Building Gryffindor: Revitalizing the Clinical Education Environment for Engagement & Learning

Time: 2:00 – 2:15 (1st Presentation)
Presenter: Christie Newton

Authors: **Christie Newton** University of British Columbia, **Jacqueline Ashby** University of British Columbia

Rationale/Background:
This blue-streak workshop provides participants the opportunity to ideate on the optimal virtual & clinical learning environment that supports patients, caregivers, preceptors, and residents/students. Engaging people in the process of design encourages collaboration, networking, and innovation.

What is a Health Advocate?

Time: 2:15 – 2:30 (2nd Presentation)
Presenter: Theresa van der Goes

Authors: **Theresa Van Der Goes** University of British Columbia, **Ian Scott** University of British Columbia, **Maria Hubinette** University of British Columbia, **Renate Kahlke** The Royal College of Physicians and Surgeons

Background/Purpose:
Competency frameworks identify Health Advocacy (HA) as critical in physician practice, though its exact meaning remains contentious. Little has been done to examine how learners understand their HA role. Our study asked learners how they understand HA in their diverse educational and practice contexts.

Methods:
Using constructivist grounded theory, we purposively sampled medical students (N=80) and family medicine residents (N=48) from diverse educational and practice contexts. We analyzed existing written reflections, then completed individual and group interviews with theoretically sampled participants (N=29), including new participants from pediatric (N=2) and internal medicine (N=4).

Results:
We found that learners understood HA in two distinct ways: 1) As identifiable behaviours, applied across contexts. 2) As "going above and beyond" what would be expected in that context, for their patient(s). These two approaches to HA often came into conflict as learners struggled to articulate their role as health advocates; the first approach suggests that HA is a normative set of behaviours that all physicians should be able to perform, regardless of context, while the second suggests a sense of pushing past normative expectations in a particular context by "going above and beyond."

Conclusion:
These conflicting definitions can be troubling to learners who struggle to achieve "competence" by the time they complete their training. However, in our view, both approaches have value. Behavioural conceptions of HA offer a benchmark for teaching and assessment while "going above and beyond" invites learners to identify and push the boundaries of current practice in order to improve care in imperfect systems.

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

Time: 2:30 – 2:45 (3rd Presentation)
Presenter: Samantha Stasiuk

Authors: **Samantha Stasiuk** University of British Columbia, **Laura Nimmon** University of British Columbia, **Maria Hubinette** University of British Columbia

Background/Purpose:
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 fully understand the broader social influences that shape reflection. This study asked three questions a) How do learners use social networks to reflect on and make meaning of early significant 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?

Methods:
Using a phenomenological approach, individually generated sociograms provided a stimulus for narrative production in subsequent semi-structured interviews with first year medical students.

Results:
Learners described the importance of verbal processing within their social networks and engaging in dialogue around early significant clinical encounters. Strikingly, learners acknowledged a period of identity formation heavily influenced by networks as they sought to make meaning from early significant clinical experiences. Learners also struggled to find meaningful ways to involve their networks outside of medicine in their new experiences. They found some curricular opportunities such as reflective portfolio sessions to be useful, when deemed to be authentic.

Conclusion:
It is important to capture the role learners' social networks play in the support of their identity formation, as well as capacity for empathy and resiliency. Understanding this social phenomenon will provide us with a teaching language and framework that appreciates the profound role social relations play in students' meaning making of early significant clinical experiences.

Inter-Professional Faculty Development in Small Groups: The Importance of a Safe Environment

Time: 2:45 – 3:00 (4th Presentation)
Presenter: Erica Amari

Authors: **Erica Amari** University of British Columbia, **Kiran Veerapen** University of British Columbia, **Wilson Luong** University of British Columbia, **Jennifer Clark** University of British Columbia, **Katherine Wisener** University of British Columbia, **Brenda Hardie** University of British Columbia, **Sue Murphy** University of British Columbia, **Robin Roots** University of British Columbia, **Donna Drynan** University of British Columbia, **Julia Klick** University of British Columbia, **Rose Hatala** University of British Columbia

Background/Purpose:
Faculty Development (FD) utilizing inter-professional small groups is uncommon. At the University of British Columbia, we implemented a longitudinal FD program where faculty from various health professions taught and learned from each other. We sought to understand how the inter-professional setting impacts teaching and learning in FD.

Methods:
Four cohorts of five participants each, met for six, 90-minute sessions that were moderated by FD leads over one year. Each participant developed and delivered an interactive lesson on a key educational topic. Participants gave structured feedback; dialogue and reflection were encouraged. A safe space was actively promoted through modeling of respectful, collaborative communication by the facilitator, corresponding ground rules and a focus on educational topics. Interviews were conducted with three participants and four cohort leaders. Preliminary content analysis was conducted by two of the authors by coding the transcripts and identifying themes.

Results:
Participants reported feeling safe in sharing their experiences and perspectives more freely in these groups than in their own uni-professional groups. They began to appreciate commonalities and variations in how health professions applied educational principles. They took into consideration the needs and perspectives of other professions when planning lessons, resulting in a fresh approach. Over time, the feedback and discussions became robust, and participants incorporated the observed learned strategies in their own practices.

Conclusion:
Longitudinal FD in small groups with active participation of inter-professional faculty in a safe environment promotes a deeper understanding of how other professions teach and work and enhances the feedback process.