

**Wednesday, October 20, 2021**

**Session 1: Evolution and Revolution**

**Moderator: Adam Gavarkovs**

**Time Limit: 10-min presentation followed by 5-min Q&A**

Time	Pod #	Title	Authors	Presenter
10:00-10:15	1.1	“Change Talk” in Small Group Learning Communities – An Ethnographic Study	Stefanie Roder, Meghan Lofft, Kathleen Moncrieff, Heather Armson	<a href="mailto:roders@mcmaster.ca">roders@mcmaster.ca</a>
10:15-10:30	1.2	Death, Dying, and Doctors: A Qualitative Exploration of Medical Assistance in Dying (MAiD) to Guide Continuing Professional Development	Kathleen A Sheehan, Anupa J Prashad, Donna E Stewart, Sanjeev Sockalingam, Susan E Abbey	<a href="mailto:kathleen.sheehan@uhn.ca">kathleen.sheehan@uhn.ca</a>
10:30-10:45	1.3	“The Devil’s Work”: Grappling with Diagnosis and the Politics of Cure in First Episode Psychosis	Suze Berkhout	<a href="mailto:Suze.Berkhout@uhn.ca">Suze.Berkhout@uhn.ca</a>
10:45-11:00	1.4	Dialogue for Change: Advancing the Teaching and Practice of Critical Reflection in Health Professions Education	Victoria Boyd, Nikki Woods, Anne Kawamura, Arno Kumagai, Angela Orsino, Stella Ng	<a href="mailto:victoria.boyd@mail.utoronto.ca">victoria.boyd@mail.utoronto.ca</a>



## **PODIUM 1.1 -- 10:00-10:15 [10 min presentation followed by 5 min Q&A]**

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### **“Change talk” in small group learning communities – an ethnographic study**

**Stefanie Roder<sup>1</sup>, Meghan Lofft<sup>1</sup>, Kathleen Moncrieff<sup>1,2</sup>, Heather Armson<sup>1,2</sup>**

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**Background/Purpose:** While colleagues are known to be a critical source for practice support, there is limited research exploring aspects of social interactions for knowledge implementation. This study explored components of small-group discussions that contribute to knowledge implementation.

**Theoretical Frameworks:** Communities-of-practice; Knowledge-to-Action-Cycle

**Methods:** Focused ethnography with three data sources: observations (9 small-group sessions), interviews (n=11), primary documents (n=23). Family physicians belonging to a practice-based small group learning (PBSGL) program ([www.fmpe.org](http://www.fmpe.org)) consented to have their learning sessions observed, be individually interviewed, and submit their practice reflections tools (PRT) documenting planned practice changes.

**Results/findings:** Thematic analysis of the field notes showed similarities and differences for observed sessions of a new and a more established PBSGL groups. All small-group participants with a trained peer-facilitator discussed cases provided in evidence-based educational modules, interpreted new information, and documented decisions for practice change. The new group predominantly worked through cases and focused on new information provided to consolidate knowledge. The established group was critical of evidence provided in modules, shared other resources and clinical experiences to consolidate knowledge. Interviews supported these different approaches, emphasizing that sharing of practice experiences were an integral part in the decision to implement new knowledge, helped validate guideline recommendations, and provided strategies for feasible practice changes. Decisions for practice change documented on PRTs overlapped with the field notes.

**Discussion:** Facilitator guidance, sharing practice experiences and evaluating clinical evidence are some of the components of small-group discussions that contribute to knowledge implementation.

**Impact/relevance:** To understand how communities-of-practice support knowledge implementation.

## **PODIUM 1.2 -- 10:15-10:30 [10 min presentation followed by 5 min Q&A]**

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### **Death, Dying, and Doctors: A Qualitative Exploration of Medical Assistance in Dying (MAiD) to Guide Continuing Professional Development**

**Kathleen A Sheehan**<sup>1,2</sup>, **Anupa J Prashad**, **Donna E Stewart**<sup>1,2</sup>, **Sanjeev Sockalingam**<sup>1,3</sup>, **Susan E Abbey**<sup>1,2</sup>

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**Background:** Since 2016, medically assistance in dying (MAiD) has been permitted in Canada. While there have been calls to enhance training and continuing professional development on this topic, there continues to be limited research exploring the educational needs of clinicians.

**Methods:** We conducted qualitative interviews of 11 physicians across hospitals affiliated with the University of Toronto in 2016-2017. We purposively sampled clinicians across specialties and with varying levels of experience with MAiD including policy makers, assessors, and clinicians with no prior MAiD experience. We used qualitative description analysis, focusing on clinicians' perceived learning needs, drivers of learning, and preferred learning methods.

**Results:** Participants conveyed a strong understanding of MAiD legislation and hospital policies. The majority of clinicians believed they had sufficient knowledge to counsel patients about these aspects. When participants perceived a gap in their knowledge or in the presence of potentially compromising conditions or social contexts, they commonly identified colleagues within their institution with relevant expertise. A clinician's personal views and preferences for clinical involvement with MAiD influenced their desire to seek out continuing professional development. Participants indicated a preference for case-based studies for learning about MAiD.

**Discussion:** Early education initiatives for MAiD implementation focused on didactic and informational sessions. Our study indicates that clinicians assess their level of participation in MAiD and then sought out expert colleagues for assistance. Personal experience and cases were the foremost drivers of education, rather than the changing of legislation, and communities of practice were informally developed to support ongoing learning.

## **PODIUM 1.3 -- 10:30-10:45 [10 min presentation followed by 5 min Q&A]**

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### **“The Devil’s Work”: Grappling with Diagnosis and the Politics of Cure in First Episode Psychosis**

**Suze Berkhout<sup>1,2,3</sup>**

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Within a biomedical worldview, the processes and practices of diagnosis aim to achieve objectivity, reliability, and biological veracity in the codification of illness. This is especially true in psychiatric medicine, where diagnostic practices play a central role in the drama of situating psychiatry as a scientific, medical enterprise. Yet these same practices are cultural, socio-material achievements that have profound effects on the individuals so-categorized, especially because diagnostic considerations frequently inform prognostication as well as direct a variety of biological and psychological interventions. The implications of these interrelations are of particular significance for the area of first episode psychosis (FEP), where diagnostic uncertainty is often the norm and prevention of disability the aim.

In this paper, I discuss findings from a three year-long ethnographic study examining meanings and experiences of psychosis within an early intervention program in Toronto, Canada. Through participant observation and longitudinal narrative interviews with service users, family members, and clinic staff, I explore the juxtapositions that exist between psychiatric service users, family members, and clinicians in relation to the process and outcomes of diagnostic categorization. Highlighting the ways in which diagnostic practices could bring relief from suffering through the naming of confusing and frightening experiences while simultaneously enmeshing service users in regimes of medical authority, I offer an analysis of diagnostic practices in FEP that dramatizes the relationship between biopolitics and the materialization of psychosis in the clinic setting. Drawing on feminist epistemology and philosophy of science, I go on to relate this analysis to frictions that would frequently arise, for instance linking tensions around the acceptance of antipsychotic medications to forms of epistemic injustice and knowledge politics that would occur within the clinic.

Philosophy of psychiatry often frames issues of diagnosis as a question of natural kinds and scientific generalizations, despite limitations stemming from the narrowness of this approach (Tekin 2016). While this paper draws on and extends philosophical discussions of diagnosis, it does so by demonstrating how the richness of lived experience can index the stakes of categorization: diagnostic practices fundamentally relate to identity and subjectivity, carrying significant material implications for world and self-making.

## **PODIUM 1.4 -- 10:45-11:00 [10 min presentation followed by 5 min Q&A]**

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### **Dialogue for change: Advancing the teaching and practice of critical reflection in health professions education**

**Victoria Boyd,<sup>1,2</sup> Nikki Woods,<sup>1,3</sup> Anne Kawamura,<sup>1,4,5</sup> Arno Kumagai,<sup>1,6</sup> Angela Orsino,<sup>4,5</sup> Stella Ng<sup>1,7</sup>**

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**Background:** Health professions education is advancing from preparing learners to recognize inequity, to preparing learners to take informed action and redress inequity. While previous research suggests teaching for critical reflection provides learners with a lens to see inequity, it is unclear whether such teaching impacts learners' actual practice. This experimental study uses clinical reports and letters to measure the chain of impact from teaching to recognition to practice.

**Methods:** In interprofessional small-groups, 94 medical, occupational therapy, and speech-language pathology students were randomized into a reflective discussion (control) or critically reflective dialogue (intervention). Next, participants were randomly assigned a clinical report for a novel pediatric patient and asked to individually write a hypothetical letter to the child's school. Blinded to condition assignment, letters were coded for *what* was written and *how* it was written (critically reflective, or not). Multilevel modelling was used to determine whether participants in the dialogue condition were more likely to write critically reflective meaning units (sentences) and utterances (letters).

**Results:** While *what* was written in the letters was similar across the learning conditions, *how* those letters were written differed. Learners who participated in the dialogue condition were significantly more likely to write critically reflective letters, measured at both the levels of the meaning unit and the utterance, compared to learners in the discussion condition.

**Conclusions:** The results demonstrate that teaching for critical reflection can shape learners' practice. This study advances knowledge of how to educate health professionals to engage in informed action oriented toward positive social change.