

The Richard K. Reznick Wilson Centre VIRTUAL Research Week

October 7, 2021
10:00-11:00 am

10 3x3 Presentations

This year, instead of a 'poster' session, we are creating the 3x3 session. This innovative format requires individuals to present their work in our virtual sessions using only **3 slides** for a total of **3 minutes**. This will be followed by a **brief Q&A** for **2-minutes**.

3x3 will be judged for the **best presentation award**.

Best 3x3 Award	
Judges	3x3 #s
Laura Brereton & Mahan Kulasegaram	1.1 to 1.10



3x3 SESSION #1: Thursday, October 7, 2021			
Facilitator: Victoria Boyd			
Judges: Laura Brereton & Mahan Kulasegaram			
Time	3x3 #	Title	Authors
10:00-10:05	1.1	Implementing a Fireside Chat Series as a Novel Approach to Teaching Health Equity in a Postgraduate Medical Education Academic Curriculum	Ceinwen Pope, Rebecca Shalansky, Donald C. Cole, Fiona Kouyoumdjian, Aaron M. Orkin, Onyenyechukwu Nnorom
10:05-10:10	1.2	Supporting Evidence-Based Medicine and Critical Appraisal Skills: Educators' perceptions of medical student training in health sciences research	Dario M. Ferri, Clara Moore, Kyung Joon Mun, Anna Chen, Debra Katzman, Joyce Nyhof-Young
10:10-10:15	1.3	Holding It Together While Apart? Investigating the Experiences of MD Students Quarantined due to COVID Exposure	Iris, Kim, Sallie, Han, David Rojas, Joyce Nyhof-Young
10:15-10:20	1.4	Re-Imagining Assessment in Portfolio: From Regulation to Inspiration	Kelti Smith, Nirit Bernhard, Stella Ng, Lindsay Herzog
10:20-10:25	1.5	Exploring the Experiences and Impacts of Research Role-Emerging Placements in Physiotherapy	Madeline M. Aarts, Hetavi Patel, Nicole M. J. Gastle, Michael A. Porreca, Simone G. V. S. Smith, Grace M. Underwood, Jaimie R. Coleman, Brenda Mori, Kristin E. Musselman
10:25-10:30	1.6	Exploring Family Physician Training Needs to Improve Cancer Patient Care	Marissa Sherwood, Janet Papadakos, Kulamakan Kulasegaram, Maria Martimianakis, Edward Kucharski, Meredith Giuliani
10:30-10:35	1.7	Creating and Sustaining the Pivot to Virtual Primary Care: Implementation and Evaluation of the Virtual Care Competency Training Roadmap (ViCCTR)	Batya Grundland, Risa Freeman, Mahan Kulasegaram, Maria Mylopoulos, Karina Prucnal, Nikki Woods
10:35-10:40	1.8	Building Spiritual Capital: Piloting a Spiritual History Taking Tool in a Clinical Skills Course for Pre-clerkship MD Students	Kyung Young Kim, Tsz-Ying So, Emily Kornelsen, Emily Brubaker-Zehr, Joyce Nyhof-Young
10:40-10:45	1.9	Learning to Collaborate Internationally: Lessons Learned from an Interprofessional Education Course with University of Toronto and Chinese University of Hong Kong	Sarah Gregor, Vivian Lee, Sylvia Langlois
10:45-10:50	1.10	Improving Knowledge and Attitude of Surgery Residents Towards 2SLGBTQIA+ Populations.	Sandra Gad, Michael Lisi, Heather Sampson

3x3 # 1.1

Implementing a Fireside Chat Series as a Novel Approach to Teaching Health Equity in a Postgraduate Medical Education Academic Curriculum

Ceinwen Pope^{1,2}, Rebecca Shalansky^{1,2}, Donald C. Cole¹, Fiona Kouyoumdjian³, Aaron M. Orkin¹, Onyenyechukwu Nnorom^{1,4}

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The University of Toronto's Public Health and Preventive Medicine Residency Program introduced a novel fireside chat series into our formal academic curriculum, focused on health equity. While calls for improving health equity-related competencies in public health training and leadership development pre-date 2020, the COVID-19 pandemic has highlighted the ongoing need for dedicated approaches to integrate equity into medical education. The Health Equity Fireside Chat series was co-developed and co-delivered by program faculty and resident learners in Spring 2021, occurring entirely virtually due to COVID-19 restrictions. Sessions were structured around learning objectives that aimed to supersede the traditional paradigm of didactic content delivery focused on specific equity-deserving populations. Three weekly sessions took place combining a brief didactic component, facilitated questions, and interactive discussion, followed by a fourth session dedicated to reflective dialogue. The format was intended to support faculty sharing experiences, pearls, and pitfalls emerging across their equity work as well as resident engagement. Feedback from debriefings and formal post-session surveys were overall positive and indicated the series successfully met learning objectives. There was consensus amongst organizers, speakers, and learners that the following elements of the fireside chat teaching method should be continued: learner engagement through the curricular development process, the fireside chat format, balance of theoretical and practical discussion including concrete examples of equity work, and engaged speakers with candid discussion. Modifications, specifically selecting faculty leads more systematically and including the voices of equity-deserving groups, should be made when there is the capacity to do so during non-pandemic times.

3X3 #1.2

Supporting Evidence-Based Medicine and Critical Appraisal Skills: Educators' perceptions of medical student training in health sciences research

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Introduction: Evidence-based medicine (EBM) allows physicians to integrate current evidence, clinical experience, and patient values into clinical decision making. It functions as an invaluable component of physicians' clinical toolkits and represents an important skill for medical students to master. EBM has been regularly incorporated into undergraduate medical education, with an emphasis on critical appraisal (CA). The UofT MD program has incorporated small group tutorials to teach EBM and CA in its Health Sciences Research (HSR) curriculum. Previous research indicates medical students feel HSR is effective in teaching CA to enhance care; however, little research has focused on educator perceptions.

Hypothesis/question: What are HSR tutor perceptions regarding HSR tutorial effectiveness in teaching EBM and CA skills?

Methods: A questionnaire surveyed the 71 HSR tutors using Likert-scale and free-response questions. Quantitative data was analyzed using descriptive statistics and qualitative data using descriptive content analysis.

Results: Analysis from 20 tutors (28% RR) indicated a majority felt HSR tutorials were effective in teaching EBM (90%, 18/20) and CA (95%, 19/20). The most effective teaching modalities: research proposals, assignments, and CA presentations. Three themes emerged i) time constraints, ii) student heterogeneity in experience/interest, and iii) desire for course review.

Conclusions: While HSR educators perceive the curriculum as effective in teaching EBM and CA, room exists for improvement in delivery and content tailoring to account for student diversity. This study may also help to inform other medical schools with EBM-based curricula on which modalities may be worth integrating/evaluating to further improve EBM and CA teaching.

3X3 #1.3

Holding It Together While Apart? Investigating the experiences of MD students quarantined due to COVID exposure

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Background: The COVID-19 pandemic has had a profound impact on medical education systems across the world. Since March 2020, over 60 MD students at the University of Toronto experienced two-week quarantines due to hospital or community exposures. While pre-clerkship students continued their learning virtually, the clinical instruction and education of clerks were more severely impacted. Ascertaining the nature of the educational challenges for these students and investigating the MD Program response are necessary to identify opportunities for future educational program development to better support the students.

Methods: In this qualitative exploratory study, the experiences of clerkship students who were quarantined due to COVID-19 exposure will be documented using a short online survey and a 30-min interview. All transcribed interview recordings and narrative survey responses will undergo thematic analysis to identify emergent themes in student experiences, concerns of participants and MD Program responses.

Expected Results: REB has been approved and surveys are being distributed. Interviews are pending. Study results and recommendations will help educational and student wellness leaders in the MD Program improve the design of psychosocial and educational support strategies during this constantly evolving pandemic situation. Lessons learned may have implications for other health profession programs across North America.

Conclusions: Supporting the well-being and learning experience of students is at the core of medical education. Our hope is to improve the delivery and quality of supportive responses to students by strengthening our understandings of what our trainees require, as well as of the institutional system within which they are embedded.

Re-Imagining Assessment in Portfolio: From Regulation to Inspiration

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Portfolio, a reflection-focused course that spans all four years of the University of Toronto's undergraduate MD program, uses social constructivist, humanistic, and transformative paradigms of education to foster the development of reflective practitioners. Health professions education has dominantly favoured behaviourist, cognitivist, and cognitive constructivist paradigms of education, emphasized by the abundance of assessment methods testing knowledge retrieval and competency mastery (Baker et al., 2021). While useful for assessing biomedical expertise, traditional assessments may fail to gauge and thus promote the nuances of reflective practices. In Portfolio, assessing a learner's progress towards becoming a reflective practitioner is integral. Students' reflections are assessed via rubrics, but the use of such traditional assessment methods in a course with contrasting epistemological origins has been problematized (Ng et al., 2015). Paradigmatically, traditional assessments are regulatory and reduce reflective practice to discrete objectives (Ng et al., 2015). Portfolio students report feeling judged on their subjective experiences, impacting student psychological safety and compromising the reflective space (Kumagai & Naidu, 2015). Furthermore, traditional assessments create the illusion of correct reflection methods, suppressing creativity and diversity. The application of traditional assessments on reflection-based practices risks undermining its major purpose: inspiring the student to develop and challenge perspectives of oneself, one's relationship to others, and the societal structures in which one operates (Kumagai & Lyson, 2009; Ng et al., 2019). Through a study that will engage theory-informed analysis of semi-structured qualitative interviews with key Portfolio informants, we ask: "How can we reimagine assessment to inspire students in a reflection-based curriculum?"

References:

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3X3 #1.5

Exploring the Experiences and Impacts of Research Role-Emerging Placements in Physiotherapy

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Purpose: Research role-emerging placements (RREPs) have been integrated into placement offerings in certain Canadian entry-to-practice physiotherapy programs. The purpose of the present study is to describe the experiences and impacts of RREPs completed by graduates of Canadian entry-to-practice physiotherapy programs.

Methods: Participants were recruited by purposive sampling and completed semi-structured interviews to explore their RREP experiences. Themes were identified using thematic analysis and collaboratively analyzed using the DEPICT model.

Results: Eleven participants who completed RREPs during their Canadian entry-to-practice physiotherapy programs (three men, eight women; 26.9 ± 2.7 years) took part in this study. The participants expressed that the RREP was a valuable experience. Four themes emerged from the data: (1) Motivators for Selecting an RREP included interest in research or a medical injury; (2) The RREP Experience involving benefits and challenges of the RREPs; (3) Impacts of Completing an RREP; and (4) Participant Suggestions for the Physiotherapy Programs, RREP site, and MScPT learner.

Conclusions: RREPs are valuable placement opportunities for learners in Canadian entry-to-practice physiotherapy programs facilitating the development of Essential Competencies in a non-traditional setting. RREPs could be considered as a placement opportunity for other allied health programs, as the skills gained are beneficial for all healthcare professionals.

3X3 #1.6

Exploring Family Physician Training Needs to Improve Cancer Patient Care

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Background: Family physicians are one of the main groups of health care professionals involved in cancer patient care. Key responsibilities include screening, prevention, follow-up, and survivorship care, communicating with the oncology team and being primary support systems for patients. The educational needs of family physicians in cancer care are poorly understood and available resources typically lack in consensus or broad implementation. Historically, medical education in oncology is perceived as poor across all levels of training. As most Canadian medical students will go on to become family physicians, the need to explore the family physician perspective in cancer care is crucial.

Methods: Our study objective is to explore the needs and perspectives of family physicians regarding their training and experiences in cancer patient care. Research questions include “How does medical education prepare family physicians to care for their patients with cancer?” and “How prepared do general practitioners perceive to be for their roles in cancer care?” Ontario family physicians will be recruited, via Ontario Health-Cancer Care Ontario (OH-CCO) primary care leads, to participate in semi-structured virtual interviews focused on their oncology educational needs and perceptions. Responses will be coded and explored through thematic analysis and qualitative description.

Plans for Implementation: Findings from this work will be shared with undergraduate medical education leads at local medical schools, the provincial family medicine table and ideally future oncology continuing medical education for family physicians, with the hope for larger scale curricular change in medical training.

3X3 #1.7

Creating and Sustaining the Pivot to Virtual Primary Care: Implementation and Evaluation of the Virtual Care Competency Training Roadmap (ViCCTR)

Batya Grundland MD, MEd, CCFP; Risa Freeman, Risa MD, MEd, FCFP; Mahan Kulasegaram PhD; Maria Mylopoulos PhD; Karina Prucnal MD, CCFP; Nikki Woods PhD

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With the onset of the COVID-19 Pandemic, and the imperative for physical distancing, family physicians rapidly pivoted to providing virtual care to their patients. However, formal instruction on virtual care has not previously been included in program curricula for family medicine residency training nor as part of continuing education programs. The *Virtual Care Competency Training Roadmap (ViCCTR)* is an education program consisting of online modules that provide content, resources, and assessment supporting development of skills necessary to ensure comprehensive, thoughtful and sophisticated virtual care. This program was disseminated among all family medicine residents at the University of Toronto and is being offered as a resource for faculty development locally and provincially. This presentation will describe the development of the ViCCTR modules, their implementation, and their dissemination. Both quantitative and qualitative program evaluation data will be described. Future directions for the ViCCTR modules based on the evaluation data will also be included.

3X3 #1.8

Building Spiritual Capital: Piloting a Spiritual History Taking Tool in a Clinical Skills Course for Pre-clerkship MD Students

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Purpose: Spirituality involves an individual's felt sense of purpose, connection with others, and ability to find meaning in life, which can help patients ease difficult life transitions and maintain hope and health. Unfortunately, spirituality is frequently neglected in healthcare. Until the 2018-2019 academic year, medical students at the University of Toronto were not explicitly taught spiritual history taking (SHT) in their clinical skills course, the Integrated Clinical Experience (ICE). This qualitative research project aimed to integrate SHT into the medical school setting, pilot it in the first-year clinical skills curriculum, and evaluate the outcomes of the 3-year pilot.

Methods: SHT was adapted with expert stakeholder (e.g. medical students, Indigenous curriculum co-leads, spiritual care experts) input and piloted in a subsection of tutorial groups in the first-year ICE Social History Taking sessions from 2018-2020 for 2 cohorts of pre-clerkship medical students. In 2020-2021, SHT was integrated in all first-year ICE tutorial sessions. Surveys, focus groups, and individual student interviews investigated students' experiences and perceptions of SHT in the first-year ICE curriculum. Basic descriptive statistics and descriptive thematic analysis were used for data analysis.

Results: We have developed and piloted a novel SHT session template that has now been implemented across the first-year curriculum.

Conclusion: Data collected over 3 academic years indicates that this session improves students' awareness of and comfort in asking about a patient's spirituality. We hope to complete data analysis and interpretation by the end of this summer and have a completed manuscript by the end of 2021.

3X3 #1.9

Learning to collaborate internationally: Lessons learned from an interprofessional education course with University of Toronto and Chinese University of Hong Kong

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Background: Interprofessional Education (IPE) is known to help promote collaborative practice in healthcare, which in-turn has positive effects on patient care. While there is evidence of IPE being practiced in over 40 countries, there is little evidence describing how to engage in IPE internationally. University of Toronto (UofT) and Chinese University of Hong Kong (CUHK) health professional students jointly participated in a novel four-week IPE online course. The aim of this work is to learn about the experience of participating in an international IPE course, as well as to gain insight into how similar international IPE learning experiences should be structured in the future.

Methods: Two focus groups were separately conducted with UofT and CUHK health professional learners. Focus groups were audio recorded, transcribed verbatim, and data will be synthesized to identify common themes.

Results: Preliminary analysis from the UofT focus group shows that students felt that the international IPE learning experience was valuable, however, could be enhanced by increasing the time working on patient cases in small groups to promote better collaboration and building of meaningful relationships. Students also recommended a more equal workload between students from both countries, and a greater emphasis on learning about the similarities and differences between the Canadian and Hong Kong healthcare and IPE systems.

Discussion: There are benefits to engaging in international IPE courses. However, consideration of how courses are structured, specifically ensuring there is ample time for collaboration, is critical for the success of these programs.

3X3 #1.10

Improving knowledge and attitude of surgery residents towards 2SLGBTQIA+ Populations

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Background: 2SLGBTQIA+ Two-spirit, lesbian, gay, bisexual, transgender, queer, intersex and asexual individuals tend to experience worse health outcomes compared to their heterosexual, cisgender counterparts.^{1,2,3,4,5,6} These disparities are often exacerbated by implicit bias of healthcare providers towards 2SLGBTQIA+. ^{1,4} Negative past experiences with healthcare services, compounded with fear of victimization and stigma, created barriers for 2SLGBTQIA+ patients for meaningful medical care.^{1,2,3,6}

Previous studies have documented these disparities within various specialties. Streed et al. highlighted how internal medical residents were unaware that health disparities specific to 2SLGBTQIA+ even existed.³ Moreover, 80% of practising endocrinologists did not receive any training prior to providing care to transgender patients.⁴ Highlighted deficiencies in our health care are further limited by lack of health-specific 2SLGBTQIA+ data.^{1,3}

Methods: Our study objective is to explore the knowledge and 2SLGBTQIA+ allyship of surgery residents within Canada. The project will use LGBTQ Ally Identity Measure (AIM)-a validated instrument to measure resident's current levels of ally identity development.⁵ The survey focuses on three subsets: Knowledge and Skills, Openness and Support and Oppression Awareness. AIM will be distributed to surgical training programs across Canada. Responses will be coded analysed through SPSS.

Plans for Implementation: Improvement of care for 2SLGBTQIA+ will help alleviate some of the health burden experienced by 2SLGBTQIA+ patients. This project will provide a foundational framework to develop effective training programs to mitigate surgery residents' implicit bias against 2SLGBTQIA+ patients.

References

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