

The Richard K. Reznick Wilson Centre VIRTUAL Research Event

Thursday, October 14, 2021
10:00-11:00 am

11 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
Ayelet Kuper and Adam Gavarkovs	2.1 to 2.11



3x3 SESSION #2: Thursday, October 14, 2021			
Facilitator: Sanne Kaas-Mason			
Judges: Ayelet Kuper and Adam Gavarkovs			
Time	Poster #	Title	Authors
10:00-10:05	2.1	Evaluating A Shift to Virtual OSCEs in Medical Education	Jenny Cho, Joyce Nyhof-Young, Giovanna Sirianni
10:05-10:10	2.2	Designing an Online Community of Practice Platform for Undergraduate Teachers at the University of Toronto: A Pilot Study	Anthony Botros, Rofail Wagdy, Christine Wu, Heather Sampson, Sofia Khan
10:10-10:15	2.3	Mixed Methods Evaluation of a Racial Microaggression Workshop for Master of Science Occupational Therapy Students	Shannon Giannitsopoulou, Bismah Khalid, Ruheena Sangrar, Anita Balakrishna, Jane A. Davis
10:15-10:20	2.4	Simulation Curriculum in Ultrasound-Guided Cannulation of the Subclavian Vein using a Low Cost, High Fidelity 3D Model	Sharon Peacock, Sabine Nabecker, Cristian Arzola, Alberto Goffi, Ryan Brydges, Naveed Siddiqui
10:20-10:25	2.5	Psychotherapy Simulations, Learning Outcomes, Knowledge Exchange & Mentalizing	Paula Ravitz, Nancy McNaughton, Jon Hunter, Sophie Soklaridis
10:25-10:30	2.6	Clinician Scholar Program: Need Assessment Focus Groups with Psychiatry Residents and Faculty	Certina Ho, Christina Truong, Sara Dawood, Kathleen Sheehan, Sanjeev Sockalingam
10:30-10:35	2.7	Promotions Primer: A Five-Year Review	Certina Ho, Yifan Zhou, Sanjeev Sockalingam, John Teshima
10:35-10:40	2.8	The Effects of a Residency Curriculum Change on Near-Peer Mentorship of Radiation Oncology Residents	David Mak, Shawn Loewen, Janet Papadakos, Joanne Alfeiri, Paris-Ann Ingledew, Jennifer Croke, Meredith Giuliani
10:40-10:45	2.9	Qualitative Evaluation of an Anti-Oppression Symposium for Interdisciplinary Health Care and Research Learners	Neha Malhotra, Gagan Singh, Shannon Giannitsopoulou, Bismah Khalid, Helen, Yang, Janaksha Linga-Easwaran, Joyce Nyhof-Young
10:45-10:50	2.10	Evaluating the Orientation Experience for IMGs Entering PGY1 Psychiatry Residency- A QI Project	Petal S. Abdool, Certina Ho, Maaria Arif, Joo-Young Lee, Sanjeev Sockalingam
10:50-10:55	2.11	Clinical Trials and Limited Health Literacy: A Scoping Review	Ali Mardini, Ben Umakanthan, Zaira Escamilla Gonzalez, Karen Lawrie, Rouhi Fazelzad, Meredith Giuliani, Sean Motwani, Margarita Rashev, Janet Papadakos

3x3 # 2.1

Evaluating A Shift to Virtual OSCEs in Medical Education

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Background: With the global surge of COVID-19, medical schools were forced to adapt curricula and assessments from in-person to virtual. This included Objective Structured Clinical Examinations (OSCEs) that assess key clinical skills in a standardized fashion. Initial literature of virtual OSCEs (vOSCE) has shown overall acceptability and feasibility, but has been limited by small cohorts and a lack of validity evidence.

Purpose: The study team evaluated the vOSCE experience from the perspective of the University of Toronto's MD Program, with its relatively large population of 250 students and 180 faculty assessors.

Methods: This arm of the mixed methods program evaluation focused on a qualitative evaluation using student and assessor focus groups. Transcripts were reviewed independently by two team members through constant, comparative, descriptive thematic analysis.

Results: Five major themes were the benefits and drawbacks of the vOSCE for clinical skills assessment, recommendations for vOSCE preparation, the pros and cons of the technology utilized, professionalism and equity in the virtual environment, and key areas of divergence between student and assessor perspectives.

Impact: Participant recommendations are informing local program development efforts. The qualitative lens of this project also has implications for the future use of vOSCEs in medical education more broadly.

3x3 #2.2

Designing an Online Community of Practice Platform for Undergraduate Teachers at the University of Toronto: A Pilot Study

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Background: Many physicians are interested in taking on medical education opportunities. However, some physicians lack connection within a community and academic institutional support. For instance, at the University of Toronto, physicians supervise medical students in a clinical program known as Family Medicine Longitudinal Experience (FMLE). There are over 150 preceptors, predominantly community-based physicians, spread out geographically without structured academic support and have limited collaborative opportunities.

Objective: Our primary objective is to design an online community of practice (COP) for physicians in the FMLE program to facilitate collaboration and resource sharing. Besides, our secondary objective is to design a mixed-methods evaluation strategy to measure the program's level of success. The aim is to research and build a platform of COP based on the previously conducted literature review and surveys of FMLE preceptors.

Methods: We conducted an extensive comparison between different existing platforms. Such platforms were reviewed based on recommendations from the literature review, as well as, researching novel platforms. Additionally, we are in the process of creating a survey to measure the effectiveness of our designed platform.

Results: Currently, we are tailoring and optimizing Microsoft Teams in accordance with FMLE program needs.

Conclusion: Designing the online platform for FMLE preceptors will help educators interact, and thus, provide a space for faculty to collaboratively reflect on, review, and update current teaching practices.

3x3 #2.3

Mixed Methods Evaluation of a Racial Microaggression Workshop for Master of Science Occupational Therapy Students

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The 2.5-hour workshop, titled "Interrogating and Interrupting Racial Microaggressions," was provided to 133 Department of Occupational Science and Occupational Therapy professional entry-level masters students in June 2021. The workshop used a critical race theory lens to present and discuss microaggression definitions, their impact within occupational therapy settings, and strategies for self-advocacy and allyship. A mixed-methods pre-post survey design was used to capture respondent demographics and evaluate change in knowledge of microaggressions (5 items; multiple choice), change in confidence to respond to microaggressions (7 items; 5-point Likert scale), and satisfaction with the workshop (5 items; 5-point Likert scale; and one open-ended comment box). A single-tailed Wilcoxon signed rank test (5% significance) was conducted on paired samples of the multiple-choice questions and two summed Likert scales. Content analysis was used for categorization of workshop satisfaction comments. Nineteen workshop participants responded to the surveys (mean age=25 years; range=22–50), with ten respondents (52.3%) identifying as racialized. Mean knowledge of microaggressions increased post-workshop by 21.64% with statistical significance ($TS=5 \leq CV=10$). Summed mean confidence in responding to microaggressions increased by 22.88% with statistical significance ($TS=3.5 \leq CV=47$). Respondents perceived the workshop to be organized with knowledgeable facilitators; insightful and useful; an initiator of after-class peer conversations; and an effective mix of didactic and participatory learning. They suggested a shortened workshop duration and addition of a discussion on complicity of universities in upholding inequities. Results will inform course content on microaggressions for health- professions and social services students. Future directions include research on long-term workshop impacts.

3x3 #2.4

Simulation Curriculum in Ultrasound-Guided Cannulation of the Subclavian Vein using a Low Cost, High Fidelity 3D Model

Sharon Peacock^{1,2}, Sabine Nabecker^{1,2}, Cristian Arzola^{1,2}, Alberto Goffi^{2,3}, Ryan Brydges^{2,4}, Naveed Siddiqui^{1,2}

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Background: Central venous access is a fundamental skill in perioperative medicine and critical care. A lack of competence exists with ultrasound-guided (US) subclavian venous (SCV) access, with the lowest rate of success compared with femoral and internal jugular cannulation. The limiting factors for US-SCV access are likely paucity of resources and lack of experience of staff physicians. It is vital to maintain this skill as there might be benefit to this location in certain circumstances.

Objective: To design a low resource intensive, high yield curriculum that incorporates the 3D model to enable practice toward competence, mastery and maintenance of ultrasound-guided SCV cannulation.

Method: A qualitative study design using a usability test-design to evaluate a curriculum that included a reference to a peer-reviewed video by NEJM, a handout explaining the rationale and conceptual knowledge of the steps in the video, a lecture focusing on integrated procedural and conceptual knowledge, hands-on practice using a 3D subclavian model, and a post-curriculum test focused on reflection. A focus group was run after each session obtain face validity of the curriculum.

Impact: After four test-design cycles a curriculum was created incorporating didactic teaching and simulation to instruct on US-guided SCV in a cost effective manner. This tool can be used for novices to learn, and experts to maintain skills in an infrequently performed task. The longterm impact is to enhance patient care and safety through competence and retention of the technical skill and to benefit the scientific community who will have open access to a low-cost training tool.

3x3 #2.5

Psychotherapy Simulations, Learning Outcomes, Knowledge Exchange & Mentalizing

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Psychotherapies are effective, consensus guideline-recommended treatments for common mental disorders, yet under disseminated, with a need to scale access by patients in need of care. One way of scaling access is through training of inter-professional providers at differing levels of stepped care. Psychotherapy training has potential to improve providers' technical skills, interpersonal effectiveness, therapeutic alliances, quality of care and clinical outcomes. Psychotherapy teaching has historically involved seminars, workshops, readings and case-based discussions without learners being observed, practicing with rehearsal, or observing of experts' demonstrating skills. This differs from other medical procedural skills teaching. Simulations with standardized patients provide opportunity for safe rehearsal, observation, and experiential learning. Curriculum that leverages live or videotaped captioned simulations of psychotherapy with standardized patients can be used for scalable teaching and knowledge exchange with a range of health providers. In addition to teaching psychotherapy modality-specific rationales and technical skills, experiential learning through simulations is hypothesized to advance trainees' mentalizing abilities, professional development and competence within therapeutic alliances and learning alliances. This presentation reviews discoveries and learning outcomes that apply knowledge exchange and mentalizing theories with the use of simulations in psychotherapy and therapeutic communication capacity-building initiatives with front-line mental health providers, case managers, and family medicine and psychiatry residents.

3x3 #2.6

Clinician Scholar Program: Need Assessment Focus Groups with Psychiatry Residents and Faculty

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Background: The newly developed Clinician Scholar Program (CSP) at the Department of Psychiatry supports and enhances the training of psychiatry residents interested in pursuing academic careers in education scholarship, quality improvement (QI), and other creative professional activities (CPA).

Purpose: Our project aims to identify seminar topics and key considerations in curriculum development of the CSP to support education and training of residents interested in these fields.

Methods: We conducted three virtual need assessment focus groups with a total of 10 senior psychiatry residents, junior and senior faculty members within and beyond the Department of Psychiatry. We asked about their perceived learning needs of psychiatry residents who are interested in education scholarship, QI, and CPA. Two independent reviewers performed thematic analyses of the focus group transcripts and summarized the key findings.

Results: Recommendations for CSP seminars included grant-writing workshop, ethics board approval, time management, and opportunities for residents to present their projects. Creating a community of practice where residents can learn about career trajectory, network with colleagues and mentors was also suggested. Focus group participants emphasized the importance of parity between this new program and the Department's Clinician Scientist Program in terms of funding allocation and departmental support.

Discussion: This project provided an insight on psychiatry residents' and faculty members' perception of curricular needs and support for residents in the new CSP.

Conclusions: The CSP seminar topics are expected to best support education and training of psychiatry residents interested in education scholarship, QI, and CPA.

3x3 #2.7

Promotions Primer: A Five-Year Review

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Background: To provide guidance and support to faculty through the promotion application process, the Department of Psychiatry introduced the Promotions Primer (PP) in 2014. PP is offered annually as a half-day workshop, during which experienced faculty members provide general information, share tips and strategies, and past examples of faculty promotion dossiers.

Purpose: Our project is aimed to conduct the first five-year review of PP since its inception.

Methods: We retrieved and compared the number and percentage change of promotion applications and successful promotions, respectively, between 2011-2014 and 2016-2019 (i.e. four years pre- and four years post-PP), and excluded promotions data from the transition year of 2015. We also matched corresponding attendance data of PP for those who were successfully promoted in 2016-2019.

Results: We identified an overall increase of 2% in promotion applications, and an overall 4% increase in successful promotions from 2011-2014 to 2016-2019. However, only 30% of those who were successfully promoted were PP attendees in 2016-2019.

Discussion: An increase in number of faculty members over the years may contribute to the increasing number of promotion applications; and PP attendees might already have a vested interest in promotion applications. Hence, the absolute impact of PP on the number of promotion applications and successful promotions may be difficult to measure.

Conclusions: Qualitative input from PP attendees and promotion applicants, including their promotion paths (e.g. research, educational scholarship, or creative professional activity) will be helpful to guide our next administration of program evaluation.

The Effects of a Residency Curriculum Change on Near-Peer Mentorship of Radiation Oncology Residents

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Background: Near-peer mentorship (NPM) can be defined as the educational support and guidance provided by senior learners to those more junior within the same stage of educational training (i.e. Residency). While NPM has shown to benefit academic success and professional growth, little data has examined contextual factors that may impact the content and quality of near-peer interactions. One such important factor to consider is curriculum change. Such interval evolution of medical training is necessary and confers many of the same academic and professional benefits as NPM. However, no studies have examined its potential to interrupt informal knowledge transmission occurring through NPM. This study aims to address this knowledge gap by examining NPM before and after a Canada-wide curriculum change in post-graduate Radiation Oncology (RO) training.

Methods: Two cohorts of Canadian RO residents were invited to participate - one being the final year before, and the other being the inaugural year, of a new residency curriculum. Participants engaged in semi-structured interviews until saturation, followed by anonymized transcription. Iterative data collection was conducted in parallel, along with thematic analysis methods using both deductive and inductive analysis to generate themes describing the research findings.

Results: At this time, interviews and thematic analysis remain ongoing. We hypothesize that a curriculum change will not hinder NPM occurrence, but it may effect the content and quality of near-peer discussions.

Conclusions: NPM remains an important aspect of residency training. Minimizing the potential negative impact of curriculum change on NPM is likely to be beneficial for trainees.

3x3 #2.9

Qualitative Evaluation of an Anti-Oppression Symposium for Interdisciplinary Health Care and Research Learners

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Symposia provide learners with new knowledge, shared experiences, and collaborative opportunities (Neves et al., 2012; Milko et al., 2015). As an intervention to persisting inequities in Canadian health services, education, and research, students organized the inaugural “2021 Anti-Oppression in Health Care and Sciences Learner-Led Symposium”, inviting Temerty Faculty of Medicine learners to present their anti-oppression research and initiatives.

Applying a social constructivist paradigm within a qualitative approach, this QI study evaluated the Symposium, exploring its impact on students’ knowledge of anti-oppression research, peer networking opportunities, understanding of anti-oppressive research methods, and overall capacity to engage in anti-oppression work.

One-hour attendee interviews and a focus group with the student organizing committee were conducted. Descriptive thematic analysis revealed the Symposium was an effective tool for overcoming barriers experienced by health education students engaging in anti-oppressive research and initiatives. Identified barriers included a lack of resources and supports, silos between health education departments, antagonistic attitudes towards anti-oppression, racism within health education, a wide-spread lack of understanding of core anti-oppression concepts within health education, and undervaluing of anti-oppressive research/initiatives within health sciences.

Emergent themes indicated the Symposium addressed barriers by: 1) providing a supportive community; 2) garnering attendance of students with strong anti-oppression knowledge; 3) creating a safe(r), anti-racist space, 4) breaking down interdisciplinary silos, and 5) providing learnings on anti-oppressive praxis from sector leaders.

Results will inform future anti-oppression symposia across Canadian health institutions. Future directions include research on broad, sustainable solutions to barriers to learner-led anti-oppressive research and initiatives in health education.

3x3 #2.10

Evaluating the orientation experience for IMGs entering PGY1 Psychiatry Residency- A QI Project

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Introduction: International Medical Graduates (IMGs) represent a heterogeneous group of trainees that face unique challenges. Several studies identify these challenges, which include communications issues, isolation and immigration issues. A needs assessment of Canadian IMGs was published in 2009 and informed the Transition to Residency orientation curriculum.

Since 2016, no follow up was done to assess IMG perception of this half-day orientation and gather qualitative data on how it helps with longitudinal challenges. In addition there has been no exploration of experiences of discrimination or inequities and how IMGs should be supported during orientation.

Methods: A Focus Group Guide was designed and used in two virtual focus groups with IMG Psychiatry Residents. Residents unable to attend the focus group were offered email responses to the focus group questions or individual virtual interviews. Two independent reviewers reviewed the transcript to perform a thematic analysis to analyze and summarize key findings.

Results: When this study was conducted 29 IMG residents were enrolled in Psychiatry. Eight residents attended each focus group and four had 1:1 meetings. This reflected a 68% response rate. Emerging themes included a recommendation for more networking and mentorship opportunities, less overlap with existing non-IMG orientation content covered elsewhere and for continued wellness supports. Residents also expressed a desire for increased support around discrimination and exposure to micro-aggressions from Faculty.

Discussion: This study identified key areas for improvement and provided insights into needs related to discrimination. This data can inform curricular changes to improve the IMG orientation program to better support IMGs transitioning into residency.

Clinical Trials and Limited Health Literacy: A Scoping Review

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Background Clinical Trials are the steppingstone for the progression of healthcare. Limited health literacy (HL) is a persistent barrier for clinical trial efforts ensuing poor volunteer recruitment and retention particularly for non-white, elderly, and low socioeconomic-status patients. The implications of these disparities on clinical trials include lack of results' generalizability, increased recruitment costs and failure to meet recruitment deadlines.

Objectives Our scoping review highlights what is known about HL in the context of clinical trials. Our objective is to provide an overview on the knowledge and interventions addressing HL in clinical trials and identify research gaps.

Methods The literature search involved 25471 studies ranging from 1992-May 2020. We used these databases: Medline ALL, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, Embase, Emcare, and PsycINFO. Original research that met the following criteria was included: Exploring HL at Patient/Provider/Systemic Level, Participant age ≥ 18 years, Clinical Trial Setting (clinical care contexts were excluded), English language, Detailed methodology and results. After title and abstract screening, 748 studies transitioned to full text review with resultant studies moving to data extraction.

Results Distrust of researchers, time restrictions and financial constraints were significant barriers to minority participation in trials among other themes. Healthcare providers cited poor incentivization and absence of streamlined trial volunteer referral systems. Educating the public about clinical trials in general substantially improved HL and trial recruitment.

Significance This study will guide future clinical trials on ways to address HL with more equitable and cost-effective strategies that fortify trials' external validity.