LIGHTNING TALK 1.1.1 – 11:15 – 11:22am

Occupational Therapy Graduates' Perspectives of their Professional Identity Formation Following a Longitudinal Small Group Mentorship Course

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Objective

Structured longitudinal small-group mentorship, incorporating reflective activities and peer collaboration, may enhance professional identity (PI) (Skjevik et al., 2020). This cross-sectional retrospective mixed-method study explores perspectives of entry-level occupational therapists regarding their student experience in U of T's MScOT program's two-year small group mentorship course.

Methods

Graduates from 2020-2003 participated in this exploratory quantitative and qualitative online survey.

Results and Discussion

Of the 54 respondents, 68.5% reported that the mentorship course contributed to PI formation, while some commented that they had not yet internalized an OT identity. One-third had ongoing contact with at least one mentor group member, and 22.6% remained in touch with their mentor. Seventy-five percent indicated mentorship supported their ability to communicate professionally and respectfully, 62.3% felt they learned to think of team members as co-learners, 60.4% felt more comfortable giving feedback to others, and 58.5% felt the course taught them to reflect on tough parts of their job. Comments suggested that consistent mentor group membership and meeting times created psychologically safer spaces to develop communication and collaborative skills, and that practical experience, including fieldwork, strengthened their PI. Respondents regarded their mentors as crucial role models across the two-year program. Mentors helped respondents bridge theory with practice, build strategies to cope with challenging practice issues and build professional communities.

Conclusion

Our findings support Skjevik et al. (2020). Extending mentorship beyond graduation could provide ongoing transitional PI support. Further investigation of long-term impacts and other mentorship models is warranted to inform best practices. (246)

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Skjevik, E. P., Boudreau, J. D., Ringberg, U., Schei, E., Stenfors, T., Kvernenes, M., & Ofstad, E.H. (2020). Group mentorship for undergraduate medical students—a systematic review. Perspectives on Medical Education, 9, 272–280. https://doi.org/10.1007/s40037-020-00610-3

LIGHTNING TALK 1.1.2 – 11:23 – 11:30am

Exploring End-of-Career Physician Memories of the Humanities in Medical Education

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Introduction: For over a century, medical education has favoured biomedical science. Contemporary research reveals that students have preconceived notions of the skills and values necessary for the physician role that tends to foster one-sided biomedical identity formation before even entering medical school[1]. While this trend can be mapped back to the influence of the 1910 Flexner Report, Abraham Flexner himself would come to lament how curriculum sidelined the arts and humanities. Does a liner-trajectory of physician as scientist capture the complexity of physician identity formation?

Methods: Interview transcripts with end-of-career physicians who attended the University of Toronto in the early-mid 20th century were reviewed. We used inductive thematic analysis to code and investigate themes which emerged from the participants' memories of their medical training.

Results: Interviewees favourably remembered their classes and professors in the history of science/medicine, advocated for broad-based arts courses, and participated in extracurricular historical societies and clubs. Our research demonstrates that students and educators have long valued the place of humanities and history in medical education.

Relevance: Our research challenges a narrative of an uncontested, unilateral rise of scientific knowledge in medical education across the 20th century. Instead, it historicizes a growing body of contemporary HPER literature which suggests consistent exposure to the humanities early on in one's medical career helps to maintain a broad vision of health and what makes a good doctor[2,3]. Failure to recognize the long-advocated for place of the arts alongside scientific medical knowledge may keep us captive in the on-going dichotomous debate.

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LIGHTNING TALK 1.1.3 – 11:31 – 11:38am

Exploring the loss of identity in the aging surgeon: a narrative review

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Introduction/Objectives
Surgeons boast an identity that is powerful and pervasive. As they near retirement, this identity becomes threatened, leading to decreased performance and lowered self-esteem. Aging surgeons are mostly unprepared for retirement and are reluctant to give up their surgical identity, which can negatively impact patient care, health economy, and surgeon well-being. Given the paucity of available studies on this topic, a narrative review was undertaken to gain a broader perspective on the impact of identity on the aging surgeon.

Methods
A search using keywords related to retirement, end of career, identity, and surgery was conducted in MEDLINE, EMBASE, and PsycINFO. Articles in English up to 2023 were included. Grey literature was found through Google. Three reviewers screened all articles and completed data extraction.

Results
536 articles were identified, and 175 articles were included in full-text review. In total, 11 articles and 4 from grey literature were included. There was a scarcity of literature exploring the impact of identity within the aging surgeon. Those that did found that the most challenging aspect of retirement was the loss of the surgical identity. This was amplified by the centrality of the surgical identity, defining their self-worth by their careers, and having little time to pursue hobbies or interests outside of medicine.

Conclusions
A more comprehensive understanding and support of late and end-of-career surgical identity is needed to bolster identity reconstruction in this unavoidable phase. Transitioning away from a primarily career-centred identity may have important implications for individual surgeon wellness and patient care.

PODIUM 1.1.4 – 11:39 – 11:54am

Sailing an Uncharted Sea- The Experiences of Canadian-Born International Medical Graduates in Internal Medicine Residency

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Purpose
It is widely recognized that International Medical Graduates (IMGs) require special support, including support with cultural integration. However, many are Canadian citizens who studied abroad (C-IMG) and, not infrequently, they are assumed to not require support. This is untrue. Their needs are different but, currently, poorly understood. As a result, Internal Medicine (IM) programs are limited in their ability to develop targeted interventions. The purpose of this study was to explore the experiences of C-IMGs in IM residency programs.

Methods
We used constructivist grounded theory to guide study design and analysis. Data included semi-structured interviews with IM C-IMGs and program directors across Canada. Consistent with our methodology, we used constant comparison and iterative cycles of data collection and analysis. Data was collected until theoretical sufficiency was achieved.

Results
Nineteen total participants were interviewed between January 2023 and April 2024: 12 C-IMGs and 7 faculty. Both the C-IMG and faculty participants described a *Critical period of growth* that C-IMGs navigated alone when starting residency. This was characterized by the early personal recognition of a gap between their good theoretical but minimal practical knowledge and their need to keep their training status hidden, at the sacrifice of requesting support. Many resident participants also described a *lingering effect* of self-doubt that persisted well beyond first year.

Discussion
This study adds novel insights around the distinct C-IMG experiences, which can have long term consequences. We identified several strategies to support C-IMGs. Future directions should include developing such interventions and measuring their impact.

PODIUM 1.1.5 – 11:55am – 12:10pm

Crisis to catalyst? Reflecting on experiences of redeployment during the COVID-19 pandemic.

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Background
Studies exploring professional identity development in medical residents have highlighted moments of both practical and ceremonial importance. Our study explores the experience of professional identity development during moments of social crisis. We focus on resident identity development during the COVID-19 pandemic, specifically as it relates to organizational strategies of redeployment, where residents were redeployed to fill service gaps.

Methods
15 semi-structured interviews were conducted and analysed iteratively. Analysis was informed by theories of identity development. Study participants included residents from pathology, anesthesia, emergency medicine, OBGYN, ophthalmology, psychiatry, and surgery.

Results
Redeployment as response to crisis elevated long-standing tensions between service and learning. Through our interviews, we also found: perceptions of the role of 'the skilled doctor' as using generalist or specialist knowledge *"[PGY1s] were representing our [specialty] department … because we were the most, in a way, capable." (P3)*; Reflections related to the experiences of navigating traumatic circumstances as a learner within the broader medical education system: *"you just like, don't really ever process this stuff. You sort of just, like, keep moving (P1);* and questions around the social contract in which residents felt themselves embedded, *"we moved through the, like, gratitude to healthcare workers space and into the mistrust of vaccines and mistrust of treatments, and starting to have mistrust of the medical system also." (P13).*

Discussion
While our study focused on redeployment during COVID-19 pandemic, findings around flexibility, identity development, and social trust are salient for any future crisis to which the profession of medicine will respond.

LIGHTNING TALK 1.2.1 – 11:15 – 11:22am

Does Implementation of an Indigenous Cultural Safety Curriculum Influence General Surgery Resident's Perception of the Scope of General Surgery Practice?

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A multi-modal Indigenous Cultural Safety Curriculum for junior surgical residents was developed and implemented consisting of: 1) the San'yas Core ICS Health online training program and 2) a half day curriculum focused on cultural safety in surgical care. 100% (N=17) of general surgery junior residents completed the San'yas Core ICS program. Residents were asked to complete the emotional learning questionnaire (ELQ) and a ranking exercise on the perceived scope of practice of a general surgeon before the San'yas curriculum and after the half day curriculum. Fourteen residents completed the ELQ prior to the San'yas curriculum: median age of the residents was 28, 36% were female and none of the residents identified as Indigenous. All Residents agreed or strongly agreed that understanding Canada's shared history with Indigenous Peoples is important, that they can learn from Indigenous stories and that they welcome the opportunity to learn from Indigenous peoples. All residents disagreed or strongly disagreed with the statements that "racism does not affect health care in Canada" and that "as a future health professional, it will not be my responsibility to challenge racism in the healthcare setting in Canada". Unfortunately, despite engagement in the curriculum, response rates to the post-half day ELQ and ranking exercise were very poor (0/17). A one-year post curriculum ELQ and ranking exercise will be completed in August 2024 - we hope to assess whether our Indigenous Cultural safety curriculum resulted in changes in the perceived scope of practice of general surgeons via these surveys.

PODIUM 1.2.2 – 11:23 – 11:38am

A Case Study: Exploring the Impact of 3D Printed Models on Cognitive Integration During Clinical Skills Training

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Background: Cognitive integration occurs when trainees make conceptual connections between relevant knowledges and is known to improve learning. While several experimental studies have demonstrated how text and audio-visual instruction can be designed to enhance cognitive integration, clinical skills training in real-world contexts may require alternative educational strategies. Introducing three-dimensional (3D) printed models during clinical skills instruction may offer unique learning opportunities to support cognitive integration.

Methods: Using case study methodology, this study explores how learners and an instructor used 3D printed bones to augment their learning interactions during a clinical skills laboratory on shoulder on palpation, and to characterize the instructional strategies with 3D printed bones that may support learning. Students (n=21) worked in small groups and were given access to a 3D printed clavicle, scapula, and humerus. Data was collected through observation, a student focus group, and a semi-structured interview with the instructor. Thematic analysis to review and code the data and to generate themes.

Results: Four themes were developed that describe how 3D printed models were used in the classroom and how they may support cognitive integration: classroom interactivity, visualization of anatomy, integrating knowledge, and educational potential.

Conclusions: The findings demonstrate several ways 3D printed models can augment how learners, instructors, and educational materials interact with one another and how readily learners make connections between different sources and types of knowledge. This research extends previous work by demonstrating how social learning processes and interactions with physical models can offer unique affordances that may support cognitive integration.

PODIUM 1.2.3 – 11:39 – 11:54am

The Impact of Prompts for Effort Regulation During an Autonomous Learning Activity in Physiotherapy Students

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Introduction: High autonomy learning activities require students to act by using learning strategies, like regularly monitoring their progress. Adding such activities to curricula may encourage students to develop enhanced self-regulated learning (SRL) skills and content knowledge simultaneously. However, this type of learning can be challenging and effortful for students which may negatively impact knowledge acquisition. Especially with multidimensional content, instructors may help students to regulate their effort by encouraging optimal task switching, and sequencing of learning. We used a quasi-experimental design to determine the impact of prompts for task switching and sequencing on knowledge, task experience, and mental effort during an autonomous learning activity.

Methods: Three groups of novice physiotherapy students were asked to learn about 12 common diseases in their cardiorespiratory course. The systematic sequence group (SS) had prompts for both task switching and sequence; the systematic choice group (SC) had only a task switch prompt; and the SRL group had no prompts. Student's knowledge acquisition (multiple choice test), mental effort ratings, and task experience was assessed. Differences between conditions on each outcome were estimated using linear regression.

Results: 58 of 104 students consented to participate. The SRL group (M=18.61, n=14) had the highest knowledge acquisition score, which was significantly different from the SS group (M=16.6, p=0.44, n=20), but not the SC group (M=16.79, p=0.052, n=25). The SRL also had lower mental effort and fatigue ratings. A mediation analysis is currently on-going.

Conclusions: We found that instructor prompts for task switching and sequence did not appear to result in lower mental effort and fatigue, and may have negative impacted students' knowledge acquisition. Some prompts may be disruptive to students' ability to monitor the learning and implement learning strategies.

PODIUM 1.2.4 – 11:55am – 12:10pm

Project ECHO as an educational innovation that facilitates knowledge-sharing: a narrative review

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Introduction: This presentation discusses a narrative review of Project ECHO-relevant literature in Canada. The review is prompted by knowledge-sharing demands, and uptake of communications technology by non-co-located health and social care providers. It pays particular attention to how primary care providers use technology-mediated interfaces to continuously develop knowledge to provide comprehensive care in their practice.

Methods: Data collection followed processes set out by narrative review methodology, a methodology that provides a comprehensive and balanced critical analysis of published literature. Analysis was informed by thematic analysis. Forty-six articles were selected for inclusion.

Results: Predominantly, the dataset indicates that Project ECHO is structured as a hierarchy-mitigating Community of Practice (CoP) facilitating interaction between providers from across two different parts of the health and social care system: providers constructed as experts, and primary care providers. Both groups are from various professions. Grounding in teaching and learning theories that underpin the CoP assertion is limited.

Discussion: As an interface for knowledge-sharing between providers, Project ECHO has assumed two overarching functions across the health and social care system: an epistemic and an integrative function. Epistemically, Project ECHO facilitates knowledge-sharing between multiple providers through a network of connections. Integratively, knowledge-sharing between providers who would not usually interact creates possibilities for improved relational engagement and strengthened connections between non-co-located providers. The review is relevant to those who wish to establish, improve or understand virtual multi-provider educational innovations that facilitate knowledge-sharing. Future explicit inclusion of a critical gaze and sociomaterial lens will deepen understandings of technology-mediated multi-provider interactions.

PODIUM 1.3.1 – 11:15 – 11:30am

"Home Away from Home": A Critical Metaphor Analysis of Ukrainian Refugee Women's Experiences with their Canadian Hosts in Toronto

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This study delves into the experiences of Ukrainian refugee women residing in the households of Canadian hosts in Toronto, aiming to explore how they perceive and construct the notion of "homestay." Employing Conceptual Metaphor Theory and Critical Metaphor Analysis as methodological tools, this research scrutinizes the metaphors these women create to articulate their homestay experiences. The findings of this investigation are categorized into three main themes: Search for Stability, Safety, and Peace; Adaptation and Gratitude; and Sense of Dislocation and Emotional Connection to Homeland. These themes collectively provide a nuanced understanding of the complex emotions and perceptions surrounding the concept of "refugee homestay hosting" from the perspective of Ukrainian refugee women in the Canadian context. The study highlights how the metaphorical expressions used by the participants serve as a powerful lens through which their stories of migration, displacement, and adaptation are narrated. It reveals that these metaphors not only reflect their immediate experiences of living in a foreign land but also their deeper feelings of longing, resilience, and hope. By focusing on the specific narratives of Ukrainian refugee women, the research contributes to a broader discourse on migration and hospitality, offering insights into the cultural dimensions of international refuge and resettlement. Through this exploration, the study sheds light on the importance of understanding refugee experiences at the intersection of metaphorical representation and lived reality, thereby enriching the dialogue on cultural integration and the creation of a "home away from home" in the context of global mobility and humanitarian response.

PODIUM 1.3.2 – 11:31 – 11:46am

Integrating health equity into quality improvement education: a transformative approach

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Background
Despite the inclusion of equity as one of six dimensions defining quality healthcare, health inequities persist. There is an identified need for equity-focused quality improvement (QI) education, but few evaluated curricula. Recent commentaries provide preliminary guidance for integrating equity into QI education objectives and content (e.g., exploring social and structural factors when using QI tools). Adopting a transformative education paradigm with an emphasis on equity, power relations, and social justice is intended to facilitate changes in learners' perspectives, assumptions, and actions. This study examines the integration of equity into QI courses using a transformative education paradigm with particular attention to the development of critically reflective views of QI and changes in QI practices.

Methods
We are conducting a case study of two continuing professional development courses. This includes observations of courses, interviews with faculty and learners, and collection of course and project-based documents. Inductive and deductive data analysis will be conducted, drawing upon literature of transformative education and equity to guide coding and analysis.

Results
We have conducted 20 hours of course observations, collected documents, and are currently recruiting for interviews with learners and faculty. Data collection will be completed by August 2024 and findings from preliminary data analysis will be presented.

Discussion
This study will address an urgent need to increase our knowledge of the content and pedagogical approaches to address health inequities through QI practice, with the hope that future practitioners in QI will adopt approaches that both improve quality of care while also reducing inequities.

PODIUM 1.3.3 – 11:47am – 12:02pm

Sparking Justice under the Aegis of Pragmatism: A Mentorship Program for Black and Indigenous Students in Canadian Medicine

Csilla Kalocsai[1,2], Maclite Tesfaye[3], Oshan Fernando[1], Ayelet Kuper[1,4], Jill Tinmouth[1, 4], Nick Daneman[1,4], Sophie Weiss[3], Maydianne Andrade[5], Mireille Norris[1,4]

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Recently increasing social activism to redress violence against Indigenous and Black people has led medical institutions to renew their commitment to equity, diversity and inclusion (EDI/DEI). Institutional efforts vary, but often include pathways programs. The lack of mentorship is considered a hallmark experience of racialized students.

To disrupt the status quo, a mentorship initiative called Sunnybrook Program to Access Research Knowledge (SPARK) for Black and Indigenous medical students was launched in 2021 at a teaching hospital in Toronto. It provides a longitudinal funded research experience for second year learners so they can compete more effectively for residency.

Relying on critical ethnographic methodology and theories of epistemic injustice and pragmatism, this paper explores some of the possibilities and limits of current social justice-oriented efforts in medicine. Working within the constraints of the Canadian healthcare system, SPARK leads inevitably cultivate a pragmatic approach by adopting the triplicate model of mentorship that may nonetheless put learners at risk if mentors are unable to concomitantly enter a space of critical reflexivity about structural racism. We will demonstrate how SPARK may function as a program approximating epistemic justice, transforming Black and Indigenous learners' academic opportunities and allowing them to thrive, while at the same time some mentors may inadvertently perpetuate epistemic harms towards their learners in the program.

Pragmatic EDI programs, like SPARK, may only go beyond incremental change and achieve their social justice outcomes if we, clinicians, educators, and researchers take seriously our collective and individual responsibility to reimagine mentorship for the 21st century.

LIGHTNING TALK 2.1.1 – 1:30 – 1:37pm

Prioritizing Wellness: Evaluating the Role of Peer Support in Mitigating Burnout and Building Joy in Primary Care

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Background: Rates of primary care physician burn out are at an all-time high. Simultaneously, fewer physicians are choosing primary care. Peer coaching has been highlighted as a method to enhance professional well-being, reduce burnout and help improve job satisfaction amongst physicians. A peer-coaching program could be helpful in addressing primary care physician burnout and increasing joy in practice.

Objective: The innovative *Peers for Joy* program was developed for family physicians to mitigate burnout and facilitate finding joy in practice. Within this program, physicians are trained to be "Peer Guides" and support fellow physician "Peer Learners" to identify their goals and find ways to create joy in their work.

Methods: Guides (30) were trained to facilitate three, thirty-minute sessions with their respective Learners (31). Surveys, one-on-one interviews, and focus groups are being used to evaluate the program. Guides and Learners were provided with baseline and post-session surveys as well as a weekly one question survey which asked how likely they would be to recommend their job. Upon program completion, focus groups and interviews were held with Guides and Learners respectively to explore their experiences.

Preliminary Results: Learners reported building rapport with Guides, feeling validated about experiences, and working through various barriers preventing joy in work. Guides reported a sense of fulfilment when helping peers address burnout. They also described incorporating the skills they learnt during training into their own daily practice. Preliminary findings highlight the program's potential for mitigating burnout and enhancing joy in practice. Data collection and analysis are ongoing.

LIGHTNING TALK 2.1.2 – 1:38 – 1:45pm

The relational structure between medical and surgical specialties in Canada: quantitative network analysis with applications to curriculum renewal

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Eighty medical and surgical specialties are formally recognized in Canada, many with overlapping work with another specialty. Resident physicians rotate mainly within their own specialty but also have "off-service" learning where they are deliberately supervised by another specialty. Given that residency training time is limited, we conceptualized the choice for mandatory off-service training as a signal reflecting the structural closeness between specialties. We used publicly accessible data from the Canadian Resident Matching Service (CaRMS), residency university websites, and the Canadian Post-MD Education Registry (CAPER) to quantify off-service learning in each specialty. We used this metric to construct a weighted and directed network of all 80 specialties and 6 Family Medicine Category 1 Enhanced Skills areas. We chose the Walktrap algorithm to detect "communities" of specialties based on how closely they cluster together on the network. Based on nodal degree, we found that Physiatry, Public Health, Internal Medicine, and Diagnostic Radiology send residents to the most off-service rotations. We also found that that some generalist specialties (e.g., Internal Medicine, Emergency Medicine) but also some subspecialties (e.g., Cardiology) receive the most off-service residents. Interestingly, we found that several specialties that receive few off-service residents still bridge the shortest path between any two specialties. This suggests that content expertise in Physiatry, Palliative Medicine, and Occupational Medicine is relevant to most specialties despite few off-service residents training with them. Finally, an interactive visualization will be displayed to demonstrate how this network has been applied for curriculum renewal, including to introduce new specialty accreditation standards.

PODIUM 2.1.3 – 1:46 – 2:01pm

#Team Vaccine: Exploring the History of Toronto's COVID-19 Vaccination Initiative

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To vaccinate North America's fourth-largest city against COVID-19, unprecedented collaborations galvanized rapidly among academic, healthcare, government and community-based institutions toward a common goal. Social media platforms played a central role throughout the pandemic in the spread of critical public health information among health professionals and the public at large. The influence of social media extended as an important digital space that documented vaccination initiatives from their start in the winter of 2020 – "#TeamVaccine" was a key signifier of this phenomenon and a source to tell the story of Toronto's mass vaccination initiative. An earlier phase of this project quantified the use and spread of #TeamVaccine on Twitter and helped shape an interview strategy. Here we report on emerging themes derived from iterative coding and analysis of 21 semi-structured, key-informant interviews grounded in concepts of disaster sociology, including emergent multiorganizational networks and extra-institutionalism. Novel collaborations formed under the #TeamVaccine moniker effectively boosted feelings of collective optimism and well-being amid a crisis and diminished individual institutional identities and while empowering the broader academic health science network identity.

PODIUM 2.1.4 – 2:02 – 2:17pm

Out of Focus: The Blurred Reality of the Lived Experience of Treatment Resistance in Schizophrenia and Depression

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The concept of treatment resistance (TR) in psychiatry can be considered as an interactive kind, emerging from, and reflecting, a complex interplay of historical, relational, geopolitical, economic, medical, sociological, and structural factors. In a previous meta-narrative review of the literature, we conceptualized these convergences as shaping the clinical, conceptual and definitional heterogeneity of TR. Rather than a singular construct, TR is ontologically multiple, though rarely understood as such. Building on this research, we turn to a qualitative pilot study to understand TR as lived experience. Over the course of three years, we conducted narrative interviews with 9 services users (SUs) described as living with either TR schizophrenia or TR depression; 5 of them further partook in a 3-day digital storytelling workshop, transforming their lived experience into a 2-3 minute multimedia film. SUs stories supported and expanded our previous findings from the literature review, highlighting blurred boundaries between not only the concept of TR — its causes, constitution and consequences,— but also of the illness and self, treatment and illness, treatment and self, self and other, and self across time. We consider how the text, visual, audio, and digital effects SUs use in their digital stories extend and enrich the phenomenon of blurring present in narratives, and help us explore the clinical implications of this blurred reality. This study complicates and questions the focal point of the dominant biomedical paradigm and considers the value of applying a wider lens in our teaching, research, and clinical work to better understand TR.

PODIUM 2.1.5 – 2:18 – 2:33pm

Exploring "Operation Recall": A Historical Examination of the Use of Refresher Courses to Mitigate Healthcare Workforce Shortages

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Canada is currently facing a shortage of medical personnel, specifically doctors, which has resulted in higher wait times with many people unable to see a physician in a timely manner.[1] Despite record numbers of doctors, the increasing population still exceeds what is available. Therefore, avenues into retaining trained doctors must be examined. Historical analysis of previous Continuing Professional Development (CPD) can offer insights into how to do that.

In the 1960's, Canada was experiencing a "Medical Manpower Shortage", much like today. In order to assist with this issue, the Federation of Medical Women of Canada, a physician-led advocacy group for women's issues, created a refresher course for women in 1968. This was accomplished with the Department of Postgraduate Medical Education at the University of Toronto and was specifically geared towards women that had been out of practise for a few years due to child rearing or caretaking duties. Our study conducted archival research using the Federation's records to elucidate the details surrounding this endeavour by the Federation. In doing so, strategies to recoup trained doctors became evident.

Even though attempts have been made to mitigate barriers to parenthood, the fast pace of changes in medical knowledge and practise still creates issues for physicians who need to take leave.[2,3] Evidently, some find it difficult to re-enter the field after having children or caring for a family member for a few years. This project demonstrates strategies on how CPD can be used to bring professionals back into practise.

LIGHTNING TALK 2.2.1 – 1:30 – 1:37pm

Testing that Makes You Think: Using Basic Science Testing to Amplify the Effects of Integrated Instruction

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Purpose: Learners' capacity to integrate prior and new knowledge is essential for clinical reasoning. Activities encouraging learners to recruit and differentiate their prior knowledge could help prepare them for future learning. Our previous work showed that a "competitive" multiple-choice question (MCQ) test of basic science knowledge with plausible incorrect answer options elicited a particular kind of cognitive processing—distinctive processing or noticing differences among similar items—to a much greater degree than a "non-competitive" version. We hypothesize that eliciting distinctive processing of prior basic science knowledge in advance of instruction on a new topic will optimally enhance retention and transfer of new knowledge about a related clinical topic.

Methods: Pre-clinical Canadian medical students were recruited to participate in a 2X2 factorial experiment, with Test Version (competitive versus non-competitive basic science MCQ) and Testing Schedule (before or after receiving instruction on the new clinical topic) as factors. Seven days after the interventions, participants completed a retention test and a transfer test related to a new clinical therapy.

Results: Data collection and analysis are in progress. We expect that participants who receive the competitive version of the MCQ test will outperform those who receive the non-competitive version. Further, we hypothesize that those who receive the competitive test prior to receiving instruction will have the highest scores among the four groups on the new clinical knowledge retention and transfer tests.

Conclusions: Testing designed to encourage learners to recruit and differentiate their prior knowledge should help them to integrate, understand and apply new knowledge.

PODIUM 2.2.2 – 1:38 – 1:53pm

Evaluation of Bone Marrow Biopsy and Lumbar Puncture Procedural Skills Clinic for Internal Medicine

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Background: The knowledge, skills and confidence to perform bone marrow biopsies (BMBs) and lumbar punctures (LPs) are acquired through sporadic bedside procedural teaching during residency. We evaluated the impact of a procedure clinic (PC) on resident knowledge and procedural confidence.

Method: An innovative weekly PC was established at the Odette Cancer Centre. In each clinic, one resident performs ~ 4 supervised patient procedures, including BMBs and LPs with intrathecal chemotherapy. Utilizing levels 1 and 2 of the Kirkpatrick model of training evaluation, resident confidence and knowledge of the technique and laboratory testing was evaluated using a pre- and post-clinic survey.

Results: 46 residents joined from October 2022 until data cut-off in June 2024. Thirty-seven completed surveys, including 25 core internal medicine residents, 10 hematology residents, and 2 from other programs. Fifteen (41%) had never previously performed a BMB, whereas 23 (62%) had previously performed 1-3 LPs. Thirty-six performed ≥1 BMB in the clinic, while 24 performed a LP. Following the clinic, global confidence ratings for performing BMBs "independently and unsupervised" increased in 27 (75%), with 76% being "somewhat confident." Of those who performed a LP, global confidence ratings improved in 46%. 100% of respondents either "agreed" or "strongly agreed" that clinic participation improved their confidence in landmarking. Post-clinic, the proportion that correctly identified the surface landmark for BMBs and LPs improved from 78% and 57% to 100% and 97%, respectively. The proportion that correctly identified the maximum dose of lidocaine improved from 38% to 97%. The proportion that correctly indicated how to prevent or treat a post-LP headache increased from 35% to 97% and from 43% to 89%, respectively. Free-text feedback on the residents' experiences was strongly positive. Remaining knowledge assessments will be presented in full.

Conclusion: A weekly expert-run PC was feasible, improved resident confidence in BMB and LPs, and greatly improved landmarking. Baseline knowledge of maximal doses of local anesthetic was poor. Small sample sizes limit evaluation of hematology PGY4-5s independently, but this is ongoing.

PODIUM 2.2.3 – 1:54 – 2:09pm

POCUS Morning Report- A Strategy to Motivate Internal Medicine Residents to Practice Ultrasound Skills

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Introduction:
Point-of-care ultrasound (POCUS), an emerging skill for the Internist, is taught infrequently throughout the year, during residency program academic half-days. Skills can degrade unless practiced longitudinally. We wished to promote a POCUS positive-culture, where trainees felt comfortable to practice POCUS independently on their internal medicine (IM) rotations to work towards achieving competence. We developed an innovative POCUS curriculum during IM rotations in place of "morning report" with the goal of influencing attitudinal change.

Methods:
The curriculum introduced a 45-minute monthly session for all learners on IM. Sessions included a focused lecture followed by an opportunity for each learner to have scanning time on a consenting IM in-patient. Five focused POCUS topics were introduced on a rotating basis monthly, at two hospital sites. Trainees voluntarily participated in an electronic survey before and after the session.

Results:
Medical students and residents (post-graduate year 1-3) (N=61) participated in the survey from July 2024-April 2024. The percentage of respondents that reported feeling comfortable with POCUS increased from 77% to 94% after the session ($p<0.001$). Sixty-five percent of respondents indicated they would use POCUS more on the IM wards after the session. Narrative feedback praised the hands-on, concise and practical nature of the sessions.

Conclusions:
The POCUS curriculum increased comfort levels in learners and empowered them to practice POCUS on IM wards. These sessions efficiently taught a wide variety of learners using minimal infrastructure, and can serve as a blueprint for other institutions. Future directions include exploring strategies to assess for skills competence.

PODIUM 2.2.4 – 2:10 – 2:25pm

The Development of an Online Implementation Science Resource for Patient Partners

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Implementation science, the practice of translating research evidence into real-world applications, is a rapidly growing field focused on improving patient care. Having patients (i.e., individuals with lived experience) as key partners in this work is crucial, and awareness of this patient engagement process is growing. Despite the availability of many resources on patient engagement in research, few are specifically designed to support patient partners to engage in implementation science focused projects. Our work aims to address this gap by developing online resources for patient partners regarding implementation science and their role within it.

An environmental scan of resources on patient engagement and implementation science was conducted to inform our knowledge base. A co-design process was then initiated with patient partners and key informants to first build, then further refine our resources based on the feedback obtained. These online resources consist of short informative videos, an infographic, a frequently asked questions page, and links to additional resources. Dissemination of the resources will occur through social media platforms and patient partner networks to ensure broad accessibility and engagement. To support ongoing improvements, individuals with access will have the opportunity to answer short questions regarding the utility of the resource. This iterative approach will support ongoing learning and adaptation, ensuring the resources remain understandable and effective.

By providing accessible and comprehensive information on implementation science to patient partners, we aim to foster a more collaborative research environment where patient partners can actively and sustainably contribute to translating evidence into clinical practice.

PODIUM 2.2.5 – 2:26 – 2:41pm

An Exploration of Decision-Making within an MD Program Student Progress (Competency) Committee

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Background: A principle of programmatic assessment is that high-stakes decisions regarding student promotion are made in a credible and transparent manner by a committee using a holistic approach. There is limited research to understand how such committees build and evolve expertise in considering data for decisions at a point in time. In this study, we investigate the decision-making of members of a Student Progress Committee (SPC) and whether, over time, they have developed a shared mental model for approaching academic decision making.

Methods: 10 semi-structured interviews were conducted (8 members of the SPC and two non-voting members). Interviews were analyzed using a thematic analysis approach. A thematic analysis was conducted both inductively, to discover how members collectively build a shared mental model for decision-making, and deductively, to understand how the parameters of the model are manipulated to ensure integrity of decision-making.

Results: Results demonstrate how members collectively build a mental model: one that helps them describe, explain, and predict outcomes such as a student's likelihood of success if given an opportunity for reassessment. Disturbances on the system such as a lack of data or member bias are perceived to be a threat to the integrity of decision-making, and members learn how to manipulate the parameters of the model to counter these disturbances in order to achieve robust outcomes.

Discussion: Results inform how holistic approaches to decision-making can inform other competency committees. A shared mental model centred around holistic principles ensures that the process has integrity and decisions regarding student promotion are fair and robust.

Session 2 - 1:30pm – 2:45pm
Theme 3: Wellness and practice – ***Therapy for the soul: How healthcare workers manage (and sometimes thrive) in the chaos***
Podium sessions: Presentation: 10 mins; Discussion: 5 mins;
Lightning Talk sessions: Presentation: 5 mins; Discussion: 2 mins

LIGHTNING TALK 2.3.1 – 1:30 – 1:37pm

Creation of a novel mindfulness-based cognitive therapy (MBCT) curriculum for surgical trainees: Mindfulness Integration in Surgical Training (MIST) 2

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Background: Mindfulness-based cognitive therapy (MCBT) has been shown to enhance wellbeing, resilience, and performance in high-stress populations. Our pilot study (MIST1) demonstrated the feasibility and desirability of a 12-week synchronous MCBT curriculum for obstetrics and gynecology (OBGYN) residents at the University of Toronto, leading to decreased anxiety and improved operative confidence. Resident feedback highlighted the desire for an online course platform to facilitate asynchronous discussion and multimedia resources.

Study Objectives: To create a novel MBCT curriculum for surgical trainees, which 1) integrates stress reduction and mindful self-compassion programs; 2) addresses unique stressors of surgical residents; and 3) includes a multimedia website to enhance accessibility.

Methods: A core group of OBGYNs and mindfulness experts met monthly to create the curriculum, ensuring relevance to surgical practice and adherence to mindfulness principles. Resident feedback from MIST1 focus groups and surveys were incorporated. Weekly lesson video summaries were filmed, and guest surgeons were recruited to contribute video examples applying course concepts in daily practice.

Results: The MIST2 curriculum combines MCBT with stress reduction and self-compassion principles, and integrates surgical culture references and practical tools tailored for surgical residents. A multimedia website for asynchronous learning and interactivity was created to support diverse learner needs and schedules, addressing barriers to mindfulness identified in MIST1.

Next Steps: Future work will evaluate the course's impact on resident wellbeing and performance through validated surveys and focus groups. This online curriculum will improve mindfulness training accessibility, with hopes of expanding to OBGYN programs across Canada and other surgical specialties.

LIGHTNING TALK 2.3.2 – 1:38– 1:45pm

Caught at the Intersection of Mental Health and the Law: A Literature Review on Forensic Psychiatric Nurses' Experiences During Care Provisions

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Background: Forensic psychiatric hospitals are responsible for detaining and rehabilitating patients deemed not criminally responsible for a crime they have committed. In Ontario, there is a growing population of institutionalized forensic patients who experience complex barriers to recovery. Forensic psychiatric nurses play a complex role in recovery as they provide holistic care while maintaining patient and public safety. Therefore, this presentation aims to uncover what is known in the literature on nurses' experiences caring for institutionalized forensic psychiatric patients.

Method: Relevant databases were employed to search for peer-reviewed articles that included nurses' experiences working with institutionalized forensic psychiatric patients.

Results: After reviewing the included studies (n=12), three main themes emerged: (1) nurses' experiences building therapeutic relationships, (2) nurses' feelings of hope, and (3) nurses' moral dilemmas in care. Despite their extensive role in patients' recovery, limited research is available on nurses' experiences caring for institutionalized forensic psychiatric patients.

Implications: This review highlighted areas for further research, including the implementation of qualitative research focused on nurses' experiences, challenges, and stressors. Knowledge gained from nurses' experiences will help forensic psychiatric hospitals address barriers to care, inform practice, and prompt further inquiry into this phenomenon.

PODIUM 2.3.3 – 1:46– 2:01pm

Retaining Nursing Knowledge Experts: Exploring Professional Satisfaction and Intentions to Leave Among Acute Care Clinical Nurse Educators: A Scoping Review

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Background: Clinical Nurse Educators (CNEs) in acute care are equipped with advanced nursing skills to effectively train and mentor registered nurses. As a result of the COVID-19 pandemic, nursing shortages have become more evident, emphasizing the role of CNEs' support in promoting nursing retention. Given their role in enhancing professional growth of staff nurses, it is essential to comprehend factors that encourage CNEs to remain in the workforce.

Purpose: This scoping review aimed to explore professional satisfaction and intentions to leave among acute care CNEs.

Methods: Joanna Briggs Institute scoping review method and the PRISMA-ScR guidelines were utilized. 843 potential studies published in English and dated 2013 onward were identified. Two independent reviewers performed title, abstract and full text screening based on a specified inclusion criteria.

Results: This scoping review includes 37 sources, 25 of which have been published after 2020 and 12 between 2013-2019. Most articles (n=25) are from the USA, with four from Australia, two from the UK, while other countries generated one source each. **S**ix key themes were identified: Professional Development and Role Clarity, Support Systems and Organizational Culture, Workload Management and Job Design, Innovation and Adaptation, Interpersonal Relationships and Work Environment, and Impact and Recognition.

Conclusion: This review addresses crucial factors affecting CNEs' professional satisfaction and intentions to leave their careers. By promoting role clarity, supportive organizational environment, ensuring manageable workloads, and innovative education, we can enhance CNEs' retention. This can aid in reducing the nursing shortage and lead to better healthcare outcomes for patients

PODIUM 2.3.4 – 2:02– 2:17pm

Exploring Multi-Level Determinants of Nursing Retention: Insights from New Graduate Nurses' Perspectives in the Greater Toronto Area

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Background: Canada has experienced a long-standing shortage of nurses due to poor working conditions and increased workloads, further exacerbated by the COVID-19 pandemic. To address this issue, it is critical for human resources planners to consider generational differences and values to develop effective retention strategies.

Aim: To identify strategies that prevent burnout and massive resignation among new graduate nurses (NGNs).

Methods: NGNs aged 22-35 years old, who have graduated from a Canadian school of nursing, have written and passed their National Council Licensure Examination (NCLEX) within the last five years (2018-2023), and are currently working as a registered nurse or registered practical nurse in an acute healthcare setting in the GTA were recruited to participate in 60-90 minute virtual focus group sessions. A semi-structured interview guide was used to gather data on participants' (N=15) lived and professional experiences. Social Ecological and Intersectionality frameworks guided data analysis.

Results: Key themes which emerged from this study were contextualized within four professional development phases for NGNs: 1) Accessible Nursing Education and Practicum Placement; 2) Preparedness, Orientation and Mentorship during Entry to Practice, 3) Navigating Transition to Independent Practice and Multi-level Structural Violence; and 4) Perspectives on Professional Trajectory for NGNs.

Conclusions: NGNs experience significant challenges associated with nursing education, inadequate orientation to the workplace, and burnout associated with excessive workloads. Thus, participants' career development goals commonly include pursuing higher education or working in specialized/alternative nursing roles. Responsive support from diverse leadership is necessary to retain NGNs in acute care.

PODIUM 2.3.5 – 2:18 – 2:33pm

Caring for colleagues: The complexities of the doctor(colleague)-(physician)patient relationship

Nathan Cupido[1], Milena Forte[2,3], Kristina Powles[2,3], Shiphra Ginsburg[1,3,4], Andrea Gingerich[5]

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Physicians will inevitably need to provide care to—and receive care from—physician colleagues. Not only do our programs provide graduates with little formal guidance on how to do this well, but our professional bodies also warn that it is problematic to engage in such dual role relationships. Despite recognition that role clarification is critical for boundary setting when doctoring doctors, there is little empirical evidence to guide navigating multiple roles when entering a doctor-patient relationship with a physician colleague.

Following constructivist grounded theory methodology, we have interviewed 20 physicians who practice in Toronto to learn how they navigate providing or receiving care with physician colleagues. Data collection has been iterative with constant comparison analysis to build a conceptual model of this unique doctor-patient relationship.

There are complexities when the doctor-patient relationship features a doctor(colleague) and a physician(patient) or a physician(patient)(colleague). The model describes how the identities of *colleague* and *physician* can be brought into—or excluded from—the roles of doctor and patient, and depicts how the various interactions between those identities align with differing versions of the doctor-patient relationship.

To provide physicians with the compassionate care that they deserve when accessing the healthcare that they need, we need to re-examine our views of the doctor-patient relationship to inform how we prepare graduates to grapple with the complexities of doctoring doctors.

ROUND TABLE 3.1.1

Advancing Cultural Diversity Perspectives in Medical Education

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Canada's healthcare system serves a vastly diverse and multicultural patient population. With a continuous influx of immigrants from various cultural and linguistic backgrounds, the diversity in patient populations will increase further. To prepare doctors to care for this growing patient diversity, it is critical to incorporate cultural diversity perspectives in medical education. This will not only bolster doctors' ability to better understand patients' issues and perspectives, it will also reduce the risk of missed diagnoses and mismanagements. Textbooks and formal classroom lectures provide foundational knowledge around cultural competencies. This method by itself, however, is not sufficient in delivering accessible and safe care. Embracing multiple perspectives of interactive dialogues and conversations with teachers, educators and doctors from different cultural backgrounds could further support intercultural learning and advance culturally sensitive care in medical education and future practice.

This project aims at exploring the importance of teaching cultural competencies in medical education through knowledge-sharing conversations and dialogues, involving foreign doctors' representative of patient population demographic, with the overarching principle of delving into deeper meanings of patients' behavior, communication and humanity.

Objectives

1. To provide a rational for the importance of embracing informal cultural sensitivity conversations and dialogues in medical education and residency training
2. To identify what long-term benefits to patients and the government can be achieved with the advancement of cultural diversity in patient care

Outcome

The expected output indicator for this project will include a report and a recommendation to the curriculum review committees, based on the rationale, ethical principle and benefits.

ROUND TABLE 3.1.2

HELP (Health English Language Pro), a volunteer program for newcomer physicians to gain fluency in medical terminology in English.

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Background: Despite the wide availability of ESL programs, there are limited resources for teaching English medical terminology to newcomer physicians looking for careers in Canadian healthcare. The Health English Language Pro (HELP) program seeks to address this gap by offering newcomer physicians a free, 10-week virtual program (1 hour/week) to assist them in mastering medical communication in English and gaining a better understanding of the Canadian healthcare system. In partnership with ACCES Employment, HELP conducted a pilot study involving four volunteer physician-newcomer pairs. The evaluation of this pilot highlighted the need for clinical case scenarios to better simulate the use of medical terminology in clinical settings.

Objective: The objective of this project is to develop a library of curated clinical case scenarios that can be used by HELP participants as springboards for clinical conversations. Each scenario will incorporate fundamental medical terminology and special social topics, such as cultural competency and diversity, to facilitate real-world application of learned concepts.

Work-in-progress: We are developing 18 clinical case scenarios, 2 cases per medical specialty, complete with Focused Patient Histories, Physical Exams and Laboratory Findings. Each scenario includes suggested social topics, terminology, and different health care settings.

Discussion: Integrating a case-based conversational approach into HELP will facilitate newcomer physicians' fluency in English medical terminology, thereby better preparing them for integration into Canadian healthcare. Furthermore, incorporating topics unique to the Canadian healthcare system will provide participants with a deeper understanding of these areas and potentially aid them in securing healthcare employment.

ROUND TABLE 3.1.3

Meeting the health needs of refugees: to what extent do the medical and nurse practitioner curriculums prepare learners to provide care to refugees? A pre and post-placement survey evaluating the current teaching curriculum using a mixed-method analysis

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Background: In 2023, Canada accepted over 75,000 refugees, many settling in Toronto, leading to an increase in healthcare needs for this patient population. The Crossroads Clinic at Women's College Hospital is one of the few clinics providing healthcare exclusive to refugees and refugee claimants. As a center for health professions education, it is essential that Crossroads ensures its trainees are being adequately trained to meet these healthcare needs.

Objective: We aim to assess the capacity of medical and nursing learners in providing care to refugee patients before and after their clinical time at the Crossroads Clinic in order to identify curriculum gaps and strengths.

Methods: An online, pre-and post-placement survey will be distributed via RedCap by email to collect learner demographics and confidence ratings in curriculum objectives and refugee-specific health concerns using a 7-point Likert scale. The post-survey will gather retrospective data from past learners, while the pre-survey will be sent to incoming learners before their rotation, followed by the post-session survey. Anonymous paired responses, linked by ID numbers, will identify trends. Confidence ratings (e.g. for working with interpreters, social assistance applications, and trauma-informed care) will be evaluated and compared.

Results: The RedCap survey has been developed and is currently being piloted. Additionally, a REB/APQIP application has been submitted.

Discussion: By understanding healthcare learners' capacity before and after their rotation and their placement feedback, we aim to identify curriculum gaps and improve training to better meet learners' needs and enhance patient-centred care at the Crossroads Clinic.

ROUND TABLE 3.1.4

Building Education Scholarship Capacity: Developmental Evaluation of the Education Scholarship Accelerator Program (ESAP) at Women's College Hospital

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Introduction:
A key responsibility of academic healthcare institutions is to examine our teaching and contributions to health professions education, and patient care. Education scholarship (ES) allows institutions to develop and deliver effective, innovative and evidence-based education and contribute to broader scholarship. To build ES capacity at Women's College Hospital (WCH), we developed, piloted and evaluated the Education Scholarship Accelerator Program (ESAP), a summer certificate program pairing healthcare trainees with staff supervisors to implement an applied ES project. Between June and July 2024, ESAP students attended weekly workshops to develop their ES capacity, project development, and presentation skills.

Methods:
Phase 1 Program Development: Review literature and similar ES programs. Develop ESAP learning goals and content, administrative structures, and virtual curriculum. Recruit faculty presenters, staff supervisors, and students.

Phase 2 Developmental Program Evaluation: Assess the ESAP pilot's effectiveness in teaching, building and mentoring students and supervisors in ES. Assess weekly student ES session feedback to determine effectiveness in achieving short-term ESAP goals. Collect and assess end-of-program feedback and outputs to assess long-term ESAP goals.

Phase 3 Knowledge Translation: Describe the effectiveness of weekly ES sessions in achieving learning goals. Present student ES projects at the ESAP summer symposium and conferences. Share outcomes with students, staff and stakeholders to improve future program delivery.

Impact & Implications:
ESAP aims to develop basic ES competencies among trainees and staff, advance an applied ES project, promote an ES community of practice amongst stakeholders, all while supporting WCH staff and trainees in their ES career development.

ROUND TABLE 3.2.1

Addressing the Climate Education Crisis - Development of Planetary Health Learning Modules for Family Medicine Residents and Teachers at the University of Toronto

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Background
The World Health Organization has called climate change the biggest health threat of the 21st century, and it is already affecting the health of people in Canada. No formal climate change and health curriculum exists for family medicine residents at the University of Toronto. Family physicians and learners need adequate training on the health impacts of climate change; it is crucial for current and future family physicians to be able to recognize, treat, and prevent climate-related illnesses.

Goals and Objectives
To fill the gap in climate change education, we are developing two educational tools with assistance of a Temerty Faculty of Medicine Education Development Fund (EDF) grant -

1. a four-part asynchronous e-learning module using Articulate Rise 360 platform
2. a practice-based learning (PBL) module to enhance transformative learning by enabling learners to apply a planetary health lens in their clinical assessments and decision making.

The 2020 Guide to Improving Family Medicine Training (GIFT) on Planetary Health will provide the framework and learning objectives for this work. The report suggests four main categories that include -

1) Environmental health literacy,
2) Planetary health advocacy,
3) Patient empowerment and
4) Sustainable practice.

Next steps - Review and evaluation
The evaluation of these educational tools is beyond the scope of the EDF proposal. Methods being considered include analysis of metrics from Articulate Rise 360 and standardized questionnaires and interviews of testers during beta testing. Once these methods have been finalized, we will send a proposal to the University of Toronto research ethics board for review.

ROUND TABLE 3.2.2

Integrating Education Strategies to Teach Prevention and Screening

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Background:
Preventative health and screening are fundamental topics, yet may be complex and challenging to teach medical learners and clinicians. Challenges identified include insufficient understanding of core screening concepts, limited training time and resources, and insufficient integration of these concepts at the clinician-learner-patient interface. The Federation of Medical Education in Canada (FMEC) has emphasized a shift towards designing education resources with a focus on improving patient outcomes. Currently, there is a gap in the integration and application of educational strategies to optimize learning and practice with regard to screening.

Objective:
Our objective is to create an education resource (book chapter) which integrates evidence-informed educational strategies to address the challenges in learning preventive health and screening principles.

Methods:
A literature review and discussions with some members of the Canadian Task Force on Preventive Health Care. Information gathered will be used to develop an education resource to highlight potential strategies and approaches to address challenges related to screening. The resource includes strategies, approaches, cases, and quizzes that will be piloted/reviewed for clarity.

Findings:
Some potential preliminary educational strategies identified include: case-based learning, adaptive expertise, commitment to change, and test-enhanced learning.

Significance:
The creation of this resource will assist learners, clinicians, and teachers in incorporating educational strategies to address screening knowledge and competency gaps. The resource may be used as part of a spiral-integrated curriculum to improve learning outcomes and/or within the clinical setting to inform screening practices.

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ROUND TABLE 3.2.3

Investigating Education Scholarship at Women's College Hospital: An Environmental Scan of Ethics Review Board and Quality Improvement Submissions

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Background: Women's College Hospital (WCH) is building capacity in education scholarship (ES) to enhance our equity and impact in education, support integration of a Learning Health System, and promote the hospital's mandate to revolutionize and ensure equitable healthcare and systems. ES is core for both healthcare professions training and improved patient care. However, the extent and nature of ES projects undertaken at WCH are underexplored.

Purpose: The Academics Program wishes to document and understand our ES activities to improve health professions training and patient care and contribute to ES understandings more broadly.

Methods: We aim to conduct an environmental scan of staff ES activity over the last five years by searching projects in (1) the WCH Research Ethics Office REDCap database and (2) the Assessment Process for Quality Improvement Projects (APQIP) database. Database searches will be conducted by examining all submissions for title keywords (e.g. education, program/resources development and evaluation, patient education and engagement). Data will then be extracted with the permissions of study leads and analyzed both numerically and thematically.

Implications: This 'work in progress' aims to support Academics Program efforts to develop a Learning Health System with an applied, participatory, community-centric program and culture of ES. Study results aim to inform our ES capacity building efforts such that they align with the needs and priorities of our staff, institution, and external partnership networks.