

## Exploring the Role of Social Networks in Supporting Faculty Development

**Author:** Heather Buckley, Laura Nimmon

**Presenter:** Heather Buckley

**Moderator:** Teresa Green

**Time:** 10:30 – 10:45

Faculty development is increasingly important in health professions education. Its conceptualization has evolved from an individual skills training activity to more contemporary notions of an organizational model that recognizes relationships and networks as increasingly important mediators of knowledge mobilization. Although these conceptual advancements are critical, we lack empirical evidence and therefore robust insights into how these networks function to shape learning in faculty development. To fill this gap the following research question was explored: How do the professional social networks of faculty shape their learning about teaching? This study used a qualitative social network approach to explore how teaching faculty's relationships influenced their learning about teaching. The study was conducted in an undergraduate course at a Canadian medical school. Eleven faculty participants were recruited and 3 methods of data collection were employed; semi-structured interviews, participant drawn sociograms, and demographic questionnaires. Results showed that the networks of faculty participants influenced their learning about teaching in the following four areas: knowledge acquisition and mobilization, identity formation, vulnerable expression (intellectual candour), and scaffold provision. These findings support the recent calls to re-orient faculty development in the health professions as a dynamic social enterprise. Faculty developers should consider faculty's degree of social embeddedness in their professional social networks as this may influence their learning about teaching.

## The Role of Social Networks: How Medical Students Make Meaning of Early Clinical Experiences

**Author:** Samantha Stasiuk, Laura Nimmon, Maria Hubinette

**Presenter:** Samantha Stasiuk

**Moderator:** Teresa Green

**Time:** 10:45 – 11:00

Medical curricula are increasingly providing opportunities to promote, support and guide reflection in medical students. While our curricula are moving towards creating time and space to promote reflection, we do not yet understand the broader social structure influences that shape reflection. This study explored a) How do learners use social networks to reflect on and make meaning of early clinical experiences? b) What do learners find valuable in these interactions? and c) What role do our formal curricula play in supporting learner reflection processes that might be social by nature? This study employed a phenomenological approach and individually generated sociograms to provide a stimulus for rich narratives in subsequent semi-structured interviews with first year medical students. Learners voiced the importance of verbal processing within their social network and engaging in dialogue around significant events. Strikingly, learners acknowledged a period of identity formation heavily influenced by networks as they sought to make meaning from early clinical experiences. Learners also struggled to find meaningful ways to involve their networks outside of medicine in their new experiences. They described some curricular opportunities such as reflective portfolio sessions to be useful, when deemed to be authentic. It is important to capture the role learners' social networks play in supporting learners' identity formation and in fostering capacity for empathy and resiliency. Understanding this phenomenon will provide us with a teaching language and framework that appreciates the profound role social relations play in first year medical students' meaning making.

**Keywords:** social network analysis, reflection, medical students

## “How are you?” Physicians Describe Meaningful Peer Support

**Authors:** Tandi Wilkinson, Rola Ajjawi, Shireen Mansouri

**Presenter:** Tandi Wilkinson

**Moderator:** Teresa Green

**Time:** 11:00 – 11:15

**Background:** During times when the practice of medicine is psychologically challenging, physicians desire peer support. However, the features of effective peer-based emotional support, how it is accessed, and its contribution to practitioner wellbeing, have not been well described in the medical literature.

**Methods:** A purposeful sample of Canadian rural physicians with rich and meaningful experiences of informal peer support for work related stresses were interviewed. Using semi-structured interviews, questions focused on the experience of the support, the conditions under which the support arose, and the value of the support to the physician. Interviews were coded and the data interpreted from a hermeneutic phenomenology perspective.

**Results:** Through peer support, participants experienced a substantial reduction in emotional distress, and were more able to process and move through difficult experiences. The majority of participants felt that the peer support was crucial to their ability to continue to practice medicine. Useful qualities of the support included listening, a nonjudgmental attitude, normalizing, reframing and validation. Peer support most commonly arose as result of an invitation from the peer, in the form of the peer asking about their wellbeing. Even very brief, one-time interactions were meaningful.

**Discussion:** Promoting informal peer support at a system level, through medical leadership and knowledge translation activities, may be a low cost intervention with rich rewards for practitioners, and may be an important contribution to physician retention in the workplace and in scope of practice.

## Disabled Healthcare Professionals' Diverse, Embodied, and Socially Embedded Experiences

**Authors:** Laura Yvonne Bulk, Julia Tikhonova, Jennifer M. Gagnon, Alfiya Battalova, Yael Mayer, Terry Krupa, Michael Lee, Laura Nimmon, Tal Jarus

**Presenters:** Laura Yvonne Bulk

**Moderator:** Teresa Green

**Time:** 11:15– 11:30

**Introduction:** Disabled people are underrepresented within healthcare professions, although their participation has potential benefits for them personally, and for broader society. Their participation in healthcare professions is limited by assumptions about disability. Little research explores how healthcare professions education and practice can be organized to support disabled peoples' participation.

**Methods:** Within a critical realist paradigm influenced by grounded theory, this study used interviews to explore the experiences of 56 disabled healthcare clinicians and students, and advance a conceptual model of disability experience within healthcare professions.

**Results:** Participants describe their experiences of disability in the healthcare professional context in terms of characteristics and dimensions of disability – how characteristics interact with factors within healthcare training and practice environments. We profile two particularly salient dimensions of the disability experience: visibility and trajectories of disability. These are developed to describe complexity and specificity of the experiences of individuals negotiating the healthcare context.

**Implications:** Among participants there is extensive heterogeneity related to the experience of disability in healthcare professional contexts. Despite some having similar disability characteristics, no two individuals experience the same combination of characteristics and dimensions of disability. Given the complexity of experiences for disabled healthcare professionals/students, a framework for conceptualizing this experience is presented. Educators, administrators, clinicians, and scholars are encouraged to consider the framework, through which they might conceptualize individual, embodied, and socially embedded experiences of disabled professionals and students – with a view to increasing access of disabled people to health professional practice.

**Keywords:** Disability experiences; Healthcare education; Student perspectives

**Learning Objective:** By the end of this session, participants will be able to describe and begin to apply a framework for coming to a greater understanding of the individual, embodied, and socially embedded experiences of disabled professionals and students, such that they will be better able to participate in creating more inclusive healthcare education and practice.