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1. Pause, Persist, Pivot: Key Decisions Health Professions Education Researchers Must Make About Conducting Studies During Extreme Events.
O'Brien, Bridget; Teherani, Arianne; Boscardin, Christy; O'Sullivan, Patricia.
Academic Medicine published ahead of print June 2, 2020.

Abstract:

When extreme events occur some research becomes a clear priority, but what becomes of all other research? Does it stop indefinitely, or can it be paused with plans to resume, persist with modifications, or pivot to address new priorities? Facing this dilemma and witnessing it among their fellow health professions education researchers, the authors recognized a need for guidance. This commentary presents a framework, organized as key questions related to the research stage and process, to assist health professions education researchers in making decisions about how to proceed with research that was planned or in progress when an extreme event occurred. Although at the time of this writing, the COVID-19 pandemic was the extreme event at hand, the authors intentionally created questions and discussed considerations that can be helpful for thinking through decisions in a variety of disruptions in health professions education research— many of which require similar difficult decisions and creative solutions to carry important research forward and maintain high quality

To read more:

2. Training disrupted: Practical tips for supporting competency-based medical education during the COVID-19 pandemic

Andrew K. Hall ,Markku T. Nousiainen ,Paolo Campisi,J. Damon Dagnone ,Jason R. Frank ,Karen I. Kroeker ,Stacey Brzezina, Eve Purdy & Anna Oswald

Abstract:

The COVID-19 pandemic has disrupted healthcare systems around the world, impacting how we deliver medical education. The normal day-to-day routines have been altered for a number of reasons, including changes to scheduled training rotations, physical distancing requirements, trainee redeployment, and heightened level of concern. Medical educators will likely need to adapt their programs to maximize learning, maintain effective care delivery, and ensure competent graduates. Along with a continued focus on learner/faculty wellness, medical educators will have to optimize existing training experiences, adapt those that are no longer viable, employ new technologies, and be flexible when assessing competencies. These practical tips offer guidance on how to adapt medical education programs within the constraints of the pandemic landscape, stressing the need for communication, innovation, collaboration, flexibility, and planning within the era of competency-based medical education.

To read more:

3. Taking stock of what is known about faculty development in competency-based medical education: A scoping review paper

Giovanna Sirianni ,Susan Glover Takahashi &Jeff Myers

Abstract:

Purpose: The primary objective was to inventory what is currently known about faculty development (FD) for competency-based medical educations (CBME) and identify gaps in the literature.

Methods: A scoping review methodology was employed. Inclusion criteria for article selection were established with two reviewers completing a full-text analysis. Quality checks were included, along with iterative consultation on data collection and consensus decision making via a grounded theory approach.

Results : The review identified 19 articles published between 2009 and 2018. Most articles (N = 15) offered suggestions as to what should happen with FD in CBME, but few (N = 4) adopted an experimental design. Six main themes were identified with three main features of FD noted across themes: (1) The importance of direct and timely feedback to faculty members on their teaching and assessment skills. (2) The role of establishing shared mental models for CBME curricula. (3) That FD is thought of longitudinally, not as a one-time bolus.

Conclusion: This work illustrates that there is limited, high quality research in FD for CBME. Future FD activities should consider employing a longitudinal and multi-modal program format that includes feedback for the faculty participants on their teaching and assessments skills, including the development of faculty coaching skills.

To read more:

https://www-tandfonline-com.ezproxy.library.uvic.ca/doi/full/10.1080/0142159X.2020.1763285

https://www-tandfonline-com.ezproxy.library.ubc.ca/doi/full/10.1080/0142159X.2020.1763285

4. Medical Education Adaptations
   Various authors, including from UBC
   Medical Education published ahead of print

Abstract:

A series of short (<500 word) submissions on how various programs adapted to Covid-19 demands. Each is structured around 1. What problem was addressed? 2. What was tried? And 3: What lessons were learned. Topics include virtual OSCEs, leveraging social media to teach, virtual bedside rounds, supporting faculty and students, etc.

To read more:

https://onlinelibrary-wiley-com.ezproxy.library.uvic.ca/toc/13652923/0/0

https://onlinelibrary-wiley-com.ezproxy.library.ubc.ca/toc/13652923/0/0

5. Verbatim Theater: Prompting Reflection and Discussion about Healthcare Culture as a Means of Promoting Culture Change
   James Dalton ,Kimberley Ivory, Paul Macneill, Louise Nash, Jo River, Paul Dwyer , David Williams, Karen Scott
   Teaching and Learning in Medicine published online June 3, 2020

Abstract:

Problem: The mistreatment of medical and nursing students and junior health professionals has been reported internationally in research and the media. Mistreatment can be embedded and normalized in hierarchical healthcare workplaces, limiting the effectiveness of policies and reporting tools to generate change; as a result, some of those who experience mistreatment later perpetuate it. We used a novel, creative approach, verbatim theater, to highlight the complexity of healthcare workplaces, encourage critical reflection, and support long-term culture change.

Intervention: Verbatim theater is a theater-for-change documentary genre in which a playscript is devised using only the words spoken by informants. In 2017, 30 healthcare students and health professionals were recruited and interviewed about their experience of work and training by the multidisciplinary Sydney Arts and Health Collective using semi-structured interviews. Interview transcripts became the primary material from which the script for the verbatim theater play 'Grace Under Pressure' was developed. The performing arts have previously been used to develop the communication skills of health professional students; this esthetic expression of the real-life effects of healthcare workplace culture on trainees and students was implemented to stimulate consciousness of, and dialogue about, workplace mistreatment in healthcare work and training.

Context: The play premiered at a major Sydney theater in October 2017, attended by the lay public and student and practicing health professionals. In November 2017, three focus groups were held with a sample of audience members comprising healthcare professionals and students. These focus groups explored the impact of the play on reflection and discussion of healthcare culture and/or promoting culture change in the health workplace. We analyzed the focus group data using theoretical thematic analysis, informed by Turner's theory of the relation between 'social' and 'esthetic' drama to understand the impact of the play on its audience.

Impact: Focus group members recognized aspects of their personal experience of professionalism, training, and workplace culture in the play, Grace Under Pressure. They reported that the play's use of real-life stories and authentic language facilitated their critical reflection. Participants constructed some learning as 'revelation,' in which the play enabled them to gain significant new insight into the culture of health care and opened up discussions with colleagues. As a result, participants suggested possible remedies for unhealthy aspects of the culture, including systemic issues of bullying and harassment. A small number of participants critiqued aspects of the play they believed did not adequately reflect their experience, with some believing that the play over-emphasized workplace mistreatment.

Lessons Learned: Verbatim theater is a potent method for making personal experiences of healthcare workplace and training culture more visible to lay and health professional audiences. In line with Turner's theory, the play's use of real-life stories and authentic language enabled recognition of systemic challenges in healthcare workplaces by training and practicing health professionals in the audience. Verbatim theater provides a means to promote awareness and discussion of difficult social issues and potential means of addressing them.

To read more:

https://www-tandfonline-com.ezproxy.library.uvic.ca/doi/full/10.1080/10401334.2020.1768099

https://www-tandfonline-com.ezproxy.library.ubc.ca/doi/full/10.1080/10401334.2020.1768099

6. Professionalism: The Wrong Tool to Solve the Right Problem?

Frye, Victoria; Camacho-Rivera, Marlene; Salas-Ramirez, Kaliris; Albritton, Tashuna; Deen, Darwin; Sohler, Nancy; Barrick, Samantha; Nunes, Joao

Abstract:

Medical schools and other higher education institutions across the United States are grappling with how to respond to racism on and off campus. Institutions and their faculty, administrators, and staff have examined their policies and practices, missions, curricula, and the representation of racial and ethnic minority groups among faculty, staff, and students. In addition, student-led groups, such as White Coats for Black Lives, have emerged to critically evaluate medical school curricula and advocate for change. Another approach to addressing racism has been a focus on the role of professionalism, which has been variably defined as values, traits, behaviors, morality, humanism, a role, an identity, and even a social contract.

In this article, the authors consider the potential role that professionalism might play in responding to racism in medical education and at medical schools. They identify 3 concerns central to this idea. The first concern is differing definitions of what the problem being addressed really is. Is it isolated racist acts or institutional racism that is a reflection of white supremacy? The second concern is the notion that professionalism may be used as a tool of social control to maintain the interests of the social groups that dominate medicine. The third concern is that an overly simplistic application of professionalism, regardless of how the problem of racism is defined, may result in trainees practicing professionalism that is performative rather than internally motivated. The authors conclude that professionalism may complement a more systematic and holistic approach to addressing racism and white supremacy in medical education, but it is an insufficient stand-alone tool to address this core problem.

To read more:

http://ovidsp.dc2.ovid.com.ezproxy.library.uvic.ca/sp-4.06.0a/ovidweb.cgi?&S=EMMCFPELEMEBACDPJPBKIGBFIHHAAA00&Link+Set=S.sh.22.23.26%7c27%7csl_10

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7. Journey of candidates who were unmatched in the Canadian Residency Matching Service (CaRMS): A phenomenological study

Basia Okoniewska; Malika A. Ladha; Irene W. Y. Ma

Abstract:

Background: Each year, a number of medical students are unmatched in the Canadian Residency Matching Service (CaRMs) match. There is little information on the experiences of unmatched

candidates. This study seeks to explore the experiences of applicants who were unmatched in the first iteration of their CaRMS applications

Methods: We interviewed 15 participants who were previously unmatched, using a semi-structured interview guide to ask them of their experiences on the following domains: the overall unmatched experience; circumstances leading to their unmatched status; resources employed; barriers experienced; recommendations; and, their eventual career outcomes. We independently identified major themes from field notes to code the data using a phenomenology approach.

Results: Our participants universally reported negative emotions, concerns regarding privacy and confidentiality breaches, and stigma faced (real or perceived). Systemic challenges included: lack of information, pressures faced from undergraduate medical education, and logistical issues such as financial challenges, licensing and scheduling issues. The utility of peer support differed for individual participants, but all those who had support from other unmatched candidates felt that to be useful.

Conclusions: Our participants reported significant challenges faced after being unmatched. Based on these experiences, we identified four major recommendations to support candidates through their unmatched journey.

To read more:

https://journalhosting.ucalgary.ca/index.php/cmej/article/view/69318

8. Does Educational Handover Influence Subsequent Assessment?
Valérie Dory; Deborah Danoff; Laurie H. Plotnick; Beth-Ann Cummings; Carlos Gomez-Garibello; Nicole E. Pal; Stephanie T. Gumuchian; and Meredith Young.

Abstract:

Purpose: Educational handover (i.e., providing information about learners' past performance) is controversial. Proponents argue handover could help tailor learning opportunities. Opponents fear it could bias subsequent assessments and lead to self-fulfilling prophecies. This study examined whether raters provided with reports describing learners' minor weaknesses would generate different assessment scores or narrative comments than those who did not receive such reports.

Method: In this 2018 mixed-methods, randomized, controlled, experimental study, clinical supervisors from five postgraduate (residency) programs were randomized into three groups receiving no educational handover (control), educational handover describing weaknesses in medical expertise, and educational handover describing weaknesses in communication. All participants watched the same videos of two simulated resident-patient encounters and assessed performance using a shortened mini-clinical evaluation exercise form. The authors compared mean scores, percentages of negative comments, comments focusing on medical expertise, and comments focusing on communication across experimental groups using repeated-measures analyses of variance. They examined potential moderating effects of rater experience, gender, and mindsets (fixed vs. growth).

Results: Seventy-two supervisors participated. There was no effect of handover report on assessment scores ($F_{(2, 69)} = 0.31$, $P = .74$) or percentage of negative comments ($F_{(2, 60)} = 0.33$, $P = .72$). Participants who received a report indicating weaknesses in communication generated a higher percentage of comments on communication than the control group (63% vs 50%, $P = .03$). Participants who received a report indicating weaknesses in medical expertise generated a similar percentage of comments on expertise than the control group (46% vs 47%, $P = .98$).

Conclusions: This study provides initial empirical data about the effects of educational handover and suggests that it can—in some circumstances—lead to more targeted feedback without influencing scores. Further studies are required to examine the influence of reports for a variety of performance levels, areas of weakness, and learners.

To read more:

https://journals-lww-com.ezproxy.library.uvic.ca/pages/results.aspx?txtKeywords=%2210.1097%2fACM.0000000000003528%22

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9. Southern exposure: levelling the Northern tilt in global medical and medical humanities education
  Naidu, Thirusha
  Advances in health sciences education: theory and practice Published June 4, 2020

Abstract:

Global medical education is dominated by a Northern tilt. Global universities' faculty and students dominate research, scholarship and teaching about what is termed global education. This tilt has been fixed in global biomedical education with some acknowledgement from the Global South of the comparative benefits of global exchange. Student exchange is predominantly North to South. Students from the Global South are less likely to visit the North on global medical education visits. Global indigenous and traditional ways of knowing rooted may be suppressed, hidden or misappropriated and repackaged for consumption in the Global South with Global North ways of knowing as a reference point. A global history of colonization has shaped this trend influencing postcolonial theorists and decolonial activists to question the legitimacy and depose the influence of dominant Global North ideas. This is evident in how communication skills, reflective practice and narratives are presented and taught. Global North students must be introduced to Global South ways of knowing before visiting the Global South from a position of critical consciousness. Emancipatory education is best led by transformative Global North–South dialogue.

To read more:

https://link-springer-com.ezproxy.library.uvic.ca/article/10.1007/s10459-020-09976-9

https://link-springer-com.ezproxy.library.ubc.ca/article/10.1007/s10459-020-09976-9

10. Exploring current physicians' failure to communicate clinical feedback back to transferring physicians after transitions of patient care responsibility: A mixed methods study
Judith L. Bowen, Joseph Chiovaro, Bridget C. O'Brien, Christy Kim Boscardin, David M. Irby & Olle ten Cate
Perspectives on Medical Education published June 8, 2020

Abstract:

Introduction: After patient care transitions occur, communication from the current physician back to the transferring physician may be an important source of clinical feedback for learning from outcomes of previous reasoning processes. Factors associated with this communication are not well understood. This study clarifies how often, and for what reasons, current physicians do or do not communicate back to transferring physicians about transitioned patients.

Methods: In 2018, 38 physicians at two academic teaching hospitals were interviewed about communication decisions regarding 618 transitioned patients. Researchers recorded quantitative and qualitative data in field notes, then coded communication rationales using directed content analysis. Descriptive statistics and mixed effects logistic regression analyses identified communication patterns and examined associations with communication for three conditions: When current physicians 1) changed transferring physicians' clinical decisions, 2) perceived transferring physicians' clinical uncertainty, and 3) perceived transferring physicians' request for communication.

Results: Communication occurred regarding 17% of transitioned patients. Transferring physicians initiated communication in 55% of these cases. Communication did not occur when current physicians 1) changed transferring physicians' clinical decisions (119 patients), 2) perceived transferring physicians' uncertainty (97 patients), and 3) perceived transferring physicians' request for communication (12 patients). Rationales for no communication included case contextual, structural, interpersonal, and cultural factors. Perceived uncertainty and request for communication were positively associated with communication (p < 0.001) while a changed clinical decision was not.

Discussion: Current physicians communicate infrequently with transferring physicians after assuming patient care responsibilities. Structural and interpersonal barriers to communication may be amenable to change. Clarity about transferring physicians' uncertainty and desire for communication back may improve clinical feedback communication.

To read more:

https://link.springer.com/article/10.1007/s40037-020-00585-1#Tab5