Wednesday, October 20, 2021
Session 2:   Lessons in Learning
Moderator: Nathan Cupido
Time Limit: 10-min presentation followed by 5-min Q&A

Time	Pod #	Title	Authors	Presenter
1:00-1:15	2.1	"Next Steps Are…": An Exploration of Coaching and Feedback Language in EPA Assessment Comments	Leora Branfield Day, James Rassos, Maxime Billick, and Shiphra Ginsburg	leora.branfieldday@wchospital.ca
1:15-1:30	2.2	Fighting Fires and Battling the Clock: Theorizing Resident Approaches to Advance Care Planning in Primary Care	Tavis Apramian, Olivia Virag, Erin Gallagher, Michelle Howard	tavis.apramian@medportal.ca
1:30-1:45	2.3	"Patients are the People who Teach me the Most" – Exploring Resident Perspectives on the Development of Physician-Patient Communication Skills	Gabriel Burke, Lindsay Melvin, Shiphra Ginsburg	gabriel.burke@mail.utoronto.ca
1:45-2:00	2.4	Adoption of Massive Open Online Courses Amongst Newly Graduated Occupational Therapists	Andrea Duncan, Meera Premnazeer, Gobika Sithamparanathan	a.duncan@utoronto.ca

University Health Network
Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

Faculty of Medicine
University of Toronto

PODIUM 2.1 -- 1:00-1:15 [10 min presentation followed by 5 min Q&A]

"Next steps are…": An exploration of coaching and feedback language in EPA assessment comments

Leora Branfield Day[1], James Rassos[1], Maxime Billick[1], and Shiphra Ginsburg[1,2]

    1. Department of Medicine, University of Toronto
    2. The Wilson Centre
Leora.BranfieldDay@wchospital.ca

Background: Entrustable Professional Activities (EPA) assessments are intended to facilitate more meaningful, low-stakes feedback and coaching, partly through the provision of written comments. We analyzed the comments on communication skills EPAs in a cohort of internal medicine (IM) residents for evidence of feedback and coaching.

Methods: All written comments from EPA assessments of communication (n = 274) were retrospectively collected from the 2018-2019 first-year IM resident cohort (n = 82) at the University of Toronto. Politeness theory was used as a sensitizing concept and data were analyzed using principles of constructivist grounded theory.

Results: Nearly all EPA assessments (94%) contained written feedback on observed, focused encounters. The majority of comments contained coaching language, including phrases like "continue to", "don't forget to", and "next steps are", followed by specific suggestions for improvement or reinforcement of desired behaviours. A variety of words, including "autonomy" and "independence," denoted entrustment decisions. In some cases, feedback was generic or non-specific (e.g., "Great communicator!") or lacked personalized, actionable suggestions for improvement. Politeness strategies were pervasive, especially when critical feedback was provided, seemingly to minimize harm to the supervisor-trainee relationship.

Conclusions: EPA assessment comments contained language indicating coaching and feedback, suggesting that they are being used by faculty as intended as a means of in-the-moment feedback to promote learning. Yet, the frequent use of polite language suggests that EPAs may be higher-stakes than expected, highlighting a need for changes to the assessment culture and improved feedback literacy to harness the potential of written comments.

PODIUM 2.2 -- 1:15-1:30 [10 min presentation followed by 5 min Q&A]

Fighting Fires and Battling the Clock: Theorizing resident approaches to advance care planning in primary care

Tavis Apramian[1], Olivia Virag[2], Erin Gallagher[3], Michelle Howard[3]

[1] Division of Palliative Care, Department of Family & Community Medicine, University of Toronto
[2] Department of Family Medicine, McMaster University
[3] Division of Palliative Care, Department of Family Medicine, McMaster University
 tavis.apramian@medportal.ca

Background: More than 80% of Ontarians with life-limiting disease prefer to die at home, but less than one third actually do. Yet few Ontario's family physicians (less than 40%) report regularly initiating conversations with their sick patients about preferences at the end of life.

Research Question: Research on the low incidence of effective advance care planning (ACP) suggests that family physicians are not well prepared to engage in advance care planning. We asked *how residents learn to engage in the social process of advance care planning* to better understand this gap in primary care education.

Methods: We employed constructivist grounded theory to describe residents' experiences approaching ACP. Through nine semi-structured interviews we identified emergent codes using constant comparative analysis, refined them as an analytic team, synthesized descriptive narratives, and member-checked the findings with the study participants to ensure resonance.

Results: Our findings detail the complexity family medicine residents face when they attempt to engage in ACP. Our participants described six unique social processes: i) feeling underprepared and cautious; ii) confronting overwhelming odds; iii) asking for more guided practice; iv) developing patience, comfort, and confidence; v) acknowledging complexity; and vi) jumping in. Most consistently, participants described continually struggling to initiate ACP conversations.

Conclusions: Building skill and comfort with advance care planning remains an under-addressed challenge in family medicine training. The dysfunction in our approach to advance care planning appears to include sociocultural barriers that begin in residency training.

PODIUM 2.3 -- 1:30-1:45 [10 min presentation followed by 5 min Q&A]

"Patients are the people who teach me the most" – Exploring resident perspectives on the development of physician-patient communication skills

Gabriel Burke[1], Lindsay Melvin[1,2], Shiphra Ginsburg[1,3]

1. Department of Medicine, University of Toronto
2. Division of General Internal Medicine, University Health Network
3. Department of Medicine, Sinai Health System

gabriel.burke@mail.utoronto.ca

Introduction: Physician-patient communication training is a vital component of medical education. Despite extensive literature on the efficacy of various communication training interventions, little is known about how residents believe they learn to communicate with patients. We sought to understand resident perspectives on existing communication training and on their personal communication skills development.

Methods: We conducted one-on-one interviews with 15 Internal Medicine residents from all years of the University of Toronto's Internal Medicine program. Residents were asked to reflect on communication skills development and their experiences with different methods of communication training. Interviews were conducted and analyzed iteratively using constructivist grounded theory.

Results: Residents credited the majority of their skills development to self-reflection on unsupervised interactions with patients, without guidance from an attending. Attendings' contributions were primarily through role modelling, with little perceived learning coming from direct feedback. This was partly explained by residents' proclivity to alter their communication styles when observed, rendering feedback less relevant to their authentic practice, and by residents generally receiving feedback lacking in constructive features. Time constraints on inpatient services led many residents to develop communication styles that prioritized efficiency over patient-centeredness, which residents recognized as discordant with the tenets of medicine.

Conclusions: These findings suggest current models of communication training and assessment may lack validity due to overreliance on observation, which fail to unearth the authentic and largely self-taught communication habits of residents. Further research is required to ascertain the feasibility and potential value of other forms of communication training and assessment, such as through patient feedback.

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PODIUM 2.4 -- 1:45-2:00 [10 min presentation followed by 5 min Q&A]

Adoption of massive open online courses amongst newly graduated occupational therapists

Andrea Duncan, Meera Premnazeer, Gobika Sithamparanathan

Department of Occupational Science and Occupational Therapy
a.duncan@utoronto.ca, meera.premnazeer@mail.utoronto.ca, gobika.sithamparanathan@mail.utoronto.ca

Background: Massive Open Online Courses (MOOCs) are flexible offerings that deliver content to a large audience in a virtual platform. MOOCs are increasingly accessed by health professionals to support their own professional development. Despite the agreed usefulness of MOOCs, the rates of adoption are still lower in Canada (Ma & Lee, 2019). **Methods**: Participants were newly graduated occupational therapists who registered for a leadership skills development MOOC. Qualitative interviews were conducted to understand unique perspectives of participants who did and did not complete the MOOC. Data were analyzed using the Unified Theory of Acceptance and Use of Technology (UTAUT) framework (Venkatesh et al., 2003). **Results**: Participants reported they found the MOOC content beneficial in providing a foundational framework on which to develop their leadership skills. Even though MOOC content was organized into multiple small components, participants shared that they would engage with the material once a week for up to two hours. Participants reported a high level of comfort accessing the technology to complete the MOOC, however they reported that they would have preferred more interactive or synchronous learning opportunities. **Conclusions**: MOOCs are an efficient way to offer a wide variety of educational offerings to health professionals. Despite their asynchronous nature, MOOC developers should consider maximizing opportunities for learner interaction, content application and synchronous learning opportunities within MOOCs to increase their overall adoption.

References
Ma, L., & Lee, C. S. (2019). Investigating the adoption of MOOCs: A technology-user-environment perspective. *Journal of Computer Assisted Learning*, *35*(1), 89–98. https://doi.org/10.1111/jcal.12314
Venkatesh, Morris, Davis, & Davis. (2003). User Acceptance of Information Technology: Toward a Unified View. *MIS Quarterly*, *27*(3), 425. https://doi.org/10.2307/30036540