in leadership in academic medicine. We conducted a critical discourse analysis (CDA) to examine underlying assumptions informing EDI policies and DH appointments in one Atlantic Canadian medical school from 2005-2020.

Results DH leadership traits have shifted toward more collaborative, communal, and emotionally-attuned practices. Interviews with Department Heads, documented changing emphasis on EDI over the data collection period (2020-21). Early interviews focused on gender, while later interviews emphasized both race and gender, perhaps reflecting a sharper focus on inequities since the events of the COVID-19 pandemic. Other EDI categories remained absent. Discourses identified relating to equity and DH appointments, framing equity as: documentation; mentorship; numerical representation; relinquishing privilege; legal obligation; moral commitment; and aspiration. Documents framed equity as legal and aspirational, despite including a wider range of equity-deserving groups. Legal obligations were often presented as hopes and intentions, with formal accountability and evaluation of equity neglected.

Discussion Discourses relating to EDI among DHs are changing, with greater awareness of race as well as concepts such as privilege and allyship. An intersectional approach to EDI that expands beyond race and gender, to include class, sexuality, disability, language, and more.

OG-2

Indigenous Health - Humanities in Medicine

OG-2-1

77702

Learner and Faculty Perspectives on the Role of an Empathy-Themed Podcast as A Teaching Tool in Medical Education

Dori Seccareccia University of Toronto, **Rebecca Stepita** University of Toronto, **Sarah Whyte** Sunnybrook Health Sciences Centre, **Allia Karim** N/A, **Laura Beaune** N/A, **Giovanna Sirianni** University of Toronto, **Irene Ying** University of Toronto

Background/Purpose Studies in medical education have shown an "erosion of empathy" as medical training progresses. Patient narratives and storytelling have demonstrated benefit in improving empathy and communication skills. We aimed to explore how narrative could be leveraged through podcasts - a medium gaining popularity and acceptance in medical education. This study examines how medical trainees and educators engaged with, and learned from, an empathy focused podcast and sought their recommendations for integration into medical curricula.

Methods Six virtual, semi-structured focus groups were conducted with 9 faculty educators and 15 medical learners within a large urban university setting in January 2021. Focus group questions probed participants' perceptions of podcast episodes that they had listened to in advance. Thematic analysis was used to identify what was learned and how this form of learning might be used to complement existing instructional practices.

Results Participants identified that the podcast helped support learning via: 1) forging connection through stories 2) creating space to reflect on empathy 3) shifting perspectives and biases 4) feeling validated and enabling self-compassion 5) gaining knowledge and building skills through patient stories, modelling, and reflection 6) translating new knowledge and skills into practice. Tension was noted between incorporating the podcast in the formal curriculum and concerns about impacting the flexibility and asynchronous nature of the format.

Discussion The podcast was positively experienced and practice changes were self-reported. Benefits of asynchronous informal e-learning tools such as podcasts support a shift to an enhanced blended learning medical curriculum. Podcasts also provide powerful learning opportunities during virtual learning.

OG-2-2

78152

Privileging the Patient Voice Through Autoethnographic Theatre Performance in Medical Research and Education

Pamela Ward Memorial University of Newfoundland, **Natalie Beasoleil** Memorial University of Newfoundland, **Leah Lewis** Memorial University of Newfoundland, **Jan Buley** Memorial University of Newfoundland, **Abdullah Saif** Memorial University of Newfoundland

Background/Purpose Arts-based teaching strategies in medical education are increasingly being recognized as valuable tools that engage learners through the evocative and resonant representation of lived experience. Research that examines the impact of autoethnographic performance on medical students, educators, clinicians and the broader community has been limited. The purpose of this study was to explore the emotional impact and learning gained by participants following an autoethnographic performance entitled the Dialysis Project, in which Dr. Leah Lewis tells her story while actually performing dialysis.

Methods An autoethnographic performance entitled "The Dialysis Project" was utilized to narrow the gap in knowledge about dialysis and chronic illness. Following two live-streamed performances we collected data using mixed methods (online questionnaires and focus groups with audience members). Qualitative data were analyzed using a narrative arts-based approach. Surveys were analyzed using SPSS.

Results Results demonstrated that the performance-based patient voice approach was effective in enhancing participant understanding of the lived experience of chronic illness and dialysis. Data support the use of arts-based approaches in providing space for sharing and learning about living with end stage renal disease (ESRD).

Discussion This research has the capacity to enhance community understanding of the lived experience of ESRD and other chronic illnesses. The results will be used to further curriculum development in medical and other health professional education, along with continuing education for professionals in practice. Arts-based learning strategies are powerful tools in supporting the development of physicians who are competent and compassionate in the delivery of holistic, patient-centred care.

OG-2-3
78326
Critical Discourse Analysis of Patient Narratives in University of Toronto Case-Based Learning

Lunan Zhao University of Toronto, **Ariel Lefkowitz** University of Toronto, **Neha Malhotra** University of Toronto, **Matthew Cho** University of Toronto

Background/Purpose The University of Toronto Medical School Pre-clerkship (year one and year two) curriculum features a 72-week case base learning (CBL) module series. These CBLs guide weekly seminar discussions and are intended to center patient narratives in the weekly integration of biomedical lectures and e-modules. The study applied a critical discourse analysis of several CBLs to draw out tensions between the intended aims and impacts of CBLs.

Methods We sampled twelve CBLs from the 72-week curriculum, involving two reviewers per CBL. The reviewers undertook a critical discourse analysis of the patient narratives to distill several common tensions. Four themes were identified.

Results Analysis of 12 case-base learning modules led to identifying the following four tensions. 1. Emphasis on patient-centered care: are physicians depicted as engaging in patient-centered care? Are writers engaging in patient-centered writing? 2. Respecting or Dismissal of Patient Autonomy: are patients identified with diseases? 3. Exploration of Personal as Political: to what extent do CBLs explore political underpinnings of structural barriers? 4. Discussing of Quality Improvement: are individual instances learning points for structural more positive structural outcomes?

Discussion A deeper appreciation of tensions in the CBL curriculum enables further refinement of patient narratives. Stage two of our study will involve interviewing the writers, tutors, and learners of the CBLs to draw out key themes in the implementation of CBLs to center patient narratives. The interviews have already obtained research ethics board approval and are being schedule for winter 2022.

OG-2-4
78290
A Novel Pedagogical Project to Spur Decolonization in Medical Education

Elisabeth Merner University of Calgary, **Erica Blimkie** University of Calgary, **Pamela Roach** University of Calgary, **Rachel Grimminck** University of British Columbia, **Lynden Crowshoe** University of Calgary, **Janet de Groot** University of Calgary, **Michele Decottignies** Stage Left Productions, Alberta

Background/Purpose Canada's Truth and Reconciliation Commission (TRC) report urges medical schools to educate about residential schools' contribution towards healthcare inequities faced by Indigenous people and provide skills based training in human rights and anti-racism. Members of the Cumming School of Medicine's Department of Psychiatry and the Indigenous, Local and Global Health Office (ILGH) engaged in a process emphasizing relationships and ethical listening to develop a novel popular theatre-based brief adapted simulation to educate for culturally informed Indigenous mental healthcare and to engage in anti-racism strategies. Our research objective was to explore learning experiences and outcomes for therapeutic relationships with Indigenous patients in mental healthcare following participation in the pilot educational event.

Methods We undertook a mixed methods case study. Ten psychiatry residents completed retrospective pre- and post-workshop self-efficacy ratings in response to items that evaluated their knowledge, skills and communication in therapeutic engagement with Indigenous patients in mental healthcare. Post-event, we held one focus group and undertook two individual interviews.

Results Psychiatry residents reported increased self-efficacy in discussing racism experienced by Indigenous patients ($p<.05$) and in employing cultural factors to build therapeutic relationships with Indigenous patients ($p<.05$). Preliminary thematic analysis identified the importance of embodied learning, and of Indigenous educator-led facilitation prior to and post-event.

Discussion Attending closely to process and relationships was essential to minimise colonial structures in developing the novel popular theatre-based adapted simulation. Our findings hold promise for subsequent iterations of the pedagogical tool, to further explore the role of embodied and transformative learning.

OG-2-5

78198

Climate Change Knowledge and Behaviour Among Health Professional Faculty and Learners

Alex Whynot Dalhousie University, **Tanya Hill** Dalhousie University, **Desmond Leddin** Dalhousie University, **Stephen Miller** Dalhousie University, **Stephen Miller** Dalhousie University

Background/Purpose Deteriorating planetary health is one of the biggest challenges of our time. Health care delivery is responsible for nearly 5% of emissions globally and medical professionals have an important role in mitigation. This study explored the knowledge, behaviours and anticipated barriers of medical faculty and learners to address climate change at individual and institutional levels.

Methods Planetary health conference registrants completed a questionnaire about climate change action. Barriers to change were explored using the consolidated framework for implementation research. Quantitative survey responses were analyzed using descriptive statistics, and qualitative responses were analyzed using content analysis.

Results Respondents (n=33) were physician faculty (28%), health professional learners (22%), and other academic roles. Almost all (95%) participants agreed that climate change presents a threat to human physical and mental health. Participants reported recycling waste materials (74%), using paperless systems (61%), and voting for politicians with aggressive climate change platforms (48%). Most (77%) plan to further reduce carbon emissions over the next 12 months. At the institutional level, only 38% agreed that their department views climate change as a priority. The most cited reasons for a lack of individual and institutional engagement were poor awareness/knowledge and uncertainty about how to take meaningful action.

Discussion Despite recognition of the need to address climate change, some participants reported limited personal and institutional action. Given the perceived lack of awareness and knowledge of planetary health among health professionals, there is an urgent need for multifaceted interventions, including education, to raise awareness of actionable items and address motivation for change.

OG-2-6

78306

Greening Family Medicine Clinic Operations and Clinical Care, Where Do We Start? - A Scoping Review of Toolkits and Aids

Sonja Wicklum University of Calgary, **Kate Nuique** University of Ottawa, **Martina Kelly** University of Calgary, **Jessica Zhang** University of Alberta, **Colleen Nesbitt** University of Calgary, **Clark Svrcek** University of Calgary

Background/Purpose There is a pressing need for healthcare to respond to the climate crisis. Family physicians, given their central role in community healthcare provision, are strategically placed to lead, support, and promote sustainable healthcare, yet guidance on how to do this is fragmented. To identify and map the literature on toolkits and aids available to family doctors, and to curate these toolkits to provide a resource that will expedite the change process for family doctors wanting to make transitions to more environmentally sustainable clinic operations and clinical care.

Methods A scoping review was completed of the published and grey literature across four databases and two search engines to identify articles and aids/toolkits from 1990 to present. Toolkits were subsequently evaluated for purpose, evidence-base, implementation process, adaptability to family medicine, and outcome measures.

Results The search identified 17,751 articles. Screening resulted in 20 published articles and 10 toolkits. Most articles presented simple checklists to support greening clinic initiatives, three studies focused on partial carbon footprint analyses, and four on educational initiatives. Toolkits ranged in sustainability topics and degree of depth covered, and adaptability and outcome measures.

Discussion A range of aids exist to support greening of clinic operations; however, there is a significant gap in the literature for greening clinical care. Although not tested for effectiveness, two toolkits were found to be comprehensive, one requiring tracking and reporting. This scoping review provides a starting point for motivated family doctors and community clinics to initiate change and support more sustainable healthcare.

OG-3

Curriculum

OG-3-1

78300

Assessment of Institutionally Reported Disability Prevalence and Accommodation Use in Us Allopathic Medical Schools From 2015-2022: Changes Under Covid Conditions

Karina Pereira-Lima The University of Michigan Medical School, **Lisa Meeks** The University of Michigan Medical School, **Melissa Plegue** The University of Michigan, **Ben Case** The University of Michigan, **Bonnelin Swenor** Johns Hopkins University, **Kurt Herzer** Centers for Medicare and Medicaid Services, **Rylee Betchkal** The University of Michigan Medical School, **Karina Pereira-Lima** The University of Michigan

Background/Purpose Changes to curriculum delivery carry potential consequences for students with disabilities including changing the need for, and delivery of, accommodation. Collecting disability related data under these unique circumstances allows us to evaluate change in disability disclosure and accommodation utilization with remote and hybrid learning.

Methods Differences in the proportions of students with disabilities and by disability category were compared using identical items across years using all responders who provided full data on disability. Prevalence of each accommodation provided among students disclosing disability were also compared across years. Proportions of disabilities and accommodations were done using z-tests, specifying a significance level of 0.05.

Results There was a continued and significant increase over time [2015 (2.8%, 95% CI: 2.63, 2.89) and 2019 (4.6%, 95% CI: 4.44, 4.80), p-value<0.001]. Psychological disabilities, attention deficit hyperactivity disorder, and chronic health disabilities were the most frequently disclosed disabilities; while disclosure of learning disabilities declined significantly during the 2021 COVID year collection (from 22.4% [95% CI: 20.4, 24.6] in 2015 to 11.6% [95% CI: 10.3, 12.9] in 2021, p-value<0.001).

Discussion A decrease in disclosure of learning disabilities and parallel decrease in testing-related accommodation may suggest that with the transition to online and hybrid curricular delivery, students are better able to create an effective learning environment, reduce test-related anxieties, and reduce overall dependence on accommodation as a means of access to the examination. Unintended use of universal design during the pandemic may mitigate he need for reasonable adjustment for students with learning disabilities who often require extended testing time.

OG-3-2

78129

Encountering Death in Case Based Learning: an Ethnographic Discourse Analysis

Anna MacLeod Dalhousie University, **Victoria Luong** Dalhousie University, **Paula Cameron** Dalhousie University, **Olga Kits** Dalhousie University, **Sarah Burm** Dalhousie University, **Simon Field** Dalhousie University, **Stephen Miller** Dalhousie University, **Wendy Stewart** Dalhousie University

Background/Purpose Case studies are fundamental to medical education. As the primary mechanism through which problem-, case-, and team-based learning occurs they set the foundation for future practice. We explored how death appears in case-based learning during the first two years of undergraduate medical education, by asking: "How is death discursively constructed in formal curriculum?"

Methods We used a critical discourse analysis theoretical frame and ethnographic methods to conduct 31.5 hours of observation, 45 longitudinal interviews with learners (12 students, 4 interviews each), and a critical discourse analysis of a full set of CBL cases (n = 5). This presentation highlights the data identified through the discursive analysis of the cases themselves.

Results We identified five discourses prevalent in CBL cases: 1) death as epilogue; 2) death as end to gradual decline; 3) death as a plot device; 4. death as a cautionary tale; and 5) death as inevitable. With the diagnosis often overtaking the patient as the protagonist, death was often written about as background information, in ways that obscured the human experience of death and dying.

Discussion The way we write and think about cases, including their format, content, and purpose, provides not-so-subtle clues about the types of information medicine takes to be real: fact, evidence, procedure. The discursive construction of death and dying in CBL cases is far from neutral; it permeates our curricular materials in ways that teach becoming-physicians how they should respond to death. We propose the concept of "ontological fidelity" as a way forward.

OG-3-3
77650
Validating Learning Objectives Through the Lenses of Assessments: A Quality Improvement and Educational Alignment Study in Ugme

Shujiao Wang McGill, **Marian Jazvac-Martek** McGill, **Fallavollita Fallavollita** McGill, **Julia Dornik** McGill, **Melanie Mondou** McGill

Background/Purpose Discipline-based exams (DE) are considered a core component of assessing medical student competence during the UGME clerkship. They are used both summatively and formatively in supporting students' learning. The results also serve evaluations of the quality of training and validation of the course/program learning objectives.

Methods Results of 30 DEs from 8 disciplines (items=1700) were analyzed by educational leaders and content experts to explore the objective based performances and to ensure if the learning objectives are accurate and adequate by cross checking the item tags. Then in collaboration with course directors, revisions of the course learning objectives and exam blueprints were made to bring teaching and assessment into greater alignment.

Results The findings revealed 5 objectives were poorly performing, and around 25% of the items were weakly related to the learning objectives and required intervention to uncover discrepancies and/or inconsistencies. It also revealed weaknesses in course objectives as teachers implicitly taught concepts and preferred use of test items reflecting important yet implicit standards without adequately noting these in course learning objectives. After targeting discrepancies, the course learning objectives were improved.

Discussion The study highlights the importance of considering alignment with learning objectives as a key process in interpreting exam results and reviewing the educational quality offered. With continuous data driven quality improvement, both the learning objectives and question banks can be significantly improved when an alignment lens is continuously applied to the review of relationships across these educational elements.

OG-3-4
77839
Role of Medical Students as Interpreters in Bridging the Language Barrier in Academic Healthcare Centers: A Scoping Review

Jun Yang Liu McGill, **Kenzy Abdelhamid** McGill, **Darya Naumova** McGill, **Amy Bergeron** McGill, **Anish Arora** McGill, **Bertrand Lebouché** McGill

Background/Purpose Linguistic concordance between the healthcare provider and the patient is critical to provide quality healthcare. Professional interpretation can be expensive and challenging to access. This scoping review aimed to explore the evidence on the role and education of medical students as interpreters in caring for patients with limited English proficiency (LEP), and to determine the benefits and risks associated with this practice.

Methods A scoping review was conducted with articles obtained from a systematic search of 6 databases in 01/2022. All publications discussing the use of medical students as interpreters in healthcare settings were included. 13 documents were selected and analyzed using Covidence, with coding by two raters and regular team discussions. A thematic analysis framework was used.

Results Multilingual medical students are frequently asked to interpret in healthcare settings. This was found to be advantageous in reducing communication barriers, improving quality of care, and contributing to students' clinical experience. Concerns were raised regarding the lack of knowledge on the professional obligations of the interpreter role. Interpretation training programs for medical students have now been implemented at select academic healthcare centers and demonstrated successful results in providing care to LEP patients.

Discussion Medical students play an important role in addressing language barriers in healthcare institutions when serving LEP patients, by complementing their unique role in the healthcare team with their medical, linguistic, and cultural competency skills. This review opens a discussion on the opportunities in medical education to promote the delivery of language-concordant care, including the exploration of interpretation training for multilingual students.

OG-3-5
77970
Attitudes Towards Scholarly Activity Among Canadian Medical Students

Seddiq Weera McMaster University, **Amanda Bell** McMaster University, **Larry Chambers** McMaster University

Background/Purpose CanMEDS, a competency framework for Canadian physicians, considers scholarly activity an essential competency for practice. The Association of Faculty of Medicine of Canada (AFMC) annual Student Entry, Pre-Clerkship and Graduation surveys include questions regarding attitudes towards scholarly activity. Our analyses of these data explored whether attitudes changed longitudinally and whether differences exist between students training in academic health sciences centres (AHSC) and distributed medical education campuses (DME) as there are barriers to research participation in DME campuses.

Methods Data from the 2015 to 2022 AFMC surveys were analyzed. Statistical differences were tested with chi-square.

Results In 2021, the response rates were 32% (995 of 3,135) for the Student Entry survey (five AHSCs and five DMEs) and 6% (263 of 4,582) for the Pre-Clerkship survey (five AHSCs and seven DMEs). In the Entry surveys, 95% (188 of 201) and 59% (586 of 995) of students in 2019 and 2021 respectively reported "clinical practice" as their career intent from the listed activities. "Research/science" and "education" increased from 2% (4 of 201) and 1% (1 of 201) in 2019 to 16% (156 of 905) and 19% (191 of 905) in 2021, respectively, ($p < 0.001$). In the 2021 Pre-Clerkship survey, 15% of DME students did not place importance on their faculty-supervised scholarly activities compared to 5% of AHSC students ($p<0.001$).

Discussion These results demonstrate the need for schools to provide scholarly activity opportunities, particularly in DME campuses. Providing training in and exposure to scholarly activity influence attitudes and career paths of students.

OG-3-6
77824
Motivations of Patients Who Engage in Medical Teaching: A Qualitative Study

Julie Massé Université Laval, **Sophie Grignon** Université Laval, **Luc Vigneault** Université Laval, **Geneviève Olivier-D'Avignon** Université Laval, **Marie-Claude Tremblay** Université Laval

Background/Purpose From 2019-2021, we developed and implemented an intervention actively involving patients in small group discussion workshops, as part of a mandatory undergraduate course in medicine at Université Laval. In these workshops, students were asked to deliberate about the legal, ethical and moral issues arising from different clinical cases. Patients were invited to bring their particular points of view on these cases, rooted in their experiential knowledge. This presentation aims to highlight the motivations behind patients' interest in participating in such intervention. Understanding patients' motivations will contribute to a better implementation of patient-teacher models in medical education.

Methods This study is based on a qualitative descriptive design, using 10 semi-structured interviews with patients who participated in our intervention. Inductive thematic analysis was conducted using Nvivo software.

Results Patients' motivations for participating fall into two categories: (1) a perceived coherence between one's individual characteristics (e.g., capacities, expertise; values, beliefs; life trajectory) and the characteristics of the project in which participation takes place (e.g., context, requirements; epistemological, theoretical, practical foundations); (2) patients' conception of the project as a means of action at an individual level (e.g., to fulfill needs to bond, to move forward, to feel useful) and collective level (e.g., to contribute to renewed future health professional's approaches).

Discussion The study provides an in-depth and complex understanding of motivating factors for patient engagement in medical teaching. Our findings suggest the need for sensitive approaches to such engagement, based on a deep and holistic understanding of what participation means and entails for patients.

OG-4

Teaching and Learning

OG-4-1

77548

Learning and Applying Medical Education Concepts Through A Two-Week, Assignment and Practicum-Based, Medical Education Elective for Residents

Anthony Seto University of Calgary

Background/Purpose Medical education opportunities for residents are often intermittent, such as one-off resident-as-teacher workshops and sporadic teaching events. To better immerse, develop, and increase confidence of residents in the educator role, a medical education elective was established where residents taught in a University of Calgary's medical school course.

Methods The course chair of "Intro to Clinical Practice" created a two-week, assignment and practicum-based, resident elective. Completion criteria included: 9 theory/foundations assignments, 3 direct observation field notes, 3 reflective practice assignments, and 1 teaching philosophy. Teaching requirements included: 24+ hours of course-teaching, delivering a microteaching presentation, and facilitating a student mentorship session. Since 2020, 4 residents completed the elective, and all completed a post-elective evaluation survey.

Results The average overall elective rating was 4.5/5. The amount of work was rated an average of 3.5/5 (1="too little" and 5="too much" work). Average self-perceived confidence ratings, pre- versus post-elective, for 8/10 areas ("curriculum development", "lesson planning", "learning theories", "memory and cognitive load theory", "feedback", "gamification and serious games", "simulation facilitation", "teaching philosophy") increased at a statistically significant level ($p<0.05$), and the other 2 areas ("learning objectives" and "presentation skills") increased, but was not statistically significant (both $p=0.05$).

Discussion Educators can consider creating a two-week medical education resident elective, by curating practical resources and leveraging pre-existing medical school courses, to provide residents opportunities to review medical education topics and immediately apply their educator learning into practice. Reflection through field notes, reflective assignments, and drafting of a teaching philosophy provide further opportunity for educator development.

OG-4-2

78181

Mental Health Training for Correctional Officers: A Systematic Review

Shaheen Darani University of Toronto, **Robert McMaster** University of Toronto, **Elena Wolff** University of Toronto, **Sandy Simpson** University of Toronto, **Graham Glancy** University of Toronto, **Sarah Bonato** University of Toronto, **Jason Quinn** University of Toronto

Background/Purpose People with mental illness are overrepresented in corrections. Correctional officers often lack training to respond to inmates with mental illness. Implementing mental health training could improve officer knowledge, skills, and attitudes toward inmates with mental illness. The purpose of this study was to conduct a systematic review of mental health training programs for correctional officers to identify key factors related to success.

Methods Medical and criminal justice databases were searched for scientific articles describing mental health training programs for correctional officers. All studies including a measurable outcome on either correctional officer knowledge or inmate mental health were included in a final analysis. The review adhered to PRISMA guidelines.

Results Of 1492 articles identified using search terms, 11 were included in the analysis. Programs reviewed mental illness and practical skills content, and led to improvements in knowledge, skills, and attitudes amongst officers. Prior knowledge and attitudes did not correlate with improvements. Officers were more receptive to facilitators with correctional or mental health experience. Experiential teaching was preferred to didactic teaching. Regression occurred several months after training.

Discussion There is limited but positive literature suggesting that structured training programs, particularly involving persons with lived experience and experiential teaching, are beneficial. The regression suggests a need for ongoing education, systems and culture change within corrections to ensure sustainable improvement. Future training programs can benefit all officers and should include relevant facilitators, experiential components, and address regression.

OG-4-3

78258

Assessment Strategies of Professional Experiential Learning in Graduate Programs: A Scoping Review

X.Sheila Sun University of Calgary, **Benedicta Antepim** University of Calgary, **Patricia Villalba** University of Calgary, **Lauren Brock** University of Calgary, **Diane Lorenzetti** University of Calgary, **Elizabeth Oddone Paolucci** University of Calgary

Background/Purpose Improvements in academic and professional outcomes within post-secondary education have emerged with the successful application of experiential/work-integrated learning (WIL). However, there is wide variation in its assessment. This scoping review identifies assessment strategies for WIL at the graduate level and sheds light on the adaptation or development of a robust assessment framework for WIL.

Methods Using the Joanna Briggs Institute Scoping Review Protocol, we searched Medline, EMBASE, APA PsycINFO, CINAHL, and Web of Science databases. Results were uploaded to Covidence and underwent a two-stage screening by two reviewers independently: 1) title and abstract, and 2) full-text review. Data extraction included details about the participants, context, assessment methods and outcomes, and strengths and limitations of the WIL tools employed.

Results A total of 6,618 studies were screened, resulting in a full-text review of 219 studies. Studies predominantly focused on individual student assessment outcomes, and the tools applied were post-learning surveys, questionnaires, interviews, journal reflections, and students' and supervisors' written evaluations. There is a lack of assessment frameworks in evaluating graduate students' WIL.

Discussion Given most thesis-based graduates pursue non-academic careers, there is a significant need to develop and expand graduate professional competencies to promote success post-graduation. The development and application of a robust assessment framework to evaluate WIL is critical for both educators and learners. We provide recommendations on best practices in the assessment practices of professional experiential learning opportunities.

OG-4-4

77743

Mass Gathering Medicine Elective: A Unique Clinical and Medical Education Experience in Event Medicine for Residents

Anthony Seto University of Calgary

Background/Purpose Mass gathering events (e.g., music festivals), present challenges to patient care, including resource limitations, loud music, and working with ad hoc teams. Creativity, adaptability, collaboration, leadership, and educational skills are example competencies exemplifying event medicine practice. In July 2022, a University of Calgary Mass Gathering Medicine Elective was piloted to immerse residents in these unique contexts and competencies.

Methods Four second-year Family Medicine Residents participated in a one-to-four-week elective. Possible events included a community celebration, a parade, an exhibition, and music festivals. Residents completed a minimum of 3.5 shifts/week and prepared/facilitated an in-situ simulation for multidisciplinary healthcare teams. Residents completing 2-week and 4-week electives produced one podcast and two podcasts, respectively, related to Mass Gathering Medicine. Residents provided feedback via a post-elective evaluation survey.

Results The average overall elective rating was 6/7. The amount of work was rated 4/7 on average (1="extremely light"; 7="extremely heavy"). Average self-efficacy ratings, pre- versus post-elective, increased for all learning objectives, all with large effect sizes (Hedges' $g>0.8$). All objectives ("communication/collaboration", "verbal de-escalation", "triage", "medical response planning", "improvisation/creative-thinking", "simulation facilitation", and "podcast creation"), except one ("radio communication"), achieved statistically significant increases (paired t-test, $p<0.05$).

Discussion The elective was well-received by residents and increased their self-efficacy in areas that expand the repertoire of knowledge, skills, and attitudes that may not be as emphasized in other rotations. A mass gathering medicine resident elective may help residents achieve skills in creativity, leadership, and education, while immersing residents in contexts that are low-resourced, depend on multidisciplinary collaboration, and feature unique presentations.

OG-4-5

77599

Talking About Notes: Discharge Summary Quality and Improvement on A Geriatric Inpatient Unit

Alishya Burrell Western University, **Mark Goldszmidt** Western University

Background/Purpose Discharge summaries are important educational tools, guiding trainees in their collection and documentation of data. As geriatric competencies are integrated in medical curricula, documentation on inpatient geriatric rotations should represent the unique care and education provided, yet often follow generic templates. What content should be included in a geriatric discharge summary has not previously been explored and was the purpose of this study.

Methods A mixed-methods designed-based research approach was used to assess note quality on a geriatric inpatient unit and iteratively co-develop a template with examples through three phases: (1) needs assessment, (2) consensus building and (3) template development.

Results Sixty-eight discharge summaries were assessed by five geriatricians, with 14 gaps identified. Many of these reflected elements that were present but addressed generically without attention to the specificity required from a geriatric perspective. In response, the team developed a geriatric-specific template with explicit examples. Through the consensus process three barriers to quality notes and trainee education were identified: the chronic state of low-quality notes being accepted as the norm, time limitations due to the high volume of patients and high volume of clinical documents.

Discussion The identification of gaps in geriatric discharge summaries allowed for the co-development of an instructional template and examples that goes beyond simple headings and highlights the importance of applying and documenting geriatric competencies. Although we encourage others to take up and modify the tools for trainees in their local context, more importantly, we encourage them to take up the dialogue about note quality.

OG-4-6

78187

Exploring Perceptions of Bias in Psychiatry Grand Rounds

Tanya Hill Dalhousie University, **Lara Hazelton** Dalhousie University, **Mandy Esliger** Dalhousie University, **Owen Connolly** Dalhousie University, **Kim Good** Dalhousie University, **Cheryl Murphy** Dalhousie University

Background/Purpose Physician education programs accredited with the Royal College of Physicians and Surgeons of Canada require that educators disclose potential conflicts of interest, including commercial, industry and professional ties. They also require the evaluation of learners' perceptions of commercial bias. This requirement differs from the College of Family Physicians of Canada that requires evaluation of "any type" of perceived bias which encourages evaluation of broader perceptions of the undue influence of bias in continuing education for practicing physicians.

Methods We conducted a secondary data analysis of evaluation survey data from Psychiatry grand round presentations spanning over seven years. Narrative comments were analyzed using reflexive thematic analysis to code learner's perceptions of bias.

Results Four themes were derived: commercial bias, implicit bias, balance of perspectives, and ways of knowing. We identified tensions in the data between a desire for evidence-based information and a broader range of perspectives and approaches. Presentations flagged for commercial bias on survey reports often lacked comments reflecting these concerns. Concerns about clinical applicability, especially for areas with a lack of rigorous research evidence, raised concerns about topic appropriateness for grand rounds.

Discussion Physicians expressed concern about sources of bias beyond financial interests. This study contributes to our understanding of physician perspectives of bias in CPD, and contributes to the dialogue around challenges in evidence-based medicine, and the mandate of CPD.

OG-5

Wellness and the culture of medicine

OG-5-1

78314

How Do Medical Students Engage in Goal Setting? the Effects of Medical Student Goal Setting Behaviours on Wellbeing and Learner Experience.

Mary Cairns University of Alberta, **Cassandra Sillner** University of Alberta, **Victor Do** University of Toronto, **Cheryl Goldstein** University of Alberta

Background/Purpose Achievement Goal Theory (AGT) outlines goal setting approaches. AGT notes that individuals can be trained towards more adaptive goal approaches, as certain orientations are associated with increased resilience and performance ability. To understand the specific ways in which goal setting behaviours affect the medical student experience, we aimed to conduct a qualitative exploration of their goal setting processes, including the types of goals they set, student awareness of their goal setting behaviours and how this process may affect their wellbeing and overall learner experience.

Methods 19 virtual semi-structured interviews were conducted with medical students in all years of study across Canada. Transcripts were coded and analyzed independently by two researchers using thematic analysis who met with a third researcher to review codes.

Results A number of themes emerged from our analysis. Our study found that medical students have poor awareness of their goal setting approaches and the impact they have on perceived wellness. Additionally, most medical students seem to follow distinct goal setting scripts, each associated with different motivations, priorities, and response to adversity. Goal setting behaviours were substantially different between years of study, and were heavily influenced by curricular/educational demands which contributed to learners identifying incongruence with individual goals.

Discussion Together these findings provide important insight into how medical students set goals, how these processes may impact wellbeing, and how goal-setting changes throughout training. These insights provide a foundation to develop programming around goal setting strategies that may better support learner adaptiveness and promote wellbeing.

OG-5-2

77921

"What's the Culture in Medicine?": Exploring Medical Culture From the Perspective of Medical Students in Clerkship

Anita Truong University of Alberta, **Rishi Durupala** University of Alberta, **Cheryl Goldstein** University of Alberta, **Victor Do** University of Toronto

Background/Purpose Despite frequent reference to "culture change" in discussions surrounding wellbeing in medicine and medical education, little work has been done to elucidate how medical students conceptualize culture, how they believe this impacts wellbeing and their perspectives on culture change. This study aimed to gain a deeper understanding of how clerkship medical students conceptualize the culture in medicine, and determine what influences and shapes this perception.

Methods Qualitative, semi-structured interviews were conducted with 15 clerkship students attending three different Canadian medical schools via Zoom. The interview transcripts were coded and in-depth thematic analysis conducted by a team of 3 researchers.

Results Our analysis revealed a number of themes including that medical culture is partly shaped by how learners perceive and attempt to navigate the learning environment including aspects of the hidden curriculum, that the medical hierarchy and power structures are very prominent in medicine, and that the learning environment is highly competitive which leads to the need for "impression management." Ultimately these contribute to the overarching sense that the culture in medicine does not prioritize wellbeing amongst learners and staff. Participants noted adapting to this culture required one to not internalize and instead reframe negative experiences.

Discussion Our in-depth exploration of how clerkship students conceptualized and perceived the culture of medicine revealed that learners view many aspects of the learning environment as negative. These findings provide insight into many tangible opportunities for educators and mentors to address in our quest to improve medical culture and wellbeing within medical education.

OG-5-3
78200
Conceptualizing Struggle in Undergraduate Medical Education From Four Phenomenological Traditions

Victoria Luong Dalhousie University, **Anna MacLeod** Dalhousie University

Background/Purpose Academic underperformance is a critical issue in medical education, if not because of the steep demands it places on faculty and institutional resources, then because of its impact on students themselves: their future goals, financial security, and beliefs about (and in) themselves. However, medical educators still lack sophisticated language with which to discuss struggle in medical education. In order to authentically address this complicated issue, we require a deeper ontological understanding of what struggle, as a human experience, is.

Methods We used a post-paradigmatic approach to review literature related to struggle in undergraduate medical education. We examined how struggle as a lived experience can be conceptualized through 4 phenomenological perspectives: van Manen's phenomenology of practice, Merleau-Ponty's phenomenology of perception, Schutz' phenomenological sociology, and Brentano's phenomenological psychology.

Results Viewing struggle through the lens of different phenomenological traditions forces us to recognize it as a simultaneously physiological, embodied, interactionist, and affective experience. At times, it can be seen as a source of deep anguish and suffering - something to be eliminated from student experience. But, at others, it can be valued as a right-of-passage or an opportunity for growth.

Discussion Without a nuanced understanding of what struggle is, we risk conducting remediation efforts that are based on crude conceptualizations of underperformance as simply a gap in knowledge rather than a complex experience that is inseparable from the environment in which it takes place. Broadening our conceptions of struggle may reveal new strategies for remediation that are more congruent with learners' lived experiences.

OG-5-4
77907
A Foucauldian-Inspired Discourse Analysis of Administrative Staff and Faculty Relations in Health Professions Education

Ayelet Kuper University of Toronto, **Stephanie Waterman** University of Toronto, **Cynthia Whitehead** University of Toronto, **Morag Paton** University of Toronto

Background/Purpose Administrative staff in higher education have been described as invisible and characterized as being "non-academic, non-faculty, non-teaching, [and] non-professional" (Losinger, 2015, p. 157).With few exceptions, if staff appear in the HPE literature it is as a passive object, often as a resource, a possession, or a liability. This absence is felt in everyday staff experiences: staff may be overlooked in meetings, feel uncomfortable contributing knowledge, or feel devalued or invisible in their roles. The increasing professionalization of staff roles, occurring as health professionals experience their own shifts in power and prestige, can lead to tensions, if not toxicity, in health professions education (HPE) spaces. Better understanding this complex staff-faculty relationship can lead to a healthier working and learning environment for all.

Methods Focused on three clinical departments in the Faculty of Medicine, University of Toronto I build and examine an archive consisting of documents, interviews with staff and faculty, and my own lived experience as staff. I conduct a Foucauldian-inspired discourse analysis to identify discourses that regulate the work of and power relations between administrative staff and faculty in HPE.

Results Staff have been discursively constructed as devoted caregivers, controlling matriarchs and as professionals. These three discourses continue to regulate staff and faculty relations, construct hierarchies, and influence the working relationships between staff and faculty.

Discussion These findings indicate the continued presence of staff and faculty hierarchies within HPE. (Re)building staff agency will be important to ensure healthy and productive working and learning environments between an increasingly professionalized staff and faculty in HPE.

OG-5-5
78226
Exploring Interventions Addressing Frontline Primary Care Provider Resilience and Well-Being During the Covid-19 Pandemic: A Rapid Review

Francesca Luconi McGill, **Charo Rodriguez** McGill, **Mélanie Lavoie-Tremblay** Université de Montréal, **Jennifer Gutberg** University of Toronto, **G. Ross Baker** University of Toronto, **Tina Montreuil** McGill, **Jason Harley** McGill, **Peter Nugus** McGill, **Catherine Briand** Université du Québec à Trois-Rivières, **Leonora Lalla** The College of Family Physicians of Canada, **Martin Desseilles** Université de Namur, **Brenna Lynn** University of British Columbia, **Suzan Schneeweiss** University of Toronto, **Ozlem Barin** McGill, **Sima Zahedi** McGill, **Béatrice Lauzon** McGill

Background/Purpose COVID-19 underscored the need to support frontline primary care providers' (FPCPs) well-being and resilience. Organizations provided support to FPCPs, however there has been a mismatch between perceived needs and available interventions. This rapid review (RR) aimed to explore mechanisms, supports, and interventions for building resilience among FPCPs in response to public health emergencies.

Methods Following the PRISMA guidelines, Medline and PsycInfo were searched (1946-2022). Inclusion criteria: primary care practitioners, type of intervention, setting, language. Grey literature covered resources offered by Canadian provincial and national regulatory and licensing bodies.

Results N=86 studies included (in English), 85% of which were published 2020-1. 31 (36%) were individual research studies; 14 (16%) were evaluation studies. 23 (27%) were carried out in ERs, 40 (46%) hospital(s), and 25 other setting(s). 49 targeted physicians, 65 nurses, 12 psychologists, and 38 other practitioner(s). 37 (43%) did not specify whether teams were studied. 67 (78%) dealt with Covid-19. The most common intervention types were psychosocial interventions (37 or 43%), training, internet-based self-help, mobile phone delivered interventions, digital or social media interventions, and first aid psychological training. 22 (26%) reported barriers to resilience at the organizational level. Most interventions were not evaluated (white literature). A variety of resources were offered by regulatory and licensing bodies, but their impact was rarely evaluated.

Discussion Identified gaps include a lack of evaluation of interventions. Our review emphasizes the importance of organizational factors. This will support leadership in developing relevant interventions and assist with public health efforts in response to crisis situations.

OG-5-6
77605
Exploring Perceptions of Self-Disclosure in Medical Education

Javeed Sukhera Hartford Hospital/Institute of Living, **Aliya Kassam** University of Calgary, **Benedicta Antepim** University of Calgary

Background/Purpose Despite the proliferation of initiatives to address wellbeing and reduce burnout, stigma of mental illness remains rooted within the structural power of medical education and the broader community. Given the paucity of literature on self-disclosure in medical learners, we sought to explore perceptions of self-disclosure in medical education.

Methods In a mixed methods, convergent triangulation design, authors recruited medical learners across Canada in 2020-2021. Quantitative data included the Opening Minds Scale for Healthcare providers. Qualitative data were collected through semi-structured interviews and analyzed using a phenomenological approach. Qualitative data were collected simultaneously, analyzed separately, and triangulated with the quantitative data. Discrepancies were discussed until consensus was achieved.

Results Overall, N= 125 medical learners (n= 67 medical students, n=58 resident physicians) responded to our survey, and N=13 participated in interviews (n = 10 medical students, n =3 resident physicians). Disclosure was a complex process that appeared to become more challenging over time due to the internalization of negative attitudes about mental illness. OMS-HC scores showed resident physicians had more negative attitudes towards mental illness and disclosure (47.7 vs. 44.3, p = 0.02). Self-disclosure was modulated by the degree of intersectional vulnerability of the learner's identity. Participants who identified as men had more negative attitudes than people who identified as women (17.8 vs 16.1, p = 0.01). Racialized learners scored higher on self-stigma. Interview data suggested that disclosure was fraught with tensions, but ultimately lead to positive outcomes.

Discussion Understanding the complex and individual process of disclosure is not a one size fits all approach. Fear of disclosure is an important factor shaped by the learning environment.

Block H

OH-1

Leadership

OH-1-1

77601

Challenges and Opportunities to Change Agency Competencies Development: the Case of One Canadian Occupational Therapy Program

Tim Dubé Université de Sherbrooke, **Annie Carrier** Université de Sherbrooke, **Étienne Lavoie-Trudeau** Université de Sherbrooke, **Michaël Beaudoin** Université de Sherbrooke

Background/Purpose Practice and societal contexts are increasingly complex and require health professionals to act as agents of change. However, university programs appear to have difficulty supporting the development of change agency competencies. Indeed, few professionals feel competent to act as change agents, particularly new practitioners. Identifying challenges and opportunities for programs is thus needed. This innovation project documents the challenges relative to change agency teaching in one Canadian occupational therapy program (OTP) and explore possible opportunities.

Methods Two 90-minute semi-structured focus groups were conducted online: one with ten members of the teaching team and the other with six current or past students of the OTP. Participants were questioned on challenges influencing change agency competencies and what could help improve their development. Focus groups were recorded and transcribed, and data were thematically analyzed.

Results Challenges are: the rigid structure of the OTP and its focus on biomedical content; the lack of human and financial resources impacting on time available to teach and assess change agency competencies; and the preponderance of practicums without change agency learning opportunities. Opportunities include: longitudinal teaching of the role, starting from the beginning of the program, and the deliberate planning of varied activities and approaches to feedback and assessment. Finally, experiential learning was recognized as an effective instructional strategy.

Discussion Not only are they pedagogically relevant, suggested opportunities are aligned with faculties' social responsibility mission. Results offer university programs food for thought about how to better support their students' acquisition of change agency competencies.

OH-1-2

77904

Favoriser La Position D'apprentissage Chez Les Étudiants en Médecine : Un Module D'autoapprentissage Actif Visant L'ouverture Au Processus De Rétroaction.

Diane Bouchard-Lamothe University of Ottawa, **Louise Laramée** University of Ottawa, **Jean Roy** University of Ottawa

Background/Purpose Se positionner sur le continuum apprentissage-évaluation relève de l'état d'esprit de l'apprenant. Les étudiants en médecine démontrent souvent des attitudes et des comportements liés à un état d'esprit fixe et à la position d'évaluation, nuisant au processus de rétroaction. Bien que la littéracie en rétroaction privilégie de choisir la position d'apprentissage, elle offre peu sur comment y parvenir. Les modules d'autoapprentissage actifs (MAAA) sont efficaces dans l'enseignement médical. Ce projet visait à concevoir un MAAA proposant aux étudiants des stratégies pour adopter la position d'apprentissage.

Methods Suivant une approche socio-constructiviste, deux superviseurs expérimentés ont conçu un modèle cognitivo-comportemental à quatre composantes soit : l'humilité, l'ouverture, la ténacité, l'explicitation (HOTE). Avec l'aide d'un concepteur pédagogique un MAAA a ensuite été développé selon les meilleures pratiques d'apprentissage actif en asynchrone.

Results Le module de 30 minutes incluant des activités réflexives et des stratégies favorisant un état d'esprit de croissance personnelle invite les apprenants à s'identifier à l'un des cinq étudiants virtuels vivant le processus de rétroaction différemment. Les notions de base liées au processus de rétroaction, au continuum évaluation-apprentissage ainsi que les composantes du modèle cognitivo-comportemental sont jumelées à des activités exigeant l'introspection et l'autoréflexion. L'utilisation du dialogue intérieur est proposée comme stratégie de changement.

Discussion Ce projet a permis de développer un MAAA proposant aux étudiants des stratégies pour adopter la position d'apprentissage, et ce à travers un modèle HOTE. Une évaluation ultérieure de cet outil auprès des étudiants nous permettra d'apprécier son efficacité.

OH-1-3

78147

Understanding Leadership and the Role of the Leader in the Context of Cpd - From Accidental to Intentional Leaders

Suzan Schneeweiss University of Toronto, **Jerry Maniate** University of Ottawa, **Morag Paton** University of Toronto, **David Wiljer** University of Toronto, **Tharshini Jeyakumar** University of Toronto, **Victor Do** University of Toronto

Background/Purpose Leadership has become known as an established competency for physicians and although the field of CPD has rapidly expanded, there is still little known about leadership in the context of continuing professional development (CPD). This qualitative study begins to map what it meant by CPD leadership and identifies the contextual issues that may hinder or help in moving CPD forwards.

Methods We conducted a qualitative research study using semi-structured interviews with participants of a CPD Leadership program and individuals who have held leadership responsibilities in CPD. Using thematic template analysis methods, two members of the research team coded all transcripts and with consultation with the full team, we identified themes.

Results We conducted 17 interviews (7 program participants, 10 identified leaders). Although the definition of CPD leadership remains slippery, we identified multiple components of CPD leadership including behaviours, attitudes, skills, and knowledge, and some features unique to CPD leadership. As many CPD leaders become leaders by "accident", moving towards "Intentional" leadership would contribute to opportunities to advance CPD and CPD Leadership.

Discussion As we begin to move away from the pandemic, there are opportunities to "solidify the gains" of CPD. This will require clearer frameworks of CPD leadership for both leaders and the programs that train leaders. Consensus building collaboration and scholarship will be needed to articulate the value of both CPD and the immense capabilities of those who are or who may in future become, leaders within this domain.

OH-1-4

78146

Elements and Definitions of Continuing Professional Development Leadership: A Scoping Review

Suzan Schneeweiss University of Toronto, **David Wiljer** University of Toronto, **Victor Do** University of Toronto, **Tharshini Jeyakumar** University of Toronto, **Jerry Maniate** University of Ottawa, **Morag Paton** University of Toronto

Background/Purpose Leaders are being asked to transform the way that Continuing Professional Development (CPD) is delivered to focus on better, safer, and higher quality care. However, while leadership is a core competency for physicians, there is scarce literature on CPD leadership. Therefore, we set out to study what CPD leadership means, and describe the competencies required for CPD leadership.

Methods We conducted a scoping review following PRISMA-ScR guidelines. With librarian support, four databases were searched for publications related to leadership, medical education, and CPD. Publications were screened by two reviewers and three reviewers extracted data. We used a narrative approach to summarize results, inductively coded data, and produced descriptive statistics of publication characteristics.

Results Among 3886 publications, 46 were eligible for full review, and 13 met final inclusion criteria. They were published between 1984 and 2020, and were from five countries, with more than half from the USA. There was no agreed upon definition of CPD leadership, and variable models and approaches to leadership in the literature. Contextual issues that shape CPD leadership are evolving. We identified a number of elements of CPD leadership however, no established set of unique competencies.

Discussion It is clear from the current context that CPD professionals will need to expand their competencies and we hope that these results will offer the CPD community a foundation upon which competencies, models, and training programs can build. We suggest the adaptation of existing leadership frameworks to a CPD context to better guide leadership and leadership development programs.

OH-1-5
77339
Programme D'accompagnement en Gestion Et Leadership Médical

Antoine Groulx Université Laval, **Marie-Hélène Gilbert** Université Laval

Background/Purpose Les organisations de santé ont plus que jamais besoin de leaders médicaux compétents pour faire face aux nombreux défis que rencontre le système de santé. Pour répondre à cet important besoin, les experts de la médecine et de la gestion ont collaboré au développement d'un programme de formation. Cette présentation vise donc à faire découvrir ce nouveau programme d'accompagnement en gestion et leadership médical.

Methods Les six modules du programme sont basés sur les résultats d'une étude qualitative réalisée auprès de 43 médecins gestionnaires qui ont été rencontrés dans le cadre de 6 groupes de discussion. Une approche inductive a permis de faire ressortir les besoins de formation des médecins gestionnaires.

Results Ancré sur les besoins et la réalité des médecins gestionnaires, le programme a été développé par les facultés d'administration et de médecine de l'Université Laval. Ce programme traite de compétences essentielles permettant de favoriser l'aisance et l'efficacité des leaders médicaux. Une première cohorte de médecins a complété les différents modules avec un taux de satisfaction exceptionnel.

Discussion Les résultats permettent une meilleure identification des besoins des médecins gestionnaires et proposent une façon d'y répondre dans le cadre de ce programme innovant. Les éléments qui ont été particulièrement appréciés pourront être partagés et la pertinence du développement des compétences en gestion pour les médecins sera discuté. Cette présentation est susceptible d'intéresser toute personne souhaitant agir comme acteur de changement dans le secteur de la santé qui est en constante mouvance.

OH-1-6
77774
Change Agency Training : Effects on Perceived Competence and Skills Acquisition

Alexandra Ethier Université de Sherbrooke, **Annie Carrier** Université de Sherbrooke, **Michaël Beaudoin** Research Centre on Aging, CIUSSS de l'Estrie-CHUS, **Anne Hudon** Université de Montréal, **Denis Bédard** Université de Sherbrooke, **Émmanuelle Jasmin** Université de Sherbrooke, **France Verville** Québec chapter of the Canadian Association of Occupational Therapists.

Background/Purpose Change agents (CA) act on both clinical and societal levels to promote and ensure the health of patients and populations. However, few health and social services professionals feel competent to act as CA. This study aimed to assess the impact of a change agency training on the perceived competence to act as CA and necessary skills acquisition.

Methods A day-long training on change agency was given to healthcare professionals. A self-administered questionnaire was used immediately before and after the training. Questions concerned perceived competence in change agency, skills (necessary and acquired) and sociodemographic characteristics. Data were analyzed using frequencies, McNamar and Chi-squared tests.

Results 103 participants underwent the training. Most were women and reported practising for at least 5 years (n = 70, 70.7%). The training was significatively associated with increased perceived competence in the change agency role ($p < 0.001$). Indeed, only 47 (48 %) participants reported being confident in taking the CA role pretraining as opposed to 84 (86 %) posttraining. Perceived competence had particularly increased for participants without other previous training on change agency $X2 (1, N = 98) = 6.187$, $p = 0.013$. Additionally, according to participants, the three main skills acquired were observation and analysis (n = 113, 36.60 %), communication (n = 76, 24.60 %), and directed collaboration (n = 63, 20.39 %).

Discussion Because perceived competency could act as a lever to act as CA, which in return, could impact positively patients, continuing education should be made available to health professionals.

OH-2

Leadership and Learning Outcomes

OH-2-1

78320

Sanokondu - Building A Global Social Learning Space Focused on Healthcare Leadership Education for Learners

Ming-Ka Chan University of Manitoba, **Anne Matlow** University of Toronto, **Deepak Dath** McMaster University, **Jamiu Busari** Maastricht University, **Diane de Camps Meschino** University of Toronto, **David Keegan** University of Calgary, **Graham Dickson** Royal Roads University, **John(y) Van Aerde** Canadian Society for Physician Leaders, **Anupam Thakur** University of Toronto

Background/Purpose Globally, healthcare providers must demonstrate leadership capabilities in practice and training. Programs, disciplines, professions, and organizations are all investing in leadership education with significant overlap in effort & resource use. Common curricula for leadership training in undergraduate and postgraduate education sufficiently adaptable for use internationally have yet to be established. A social learning space built around this vision could help meet this global need. Our purpose is to describe the evolution of Sanokondu, a multinational social learning space dedicated to leadership education for healthcare learners.

Methods The CanMEDS 2015 review generated collaboration to design leadership training. Some of the collaborators formed Sanokondu and started to create a common leadership curriculum for postgraduate medical learners. Annual meetings (The International Summit on Leadership Education for Physicians) organized through the University of Toronto and Royal College brought together stakeholders (patients, learners, educators, & leaders across and external to the health professions). Through co-creation and feedback, a core group then created a multipronged approach to leadership education for healthcare learners.

Results Outputs include: - Open-access modules (using CanMEDS and LEADS) - Joint events with global partners - Scholarship: peer-reviewed/invited workshops and publications - Harnessing virtual learning advancements, creation of - Curated resources for crisis leadership - Monthly opportunities for learning, unlearning, mentorship, networking and peer support.

Discussion A growing social learning space has developed to help meet the need for leadership education for healthcare learners (www.sanokondu.com). Opportunity for partnership & collaboration continues to grow globally and across the health professions to meet the diverse leadership education needs.

OH-2-2

78317

Integrating Canmeds and Leads: Charting A Path to Lifelong Learning for Physician Leadership

Anne Matlow University of Toronto, **Jamiu Busari** Maastricht University, **David Keegan** University of Calgary, **John(y) Van Aerde** Canadian Society for Physician Leaders, **Ming-Ka Chan** University of Manitoba, **Graham Dickson** Royal Roads University

Background/Purpose The CanMEDS physician competency and LEADS leadership frameworks are designed to assist physicians to develop their professional and leadership capabilities. Our purpose was to determine the extent of complementarity between the frameworks. Based on those findings, we propose how the frameworks collectively layout pathways of lifelong learning for physician leadership.

Methods Combining Critical Discourse Analysis with a modified Delphi, we examined: 'How complementary the CanMEDS and LEADS frameworks are in guiding physician leadership development/practice' with the following sub-questions: • What are the similarities and differences between CanMEDS and LEADS from: o an epistemological and philosophical perspective? o the perspective of guiding physician leadership training and practice? • How can CanMEDS and LEADS guide physician leadership development from medical school to retirement?

Results Similarities and differences exist between the frameworks from philosophical and epistemological perspectives with significant complementarity. Both frameworks are founded on a caring ethos and value physician leadership. The frameworks share beliefs in the function of leadership, embrace a belief in distributed leadership and while having some philosophical differences, have a shared purpose (preparing for changing health systems). Practically, the frameworks are mutually supportive, addressing leadership action in different contexts, and where overlap exists, complement one another in intent and purpose.

Discussion By mapping CanMEDS and LEADS, we were able to determine the complementarity between the two. More detailed mapping to the level of the milestones as well as broader collaboration is needed. The synergies can be used to influence the development of physician leadership capacity needed for today and the future.

OH-2-3
77802
Ambassador Programs - an Interactive and Collaborative Approach to Promoting Medical Leadership

Danielle Solish Queen's University, **Emaan Chaudry** University of Ottawa, **Jim Denstedt** University of Ottawa, **Danah Albreiki** University of Ottawa

Background/Purpose Within medical education, ambassador programs are developed to serve as an innovative method to increase engagement and usage of resources. Eye Curriculum (EC) is a website that collates ophthalmology resources into a convenient location for medical students. The Eye Curriculum Ambassador Program (ECAP) was created to encourage collaboration among student leaders, enrichment of knowledge and peer-mentorship. With the growing innovation in medical education, the ECAP may serve as a model to promote medical leadership and increase awareness of medical education resources.

Methods Ambassadors were recruited through an internationally advertised recruitment process, using a blind review process by at least two members of the EC leadership team. Ambassadors were then split amongst four different teams

Results Since the initiation of the program in 2021, the program has grown to have 25 ambassadors, representing 11 Canadian and 1 American academic institution. The leadership team also expanded to a total of 2 medical students, 3 Ophthalmology residents and 1 staff Ophthalmologist. In addition to the recruitment of 25 ambassadors, 4 ambassador teams were created: the virtual clinic, study guide, research and an outreach teams. Through their designated tasks, students developed a deeper understanding of ophthalmic content and were provided the opportunity to learn from various learners and colleagues throughout the review process.

Discussion The ECAP is composed of members that represent institutions internationally, which has holistically improved knowledge-sharing among faculty and students. It has presented students with an opportunity to develop materials from start to finish, to promote knowledge advancement and collaborate through a peer-review process.

OH-2-4
78236
Learning to Lead: Implementation of A Transition to Senior Resident Workshop

Amanda Condon University of Manitoba, **Ming-Ka Chan** University of Manitoba, **Rachel Bethune** University of Manitoba, **Teresa Wawrykow** University of Manitoba, **Shaundra Popowich** University of Manitoba

Background/Purpose The transition from junior to senior resident roles can be challenging with increased responsibility and expectations. Specialty-specific medical expert expertise is expected of senior residents, as are other competencies including collaborator, leader, teacher/scholar and communicator. Leadership education for residents in these areas as they transition to senior residents roles is variable across programs and often focused on clinical skills and medical expert competencies. We aim to describe resident preparedness for undertaking senior resident responsibilities, as it relates to leadership, collaboration, communication and teacher-scholar roles.

Methods A synchronous leadership workshop was developed for PGY1s from several large PGME programs. Workshop topics include psychological safety, teaching across the continuum, feedback and collaboration across programs. Workshop participants completed pre and post-workshop questionnaires about their preparedness for assuming senior resident roles. Participants will be invited to a focus group 3-6 months after the workshop to reflect on their experiences as senior residents and any potential impact of the workshop.

Results This workshop brings residents from different programs together, early in their training to explore leadership topics. This format provides an opportunity for residents to learn from and with each other. Future focus groups will provide longitudinal qualitative data about the experiences of residents as they move into senior leadership roles and are tasked with leading clinical teams.

Discussion Focused leadership education for residents as they transition to senior resident roles can provide an opportunity to reinforce key topics, build community across programs and ensure residents are appropriately prepared for their roles in contributing to a safe clinical learning environment.

OH-2-5
77850
Modelling the Multiverse of Medical Education: Findings From the Ontario Medical Schools Outcome Measures Research Consortium (Omsomrc)

Ilona Bartman Medical Council of Canada, **Lawrence Grierson** McMaster University, **Saad Chahine** Queen's University, **Kulamakan (Mahan) Kulasegaram** University of Toronto, **Archibald Douglas** University of Ottawa, **Erin Cameron** Northern Ontario School of Medicine, **Brian Ross** Northern Ontario School of Medicine, **Peter Wang** Western University, **Amrit Kiripilani** Western University, **Cassandra Barber** McMaster University, **Eleni Katsoulus** Queen's University, **John Hogenbirk** Laurentian University, **Claire Touchie** Medical Council of Canada, **Raquel Burgess** McMaster University

Background/Purpose At the foundation of effective medical education 'big data' scholarship is data sharing between institutions across the trajectory of training. We report findings from a data sharing collaboration consisting of the six undergraduate medical programs in Ontario, the Medical Council of Canada (MCC) and the Canadian Residency Matching Service (CaRMS). We considered associations between admissions and assessment variables and performance on the MCC Qualifying Examination Part 1(MCCQE1) -a first step to licensing for physicians in Canada. We present preliminary outcomes and lessons learned through project development.

Methods Data for learners from the 6 medical schools who wrote MCCQE1 between 2015 and 2017 were included in the analyses (n= 2668). With MCCQE1 scores as an outcome, a stepwise hierarchical model was used with five steps of predictor variables (learner demographic characteristics, admissions variables, pre-clinical training assessments, OSCE performance, and clinical training assessments). The final models that explained the greatest amount of variance in MCCQE1 scores were retained.

Results Across the schools the determination of best models differed by step of predictor variables. The variance explained ranged from 32% to 60%. Each school's final model had variation in identifying significant predictors of MCCQE1. However, across the schools, clerkship variables were found to be the best predictors of MCCQE1 performance.

Discussion Data sharing collaborations can reveal variation between education programs, offering an opportunity for learning from each other and leveraging best practices. We discuss challenges and opportunities for future research.

OH-2-6
77746
Bringing Stakeholders From Education, Practice, Research, and Policy Together to Co-Construct Strategies to Improve Rehabilitation Professionals' Evidence-Based Practice Competencies

Aliki Thomas McGill, **Jacqueline Roberge-Dao** McGill, **Muhammad Zafar Iqbal** McGill, **Nancy Salbach** University of Toronto, **Lori Letts** McMaster University, **Helene Polatajko** University of Toronto, **Susane Rappolt** University of Toronto, **Richard Debigare** Université Laval, **Sara Ahmed** McGill, **André Bussières** UQTR, **Margo Paterson** Queen's University, **Annie Rochette** Université de Montréal

Background/Purpose Despite emphasis on evidence-based practice (EBP) across Occupational Therapy (OT) and Physiotherapy (PTs) programs in Canada, the use of evidence in practice remains suboptimal. We conducted a four-year longitudinal study to measure and understand how EBP competencies evolved over the first three years of practice. We then held an end-of-grant symposium to 1) discuss the implications of the longitudinal study for education, practice, research, and regulation/policy; and 2) generate a list of actionable recommendations.

Methods Guided by the principles of end-of-grant knowledge translation and using a qualitative descriptive methodology, we held two half-day online symposia. On day 1, we presented key findings of the longitudinal study. On day 2, we discussed study implications and possible strategies for the four sectors. Discussions were audio recorded, transcribed verbatim and analyzed using thematic analysis.

Results Fifteen representatives from the four sectors participated in day 1 and 16 on day 2. Analysis of the discussion revealed three themes: 1) a need to rethink what EBP really is; 2) how to actually operationalize EBP; and 3) the perennial issues surrounding measurement of EBP. We co-constructed nine recommendations for education (n=5), practice (n=1), research (n=1) and policy (n=2) sectors.

Discussion This study represents the first step towards optimizing EBP competencies of PT and OT program graduates by bringing together key stakeholders to generate actionable strategies. Although more than half of the recommendations are targeting the education sector, a concerted approach of all sectors is needed to address the persistent underuse of evidence in practice.

OH-3

Admissions and Distributed Medical Education | Admissions et éducation médicale distribuée

OH-3-1

78251

Exploring the Initial Residency Match Intentions of Applicants to the Pgy 3 Family Medicine - Emergency Medicine Program

Vishal Bhella University of Calgary, **Stephen Wetmore** Western University, **Robert Petrella** Western University

Background/Purpose The purpose of this project is to understand the initial PGY 1 residency match intentions of Family Medicine residents who later apply to enhanced skills training in Emergency Medicine

Methods A retrospective analysis using data from the Canadian Residency Matching Service (CaRMS) to analyze the original first choice discipline at the time of PGY 1 match for family medicine residents who are applicants to enhanced skills training in emergency medicine. The participant pool was applicants to enhanced skills training in emergency medicine in Canada between 2016 and 2020.

Results There is an increased proportion of residents who apply to enhanced skills training in Emergency Medicine that had a non-family medicine first choice discipline in their initial residency match relative to the overall cohort of family medicine residents. There is a higher proportion of male applicants and Canadian Medical Graduate applicants to the enhanced skills training program in Emergency Medicine relative to the overall cohort of family medicine residents.

Discussion Enhanced skills training in Emergency Medicine in Canadian family medicine training programs draws an applicant pool more likely to have had a non-family medicine first choice discipline in the original first year residency match. This is an important consideration from a residency selection and training point of view and from a health human resources perspective as we consider numbers of family medicine trainees across the country in the context of what their future practice patterns will ultimately be.

OH-3-2

77962

Performance of Canadian Medical School Applicants Taking the Casper Test in Both English and French: Deux, C'est Mieux?

Jean-Michel Leduc Université de Montréal, **Patricia Vohl** Université de Montréal, **Sébastien Béland** Université de Montréal, **Robert Gagnon** Université de Montréal, **Christian Bourdy** Université de Montréal, **Jean-Sébastien Renaud** Université Laval, **Martine Bourget** Université Laval, **Annie Ouellet** Université de Sherbrooke, **Estelle Chétrit** McGill, **Saleem Razack** McGill, **Sara Mortaz Hejri** Altus Assessments

Background/Purpose Casper is a situational judgment test used for selection into medical school. Every year, some applicants take the test in English and French. The goal of this study was to see if among English or French-speaking applicants, double test-takers (DTT) performed better than single test-takers (STT).

Methods French and English-speaking applicants who sent their Casper results to a Quebec medical school in 2021 were included. Casper scores (mean=500, SD=50) were linked to a sociodemographic questionnaire and anonymized. Scores were compared between STT and DTT using independent t-tests.

Results 4019 STT and 204 DTT took Casper. Mean score for STT was 508.91 (SD=48.04) and 506.33 (SD=46.65) for DTT's second test. DTT who did the first test in the other language and second test in their language (n=98; mean=511.30) did not perform significantly better than STT doing the test in their language (n=3800, mean=510.13; p=0.811). However, DTT who did the first test in their language and the second in the other language (n=106, mean=501.73) performed better than STT who did not do the test in their own language (n=219, mean=487.73) (p=0.035; Cohen's d=0.31).

Discussion English or French-speaking DTT scored the same than STT, except when doing the second test in a different language than their own. This suggests that the impact of within-year repeat-testing is small and inconsistent but may mitigate language proficiency issues when the test is not performed in one's own language. The impact of repeat-testing across different years and with non-English or non-French speakers will need to be studied further.

OH-3-3
78275
What Can Be Learned From the Md Applicant Pool? A Comparative Analysis Between the Md Applicants and Accepted Students at A Large Canadian Medical School.

Benjamin Baker University of Toronto, **Shakiba Ardestani** University of Toronto, **David Rojas** University of Toronto, **Armaan Fallahi** University of Toronto, **Andrew Son** University of Toronto

Background/Purpose The medical school admissions process carries great responsibility in selecting students representative of the broader population. However, little is known around the characteristics of those applying to medical school in Canada. Greater understanding of this population would offer an opportunity to better assess the different pipeline admission policies implemented in medical schools.

Methods A 90 question survey was electronically sent to all applicants to the MD program at the University of Toronto for the 2021-2022 cycle (n=4302). We received a 46% response rate (n=1960). A comparative analysis between applicants in the 2021-2022 cycle to the MD program and the matriculated medical school cohorts.

Results Applicants most frequently viewed the fairness of the MD application process across Canada as moderately fair (n=1143 at UofT vs. n=1148 all other medical schools). Comparison of the applicants to the matriculants identified there is room for improvement when it comes to ethnicity and socioeconomic status. More applicants (n=907) had no mentors when applying to medical school. Those with mentors (n= 675) reported increased academic and leadership opportunities.

Discussion This work is the first to broadly capture the characteristics of applicants applying to a Canadian medical school, and presenting it as a new way of assessing Equity, Diversity and Inclusion policies at the admission level in medical schools.

OH-3-4
77699
Understanding the Influence of Educational Experiences on Physician Geographic Disposition: A Qualitative Study on Family Physician Perspectives in Canada

Asiana Elma McMaster University, **Monica Aggarwal** University of Toronto, **Dorothy Bakker** McMaster University, **Neil Johnston** McMaster University, **Gina Agarwal** McMaster University, **Lawrence Grierson** McMaster University

Background/Purpose Inequities in accessing primary healthcare have left regions and patient populations across the country underserved. Family physicians have professional autonomy in arranging their professional practice according to their professional and personal interests. Current calls for systems-level intervention do not reflect the potential of "upstream" education interventions to address physician maldistribution. Through this study, we present a qualitative account of family physician descriptions of the influence that their medical education had on their choice of practice location.

Methods A qualitative descriptive study was conducted with 27 Canadian-trained family physicians who practice in Ontario, Canada. Data collection occurred via semi-structured interviews and transcripts were coded and analyzed using an unconstrained descriptive approach.

Results Participants expressed that education experiences were strongly influential to their practice decisions. Practice preferences were shaped through training exposures to patient populations, heightened clinical responsibilities, various practice models and locations, and professional mentorships. Preferences were shaped early in training and were gradually refined as family physicians progressed into residency towards building confidence, competence, and comfort within practices that aligned with identified preferences. Notably, descriptions revealed that the family physician's preferred practice location is intimately tied to their preferred practice scope.

Discussion Health workforce policies and interventions workforce designed to promote equitable access to primary care should leverage the medical education system. Such interventions are potentially most effective early in medical training, while learners are still forming preferences for practice scope and location.

OH-3-5
78321
Étude Comparative De L'impact De L'approche De Formation en Présentiel Sur L'intention Comportementale Des Médecins Spécialistes Par Rapport À L'approche De Formation en Virtuel

Gloria Ayivi - Vinz Université Laval, **Martin Tremblay** Fédération des Médecins Spécialistes du Québec (FMSQ), **Sam Daniel** McGill, **France Légaré** Université Laval

Background/Purpose La Fédération de Médecins Spécialiste du Québec (FMSQ) organise annuellement des activités de développement professionnel continue (DPC) telles que la Journée de formation interdisciplinaire (JFI). Dans le cadre de la journée de formation interdisciplinaire (JFI) 2019, des groupes de participants ont été exposés aux mêmes contenus de formation selon une approche de formation en présentiel et une approche de formation en virtuel. L'objectif de cette étude vise à évaluer si l'impact des deux approches diffère sur l'intention de changement de comportement des médecins spécialistes.

Methods Nous mènerons une étude transversale. Les participants sont des médecins spécialistes qui ont complété au moins une des activités de DPC offertes lors des JFI 2019. Cette recherche est basé sur l'exploitation des bases de données issues des JFI de la FMSQ. Cet essai sera mené dans la province de Québec, au Canada, et suivra les lignes directrices STORBE pour la présentation des études non randomisées.

Results Des statistiques telles que la moyenne, l'écart-type, la médiane et les fréquences seront calculées pour décrire les caractéristiques des participants et les réponses aux items du questionnaire CDP-Réaction. Nous effectuerons une regression pour étudier l'association entre l'intention comportementale et les 3 groupes de variables, à savoir les variables socio-cognitives, les caractéristiques de la formation et les caractéristiques sociodémographiques des médecins.

Discussion Les résultats permettront à la FMSQ de développer des activités de DPC plus efficaces favorisant l'adoption des comportements cliniques.

OH-3-6
78219
Do Adjustments to Admission Criteria to Widen Access or Address Covid Limitations Impact Applications and Prediction of First Year Performance in A Pharmacy Program?

Debra Sibbald University of Toronto, **Andrea Sweezey** University of Toronto

Background/Purpose Health professions' admission processes have increased emphasis on measuring intrinsic skills. Admission criteria for U of T Pharmacy changed in 2019, 2020 and 2021 to broaden access and address pandemic constraints. We report associations with each set of admission applicant data, and impact on year one performance for these cohorts.

Methods Student data for 3 cohorts (n=720) with different admission criteria were analyzed for trends in applicant variables and year one correlations. Admissions data including GPA, PCAT score, situational judgment tests (MMI, CASPer and an intrinsic skill mixed methods online assessment [MMOA video/written]) were compared to course grades and end-of-year GPAs. A linear regression model examined admission metrics for prediction of in-program grades.

Results Widening access by decreasing required courses, eliminating PCAT, and creating an online admission situational judgement assessment resulted in increased applicant numbers (3.4 fold), 10% increase in female applicants, and higher minimum and average GPAs on entry. In each cohort, only entry GPA significantly predicted first year results (2019: $r2 = 0.106$, $p < 0.001$; 2020: $r2 = 0.113$, $p < 0.001$; 2021: $r2 = 0.228$, $p < 0.001$). No other significant predictors were found. MMI (2019) and PCAT (2020) contributed to regression model results.

Discussion Changing admission criteria removed barriers and positively influenced admission applications without negative impact on first year performance. Results suggest GPA is the strongest predictor of in-program metrics. Situational judgement tests including online verbal recorded and written responses are useful screening criteria to differentiate diverse applicants.

OH-4

Teaching and Learning with Research Methods

OH-4-1

78010

'A Difficult Medium for Addressing Feedback': Exploring How Research Authors Navigate the Peer Review Process

Chris Watling Western University, **Jennifer Shaw** Western University, **Emily Field** Western University, **Shiphra Ginsburg** University of Toronto

Background/Purpose Peer review aims to provide meaningful feedback to research authors so they may improve their work, yet it constitutes a particularly challenging context for the exchange of feedback. We explore how research authors navigate the process of interpreting and responding to peer review feedback, in order to elaborate how feedback functions when some of the conditions thought to be necessary for it to be effective are not met.

Methods Using constructivist grounded theory methodology, we interviewed 17 recently-published health professions education researchers about their experiences with the peer review process. Data collection and analysis were concurrent and iterative. We used constant comparison to identify themes and to develop a conceptual model of how feedback functions in this setting.

Results While participants expressed faith in peer review, they acknowledged that the process was emotionally trying, and raised concerns about its consistency and credibility. These potential threats were mitigated by factors including time, team support, experience, and the exercise of autonomy. Additionally, the perceived engagement of reviewers and the cultural norms and expectations surrounding the process strengthened authors' willingness and capacity to respond productively.

Discussion Feedback is a balancing act. Although threats to the productive uptake of peer review feedback abound, these threats may be neutralized by a range of countermeasures. Among these, opportunities for autonomy and cultural normalization of both the professional responsibility to engage with feedback and the challenge of doing so may be especially influential and may have implications beyond the peer review setting.

OH-4-2

76576

Focus Groups as A Method for Critical Reflection

Jinelle Ramlackhansingh Memorial University of Newfoundland, **Fern Brunger** Memorial University of Newfoundland

Background/Purpose Medical education requires professionals to be engaged in reflection on learning and practices. Critical reflection involves acknowledging experiences and recognizing different actions are possible. My research used focus groups with students who were asked about their experiences in medical education. The focus groups enable participants to explore, explain and reflect on their experiences.

Methods This research was a longitudinal critical ethnography exploring professionalism in pre-clinical medical students. Data collection included participant observation and focus groups. Student focus groups were conducted over a two-year period, meeting approximately every six weeks. In total 52 student focus groups were done.

Results Focus groups acted as a forum for critical reflection where students talked about their significant experiences. The students reported that sharing their experiences helped them to adjust to their learning environment. Students shared experiences with peers within the safe environment of the focus groups. The students spoke about unprofessional behaviours they observed. They were unknowingly critically reflecting on their experiences. Learning was extended as students verbally supported their peers and criticized offending students and physicians.

Discussion The focus groups acted as small learning groups or communities of practice. These are formed when groups of people, such as students and faculty, learn from each other. In these groups, the students can reflect on their emergence as a professional, the culture of medicine, and the learning environment in which they are being encultured. Thus, the research method itself led to a recommendation for the use of focus group reflections as a novel approach to teaching and learning.

OH-4-3

78221

Intensive Dance: Using Motion Analysis Based on Dance Theory to Assess Non-Technical Skills in Neonatal Resuscitation in-Situ Simulation

Claude Julie Bourque Université de Montréal, **Ahmed Moussa** Université de Montréal, **Nathalie Loye** Université de Montréal, **Audrey Larone-Juneau** CHU Sainte-Justine, **Michael-Andrew Assaad** CHU Sainte-Justine, **Geneviève Dussault** CHU Sainte-Justine

Background/Purpose Our in situ simulations (ISS) program in the Neonatal Intensive Care Unit (NICU) aims to develop non-technical skills (NTS) of providers in order to improve performance of team during acute critical events. As existing instruments to evaluate NTS are generally based on subjective observations, the aim of the project is to develop objective indicators of NTS during acute events.

Methods This is a mixed methods methodology exploratory study based on a combined conceptual framework (Observation-Analysis of Movement Theory, definition of communication and leadership). Video recordings (5) of ISS were divided into 5 seconds segments coded by a multidisciplinary team. Three levels of coding were used: 1) optimal and sub-optimal sequences of leadership or communication, 2) trigger, fluidity and rhythm at team level, 3) categories of movements, postures and non-verbal communication at individual and team levels. Associations between variables (codes) were used to find patterns and an narrative interpretation was produced for each segment.

Results Our data consists of 5 ISS video recordings involving different teams who proceed to resuscitate a newborn mannequin during an acute critical event in the NICU. The results take the form of a basic inventory of specific observable movements and postures that can be linked to optimal and sub-optimal NTS. A video showing clear examples was created to share opinions with specialists about our findings and to further the analysis.

Discussion The ability to evaluate NTS and to produce objective indicators to monitor their evolution over time can be a major advance in the field.

OH-4-4

78284

Mechanisms for Continuing Professional Development as Health Policy Interventions

Grahanya Sachidanandan University of Toronto,

Abhimanyu Sud University of Toronto

Background/Purpose Continuing professional development (CPD) for health professionals is widely recognized as a key policy strategy for improving patient care and addressing provider barriers. Despite an increasing number of programs across different clinical areas, impacts on physician behaviour and health services have been siloed. The coordination of existing programs within a practice area could help to foster maintained behaviour change and intended system shifts. This study develops a novel, evidence-informed framework to support such program collaboration.

Methods Five context-mechanism-outcome configurations from a prior realist synthesis of opioid agonist therapy prescribing CPD programs were iteratively tested and refined against reviews of CPD programs in other clinical areas with complex policy contexts: opioid analgesic prescribing, palliative care, and medical assistance in dying education.

Results The refined and expanded configurations have been organized into a comprehensive, but non-exhaustive generalized framework of 7 program mechanisms: Recruitment, Internalization, Learner Trust, Uncertainty Mitigation, Goal Setting, Institutional Support, and Peer Mentoring. We outline the behavioural, educational, and policy theory and evidence behind each mechanism, illustrating how each has been and may be employed in diverse clinical areas to achieve certain practitioner and population health outcomes.

Discussion CPD programs do not produce sustained systemic change when operating in isolation. This framework generates opportunities for educators and policymakers to map existing programs within a practice area into an ecosystem, facilitating enhanced collaboration and identification of educational gaps. Program ecosystems may improve learner access, retention, and behavioural outcomes, while enabling more targeted and resource-effective program development and delivery.

OH-4-5

78083

Use the Right Words: Evaluating the Effect of Word Choice on Quality of Narrative Feedback in Ophthalmology Cbme Assessments

Tessa Hanmore Queen's University, **Rachel Curtis** Queen's University, **Christine Moon** Queen's University, **Wilma Hopman** Queen's University, **Stephanie Baxter** Queen's University

Background/Purpose The purpose of this study was to investigate the effect of word choice on the quality of narrative feedback in ophthalmology resident trainee assessments since the introduction of competency-based medical education (CBME) at Queen's University. Specifically, this study investigated whether the use of specific coaching words correlated with better quality narrative feedback.

Methods Ophthalmology resident assessment data from July 2017-December 2020 was retrieved from Elentra (Integrated Teaching and Learning Platform) and anonymized. Written feedback was assigned a Quality of Assessment for Learning (QuAL) score out of 5 based on the previously validated rubric. The correlation between total QUAL score and the words/phrases 'suggest,' 'try(ing),' 'because,' 'consider,' 'next step,' 'continue,' and, 'next time' was determined using a Spearman's Rho analysis. Independent samples t-tests were used to compare the QUAL score when a specific word was used, and when it was absent.

Results A total of 2617 individual assessments were graded and 1998 with written feedback were used in this analysis. All identified coaching words were significantly and positively associated with the total QuAL score with the exception of "next time" (0.039, $p=0.082$). The strongest correlation was for "continue", "trying" and "next step" (0.182, $p<0.001$; 0.113, $p<0.001$; and, 0.103, $p<0.001$ respectively). The mean value of the QUAL score increased when coaching words were used vs. not used with the largest mean difference of 0.796 ($p<0.001$) for "next step".

Discussion This study demonstrates that the use of certain coaching words in written comments may improve the quality of feedback of the assessment.

OH-4-6

78279

Teaching Planetary Health During Family Medicine Clerkship, an Evaluation

Sonja Wicklum University of Calgary, **Clark Svrcek** University of Calgary, **Martina Kelly** University of Calgary

Background/Purpose The impact of climate change on societal health is increasingly recognized. The WHO and International Federation of Medical Students have issued calls to action in medical education. Yet curricula are crowded and finding the right time and place to introduce planetary health (PH) is questioned. In this presentation we describe how we integrated PH during family medicine clerkship teaching and findings of our evaluation

Methods Interactive mandatory 2-hour workshop was delivered using the jigsaw method, where learners identify, explore and problem solve in teams and teach each other. Teams address challenges through three physician lenses; 1) the physician visit with individual patients e.g. plant-based diets 2) clinic owners or community leaders e.g. exploring sustainable practices 3) medical educators e.g. exploring competencies The session was evaluated with a questionnaire immediately following teaching (survey 1) and one several months later (survey 2) to examine retention or application of learning. Participation in evaluation was voluntary.

Results Response rate survey 1; 54% (71/132 attendees), response rate survey 2; 35% (55/156 entire class). Following instruction 96% (68) respondents believed physicians should integrate PH into clinical practice. Students identified the impact of prescribing on PH and the trusted roles physicians have advocating PH. Students made suggestions to improve the session, such as additional preparation time and incorporating more Indigenous perspectives. In survey 2, 59% (36) respondents read more about PH. 54% (33) felt the workshop motivated them to learn more on PH.

Discussion Integrating PH into clerkship helped learners understand the relevance of PH to clinical practice

OH-5

Mélange

OH-5-1

78176

A New Era for the Analysis of Teacher Performance Data Using Data Analytics and Visualizations: Lessons Learned.

Caroline Abrahams University of Toronto, **Nima Krishnan** University of Toronto, **Natasha Shaikhlislamova** University of Toronto, **David Rojas** University of Toronto

Background/Purpose The University of Toronto have standardized the evaluation tool used to assess clinical teachers across the MD Program and PGME within an on-demand formative assessment model. The standardization of the tool created an opportunity to transform thousands of data points into meaningful interactive visual dashboards for education leaders to inform actions around teacher performance, also allowing a scholarly analysis of the data.

Methods Data was extracted from three online platforms in use at Temerty Faculty of Medicine (TFoM) including all MD and PGME faculty for the 2021/22 academic year. Thousands of records were cleaned and restructured, using POWER BI based on identified data architecture standards. A visual dashboard structure and filters were created to easily disaggregate by teaching site, type of learner, and performance characteristics.

Results Interactive dashboards were developed for Education leaders in all Departments at the TFoM, including summative statistics. Our work helped identify performance differences across departments, hospital sites, total assessments per clinical teacher, average word count for narrative comments, and level of training. This work has helped recognize best teaching practices to be shared across departments.

Discussion Our work presented a novel approach to report and understand teacher performance data highlighting the benefits associated with a proper data structure. We were able to better understand the data meaning compared to the traditional practices of performance average comparisons across departments. Our results help inform Faculty Development practices in our institution.

OH-5-2

77931

Proof-of-Concept of Using Natural Language Processing to Score Narrative Assessments of Undergraduate Medical Students.

Irene Ma University of Calgary, **Kevin McLaughlin** University of Calgary, **Mike Paget** University of Calgary, **Adrian Harvey** University of Calgary, **Janeve Desy** University of Calgary, **Christopher Naugler** University of Calgary

Background/Purpose There are tens of thousands of narrative statements with undifferentiating sentiment provided for the clerkship in-training evaluation reports (ITERs) in each cohort in our program. Here, we describe a proof-of-concept study on the use of natural language processing (NLP) to effectively review and flag student ITER assessments.

Methods Narrative assessments were collected for the top ten and bottom ten students (determined by ITER scores) within the classes of 2018-2021. Student identifiers were anonymized to prevent coding bias. Using a predetermined set of key words that are associated with "favourable cohort comparison" (FCC; n = 23) and "overall unfavourable cohort comparison" (O-UCC; n = 26) sentiment, narrative comments were coded and categorized using NVivo. Statistical analysis was performed using SPSS.

Results A total of 8859 ITER comments were included in the analysis, where 504 (5.7%) were coded as FCC or O-UCC sentiment. More than half (n = 290; 57.5%) of the coded sentiments belonged to the top students, where 53.6% and 4.0% were FCC and O-UCC sentiment, respectively, while the opposite pattern was true for the bottom students (9.3% and 33.1% were coded as FCC, and O-UCC, respectively). The ROC analysis demonstrated that the words categorized as FCC had an AUC of 0.781 ($p < 0.0001$, S.E. 0.027, 95% C.I. 0.728-0.834), while O-UCC had an AUC of 0.817 ($p < 0.0001$, S.E. 0.024, 95% C.I. 0.770-0.864).

Discussion This proof-of-concept study demonstrates the potential use of natural language processing to efficiently and effectively analyze the sentiment of tens of thousands of undergraduate medical student statements.

OH-5-3

77434

Experiential Learning of Level of Care Discussions in Geriatric Care

Nicolas Fernandez Université de Montréal, **Nicolas Gulino** Université de Montréal

Background/Purpose Conducting level of care discussions in geriatric care is hard to learn. We sought to investigate how experienced professionals learned it and explore how this experiential learning could form the basis of formative assessment rubrics.

Methods Participants were three experienced Health Professionals (GP, Nurse and Rehabilitation therapist) in a public long-term care facility, situated in a semi-rural setting. They allowed us to film two of their regular meetings (4 hours in total) in which level of care was discussed. Six months after, we invited each one individually to watch a set of sequences selected from the original material and asked them to comment and explain. Later, we invited participants in pairs to share their explanations to each other as they watched the same sequences. Finally, the entire group discussed and agreed on assessment criteria for the rubrics. All sessions with participants were filmed, transcribed and subjected to thematic analysis.

Results A set of performance criteria about level of care discussions with elderly patients and their families emerged. Furthermore, experiential learning provided focus on what health providers can do when level of care discussion is recommended: 1) seek opportunities when patient is receptive to arguments for changing; 2) speak of impact decisions have on care givers and health providers; 3) deliver message as best you can to help you unburden and accept patients' decision.

Discussion Experiential learning provided relevant criteria to supports gradual development of capability. The focus on concrete actions, as modeled by experienced clinicians, allows for contextualized and nuanced discussions with supervisors.

OH-5-4

77996

The Fatigue Paradox: Team Perceptions of Physician Fatigue

Emily Field Western University, **Taryn Taylor** Western University, **Richard Cherry** Western University, **Julie Ann Van Koughnett** Western University, **Sandra DeLuca** Fanshawe

Background/Purpose Ongoing calls to implement fatigue risk management (FRM) in residency education assume a shared understanding of physician fatigue as a workplace hazard, yet we lack empirical evidence that all health care team members maintain this assumption. Thus, this study seeks to explore how health care team members understand the role of physician fatigue in an effort to inform the implementation of FRM in residency training and medical practice.

Methods This study uses constructivist grounded theory to explore perceptions of workplace fatigue and its impact on clinical practice. We conducted individual semi-structured interviews with physicians, nurses and senior residents across four hospitals in 8 different specialties for a total of 40 participants. Constant comparative analysis guided data analysis and led to the final grounded theory.

Results While participants outlined multiple problematic manifestations of physician fatigue on clinical performance, they were reluctant to acknowledge any negative impact of fatigue on patient care. We refer to these contradictions as the fatigue paradox. Four themes sustain the fatigue paradox: the indefatigable physician, blind spots, faith in safety nets and the minimisation of fatigue-related events.

Discussion This study suggests that health care team members do not universally feel that physician fatigue is problematic for patient care, despite providing multiple examples to the contrary. This paradoxical understanding of fatigue likely exists because the system relies on fatigued physicians and provides few mechanisms to critically examine fatigue. Successful implementation of FRM in residency training may prove elusive if clinical supervisors are skeptical of the potentially negative impact of workplace fatigue.

OH-5-5
77941
Exploring the Link Between Workplace Discrimination and Imposter Syndrome

Kori LaDonna University of Ottawa, **Emily Field** University of Ottawa, **Lindsay Cowley** University of Ottawa, **Kimberley Thomas** University of British Columbia, **Shiphra Ginsburg** University of Toronto, **Chris Watling** Western University, **Rachael Pack** Western University

Background/Purpose When smart and accomplished people feel like intellectual frauds, their feelings of self-doubt can create barriers to professional development. Imposter syndrome (IS) is typically conceptualized as a personal problem requiring individually-focused solutions, yet external forces such as discrimination may explain why women may be disproportionately affected by IS. Our purpose was to explore the link between workplace discrimination and women trainees' and faculty physicians' perceptions of their competence.

Methods 40 women (n=27 trainees) participated in semi-structured interviews exploring how macro and microaggressions shape self-assessment. We identified codes and categories using the constant comparative approach customary to constructivist grounded theory.

Results Participants recounted multiple instances-both subtle and explicit-where their contributions and capabilities were questioned because of their gender. While some participants endorsed moments of self-doubt, most emphatically denied that discrimination triggered imposter feelings. Instead, participants suggested that incompetence was imposed on them by peers, preceptors, or patients. Consequently, rather than provoking IS, participants recognized that the problem was discrimination, not their competence, suggesting: "It's not imposter syndrome, it's they don't want me in the field."

Discussion The link between workplace discrimination and IS appears tenuous, aligning with recent debates arguing that conversations about IS have not fully accounted for how workplace discrimination shapes internal and external perceptions of women's competence. Applying the imposter label to women may be a form of psychological manipulation that not only puts the onus on women to solve entrenched sociocultural and systematic failings, but also positions arrested professional development as a personal failing.

OH-5-6
78088
Exploring the Impact of Redeployment on the Professional Identity of Family Medicine Residents: an Interview-Based Study

Nathan Cupido University of Toronto, **Laura Diamond** University of Toronto, **Kulamakan Kulasegaram** University of Toronto, **Tina Martimianakis** University of Toronto, **Milena Forte** University of Toronto

Background/Purpose The redeployment of family medicine residents in response to the COVID-19 pandemic has impacted residents' learning opportunities within their postgraduate training; however, little attention has been given to the impact of redeployment on their professional identity formation (PIF). For residents, PIF is impacted by formal curricular activities as well as informal interactions. Additionally, the hidden curriculum in training also shapes how residents come to identify as members of their profession. The goal of this study was to explore the impact of redeployment on the professional identity of family medicine residents.

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

Results Residents noted that redeployment resulted in a loss of the presupposed learning experiences and social interactions they expected of their training; however, residents also felt that redeployment affirmed their value and membership as healthcare providers. While residents felt qualified to contribute in redeployed areas due to their training, residents questioned the relevance of redeployment to their future practice and identification as family physicians.

Discussion Participants' responses highlight the influence of the formal, informal, and hidden curriculum on the PIF of residents. Through redeployment, we can observe how these influences may result in different meanings attributed to experiences and expectations for training--beyond solely the loss of formal learning opportunities. The results of this study accentuate the complex negotiation of PIF occurring during training.

Block I (International)

OI-1-1

78332

Developing Leadership Ecosystems in Academic Medicine

Richard Winters Mayo Clinic, **Teresa Chan** McMaster University, **Sarrah Lal** McMaster University, **Ruth Chen** McMaster University

The landscape for leadership development is complex with many players, creating a web of content and experiences that can be confusing for leaders in academic medicine aspiring to develop their own skills. Previously, our team published a commentary that examines what a learning ecosystem around leadership could be like. Based on our own synthesis of leadership development literature and our own lived experiences in this area of education, we proposed six principles for medical educators and health care leaders when designing or creating educational ecosystems. These principles are: (1) to apply a conceptual or theoretical framework that organizes development within and across offerings; (2) to scaffold development-oriented approaches so that there is a clear progression of skills and competencies; (3) to respect and acknowledge individual levels of adult development and also prior experiences; (4) to integrate a diversity of perspectives and encourage in intergenerational and interprofessional exchange; (5) to interweave theory, practice, and reflection; and (6) to recognize the broad range of leadership practices and concepts. At McMaster University, we are operationalizing these principles to work within our institution to create a diverse and vibrant leadership ecosystem that stretches from hiring to retiring. We aim to "right size" leadership training.

OI-1-2

78328

Co-Design of an International Medical Education Program - Towards A More Equitable Partnership

Tracey Hillier, **Hollis Lai** University of Alberta, **Pamela Brett-MacLean** University of Alberta, **Carol Hodgson** University of Alberta, **Xian Wang** University of Alberta, **Lia Liyazi** Wenzhou Medical University, **Chen Hao** Wenzhou Medical University, **Tim Winton** University of Alberta, **Katherine McGeen** University of Alberta, **Patrick VonHauff** University of Alberta

China has launched ambitious reforms of its medical education with the requirements of "Healthy China 2030". We will describe an international collaboration to create a sustainable, high-calibre medical education, to better serve the health care needs of people in China and to develop high-quality distance learning. The collaboratively developed program is a decolonized, student-centered, integrated body systems and competency based, hybrid digital PBL curriculum that incorporates conventional teaching methods, student presentations, small group discussions, clinical teaching, and Team Based Learning. The program is grounded in the local context considering health needs, incidence of disease, cultural and social issues. Features include early introduction to the practice of medicine, including family and community-based medicine to reinforce students' knowledge application, problem-solving, and clinical competence. There is an emphasis on health systems science and skills such as professionalism, doctor-patient relationship, teamwork, health equity, collaborative multidisciplinary practice, and culturally sensitive communication to provide equitable care in vulnerable communities including an understanding of the ecological, social, economic, and political determinants of health and disease. The program includes a comprehensive monitoring and assessment system and a robust faculty development program to support learning, improve global health outcomes, nurture opportunities for research collaboration and build innovative medical education.

OI-1-3
78325
Building Leadership Capacity Across the Continuum of Health Learners
Ming-Ka Chan, **Shaundra Popowich** University of Manitoba
Leadership education is a growing need across the globe. Currently, groups, disciplines, and professions often work independently to develop the leadership capacity across their stakeholder groups with overlap in efforts & resource use. The synergies across the continuum of learning in the health professions remain to be harnessed. These states existed within the Rady Faculty of Health Sciences, University of Manitoba. In 2020, the development of a dedicated Office of Leadership Education, creation of dedicated leadership positions and administrative support was implemented to facilitate our Faculty's capacity for leadership/followership education and to meet the needs of health learners across the continuum (from undergraduate, graduate, postgraduate, faculty and alumni). A leadership team with representatives across the health professions lead the work to advance the value of leadership education, exploring the intersection of leadership with wellness and social justice along with the development of a multipronged approach to meet the growing learning needs for health leadership education. Through these strategies, leadership capacity will be able to meet the growing demands of everchanging health systems.

OI-1-5
78188
Addressing the Gender Gap in Academic Medicine: Why Women Say No.
Sandra Monteiro, **Teresa Chan** McMaster University, **Renate Kahlke** McMaster University
The persistence of a gender gap in academic medicine has been documented in thousands of studies in the last decade. Notable disparity between representation by men and women is present in leadership positions, invited keynote speakers, and publication counts. The COVID-19 pandemic provided an additional context for this disparity; while many journals continue to experience rapid increases in manuscript submissions, these submissions are disproportionately from men. The results of efforts aimed at raising awareness and advocating for women have been underwhelming. Allowing this disparity to continue significantly limits the diversity and quality of vision in leadership and research. We can-and must-do better. How do we bridge the gaps between intention, interpretation, and results? How can advocates ensure that they aren't unintentionally creating situations that undermine the very women they seek to empower? The power of stereotypes shapes the decisions that men and women make about their careers. In turn, these decisions impact the amount of time that women can dedicate to leadership, self-promotion, and research. Drawing on our combined lived experiences and a rich multidisciplinary literature, we offer practical strategies to allies in the fight to close the gender gap.

OI-1-7

78123

Arts and Humanities in Medical Education, A 3 Cohorts' Pilot Project

Sarah Tinawi, **Jean-François Montreuil** Université Laval

While medical faculties teach students to be competent future physicians, many often lack in an important component to the medical education: the arts and humanities and their link to sciences and medicine. Scientific approach is often opposed to the artistic creation when a lot of time, they can be complementary. Many studies have reported the benefits of incorporating arts and humanities into the medical education. We aim to mentor students into developing their professional identity as future physicians. This a pilot project spread over 3 cohorts, from 2021 to 2027. Each year, 15 to 20 students are electively enrolled, choosing to integrate program competencies (collaboration, communication, leadership, professionalism, health promotion) through an active engagement with arts and humanities. They are personally mentored longitudinally until the completion of their medical degree. Reflections are suggested around various themes such as doctor-patient relation, use of technologies, population health, death and dying, ethics… The objective is to help students develop a set of abilities that will be useful throughout their medical practice (critical thinking, introspection, interdisciplinarity…). We'll discuss the project so far, through a presentation of the students' development activities, their appreciation of the program and the perceived impact on their education and well-being.

OI-1-8

78007

Using Strategic Planning to Co-Create A Better Future for Your Socially Accountable Faculty

Emmanuelle Careau, **Julien Poitras** Université Laval

A faculty of medicine must have a real impact to improve the health of individuals and communities, while ensuring that social accountability remains at the heart of its mission. Strategic planning represents a perfect opportunity to reach this vision and adopt an action plan in line with societal challenges. However, it represents a challenge due to the academic reality which is based on collegial relationships and governance, individual and collective innovation, as well as the contribution of people with different statuses. This oral presentation aims at describing the innovative process, based on participatory qualitative research, adopted by the Faculté de médecine de l'Université Laval to conduct its strategic planning. Three iterative waves of co-construction involved more than 700 people representing the WHO's pentagon partnership. Workshops, citizen forums, individual interviews, and online consultation were carried out. Data were triangulated using thematic content analysis through NVivo software in order to develop a strategic plan. The proposition was validated by an online consultation via the CapCollectif platform. We are convinced that this methodology helps to adopt a strategic plan that is more inspiring and unifying. It helps academic leaders to be change agents by having the entire community engage toward social accountability.

OI-1-9

77630

A North American First in Ottawa: A Director of Planetary Health and Why Every Faculty of Medicine Should Consider Creating This Position Now.

Husein Moloo, **Mark Walker** University of Ottawa, **Bernard Jasmin** University of Ottawa

Faculties of Medicine need to take action on the greatest threat to the health of humanity-climate change. While many competing interests demand attention, this is an existential threat. Recognizing the ethics of academic medicine and planetary health are fully aligned, we must consider generations whose future is being jeopardized including current and future learners. The ecological determinants of health are critically important to people we care for now and in the future, and deserve strategic planning with concrete actions . A Director of Planetary Health position was created as part of our strategic plan. Sharing the vision, mission, initiatives, as well as pragmatic considerations with the aim of effective implementation and partnerships with other faculties is our aim. The climate crisis is unfolding faster than anticipated-all Faculties need to engage immediately with mitigation and adaptation. A simple action demonstrating commitment to faculty members, learners, researchers, policy makers, the public, and government, is to create a Director of Planetary Health prior to the next conference. Such an action is aligned with the strategic plans of both AFMC and COFM in terms of social accountability and sustainability. We believe a healthier tomorrow and better future depend on actions such as this.

OI-1-10

77543

A Provincial Senior Physician Leads-Based Leadership Development and Accountability Initiative

Marilyn Baetz, **Graham Dickson** Professor Emeritus, Royal Roads University, **Bill Tholl** Canadian Health Leadership Network

In 2017, Saskatchewan established a single health authority. A provincial department head (PDH) position was created, dually reporting to the Dean, College of Medicine USask and Chief Medical Officer, Saskatchewan Health Authority (SHA). More role clarity was needed in formerly autonomous regions and independent organizations. Experienced health system experts guided a co-creation, by an all-party secretariat, of a LEADS leadership and accountability initiative between and among PDHs, the SHA and CoM. Extensive consultation and a forum with key players affirmed the need for 1. Clarification of role, responsibilities, authorities, desired professional relationships, and accountabilities in a complex, rapidly changing context of academic and clinical demands. 2. Creation of sustainable processes to support PDHs in accruing the leadership capabilities. 3. An accountability process supported by annual plans, feedback and departmental input. The PDH carries responsibility and potential to influence policies and practices internally and externally. Setting consistent standards for clinical care, engaging physicians in educating learners throughout the province while supporting strategy, innovation and research holds remarkable promise. A 'by Saskatchewan, for Saskatchewan' approach, involving all parties was required to create the initial design and future implementation. This LEADS based initiative could be adapted and modified to other academic health systems.

OI-1-11
77526
The Canadian Society for Physician Leaders (Cspl): Supporting A New Approach to Physician Leadership Development
Marilyn Baetz, **Connie Leblanc** Dalhousie University, **Victor Do** University of Toronto
Even prior to the pandemic, interest in physician leadership was on the rise. The merits of physicians taking active leadership roles within the health system have been increasingly demonstrated. The pandemic overwhelmed health care systems and physician-leadership became paramount in the clinical, academic, and societal realms. Medical schools adapted to a new complex reality to ensure learners were effectively trained. Health systems leaders needed to practice leadership fundamentals; manage self, engage others, collaborate, and navigate complex systems while ensuring the wellbeing of the others and of the system. Leadership training across the continuum of medical education remains an area for improvement. Leadership skills must be fostered, and faculties could benefit from partnering with organizations with understanding and track records of developing physician leaders. The CSPL which has recognized the need for increased physician leadership for over two decades, provides resources and opportunities for partnership, being well-equipped to foster a new approach to physician leadership development. These include a community of practice, coaching opportunities, a peer-reviewed journal, podcasts with national leaders, and an annual conference to inspire and connect. Our approach to leadership promotes leaders who prioritize health-promoting learning and working environments and foster our peoples' potential.

Workshops

Block A

WA-1

78247

I Gathered the Literature, Now How Do I Synthesize It? Concept Analysis as A Way to Analyze Literature-Based Data for Complex Concepts in Medical Education

Meredith Young McGill, **Ethan Bazos** McGill, **Claude Julie Bourque** Université de Montréal, **Melanie Marceau** Université de Sherbrooke

Rationale/Background: Literature syntheses often tackle key Medical Education topics that are poorly, incompletely, or inconsistently defined, making it a challenge to synthesize large amounts of diverse data to better understand, define, or refine our understanding of concepts - whether clinical reasoning, validity, or others. Concept analysis is a family of structured methodological approaches that are used to study complex concepts that are emerging, underdefined, or in flux; making it well suited for Medical Education research. Concept analysis can complement other formal approaches to identifying literature-based data (e.g., scoping reviews), and analysis. Concept analysis (described by Rodgers1) identifies and describes: a) antecedents (things that precede the concept), b) attributes (things that characterize the concept), and c) consequences (things that occur because of the concept).

Instructional Methods: A variety of approaches will be used including short didactic presentations, small group activities, practice in applying concept analysis, and large group discussion. Part 1: Workshop leaders will (a) define what constitutes a concept (didactic), (b) give examples of how we have used concept analysis in our research (didactic), and (c) working in small groups, participants will brainstorm concepts in medical education amenable to concept analysis. Part 2: Workshop leaders will: a) describe how data are analyzed in Rodgers' concept analysis (didactic), and b) working in small groups, participants will analyze a text and identify the antecedents, attributes, and consequences. Part 3: Workshop leaders will: a) describe how concept analysis can intersect with literature-based research (didactic), and b) facilitate a large-group discussion on how concept analysis might intersect with participant scholarly interests.

Target Audience: Researchers, trainees, and anyone feels 'stuck' in analyzing data generated by a synthesis of a Medical Education concept.

Learning Objective(s): At the end of this session, participants will be able to: a) Define a concept b) Identify concepts in medical education research well suited to a concept analysis c) Describe the three foci of Rogers' approach to concept analysis (i.e., antecedents, attributes, consequences) d) Categorize data into antecedents, attributes, and consequences e) Discuss whether concept analysis would be of benefit to their scholarship

WA-2

77419

Critical Dialogues for Action: Unlearning and Relearning Through the -Isms and -Phobias

Jerry Maniate University of Ottawa, **Ming-Ka Chan** University of Manitoba, **Lyn Sonnenberg** University of Alberta, **Jamiu Busari** Maastricht University

Rationale/Background: Using experience from an international leadership education community of practice, Sanokondu (www.sanokondu.com), this workshop will highlight and share leadership lessons learned relevant to health professions education across the learning continuum. Drawing on the -isms and -phobias that society is facing, we shall explore how antiracism & social justice impacts civility and wellness in health professions education. Language/terminology and practical tips/strategies will be crowdsourced and shared to facilitate work towards allyship and action in solidarity.

Instructional Methods: Icebreaker/reflection exercises Brief didactic with handout for introduction to terms and concepts Storytelling and co-creation Pairs/Small group case discussion with large group debrief

Target Audience: Anyone interested in developing as an anti-racist across the health professions and beyond. Suitable for learners, faculty and leaders alike.

Target Audience: Upon completion of this session, participants will be able to: 1) Define the concept of antiracism, social justice and allyship in the context of health professions education 2) Discuss how antiracism and social justice impact and intersect with civility and wellness 3) Share examples of how to enact allyship in own context(s) 4) Co-create new strategies to build and enact allyship within own context(s)

WA-3

77613

Schulich Wellbeing Peers for Peers Support Program Workshop : Empathetic Listening

Andrea Lum Western University, **Laura Foxcroft** Western University, **William A McCauley** Western University

Rationale/Background: The COVID-19 pandemic has caused a significant increase in physician burnout, highlighting the importance of developing programs to focus on physician wellbeing. The Peers for Peers Physician Wellbeing Support Program is a one-on-one support program designed by physicians for physicians. It is the first of its kind in Canada, based at an academic institution with a clinical academic faculty of >2000. The Peers for Peers Physician Wellbeing program was developed in the spring of 2000. A defined training curriculum for peer supporters was developed and subsequently revised. The approach to supporting peers is based upon the concept of Empathetic Listening wherein support is provided to a peer from a colleague who works in a similar environment. As such, the peer can understand some of the contextual issues that may be contributing to the stress. This workshop will provide an overview of our Peers for Peers Training curriculum with an experiential component on training for Empathetic Listening.

Instructional Methods: 1. Schulich Wellbeing Program overview (30 minutes) 2. Review components of Empathetic Listening with a simulation training module (15 minutes) 3. Break-out in pairs to simulate a peer-to-peer interaction (30 minutes) 4. Group discussion of the break-out experience. (15 minutes)

Target Audience: All physicians and learners.

Target Audience: At the end of the workshop, participants will be able to: 1. Outline a process for the development and implementation of a peer support program 2. Describe the Peers for Peers training curriculum 3. Demonstrate the skill of Empathetic Listening 4. Make use of Empathetic Listening when providing peer support

WA-4

78292

Engaging Patients and the Public in the Social Accountability of Medical Schools

Angela Towle University of British Columbia, **Carolyn Canfield** University of British Columbia, **Cary Cuncic** University of British Columbia, **William Godolphin** University of British Columbia, **Cheryl Holmes** University of British Columbia, **Cathy Kline** University of British Columbia, **Darren Lauscher** Public member, **Kenneth Ong** University of British Columbia

Rationale/Background: Social accountability is a mission of medical schools, but it can be challenging to appropriately involve patients and the public directly. Building on the success of UBC's MD undergraduate program's social accountability commitments, we obtained RCPSC funding to co-create evidence-informed guiding principles, models and processes for the authentic, ongoing and sustainable engagement of patients and the public. This 'Bringing Patients and Society Back into the Social Accountability of a Medical School' research project included a literature review, environmental scan and focus groups with patients and members of the public. From these data sources we identified ten recommendations to help medical schools fulfil their mandate for social accountability by involving patients / public in their mission, goals, curriculum and delivery of medical education.

Instructional Methods: 10 min: introductions. 20 min: brief description of the project and recommendations from the perspectives of educational leaders, patients / public, medical students and community engagement practitioners. 30 min: small group work to identify which recommendations are most relevant for participants' institutions and strategies for putting recommendations into practice. 30 min: report back from small groups and common themes. 10 min: wrap up: key points, take-home messages.

Target Audience: Educational decision-makers; health professions educators with an interest in social accountability and /or patient / public engagement.

Target Audience: Describe evidence-informed principles for engaging patients / public in the mission, goals, curriculum and delivery of medical education. Apply the recommendations to their own institution and develop strategies for implementation.

WA-5

78298

Race in Medical Research: How to Conduct Critically Analyze Race-Based Data in Research

Anjali Menezes McMaster University, **Gina Agarwal** McMaster University, **Teresa Semalulu** McMaster University, **Anjali Menezes** McMaster University, **Gabrielle Inglis** McMaster University, **Gabrielle Inglis** McMaster University, **Andrea Pansoy** McMaster University

Rationale/Background: The pseudoscience of biological racial differences was created by scientists and physicians to justify the racist foundations of many of the most powerful social institutions that exist today, including medicine. These myths about differences in biology continue to influence medical practice, implicitly impacting clinicians' assessments of our patients' physiology and health. But sweeping changes are on the horizon, from the recent JAMA standards of the reporting of race in research, to CIHI's guidance on the collection of race-based data in Canada. This workshop will equip participants with an understanding of the role that race-based data in medical research plays in the health of racialized communities and how to be anti-racist in our research practices.

Instructional Methods: Part 1 will mainly be delivered in a didactic format, allowing for some group reflections on racial identity formation, and on how race-based data has historically been collected. Part 2 will involve small-group facilitated discussions on how to critique the inclusion of race within medical research, from how and why race-based data was collected, to its interpretation, and how research conclusions can ultimately impact racialized patients.

Target Audience: Any healthcare professional or learner interacting with medical research.

Target Audience: 1. Describe what race is, how it is defined, the history of racial classifications 2. Analyze how race has been used to create systems of social exclusion and racial hierarchies 3. Outline how can race be measured in medical research 4. Examine the role medical research plays in reinforcing racial hierarchies or challenging racist beliefs and views 5. Critically appraise and examine a research study that has included race in its analysis

WA-6

77918

Achieving Inclusive Excellence: an Institutional Framework for Academic Medicine

Victor Do University of Toronto, **Lyn Sonnenberg** The Royal College of Physicians and Surgeons, **Constance LeBlanc** Dalhousie University, **Jamiu Busari** Maastricht University

Rationale/Background: Recognizing the importance of reforming our institutions to embed equity, diversity and inclusivity (EDI), leaders must take the initiative to enact meaningful change. The Inclusive Excellence framework and scorecard provide a structure and process to inform this development. It is designed to integrate EDI into the core of organization structure and function, providing actionable goals, strategies and measures. Participants will leave this session with knowledge of the Inclusive Excellence framework, adopted by many universities, and new strategies to make meaningful change within their settings. Alongside our published six steps framework of being, knowing, feeling, doing, promoting, and acting, we aim to empower individuals to practice allyship, reduce microaggressions, and address racism in medical education, providing a space for meaningful growth for learners, staff, and faculty.

Instructional Methods: After briefly introducing the domains of Inclusive Excellence didactically, small group dialogue will follow. Real-life case scenarios will be unpacked through facilitated group discussion using the scorecard. Drawing on participant lived experiences, we will integrate the Inclusive Excellence and Six Steps for practicing Critical Allyship frameworks to support participants in developing practical skills for use in their contexts.

Target Audience: All leaders, educators and learners who wish to learn actionable steps for engaging structural changes to promote EDI in academic medicine.

Target Audience: Participants will be able to: 1. Identify the five domains of the Inclusive Excellence framework 2. Reflect on opportunities to use an Inclusive Excellence framework and scorecard 3. Integrate the domains of Inclusive Excellence and critical allyship frameworks in their academic and practice settings.

WA-7
77720
Mindful Self-Compassion - the Nosm University Experience
Bryan MacLeod Northern Ontario School of Medicine, **Janelle Lazor** Northern Ontario School of Medicine, **Chad Tremblay** Northern Ontario School of Medicine, **Monique Mercier** Kindful Psych

Rationale/Background: Even before COVID, Canadian Physicians experienced high rates of burnout (30%), depression (34%) and suicidal ideation (19%) (CMA, 2018). Physician health has only worsened during COVID (CMA, 2022). Neff et al. (2020) established that, among health care workers in hospital settings, participating in the Self-Compassion for Healthcare Communities course was associated with increases in self-compassion and well-being, and decreased stress and burnout. Neff advocated for earlier exposure at the undergraduate level. The presenters have replicated her work at NOSM University demonstrating significant improvements in self-compassion and decreases in depression, stress and anxiety in both undergraduate, and faculty participants. ttps://www.youtube.com/watch?v=O9M-TeRn-Jk Participants will be introduced to Mindful Self-Compassion by practicing techniques to "be" with hard emotions, and to reduce empathic fatigue with equanimity. Provided a combination of short didactic teachings and highly interactive and reflective exercises, participants will come to understand the teachings at a personal level. Additionally, the presenters will review both our quantitative and qualitative research findings and describe our next steps in leveraging best practise online pedagogy to scale up access to meet the significant need and demand for this course.

Instructional Methods: Short didactic teachings (30%) with a focus on facilitator-led, self-reflective exercises and small group discussions (70%)

Target Audience: Everyone. Universally applicable to all Healthcare professionals and students.

Target Audience: Use 2-3 cognitive, emotional, and behavioural techniques to be with stressful emotions in the moment, day to day. Use an equanimity technique to assist with caring for others while managing personal distress.

Block B

WB-1
78008
Application of Self-Determination Theory in Teaching Practices to Optimize Learner Engagement, Motivation, and Wellbeing
Greg Malin University of Saskatchewan, **Oksana Babenko** University of Alberta

Rationale/Background: Teachers tend to focus on cognitive strategies to support student learning (e.g., retrieval, dual coding). However, a key but often overlooked facilitator in student engagement and learning is motivation. Self-determination theory (SDT) - a prominent motivational theory - can be applied in tangible ways to support learners' basic psychological needs and support intrinsic motivation to learn, which supports learner recall, deeper learning, desire for optimal challenge, and even improved well-being. The purpose of this workshop is to explore the SDT principles, understand how teaching practices support or hinder learner motivation, and meaningfully implement those practices that support optimal learner motivation and avoid approaches that hinder it.

Instructional Methods: This workshop blends large group discussion and small group interactive components. Large group: Participants will be introduced (15 mins) to the basic tenets and three basic psychological needs of SDT. Small groups: Participants will actively engage in 3 facilitated small group discussions (15 mins each) identifying and discussing teaching strategies that support each of the 3 basic needs, and teaching strategies to avoid that hinder these needs. We will conclude with a large group interactive discussion (30 mins) summarizing the rationale for why certain teaching approaches identified in the small groups are more or less supportive of learner motivation based on SDT.

Target Audience: Classroom and Clinical Teachers, Educators, Educational Leaders, Learners

Target Audience: 1) Describe the principles of SDT, including the three basic needs of autonomy, competence, and relatedness, and how they affect motivation. 2) Describe teaching practices that support or hinder learner motivation. 3) Implement strategies to intentionally support learner motivation.

WB-2

77726

The 4c's of Influence: Innovations in Teaching Leadership Development Across the Medical Education Continuum

Nabil Sultan Western University, **Jerry Maniate** University of Ottawa, **Lyn Sonnenberg** University of Alberta, **Victor Do** University of Toronto

Rationale/Background: Leadership development is recognized as part of the core skillset physicians. Competence, Character, Connection and Culture are critical for effective influence and leadership in medicine. Our framework, "The 4C's of Influence", focuses on integrating these dimensions across the medical education continuum. We use a variety of pedagogical methods to implement a comprehensive adaptable curriculum.As leadership requires foundational skills and knowledge, a leader must be competent to exert positive influence. Character Based Leadership stresses development and commitment to values and principles, in the face of everyday situational pressures. If competence confers the ability to do the right thing, character is the will to do it consistently. Next, leaders must build relationships, fostering connection. Building coalitions with extensive and diverse networks ensure different perspectives are integrated and valued. Connected leadership involves inspiration, authenticity, collaboration and engagement. To create a thriving, health promoting learning environment, culture will hold everything together.

Instructional Methods: Framework presented in engaging lecture format. (15 mins) Review interactive case study that utilizes our framework to address a challenging scenario (15 mins) Small groups activities that guide attendees through initial steps to integrate concepts into curriculum. (60 mins)

Target Audience: This is an introductory workshop for learners and educators across the learning continuum who are interested in leadership development.

Target Audience: At the end of the session, participants will be able to: Describe the 4C's of Influence in Medical Education Framework. Explain the relationship between 4C's and effective influence and leadership. List various approaches to support the implementation of the 4C's of Influence.

WB-3

78109

Anti-Asian Racism in Medical Education: Learning, Unlearning and Taking Action

Victor Do University of Toronto, **Ming-Ka Chan** University of Manitoba, **Ivy Oandasan** The College of Family Physicians of Canada, **Teresa Chan** McMaster University, **Marck Mercado** McMaster University, **Gian Agtarap** University of Toronto, **Francis Lao** University of Toronto, **Yipeng Ge** University of Ottawa

Rationale/Background: The Model Minority myth focuses on stereotypes that all Asians are hard working, rule-abiding, independent, & economically prosperous. This myth perpetuates the biases leading to anti-Asian racism and hides the barriers (interpersonal & systemic levels). The term "bamboo ceiling" was coined to reflect the limits forAsians in leadership. While all Asians may share in some experiences of anti-Asian racism, caution must be taken when clustering together Asian ethnicities. For example, at the macro level, it may seem like there is adequate representation of Asian-Canadians in medical schools, however, clustering Asians as one group misses the underrepresentation of certain Asian ethnicities. Through stories, dialogue & small group activities, we hope to foster an inclusive learning environment highlighting issues around Equity, Diversity, Inclusivity, & Accessibility (EDIA) and help participants further develop as allies and anti-racists

Instructional Methods: Brief didactic discussing background of anti-Asian racism in medicine and medical education (15 min) Small group case studies centred on issues of anti-Asian racism, encouraging reflection to broadening the lessons learnt across the intersectionality of EDIA issues. (15 min per case in small groups + 5 min large group sharing) Group Debrief / Q&A (15 min)

Target Audience: This session is designed for all learners & educators who wish to engage in learning and action on anti-Asian racism in medicine and medical education.

Target Audience: At the end of the session, participants will be able to: discuss ways in which anti-Asian racism occurs in medicine and medical education; commit to initial steps to address racism and enact allyship within their local contexts; reflect on the intersectionality & how we might work together with oppressed groups to address EDIA in solidarity

WB-4

76507

Writing Effectively in the Medical Sciences

Imran Bagha Northern Ontario School of Medicine

Rationale/Background: Writing is an important skill throughout our careers as medical professionals. It is the method through which we communicate with each other, with our patients, with the academic community, with learners, and in patient care. Clear, concise writing has the ability to inform in a manner than reduces error (1). The clarity we display in writing has real-world consequences. It can determine whether a paper is published, funding secured, and ultimately how effectively research is distributed and acted upon. Conversely, bad writing often prevents or delays the publication of good science (2). Academic institutions, physicians, and medical researchers have been called upon to improve their writing and provide curriculum on writing to medical students (3). This workshop is an attempt to respond to this call to action. This workshop teaches several key and easily implementable writing strategies specifically oriented towards medical students, residents, and medical researchers. Common pitfalls in medical writing are addressed. The workshop exclusively uses examples from existing literature, to give participants a clear idea of where and when they will encounter writing pitfalls, what they can do to avoid them, and how to increase the effectiveness of their own writing.

Instructional Methods: Four topics are covered in this workshop, each with several key lessons. The four topics are: logic & structure, sentence structure, active voice, and improving clarity. Within each topic are two or three lessons taught with examples and active participation. First, the lesson is defined and supported with examples. Each example is taken from existing literature and rendered anonymous. These examples will be analyzed by the students to illustrate the principle, and then for them determine where the author went wrong in the context of the lesson. Thereafter, several smaller examples will be brought forward in multiple choice or short answer format for participants to solidify their understanding of the principle being taught. There are two longer exercises in which the participants will have the opportunity to actively practice several strategies at once by reorganizing a short passage. Finally, there will be a short quiz at the end to ensure participants have understood the key points. To note, this workshop has been delivered with success and positive feedback to science researchers in Canada and in Europe, and to students at one Canadian medical school. More than 2/3 of the workshop involves active participation.

Target Audience: Medical research writers: full time academic professionals, residents, specialists conducting clinic based studies Medical residents in specialty programs Medical students, whether or not they are involved in research

Target Audience: Understand effective high-order writing techniques. High-order refers to organization, structure, and logical flow. Recognize, and thus be able to avoid, 6 common writing pitfalls in your own writing Leave this session with 3 clear, measurable strategies to immediately implement in your own writing: a) Be able to understand, recognize, and implement the 'known to new' writing strategy to increase logical connections for your reader and improve flow b) Understand the necessary indications for using active voice c) Utilize parallel structure to increase clarity

WB-5

77657

Meaningful Student Engagement: Students as Changemakers in Medical Education

Rannia Shehrish International Federation of Medical students'Association, **Kosha Gala** International Federation of Medical students'Association

Rationale/Background: Adam Fletcher rightly established the concept of meaningful student engagement (MSE) wherein both the educators and the students identify one another as leaders in the system. Unfortunately, most education systems today fail to acknowledge students as key stakeholders, resulting in relationships with the institutions becoming more tokenistic and less equitable. MSE is the inclusion of students as equitable partners in all scopes of medical education, including governance, curriculum development, program delivery, and interaction with local and academic communities. Following the pandemic and in light of globalization, medical education needs to rapidly adapt to the changing demands of the world. This requires a shift in the perception from students being passive receivers of education, to active contributors towards the betterment of the curriculum. The IFMSA, an organization by and for medical students, has been promoting MSE by engaging its 1.3 million medical students in various projects like Medical Education workshops, policy small working groups and on-ground activities. Through this workshop, we intend to highlight different methods to meaningfully engage students and facilitate change in the participants' medical education systems, by reflecting on the work done by the federation.

Instructional Methods: The interactive workshop will use the following instructional methods: Discussions with presentations Small working groups Role-playing Brainstorming and problem solving

Target Audience: Students, educators, professors, and anyone with an interest to strengthen student engagement in their institution

Target Audience: At the end of the workshop, the participants will be able to: Explain MSE and the importance of student advocacy in medical curriculum, Identify the level of student engagement in their respective institutions in accordance to the Adam Fletcher's Ladder Determine how student engagement can help overcome barriers in medical education development Illustrate the barriers and enablers of meaningful student engagement Develop sustainable strategies to better practice MSE in the medical curriculum.

WB-6

77806

Beyond Exposure: Immersive Community Engaged Education for Generalist Practice

Roger Strasser Northern Ontario School of Medicine, **Sarah Strasser** University of Waikato

Rationale/Background: Socially accountable health professional schools place students in a wide range of community and clinical settings, enhanced by community engagement involving active community participation.

Instructional Methods: Immersive Community Engaged Education (ICEE) involves students living and learning in communities for prolonged placements in settings where they are expected to pursue their careers after education and training. This contrasts substantially with the conventional Flexner model in which most clinical education occurs in the large urban teaching hospital context complemented by limited short-term exposures in various community settings including family practice. ICEE is socially accountable education that is grounded in community engagement and fosters authentic relationships focused on improving the health of the local population. Rather than teaching hospital specialists, the students' principal clinical teachers and role models are generalists including family physicians and other generalist specialists. For clinical teachers, ICEE provides professional rewards and a "new lease on life". ICEE offers communities substantial future recruitment opportunities if the students and their families feel at home and want to stay in their community. There is growing evidence that graduates who have undertaken ICEE are more likely to choose careers in family practice or other generalist disciplines. Compared to short-term rural exposures, ICEE immersion in rural and underserved urban communities offers substantial benefits.

Target Audience: Academics, students, administrators, community members.

Target Audience: By the end of the workshop, participants will be able to: 1. Describe the educational aspects of ICEE 2. Place ICEE in their own setting 3. Identify key enablers of successful ICEE

WB-7

77897

Extending Our Reach: How Medical Education Leaders Can Leverage Program Evaluation to Build System Capacity

Kathryn Parker Holland Bloorview Kids Rehabilitation Hospital, **Risa Freeman** University of Toronto, **Mahan Kulasegaram** University of Toronto, **Allia Karim** University of Toronto

Rationale/Background: For over 40 years, outcome-based models have dominated program evaluation in the health system. However, there is increasing recognition that these models do not fully address the complexities of the systems in which our programs live. Recently, medical educators have expanded their evaluation efforts to focus on understanding 1) how context impacts the success of education and 2) what processes of building and implementing medical education are needed to result in desired outcomes. To what extent have leaders in medical education embraced similar evaluation practices? Evaluation of medical education programming at the departmental or organizational level report primarily output and Level 1 (satisfaction/reaction with program/department services) outcome data if at all. Driven by accountability to stakeholders, leaders define success as having achieved planned output and/or outcomes and, therefore, devote resources to determine the extent to which these have been achieved. What is rarely found in evaluation practice is the identification and understanding of emergent outcomes; implications of both planned and unplanned departmental efforts that are immediate and "emerge" out of a particular context. Seldom do leaders practice evaluation as a learning tool in which evaluation questions are part of the ongoing iteration of program efforts in real time and where questions may change over time as the context changes (new learning, new mandates, new people). Integrating theories and practices from the fields of Organizational Development and Change, Re-imagining Evaluation to Accelerate Change in Healthcare (REACH) is a method of evaluation that enables leaders to co-create evaluation strategies to help drive change.

Instructional Methods: Following a 15-minute didactic presentation, participants will work in small groups to co-create an evaluation strategy using the REACH approach. This will be followed by a large group debrief.

Target Audience: Medical education leaders and program developers.

Target Audience: 1) Define and describe the critical steps of the REACH approach, 2) Apply the REACH approach to create an evaluation plan, 3) Determine how this approach may be valuable in their own systems.

Block C

WC-1

78217

More than Words - Diversity in Postgraduate Medical Education

Amanda Condon University of Manitoba, **Valerie Williams** University of Manitoba, **Ming-Ka Chan** University of Manitoba, **Sara Goulet** University of Manitoba, **Lisa Monkman** University of Manitoba, **Jackie Gruber** British Columbia Institute of Technology

Rationale/Background: Meeting the health needs of society and addressing racism in healthcare requires a longitudinal commitment to diversity in health professional education, across the educational continuum. Diversity statements have become a common part of program descriptions and selection goals for postgraduate medical education (PGME) programs. How do these statements reflect a program's commitment to diversity? How is this commitment reflected in the selection process? This session will review making meaningful changes to address diversity within PGME selection processes and discuss opportunities for incorporating these strategies across the educational continuum.

Instructional Methods: The workshop will consist of an introduction to diversity within the health workforce and the associated negative patient outcomes with a lack of diversity. Workshop participants will review sample diversity statements and selection process goals, in small groups. Participants will identify selection processes that support diversity statements and reduce the potential for bias in resident selection. This workshop will consist of a short didactic component and will primarily be focused on the discussion and application of a tool to critique existing resident selection processes.

Target Audience: program directors, selection committee members and all involved in resident selection.

Target Audience: 1. Review the elements of a program description and discuss their impact on resident selection. 2. Identify measurable strategies to implement within a selection process to address bias in applicant selection. 3. Apply a tool to selection processes looking for areas of potential for bias and determining strategies to address these biases.

WC-2

77328

Speak up: Responding to Microaggressions to Promote Equity, Diversity, Inclusion, and Accessibility

Sarah McIsaac Northern Ontario School of Medicine, **Kristen Shaw** Northern Ontario School of Medicine

Rationale/Background: Microaggressions are common and have a negative impact on physician and medical student wellness. Anderson et al.'s 2022 study of microaggressions among a sample of American medical students found that 61% of respondents experienced at least one microaggression weekly; experiences of microaggressions were linked to positive depression screenings and low professional satisfaction. Promoting diversity, equity, inclusivity, and accessibility requires that medical educators develop strategies to intervene when microaggressions occur to help repair relationships and mitigate the effects of bias. This workshop provides data about the impact of microaggressions and equips participants with strategies to respond to microaggressions in clinical educational environments. Attendees learn about the Microaggressions Triangle Model (Ackerman-Barger et al., 2020) and practice this communication tool in case-based scenarios.

Instructional Methods: Participants collaborate in small groups to practice the Triangle Model communication tool in case-based scenarios. The workshop concludes with a large-group discussion and the distribution of a tip sheet.

Target Audience: The target audience is medical educators and clinical teachers.

Target Audience: Define microaggressions. Identify the impact of microaggressions on recipients and the clinical learning environment. Apply the Microaggressions Triangle Model communication tool to respond to microaggressions.

WC-3
77627
Fostering Health Promoting Learning Environments (Hple): Initial Steps in Implementing the Okanagan Charter

Cheryl Goldstein University of Alberta, **Melanie Lewis** University of Alberta, **Lyn Sonnenberg** University of Alberta, **Victor Do** University of Toronto

Rationale/Background: To adequately address systemic wellness challenges, medical education should adopt the health promoting education framework during program design. Health promoting education settings "create conditions that are conducive to health through policies, services, and physical/social conditions". Applied to universities, the international community has developed the Okanagan Charter on Health Promoting Universities and Colleges. Health promoting learning environments(HPLE) are defined as "infusing health principles into all aspects of their operations, practices, mandates and business". The first call to action highlights the importance of embedding health into all aspects of campus culture, across the administration, operations and academic mandates. To develop a health promoting medical school, strategic objectives include: embedding health in all policies; implementing supportive environments; creating thriving communities and a culture of wellbeing; supporting personal development; and developing/re-orienting faculty health services. These strategic priorities form the basis for a comprehensive, multi-pronged approach to addressing faculty wellbeing.

Instructional Methods: Introduce the Okanagan Charter and HPLE concept through interactive lecture(15min) Small group: co-develop initial implementation plan for creating an HPLE committee(75 mins)

Target Audience: Introductory workshop for all learners and faculty involved in medical education across the learning continuum who want to improve individual and organizational wellbeing.

Target Audience: At the end of the session participants will be able to: List the critical principles of a HPLE and identify threats and opportunities specific to the participant's program; Incorporate the principles into an action plan; Formulate an evaluation strategy to measure success.

WC-4
77776
« Walk the Talk » : Création D'un Stage Clinique Sur La Relation De Soins

Marie-Pierre Codsi Université de Montréal, **Annie Descoteaux** Université de Montréal, **Morganne Masse** Université de Montréal, **Marie Leclaire** Université de Montréal, **Sacha Ghadiri** Université de Montréal, **Vincent Dumez** Université de Montréal, **Lucie Alegre** Université de Montréal, **Philippe Karazivan** Université de Montréal

Rationale/Background: L'enseignement des compétences transverses, des humanités médicales et l'engagement des patients dans l'éducation médicale continuent d'être des défis pour les facultés de médecine. Plusieurs facteurs entrent en jeu, notamment l'intérêt variable des étudiants, la lourdeur du curriculum, la pertinence relative perçue des décideurs, les questionnements quant à la meilleure façon d'introduire ces concepts. Le Bureau du Patient Partenaire (BPP) de la Faculté de médecine de l'Université de Montréal, en collaboration avec une groupe d'étudiants de médecine, a créé à l'été 2022 le premier stage clinique portant sur la relation Soignant-Soigné. Il s'agit d'un stage spécialisé, avec des experts dans le domaine, et une sélection d'étudiants basée leur intérêt et de leur capacité réflexive. D'une durée de quatre semaines, les étudiants ont vécu une variété d'activités pédagogiques (discussion de groupe autour d'enregistrements vidéos d'entretiens médicaux, séminaires de lecture, conférences, etc). Ce stage, autant pratique que théorique, a su faire émerger, selon les étudiants, la complexité et la richesse de la relation de soin à travers la confrontation des différentes perspectives (patients, cliniciens, sciences humaines, arts, etc.). Les évaluations des étudiants sont excellentes et plusieurs apprentissages émergent de cette expérience. Cette initiative et les expériences en découlant pourraient intéresser les programmes qui souhaitent repenser l'enseignement de la relation de soins auprès de leurs étudiants de manière novatrice, moderne, décloisonnée et ancrée dans la clinique.

Instructional Methods: Plusieurs exercices seront proposés afin de permettre aux différents participants de s'approprier le contenu pédagogique du stage et la méthodologie d'implantation, adaptée à leur propre réalité. Nous ferons également vivre aux participants certains exercices réflexifs interdisciplinaires tel que vécus par nos étudiants lors du stage.

Target Audience: Cet atelier est pertinent pour la communauté impliquée en pédagogie médicale (étudiants, cliniciens, professeurs, patients). Le stage étant facilement exportable, cet atelier est particulièrement pertinent pour ceux qui souhaitent offrir une nouveauté pédagogique.

Learning Objective(s): Développer des stratégies simples et efficaces pour un meilleur enseignement des humanités et du partenariat patient. - Concevoir des pistes permettant l'implantation de stage clinique pour mieux enseigner la relation de soins.

WC-5

77804

The Essence of Educational Scholarship: How to Create an Introductory Course for Healthcare Providers

Gurpreet Mand University of Toronto, **Joyce Nyhof-Young** University of Toronto, **Phillip Tsang** University of Toronto, **Vivian Choo** University of Toronto, **Risa Bordman** University of Toronto, **Risa Freeman** University of Toronto

Rationale/Background: Education Scholarship (ES) is an umbrella term which can encompass both research and innovation in health professions education (CAME). Quality in education scholarship is attained through work that is peer-reviewed, publicly disseminated, and provides a platform that others can build on (Van Melle, 2012). While health care providers are taught how to be clinicians and care providers, they seldom have opportunities to develop their skills in ES. The Office of Education Scholarship, in the Department of Family and Community Medicine at the University of Toronto have created a longitudinal course called ESSENCE, that teaches the Foundational concepts of ES while mentoring participants to complete an ES project of their own choosing. This workshop will demonstrate how to develop and conduct your own ES course.

Instructional Methods: The 90-minute workshop will utilize a multitude of teaching techniques including the following: 1. Didactic Background on basic education scholarship concepts (10min) 2. Participant Experiences: Tailoring the workshop to meet audience needs (10 min) 3. Small Group Exercises demonstrating how to teach key concepts (60min) 4. Large Group Debrief (10 min)

Target Audience: Health care providers who are interested in learning about or leading programs in Education Scholarship.

Target Audience: At the end of this workshop participants will be able to: 1. Summarize the components of an introductory ES course 2. Develop an approach to creating and maintaining an interactive ES course. 3. Construct strategies to recruit participants and sustain faculty

WC-6

78119

Coaching and Mentoring - is It either/or or Both Together?

Mairi Scott Centre for Medical Education University of Dundee, **Susie Schofield** Centre for Medical Education University of Dundee

Rationale/Background: With the increased emphasis on learner-centric education and competency-based learning the role of the teacher must now take many different forms. Harden & Lilley (2018) describe eight of these roles with one category being 'information provider and coach' and another being 'facilitator and mentor'. Whilst they describe the characteristics of each differently others argue that the overlap is so great that a clear distinction in not possible nor necessary and that 'mentoring-coaching' is a preferable concept (Pask & Joy, 2007) This workshop will explore the distinction between the roles and the appropriateness of each within different situations whilst still allowing the complexity of approach necessary to support student learning. "Being an anatomy teacher is a complex art. Beyond transfer of content, teachers must carefully create a culture of safe clinical practice and offer many windows for application and integration with the healthcare professionals" (Pawlina, 2015)

Instructional Methods: Delegates will explore their preferred style of coaching and/or mentoring and identify strengths and weaknesses. Through the case studies and role play they will try out different approaches in a range of situations that will help inform their future practice. Interactive phases 1. Exploration of the approaches towards coaching or mentoring with case studies 2. Small group work plus de-brief on process and content 3. Whole group review of learning with future plans

Target Audience: Medical Educators teaching undergraduates and postgraduate specialty trainees

Target Audience: Participants will be able to • Describe the various skills sets necessary for each of the roles • Critically evaluate the different approaches and apply them to their own context • Identify any additional skills necessary to be a highly effective teacher

WC-7
78237
Everything You Ever Wanted to Know About Interprofessional Education.
Emmanuelle Careau Université Laval, **Amélie Richard** Université de Sherbrooke

Rationale/Background: Interprofessional education (IPE) is a method of theoretical and practical training that aims to teach professionals to work in interprofessional collaboration. Interprofessional collaboration (IPC) is the process of developing and maintaining interprofessional working relationships that enables the achievement of optimal health and social service outcomes. Interprofessional education is therefore the pedagogical approach favored in the various health and social services training programs to properly prepare current and future workers to collaborate with each other in order to respond in a coherent, coordinated and complementary manner to the needs of patients. Indeed, it promotes better knowledge of each other's fields of practice, it encourages the development of mutual respect between professions, it helps to avoid creating disciplinary silos that would be transposed into clinical settings. Interprofessional education is also considered essential for a socially responsible health and education system.

Instructional Methods: In the form of a "masterclass", participants will attend a dynamic presentation on the subject, then they will be encouraged to discuss their own issues in small groups and then submit them for discussion to the invited experts. A didactic booklet of resources will be given to them.

Target Audience: Anyone involved in the planning, implementation and evaluation of interprofessional education initiatives.

Target Audience: Learners will be able to: 1) report on current developments and evidence regarding interprofessional education; 2) master the vocabulary and concepts relevant to interprofessional education; 3) analyze the issues and challenges of interprofessional education; 3) apply solutions that are appropriate for their context.

Block D

WD-1
78333
Kintsugi & Antifragility: Finding Strength in Imperfection
Sean Bryan Northern Ontario School of Medicine, **Lyn Sonnenberg** University of Alberta

Rationale/Background: Broken. It's how we all feel some days. Learners, clinicians, and educators alike can feel overwhelmed, discouraged, or defeated. Kintsugi is the Japanese art of mending broken pottery using a lacquer made with gold or silver. The object's unique history is reflected and emphasized rather than hidden, creating a beautiful whole by embracing flaws and imperfections. We believe that kintsugi pairs well with the concept of antifragility, which means a system increases its ability to thrive by weathering volatility, faults, and failures. Bravely wearing our scars is liberating and enhancing. Pairing the traditional kintsugi with the novel antifragility offers a beautiful and versatile metaphor for reframing experience to enhance resilience. We can find strength in imperfection and shine brighter for it.

Instructional Methods: In this interactive workshop we facilitate dialogue on applying these concepts to ourselves as learners and educators, then to patient care and those in need around us. We encourage participants to reflect on and share their experiences, collaborating to identify other ways to reframe difficult experiences to promote resilience.

Target Audience: This session is designed for learners, preceptors, and anyone interested in the human dimensions of medical education and practice. It has particular value for those of us feeling overwhelmed in this complex and volatile world. It is valuable for those working with colleagues and patients experiencing chronic illness, mental health, addiction, or disability.

Target Audience: 1. Honour lived experience and feel connected to others who sometimes feel broken. 2. Reframe experience to enhance resilience. 3. Apply the concepts of kintsugi and antifragility personally and to help others.

WD-2

77325

Best Practices for Optimizing Survey Response Rates: Strategies From the World of C P D Evaluation

Clare Cook Northern Ontario School of Medicine, **James Goertzen** Northern Ontario School of Medicine, **Tanya Hill** Dalhousie University

Rationale/Background: Accredited medical education programs across the educational continuum require an evaluative component. Online surveys offer a convenient, low-cost method for collecting feedback. A well-planned evaluation can also provide insight on speaker effectiveness & program impact, and reinforce learners' new knowledge. However, for survey data to be valid and representative, response rates must reach a minimum sample size. Across medical education, electronic evaluations and survey fatigue contribute to low response rates and engagement. In this workshop, participants will learn about minimum survey response rates and explore best practices to increase response rates in a medical education context. Attendees will be encouraged to strive for a culture of evaluation characterized by QI and psychological safety principles.

Instructional Methods: Evidence-informed best practices for an effective evaluation strategy with optimal response rates will be presented, including stakeholder engagement; increasing visibility & accessibility of electronic surveys; and survey design. Participants will apply strategies in small groups and share their experiences of what works and doesn't work in common evaluation scenarios. Small group deliberations will be debriefed in facilitated large group discussion. Participants will receive a handout with key references and the strategies and best practices presented in the workshop.

Target Audience: Educational planning committees; evaluation, QI, & accreditation specialists; educational leaders

Target Audience: - Describe evidence-informed best practices for designing evaluation surveys to optimize response rates. - Assess current survey response rates within their context including successes and areas for improvement. - Design interventions to increase valid representative evaluation data for CPD programs.

WD-3

77795

Learner Supervision and Assessment in Virtual Care Settings

Heather MacNeill University of Toronto, **Rebecca Stovel** University of Toronto, **Helena Dhamko** University of Toronto, **Leora Branfield Day** University of Toronto

Rationale/Background: COVID-19 led to rapid implementation of virtual care and teaching with initially little training or guidance. Due to the patient centered benefits of ambulatory telemedicine, developing a skillset to teach and provide care in these settings will remain important post COVID-19, particularly as our collective skillset continues to advance in these environments. It is crucial that physicians who teach trainees in a virtual care setting have the skills and training needed to provide the same high quality educational experiences that residents receive in more traditional care settings by recognizing key competencies that can be taught, designing effective learning objectives that can be achieved, and adapting the provision of formative feedback and assessment to these new spaces.

Instructional Methods: This interactive workshop It will review key competencies, feedback, assessment, and goal setting for virtual care teaching using active discussions, role play in virtual environments, and online collaborative tools. This will be framed in the PICRAT framework and practical tips.

Target Audience: Faculty in clinical supervision roles and trainees interested in teaching in clinical care environments. Participants should bring a laptop if possible.

Target Audience: 1. Recognize competencies that can be taught and assessed in a virtual care setting 2. Design effective educational goals and objectives for virtual care 3. Deliver effective feedback and utilize assessment tools in virtual care environments 4. Experiment with different technology enhanced tools that could be used in virtual care teaching environments

WD-4

78288

Failing Better!! - Using Improv Theatre Exercises to Improve Communication Skills, Teamwork and Self-Compassion in Medical Learners and Clinicians

Bryan MacLeod Northern Ontario School of Medicine

Rationale/Background: There is growing evidence demonstrating the need for improved communication, teamwork skills and overall empathy in medical learners and practicing clinicians. Improv Theatre has been used for over 20 years in educating medical students in the USA. Improv helps students be more expressive, collaborative and empathic in their clinical learning and work (Watson, 2016; Quinn et al, 2020). Additionally, improv embraces failure and a self-compassionate approach to our human limitations. In an unforgiving medical culture, perfectionism is identified as one of the greatest contributors to burnout (Wong, 2020). Canadian Physicians experienced high rates of burnout (30%), depression (34%) and suicidal ideation (19%) (CMA, 2018). Could Improv Theatre, which is implicitly supportive and embracing of failures, enable us to be more self-compassionate, connected and healthier humans? Curious? Come for the possibilities and stay for the fun!

Instructional Methods: Interactive, Inclusive and accessible for all;whole group and small group theatre exercises to experience the lessons of improv first hand (70%); and group discussion about observations made and applications for medical life (20%). Didactic content <10%.

Target Audience: Everyone. Universally applicable to all faculty, staff, healthcare professionals and students.

Target Audience: Through experiential learning understand how their personality traits and biases influence their function clinically, in teams and in life. Practise the "Yes And" Improv tool and reflect on 2-3 examples where it would improve interactions in their own lives.

WD-5

78124

Remediation - A 'Course Correction' for Learners

Mairi Scott Centre for Medical Education University of Dundee, **Susie Schofield** Centre for Medical Education University of Dundee

Rationale/Background: Remediation is often associated with a failure of competence however more recently the emphasis has changed to it being considered as a way to support all learners to achieve competence at any point in time (Kalet et al 2017) There are multiple interconnected causes and solutions which can be challenging to unravel for individual students unless a system-led approach to analyses is used considering societal, professional and institutional values and regulations. With studies suggesting 10% of medical students encounter academic difficulties at sometime even with a system-led approach the challenges of 'untying the Gordian knot' of remediation approaches in medical schools remain considerable. (Bennion et al, 2018) This workshop will consider the contextual elements of remediation based on theoretical frameworks and empirical research and will share approaches and techniques to identifying and addressing the individual factors that contribute to under-performance

Instructional Methods: Delegates will explore effective approaches to analyzing and identifying individual students factors that lead to under-performance. Using case studies and role play they will build on their collective experience to create course-corrections Interactive phases 1. Exploration of the approaches towards course-correction with case studies 2. Small group work plus de-brief on process and content 3. Whole group review of learning with future plans

Target Audience: Medical Educators teaching undergraduates and postgraduate specialty trainees

Target Audience: Participants will be able to • Describe the contextual and individual issues that can lead to underperformance • Critically evaluate the approaches used in identifying reasons for under-performance • Identify approaches to support learners in achieving competence in their own context

WD-6

78255

Creating Effective, Inclusive, and Safe Spaces: Strategies for Faculty Development in the Undergraduate Medical Education Setting

Susanna Talarico University of Toronto, **Jana Lazor** University of Toronto, **Robert Goldberg** University of Toronto

Rationale/Background: Now more than ever, it is important that as medical educators we create effective, inclusive, anti-oppressive, and psychologically safe1 teaching, learning, and clinical environments2. Excellence through equity, diversity, inclusion, indigeneity and accessibility (EDIIA) are key priorities for many Faculties of Medicine across the country. The challenge lies in how we practically do this, particularly when leaders and faculty developers may not be experts in anti-oppressive education. During this workshop we will describe our approach to faculty development in an undergraduate medical education setting to supporting faculty in practically implementing pedagogical and EDIIA strategies to optimize their teaching and learning spaces.

Instructional Methods: • Didactic presentation: Brief overview of the literature and examples of faculty development strategies around optimizing the learning environment • Small group: Case-based discussion on how to practically implement these strategies

Target Audience: Medical educators, leaders and learners of all levels are welcome and encouraged to attend

Target Audience: By the end of this session participants will be able to: 1. Describe the components that must be considered when creating an effective, inclusive, and psychologically safe teaching and learning environment 2. Discuss pitfalls that can disrupt the teaching and learning environment, using cases as examples, and how to practically mitigate common pitfalls 3. Describe what could be incorporated into a faculty development strategy to supporting faculty in practically implementing strategies to optimize their teaching and learning spaces.

WD-7

78303

Where to Start when Speed is of the Essence - Developing an Approach to Greening Community-Based Clinic Operations and Clinical Care.

Sonja Wicklum University of Calgary, **Martina Kelly** University of Calgary, **Clark Svrcek** University of Calgary, **Kate Nuique** University of Ottawa

Rationale/Background: Including Planetary Health (PH) in medical education has begun, along with greening of practice efforts, particularly in hospitals. However, community clinics/physicians are generally not supported in this process. Medical schools have wide networks of community physicians. The workshop's focus is on community practice and how academic medical centres can support community physicians to adapt their clinical operations/care to contribute to development of a strong social mandate for climate-conscious behaviour change and sustainable healthcare. The jig-saw educational method, successfully used in our family medicine clerkship will be modified for the workshop. We will also review results of our scoping review of tools to support greening of care/operations.

Instructional Methods: Education: Overview of PH, theory behind creating a social mandate for change (Climate Outreach, Oxford 2020), examples of educational projects underway, scoping review (20 min). Small-group activities: 1) warm-up/grounding: explore participants' emotions, incl. eco-anxiety (15 min). 2) apply Jig-saw method to explore PH challenges through 3 lenses; physician as clinician, educator, or advocate/leader, ensuring a broad view of the change process. In groups, explore urgent PH problems* with participants representing 1 of 3 lenses (20 min). *e.g. how to reduce clinic GHG footprint. Regroup by role to discuss each problem and develop solutions relevant to the specific role (20 min). Large group discussion to review action items for each problem through each lens. Discuss interdependency and contribution to a social mandate for change (20 min).

Target Audience: Community clinicians (all specialties), medical educators/education leaders, residents and students.

Target Audience: 1) Explain core concepts of PH and tools available to support community physicians to transition to more sustainable healthcare. 2) Share and apply knowledge and experience to develop action plans applicable to your institution.

Block E

WE-1

78240

Meant to Be? How Should "Commitment to A Specialty" Be Measured and Managed in Residency Selection?

Amanda Condon University of Manitoba, **Aviva Goldberg** University of Manitoba

Rationale/Background: Resident selection is complex and time-consuming. Programs are increasingly tasked with ensuring transparency about selection goals and criteria1 and use of a holistic review to address bias and lack of diversity in some programs2. Programs must screen more applicants than they have room to interview. Almost universally, programs assess candidates on a commitment to the discipline as assessed by CV, electives and personal letters. Students often feel like they need to make an early to ensure they get the required experiences to prove that commitment. Where does it leave students who no longer feel their early choice right for them or have a late epiphany that attracts them to another option? Does valuing a long-term commitment to a program undervalue diverse experiences? Students worry that residency programs grade them poorly if they are not "all in", and the students are right to worry - CaRMS data shows that for many specialties, most matched applicants have three or more electives in that specialty. Where does commitment to a specialty fit into a holistic application review? Is commitment to a specialty relevant in the current landscape of medical education?

Instructional Methods: During this interactive workshop we'll use a debate format to argue whether "Early commitment to a specialty is detrimental to the future of medicine" and will consider alternative selection processes. We'll review of some of the challenges related to resident selection regarding identifying and demonstrating a commitment to a specialty of choice and how residency matching data supports the commitment effect. We'll use improv and participant feedback to co-design a better selection process. Improvising the roles of interviewers, participants will work to iterate and develop best practices as they interview "applicants" with various experiences and demonstrated commitment to a given specialty. Attendees will prepare a shareable and collaborative summary document of themes and takeaways so they will be able to incorporate these elements into their selection committees and applicant selection processes. Facilitators of this workshop represent undergraduate and postgraduate medical education and various specialties.

Target Audience: Those involved in postgraduate resident selection, undergraduate advising and career counselling, trainees from all levels of training

Target Audience: 1- Argue in support of broad experiences in applicant selection. 2 - Develop innovative strategies in recruitment that can support applicants and lead to a more inclusive and diverse selection process. 3 - Have fun with peers while exploring a challenging topic in applicant selection

WE-2

78190

Cultivating Safe, Equitable, and Inclusive Learning Environments: A Framework for Navigating Accommodations Planning for Medical Learners

Shaheen Darani University of Toronto, **Charlie Guiang** University of Toronto, **Heather Flett** University of Toronto, **Julie Maggi** University of Toronto, **Moira Ruthralingam** University of Toronto

Rationale/Background: Learners seeking accessibility in training require support for safe and robust accommodations planning to successfully develop the essential skills of a physician. Coordinating accommodations in medical education is challenging due to inconsistent policies, sporadic support across training environments, and a lack of understanding of visible and non-visible disabilities (Meeks and Jain, 2018). This workshop will review key legal and equity/inclusion-based frameworks for effective accommodations planning for medical educators considering issues of stigma and self-disclosure.

Instructional Methods: In the workshop, an interactive framework will be presented to aid in determining accommodations. Participants will then apply the framework in interactive small group discussions anchored in high-fidelity trainee cases. Participants will then review and discuss in small groups barriers that exist for medical learners seeking accommodations and based on the cases and formulate potential solutions. Participants will then engage in facilitated discussion on how to improve the accommodations process at their local sites towards inclusive and supportive training environments.

Target Audience: Intended Audience: Medical Students, Residents, Junior Faculty, Senior Faculty Thematic Focus: Teaching/Education, Leadership/Administrative Development, Career Development

Target Audience: Upon completion of this session, participants will be able to: 1. Review key frameworks to support accessibility for learners in the medical work and learning environment; 2. Describe approaches to develop and implement an accommodation plan for a medical learner through an interactive case-based process; and 3. Discuss organizational approaches to address barriers that exist for medical learners seeking accommodations.

WE-3

78244

Fostering Transformative Learning Through Dialogue: Creating Safe Spaces that Support Discomfort

Lindsay Herzog University of Toronto, **Nirit Bernhard** University of Toronto, **Susanna Talarico** University of Toronto, **Victoria Boyd** University of Toronto, **Arno Kumagai** University of Toronto

Rationale/Background: In the current sociopolitical context, it is essential that medical education fosters critical reflection, allowing medical trainees to challenge their assumptions, develop new insights, and work toward social action. The related paradigms of transformative education and critical pedagogy are well-situated to support these outcomes in medical education 1,2. Transformative education allows for critical reflection through the challenging of assumptions, unveiling of issues of power underlying seemingly "natural" phenomena, such as poverty, inequality and oppression, and ultimately encouraging learners to address sources of injustice. One educational challenge to this approach lies in creating psychologically safe environments while supporting and sometimes creating the necessary discomfort to allow for transformation to occur. In this workshop, we will explore how the use of dialogical techniques3 where authority is shared, emotions and experiences are invited, and new perspectives emerge, can be used to foster critical reflection and transformation. The presenters of this workshop will bring their extensive experience in designing and running an undergraduate reflective practice course with over 1000 medical learners and 350 faculty where transformative learning is fostered through dialogue and reflection.

Instructional Methods: In this workshop, we will: • Provide a brief didactic introduction to the transformative paradigm of education and the underpinning theories • Demonstrate pedagogical techniques to engage participants and model dialogical interactions and reflection throughout the large group session • Guide participants in using dialogical techniques in small groups as they reflect (i.e., on their experience working and teaching through the pandemic and painful world events)

Target Audience: Medical educators and learners of all levels are welcome

Target Audience: By the end of this session participants will be able to: 1. Describe how transformative education and critical reflection can be applied to various curricula 2. Describe how to foster psychological safety while supporting discomfort, reflection, and transformation 3. Describe the difference between a discussion and a dialogue 4. Practice using dialogical techniques in small groups

WE-4

77908

Serious Games for Health Professionals Educators

Michael Cosimini Oregon Health and Science University, **Sarah Edwards** University Hospitals of Derby and Burton, **Mikaela Stiver** McGill, **Erika Francis** Shenandoah University, **Eric Gantwerker** Zucker School of Medicine at Hofstra/Northwell, **Teresa Chan** McMaster University, **Shaqil Peermohamed**, **Chase DiMarco** Capella University

Rationale/Background: Game elements applied to teaching (gamification) has been increasingly used in education. Many learners have been exposed to some degree of gamification such as the use of a Jeopardy! format to assess for understanding. Serious games differ from gamification by incorporating learning objectives into a game explicitly designed for a purpose other than entertainment. When well designed students learn from experimentation in a low stakes environment and modify their actions through an iterative process. This can be designed to target skills, knowledge or attitudes. Serious games require thoughtful application of game elements to match the educational goals. This workshop introduces participants to techniques used in serious games. We bring together a diverse group of educators who have implemented games mechanics from simple tabletop games to mobile applications. Participants should feel inspired to design and use games for teaching after this session.

Instructional Methods: Hands-on small group work punctuated by brief didactic presentations. Participants will select small groups depending on their interests (card games, board games, digital games). The first portion will have participants play existing games for HPE in order to have exposure to mechanics and simple serious games that can be applied to teaching. The second portion will have participants plan a design for a game for their own educational goal facilitated by an experienced game designer.

Target Audience: Educators looking to implement serious games in their educational practice

Target Audience: Explain the difference between gamification, and serious games. Describe how game elements function to serve educational goals through modifying behaviors and attitudes. Talk through drafting a serious game to meet an educational goal.

WE-5

78164

Technology Supported Consults (the Value of Seeking Help)

Sandra Monteiro McMaster University, **Matthew Sibbald** McMaster University

Rationale/Background: The goal of the workshop is to engage attendees in discussion about two popular proposals aimed at improving diagnosis. First, is the premise that if clinicians partner with technology, such as electronic diagnosis support systems, diagnosis will improve. Second is the premise that a modern day clinical consult, such as seeking input through social media from diverse and possibly anonymous clinicians, can improve diagnosis. An example of this is crowdsourcing for a differential. Understanding the cognitive and resource implications for these proposals is critical. The material presented will cover important facilitators and barriers to success to help decision makers invest appropriately to improve diagnosis in the future.

Instructional Methods: The workshop will be presented by 2 experts on diagnostic reasoning. We will define and share evidence of the effectiveness of popular strategies for improving diagnosis, namely partnering with technology and crowdsourcing for differentials. These strategies are not entirely novel, but have received more attention recently due to improvements in available technology. The first interactive part of the workshop will allow attendees to network and identify some common beliefs regarding the use of technology or crowdsourcing. The second interactive part of the workshop will introduce attendees to several scenarios to engage them in idea generation and critical evaluation of research evidence. Finally, we will conclude the workshop by summarizing key discussion points and proposing future directions for diagnostic medicine.

Target Audience: Educators, Researchers, Patients, Policy Makers/Advocates, Health Care Professionals

Target Audience: By the end of this workshop, participants will be able to: 1. describe dominant beliefs regarding technology enhanced diagnosis 2. evaluate current evidence on the value of electronic diagnostic support 3. evaluate current evidence on the value of crowdsourcing differentials

WE-6

77626

"Be Your Optimal Self. Skills to Survive and Thrive in Residency and Beyond."

Stephanie Smith University of Calgary, **Shane Arsenault** Memorial University of Newfoundland

Rationale/Background: Burnout and rates of depression are at crisis levels amongst resident physicians. Resident Doctors of Canada's 2020 National Resident Survey found that a majority of residents (51.6%) reported definitive symptoms of burnout ranging from physical and emotional exhaustion to feeling completely burned out and in need of help or change. In 2020, 17.5% of residents screened positive for depression, a proportion that is significantly higher than in 2018 (14.8%). Skills to help residents deal with the pressures of residency need to be taught proactively, not reactively once they have reached a crisis state. RDoC's Optimal-Self Workshop teaches residents practical, evidenced based skills to help mitigate stress and optimize performance. When residents are equipped with the skills they need to be their optimal selves, they perform at their best. This results in better patient outcomes and a more positive medical culture.

Instructional Methods: The Optimal-Self Workshop is a peer to peer interactive workshop delivered by specially trained RDoC resident trainers. Trainers teach the tools and techniques and create a safe space to lead the participants through interactive exercises designed to encourage sharing and skill development.

Target Audience: This workshop is intended for resident physicians of all specialties, with emphasis on engaging them in their earliest years. PGME staff will also benefit from learning strategies for supporting their resident learners.

Target Audience: Upon completion of the workshop, participants will be able to: Identify early signs of distress; Intervene early, using evidence-based skills to improve performance; and Recognize when support is needed and how to get help.

WE-7

77667

A Road Map to Involving Medical Educators in Post-Pandemic Fundraising

Alireza Jalali University of Ottawa, **Jacline Nyman** University of Ottawa

Rationale/Background: This is a time of economic, societal, and political challenges in higher education. Traditional funding models must change as governments decrease funding to hospitals and universities. There is an increasing need to diversify their business models, including exploring new revenue streams. In order to diversify their traditional revenue streams, universities are increasing their international student, residents and fellows recruitment efforts as well as seeking revenue-generating partnerships. They are expanding their research boundaries as global actors and agents of change. Interest in raising significant funds from private sources is stronger than ever, leading to the need for even more sophisticated fundraising approach, including virtual models learned during the COVID-19 pandemic as well as multi-party public-private partnerships. As such, medical educators must become agents of change and reflect on strategies to successfully implement fundraising programs in academic environments toward achieving total revenue generation targets resulting in maximum impact. This workshop aims to raise awareness about the role of clinician educators in revenue generation, and in particular, fundraising strategies used prior to and during the Pandemic. This workshop will feature strategies that anyone can use to ensure the successful application not only of traditional fundraising strategies in an academic environment but also with enhanced virtual modalities based on recent experiences.

Instructional Methods: This interactive bilingual workshop will include three parts: Part one: Fundraising experts will give short presentations on basic traditional and virtual fundraising principals in higher education and how these can be used and benefit medical educators. Part two: Attendees will be divided into small groups to work on real-life fundraising cases in Education, Research, and Clinical setting. The Fundraising experts will be circulating and facilitating the groups discussions. Part Three: Each group will present their Fundraising solution and ideas for general discussion.

Target Audience: Medical educators, clinicians, leaders, faculty administrators, students

Target Audience: Upon completion of this session, attendees will be able to: -Define the basics of fundraising -Define and practice the role of medical educators in forming relationships with potential donors and alumni using traditional and virtual engagement strategies.

Block F

WF-1

77805

Edi Includes Accessibility (Edia): Supporting Pgme Trainees with Disabilities

Catharine Munn McMaster University, **Jill Rudkowski** McMaster University, **Sarah Kinzie** McMaster University, **Nadine Abu-Ghazaleh** McMaster University

Rationale/Background: Self-identification and requests for academic/workplace accommodation by PGME trainees with disabilities are rising. Still, trainees with disabilities describe feeling "invisible" and struggling to find a sense of safety and belonging within medical education and medicine. They face barriers including "hidden curricula" and stigma when disclosing disability and navigating accommodations. Many accommodation processes lack clarity, transparency and confidentiality. Meeting the needs of medical trainees with disabilities requires meaningful engagement with them and other educational and health professionals, teamwork and smooth communication, and adoption of clear, actionable policies, processes, and strategies by programs and leaders, with an understanding of the clinical, educational, and regulatory contexts. Wellness and equity and inclusion efforts must address accessibility and disability issues. In this workshop we will highlight multiple perspectives and strategies as we consider accommodations and accessibility initiatives in PGME, with examples from recent experiences, and process/policy changes within our institution.

Instructional Methods: This interactive session, highlighting multiple perspectives including lived experience, will have participants engage in discussion and problem-solving using cases to illustrate common accommodation and accessibility issues.

Target Audience: Educators, administrators, and trainees interested in the PGME accommodations and accessibility issues

Target Audience: 1. Discuss potential benefits, challenges, dilemmas and pitfalls in better addressing the needs of trainees with disabilities in the PGME context 2. Apply frameworks to cases and dilemmas for discussion and problem-solving 3. Brainstorm actionable strategies to apply to the accommodation process and accessibility initiatives

WF-2

77974

Building Impact and Output of Faculty and Trainees in Regional Medical Campuses

Larry W. Chambers McMaster University, **Seddiq weera** McMaster University, **Amanda Bell** McMaster University

Rationale/Background: In CanMEDS, scholarly activity involves being: Engaged in continuous enhancement of professional activities through ongoing learning; teaching students, residents, the public, and other health care professionals; integrating available evidence into practice; and contributing to creation and dissemination of health knowledge and practices. Regional medical campuses (RMC) scholarly activity opportunities for learners and faculty should not be disadvantaged relative to Academic Health Sciences Campuses (AHSC). Schools need to develop resources and metrics to foster RMC scholarly activity such as learning skills in research and critical appraisal to comply with school accreditation standards and to develop these skills for their future careers. Medical students can increase their skills and support their residency applications by participating in projects at their home campus. 1,2,3 The workshop's purpose is to reflect on and build scholarly activity in RMCs as a pathway for RMCs to increase learner and faculty engagement and research productivity.

Instructional Methods: 1. 15-minute Plenary: outline workshop learning objectives and literature 2. 60-minute Small group interactive session including understanding the landscape of participants and biggest roadblocks to increased scholarly activity in their environments followed by problem solving to design strategies to overcome obstacles and commit to concrete next steps. 3. 15-minute Plenary: Small group reports and commitment to action

Target Audience: Faculty and trainees in regional medical campuses Leaders in academic health science centres and regional medical campuses

Target Audience: Improving faculty and trainee capacity through scholarly activities opportunities Leveraging expertise and funds Leading the structure of a program that tracks and supports ongoing work

WF-3

77611

Performance Mental Skills (Perms) in Medical Education

Victor Do University of Toronto, **Cheryl Goldstein** University of Alberta, **Roshan Abraham** University of Alberta

Rationale/Background: Between championship games, Olympic trials, code responses, and crucial conversations, high performance sports and residency training share many parallels. Which mental skills are needed for each circumstance? Performance mental skills (PerMS) refer to the cognitive and behavioural skills required to ensure the best mental and physical states prior to, during, and after tasks. These skills can include goal setting, imagery, positive self-talk, and reframing. Is there an opportunity for these skills to foster growth mindsets and help learners achieve their greatest potential and self-actualization, complementing the Competence-by-Design approach? Evidence to date for PerMS in medical education supports improved performance in technical skills and high stress situations. The gap is that medical education lacks a comprehensive curricular approach to developing these skills. Our workshop is designed to introduce educators to how PerMS can be integrated into medical education curriculum and why they are critical to strategically develop.

Instructional Methods: We will begin with a lecture on basic PerMS principles and how they can be applied to medical education from the literature and our experience. (15 min) Review an interactive case study that highlights how PerMS can be used to address a challenging scenario (30 min) Guided small group work to develop an approach/strategy/next steps to integrate these concepts into curriculum. (45 min)

Target Audience: Medical educators who are interested in learning how to integrate PerMS development into curriculum to empower learners to reach their best potential.

Target Audience: Understand how PerMS can be utilized by medical learners to reach their greatest potential. Explore the integration of PerMS into medical education curricula.

WF-4
77706
(De)biasing Osce Raters

Teresa Cavett University of Manitoba, **Brent Kvern** The College of Family Physicians of Canada, **Alan Ng,** University of Ottawa

Rationale/Background: Assessments in performance-based examinations like OSCEs straddle the tension between so-called objective / reductionist methods and integrated holistic approaches. Human assessors are essential as scoring rubrics and checklists only support expert opinion, rather than shape or replace it. Thus, expert human judgement is essential for a successful performance-based assessment. Modern educational theory postulates that subjectivity is innate to the process of assessment, adding the 'value' in evaluation. However, assessments may be unconsciously affected by judgement biases which may influence examiners' initial subjective judgements. Unlike unreliability, judgment biases cannot be simply counteracted by improving item sampling, rubrics, or checklists. Unaddressed judgment biases are a threat to assessment validity and the inferences made about candidates' ability levels during the OSCE assessment process. Although bias is naturally occurring and therefore cannot be avoided, assessors may be trained to recognise and consciously mitigate against the influence of biases in performance-based assessment.

Instructional Methods: This interactive workshop will engage participants through small-group work to: review video vignettes to identify common biases in assessment; develop strategies to raise awareness in examiners; and design practical approaches to mitigate the impact of examiner bias.

Target Audience: Performance-based examination designers, administrators, and assessors

Target Audience: Identify examiner biases common to assessment Appreciate the impact of bias on validity Develop methods of mitigating the impact of examiner bias on performance-based examination

WF-5
78302
Strive: Shifting From Surviving to Thriving and Leading with Purpose.

Stephanie Smith University of Calgary, **Franco Rizzuti** University of Calgary, **Santanna Hernandez** University of Calgary, **Alex Kennedy** University of Calgary, **Katy Wilfong-Pritchard** University of Calgary

Rationale/Background: The clinical environment presents a variety of stressful situations, leading to increased rates of burnout, depression and suicidal ideation among medical students, residents and physicians. Therefore, it is essential for us to develop strategies for recognizing and mitigating burnout. Additionally, we need to develop effective stress management tactics and practice them regularly, to ensure we perform, lead and collaborate effectively under stress. The STRIVE Workshop provides a tool kit of skills to navigate stressful situations and then consolidates learning through practical simulations (high fidelity, simulation trainers, actor lead and role playing scenarios) coupled with acute response debriefing. These skills ensure learners and clinicians develop confidence when performing in stressful events and promotes effective leadership and team work skills. This creates an environment that fosters not only surviving but thriving while leading with purpose and focus. Learn how to manage stress, apply skills to develop confidence as a clinician, leader and team member and shift performance from surviving to thriving while leading with purpose.

Instructional Methods: The STRIVE workshop is facilitated by learner and physician trainers that create a supportive and non judgment learning environment to expose participants to stress scenarios through a simulated experience. Multiple videos have been created to facilitate training during the pandemic and can be easily integrated into training programs. Scenarios include delivering bad news, EDI (racism and sexism), patient-staff conflict, staff-staff conflict, medical errors, leading a code, patient death, etc. Partipants learn resiliency skills, practice applying them throughout the simulation and debrief.

Target Audience: This workshop is intended for learners to physicians of all specialties and all allied health care professionals. Training has been provided to medical students, residents in Anesthesiology, Dermatology, Family Medicine (Rural and Urban), Internal Medicine and Radiology and to clinicians in Sundre and Halton.

Target Audience: 1. Apply stress management tactics to navigate personal stress response. 2. Lead teams with greater focus and improved communication through stressful events. 3. Understand responses of team members in stressful events. 4. Deliver effective debriefing session following stressful events.

WF-6

77700

Evidence and Innovation in Medical School Accreditation

Cynthia Whitehead University of Toronto, **Ahmed Rashid** University College of London, **Sean Tackett** Johns Hopkins Bayview Medical Center

Rationale/Background: International authorities promote accreditation of medical schools as integral to quality assurance and regulation strategies. The World Federation for Medical Education's (WFME's) Recognition Programme is expanding, formally recognizing a growing number of accrediting authorities that collectively have jurisdiction over hundreds of medical schools and thousands of medical students and faculty. Many affected stakeholders have little understanding of ways to be critical while participating in change.

Instructional Methods: We will assess participants' knowledge and assumptions related to accreditation. (5 min) Dr. Tackett will summarize the evidence related to medical school accreditation internationally, updating a scoping review (1). Dr. Rashid will overview the WFME Recognition Programme and summarize his analysis on the globalization of accreditation (2). (20 min) Participants will discuss implications of the expansion and standardization of medical school accreditation, their ideas for improving accreditation, and what evidence would be useful to generate. Small groups will report out to the large group. (20 min) Dr. Whitehead will describe her experience cooperating with Canada's national accrediting authority as a way to generate research evidence to inform accreditation processes (3). (10 min) Participants will discuss promising research questions and how the research might be accomplished. Small groups will report out to the large group. (20 min) In the final discussion we will seek to address unanswered questions about accreditation and discuss opportunities for innovation and scholarship to advance accreditation practices. (15 min)

Target Audience: Anyone involved in medical school education

Target Audience: By the end of the workshop, participants will be able to: - Describe international trends in medical school accreditation - Describe strengths and limitations of evidence related to medical school accreditation - List at least one way accreditation can be improved

WF-7

78241

Le Raisonnement Clinique Collaboratif en Contexte Interprofessionnel: Explorer Ses Mécanismes Et Soutenir Son Enseignement Grâce À L'approche Creats

Amélie Richard Université de Sherbrooke, **Emmanuelle Careau** Université Laval, **Mathieu Gagnon** Université de Sherbrooke, **Sébastien Yergeau** Centre de services scolaires des Navigateurs

Rationale/Background: L'apprentissage du raisonnement clinique pose de nombreux défis chez les étudiant.e.s, particulièrement formation interprofessionnelle (FIP) où il faut apprendre à combiner son raisonnement disciplinaire aux perspectives des autres. On en connaît par ailleurs peu sur les processus sous-jacents au raisonnement clinique collaboratif (RCC) en équipe. Or, le RCC devrait être intégré à la formation interprofessionnelle (FIP), dont le but est de former de futur.e.s professionnel.le.s prêts à collaborer et à répondre de façon cohérente aux besoins des patient.e.s. L'approche CREATS (Clinical Reasoning Explicitation And Thinking Skills) a été développée à l'Université Laval selon une méthodologie de design pédagogique. Implantée dans divers établissements au Québec, en Suisse et en Belgique, l'approche CREATS offre des outils innovants visant à répondre aux défis liés à l'apprentissage du RCC, tout en offrant des perspectives dans d'autres domaines de l'éducation médicale.

Instructional Methods: - Présentation magistrale - Exercices en grand groupe - Résolution d'une situation clinique en petits groupes - Retour en plénière - Discussion de l'approche et des perspectives - Support papier

Target Audience: Personnes enseignantes, chercheures, superviseures impliquées en pédagogie. Peut également intéresser les clinicien.ne.s et gestionnaires.

Target Audience: - Examiner les bases théoriques et empiriques de l'approche CREATS et ses retombées; - Expérimenter l'approche en contexte de résolution de cas clinique en collaboration; - Utiliser l'approche CREATS selon une posture d'enseignant.e; - Identifier les applications possibles de l'approche CREATS.

Block G

WG-1

77788

Blended and Hyflex Learning: Moving Towards A "Better" Normal

Heather MacNeill University of Toronto, **Heather Dow** Canadian Association of Physical Medicine & Rehabilitation (CAPM&R); Canadian Association of Pathologists-Association canadiennes des pathologistes (CAP-ACP); the Canadian Spinal Cord Injury Rehabilitation Association (CSCI-RA), Canadian Advances in Neuro, **James Kim** University of Calgary

Rationale/Background: This interactive workshop will review the current definitions and evidence of blended, hybrid and hyflex learning, exploring different models for multi-component medical education. It highlights moving beyond a technocentric approach to online learning using effective teaching principles, considering how issues such as engagement and inclusivity need to be reconsidered. This topic spans many of the conference themes- social accountability, diverse representation, safe learning spaces and an environmental forward approach to medicine.

Instructional Methods: This interactive workshop will incorporate, and model 4 technology enhanced learning exercises that can be used in online, face-to-face(F2F) or hyflex environments, to enhance learning outcomes. F2F delivery (and hyflex if allowed) will be combined with technology tools such as online polling/quizzing (Socrative), and online collaborative tools (Padlet and Jamboard) to enable feedback, social learning, interactivity and practice exercises. Other tools such as video will prompt reflection with an opportunity to discuss and collaborate on experiences, triumphs, and disappointments over teaching online in the pandemic. Ultimately, learners will use the PICRAT model to collaboratively reflect on how technology enhanced learning can help move medical education toward creative and transformative learning.

Target Audience: Medical Educators (UG, PG, and CPD levels), Program Administrators, Learners

Target Audience: By the end of this session, participants will: 1. Define the difference between online, blended, hybrid and hyflex learning, and state the evidence currently available for each 2. Discuss practical tips and learning frameworks for online environments 3. Analyze what features of online health professional education provision we wish to retain, what we want to discard (or go back to traditional methods) and what we are willing to rethink altogether

WG-2

77935

How to Create A 360 Video for Teaching High Pressured Clinical Situations

Gnananandan Janakan Royal Sussex County Hospital

Rationale/Background: Most clinical teaching is taught when the need and the situation arises. However some situations do not lend itself for this. Barriers to this would include: 1. Minimal exposure previous jobs by clinician 2. Highly pressurised situations (lethal pathology) so teaching is not appropriate. 3. Small working space around a patient limits patient contact to direct patient care only 4. Few high quality teaching resources available One example is a major trauma victims who presents in cardiac arrest. This is a rare situation, where every moment that passes reduces the survival rate. Many clinical staff are involved. Very few high quality resources exist at regional or national level in the UK. A high quality 360 video, can be used by multiple staff groups to view the scenario as a whole or focus on their role. The user can turn the viewing angle to anywhere in the room. These videos can be viewed on a computer or project, or for a more immersive view, using a dedicated 360 headset.

Instructional Methods: Step by step on how a 360 video is created. The two streams are the technical aspect of shooting and editing such a video and the other is how to create such a clinical scenario. A working example used for the session will be a medical cardiac arrest. In groups, teams can develop a script, story board as well as consider the equipment and personal list required to make such a video.

Target Audience: Clinical staff involved in teaching high pressure situations. These can arise anywhere where there are patients with life threatening pathology and/or limited time or resources to deal with it.

Target Audience: 1. Understand the steps to create a 360 video. 2. Appreciate that to use 360 video effectively, teaching styles and methods will need to be altered to accommodate it. 3. Be able to create a script and story board for a 360 video

WG-3

78048

Bridging Silos: Practical Strategies for Increasing Equity Reform Impact via Shifting From Institutional to Collective Equity

Chantal Phillips University of Toronto, **Farhan Mahmood** University of Ottawa, **Justin Lam** University of Toronto, **Amira Abdalla** Ohio State University, **Maisoon Yousif** Dalhousie University, **Claudine Henoud** University of Ottawa, **Tobi Olaiya** McMaster University, **Ike Okafor** University of Toronto, **Mark Hanson** University of Toronto

Rationale/Background: Although Canadian medical schools have focused on increasing equity and inclusion in their admissions processes and learning environments, barriers to inter-institutional collaboration limit reform outcomes. The Price of a Dream (POD) is an advocacy group of North American medical trainees, staff, and faculty focused on reducing financial barriers in the Canadian medical school application process.1 From 2020 to 2022, POD was funded by the Council of Ontario Faculties of Medicine to operationalise a pan-Canadian strategy for supporting medical school applicants from low socioeconomic status backgrounds through student-centred outreach and the implementation of an application fee waiver program. POD's work has been successful because it fostered cross-institutional and cross-hierarchical collaboration by advocating for a shift from institutional equity outcomes to collective equity outcomes focused at the provincial and national level. In this interactive workshop, participants will be encouraged to reflect on their own reform ideas and experiences with systemic barriers to reform in areas including but not limited to admissions, curriculum development, and mentorship. POD's experience with implementing a national medical school application fee waiver program will be a case study to describe collaboration styles and common barriers to intra-hierarchical and inter-institutional initiatives. Participants will brainstorm new strategies for shifting to a collective approach to equity through cross-institutional collaboration that would contribute to a more equitable and inclusive medical education system.

Instructional Methods: Structure of 90-minute workshop: 1. Introduction (10 minutes), 2. Small group activity identifying reform efforts (15 minutes) 3. Didactic session on collaboration styles, common barriers, and collective equity solutions based on POD's experience (15 minutes) 4. Interactive small group activities to brainstorm barriers and solutions through collaborative advocacy (30 minutes) 4. Large group discussion and reflections (15 minutes). 5. Summary and conclusions (5 minutes)

Target Audience: Faculty, staff, and medical trainees interested in improving the learning environment and culture of medical education by collaborating across hierarchies and with other institutions

Target Audience: Identify barriers to inclusive and impactful collaboration between institutions, faculties, and learners Generate practical strategies for shifting towards a collective equity approach Discuss how collaborative advocacy can shift the culture of medical education.

WG-4

78253

Patient Centered Modeling- Developing Better Class/simulation/clinical Integration

Peter Marotta Nasco Healthcare

Rationale/Background: Patient modeling/"patient scripts" of local populations are part of the traditional medical clinical experience but have not been effectively carried over to simulation which tends to model more abstract generic patient profiles across various allied health fields. Many instructors also struggle to make meaningful linkages between classroom knowledge, simlab skills and application with real patients in clinical space when clinical intelligence is applied. This is demonstration of a strategy to bridge this

Instructional Methods: Description of Content (1) Introduction of presenters and disclosures Time Frame (minutes)(1) 1 Learner Engagement Strategies (1) Lecture Format Description of Content (2) - Review of the pending NCLEX 2023 standard changes and the evolution of the Patient Centered model- a quick history. - Key elements of the Patient Centered Model, application with both recursion and linear models and use of peer to peer critiques. A quick moving overview of how the model is structured and applied across the domains of education: Didactic- Simlab and Clinical. For the purposes of this program, the focus will be on the simlab application as it relates to using different levels of technology. 2 Case studies that applied this model using a mix of equipment and technology will also be covered. Time Frame (minutes)(2) 5 Learner Engagement Strategies (2) Analyzing case studies, Lecture Format Description of Content (3) Samples of different levels of technology will be present to support the presentation and discussion of the technology level and an introduction to their strengths and weaknesses. Two working examples of the patient centered models will be used to support the activity. The first case example will be used to demonstrate how the model can be employed across each technology. The second case example will be used to demonstrates how to create greater depth by modifying and working with the patient by leveraging the different technology, while avoiding technology traps at the expense of time and educational outcomes. The equipment will be a mix of low-mid - fidelity traditional full body simulation, VR and AI. Participants will be encourage to get up and engage with the equipment during this part of the program that transitions from theory to application. Time Frame (minutes)(3) 10 Learner Engagement Strategies (3) Audience response, Return skill demonstration, Role play, Small group discussion, Assignments/testing/practice, Engaging learners in dialogue Description of Content (4) Working with a new set of example patient cases, small groups will be created to allow participants to take control and work through the model example cases using the different levels of technology and equipment. The groups will be rotated so that every participant gets some time with each of the 4 groups of equipment. Participants will be able to identify the model elements, discuss the use and application with the various technologies and be able to start the construction of modifiers to get greater depth in the simulation. When they return to the small groups they will be apply this system to their own simlab operations to use the most relevant aspects to help them move forward with their training

objectives. Time Frame (minutes)(4) 16 Learner Engagement Strategies (4) Audience response, Return skill demonstration, Role play, Small group discussion, Assignments/testing/practice, Engaging learners in dialogue, Lecture Format

Target Audience: Educators in allied health that interface with Simulation or address student clinical preparation.

Target Audience: 1- Participants will be able to understand and apply model concepts across a wide range of technologies. 2- Participants will be able to link curriculum and simulation outcomes. 3- Participants will be able link clinical "patient scripts" with simulation strategies to improve student integration to clinical.

WG-5

78121

Importance of Culture as Healing Towards Improving Indigenous Health Outcomes

Nicole Blackman Indigenous Primary Health Care Council, **Caroline Lidstone-Jones** Indigenous Primary Health Care Council

Rationale/Background: Much of health system delivery is through a Western lens, which does not always meet the needs of Indigenous peoples. Through a workshop format, there is an opportunity to proactively inform academic medicine learners the importance of cultural as healing and incorporating the Model of Wholisitic Health and Wellbeing in their practice right from the beginning. Sharing the impacts and the harm that colonization and current day anti-Indigenous racism in the health system holds for Indigenous health will spark their learning journey.

Instructional Methods: We strongly believe that learning is best achieved when attendees are active participants. Therefore, the instructional format of the workshop with be IPHCC sharing of history and current day experiences, followed by a time for reflection and discovery. Depending on the size of the group, this may include breakout into smaller groups to allow for more intimate discussions, as well as anonymous surveying through Menti-meter so everyone can feel comfortable and protected in participating. When discussing the Model of Wholistic Health and Wellbeing, attendees will lead the discussions on what incorporation could look like in the clinical world, exploring potential implementation strategies.

Target Audience: Medical learners, as well as academic leaders that may be interested in exploring implementing the learnings into academic curriculum as additional key ways of knowing.

Target Audience: By the end of the workshop, attendees will be able to... 1) Explain root causes for lower life expectancy and poor Indigenous health outcomes 2) Describe the Model of Wholisitc Health and Wellbeing and the importance of incorporating culture as healing into care delivery. 3) Discover potential opportunities to include traditional healing into care plans for Indigenous patients.

WG-6

78276

Exploring the Sea in Which We Swim: the Role of Psychological/educational Safety in Health Professions Education

Ingrid Price, University of British Columbia**, Heather Buckley,** University of British Columbia

Rationale/Background: Psychological/educational (P/E) safety has been identified as an important element to support student learning and growth. It allows learners to ask questions, experiment, and engage in the process of discovery. It also allows to students to learn from their mistakes in a way that builds confidence & resilience (not if but) when they make them. Indeed, many of us have been in teaching and learning contexts where "creating a safe space" has been either encouraged or identified as something we ought to be "doing" in our role as an instructor, preceptor, coach or tutor. However, it is not always clear what is meant by P/E safety nor how to create it. Further, how do we determine its importance in the learning context and can this vary between contexts? As well, what are the factors that influence whether or not P/E safety is achieved and achievable?

Instructional Methods: This workshop will be highly participatory. In order to achieve the learning objectives, participants will engage in small and large group dialogue as well as reflective application activities to explore the construct of psychological/educational safety within their own and other participants teaching contexts.

Target Audience: Educators in the health professions

Target Audience: In relation their teaching environments, by the end of this workshop, participants will be able to: • Consider the degree to which P/E safety may be impacting learning • Identify ways to further assess P/E safety • Identify the extent to which P/E safety can be achieved to support student learning • Consider practical strategies to increase P/E safety

WG-7
77381
A Creative Practice: Arts & Humanities Writing in Undergraduate Medical Education

Helen Chang University of Saskatchewan

Rationale/Background: Arts & Humanities is a growing area of interest in Medical Education. A variety of medical schools have created a variety of programs incorporating creative writing as a means of encouraging creativity, expression and wellness in students. At the University of Saskatchewan, College of Medicine, our Arts & Humanities writing program is in its 7th year. This workshop will be an opportunity for participants to take part in short creative writing exercises, both individually and as a group, and share their thoughts and ideas in the community of practice.

Instructional Methods: Zoom/online format; after a brief welcome/intro/overview, the remainder of the session will be participation in four independent and group creative writing exercises; participants will be placed in smaller breakout groups in order to encourage sharing of their work in a supportive and safe learning environment; end of session open discussion of ideas and benefits of a creative writing practice in medical education.

Target Audience: faculty/students interested in Arts and Humanities in Medical Education, or an interest in creative writing as a means to wellness

Target Audience: During this 90 minute session, learners will: 1. Create short written poems/prose pieces, working independently and in small groups; 2. Have the opportunity to share their work with peers in a supportive environment; 3. Reflect on the possible impact of a creative writing practice on wellness - for students, faculty, and the larger medical education community.

Block H

WH-1
78233
Tout Ce Que Vous Avez Toujours Voulu Savoir Sur La Formation Interprofessionnelle

Emmanuelle Careau Université Laval, **Amélie Richard** Université de Sherbrooke

Rationale/Background: La formation interprofessionnelle (FIP) est un mode de formation théorique et pratique qui vise à apprendre aux professionnels à travailler en collaboration interprofessionnelle. La collaboration interprofessionnelle (CIP) est le processus de développement et de maintien de relations de travail interprofessionnelles qui permet l'atteinte de résultats optimaux en matière de santé et de services sociaux. La formation interprofessionnelle est donc l'approche pédagogique favorisée dans les différents programmes de formation en santé et services sociaux pour bien préparer les intervenants actuels et futurs à collaborer entre eux afin de répondre de façon cohérente, coordonnée et complémentaire aux besoins des patients. En effet, elle favorise une meilleure connaissance des champs d'exercices des uns et des autres, elle encourage le développement d'un respect mutuel entre professions, elle permet d'éviter de créer des silos disciplinaires qui se transposeraient dans les milieux cliniques. La formation interprofessionnelle est d'ailleurs considérée comme un incontournable pour un système de santé et d'éducation socialement responsable.

Instructional Methods: Sous la forme d'une « masterclass », les participants et participantes assisteront à une présentation dynamique sur le sujet, puis ils seront encouragés à discuter de leurs propres enjeux en petit groupe pour ensuite les soumettre pour discussion aux experts invités. Un carnet didactique de ressources leur sera remis.

Target Audience: Toute personne impliquée dans la planification, l'implantation et l'évaluation d'initiatives de formation interprofessionnelle.

Target Audience: Les apprenants et apprenantes pourront : 1) faire état des développements et données probantes actuelles concernant la formation interprofessionnelle; 2) maîtriser le vocabulaire et concepts pertinents à la formation interprofessionnelle; 3) analyser les enjeux et défis de formation interprofessionnelle ; 3) appliquer des pistes de solution appropriées pour leur contexte.

WH-2

78193

Balint Groups: A Program Intervention to Foster Connectedness and Well-Being Among Physicians Across the Lifespan

Alexandra Manning Dalhousie University

Rationale/Background: Physician wellbeing is recognized as an important component of physicians' work. Research has shown that participating in a Balint Group is associated with decreased rates of burnout, increased rates of empathy enhanced sense of community among colleagues and sense of meaning in their work. Balint Groups are closed groups of physicians that meet regularly to discuss self-identified challenging cases. Groups are facilitated by leaders who guide participants through a process of examining perspectives the patient and doctor may bring to the presented scenario, and to consider relational factors impacting treatment. While their origin was established among general practitioners, they have increasingly become incorporated into medical school curricula as a systemic and individual intervention to promote physician wellness. From a training perspective, they have established themselves as an acceptable and feasible intervention. Through participating in the group, residents describe developing a sense of fellowship among peers, along with increased hope and self-efficacy in their work.

Instructional Methods: Didactic - overview of Balint groups, incorporating interactive features Balint Group - participants will participate in a Balint Group Small Group Debrief - components of the Balint Group, identifying the teachable moment Didactic - Balint facilitation skills, incorporating case-studies from resident experiences Balint Group - participants will participate and facilitate a Balint Group Small Group Debrief - facilitation skills Large Group Discussion - barriers and enablers to starting a Balint Group

Target Audience: This session is designed for medical trainees, physicians and academic leaders who have an interest in individually focused, organizationally driven interventions to support physician well-being.

Target Audience: At the end of this session, participants will: 1. describe the characteristics of a Balint Group 2. apply Balint facilitation skills through participating in a Balint Group 3. consider Balint Group as an intervention to support physician wellness 4. plan implementation of a Balint Group

WH-3

77816

Compassionately Accountable: A Demonstration of Arts-Integrated, Interactive Approaches

Erin Cameron Northern Ontario School of Medicine, **Roger Strasser** Northern Ontario School of Medicine, **Hoi Cheu** Laurentian University

Rationale/Background: From 2019 to 2022, four medical schools with social accountability mandates from across four uniquely different contexts (nationally from Australia, Canada and the USA) conducted a study to investigate people's perceptions of social accountability. The study (Stories and Art of Local Transformation in Health Education, or SALT-HE) used a multimodal arts-integrated methodology called "Parallaxic Praxis" (Sameshima 2019). "Care" and "compassion" emerged as critical concepts out of the qualitative data. Content analysis of the data and pedagogical discussions helped the team to realize that without compassion as the foundation, social accountability can run the risk of becoming an institutional or governmental check box for health professionals. In the follow-up interviews, participants of the study found that the arts integrated discussion was very effective in engaging visualization, conceptualization, and expression of ideas. In this workshop, participants will experience an arts integrated workshop and discuss ideas for integrating such an approach to support a socially accountable medical education fueled by compassion.

Instructional Methods: Introduction and instruction (10-15 minutes) Art Making (20 minutes) Sharing (20 minutes)

Target Audience: Health Professionals, Educators and Administrators

Target Audience: By the end of the workshop, participants will be able to (1) Present the integration of compassion training in their own setting to achieve social accountability; (2) Describe Arts-Integrated approach as a pedagogical tool for social accountability.

WH-4

78062

Transitioning to Clinical Learning - Simulating the Learner's Journey in Patient Care

Alice Tsui Western University, **Peng You** Western University, **Nicole Hugel** Western University, **Hema Gangam** Western University, **Murad Husein** Western University

Rationale/Background: Medical learners transitioning from pre-clinical to clinical learning have had prior simulated patient encounters to learn interviewing and physical exam skills. These encounters are not often in the context of what a clerkship student experiences during a patient's hospital stay. A multi-part communication simulation in a year 2 transition to clerkship course placed learners in scenarios typical of an inpatient journey. Students participated in simulated patient care for admission to hospital, care on the ward, and dealing with medical error. Scenarios provided practice at skills beyond the history and physical exam, such as patient handover, formulating a consultation question, and communication with members of the health care team. Assessment was formative.

Instructional Methods: We will give a brief overview of the Transition to Clerkship Communication Simulation session used at a Canadian medical school to demonstrate how a longitudinal, multi-part simulation can be used to practice communication skills. The participants will brainstorm the types of communication skills required for students in their own educational contexts. In small groups, participants will choose 2-3 skills, and design a multi-part simulation activity for these skills. Each group will present their simulation activities. Feedback will be provided via large group discussion.

Target Audience: Educators and students interested in simulation curriculum design, teaching communication skills, and improving transition to clerkship learning.

Target Audience: (1) Define communication skills that learners should practice during the transition to clerkship period. (2) Design an outline of simulation activities for learners to practice these skills. (3) Examine the logistics and resources required for implementation. (4) Model the simulation activity created.

WH-5

77779

Exercising Leadership: Moving From Detailed Analysis of the Context Toward Strategic Choices for Action

Annie Carrier Université de Sherbrooke, **Andrew Freeman** Université Laval

Rationale/Background: Physicians and other professionals are expected to exercise leadership in advancing a high-quality healthcare system (CanMEDs, 2015). These actions require professionals' competencies as change agents. These proficiencies include the abilities to analyze in detail the contexts in which change is desired and subsequently identify strategic responses.

Instructional Methods: The 2-part (P) workshop will use a 4-step (S) experiential learning approach (Kolb, 1984): 1) concrete experience in a small group (6 pers/group) using a case vignette (15 min); 2) individual reflection (5 min); 3) abstract conceptualization in the form of a large group lecture (10 min); and 4) active experimentation in a small group (15 min). P1 Context analysis (45 min) Participants will analyze the context of a case vignette (S1) and then individually reflect on their experience supported by two questions (S2). Facilitators will link the theory to participants' concrete experience and present the theoretical context analysis framework (S3). Participants will re-analyze the context of the case vignette using the framework (S4). P2 Strategic actions (45 min) Using the case vignette analysis of contexts, participants will determine strategic actions regarding partnership and communication (S1) and then individually reflect on their experience supported by two questions (S2). Facilitators will link the theory to participants' concrete experience and present principles for strategic partnership and communication (S3). Participants will re-determine strategic actions using the principles (S4).

Target Audience: 24 maximum 30

Target Audience: 1) explain the importance of the analysis-action continuum 2) apply a theoretical context analysis framework to their actions as change agents 3) use strategic actions with respect to partnership and communication

WH-6

78202

Teaching Generalism: 6cs to Demonstrate Generalist Expertise Across Disciplines

Maria Hubinette University of British Columbia, **Martina Kelly** University of Calgary, **Lyn Power** Memorial – University of Newfoundland, **Ann Lee** University of Alberta, **Nathalie Boudreault** Université Laval

Rationale/Background: Generalism is a philosophy of care, "distinguished by a commitment to the breadth of practice within each discipline and collaboration with the larger health care team in order to respond to patient and community needs."1 Increasingly generalist practice spans many disciplines including internal medicine, pediatrics, general surgery and psychiatry. Explicit attention to the praxis of generalism is rarely the focus of undergraduate or postgraduate curricula, meaning learners are often unclear about generalism really means in clinical practice. The purpose of this workshop is to provide a framework to make evident to learners how generalism is enacted in different generalist disciplines.

Instructional Methods: Start with a brief presentation on generalism, informed by literature (7 minutes). Participants will be invited to brainstorm keywords they associate with generalist practice (7 mins). We will then introduce 6 concepts of generalism2: context integration, complexity, continuity, collaboration, communication and comprehensive care (10 mins). Participants will work in small groups to identify how they would engage learners in each 'C' during a range of learning activities such as small group learning or clinical placements. (20mins). Each group will then feedback to the large group (20 mins) followed by large group discussion (10 minutes). After the workshop facilitators will synthesize ideas to develop a comprehensive map of teaching activities to make generalism more explicit during clinical learning. Slides and synthesis will be made available to participants following the workshop

Target Audience: Educators, clinicians and learners interested in teaching generalism

Target Audience: Formulate 6 concepts underpinning generalist expertise Integrate the 6C framework in teaching Make generalism explicit to learners

WH-7

77727

Blended (Hybrid) Learning: A New Portentous Modality of Teaching in Medical Education in the Era of Post Pandemic

Hatim Abderlrham, SIDRA medicine, **Magda Youssef,** SIDRA medicine, **Manasik Hassan,** Hamad Medical Corporation, **Ahmed Alhammadi,** SIDRA medicine, **Eman Al Maslamani,** SIDRA medicine

Rationale/Background: Teaching is the corner stone for the development of medical education with that requires different methods and wide variety of rang in education and delivering the information. New situation like pandemic might limit or change the way of teaching and education to the medical trainees in which new modality might take over old one however post pandemic education changed again to a new way of teaching and learning. Blended (hybrid) learning define as a combination of traditional face-to-face learning and asynchronous or synchronous e-learning, has been presented as a promising alternative approach for health education because it is characterized as synthesizing the advantages of both traditional learning and virtual e-learning. Still blended learning considered a new way of teaching in medical education especially in the busy clinical sitting

Instructional Methods: In this interactive workshop, participants will be engaged in several activities: (1) Interactive didactic introduction on the definition of blended (hybrid) learning and it is importance as alternative methods of education when it is needed (2) Engagement in discussions and reflections on video-clips of different approaches in how to implement the different types of blended (hybrid) learning. (3) In small groups, participants will identify barriers to implement blended (hybrid) learning especially in the busy clinical program (4) Sharing successful stories of implemented blended (hybrid) learning

Target Audience: The workshop welcomes all stakeholders in medical education, physicians, training program leaders and other educators interested in the medical education and teaching.

Target Audience: 1) Define the blended (hybrid) learning and highlight it is importance in medical education 2) Describe different strategies to implement blended (hybrid) learning 3) Identify benefits and challenges to apply it in the busy clinical work

Dedicated Poster Sessions

P1

78289

Examining Physician Wellness Competencies Across Specialties in Canadian Graduate Medical Training

Jonathan Gregory Western University, **Peri (Pei Rui) Ren** Western University

Background/Purpose: Amid calls to address burnout and diminished well-being in physicians and medical trainees, medication education has undergone reform, with a global shift to competency-based medical education (CBME). Wellness has been proposed as a core competency in residency. Basing professionalism assessments on observable behaviours, inherent to CBME, has been shown to be problematic without shared standards. Wellness, like professionalism, is challenging to deconstruct into observable behaviours and inherently context-specific. This project's purpose was to compare and contrast the wellness competencies outlined for each specialty by the Royal College of Physicians and Surgeons Canada (RCPSC).

Methods: For each RCPSC specialty and sub-specialty, the discipline-specific competencies and entrustable professional activity (EPA) guide were collated. Similarities and differences in competencies, EPAs, and milestones across disciplines were identified.

Results: Standardized wellness competencies have been integrated verbatim into the curriculum of many disciplines but some specialties have tailored and expanded the language. The degree to which competencies were reflected in EPAs and associated milestones also varied and the competencies were rarely represented prior to the transition to practice stage. Some instances of lack of clarity in the terminology imply that observing a resident's state of wellness can be used to assess their competence in wellness.

Discussion: The wellness-related RCPSC competencies differ among disciplines. The wellness-as-competency concept remains poorly defined and strategies to assess these competencies remain unclear. Absent clear definitions, learners' state of well-being may be assessed in lieu of the underlying observable abilities, which has the potential to perpetuate insensitivity to learner context and inequities.

P2

77327

Implementing A New Canadian Resident Matching Service Dossier Tool at the Department of Family Medicine at the University of Ottawa

Edward Seale University of Ottawa, **Sohil Rangwala** University of Ottawa, **Chandra Landry** University of Ottawa, **Kim Rozon** University of Ottawa

Background/Purpose: The Department of Family Medicine (DFM), University of Ottawa receives 850-1000 Canadian Resident Matching Service (CaRMS) applications each year. The DFM scores each dossier to determine which candidates receive an interview offer. The previous method for reviewing dossiers lacked interrater reliability. We created a standardized dossier review tool to achieve interrater reliability for 2022.

Methods: A national survey and literature review allowed the creation of a survey that focused on dossier evaluators' perceived important dossier elements. The results were assessed for themes. Themes were used to create a second survey that asked dossier evaluators to rank thematic elements using a Likert scale. Using the Delphi method each element with >70% ranking agreement was considered to reach consensus. These were used to create a draft review tool. This was piloted in 2021, parallel to the actual dossier reviews process. Elements with 70% reliability were used to create a final dossier review tool. This tool was implemented for all dossier reviews in the 2022 selection process. 50 dossiers were reviewed three times, each by three distinct reviewers. The process was evaluated with a separate survey to evaluators.

Results: Interrater reliability was established for 87% of the tool elements. Evaluators felt the tool was simple, focused, and reliable. This met our desired outcomes.

Discussion: The tool we created is reliable between evaluators. We will review the 2022 match data, to determine if the most appropriate candidates were selected. We will follow this cohort to determine possible outcomes such as lower rates of remediation or transfer requests.

P3

77549

Undergraduate Clinical Clerkships Impacted by Covid-19 Pandemic: Experiences of Incoming Residents at A Canadian Family Medicine Program

Merline Fonkwe Queen's University, **Brent Wolfrom** Queen's University, **Laura McDiarmid** Queen's University

Background/Purpose: Many medical school graduates during the COVID-19 pandemic have had disruptions in learning experiences with the imposition of lockdowns and social restrictions. This study reports on the clerkship experiences impacted by the COVID-19 pandemic, as voiced by incoming residents at the Department of Family Medicine of Queen's University.

Methods: We used secondary survey data collected in May before starting residency training, as part of the orientation packets sent to all incoming residents from the classes of 2022, 2023 and 2024 (n=262). Conceptual content analysis was used to obtain explicit terms in qualitative data from the open-ended question about training experiences missed out on in medical school during COVID-19 pandemic.

Results: 183 (60.8%) respondents were included in this study. Of these, 94.5% were from fifteen medical schools across Canada and 6.5% from eight medical schools in five other countries. Most respondents (63.9%) indicated they missed out on clinical learning opportunities during clerkships, core, selective and/or elective due to restrictions during COVID-19 pandemic, which negatively impacted their preparedness for residency. Clerkship specialties affected included, in order of frequency, medicine, pediatrics, obstetrics/gynecology, surgery, psychiatry, family medicine, palliative care, anesthesia, dermatology, ophthalmology, indigenous health and radiology.

Discussion: Incoming resident respondents from across Canada and elsewhere mentioned clerkship specialties for which their training experiences were affected by the COVID-19 pandemic when in medical school. Our findings provide insights that may help in transition planning to ensure adequate clinical exposure for affected resident cohorts, and preparedness for and respond to future pandemics or other unexpected impacts on medical education.

P4

77838

Prize or Purpose: How Do We Promote Diversity on Medical School Admission Websites?

Yebin Shin Western University, **Amrit Kirpalani** Western University, **Amanda Stojcevski** Western University, **Taylor Miller** Western University

Background/Purpose: Medical schools' admissions websites are often the first point of contact and the largest platform for medical schools to promote diversity to prospective students. Research from organizational structures supports the empowering effects of using instrumental values (IV) to promote diversity (emphasizing diversity as a core belief and means to achieve greater goals), rather than terminal values (TV) (emphasizing diversity itself as the end-goal). We characterized the use of IV and TV regarding diversity on Canadian medical school underrepresented minority (URM) admission pathway webpages.

Methods: Following a literature review, we created a codebook outlining characteristics of IV and TV. Next, two independent researchers deductively coded all URM application pathway websites from Canadian medical schools, and conducted a thematic analysis with a diverse research team. We used a chi-square test to compare the relative proportion of TV and IV in URM pathways.

Results: A total of 47 webpages were coded and use of TV predominated. Prominent themes were "Response," wherein diversity was promoted in response to policies or public accountability, and "Dominant Culture," wherein schools reinforce dominant culture while making diversity an "exception". The proportional use of TV was significantly more prominent in Indigenous pathways compared to Black student application pathways (76% vs 50%, $p = 0.0015$).

Discussion: Medical schools are predominantly promoting diversity as an end-goal rather than a core value. Schools may be overlooking key opportunities to promote diversity to potential applicants. Shifting the websites' focus from TV to IV represents a tangible change that may help foster inclusivity in medical school.

P5

77859

Exploring Faculty Attitudes and Knowledge Regarding Curriculum Implementation of Planetary Health at the Department of Family and Community Medicine (Dfcm), University of Toronto

KitShan Lee University of Toronto, **Elisabeth Abigail Ramdawar** University of Toronto, **Samantha Green** University of Toronto, **Rachel Adilman** University of Toronto, **Azzra Mangalji** University of Toronto

Background/Purpose: Climate change is the greatest threat to human health of this century1. Currently, no formal planetary health curriculum exists in postgraduate family medicine programs curriculum across Canada2. Moreover, as outlined by The College of Family Physician's Guides for Improvement of Family Medicine Training (GIFT)2, many learners have illuminated the need for planetary health curriculum development and have provided recommendations and a framework for implementation. The purpose of this study was to determine current faculty attitudes and knowledge to facilitate implementing this curriculum.

Methods: We purposively sampled 8-12 key postgraduate faculty informants who participated in one-on-one semi-structured video interviews from May - September 2022. A grounded theory approach was used to collect and analyze data.

Results: Preliminary findings suggest that overall, faculty perceive planetary health curriculum to be relevant to family medicine. However, some participants expressed concerns regarding the priority of planetary health in a saturated family medicine curriculum, professional boundaries, and difficulties in engaging in curriculum change. Moreover, overarching developing themes include curriculum development, implementation, attitudes, and barriers.

Discussion: As illuminated by the GIFT report, there is a need for planetary health to be implemented within the family medicine curriculum. Preliminary findings of our study provide insight into the various factors that may aid in curriculum implementation of planetary health within family medicine training. These include the development of 1) leads across all sites to facilitate education, 2) education modules centered in family medicine, and 3) faculty education regarding the health threats of climate change to improve faculty literacy and address knowledge gaps.

P6

76700

"The Feeling of Failure is Immense": A Qualitative Analysis of the Experiences of Unmatched Residency Applicants Using Reddit

Matthew Morrissette University of Alberta, **Anita Morrissette** University of Alberta

Background/Purpose: Each year, a significant number of residency applicants do not match to a post-graduate residency training position in Canada and the United States. There is a paucity of scholarly literature examining this common occurrence, which is surprising given that the experience of going "unmatched" has been associated with reports of stigma, financial distress, and even suicide. By better understanding the experiences of going unmatched, medical schools will be better equipped to design support systems for medical students who find themselves without a residency position.

Methods: This study examined the collective experiences of unmatched residency applicants using qualitative analysis of data gathered from the social media website Reddit. A total of 206 comments containing content about first-person experiences of going unmatched were gathered from Reddit. Thematic analysis was undertaken to identify themes and subthemes of these comments.

Results: This analysis revealed that experiences of unmatched residency applicants included perceptions of insufficient return for investments in medical education and concern about not matching with subsequent applications. Subthemes included uncertainty about the reasons for not matching, perceptions that the residency application process is unfair, a sense of failure, consideration of other careers, regret for pursuing medical school, and a desire to improve future applications, sometimes involving consideration of applying to residency programs of different medical specialties.

Discussion: Awareness of these shared experiences can be used by medical schools to further support applicants who do not successfully match to a residency training program. Further outcome-based research is needed to determine effective interventions for supporting unmatched applicants.

P7

78105

Professional Identity Development Throughout A Physician's Career: A Narrative Review

Sana Jawad University of Calgary, **Saud Sunba,** University of Calgary, **Kelly Shinkaruk,** University of Calgary

Background/Purpose: The team-based and collaborative nature of modern healthcare has led to professional and interprofessional identities becoming increasingly important in medical education. How these identities change over the course of one's career remains inadequately studied and understood.

Methods: Search criteria included studies that evaluated physicians' professional identity development longitudinally. Five databases (Medline via Ovid, Embase, Psych Info, CDSR, Central) identified 680 non-duplicate studies. Exclusion criteria were non-english studies, incompatible study design, non-longitudinal studies. Abstract and full-article review was completed. Publication year, study type (qualitative or quantitative), interview method, number of participants, stage in medical education, how long was follow-up and common themes were analyzed.

Results: Twenty-four studies were included. Most studies examined early career stages, such as the transition to residency or growth in early residency training, however several also explored identity after residency training, 19 studies (80%) were published in 2016 or later. We identified three broad themes that encompass the methods of identity formation: 1) emotionally-charged experiences, 2) social interactions, and 3) engaging in self-reflection and improvement programs.

Discussion: The recent rise in publications related to professional identity formation speaks to the rapidly-growing nature of this field. Emotionally charged experiences, such as memorable patient encounters and increased stress and responsibility during career transitions, may be a rite of passage for internalizing identity formation. It is also heavily influenced by institutional culture, including mentorship, interprofessional interactions, and self-reflective exercises. These results are relevant for physicians and medical trainees at all stages of their career.

P8

78239

Use of Cpd-Reaction to Assess Effectiveness of Continuing Professional Development Activities on Clinician's Behavioral Intention: A Systematic Review

Gloria Ayivi - Vinz Université Laval, **Felly Bakwa** Université Laval, **Lysa Bergeron** Université Laval, **Simon Décary** Université de Sherbrooke, **Lionel Adisso** Université Laval, **Hervé Zomahoun** Université Laval, **Sam Daniel** McGill, **Martin Tremblay** Fédération des Médecins Spécialistes du Québec (FMSQ), **Karine Plourde** VITAM - Centre de recherche en santé durable, **Sabrina Guay - Belanger** VITAM - Centre de recherche en santé durable, **France Légaré** Université Laval

Background/Purpose: Based on the Theory of Planned Behavior (TPB) and Triandis' theory, the CPD-REACTION questionnaire is an instrument developed for evaluating the impact of CPD activities on health professionals' clinical behavioral intentions. This research sought to review the use of the CPD-REACTION questionnaire to measure health professionals' intention to adopt a clinical behavior.

Methods: We conducted a systematic review. A literature search was performed on ten databases. We extracted characteristics of studies, CPD activities, CPD-REACTION adaptations, and scoring. We used the Mixed Methods Appraisal Tool to evaluate the methodological quality of studies. Drawing on the framework of the PRISMA, results are presented as a narrative synthesis with descriptive statistics.

Results: Fifty-two original studies were included. Thirty-one studies were in Canada. The original version of CPD-REACTION was used in 59.6% of studies and was administered pre- and post-intervention in 30.8% of the studies. Most studies targeted interprofessional groups of health professionals (59.6%). Studies reported Cronbach's alpha ranging from 0.62 to 0.91 for CPD-REACTION adapted version.

Discussion: The number of publications reporting the use of the CPD-REACTION has increased continuously since its development in 2014, but its use varies considerably across studies. The rapid adoption of CPD-REACTION across time, countries, and languages suggested that this instrument was addressing the needs of CPD developers. Impact We intended to provide a comprehensive review of the known use of the CPD-REACTION questionnaire, to provide CPD providers with best practices.

P9

78059

Integrating Principles of Equity, Diversity, and Inclusion (Edi) Into Case-Based Learning (Cbl) in Medical/health Science Education

Surabhi Sivaratnam McMaster University, **Stephanie Li** McMaster University, **Stephanie Li** McMaster University, **Ellissa Huang** McMaster University, **Sarah Klapman** McMaster University, **Lynaea Korol-Filbey** McMaster University, **Stephanie Marr** McMaster University, **Dana O'Brien** McMaster University, **Jessica Sadri-Gerrior** McMaster University, **Isabel Thomas** McMaster University, **Celine Vereecken-Smith** McMaster University, **Britt Voaklander** McMaster University, **Devon Wilton** McMaster University

Background/Purpose: Harmful representations of marginalized groups often permeate case-based learning (CBL) in medical/health science education through the ways in which demographics and identities are often presented in relation to disease conditions, which can translate to discriminatory healthcare practices. This review explores how equity, diversity, and inclusion (EDI) principles can be applied to enhance medical/health sciences CBL.

Methods: We searched Embase and MEDLINE for peer-reviewed, English-language articles published between 2000 to 2021 that offer EDI-based recommendations for enhancing medical/health sciences CBL. We also identified grey literature for medical/health sciences curricular recommendations regarding marginalized groups. Data were extracted and a thematic analysis was conducted employing Braun and Clarke's guidelines.

Results: Of the 947 unique database citations identified, 32 met our inclusion criteria. Thirty-five documents were included from the grey literature. Thematic analysis of the literature highlighted the following recommendations: (1) standardize inclusion of patient demographic data, (2) utilize strengths-based portrayals of patients with marginalized identities, (3) describe patients in ways that challenge stereotypes, (4) identify how social determinants of health (SDH) contribute to etiologies, (5) ensure community consultation, (6) provide educators training on EDI topics, (7) integrate self-reflection on implicit biases, and (8) implement an iterative process to evaluate/update cases.

Discussion: CBL in medical/health science education provides an important opportunity to highlight the diversity in our communities and teach SDH. However, case creation also involves a responsibility to avoid stereotypical portrayals that further stigmatize marginalized populations. This proposed framework is intended to help standardize and encourage the integration of EDI principles into medical/health science CBL.

P10

78141

Do Epas Provide Opportunity to Capture Social Pediatric Competencies? an Assessment of Feedback Provided to Pediatric Residents

Cindy Lin Western University, **Andrea Ens** Western University, **Jacqueline Ogilvie** Western University, **Breanna Chen** Western University, **Jill Sangha** London Health Sciences Centre

Background/Purpose: Social determinants of health account for 50% of health outcomes. Despite its importance, there is limited literature on the education and evaluation of social pediatric competencies. The aim of this project was to assess whether paediatric residents receive feedback on paediatric Entrustable Professional Activities (EPAs) related to social paediatrics.

Methods: The 32 paediatric EPAs outlined by the Royal College of Physicians and Surgeons of Canada were reviewed to determine opportunity to assess social paediatric competencies defined by our longitudinal social paediatric curriculum's objectives. Subsequently, thematic analysis of narrative feedback provided on EPAs for PGY1s over a 6-month period was completed to determine frequency and types of feedback.

Results: Twelve out of 16 social paediatric learning objectives had potential to be assessed via existing EPAs. Of the 603 EPAs triggered, 60% presented opportunity for feedback related to social paediatric competencies; however, only 10.5% had such feedback. Common feedback themes included providing patient centred communication and increasing awareness of community resources. The most common encounter type where social paediatric feedback was documented related to identifying and reporting suspected child maltreatment. Other situations included navigating gender health, language barriers and mental health.

Discussion: Existing EPAs provide an avenue for assessing many social paediatric objectives, yet most encounters do not comment on social paediatric competencies. Further exploration into the barriers to providing such feedback will help in the development of a multi-faceted approach to assessing resident's learning around social paediatrics.

P11

78273

How Can Medical Students Respond to Planetary Health Challenges?

Crystal Gong University of British Columbia, **Jenna Burke** University of British Columbia, **Cathy Kline** University of British Columbia, **Adrian Yee** University of British Columbia, **Angela Towle** University of British Columbia

Background/Purpose: Calls to action have been put forth to integrate planetary health in the medical education curriculum. The Medical Council of Canada has recently created the health and climate crisis learning objective, noting that "physicians must be able to recognize the effects of the climate crisis on human health and take action to mitigate both climate change itself and its health effects on the population, recognizing that many populations are disproportionately affected". The next generation of physicians must be equipped to diagnose and manage conditions that become more frequent as a result of climate change. The aim of this research is to explore perceptions of planetary health and propose how planetary health can be integrated within medical education.

Methods: Perspective gathering followed a qualitative research methodology via focus groups and one-on-one interviews. Participants included patients, caregivers, community members, students and educators (total: n=27 participants). All interview and focus group transcripts were analyzed qualitatively using an iterative, constant comparative method and thematic analysis.

Results: Major themes identified from conversations included ecological health promotion, sustainability, and planetary health as an interconnected determinant of health. Many participants identified Indigenous Knowledge as a significant planetary health topic recognizing the connections between humans, nature, and place. Themes that arose out of the conversations were mapped to create recommended learning objectives.

Discussion: Communities believe that planetary health is an essential topic future physicians should know. Developing community-driven medical education from a planetary health context will foster a generation of physicians who are environmentally-conscious, and enhance health provision.

P12

77887

La Cartographie 3d : Une Plus-Value Au Parcours De Professionnalisation

Manon Guay Université de Sherbrooke, **Audrey Clavet** Université de Sherbrooke, **Mathieu Labbé** Université de Sherbrooke, **François Michaud** Université de Sherbrooke

Background/Purpose: Considérant les contraintes liées à la COVID-19, MapIt a été intégré dans le cursus universitaire en ergothérapie pour soutenir l'apprentissage des notions en adaptation de l'environnement bâti. MapIt permet de cartographier, de visualiser et de mesurer virtuellement une ou plusieurs pièces du domicile d'une personne. Pour soutenir la décision au regard de sa pérennisation dans un parcours de professionnalisation, la plus-value de cette innovation pédagogique sur l'apprentissage doit être explorée. Cette étude mesure la satisfaction étudiante au regard de MapIt et de son apport dans leur parcours d'apprentissage.

Methods: En 2020 (n=4), 2022 (N=39) et 2021 (N=43), les personnes étudiantes ont utilisé MapIt durant des activités pédagogiques à l'université ou dans leur domicile, puis partagé leur perception avec le PSSUQ et durant des entrevues individuelles. Les résultats au PSSUQ (médianes/intervalles interquartiles) et l'analyse de contenu furent intégrés à partir du prisme du Profil de la pratique des ergothérapeutes au Canada.

Results: Les personnes étudiantes sont globalement satisfaites de MapIt, tant au regard de l'utilité de l'application que de la qualité de l'information et de l'interface (médianes: entre 5,5 et 6,0/7). Selon la perspective étudiante (201 extraits de verbatims/commentaires), MapIt est utile à leur apprentissage, permettant de mobiliser des ressources pour l'agir compétent dans l'ensemble des rôles de l'ergothérapeute.

Discussion: L'expérimentation piste vers des alternatives pour l'enseignement à distance, asynchrone et simulé, mais aussi pour planifier et mettre en œuvre des activités pédagogiques enrichies et authentiques, où l'environnement physique est considéré dans le raisonnement et l'intervention cliniques (par ex., ergothérapie, médecine, sciences infirmières).

P13

77997

Physician Behavioral Intention After Continuing Professional Development Courses: A Pre-Post Study with Six-Months Follow-Up

Lucas Gomes Souza Université Laval, **Felly Bakwa** Université Laval, **Amédé Gogovor** Université Laval, **Georgina Suélène Dofara** Centre de recherche en santé durable - VITAM, **Souleymane Gadio** Centre de recherche en santé durable - VITAM, **Martin Tremblay** Federation of Medical Specialists of Quebec, **Louis-Paul Rivest** Université Laval, **France Légaré** Université Laval, **Lucas Gomes Souza** Université Laval

Background/Purpose: Continuing professional development(CPD) translates new knowledge into behaviors. CPD providers are continually challenged to improve their courses to drive targeted behavior. This study evaluated the impact of CPD courses on physicians' intention to adopt targeted behavior, identified factors influencing physicians' intention and assessed adoption of the behavior six months later.

Methods: This pre-post study was guided by the Godin's integrated model of behavior change. Eligible participants had attended courses at a Federation of Medical Specialists of Quebec training day in 2019. Data were collected using CPD-REACTION questionnaire and a self-reported behavior change questionnaire six months after courses. The intention was evaluated using a likert scale that ranged between 1 and 7. We performed descriptive and bivariate analyses. Linear regression analyses were performed to identify factors influencing physicians' intention.

Results: A total of 205participants completed CPD-REACTION (response rate 93.1%). Mean intention scores among participants who completed CPD-REACTION before(n=158) and after(n=129) courses were 5.7(SD=1.5) and 6.4(SD=0.9). Differences of mean intention between participants who completed CPD-REACTION both before and after each course were ranging from -0.31(CI95%:-1.00 to -1.00;p=0.17) to 2.25(CI95%:2.00 to 2.50;p=0.37). After courses, moral norm(β=0.75;p<.0001), beliefs about capabilities(β=0.15; p=0.001) and beliefs about consequences(β=0.11;p=0.04) influenced physicians' intention to adopt a behavior(R2=0.82). Mean intention scores after courses was higher among physicians who self-reported behavior adoption(p=0.02).

Discussion: This study provided evidence that intention correlates with behavior. Future courses could consider factors influencing intention in order to have more effective courses. These results are intended to help CPD providers develop more effective activities to continuously improve their CPD program.

P14

78143

Resident as Teacher: an Exploration of Early Teacher Identity Formation in Residency Training

Kelsey Shannon University of Toronto, **Susanna Talarico** University of Toronto, **Tina Martimianakis** University of Toronto, **Allan Puran** University of Toronto

Background/Purpose: Resident physicians play a critical role in teaching medical students, peers, and patients, and will become the next generation of physician teachers. The CanMEDS framework recognizes that as Scholars, physicians' ability to act as an effective teacher is a key competency in order to contribute to the dissemination and creation of medical knowledge.

Methods: Semi-structured, one-on-one interviews were conducted with 15 core paediatric residents completing their residency training through the University of Toronto from June 2021- February 2022. Using the analytic construct of the hidden curriculum, authors analyzed the interview transcripts for common themes relating to enabling and constraining factors within the educational environment that impacted residents' development as teachers.

Results: Participants identified several key characteristics of the ideal physician teacher including someone who fosters a psychologically safe learning environment and provides tailored coaching. Participants identified the tension between hospital service needs and education as the primary barrier to resident teacher development. Participants acknowledged that their presumed position in the medical hierarchy, and perceived lack of medical expertise were also barriers to their development as teachers. Although participants identified significant intrinsic motivation for acting as a resident teacher, residents felt there was minimal extrinsic motivation to act in this role.

Discussion: The development of resident teacher identity is complex and could be further facilitated through fostering a psychologically safe learning environment, improved formal education on teaching strategies and approaches, increased support for clinical service responsibilities for trainees, and rewarding resident teaching as a form of scholarly activity.

P15

77798

Diagnostic Performance Bias is Attenuated in A Skin Tone-Balanced Dermatology Curriculum

Asma Amir Ali University of Calgary, **Jori Hardin** University of Calgary, **Ahmed Mourad** University of Calgary, **Janeve Desy** University of Calgary, **Mike Paget** University of Calgary, **Danya Traboulsi** University of Calgary, **Nicole Johnson** University of Calgary, **Laurie Parsons** University of Calgary, **Adrian Harvey** University of Calgary, **Sarah Weeks** University of Calgary, **Kevin McLaughlin** University of Calgary

Background/Purpose: Individuals with skin of colour (SoC) have delayed diagnoses and poorer outcomes when presenting with dermatologic conditions compared to individuals with light skin (LS). This study's objective was to determine if diagnostic performance bias can be mitigated by a skin-tone balanced medical school dermatology curriculum.

Methods: A prospective randomized intervention study occurred over two weeks with first-year students. In week 1, participants accessed dermatology podcasts and were randomly allocated to receive non-analytic training (NAT) - online patient "cards:" photograph of a skin condition followed by questions and feedback - on either SoC cases or LS cases. Next, participants received combined training (NAT and analytic training in the form of workshops) and were allocated to the other card deck (SoC or LS). Students completed a formative examination after each week. Mean diagnostic performance was compared within each group, and mean skin tone difference was compared before and after combined training.

Results: 92 students participated in the study. After week 1, both groups had lower diagnostic performance on SoC (p=0.0002, d=0.50 for students who trained on LS "cards" and p=0.002, d=0.48 for students who trained on SoC "cards"). There was a significant decrease in mean skin tone difference in both groups after week 2 (initial training on SoC: 5.8% (SD 12.2) pre, -1.4% (14.7) post, p=0.007; initial training on LS: 7.8% (15.4) pre, -4.0% (11.8%) post, p=0.0001).

Discussion: SoC performance biases of medical students diminished after combined training. Medical educators can design enhanced learning experiences with intentional increased exposure to SoC images to mitigate biases.

P16

78307

Reducing Exclusive Language and Imagery in Undergraduate Medical Education Lectures: A Pre/post-Intervention Policy Analysis

Caroline Peplinski University of Calgary, **Shaleeza Kaderali** University of Calgary, **Huneza Nadeem** University of Calgary, **Chunpeng Nie** University of Calgary, **Shannon Ruzycki** University of Calgary

Background/Purpose: Interventions to increase inclusion in medical institutions are urgently needed given evidence-based and anecdotal harmful impact of underrepresentation on patient outcomes, learners and faculty. Inclusive language is word-choice "free of bias and avoid(s) perpetuating prejudicial beliefs or demeaning attitudes". Exclusionary imagery includes pictures or clinical examples that inaccurately represent diversity in identities, abilities, and lived experiences. Solutions to reduce discrimination in medicine have included implicit bias training and educational interventions, the resulting impact of which have been conflicting and noncomprehensive. To address exclusionary language and imagery in the Cumming School of Medicine (CSM), we developed an Inclusive Language and Imagery Policy (ILIP) as a guide for CSM lecturers. We aim to evaluate the effectiveness of ILIP in reducing exclusionary language and images used by undergraduate medical education (UME) lecturers.

Methods: Pre/post-intervention study of non-random intervention and control groups to measure influence of an ILIP on prevalence and characteristics of exclusionary language and images used in (UME) lectures in two courses by two methods. 1) Prevalence of systematically collected "red flag" comments in end-of-course feedback by medical students. 2) ILIP violations measured by trained team members independently reviewing recorded lectures.

Results: Preliminary control data showed 18% (12) of lectures with exclusionary language or images, with 24 violations. Of these, language exclusions regarded patients with specific illnesses and image exclusions consisted mostly of race.

Discussion: Preliminary data collected prior to ILIP intervention confirms persistence of discriminatory language and imagery within UME. The study will compare changes over time after the implementation of our policy.

P17

77808

The Role of Faculty Mentors and Perceptions of Servant Leadership on Interprofessional Socialization Within Physical Therapy Education

Brad Willis University of Missouri

Background/Purpose: Identifying educational strategies promoting interprofessional socialization, the beliefs, behaviors, and attitudes underlying socialization toward interprofessional collaborative practice, is critical. Although faculty mentors influence students' socialization process and servant leadership is suggested to support collaborative care, investigations exploring these concepts in physical therapy (PT) education are limited. Consequently, this study examined 1) the relationship between students' perception of servant leadership by PT faculty mentors and interprofessional socialization and 2) if the presence of a faculty mentor was associated with differences in interprofessional socialization.

Methods: Guided by social learning theory, this cross-sectional survey study occurred at a single PT program (n=170, 94%). The Interprofessional Socialization and Valuing Scale (ISVS-21) and the Servant Leadership Measure (SL-7) were used to measure interprofessional socialization and perceptions of servant leadership by informal faculty mentors, respectfully. Multiple linear regression, in the presence of student demographic control variables, was used to obtain the semi-partial correlation between the SL-7 and ISVS-21 (n=114). Mann-Whitney U test was used to compare ISVS-21 scores of those with (n=117) and those without faculty mentors (n=53). Significance was accepted at $p<0.05$.

Results: The SL-7 was associated with a significant proportion of ISVS-21 scores ($R2= .17$, $p=0.01$) and the only significant contributor to ISVS-21 estimates ($\beta=.358$, $p<0.001$), with a significant and positive semi-partial correlation ($sr=.342$, $p<0.001$). Further, ISVS-21 scores were significantly increased for participants with a faculty mentor compared to those without ($p=0.03$).

Discussion: Findings underscore the value of faculty mentors and servant leadership to inform educational strategies and faculty development programs promoting interprofessional socialization and collaborative care.

P18

77950

Are Summative Written Assessments Congruent with Verbal Feedback Communicated to Paediatric Clerks?

Parnian Etedali-Zadeh Western University, **Robin Mackin** Western University, **Breanna A. Chen** Western University

Background/Purpose: Quality feedback is essential to competency-based medical education. For the feedback process to be valuable, perceptions related to accuracy and congruence of feedback delivered verbally and in writing needs to be assessed. Informal feedback from clerks at our local institution suggested that verbal feedback can be incongruent with written feedback documented on summative assessments during their Paediatric rotation. Incongruence between written and verbal feedback may be a factor impacting quality of feedback experience but is not well documented in literature. This project studies perceptions of congruence between verbal feedback and written assessments of paediatric CTU clerks.

Methods: Anonymous, voluntary surveys were distributed to 3rd year clerks at the end of both paediatric CTU weeks. Quantitative analysis and qualitative thematic analysis were performed. Research ethics board exemption was obtained.

Results: Preliminary results showed the majority of students felt verbal feedback was congruent with written assessments. However, 12.5% of respondents reported that written assessment did not align with what they discussed with their preceptor and that verbal feedback was most reflective of their performance. Data collection for 2022/2023 is ongoing.

Discussion: Preliminary survey results show that incongruence between verbal feedback and written summative assessment is present. Narrative responses highlight this as a significant student concern. The consequences of this incongruence on student academic progression or intrinsic motivation are not clearly known. This finding will inform quality improvement of existing assessment processes and improve a key component of competency-based education at Schulich. Further studies are needed to explore the factors contributing to perceived incongruence.

P19

78128

Is More Timely Feedback Better Quality Feedback? an Analysis of Local Entrustable Professional Activities

Kevin Puentes Rosas Western University, **David Cohen** Western University, **Amrit Kirpalani** Western University, **Robin Mackin** Western University, **Andrea Ens** Western University, **Marta Wilejto** Western University

Background/Purpose: Assessors of entrustable professional activities (EPAs) are expected to provide residents with high-quality feedback to promote learner growth, and timeliness has been cited as a cornerstone of quality feedback Using the validated Quality of Assessment in Learning (QuAL) tool, we evaluated the association between the quality of feedback given to residents and the timeliness of feedback completion in a paediatrics residency program.

Methods: Two researchers analyzed narrative feedback comments provided to pediatric residents at Western University using the QuAL score (0-5). Using Pearson correlations and a two-sample t-test, the QuAL scores were compared against the time interval between triggering and completion of the EPA by resident or faculty assessors (measured in days).

Results: A total of 650 comments were analyzed. The mean time for residents to complete EPAs was 4.30 days (+/- 5.8); the mean time for faculty staff was 4.47 days (+/- 6.7). The mean QuAL scores for feedback were similar for both groups [3.40/5 (95% CI 3.27-3.52) vs 3.55/5 (95% CI 3.38-3.72), p >0.05], respectively. Across groups, there was a statistically significant decrease in mean QuAL scores for feedback submitted before and after fourteen days [3.49 (95% CI 3.44-3.54) vs. 3.00 (95% CI 2.85-3.15), p=0.023].

Discussion: We demonstrate that the quality of narrative feedback provided to trainees significantly declines after 14 days. Under the premise that high-quality narrative feedback promotes learner growth, these results reinforce the importance of timeliness in providing feedback and raise questions about an 'expiry date' for a triggered EPA.

P20

77637

Understanding the Experiences of Physicians Undergoing Monitoring for Mental Health or Substance Use Concerns

Ashvent Malik Western University, **Javeed Sukhera** Hartford Institute of Living

Background/Purpose: Physicians in North America who disclose mental health or substance use concerns to licensure regulatory bodies may need to undergo assessment and monitoring for their condition through Physician Health Programs (PHPs). The goal of PHPs is to support physicians and to ensure public safety through oversight of a physician's fitness to practice; however, being involved in monitoring has the potential to create challenges for physicians who disclose concerns to regulatory bodies. In this study, the authors seek to understand the experiences of physicians who have undergone monitoring and to uncover barriers that they may face.

Methods: Using social media, the authors recruited physicians who have been monitored and PHP and regulatory body staff who are involved in monitoring. Participants were interviewed over Zoom and the resulting data was transcribed. Constructivist Grounded Theory methodology (CGT) was applied to the data to extract ideas and concepts to build theory. Data collection is to continue until sufficient data has been collected to enable a coherent understanding of the process under study.

Results: This study is ongoing and preliminary results (N = 6) suggest that while there are benefits to monitoring, physicians also experienced stigmatization with the monitoring process and feel it to be at times overly disciplinary, coercive, and rigid.

Discussion: The negative implications of being involved in a monitoring program are worrying as physicians experienced harm as a result of seeking help. Such experiences may dissuade other physicians and trainees from disclosing and possibly addressing their own mental health concerns out of fear.

P21

77861

Bringing Patients and Society Back Into the Social Accountability of A Medical School

Angela Towle University of British Columbia, **Kenneth Ong** University of British Columbia, **Lucy Wang** University of British Columbia, **Cathy Kline** University of British Columbia, **Kenneth Ong** University of British Columbia

Background/Purpose: 'Bringing Patients and Society back into the Social Accountability of a Medical School' is a research project that aims to co-create evidence-based guiding principles, models and processes for the authentic, ongoing and sustainable engagement of patients and the public in the mission, goals, curriculum and delivery of medical education.

Methods: We conducted eight 90-minute focus groups with patient /public participants between April and May 2022 over Zoom. Recordings of the focus groups were transcribed. Data were analysed and summarized into a report by two medical students and members of the research team.

Results: Of the 38 people attending the focus groups, 14 were individual patients and 24 were representatives of provincial or local organizations. 28 had been involved with the medical school or health professional education. Perspectives included: Indigenous, LGBTQ+, disabilities, mental health / substance use, complex health conditions and rural / remote. The most important guiding principles for engagement with the medical school were accountability (closing the loop), inclusion and reciprocity. Participants were interested in playing a variety of roles in medical education starting with, but not limited to, sharing their lived experiences with students. Participants provided many practical suggestions for supporting patient / public involvement, especially related to increasing diversity. Successful engagement was characterized as making a meaningful contribution, inclusivity, and feeling valued and respected.

Discussion: Recommendations from this study are intended to help UBC and other Canadian medical schools to engage directly with members of the public and patients to fulfil their mandate for social accountability.

P22

77862

Sustaining Faculty Engagement in the Toronto Addis Ababa Academic Collaboration in Family Medicine: Virtual Education Pivots.

Praseedha Janakiram University of Toronto, **Leila Makhani** University of Toronto, **Ramanan Aiyadurai** University of Toronto, **Joyce Nyhof-Young** University of Toronto, **Katherine Rouleau** University of Toronto, **Abbas Ghavam-Rassoul** University of Toronto, **Jamie Rodas** University of Toronto

Background/Purpose: TAAAC-FM is an international academic partnership between the Departments of Family Medicine at Addis Ababa University (AAU-FM) and the University of Toronto's Department of Family and Community Medicine (DFCM). Launched in 2013, supporting the first family medicine residency training program in Ethiopia, the DFCM supported in-person faculty teaching trips to AAU focused on program capacity-strengthening and education. COVID-19 necessitated a pivot to a new virtual curriculum, as requested by our Ethiopian colleagues, that actively served to sustain DFCM faculty engagement and linkages during the pandemic.

Methods: Methods: A sequential, mixed-methods approach was used to explore key enablers and challenges faced by DFCM faculty. Surveys and individual interviews with DFCM faculty and leadership were conducted. Transcripts/narrative survey responses were reviewed independently by two reviewers using constant, comparative, descriptive thematic analysis.

Results: Results: Of faculty instructors contacted, 8/9 completed the survey, and 6 were interviewed, along with three leadership team members (n = 9). Preliminary data indicates that 63% of teaching faculty found virtual teaching to be a rewarding experience. Emerging enablers for program development are identifying key individual skills/experiences, maintaining strong institutional supports and using transcultural, bidirectional learning rooted in equity and cultural humility to bolster faculty engagement. Emerging challenges discussed include individual and institutional barriers to engagement, communication/connectivity limitations, and the value of virtual teaching.

Discussion: Conclusions: Findings will enhance recruitment and retention of DFCM faculty in global health partnerships such as TAAAC-FM. Lessons learned could inform other global health programs on best practices around faculty involvement in collaborative virtual teaching models.

P23

78168

Back to Basics: Application of Kern's 6-Step Approach in the Development of an Academic Half-Day (Ahd) Curriculum for Developmental Pediatrics Subspecialty Residents

Jessica Suchorab University of Alberta, **Lyn Sonnenberg** University of Alberta, **Allison Lamond** University of Alberta

Background/Purpose: Formal medical-expert education in the Developmental Pediatrics Subspecialty Residency Program at the University of Alberta is provided through weekly academic half-days (AHD) for subspecialty residents. Previous AHDs were variable in content with no guiding curriculum to ensure all Royal College of Physicians and Surgeons of Canada (RCPSC) Objectives of Training in Developmental Pediatrics were taught. Previous learners reported that these objectives were consistently met and contributed to decrease licensing exam and practice preparedness. The purpose of this project was to develop and implement a comprehensive two-year rotating curriculum.

Methods: Kern's 6-step approach to curriculum development was used to inform creation. This involved reviewing the literature, recent AHD content, and RCPSC Objectives of Training. A needs assessment was conducted through dialogue with previous and current learners, program directors, and faculty. A preliminary list of topics and objectives, followed by a curriculum map, was developed. Information gathered directed plans for implementation and future evaluation of the curriculum.

Results: This project resulted in the development and implementation of a standardized curriculum in Developmental Pediatrics delivered over two-years of subspecialty training.

Discussion: While it is tempting for educators to be drawn to novelty, this back-to-basics curriculum has the opportunity to ensure comprehensive educational content delivery of the RCPSC Objectives of Training. Furthermore, this curriculum has the potential to prepare learners for their licensing examination and future careers in Developmental Pediatrics. During the implementation process, the curriculum will undergo formal evaluation and revision. In future iterations, there may be potential for expansion to include additional programs across Canada.

P24

77600

Supporting Faculty in Their Journey to Promotion: A Flipped Classroom Approach

William McCauley Western University, **Andrea Lum** Western University, **Laura Foxcroft** Western University, **Bertha Garcia** Western University, **Cindy Hutnik** Western University, **Leslie McAdam** Western University, **Larissa Husarewych** Western University

Background/Purpose: The Schulich School of Medicine & Dentistry requires all clinical faculty to be promoted to Associate Professor no later than 7 years after their appointment at the Assistant Professor level. Preparing for promotion can be a stressful time for busy faculty members. We have developed workshops to assist clinical faculty members in preparing for promotion using a flipped classroom approach.

Methods: In-person workshops to promote promotion at Schulich have been available for years. The pandemic prevented in-person gatherings, requiring an online approach. Online learning materials were developed and uploaded such that the materials could be accessed asynchronously. The materials were presented in several formats including digital documentation, narrated PowerPoint presentations and video interviews. Topics covered included: the promotions process, developing a professional curriculum vitae, creating a teaching portfolio, writing a teaching philosophy, and faculty mentorship. Participants were required to complete online materials in advance of the virtual workshop. The workshop format is wholly question and answer, with multiple facilitators being present with a variety of expertise on the topics covered. Participants asked questions related to their personal challenges.

Results: Workshops have been fully booked and well-attended. Participants from various Departments and from a wide spectrum of career experience attended. Participant engagement during the workshops was very high and evaluations have scored highly for every workshop to date.

Discussion: We have found that the flipped classroom approach fosters self-directed learning and relevant, engaged discussion at virtual workshops. Access to asynchronous learning materials may allow for richer discussion during group sessions.

P25

76529

Precepting Postgraduate Medical Trainees in Virtual Healthcare Settings: A Scoping Review

Rachelle Lee-Krueger University of Ottawa, **Katherine Moreau** University of Ottawa, **Carsten Krueger** University of Ottawa, **Lindsey Sikora** University of Ottawa, **Douglas Archibald** University of Ottawa

Background/Purpose: Physicians are required to deliver high-quality virtual care. As the demand for virtual care in medicine increases, educators require effective instructional methods for training new physicians in these contexts. We examined the literature to understand our current conceptualizations of clinical preceptorship in virtual healthcare settings.

Methods: We performed a scoping review following the Arksey and O'Malley methodological framework. We identified peer-reviewed articles describing the interactions of preceptors with postgraduate medical trainees. Details about article demographics, research method, target population, training context, precepting experiences, and study limitations were examined.

Results: Twenty-four articles addressed preceptorships at the postgraduate medical training level and various medical specialties. We characterize virtual preceptorships by the workplace setting, preceptor characteristics and functions, precepting interactions, degree of involvement, attitudes towards precepting, and training outcomes. Future research areas include exploring solutions to strengthen preceptor-trainee relationships, evaluating short-term impacts of clinical preceptorships, and delineating preceptor roles in virtual healthcare settings.

Discussion: Our review informs the current conceptualization of preceptorship in supporting postgraduate medical trainees through telehealth training. We recognize adaptative uses and gaps in how clinical preceptorship is currently practiced in virtual healthcare settings. Efforts to reinforce goal-oriented preceptorships for developing virtual care competency are highly advised.

P26

76530

Precepting Family Medicine Trainees in Virtual Care: an Exploratory Sequential Mixed Methods Study

Rachelle Lee-Krueger University of Ottawa, **Douglas Archibald** University of Ottawa, **Marie-Hélène He** University of Ottawa, **Katherine Moreau** University of Ottawa

Background/Purpose: Healthcare systems worldwide embraced virtual care during the COVID-19 pandemic. As the pioneer of telemedicine, Canada has laid the foundations for a remote healthcare revolution on Earth and in Space. Despite this historic connection, the practice of clinical precepting in virtual healthcare contexts remains understudied. We aimed to explore the experiences of precepting family medicine residents in virtual healthcare settings.

Methods: We conducted a three-phase, sequential, exploratory mixed methods study. Phase I comprised of a scoping literature review on the conceptualization of preceptorship in virtual healthcare settings. Review findings guided our administration of a one-time online survey to clinical preceptors of family medicine residents (n=45). To elucidate their experiences, we interviewed 13 preceptors to build a thematic framework about precepting in virtual care (Phase III). We analyzed survey data using SPSS and interview data following reflexive thematic analysis.

Results: Clinical preceptors reported the nature of their interactions with residents in virtual healthcare settings (e.g., clinical tasks engaged, impacts of the virtual workplace). We described the dynamics of clinical precepting in virtual care contexts according to six key themes: precepting as patchwork, steering away from transactional care, configurations discourage direct supervision, struggling to gauge progress, and centering feedback around clinical story.

Discussion: This article discusses the perceived roles and challenges with precepting family medicine residents in virtual healthcare settings, as well as summarizing the pertinent limitations and implications of this research on postgraduate telemedicine training initiatives.

P27

77741

Development of an Undergraduate Medical Education Professionalism Remediation Module

Eric St-Amand University of Ottawa, **Anna Byszewski** University of Ottawa

Background/Purpose: Professionalism is a foundational component of medical education and core value in the Undergraduate Medical Education (UGME) program at the University of Ottawa. Occasionally, a student may demonstrate a lapse in professionalism for which remediation is warranted. Reflection is a key component of Professional Identity Formation (PIF), as it allows students to develop insight into their past behaviour and how others may perceive it. The purpose of this project was to create an online remediation module, intended as a supplementary tool for reflection to support the process of PIF in medical students who exhibit a professionalism lapse.

Methods: Common professionalism lapse themes were identified based upon a review of documented professionalism lapses within the Faculty of Medicine UGME office, input from UGME Program content experts, and a review of the literature. Ten case-based animated video scenarios were created.

Results: Ten common themes of professionalism lapses were identified. The animated scenario format allowed the utilization of several evidence-based learning elements including open-ended questions prompting reflective responses and case-specific feedback. Completion of the module also requires a reflective essay submitted to the faculty member responsible for the student's remediation, with further opportunity for discussion.

Discussion: Reflection is a key learning element in remediation of behavioural lapses. An online animated video format permitted a multi-targeted approach to provide insight, reflection, and feedback for ten common themes of professionalism lapses in UGME. Future studies may aim to validate the use of these modules and to provide a framework by which remediation success over time may be evaluated.

P28

78087

A Collaborative Student-Led Systematic Review Initiative to Foster Research Skills

Katherine Goren Western University, **Sam Cen** Western University, **Vanessa Montemurri** Western University, **Dirusha Moodley** Western University, **Arielle Sutton** Western University, **Farah Abdulsatar** Western University, **Robin Mackin** Western University, **Emily Marcotte** Western University, **Amrit Kirpalani** Western University

Background/Purpose: Incorporating research methods training into medical education improves students' critical thinking skills and attitudes towards research, however, outcomes on research skills are lacking. Medical students who participated in a student-led systematic review were surveyed to evaluate if a collaborative research project was an effective method of delivering research methods education.

Methods: 22 senior medical students who participated in the review were eligible. Students' perceived research knowledge and understanding was evaluated retrospectively using the adapted Systematic Review Competencies Framework. Gains in adaptive expertise were measured using the validated Adaptive Expertise Inventory. Data related to motivating factors, benefits, and challenges was also collected.

Results: 14 students completed the survey (64%). All had prior research experience. There was a clinically significant improvement in systematic review competencies before and after participation in the review (33.29 vs. 62.07, $p < .001$). Students' overall adaptive expertise was 3.81 (SD = 0.68), spanning domain skills 4.04 (SD = 0.79) and innovative skills 4.1 (SD = 0.69). Motivating factors and benefits to participation included gain of research experience and skills (93%, 100%) and CV enhancement (93%, 79%), respectively. Challenges included lack of knowledge of research tasks (43%) and poor communication between team members (36%).

Discussion: Collaborative student-led research projects are a promising approach to delivering research methods education to medical students. This study may serve as a preliminary model for future research methods initiatives to be adopted in medical education on a national scale.

P29

77716

Analyzing Learning in A Cpd Program Through A Canmeds Lens: A Qualitative Approach

Clare Cook Northern Ontario School of Medicine, **Kristen Shaw** Northern Ontario School of Medicine

Background/Purpose: The CanMEDS framework encapsulates the interconnected roles that physicians have in providing effective patient-centered care. In CPD, planning committees identify key CanMEDs roles being addressed by an educational program, using learning objectives as a guide. The challenge is to evaluate whether the educational program successfully addressed these roles, as participants are not consistent in identifying roles. We explore how qualitative analysis of program evaluation data can illuminate CanMEDS competencies addressed within a learning session: Can qualitative analysis provide insight into learning through a CanMEDS lens? Can this analysis be linked back to learning objectives? What are benefits or drawbacks of this approach?

Methods: We conducted a secondary analysis of qualitative program evaluation data from six 1-hour sessions of a leadership development conference. The authors inductively thematically analyzed 468 statements generated by two open-ended questions about participant learning. Using key and enabling competencies, each theme was mapped to a primary (and sometimes secondary) CanMEDS role.

Results: Five to eight themes were identified for each session. These were mapped onto 2-4 distinct CanMEDS roles: Leader, Professional, Collaborator, and Scholar. While themes were often unique to a specific session and reflected session specific learning objectives, the competencies and roles were consistent across sessions and aligned with the roles identified by the planning committee.

Discussion: This approach helps tie participants' reported learning to learning objectives and key CanMEDS roles identified by the planning committee. It allows for analysis of CanMEDS learning that does not rely on participant identification of themes, resulting in more consistent and reliable analysis.

P30

77952

Can Community Placements Influence Decision Making in Medical Schools? Exploring the Community Triad Model to Action Social Accountability in Medical Schools

Harini Aiyer University of Saskatchewan, **Robert Woollard** University of British Columbia, **Erin Walling** University of Saskatchewan, **Lisa Yeo** University of Calgary, **Éric Lachance** Université de Sherbrooke

Background/Purpose: Our poster will summarize a third article in a series exploring drivers of social accountability (SA) in medical schools across Canada. The findings from the first two articles in this series lead to the emergence of a new social accountability model- the Community Triad Model (CTM). The CTM proposes the interconnectedness between community, students, faculty and the broader institution, and the pathways through with community-based placements directly and indirectly influence decision-making in medical institutions. Strengthening these relationships involve rebalancing power between the community and medical institution, as well as between students and faculty.

Methods: The third phase of this study initially began by exploring the relationship between the three arms of the community triad by examining the literature on community placements and SA, revisiting popular models in SA, as well as inspecting foundational SA reports for expectations around authentic community engagement.

Results: While there is an abundance of literature demonstrating the impact of community placements on students, there are limited studies describing the influence of communities on faculty and the broader institution either directly, or indirectly via students. This study proposes to address the above gaps through surveys and semi-structured focus group discussions with international student groups.

Discussion: This study offers an operational model of SA that is easy to adopt and implement and can demonstrate how the components of the triad (students, faculty/leadership, community) function together in the community engagement and social accountability of medical schools.

P31

78044

Analysis of Novel Mechanisms for Reporting Learner Mistreatment at Max Rady College of Medicine

Christen Rachul University of Manitoba, **Jesse Garber** University of Manitoba, **Joanne Hamilton** University of Manitoba, **Nancy Porhownik** University of Manitoba, **Anitra Squires** University of Manitoba, **Jackie Gruber** British Columbia Institute of Technology, **Eric Jacobsohn** University of Manitoba

Background/Purpose: Learner mistreatment is pervasive in medicine and affects learners and patients. To address learner mistreatment, the Max Rady College of Medicine at the University of Manitoba implemented two reporting mechanisms that include a section on End of Rotation evaluation surveys (EoRE) and a Speak Up button (SUB) on the college's website. The purpose of our study was to gain insight into how mistreatment is reported using these mechanism.

Methods: We conducted a qualitative directed content analysis of the incident reports submitted using the SUB or EoRE until December 2021. We recorded the metadata for each report and used a modified version of the Healthcare Complaints Analysis Tool (HCAT) to code the narrative descriptions of the reported incident. We used SPSS v.27 to analyze the coded data using descriptive statistics and the Chi-square test.

Results: We collected 330 reports including 90 from EoRE and 240 from SUB. Over 80% (n=73, 81.1%) of EoRE reports referenced learner mistreatment, yet just over 50% (n=133) of SUB reports referenced learner mistreatment, while almost a quarter (n=59, 24.6%) of SUB reports referenced a problem or issue other than mistreatment. The most frequently reported incidents involved issues of incivility/unprofessionalism (n=175, 53.0%), quality of teaching (n=125, 37.9%), and/or harassment/abuse (n=121, 36.7%).

Discussion: The types of problems reported using EoRE and SUB suggests that work needs to be done on developing an understanding of what constitutes mistreatment and further refinement of the processes for reporting different types of problems. These findings can help us develop more effective, targeted educational interventions.

P32

77402

Evaluating the Effectiveness of Video-Assisted Informed Consent in Surgery: A Systematic Review

Apoorva Bhandari Queen's University, **Peter Gariscsak** Queen's University, **Laryssa Kemp** Queen's University, **Faizal Haji** Queen's University

Background/Purpose: Here we review the impact of video-assisted informed consent (VAIC) on patient knowledge and experience, compared to traditional informed consent (IC), for surgical interventions.

Methods: MEDLINE, EMBASE, CINAHL, EBM Reviews, and Google Scholar were searched for peer-reviewed studies published until May 21, 2022, that: (i) were full-text randomized or non-randomized controlled trials, and (ii) evaluated the effect of VAIC, compared to standard IC, on patient comprehension, recall and/or anxiety for surgical procedures.

Results: Thirty-six studies were included, comprising a total of 3483 patients. Twenty-four studies (82.8%) demonstrated significant improvement in patient comprehension and three in recall (75%) with the implementation of the video-adjunct. Patient anxiety was evaluated in 16 studies, three of which saw a significant improvement using VAIC. Overall satisfaction improved with the use of VAIC in 24 (96.0%) studies; however, this difference only reached significance in nine (36.0%) studies. VAIC decreased consultation length compared to standard IC.

Discussion: Notwithstanding substantial heterogeneity between studies, most reported an improvement in patient knowledge, patient satisfaction, and clinical efficiency with VAIC. The paucity of data on the feasibility of developing video-adjuncts and their acceptability to clinicians and patients, makes it difficult to identify and subsequently address potential implementation barriers. Notably, most VAICs did not adequately address all four tenets of IC: procedure knowledge, risks, benefits, and alternatives; procedure knowledge and risks were the most consistently communicated. Further well-designed studies are required to develop a standardized framework for the development and validation of VAIC tools to optimize the IC process.

P33

77534

Resolves: A Supportive System for Addressing Lapses in Professional Behaviour

WIlliam McCauley Western University, **Andrea Lum** Western University, **Laura Foxcroft** Western University

Background/Purpose: Lapses in professional behaviour can occur for many reasons. We present a model to address lapses in behaviour that takes a supportive approach.

Methods: The RESOLVES (REach out, SOlutions, Launch, VErify, and Support) Model was developed at the Schulich School of Medicine and Dentistry. It was developed based on a proposed model of physician remediation by Hauer et al from 2009. The model recognizes that all clinicians have occasional lapses in professional behaviour. When lapses become frequent or more significant, there are usually underlying reasons for the behaviour. Implementation of the model is completed in a non-threatening manner by a trusted individual who has no position of authority. The model involves a thorough exploration of what transpired and why, with input from all parties (Reach out). Personal, environmental, and contextual factors are explored. A plan for approaching the issue(s) is developed and agreed upon with all parties (Solutions). The plan is implemented (Launch) and satisfactory completion is confirmed (Verify). Crucial to the success of the model is the provision of genuine support to all parties (Support).

Results: The model has been used to address professionalism lapses among Clinical Faculty members at Schulich since 2020. Although numbers are too small to generate discussion about the effectiveness of the model, direct feedback from participants has been highly positive.

Discussion: We believe that a non-threatening, supportive approach to addressing lapses in professional behaviour can provide a meaningful experience to all parties that will lead to a decrease in the frequency of lapses in the future.

P34

77571

Learners in Academic Difficulty in Postgraduate Medical Education (Pgme): Barriers and Opportunities

Aliya Kassam University of Calgary, **Aleksandra Mineyko** University of Calgary

Background/Purpose: Remediation provides learners with supports to augment training. Higher stakes for the learner and significant time commitment for the Program Directors (PDs) and Teaching Faculty (TF), require identification of barriers to successfully supporting learners in difficulty (LID). This study surveyed PD, TF, and Resident perceptions of barriers to Remediation as one phase of a mixed methods study.

Methods: In 2020/2021 we conducted a cross sectional study using surveys from PDs, TFs, and Residents at the University of Calgary Cumming School of Medicine. Questions focused on knowledge, skills, and attitudes towards Remediation. Data was analysed using descriptive statistics.

Results: 30/78 (38%) PDs, 162/6000 (3%) of TFs, and 60/825 (7%) of Residents responded. 26% of PDs responded they lacked professional development in this area. 65% of PDs and 57% of TFs reported at least some experience working with LID yet 26% of PDs reported lack of confidence and none felt very confident in their approach. 77% of PDs and 88% of TF reported witnessing failure to fail. 83% of PDs, 25% of Teaching Faculty, and 24% of Residents were aware of the Education Resource Specialist and 74% of PDs, 32% of TF, and 18% of Residents were aware of the Director of Learner Resources. 96% of PDs, 50% of Faculty, and 31% of Residents knew how to access policies. Barriers were identified as systemic, faculty specific, and resident specific.

Discussion: Barriers to supporting LID include systemic issues, available supports, and faculty/resident attitudes toward remediation. Opportunities for professional development and improved awareness of resources were identified.

P35

77826

Are We Using Epas Correctly? Comparing Feedback Quality with Entrustment

David Cohen Western University, **Kevin Puentes** Western University, **Andrea Ens** Western University, **Marta Wilejto** Western University, **Amrit Kirpalani** Western University, **Robin Mackin** Western University

Background/Purpose: Within competency based medical education (CBME), entrustable professional activities (EPAs) have been introduced as authentic tasks of a discipline in which trainees must demonstrate competence in order to be promoted to the next stage of training. We used the validated Quality of Assessment Learning (QuAL) score to evaluate the quality of EPA narrative feedback in the first six months of CBME implementation in a local paediatric residency program, and to explore the variables associated with feedback quality.

Methods: All EPAs completed on Paediatric residents at Western University from July to December 2021 were collected and anonymized. Assessor role (resident or faculty), entrustment score (1-5), and narrative comments were extracted and scored by one of two independent reviewers using the QuAL rating (0-5). The relationships between QuAL scores and entrustment were assessed using Pearson correlations.

Results: A total of 652 EPAs were analyzed from residents (n=214) and faculty (n=438). There was no significant difference between the QuAL scores from faculty versus resident assessors [3.40 (95% CI 3.27-3.52) and 3.55 (95% CI 3.38-3.72) respectively, p=0.17]. QuAL scores were inversely correlated to the entrustment score for both faculty (r=-0.13, p=0.0053<0.05) and resident assessors (r=-0.27, p=0.0001 <0.0005).

Discussion: These results suggest assessors may be incorrectly viewing EPAs as summative assessments rather than formative. To support a growth mindset in our trainees, EPAs should be used to initiate dialogue about ongoing growth and development. A renewed emphasis on providing actionable suggestions for improvement will further increase the quality of feedback provided to trainees in the CBME era.

P36

78262

Reimagining Undergraduate Medical Education at the University of Calgary: Insights and Lessons Learned From Large-Scale Curriculum Reform Efforts…during A Pandemic

Rahim Kachra University of Calgary, **Mike Paget** University of Calgary, **Allison Brown** University of Calgary, **on behalf of the RIME Subcommittee & Working Groups** University of Calgary

Background/Purpose: Curriculum reform in medical education is essential for ensuring that future physicians will be able to meet the diverse and dynamic needs of society. Curriculum renewal efforts often employ established tools and techniques traditional to the field of education, and such efforts are inherently messy and challenging.

Methods: At the University of Calgary, we utilized a methodology called "design thinking" between 2018-2020 to identify gaps in our pre-clerkship curriculum and inform our largest curriculum renewal initiative to date. Our ongoing immersion in the pre-clerkship setting and systematic approach to collecting empirical data generated hundreds of insights from end-users and stakeholders. Collectively, these insights informed a series of prototypes for a new pre-clerkship curriculum, which was approved for implementation in 2021.

Results: The new pre-clerkship curriculum at the University of Calgary has been redesigned at the nexus of humanity, humanism, and humility. This curriculum emphasizes four core principles: spirality, integration, rhythm, and patient-centeredness. The motto of "no clinical content without social context" has been guiding principle during the various stages of development. Stakeholder engagement and communication remained crucial to the evolution and success of this initiative, but were challenged by the numerous barriers imposed by the nature of the pandemic.

Discussion: Through a novel approach to curriculum renewal efforts using design thinking methods, a drastically different pre-clerkship curriculum is being implemented during arguably one of the most challenging periods for such large-scale changes. We reflect and share numerous lessons learned from straying from conventional approaches to curriculum reform during a unique period of time.

P37

78066

Évaluation De La Qualité Du Site Internet D'orientation Des Apprenants en Profession De Santé À Iqaluit

Juliette Thibaudeau University of Ottawa, **Salomon Fotsing** University of Ottawa, **Patrick Foucault** University of Ottawa, **Sarvesh Jaunky** University of Ottawa, **Marie-France Talbot** Réseau de santé en français au Nunavut

Background/Purpose: Chaque année, de nombreux apprenants en santé effectuent des stages au Nunavut. Pour être efficaces, ces stages dans l'Arctique canadien exigent une orientation des apprenants avant et durant le stage. Un sondage antérieur a rapporté les limites des ressources d'orientation offertes et a motivé la conception d'un site internet. Ce projet visait à évaluer la qualité du site internet.

Methods: Un sondage a été effectué via Survey Monkey auprès des étudiants en médecine, des résidents, des médecins et des administrateurs. Basé sur « la grille de sélection d'un site web » développé et validé par Bazin et al. (1999), ce sondage visait à évaluer : le contenu, la navigation, la présentation visuelle et l'accessibilité du site internet selon des échelles Likert et des questions ouvertes.

Results: Sur les 48 participants ayant complété le sondage en date du 11 juillet 2022, 38 ont répondu à plus de 50% des questions. Une forte proportion de participants a attribué la mention « très bien » au contenu (88,6%), à la navigation (86,1%), à la présentation visuelle (96,1%) et 87,5% de participant ont attribué la mention « bien » à l'accessibilité du site. De façon générale, 86,3% des participants estiment que le site internet est « très bien ». L'analyse thématique des questions ouvertes rapporte que les images et le contenu font de ce site une excellente ressource.

Discussion: Les scores globaux permettent de confirmer que les apprenants apprécient ce nouvel outil d'orientation. Une analyse approfondie des commentaires permettra d'améliorer le site internet.

P38

78132

Addressing the Pandemic Backlog: Nurse Practitioner-Led Pap Teaching Clinics for Family Medicine Residents

Lauren Scott Women's College Hospital, **Jessica Bawden** Women's College Hospital, **Courtney May** Women's College Hospital, **Erin Coghlan** Women's College Hospital, **Cynthia Whitehead** Women's College Hospital, **Joyce Nyhof-Young** Women's College Hospital, **Nicole Bourgeois** Women's College Hospital

Background/Purpose: Women's College Family Practice Health Centre is an Academic Family Health Team that teaches family medicine residents and other healthcare learners. The pandemic caused a 40% increase in patients with overdue Pap tests. Pap tests can be conducted by family physicians, nurse practitioners (NPs), and nurses working under a medical directive. Pandemic training interruptions and new guidelines recommending reduced frequency of cervical cancer screening (CCS) give family medicine and nurse practitioner trainees limited opportunity to consolidate this skill. To address CCS backlogs and support learners' acquisition of essential women's health skills, we created nurse practitioner (NP)-led teaching clinics as an interprofessional (IP) opportunity for learners from nursing and medicine to learn Pap testing, using a trauma-informed approach.

Methods: The team iteratively designed clinical teaching based on IP learner feedback, conducted a needs assessment with family medicine residents, and integrated teaching on topics such as trauma-informed approaches to Pap tests, troubleshooting difficult Pap tests, IUD insertions, and endometrial biopsies.

Results: Over 6 months (46 clinic sessions, 500 patients), the teaching clinics reduced numbers of patients overdue for Pap test by 10%. The team also performed IUD insertions, endometrial biopsies and immunizations. A total of 26 medical and 4 nursing students were trained.

Discussion: NPs are an under-utilized teaching resource in many primary care settings. NP-led Pap test teaching clinics can fill pandemic-related preventative care gaps and support diverse healthcare learners to gain key skills in women's health. Evaluation of this novel IP clinic is currently underway.

P39

77879

Metrics for Clinical Faculty Performance and Engagement

Adrian Harvey University of Calgary, **Christopher Naugler** University of Calgary, **Janeve Desy** University of Calgary, **Irene Ma** University of Calgary, **Mike Paget** University of Calgary

Background/Purpose: Recognizing faculty contributions to our undergraduate medical education program at the University of Calgary has been historically challenging, especially outside of scheduled classroom teaching. Many faculty participate in clinical teaching, committees, and make other contributions that are still key to the delivery of our program. Given the challenges of fully representing one's educational contributions within an academic merit system traditionally dominated by research related metrics, our faculty need support to describe and measure their teaching contributions, especially those who work outside of structured classroom time.

Methods: Beginning in 2016 we centralized teaching metrics and evaluations into an annual performance record. Subsequently we added metrics from a variety of resources: form completion, logbook observations, examiner activities, career discussions, admissions file review and interviews, and committee attendance. Data is sent to the department head as well as the faculty.

Results: At the Cumming School of Medicine (CSM), 2714 faculty and residents received Faculty Performance Records from the MD program in 2021/2022 reporting period. Data for 2022 included: 670 completed summative ITERs, 912 observed logbook activities, 356 had career discussions, 103 supported admissions processes. Faculty utilize these letters for promotion committee meetings regularly and have access to these metrics and classroom teaching time online.

Discussion: Over the past 6 years we have endeavored to recognize the multi-dimensional contributions of CSM faculty in clinical settings, classrooms, and committees. Assembling these letters annually rather than as course level "Thank You" letters has also increased staff efficiency and provided useful data for faculty's annual academic reviews.

P40

78060

Stethopedia: an E-Learning Resource for Medical Students to Supplement Canadian Clinical Skills Education.

Jason Profetto McMaster University, **Randi Mao** McMaster University, **Randi Mao** McMaster University, **Gurinder Sandhu** McMaster University, **Sophia Kerzner** University of Toronto, **Shreyas Sreeraman** Western University, **Janhavi Patel** McMaster University, **Eva Liu** University of Saskatchewan, **Chad Singh** McMaster University

Background/Purpose: E-Learning is a powerful tool for supplementation of traditional pedagogical models in medical education. However, there are few Canadian-based resources that provide online clinical skills teaching.

Methods: Stethopedia© is one of the first open-access websites created by medical students for medical students as an adjunct to Canadian clinical skills curricula. The content is based on the McMaster Clinical Skills Guide and the AFMC Clinical Skills Document. This resource features OSCE-style physical examination videos, special videos for teaching on difficult maneuvers (i.e., diaphragmatic excursion), and tutorials on interpreting radiological findings. A satisfaction survey was disseminated to McMaster medical students from March 22 to April 24, 2021 to evaluate the utility and satisfaction with Stethopedia. We used descriptive statistics to analyze rating scale responses and performed a Mann-Whitney U test on responses.

Results: Our website currently has 23 different instructional videos posted, with more in production. Since launching on February 2, 2021, Stethopedia has accumulated 11,961 views, with 3,403 unique visitors from 29 different countries. The questionnaire response rate was 17.5% (108/617). Respondents consisted of 47 (43.5%) first-year pre-clerks, 57 (52.7%) second-year clerks, and four (3.7%) third-year clerks. The large majority (>70%) of respondents agreed or strongly agreed that Stethopedia improved confidence, was a useful supplementary resource for clinical skills education, and would recommend Stethopedia to a colleague.

Discussion: Stethopedia is an innovative resource that has been widely used and well-received at our institution. This resource can serve as a robust medical education adjunct to improve confidence and competence of future medical professionals.

P41

78203

Becoming Medical Educators: Evaluation of A Pilot Medical Education Elective

Christen Rachul University of Manitoba, **Joanne Hamilton** University of Manitoba, **Chelsea Jalloh** University of Manitoba, **Kathleen Legris** University of Manitoba

Background/Purpose: Recruiting and developing new medical educators can be challenging. Introducing medical students to the field of medical education can be a valuable approach to stimulate interest in this vital career path. We developed and evaluated a three-week pilot elective in medical education for 4th-year medical students based on a community of practice model that required students to engage in authentic educational activities with the aim of inspiring interest in pursuing a future career in medical education.

Methods: To evaluate our pilot elective, we conducted a contribution analysis that relied on a program logic model to identify how the program activities contributed to observed outcomes. We relied on data from students' curriculum development projects, presentations, one-on-one debrief sessions, and written reflections to refine our logic model and the elective curriculum.

Results: We found that 3 of the 4 students who participated in the elective continued to engage in medical education activities once they completed the elective and entered residency training. Key contributors to this outcome were students' autonomy over the topic and approach to their curriculum development projects, sequenced didactic sessions that guided students through the process, and supporting students to identify opportunities to implement and share their curriculum with others. We refined the program logic model to strengthen the links between these activities.

Discussion: Providing medical students with an opportunity to engage in authentic medical education activities and participate in a larger community of practice of medical educators provides a promising method for recruiting and developing future medical educators.

P42

78224

Assessing Inclusion of 2sglbtq+ Health Issues in Queen's University's Undergraduate Medical Curriculum

Stephanie Grantham Queen’s University, **Emma Faught** Queen’s University, **Jennifer McCall** Queen’s University, **Michelle Gibson** Queen’s University

Background/Purpose: Misinformation and misrepresentation of Two-Spirit, Lesbian, Gay, Bisexual, Transgender and Queer (2SLGBTQ+) persons are unacceptable in medical education. A comprehensive review of a pre-clerkship undergraduate medical curriculum was completed to determine if complete and correct information was included to prepare students to work with this population.

Methods: Pairs of 2SLGBTQ+ students and allies screened titles and descriptions of all pre-clerkship learning events to identify those which covered relevant healthcare issues or potential areas of misrepresentation of 2SLGBTQ+ identities. Flagged events had their content evaluated by one reviewer. Issues identified were coded into the following: (1) non-inclusive language, (2) stereotyping, (3) incorrect or outdated information, (4) missing information, and (5) inclusive and correct information.

Results: 1075 learning events were screened, and 104 learning events were flagged and reviewed. Of these, 6.9% used non-inclusive language, 2.3% included stereotyping, 4.6% had outdated information, and 40.2% had missing information. Conversely, 25.3% of these events featured positive and inclusive information.

Discussion: Improvements were recommended for the identified issues, the majority of which consisted of changing wording or including brief statement on how 2SLGBTQ+ individuals may experience health phenomena differently . As next steps, specific, evidence-based recommendations will be offered to faculty to address concerns identified. Additional recommendations will be made to the Curriculum Committee including strategies to use non-gendered language, to include patients of gender and sexual minorities in cases, to engage in practices such as pronoun sharing or displaying of 2SLGBTQ+ symbols, and to avoid comments that frame 2SLGBTQ+ inclusion as a major challenge or burden.

P43

76679

Incorporating Community Consultation Approaches in A New Health Equity Framework at Queen's Department of Family Medicine

Ishita Aggarwal Queen's University, **Samantha Buttemer** Queen's University

Background/Purpose: Community consultation (CC) is an effective way to partner with patients, determine local needs, and ensure that policies and initiatives are culturally-informed and relevant for end users. The Department of Family Medicine (DFM) at Queen's University is working to create a formalized CC plan that it can use for department-level advocacy and social engagement.

Methods: The Department undertook an environment scan of other DFMs and healthcare organizations in Ontario and across Canada aiming on identifying best CC practices in primary care settings. 44 stakeholders were contacted. 19 responded. Only 2 had department-specific CC plans in place. The remaining 17 indicated using generic plans, using no plans at all, or being unavailable for comment.

Results: The scan revealed several best CC practices, falling into 2 major themes, namely intradepartmental changes and CC approaches. Intradepartmental changes include shifting attitudes and elevating importance of EDII work, using consistent EDII-related terms/definitions/principles, focusing on institutional structure/policy, facilitating clear/consistent EDII-related communication across sectors/sites, frequently reviewing internal processes and creating channels for anonymous feedback, and prioritizing equity-related data collection and inter-institutional collaborations. CC approaches include engaging service users, deliberately recruiting community members, avoiding tokenism, incentivizing staff, and recognizing limits of CC. These findings were used to develop a 12-item checklist, which will guide CC at Queen's DFM.

Discussion: The findings will help Queen's DFM better incorporate the expertise and perspectives of community members into their services while also enabling them to serve as a resource for other medical departments interested in this area around the country.

P44

77496

Integrated Video Simulation and Role Play: Exploring A Novel Faculty Development Approach to Teach Assessment and Feedback Skills.

Mandy Esliger Dalhousie University, **Mark Bosma** Dalhousie University, **Cheryl Murphy** Dalhousie University, **Qendresa Sahiti** Dalhousie University

Background/Purpose: Delivery of effective feedback is an essential teaching skill, often described by faculty and students as an area of weakness. When faculty development is offered turnout is frequently poor. To address this, a novel workshop was designed incorporating video simulations and role plays specific to each specialty's Entrustable Professional Activities. This study explored participant experience of the workshop.

Methods: In this qualitative single-case study design, workshops were delivered to postgraduate teaching faculty at a Canadian medical school. Attendees completed a post-workshop evaluation and were invited to participate in a semi-structured group interview (grouped by specialty). Interview transcripts were analyzed using reflexive thematic analysis, and themes were identified by consensus.

Results: Workshops were held with faculty from psychiatry, critical care, emergency medicine, and radiation oncology. Of eighty attendees (66 faculty, 14 residents), 33 completed an evaluation, and eight faculty attendees (representing each specialty) participated in interviews. Overall, feedback was positive, and four themes were identified: Feedback is hard, but necessary; Customization promotes authenticity; Learning from and with each other is valuable; and Experiential learning is vital.

Discussion: This well-received workshop was inexpensive and easily implemented using in-house resources. It was clear that customization of content appealed to attendees, and fostered engagement. Additionally, our findings suggest that well-known facilitators of adult learning, specifically peer and experiential learning and relevancy of content, enhance participant experience. These concepts should be considered when designing and implementing faculty development.

P45

77961

Students' Perception of Learning Environment in the College of Medicine, University of Ibadan at Early Stage of Curriculum Reform

Oluwabunmi Olapade-Olaopa University of Ibadan, **Joy Anyanwu** University of Michigan Medical School, **Funmilayo Olopade** University of Ibadan, **Joseph Kolars** University of Michigan Medical School

Background/Purpose: Nigeria has been at the forefront of efforts to establish a competency-based curriculum, beginning at its oldest medical school, the College of Medicine, University of Ibadan (COMUI). This study obtained baseline information from students at all training levels on perceptions of the curriculum and the educational environment, in the early stages of implementation of a new medical school curriculum.

Methods: A cohort of 268 preclinical and clinical students undergoing the traditional curriculum filled out the Dundee Ready Educational Environment Survey (DREEM), an instrument that measures the quality of the educational environment. At the end of the survey, an open-ended question helped elicit commentary to provide COMUI specific information to those in charge of planning and implementing the new curriculum.

Results: Areas of concern focused on students' perception of teachers and the learning atmosphere. Comments from pre-clinical students centered on the mode and content of teaching, a need for improved practical and tutorial sessions, the timing of the curriculum and methods of assessment. For clinical students, areas of concern included a need for increased hands-on clinical experiences, improvement in clinical teaching, a more constructive clinician/student relationship, increased opportunities for research and professional development and greater consistency in assessment.

Discussion: The DREEM focused component of the study aids understanding of its feasibility and use in different cultural settings and in guiding curriculum reform. This evaluation points to teaching skills and the teacher-student relationship as two key areas of improvement that need to be addressed in future efforts at curriculum reform.

P46

78074

Digital Rectal Examination Teaching in Medical Students: A Systematic Review

Jason Profetto McMaster University, **Randi Mao** McMaster University, **Swarni Thakar** McMaster University, **Lucy Lan** University of Toronto

Background/Purpose: The digital rectal examination (DRE) is a cost-effective clinical skill that is employed in numerous contexts. The DRE is key in clinically assessing for acute gastrointestinal bleeding, the screening and early diagnosis of anal cancers, and detecting increased prostate gland volumes. Despite the utility of the DRE, many medical students and newly graduated physicians do not feel sufficiently prepared to perform the DRE in practice.

Methods: A literature search was performed on OVID MEDLINE, OVID EMBASE, Scopus, Web of Science, and ERIC for primary studies from database inception to February 3rd, 2022. Two reviewers independently screened titles, abstracts, and full texts, extracted data, and assessed quality and strength of evidence using the Medical Education Research Quality Instrument. Results were qualitatively synthesized and descriptive statistics were calculated.

Results: The literature search yielded 2,985 citations, with 17 articles included for qualitative synthesis. The mean MERSQI score was 9.9 (2.6) out of 18. A total of 2,793 medical students were studied. Across the eight studies that looked at the impact of diverse interventions (i.e. standardized patient/supervisor instruction, simulator training) on DRE competence, four of the studies significantly favored the training/intervention in comparison to control. In four studies, confidence in performing the DRE increased significantly ($p<0.001$) after receiving standardized patient/supervisor or simulator training.

Discussion: This systematic review provides one of the first comprehensive assessments of DRE teaching interventions for medical students. Training through an instructor or a simulator can significantly improve both confidence and competence for medical students in performing the DRE.

P47

78140

Impact of Interprofessional Training Compared to Individual Training on the Intention of Primary Healthcare Professionals to Have Serious Illness Conversations: Secondary Outcome Analysis of A Cluster Randomized Clinical Trial

Lucas Gomes Souza Université Laval, **Georgina Suélène Dofara** Université Laval, **Sabrina Guay-Bélanger** Université Laval, **Souleymane Gadio** Université Laval, **Sergio Cortez-Ghio** Université Laval, **Shigeko (Seiko) Izumi** Oregon Health & Science University, **Annette Totten** Oregon Health & Science University, **Patrick Archambault** Université Laval, **France Légaré** Université Laval

Background/Purpose: Advance care planning (ACP) is essential for empowering seriously ill patients. However, many primary healthcare professionals' (PHCP's) lack the time to discuss it. A team approach to ACP may reduce the burden on individual PHCP's. Therefore, the Serious Illness Care Program (SICP), an ACP program was adapted to include an interprofessional-team-based training. Our aim was to compare the impact of an interprofessional-team-based SICP training with an individual-clinician-based SICP training on PHCP's intention to have serious illness conversations (SIC) with patients.

Methods: We conducted a comparative effectiveness study using post-intervention measures. We evaluated a secondary outcome of a cluster-randomized trial, the intention of PHCP's to have SIC with patients. Primary care practices located in five states in the US and in Canada, were recruited and assigned either to an interprofessional-team-based training (intervention) or to an individual-clinician-based training (comparator). Trainings in both approaches, lasted 3 hours. We measured PHCP's intention using the CPD-Reaction tool and compared the intention between arms using a linear mixed model.

Results: 84.4% eligible practices and 69.7% PHCP's participating in the training fully completed the intention construct in the CPD-Reaction. Intention scores for the interprofessional-team-based arm (n=223) and individual -clinician-based arm (n=150) were 6.0 ± 1.1 and 6.5 ± 0.7 (scale:1-7), respectively. Mean difference was -0.45 (p=0.01). Adjusted for education level and profession, mean difference was -0.05 (p=0.77).

Discussion: After adjustments no statistically significant differences were found between intervention and comparator. Our results could help to inform and adapt future public policies and training interventions regarding ACP in primary care.

P48

78165

Lost in Translation: Canadian Pediatric Resident Education and Practice of Clinical Translation Services

Sarah Peters University of British Columbia, **Matt Carwana** University of British Columbia, **Erin Peebles** University of British Columbia

Background/Purpose: Canadian pediatric residents provide care to many families with non-English or French language preferences (NEFLP). Lack of communication in a family's preferred language is inequitable and results in inferior care, but medical interpreters offer a route to enhanced understanding and safety. No data exists about Canadian pediatric residents' use of interpreters, making it difficult to identify gaps in practice or develop targeted interventions to improve patient experience.

Methods: A REDCap survey was distributed by email to residents enrolled in accredited Canadian pediatric training programs. The survey evaluated (1) interpreter services available in pediatric training centers; (2) perception of their ease of access, utility, and value; and (3) barriers and drivers to interpreter use. Descriptive statistics were performed in STATA.

Results: 122 residents responded. Approximately 40% reported no previous training in interpreter use, and 60% desired more training. Interpreters were most often used during history-taking and family meetings, and least often during bedside rounds and physical examinations. Most (85%) residents felt they provide better care to patients sharing their primary language, compared to non-English or French preferring families.

Discussion: Canadian pediatric residents have inadequate training in effective interpreter use and fail to employ interpreters consistently in a variety of clinical situations. Most residents perceive their clinical skills with NEFLP families as inferior compared to those who share their primary language, even when using an interpreter. Pediatric training programs should develop curriculum content that not only targets safe and effective interpreter use, but also reviews non-spoken aspects of cultural awareness and safety.

P49

77783

Physical Therapy Students' Perspectives of Faculty Mentorship in the Era of Covid-19: A Thematic Analysis of Two Open-Ended Survey Items to Inform Post-Pandemic Practices

Brad Willis University of Missouri

Background/Purpose: Positive relationships with faculty mentors are a valuable contributor to healthcare students' academic outcomes, with recent COVID-19 curricular adjustments suggested to negatively impact mentor-mentee relationships. Unfortunately, investigations exploring physical therapy (PT) students' perspectives of faculty mentorship in the era of COVID-19 and suggestions to enhance mentorship are limited. To inform post-pandemic practices, this study explored PT students' perspectives of faculty mentorship in the era of COVID-19 and suggestions for improvement.

Methods: Guided by social constructionism, 180 PT students at a single program were invited to complete two open-ended items as part of a larger cross-sectional paper-based survey study on informal mentoring. Item one, for students with a faculty mentor, asked individuals to describe the influence of COVID-19 on faculty mentorship (n=103). Item two, for all students, regardless of mentorship status, asked individuals for suggestions to improve mentorship practices (n=146). Thematic analysis, as outlined by Braun and Clarke, was utilized to identify themes.

Results: Three themes for item one emerged: 1) positive perceptions of mentors' adaptability, accessibility via technology, and focus on mentees' health and wellbeing, 2) neutral perceptions, and 3) negative perceptions from decreased personalized connection and reduced social networking opportunities. Three themes for item two emerged, including increased: 1) access to faculty, 2) resources for student health, and 3) authentic learning experiences.

Discussion: Results offer pragmatic suggestions for healthcare education faculty and administrators to enhance post-pandemic faculty mentorship. This includes promoting accessible, individualized, and relationally driven connections with mentors, coupled with enhanced psychosocial support and increased resources for student health and well-being.

P50

78131

Modalités De Communication D'un Scénario De Simulation : Que Savent Les Patients Simulés?

Isabelle Burnier University of Ottawa, **Sylvie Grosjean** University of Ottawa, **Maria Cherba** University of Ottawa

Background/Purpose: Un patient simulé (PS) doit acter les composantes d'un scénario clinique de façon authentique, réaliste et crédible. Les formations de PS élaborent plus les modalités d'interprétation que celles de communication. Nous avons identifié deux modes de présentation du scénario : la « présentation incarnée » avec une communication multimodale (geste, voix, regard) et la « présentation narrative » (mise en récit d'éléments contextuels du scénario). Le but de cette recherche est de savoir si les PS intègrent ces notions dans leur conception du rôle de PS.

Methods: Deux questions ouvertes sur la façon d'être authentique et réaliste ont été soumises sous forme de pré-test dans la cadre d'une formation avancée de PS. 22 PS ont répondu. L'analyse des réponses a été faite manuellement à partir de mots clés référant aux modalités ci-dessus.

Results: 50 % des PS ayant plus de 5 ans d'expérience et 58% des PS ayant moins de 5 ans d'expérience utilisent des mots référant aux modalités de communication pour décrire leur façon d'être réaliste et authentique. Les autres PS ont tendance à décrire ce qu'ils font et non comment ils le font. Peu décrivent la modalité narrative.

Discussion: Les résultats ne sont pas significatifs. Cependant puisque la façon de transmettre les informations cliniques influencent l'interaction avec les étudiants et la génération d'hypothèses, il serait bon de former spécifiquement les PS aux modalités de communication pour assurer la qualité des simulations complexes (raisonnement clinique, éthique, annonce, etc.)

P51

77197

Treatment Modalities, Healthcare Utilization Patterns, and Outcomes in Patients with Glioblastoma in Ontario: A 10-Year Cohort Study

WAfa Baqri University of Toronto

Background/Purpose: Glioblastoma (GBM) is the most common malignant primary brain tumour in adults. Receipt of adjuvant therapies has been shown to exert a significant positive effect on patient survival. Little is known however about how changes in standards of care and in healthcare system factors, such as access, affect real-world outcomes. In this study, we provide an overview of GBM in Ontario and examine elements of care, including treatment patterns and healthcare utilization, from 2010-2019.

Methods: Using linked health-administrative databases from Ontario, Canada, we conducted a population-based cohort study to examine the clinical and biological characteristics, treatment, and healthcare utilization patterns of adult GBM patients diagnosed between 2010-2019. The primary outcomes were enrollment in adjuvant chemoradiation treatment and 1-, 2-, and 5-year survival. All analyses were performed using the Statistical Analysis Software (SAS).

Results: 5392 patients were diagnosed with GBM in Ontario from 2010-2019 (58% male, 42% female). The median age at diagnosis was 64. Receipt of adjuvant chemoradiation within one year of diagnosis increased from 51% in 2010 to 63% in 2019. 1-year, 2-year, and 5-year overall survival plateaued, ranging between 40-43%, 15-19%, and 5-7%, respectively. For patients above the age of 65, however, 1-year survival increased from 19% in 2010 to 26% in 2019.

Discussion: This Ontario-based study provides insight on the effect of practice evolution and healthcare utilization on real-world overall survival of patients with GBM. This Ontario-based study provides insight on the effect of practice evolution and healthcare utilization on real-world overall survival of patients with GBM.

P52

77541

Schulich Faculty Mentorship Program

Laura Foxcroft Western University, **Andrea Lum** Western University, **William McCauley** Western University

Background/Purpose: Mentorship at the Schulich School of Medicine & Dentistry is a formal process whereby the faculty member has the assistance and support of others to help them with their professional goals. This process is initiated by the Mentoring Committee but is soon led by the mentee.

Methods: A policy was developed in 2010 stating that every faculty member at the Assistant Professor level was to be offered a faculty mentorship committee. This policy was the first of its kind in Canada to support faculty at an academic institution. The policy was unique in that each mentorship committee was to consist of three people: the mentee, a mentor from the home Department, and a mentor with a similar academic interest from a different clinical Department. The policy stated that in the first seven years of a faculty member's career the mentorship committee was to meet twice a year and minutes were to be created. If the faculty was comfortable, the minutes were to be given to the Department leader to be used to help guide annual review meetings. The mentorship policy implementation across Departments was inconsistent.

Results: Engagement in the faculty mentorship program improved with 1) the implementation of a department-wide faculty mentorship oversite committee 2) the development of an asynchronous mentorship training workshop 3) the development of an online mentorship matching website and 4) a mentorship minutes template guide

Discussion: This program has allowed for collaboration between departments at Schulich and offered much support to faculty in the early stages of their career.

P53

77892

Is There More to It than Reading Around the Case? A Mixed Methods Study of Resident Workplace Preparation Habits.

Hatem Salim Western University, **Mark Goldszmidt** Western University

Background/Purpose: The clinical and academic demands of residency necessitate self-regulated learning to succeed. Residents are challenged with balancing their learning needs to become competent physicians with the provision of quality care and maintenance of patient safety. Little is known about how medicine residents integrate and enact learning in their day-to-day activities, and what actions may support or hinder excellence in residency training.

Methods: Data collection consisted of semi-structured interviews exploring individual learning strategies of residents. Constructivist grounded theory guided study design, data collection and analysis. Rigour was enhanced through iterative data collection and analysis, constant comparison and purposive sampling of residents at various levels of training and across three assessment rating tertials as rated by their program director.

Results: Across 13 residents interviewed, we identified a couple of themes. First, those with the most robust studying strategies tend to have regular study schedule and material outside of work hours, regardless of rotation. In contrast, those in the lowest tertile tended to only read around cases. Also, as a result of RCPSC exam timing, studying in the third year of training was dominated by this to the exclusion of all else. The anticipated outcome is the development of a model that encompasses variability in studying practices of internal medicine trainees that can be used to assess, support and guide trainee learning.

Discussion: Our findings can help support residents and programs, including those working with struggling residents, in being able to better identify preparation habits and customize learning activities that better ensure the achievement of excellence.

P54

77912

Les Perspectives De La Rétroaction Lors Des Relations De Supervision - Étude De Portée

Randa Oubouchou Université de Sherbrooke, **Émilie Fontaine** Université de Sherbrooke, **Molk Chakroun** Université de Sherbrooke, **Sawsen Lakhal** Université de Sherbrooke, **Tim Dubé** Université de Sherbrooke, **Christina St-Onge** Université de Sherbrooke

Background/Purpose: La rétroaction en contexte de supervision aux études supérieures peut être une source d'encouragement ou de démotivation, voir même une source de conflit au sein de la relation entre superviseur.e/supervisé.e. Notre objectif est de documenter le vécu des supervisé.e.s et les perceptions des superviseurs envers la rétroaction lors de la supervision

Methods: La méthodologie d'Arksey et O'Malley (2005) et Levac et al., (2010) en cinq étapes a été utilisée pour cartographier la littérature à partir d'une stratégie de recherche co-construite avec une bibliothécaire académique. Deux membres de l'équipe ont effectué la sélection des articles et l'extraction des données suivant une calibration pour ces tâches. Des statistiques descriptives ont été réalisées pour les données quantitatives, et une analyse thématique a été effectuée pour les données qualitatives.

Results: Au total, 45 articles ont été retenus. Ces articles concernent majoritairement les études de 3e cycle (n=28) et de 2e cycle (n=12). Cependant, certains articles (n=5) impliquent les deux cycles universitaires en même temps. Le vécu des supervisé.e.s souligne l'aspect émotionnel qu'engendre la rétroaction, et ses répercussions sur les relations de supervision. D'autre part, la perception des superviseurs est dirigée vers les fondements de leurs pratiques, et de barrières rencontrées au cours du processus de supervision aux études supérieures.

Discussion: La perception de la rétroaction diverge à travers les parties prenantes, soulignant deux perspectives: les conséquences de la rétroaction sur le supervisé.e et les justifications du superviseur.e. La compréhension de ces aspects de rétroaction pourrait combler les lacunes durant la supervision et faciliter les échanges entre superviseur.e.s/supervisé.e.s.

P55

77803

Exploring the Inner Lens: Examining Oncology Consultants' Use of Competency and Assessment Frameworks for Setting Learning Goals

Cindy Lin Western University, **Michael Sanatani** Western University, **Timothy Nguyen** Western University

Background/Purpose: With competency-based medical education (CBME) now implemented in postgraduate medical and radiation oncology programs, it is however not known whether oncologists at our centre routinely use the assessment frameworks underlying CBME in Canada to teach trainees. Understanding oncologists' approaches to assessment and teaching could both enable further faculty development, and inform dialogue around a more iterative implementation of curricular change.

Methods: Using a participatory action research approach, faculty were interviewed regarding their teaching practices and use of assessment frameworks, and thematic analysis was performed. Suggestions regarding addressing challenges in setting teaching goals and completing assessments within the CBME paradigm were solicited.

Results: Thirty-one of 40 faculty members in the Department of Oncology, Western University, agreed to participate. Trainee related factors, faculty experience, the teaching setting, and some components of the CanMEDS framework were articulated as determinants of teaching goals. Faculty held widely disparate views on assessment framework features that would enable teaching and assessment. Clinical service pressure was the most mentioned impediment to CBME implementation.

Discussion: Oncology faculty members used a multifaceted approach to determine what to teach trainees. While this does not align with currently used formal assessment tools, it contains elements of both the conventional apprenticeship models and the CBME paradigm. Future research should focus on the dialogue between established individual local teaching approaches and nationally standardized competency frameworks as bases for setting and assessing learning goals in clinical practice. This could lead to a deeper integration of rich local teaching experience into an evolving CBME paradigm.

P56

78115

Let's Talk Research! Students' Take on Research and Its Integration in Undergraduate Medical Education.

Kosha Gala International Federation of Medical students' Association, **Rannia Shehrish** International Federation of Medical students' Association, **Michelle Che Yan Lam** International Federation of Medical Students' Associations

Background/Purpose: The IFMSA firmly believes that research and research education should be accessible and available to medical students globally. A survey conducted by the Research Committee in the Federation showed that although 98% of students think that research is essential in medical education, only 19.7% believe that it's sufficiently addressed in their curricula. This suggests that medical education systems should be encouraged to integrate research into their core curricula. On that note, IFMSA's Committees on Research Exchange and Medical Education created a Small Working Group to analyse the inclusion of research in medical curricula globally and to create a toolkit on Research in Medical Education.

Methods: Based on previous surveys and research, a global survey has been designed and distributed to IFMSA's National Member Organisations (NMOs). Medical students' knowledge, perceptions, and experience with undergraduate research, as well as the level of research application in their medical curricula, are all included in the survey parts. The findings of this survey will be used to develop information for the toolkit on Research in Medical Education, which will be distributed by December 2022.

Results: Results will be analyzed in the period November-December and ready for presentation at ICAM.

Discussion: Despite the demonstrated benefits of research, several studies have shown that medical education systems are mostly ignorant of it. We'll look at how research is implemented in the curriculum throughout the world, as well as students' perspectives regarding the relevance of research.

P57

78322

Cbme, Emotion and Learning Outcomes

Anna Couch Queen's University

Background/Purpose: The new Competency-based medical education (CBME) approach uses multiple low-stakes assessment tools to capture and enhance the learning process by making feedback more transparent and accountable. These tools also mediate the relationship between learner and assessor, which we examine through the lens of emotional experience and learning outcomes. This pilot study looks at the emotions experienced when receiving feedback through the CBME approach as well as face-to-face feedback.

Methods: The study considers how the use of frequent low stakes assessment tools acts as a third-party mediator of the teacher-learner relationship, and how this compares to unmediated or face-to-face feedback. We examine the various emotions felt during both types of feedback, and how they relate to various learning outcomes, both positive and negative. The qualitative study uses the data from 3 focus groups and 3 individual interviews of residents in various stages of their residency, analyzed using emotion and decision-making theoretical framework.

Results: We found a variety of emotional experiences relating to both face-to-face and technology-mediated feedback leading to various learning outcomes, including reinforcement of skills, distraction from learning goals, and building of trust, both in assessors and in oneself.

Discussion: By understanding how feedback method can influence learning through the lens of emotions experienced, we can use assessment and feedback tools more appropriately and effectively, as well as understand their limits in teaching and learning. By seeing feedback through the lens of emotional experience, we can also better support resident wellbeing while learning.

P58

78065

Paediatric Clerkship Curriculum Review Through an Edi Lens

Jackie Lui University of Toronto, **Kimberly Young** University of Toronto, **Angela Punnett** University of Toronto, **Abbey Rokeby** University of Toronto, **Hosanna Au** University of Toronto

Background/Purpose: Equity, Diversity and Inclusion (EDI) has been an emerging focus of medical education, including at The Faculty of Medicine at the University of Toronto (Academic Strategic Plan 2018-2023). Though the Paediatric clerkship curriculum at the University of Toronto has been revised annually, it has not previously been reviewed through an EDI lens. To review and revise the language and content in the Paediatric clerkship curriculum to promote health equity, diversity, and inclusion.

Methods: A team of paediatricians and trainees from all levels conducted systematic curriculum review using four evidence-based resources, two of which were developed specifically for medical education. These resources provided guidance on choosing inclusive language that promotes health equity, and on revising teaching cases to improve the delivery of critical concepts related to culture, race, and structural inequity. The team met monthly to share their progress and discuss concerns and questions.

Results: We have reviewed approximately 65% of the curriculum; and identified 21 items requiring revision. Of the 21 items, 13 (62%) were content related, and 8 (38%) were language related; 14 (67%) were related to Racial/Ethnic/Culture Identities, 5 (24%) were related to Sex/Gender/Pronouns, and 1 (5%) was related to Pregnancy & Family.

Discussion: An understanding of EDI principles is essential among health-care providers, and should be integrated in the medical school curriculum. Periodic review of clerkship curriculum from an EDI perspective is important and necessary. Systematic curricular review and revision using existing literature is feasible and does not require special expertise.

P59

77385

Choreographed Expansion of Services Results in Decreased Patient Burden without Compromise of Outcomes: an Assessment of the Ontario Experience

Wafa Baqri University of Toronto

Background/Purpose Neuro-oncology care in Ontario has been historically centralized, at times requiring significant travel on the part of patients. Toward observing the goal of patient-centred care and reducing patient burden, two additional regional cancer centres (RCC) capable of neuro-oncology care delivery were introduced in 2016. This study evaluates the impact of increased regionalization of neuro-oncology services on healthcare utilization and travel burden for glioblastoma (GBM) patients in Ontario.

Methods We present a cohort of GBM patients diagnosed between 2010-2019. Incidence of GBM and treatment modalities were identified using provincial health administrative databases. A geographic information system and spatial analysis were used to estimate travel time from patient residences to neuro-oncology RCCs.

Results Among the 5242 GBM patients, 79% received radiation as part of treatment. Median travel time to the closest RCC was higher for patients who did not receive radiation as part of treatment than for patients who did (p=0.03). After 2016, the volume of patients receiving radiation at their local RCC increased from 62% to 69% and median travel time to treatment RCCs decreased (p=0.0072). The two new RCCs treated 35% and 41% of patients within their respective catchment areas. Receipt of standard of care, surgery, and CRT, increased by 11%.

Discussion Regionalization resulted in changes in the health care utilization patterns in Ontario consistent with decreased patient travel burden for patients with GBM. Focused regionalization did not come at the cost of decreased quality of care, as determined by delivery of a standard of care.

P60

78135

Investing in Student Affairs Based on Student Saturation

Christopher Naugler University of Calgary, **Mike Paget** University of Calgary, **Jo Holm** University of Calgary, **Teresa Killam** University of Calgary, **Peter Romeo** University of Calgary, **Carol Hutchison** University of Calgary, **Irene Ma** University of Calgary, **Beverly Adams** University of Calgary

Background/Purpose: Local studies have shown a significant number of medical students face mental health challenges. Recently, 76% tested positive for exhaustion, based on the Oldenburg Burnout Inventory. Clearly there is a need for support for these students. Finite resources dictate investing in initiatives that have the broadest student saturation. At the Cumming School of Medicine (CSM), Student Advocacy and Wellness Hub (SAWH) have been expanding services. One of the reasons for that was a broadly held student opinion of their integrity and compassion.

Methods: We analyzed appointment records from 2017 to 2021. We counted the number of unique students for each given calendar year and created a percentage against the enrolment for that given calendar year.

Results: From 2017 - 2021, the number of unique students with one or more voluntary appointments in a given calendar year was 398, 401, 412, 344, 404 respectively. Comparing that to the annual AFMC reports for total enrollment, this is a saturation of 80%, 78%, 82%, 67%, 82% respectively.

Discussion: Expanding support across the CSM for mental health has been part of the vision of senior leadership over the past several years. That investment has been guided by leveraging existing teams with high student saturation, like SAWH. As a result, SAWH has expanded to provide services to all learners at the CSM.

P61

77929

Scoping Review of Medical Student Assessments in Small Group Settings

Irene Ma University of Calgary, **Bronte Chiang** University of Calgary, **Mike Paget** University of Calgary, **Janeve Desy** University of Calgary, **Sarah Weeks** University of Calgary, **Christopher Naugler** University of Calgary, **Adrian Harvey** University of Calgary, **Vina Fan** University of Calgary

Background/Purpose: Currently, the Cumming School of Medicine's Undergraduate Medical Education program is undergoing a major shift in delivery and assessment of the preclerkship curriculum. In seeking out best practice assessment methods for small groups (SGs), a gap in literature reviews on this vast and diverse topic was identified. Therefore, the objective of this study was to conduct a scoping review on the assessment of medical students in SGs.

Methods: Various academic databases and grey literature in English were searched for the period of 1960 to present (August 5, 2022). Inclusion criteria for the scoping review were any literature that included an assessment of undergraduate medical students in SG settings, as defined by groups of 6-12 students, in any region. Literature is currently being screened using Covidence.

Results: After the removal of duplicate literature, a total of 4825 literature were included for screening. Currently, a title and abstract screening is underway to exclude any literature that does not meet the inclusion criteria (e.g.: resident assessment). Preliminary themes identified during the screening process included the methods and tools of assessment, metrics of student assessment, and predictors of student success/struggles.

Discussion: Assessment of medical students in SG settings is a diverse topic with inconsistent terminology. The results from this scoping review will aid in summarizing current evidences and findings of medical student assessment in SGs. Results from this scoping review will help guide undergraduate medical programs in the development of assessment tools that will enhance medical student learning and success.

P62

76829

Equity-Based Interventions for Increasing Covid-19 Vaccine Uptake in the Credit Valley Family Health Team

WAfa Baqri University of Toronto, **Ali Damji** University of Toronto, **Kathleen Orrell** University of Toronto, **Melanie Tan** University of Toronto

Background/Purpose: COVID-19 vaccine hesitancy is a complex issue with ranging determinants. The reluctance of individuals to receive recommended, available vaccines is referred to as "vaccine hesitancy." Accessibility of care likely plays a significant role. Our aim is to increase vaccine uptake by 10% within six months among patients of the Credit Valley Health Team (CVFHT) using an equity-based framework to identify accessibility barriers and design tailored-approaches using existing infrastructure.

Methods: We identified a cohort of 138 unvaccinated patients. Literature analysis showed common accessibility barriers reducing Canadian vaccine acquisition. Accordingly, patient surveys were developed to understand their beliefs and motivations, and identify participate for focus groups. Participants will be referred to vaccine education clinics to improve health literacy and vaccine uptake. An exit survey and review of population-level data will determine vaccination status following the interventions.

Results: We have disseminated surveys, and are awaiting responses. Our expectations are that beliefs exist on a spectrum, which reflect patients' intentions to get vaccinated. Anticipated barriers include inaccessible location/transportation, time-constraints, fear/uncertainty/mistrust of healthcare systems, and lack of vaccine understanding. The results will be analyzed with thematic analysis, ranking exercises, pareto charts, and run charts to identify significant patterns among unvaccinated patients, develop targeted interventions, and evaluate change over time.

Discussion: Insights on individual- and community-level determinants of vaccine hesitancy determined can be translated into strategies capitalizing on existing health systems to promote vaccinate acquisition. The results can be used to validate and inform future decisions for improving vaccine delivery at the local, provincial and national level.

P63

77752

Ethical Aspects of the Guidelines for Medical Education for Students in Their Clerkship Year with the Schulich School of Medicine and Dentistry During the Covid-19 Pandemic

Christine Gignac University of Windsor, **Hazel Markwell** University of Ottawa

Background/Purpose: Guidelines for clerkship training at one Canadian medical school did not state the ethical principles associated with the decision to suspend and eventually resume clinical training during the COVID-19 pandemic. The absence of stated ethical principles was notable considering the impact these decisions had on various stakeholders, and since ethics plays a large role in the practice of medicine.

Methods: The method employed for researching this topic included a survey of the guidelines published by AFMC and COFM as they apply to clerkship, and the specific Schulich guidelines that derive from these, other applicable Schulich guidelines, and a literature review. This method will involve descriptive, qualitative research employing primary sources and an ethical lens approach

Results: Ethical principles were not listed in these documents, which address the circumstances of clerkship during the COVID-19 pandemic, notably the initial pause when students were removed from clinical settings, and as considerations were made in the circumstances that would permit them to resume their training. Ethical principles could be found to be implicit within guidelines.

Discussion: Our principal recommendation is that the ethical principles and values which were implicit in the documents reviewed are clearly documented in future guidelines. When ethical principles are included in the decision-making process in extraordinary circumstances such as the COVID-19 pandemic, it helps to promote understanding, trust and transparency among the individuals it impacts: medical students, physician preceptors and medical school administrators.

P64

78231

Epidemiology and Demographics of Patients Hospitalized for Acute Pancreatitis in A Tertiary Pediatric Center

Mariam Mohamed Université de Montréal, **Alessandro David** Université de Sherbrooke, **Catherine Korman** McGill, **Thomas Li** Université de Montréal, **Doha Elhaoua** Université de Montréal, **Sara Blain** University of Ottawa, **Fernando Alvarez** Université de Montréal, **Colette Deslandres** Université de Montréal, **Martha Dirks** Université de Montréal, **Ugur Halac** Université de Montréal, **Kelly Grzywacz** Université de Montréal, **Michel Lallier** Université de Montréal, **Prévost Jantchou** Université de Montréal

Background/Purpose: A recent meta-analysis of 48 showed that the prevalence of acute pancreatitis (AP) was 16among the following etiologies: systemic disease, alcohol, medication, and infection in North American pediatric patients. However, data on the epidemiology of severe pediatric AP in Canada are lacking. We aim to evaluate the clinical presentation, etiologies, comorbidities, and outcome of pediatric patients with AP admitted to a tertiary hospital in Quebec, Canada.

Methods: A retrospective observational cohort study (January 2014-December 2021) was performed at the CHU Sainte-Justine. Descriptive analyses were performed with SAS statistical software.

Results: Among the 214 patients included (110(51%) males), 58(27.1%) were already hospitalized at time of AP diagnosis (secondary diagnosis) while 156(72.9%) were admitted from the emergency room (primary diagnosis). Thirty-two patients (15.0%) were transferred to the ICU due to hemodynamic instability or respiratory failure. Comorbidities included cancer (38(17.7%)) and obesity (17(7.9%)). The most identified etiologies were medication (19.6%) and biliary disease (16.3%). Despite extensive investigations, 26.2% of cases were idiopathic. The main complications were ascites (48(22.4%)) and necrotic pancreatitis (10(4.6%)). The median duration of hospitalization for AP as a primary diagnosis was 4 days (IQR 2-7) as compared to 22 (IQR 11-37) for AP as a secondary diagnosis.

Discussion: One third of hospitalized patients had an underlying condition requiring treatments that could cause AP, explaining the high prevalence of drug-induced AP in this report. The longest hospitalizations were associated with AP as secondary diagnosis. Ongoing work will identify factors associated with disease severity and outcome in primary AP.

P66

77401

The Effect of Expanding the Early Pregnancy Assessment Clinic (Epac) and Covid-19 on Emergency Department (Ed) and Urgent Care (Uc) Visits for Early Pregnancy Bleeding.

Harley Bray University of Manitoba, **Helen Pymar** University of Manitoba, **Chau Pham** University of Manitoba, **Tom Jelic** University of Manitoba, **Fran Mulhall** University of Manitoba

Background/Purpose: To assess EPAC expansion and COVID-19 impact on referrals from all EDs/UCs on patient visits for early pregnancy complications in Winnipeg, Canada.

Methods: Emergency Department Information Systems (EDIS) and EPAC data reviewed ED/UC visits for pregnancy <20 weeks and vaginal bleeding 1 year pre-COVID (March 12, 2019 to March 11, 2020) and during COVID (March 12, 2020 (first case in Manitoba) to March 11, 2021).

Results: There were fewer patient visits for vaginal bleeding or pregnancy of <20 weeks (4264 vs 5180), diagnoses of threatened abortion (1895 vs 2283) and ectopic pregnancy (78 vs 97) during COVID compared with pre-COVID, respectively. ICD 10 codes were missing in 849 (20%) and 1183 (23%) of patients during COVID and pre-COVID, respectively. Wait times for all patient visits improved during-COVID compared to pre-COVID (5.1 ±4.4 hours vs 5.5 ± 3.8 hours), more patients received obstetrical ultrasounds 761 (18%) vs. 787 (15%), and fewer patients returned within 30 days (1360 (32%) vs 1848 (36%); $p<0.01$). EPAC saw 708 patients (218; 31% new ED/UC) during COVID compared to 552 (37; 7% new ED/UC) pre-COVID. Fewer operative interventions for pregnancy loss (346 vs 456) and retained products (236 vs 272) were noted. Surgeries to treat ectopic pregnancy (106 vs 113) remained stable during the study time interval.

Discussion: Accurate identification of pregnancy complications was difficult with over 20% missing ICD 10 diagnostic codes. There were fewer ED/UC visits and surgical management for threatened abortion during COVID but ectopic pregnancy operative management remained unchanged.

P67

78235

Cbme as A Protective Factor Against Disruption in Medical Education

Norah Duggan Memorial University of Newfoundland, **Katrin Zipperlin** Memorial University of Newfoundland

Background/Purpose: Describe the advantages of a competency based assessment system in assessing undergraduate learners in the context of a clerkship disrupted by multiple shutdowns and system changes.

Methods: Data from student assessment during the core clerkships affected by the covid -19 pandemic as well as other systems disruptions at Memorial University Faculty of Medicine demonstrate that despite multiple changes in timelines and curriculum delivery, competency assessment methods allowed assessors to determine competency and preparedness for post-graduate training. Both progress and promotions decisions were able to be made with confidence based on the measurement of competency using programmatic assessment rather than time based assessment. Progress testing, longitudinal tracking of EPA entrustability, and individual coaching to enhance learner success all contributed to ensuring that the frequent disruptions did not negatively impact the success of learners in completing their program.

Results: Data from the grey literature demonstrating learner progression will demonstrate that adaptations to the curriculum did not negatively affect the learner's ability to develop competency or the preceptor's ability to make decisions regarding entrustability.

Discussion: Despite multiple disruptions in clinical learning and changes to schedules, order and length of rotations and delivery of academic curriculum, learners in Phase 4(clerkship) at Memorial University were able to be supported, coached and measure their progress through the competencies needed for graduation due to the use of programmatic assessment. Although hopefully we will not face as extensive a disruption to the system as in 2020-2021, the lessons learned also instruct how to support individual learners whose training is disrupted.

P68

78249

Assessing Self-Reported Burnout Rates Among Postgraduate Medical Education (Pgme) Trainees Before and During the Covid-19 Pandemic in Two Medical Schools in Alberta, Canada

Carol Hodgson University of Alberta, **Jon Osborne** University of Alberta, **Janet de Groot** University of Calgary, **Erica Dance** University of Alberta, **Craig Ferguson** University of Alberta, **Gavin Low** University of Alberta, **Gillian Shiau** University of Alberta, **Clair Birkman** University of Alberta

Background/Purpose: The Maslach Burnout Inventory (MBI-HSS MP) is validated for assessing burnout [Emotional Exhaustion (EE), Depersonalization (DP), and Personal Achievement (PA)] in healthcare workers. Research on resident burnout during COVID-19 shows little change from pre-COVID-19 burnout. Question was: did PGME trainees perceive different levels of stress before and during the pandemic, controlling for gender, Financial Worry, Clinical Hours Worked, Career Happiness, and Work-life Balance?

Methods: Study approved by both university ethics boards. Anonymous surveys were sent to Alberta PGME trainees in 2019 (pre-COVID-19), 2020/2022 (during COVID-19). The surveys included MBI-HSS MP, demographics, and potential stressors. Burnout sums were calculated. Burnout indices calculated using cut-off values (Dyrbye, 2014). MANOVA run with sum of EE, DP, PA, and Perceived-Daily Stress as dependent variables with year, gender, Clinical Hours Worked, Financial Worry, Career Happiness, and Work-life Balance as independent variables.

Results: MANOVA, independent variables were significant. Large effect sizes found for EE with Happy Career and Work-life Balance; medium effect sizes for DP and PA with Career Happiness, Perceived-daily Stress with Work-life Balance; adjusted R2 EE = .43, DP = .18, PA = .18, and Perceived Stress = .22. Percent burnout (EE>26) was 60.7%, 56.6%, and 74.4% in 2019, 2020, and 2022, respectively.

Discussion: Burnout related to perceived happiness with one's career and a feeling of work-life balance. The pandemic did not have a strong effect on burnout, controlling for other stressors. Study limitation was lower 2022 response rate. Burnout did not significantly increase because of the pandemic; the percentage of trainees with burnout was alarmingly high.

P69

78299

Teaching and Learning as Adventure

Sean Maurice University of British Columbia

Background/Purpose: I've recently had the great honour of being invited into the 3M National Teaching Fellowship.

Methods: In preparing my dossier for the Fellowship, I had the challenge and the opportunity to reflect deeply on my approach to teaching and learning. Through this process, I came to the realization that for me teaching and learning are adventurous undertakings.

Results: As a learner, I am at my best when I am uncertain about a new topic, but I am motivated to learn. As a teacher, I am at my best when I am a tad nervous about the topic, and thus motivated to be well prepared; and when I'm excited to try to share an important message with my learners, and thus motivated to do everything I can to make the message salient and relevant to the diversity of learners in the room.

Discussion: Through this presentation I will describe how teaching and learning can be viewed as adventure, and that this metaphor can help reinvigorate us as teachers and lifelong learners. I will also suggest some ways that we can use this perspective to help in recruitment and support of our colleagues for whom teaching might be secondary, at least as measured in hours of time spent, to research or clinical practice. Lastly, I will argue that an adventure mindset encourages us to accept a degree of risk and uncertainty, and that this is critical if we are to innovate and respond to the significant challenges we currently face in healthcare.

P70

76969

Getting A Grip on Creating Effective Educational Games for Health Care Professionals

Safaa El Bialy University of Ottawa

Background/Purpose: The advent of technologies and the global drive to implement educational games in healthcare education have transformed the world of medicine. Serious games are games that have an explicit educational purpose and are not intended to be played primarily for amusement. Using serious games for self-regulated learning enhance active student participation, with an overall positive effect on knowledge acquisition and skills development. However, the connection between pedagogical perspectives and serious games is weak. This article aims to share tips, based on review of the available literature that may help educators effectively implement games in healthcare education to avoid "black ice" pitfalls that educators may encounter.

Methods: PubMed, Embase, Cochrane were searched using predefined inclusion criteria for relevant articles between 2000 and 2022. Studies including the use and effectiveness of serious games in medical education were considered eligible

Results: Our search identified 650 articles, of which 31 met the inclusion criteria based on full-text screening. Peer reviewed articles on the effectiveness of serious games in healthcare education were included. All included articles confirmed a lack of rigorous assessment of educational games and an uncertain evidence of their effectiveness in learning

Discussion: Careful planning prior to, during and post implementation of games in education will help learners benefit to the most. Involvement of key stakeholders, such as educators, learners, program administrators, and games developers prior to and throughout the process is critical. Careful and selective choice of key design elements including Entrustable Professional Activities, and rigorous assessments will enhance learning and achievement of learning outcomes.

P71

78051

A Curriculum Ignored? the Usage of Official Curriculum Resources and Commercial or Peer Learning Resources

Donovan Makus University of Ottawa, **Anshu Kashyap** University of Ottawa, **Mark Labib** University of Ottawa, **Susan Humphrey-Murto** University of Ottawa

Background/Purpose: Medical students have many options for commercial or free educational resources that supplement or replace aspects of the medical curriculum. Despite this, there remains little evidence surrounding the prevalence, benefits, and drawbacks of these compared to the official curriculum.

Methods: A mixed methods survey of pre-clerkship uOttawa medical students was used to determine the usage, rationale, and perceived benefits and drawbacks of educational resources. The response rate was 57/342. Thematic analysis was used.

Results: Of 57 respondents (first year=21, second year=34, PhD=2) 98.2% report using third-party resources, with Upper Year Notes, Anki, and Question Banks being most common. Students report spending the majority (63%) of their time using these thirdparty resources. Official lecture slides or practice tests were reported to be used by 75.4%, but a quarter (26.3%) report not attending any non-mandatory lectures. There was a drop from 76.2% to 70.6% in attendance from year 1 to year 2. Advantages of third party resources listed were faster, more efficient, and easier to understand/search. Disadvantages were difficulty connecting unofficial resources and tests, the level of detail, and cost of third-party resources. Resources were generally discontinued because of cost (commercial resources) or learning style mismatch (free resources). Students predominantly learned about resources via peers (85.96%) or online searches (91.23%). 70.1% of students are satisfied with their studying methods with the main concerns being exam performance and time spent studying.

Discussion: Given the prevalence of these resources we suggest a need to consider why students are forsaking the formal curriculum and to reassess curricular reform.

P72

78122

Is Student Evaluation of Teaching Valid? Experiences From Undergraduate Medical Student Society Delivered Virtual Teaching on Ecgs

Sarah Edwards University Hospitals of Derby and Burton, **Phyllida Roe** Leicester Partnership Trust, **Zoe Hinchcliffe** National Health Service, **Jamie Scriven** National Health Service

Background/Purpose: The delivery of medical education has largely changed to an online format due to the COVID-19 pandemic. Student evaluation of teaching (SET) has become increasingly important over the last decade and is utilised for faculty hiring and promotion in many institutions. Peer versus student perception of teaching is widely researched, with differences in outcomes attributed to factors including teacher age, gender and presentation style. Through delivering a series of sessions by a single provider and delivery method (Zoom), most variables are eliminated. We wanted to understand the quality and validity of the feedback given.

Methods: This Clinical Diagnostic series included five teaching sessions over four weeks, which were advertised via Facebook. Two sessions were specific to ECGs and the others involved head CT, chest and orthopaedic radiographic interpretation. A simple feedback form was used and the data extracted and anonymised. The key questions asked were participants' perception of pre- and post-session knowledge. The same presenter was used to control for the variables mentioned above.

Results: Between 200-300 people attended each session, the majority of whom completed the feedback form. Broadly, pre- and post-knowledge for every session was similar. Interestingly, this consistency was also observed in feedback analysed for ECG-1 and ECG-2. Post ECG-1, knowledge was approximately 4 out of 5. However, participants attending ECG-2 after ECG-1 had pre-session knowledge of 3, where this was anticipated to have been higher.

Discussion: It was hypothesised that students' pre-session knowledge for ECG-2 would be higher than that of ECG-1. However, there was no significant difference in knowledge outcomes for those that attended both ECG sessions or those who attended only one; neither was there a significant difference when compared to the other three sessions. This calls into question the validity of SET and further work is needed to explore this anomaly.

P73

77711

The Global Operation Theatre: How Students Are Suturing the Gaps in Medical Education.

Kosha Gala International Federation of Medical students' Association, **Rannia Shehrish** International Federation of Medical students' Association, **Michelle Che Yan Lam** International Federation of Medical Students' Associations

Background/Purpose: The International Federation of Medical Students Associations (IFMSA), established in 1951, is one of the world's largest student-run organisations, representing approximately 1.3 million medical students. One of the organization's primary goals is to empower medical students to contribute to advancing their own medical education systems. As a result, IFMSA offers two programs: Teaching Medical Skills (TMS) and Medical Education Systems (MES), through which students can participate in local, national, or global activities within the organization's scope. Lastly, since 2020 IFMSA has been working to align all programs with the 2030 Agenda for Sustainable Development in order to assess the impact of our actions in achieving the Sustainable Development Goals.

Methods: All submitted activities from the program database were subjected to quantitative analysis. An evaluation of IFMSA Annual Impact Reports was also conducted. A Small Working Group is presently tracking the linkages between each program and SDGs and developing a toolkit for alignment of the future actions.

Results: Over 380 activities have taken place in the previous 7 years, benefiting approximately 900,000 people, including medical students, doctors, and the community. These activities include, but are not limited to: workshops, advocacy campaigns, conferences, and capacity building in areas such as social accountability, accreditation, basic life support, surgical skills.

Discussion: Medical students benefit from the educational system, providing them with a unique perspective that empowers them to be changemakers. This abstract reflects both the diversity of student activities and the impact of student activities on medical education innovation.

P74

78138

Adult Learning Design in the Development of an Academic Half Day Session

Jayson Stoffman University of Manitoba

Background/Purpose Post-graduate trainees serve a dual role as learner and practitioner, and their clinical education must be supported by an academic curriculum that meets the objectives of their training program. Concepts of adult learning design that encourage critical thinking and collaboration can enhance the effectiveness of academic sessions for adult learners.

Methods Adult learning principles are described in the consideration of an academic half day session for residents in Pediatrics. Deliberate incorporation of elements of critical learning in a social learning environment can encourage a transformational learning experience for the residents.

Results The model academic session described and the specific components have not yet been presented at the local center, but the underlying philosophy has been used in other teaching sessions. Evaluations from those sessions will be reviewed and collated, and those will be compared to sessions presented in a more traditional manner.

Discussion While specific session described is focused on a single topic, it illustrates adult learning techniques that can be broadly applied across different branches of medicine and different levels of learners. Inclusion of active learning techniques, critical thinking, classroom assessment, and formative evaluation can serve to enhance the academic component of post-graduate medical education.

P75

77683

Retrospective Study Assessing the Effects of Bariatric Surgery on Quality of Life and Comorbid Conditions in Obese Individuals

Nabil Merchant Royal College of Surgeons in Ireland, **Ally Auzad** York university, **Shannon Pereira** Brock University, **Kashif Irshad** The Royal College of Physicians and Surgeons, **Ali Hazrati** The Royal College of Physicians and Surgeons

Background/Purpose: The aim of the study is to report on the safety outcomes of performing bariatric surgery at an ambulatory surgical facility. We also hope to quantify changes in obese patients' comorbidities following gastric sleeve surgery.

Methods: We conducted a retrospective correlational study with adults over 18 to quantify the impact of laparoscopic gastric sleeve surgery on obesity comorbidities.Obesity related comorbidities were reported pre-op and patients were contacted post-op for reassessment.

Results: A total of 219 patients (177 women (80.8%) and 42 men (19.2%) with a mean age of 41.6 yrs and an average BMI of 37.3 underwent surgery. There were three reported complications post-op. No deaths were reported as a result of the surgery. Surgery led to a significant reduction in the number of pre-operative comorbidities (M= 0.8) compared to post-operative comorbidities (M=0.2); t (218) = 10.61, p=.05. An exact McNemar's test determined that there was a statistically significant difference in the number of self-reported comorbidities, pre-operation vs post-operation. Specifically, it showed statistically significant reduction in the incidence of diabetes, sleep apnea, hypertension, GERD, and chronic pain.

Discussion: The findings suggest significant improvement in obesity related comorbidities in patients who underwent the gastric sleeve surgery. Successful surgery can be safely preformed in an outpatient setting and it indicates that weight loss following gastric sleeve surgery is sufficient to improve comorbid conditions such as GERD, hypertension, sleep apnea and diabetes.

P76

76677

A Data Driven Virtual Learning Environment that Identified and Mitigated the Impact of Reduced Physical Interaction on Medical Education

Abstract unavailable.

P77

78248

Setting the Pace for Learners: A Theory-Informed Model of Motivational Design for Supporting Learners' Engagement and Academic Achievement

Adam Gavarkovs University of Toronto, **Rashmi Kusurkar** Amsterdam UMC location Vrije Universiteit, **Ryan Brydges** University of Toronto

Background/Purpose Owing to the disruption in teaching practices due to the COVID-19 pandemic, there has been renewed interest in finding ways to support trainees' motivation during instruction. Models of motivational design can help teachers identify the conditions for motivated engagement and provide them with design strategies to facilitate these conditions. Presently, however, there are no models of motivational design that consider the unique characteristics of trainees in the health professions.

Methods We synthesized two established theories of motivation and self-regulation - Control Theory and Self-Determination Theory - to generate a theoretical account of motivated engagement. Informed by this theoretical account and drawing on the empirical literature, we identified four key conditions that instruction should be designed to facilitate in order to instigate and maintain trainees' motivation.

Results The PACE model of motivational design states that trainees will become and remain motivated to engage with instruction when it is designed to: (1) help them identify a purpose for learning, (2) afford adaptability so that they can better align instruction with their purpose for learning, (3) make them feel confident that they can attain their goals, and (4) facilitate their engrossment in learning as they work towards their goals.

Discussion The PACE model proposes a set of theoretically-informed predictions regarding the effect of different design strategies on motivation, engagement, and achievement. Such predictions can be tested in future empirical studies, thereby providing support for the PACE model. By setting the PACE for learners, we believe that educators can help support trainees' motivated engagement with instruction.

P78

78261

An Old Wine Packed in A Fresh Bottle or A New Paradigm? an Innovative Moodle-Based Telesimulation System

Ilian Cruz-Panesso Université de Montréal, **Marie-Ève Lévesque** Université de Montréal, **Roger Perron** Université de Montréal, **Orzu Kamalova** Université de Montréal, **Nerlande Cadet** Université de Montréal, **Balkis Allani** Université de Montréal, **Géneviève Grégoire** Université de Montréal, **Pierre Drolet** Université de Montréal, **Mario Therrien** Université de Montréal

Background/Purpose: Telesimulation is increasingly recognized as an alternative to traditional face-to-face simulation. It can provide healthcare education, training and assessment. However one could argue that telesimulations mostly rely on a collection of unrelated tools that have not been designed to properly address the specific needs and principles on which simulation training is based. A major challenge is then to create a unifying environment able to provide all the required components needed by all participants to remotely collaborate in the design, management and sharing of telesimulations.

Methods: This report builds upon a telesimulation methodology reported elsewhere [1]. Its aim is to describe a telesimulation design system, integrated into the Moodle platform, which consists of three modules created to facilitate the design, the management and the sharing of telesimulation products.

Results: The design module is composed of a set of five plug-ins aimed at facilitating the collaborative design of telesimulations. It provides an open-editing system where content experts and other stakeholders involved in the design (educational advisors, technicians, standardized patients, etc.) can contribute and/or modify, synchronously or not, different templates in order to structure the curriculum and case creation. Telesimulation design teams can manage, validate and selectively release cases that can then be exported to the management module. The latter consists of a bundle of plug-ins that facilitate the planning and automation delivery of telesimulations. This module contains (1) a combined calendar to schedule training and standardization activities for the various groups intervening in the telesimulation (simulated patients, simulation instructors, etc.) and (2) an editing tool to set up and manage the parameters of the simulation (time, order of the scenarios) and the distribution of participants. Different telesimulation circuits can be programed ahead of time, a feature that can facilitate the management of objective structured clinical examination (OSCE) sessions. The parameters can be easily edited during the telesimulation, which is particularly important in case adjustments are needed due to connection issues. Finally, the sharing module is a collaborative library where telesimulation products can be shared with other users.

Discussion: The various uses of the Moodle telesimulation system for delivering training and assessment will be discussed as well as its role in facilitating interprofessional training. References 1. Cruz-Panesso, I., et al., A practical guide for translating in-person simulation curriculum to telesimulation. Advances in Simulation, 2022. 7(1): p. 14.

P79

78254

Examining Factors Influencing Accreditation Decisions

Roghayeh Gandomkar Tehran University of Medical Sciences, **Touba Mohassesi** Tehran University of Medical Sciences, **Marzieh Nojomi** Iran University of Medical Sciences

Background/Purpose: Despite the potential impact of accreditation on medical education programs, it has often been criticized for the validity of decisions. This study aimed at determining the factors affecting accreditation decisions for undergraduate medical education (UME) programs.

Methods: Data related to accreditation visits of 63 UME programs in Iran were reviewed. Characteristics of the site visitors' team (and head of the team) and UME programs were considered independent variables. Accreditation decisions at two levels as the ratings of the site visitors' team and accreditation committee were defined as outcome variables.

Results: Bivariate analysis showed that among variables, the head of the site visitors' team with clinical expertise and with the rank of full professor provided higher ratings to UME programs rather than basic science experts and associate professors, respectively. The average age of the site visitors' team demonstrated a positive significant correlation with the ratings of the site visitors' team. We did not find statistically significant correlations between independent variables and the ratings of the site visitors' team in multiple linear regression analyses. The age of the visited school was significantly associated with the accreditation committee decision which was not further confirmed in logistic regression analysis.

Discussion: The findings of this study support the validity of accreditation decisions in terms of demonstrating no relations between potential confounding variables and accreditation decisions in regression analysis. However, several reported relations in the bivariate analysis are indicative of considering training of site visitors and considering consistency in selecting the head and members of the team.

P80

78327

Curriculum Mapping of A Canadian Md Program to National Objectives in China

Tracey Hillier University of Alberta, **Hollis Lai** University of Alberta, **Keith Lau** University of Alberta, **Genna Di Pinto** University of Alberta

Background/Purpose: Curriculum mapping is a process of auditing and validating curriculum content against the intended instruction. A new initiative at the University of Alberta collaborates with the Wenzhou Medical University to complement the delivery of the medical program for an MD program in China. Although Canadian MD programs are rigorously mapped to demonstrate alignment of the content, the requirement of the Ministry of Education requires mapping of curriculum content to the Chinese Medical Education Standard. A pilot mapping initiative was devised to map an existing MD program curriculum to the Chinese medical education standard.

Methods: Two medical students retrospectively reviewed the content of a Canadian MD curriculum in the pre-clerkship years against the Biological Sciences Requirement of the Physician Qualification Examination Outline. A taxonomy of 22 different areas of the Chinese Curriculum was mapped against two years of instruction in Canada. Descriptive statistics are used to evaluate the overall coverage of the curriculum according to Chinese regulations.

Results: Students were able to identify 1052 linkages between the Canadian curriculum and the Chinese Basic science curriculum. Although coverage differs in granularity across 106 different topics in the curriculum, all topics were covered in the Basic Sciences with two exceptions. The presentation will include details of coverage differences on content, and time spent.

Discussion: Mapping one Canadian MD curriculum to international program requirements may give insight into the localized differences between cross-cultural programs, and enhance how trainees can be prepared when one curriculum is delivered in another standard.

P81

77843

One Small Step for Rubrics, A Giant Leap for Social Accountability

Prachi Shah University of Alberta, **Shelley Ross** University of Alberta, **Jill Konkin** University of Alberta, **Lillian Au** University of Alberta, **Ann Lee** University of Alberta

Background/Purpose: Incorporating social accountability into medical school curricula is an important step towards a healthcare workforce that adopts a social accountability approach to care. To highlight the importance of social determinants of health to patient experiences and outcomes, we introduced a new rubric for a required presentation during the Family Medicine clerkship. This rubric explicitly includes social accountability aspects - a change from the previous verbal encouragement to students to consider social accountability factors. We examined presentation slide decks submitted before and after the change to determine the effectiveness of the new scoring rubric in increasing student awareness of social accountability.

Methods: We conducted a content analysis of de-identified student presentations from two cohorts (pre vs post rubric change; presentations were blinded for condition). A data extraction guide was used to evaluate each presentation's inclusion of eight elements encompassing: social and societal inequities; possible solutions to those inequities; patient-centered discussion of inequities and solutions. Pre vs post scores on each element were analyzed using Independent-Samples Mann-Whitney U test with an alpha of .05.

Results: Significantly higher scores were found for post-change (N=67) versus pre-change (N=60) presentations across all 8 elements. However, standard deviation was much higher on all 8 elements post-change: not all presentations incorporated all (or any) social accountability elements.

Discussion: Explicitly incorporating social accountability into the presentation rubric appeared to encourage students to include social and societal inequities in their presentations. However, there is still work to be done, as amount and quality of discussion of social accountability factors was variable post-change.

P82

78246

Une Démarche Stratégique en Santé Fondée Sur La Responsabilité Territoriale Des Facultés : L'exemple De La Cidmef.

Ahmed Maherzi Université de Montréal, **Joel Ladner** Faculté de médecine, Université de Rouen, **Jean-François Meye** Faculté de médecine, Université de Libreville, **Christine Colin** Université de Montréal, **Claudine Lougue-Sorgho** Facuté de médecine de Ougadougou, **Mohamed Adnaoui** Faculté de médecine, Université de Rabat, **Charles Boelen** RIFRESS, **Marc Braun** Faculté de médecine, Université de Nancy, **Jean-Luc Dumas** Faculté de médecine, Université Paris13

Background/Purpose: Établir le lien de service aux populations entre les facultés de médecine et les territoires qu'elles desservent est un enjeu universel. Notre organisation, la CIDMEF, qui regroupe plus d'une centaine de facultés de médecine réparties dans plusieurs dizaines de pays francophones doit jouer son rôle pour comprendre les mécanismes de réussite de cette responsabilité des facultés de médecine et proposer des évolutions significatives dans la diversité des situations rencontrées.

Methods: Nous rapportons une politique stratégique globale dans cette vision universitaire francophone.

Results: Les missions de formation, de recherche et de gouvernance ont été revues pour aboutir à un déterminisme d'implication de la faculté dans son territoire et d'excellence au regard des services rendus. Répondre aux situations d'accès aux soins de santé de première ligne, de formation de personnels adaptés aux déterminants de santé des populations, réguler une politique de ressources humaines équitable sur l'ensemble des territoires, ouvrir la recherche dans toutes ses composantes interdisciplinaires de sciences humaines et sociales, sont des objectifs communs à mettre en œuvre à partir d'initiatives et d'expériences pilotes. Les actions d'inclusion de la société dans les missions universitaires, la labellisation d'une composante de responsabilité sociale dans la gouvernance, l'engagement des étudiants, sont des exemples de procédures nouvelles et porteuses de changement.

Discussion: Le déterminant de réussite principal au regard de l'excellence de la faculté dans ces missions de service aux populations reste la mise en place d'une dynamique d'assurance-qualité appliquée aux critères de responsabilité sociale et s'incluant dans la nécessaire démarche d'accréditation internationale des facultés de médecine.

P83

77528

Canada's Portal for Residency Program Promotion (CANPREPP)

Nada Strathearn AFMC, **Fran Kirby** AFMC

Background/Purpose: The COVID-19 pandemic severely disrupted medical residency education in Canada and placed a significant strain on programs and learners. With the interruption of visiting electives, programs had to pivot to a virtual engagement model while learners faced greater difficulty in their transition into residency. Thus, it was urgent to leverage technology to level the playing field by supporting residency programs in showcasing themselves and to provide learners with easy and equitable access to information and opportunities - hence the relevance of the CANPREPP tool. Moving forward, programs are continuing to conduct interviews virtually, making CANPREPP a crucial tool for students to explore and compare their residency options.

Methods: Launched in November 2020, CANPREPP is a free, easy-to-use one-stop-shop where prospective residents can explore residency programs and virtual events to increase their confidence in career decision-making. With a centralized National Calendar of Events and information on programs, learners can explore the best fit for their future. The second iteration includes added features highlighting the program, the people, and the place. Also new are learner and program accounts with added functionality and customization. In the next version, we intend to make the entire CANPREPP site accessible as per AODA guidelines and include a comparison tool for students to easily weigh one program against another.

Results: To date CANPREPP has seen over 70,000 users with over 200,000 site sessions and a total of nearly 250,000 page views. We have achieved an over 90% participation rate from Canadian residency programs with every single faculty of medicine in Canada contributing to CANPREPP. The CANPREPP National Calendar of Events has hosted over 500 events connecting learners and programs, providing a further opportunity to find the best fit.

Discussion: CANPREPP's timely launch during the pandemic was the only way for many learners to interact with prospective residency programs. As a result, almost half of learners surveyed for the 2021 R1 match were aware of CANPREPP, learners reported that the existence of CANPREPP saved them money, and overall CANPREPP contributed to their confidence in residency choices. In the post-pandemic era, CANPREPP will prove to be essential to students and program administrators as the go-to location for all information regarding residency programs and the transition into residency.