

## Social Accountability: Educating Future Family Physicians for British Columbia

**Author:** Maria Hubinette

**Presenter:** Maria Hubinette

**Moderator:** Edwin Betinol

**Time:** 10:30 – 10:45

**Background:** It is widely recognized that primary care is the foundation of a high-performing health system that provides timely, effective, efficient, and patient-focused care<sup>1</sup>. In this era of increased social accountability, education institutions and policy makers have a duty to the public to consider multiple perspectives (including those of patients) regarding key abilities of future family physicians<sup>2</sup>. Further, there have been calls to better align education and health care systems in order to better prepare graduates for the abilities required to address health inequities<sup>3</sup>.

**Methodology:** A socio-ecological approach considers family physicians as part of a greater system of primary care and the health care system writ large, working in both virtual and co-located health care teams with other health care professionals, patients, families, caregivers and community organizations. This project will consist of four concurrent parts: Relationship Building and Asset Discovery; Evaluation Strategy; Data Collection and Analysis; Knowledge Sharing. Implications: A more inclusive understanding of abilities of physicians in an evolving health care system is essential for social accountability of medical education programs.

**Objectives:** By the end of this session, participants will be able to:

1. Discuss the rationale for and implications of including multiple perspectives in determining key learning outcomes for graduates of medical education programs.
2. Evaluate approaches and considerations for exploration of multiple perspectives on key learning outcomes.

**Key Words:** social accountability, patient perspectives, learning outcomes, primary care, health care system

## **Decolonial, Intersectional Pedagogies in Canadian Health Education**

**Author:** Taqdir (Taq) Kaur Bhandal

**Presenter:** Taqdir (Taq) Kaur Bhandal

**Moderator:** Edwin Betinol

**Time:** 10:45 – 11:00

Canadian health education schools are increasingly taking up the language and practice of decolonization, diversity, equity, intersectionality, and internationalization. This work has been done in universities and colleges since the creation of Canada's settler state 150+ years ago. However in 2019, it's becoming imperative to support decolonial, intersectional efforts in health education research. For my dissertation project, I ask the question: How do Canadian medical and nursing school professors incorporate decolonial, intersectional pedagogies (DIP) in their practice. Briefly, DIP are philosophies of learning that encourage teachers and students to reflect on the context of patients through the lenses of settler-colonialism, health equity, and social justice. My theoretical framework is informed by Indigenous women and women of colour scholars on Coast Salish Territory and beyond. With guidance from my committee, I am employing ethnographic research methods including key informant interviews, classroom observations, and discourse analysis of course syllabi. In my oral presentation, I will briefly summarize my fieldwork and analysis to date, engage in a collective meditation, and come together in closing with critical intentions for teaching and learning.

**Learner objective:** By the end of this presentation, participants will be able to describe three ways that decolonial, intersectional pedagogies are practiced in health education. Additionally, participants will engage in a collective meditation.

**Keywords:** Decolonization, intersectionality, pedagogy

## Participant-Reported Effect of an Indigenous Health Continuous Professional Development Education Initiative

**Authors:** Cheryl Barnabe, Raheem B. Kherani, Tom Appleton, Rita Henderson, Lynden Crowshoe

**Presenter:** Raheem B. Kherani

**Moderator:** Edwin Betinol

**Time:** 11:00 – 11:15

**Objectives:** Arthritis conditions are highly prevalent in Canadian Indigenous populations and patients experience severe outcomes. Patients avoid specialty health systems due to experiences of racism, stereotyping and culturally unsafe environments. The 'Educating for Equity' program was designed as a CPD intervention to incorporate skill-based teaching to re-center relationships and engage patient social realities adapting as an educational intervention for rheumatologists.

**Methods:** Following introductory exposure to Indigenous health competency training, a half-day interactive workshop was delivered to 9 CRA rheumatologists. This half-day workshop content provided knowledge and skills practice through role playing cases with performance feedback. Participants completed pre-and post-workshop surveys, identifying the strategies they used to enhance therapeutic relationships, and the perceived impact on their practice.

**Results:** Strategies to address social issues were primarily to involve other health providers. Following the workshop, they were more likely to focus on relationship building, enhancing awareness, were serving as advocates for access to treatment, enquiring about residential school experiences and patient cultural practices, and changing their practices to be more patient-centered. They valued the developing community of practice and were motivated to learn more about Indigenous health. There were trends to improvement in the Social Cultural Confidence in Care Survey. Interactive group discussion and role playing were reported as the most effective component.

**Conclusion:** This CPD intervention had beneficial impact on self-reported confidence and enhanced practice strategies to engage with Indigenous patients. The next phase will incorporate reinforcement of principles and skills while providing facilitator training to expand the community of practice.

**Keywords:** Indigenous, Rheumatology, Education

## Diversity and Inclusion in Health Professional Education Scholarship

**Authors:** Brittany Buffone, Ilena Djuana, Katherine Yang, Kerry Wilbur

**Presenters:** Brittany Buffone, Ilena Djuana

**Moderator:** Edwin Betinol

**Time:** 11:15– 11:30

**Background:** The global distribution of health professionals and associated training programs is wide but prior study has demonstrated reported scholarship of teaching and learning arises from predominantly ‘Western’ perspectives. We examined authorship of recent publications to explore current international representation.

**Methods:** We systematically screened the table of contents of seven selected high impact health professional education journals over a 10-year time horizon (2008-2018). We determined author affiliations and abstracts of all published original research or review articles and characterized the geographic origins of the research teams and study setting according to the United Nations Standard Geographic Regions. The discipline under investigation was also recorded.

**Findings:** A total 12,018 of titles were screened and 8,696 (72.3%) articles included. Most were collaborations (91%) conducted by authors from single geographic regions (63%). Single-region teams were most often formed from countries in North America, Northern Europe (specifically the United Kingdom), or Australia. Mixed-region teams were led by authors from North America, Western Europe, or Australia while co-authors were typically from another country also located in North America, Western, or Northern Europe. Overall lead authorship from Asian or African regions was less than 15% and 5%, respectively. Geographic representation varied somewhat by journal, but not across time. The majority of study (69%) was related to medical trainees or professionals.

**Implications:** Authorship diversity and inclusion in health professional education scholarship remains low. Underrepresentation of published research outside ‘Western’ regions limits dissemination of novel ideas resulting in unidirectional flow of experiences and a concentrated worldview of teaching and learning.