

Clinical Teaching Unit Design: A Systematic Review of Evidence-based Practices for Clinical Education and Health Care Delivery

Authors: Brandon Tang, Stephan Saad, Katrina Rose Dutkiewicz, Ryan Sandarage, Jocelyn Chai, Kristin Anne Dawson, Vanessa Kitchin, Rose Hatala, Iain McCormick, Barry Kassen

Presenter: Katrina Dutkiewicz

Time: 12:15 – 12:30pm

Background: The Clinical Teaching Unit (CTU) is a near-ubiquitous model of clinical education that has remained largely unchanged since it was first introduced over 50 years ago. This systematic review aimed to identify evidence-based practices in internal medicine CTUs which contribute to improved clinical education and health care delivery.

Methods: MEDLINE, EMBASE, Cochrane, CINAHL, PsycINFO, ERIC, ProQuest, and UBC CiRcle were searched from January 1, 1993 until May 11, 2019 to identify studies in the CTU setting. English-language, primary research articles with outcomes related to clinical education or health care delivery were included. Data extraction was performed using a standardised, pre-piloted form, and MERSQI and COREQ instruments were used to assess the quality of quantitative and qualitative studies respectively. Emergent themes were identified using a narrative approach and the confidence in review findings was assessed using GRADE-CERQual methodology.

Results: The literature search identified 1942 studies, of which 125 ultimately met inclusion criteria. As determined a priori, data analysis was limited to studies occurring in internal medicine CTUs. 59 studies were therefore included in the data analysis. A number of practices contributing to improved clinical education and/or patient care were identified including: purposeful rounding, bedside rounding, interprofessional rounds, geographic wards, 'drip' continuous models of admission, and limiting team workload.

Conclusions: Applying evidence-based practices in internal medicine CTUs can contribute to improved educational and health care outcomes. The findings from this study may be valuable to inform policies, resource allocation, and staffing of teaching hospitals.

Surrounded by Slippery Slopes: Being a Physiotherapist While Living in Rural, Northern and Remote Communities

Authors: Andrea Gingerich, Kevala von Volkenburg, Sean Maurice, Christy Simpson, Robin Roots

Presenter: Andrea Gingerich

Time: 12:30 – 12:45pm

Training opportunities in rural communities have increased but curricula and professional standards tend to be designed for urban practice. This is not problematic if preparing students for urban practice also prepares them for rural practice. Health ethics is one area that may challenge this assumption. We need to understand how professional practice is manifested in rural settings to inform our curricula.

Following constructivist grounded theory methodology, we interviewed 22 physiotherapists about their experiences living and practising in rural, northern or remote communities. They described becoming part of “close knit” communities where “everyone around town will know who you are and know what you do.” It is rewarding to “tailor [their treatment] right to their needs” but because you run into patients “every day in the street” you are “never truly off” duty: “I just want to get milk and it takes me an hour to get out of there. At the same time, there is that – there's a strong sense of community. And so it's a question of whether you can have one without the other.” The ethical implications of dual roles were recognized but described as “not that challenging to navigate” by “keeping things separate and keeping things professional” using various strategies to be polite while protecting patient confidentiality and dignity.

Take-home message: Dual role relationships are intrinsic to rural living and do not align with urban practice expectations. Physiotherapists navigate them in ethically mindful ways by recognizing when a slope is becoming slippery and steering away from trouble.

Keywords: rural ethics, practice variation, dual role relationships

Vancouver Notes: A Collaborative Trainee-led Approach to Educational Resource Development

Authors: Brandon Tang, Meiying Zhuang, James Tessaro

Presenter: Brandon Tang

Time: 12:45 – 1:00pm

Introduction: Comprehensive history taking has been shown to comprise almost 80% of clinical diagnosis. However, when medical learners begin training in internal medicine, it is often unclear what historical features, physical findings, and investigations are most pertinent to subspecialty-specific patient presentations; this process-based skill is often only tacitly acquired throughout a given rotation. Vancouver Notes is a novel medical textbook which addresses this issue, by providing learners with consultation templates for common presentations in internal medicine subspecialties, equipping medical students and residents with the tools to succeed from day one.

Methods: Vancouver Notes will contain consultation templates for 16 internal medicine subspecialties defined by the Canadian Resident Matching Service. We will recruit expert teams at the University of British Columbia comprising of core internal medicine residents, subspecialty fellows, and at least one staff physician to author each subspecialty chapter. By leveraging the resident body for content creation, not only do authors exercise the Collaborator and Scholar CanMEDS competencies, we will also fill a gap in educational resources.

Conclusion: Vancouver Notes addresses an important gap in internal medicine training and uses a novel, collaborative trainee-led production strategy to develop an educational resource. This approach to resource development leverages the expertise of diverse medical learners, is highly efficient, and encourages collaboration and mentorship across different career stages. Finally, this model is consistent with a broader trend towards Free Open Access Medical Education (FOAM), is generalizable, and can be applied in other fields and programs for resource creation.

Keywords: Trainee-led resource development, consultation templates, internal medicine

The Influence of Patients on the Learning Environment: Metageneric Comments on Presenting Cases in Front of Patients

Authors: Anneke van Enk; Heather Buckley; Carolyn Canfield; Cary Cuncic; Cheryl Holmes, Laura Nimmon

Presenter: Anneke van Enk

Time: 1:00 – 1:15pm

Problem: What effects has the concept of patient-centredness had on medical education in care settings? Our project focuses on what happens to the learning environment when the phrase “nothing about me without me,” a popular catchphrase for patient involvement, is taken to mean that nothing gets said about the patient immediately around or during their visit without the patient being present. What are the reactions of teaching physicians, trainees, and patients to an encounter in which there is, in Goffman’s (1956) theatrical metaphor, a limited physical “backstage” for teaching and learning?

Methods: Teaching physicians at an ambulatory internal medicine clinic conducted visits in which all case details were presented by and discussed with trainees in the patient’s presence. Semi-structured interviews with 10 attending physicians, 12 trainees, 10 patients and 2 family members explored the impact of this on the learning environment.

Implications: Removing opportunities for attending physician and trainee to talk about the patient outside their hearing lays bare some of the often tacit “rules” about appropriate performance and highlights tensions that may be created with greater patient involvement. What the interviewees claim should happen may not always reflect what actually happens, but it exerts a metageneric influence: “patrolling or controlling individuals’ participation ...[and] rationalizing and representing the relations of the genre to the community that uses it” (Giltrow 2002). Hence, surfacing and examining such “rules” about case presentations is important if this genre is to function productively in genuinely patient-centred care-and-education contexts.

Keywords: patient centredness; case presentations; learning environment