

**Undergraduate Education Faculty Development Workshop
Friday January 19th, 2018 at the Vaughan Estates of Sunnybrook**

Small Group Sessions

**Session #1
10:15 – 11:45 am**

Title: Choosing Wisely Canada: Teaching and Learning Choosing Wisely at the Undergraduate Level

Presenter: Dr. Kimberly Wintemute MD CCFP FCFP, Assistant Professor, NYGH Site; Primary Care Co-Lead, Choosing Wisely Canada.

Abstract:

With the success of the Choosing Wisely Canada and Choosing Wisely International Campaigns, resource stewardship has landed squarely on our professional agenda. As clinicians, we are implementing Choosing Wisely recommendations at the same time as learning how to teach them. This session will focus on the Choosing Wisely Canada recommendations themselves, the principles of professionalism that form their base, and how we can weave these into undergraduate teaching in a variety of ways.

Learning objectives:

- Describe both the philosophic principles and the structural elements of the Choosing Wisely Canada campaign
- Identify how these principles and elements can be woven into Undergraduate Teaching
- Choose one achievable Choosing Wisely goal to bring into undergraduate teaching in the next year

Content:

30 minutes: Theory regarding the scope of over-utilization in health care, including review of selected CWC recommendations from the Family Medicine list, the Medical Student list, and other specialty lists; and introduction to use of the website in teaching.

50 minutes: Interactive role-play of clinical scenarios, highlighting “teachable moments”. These will be linked to important elements of undergraduate teaching, including establishing informed consent for proposed treatments, engaging in shared decision making, using clinical decision tools, and meeting our professional duty to do no harm. The specific clinical scenarios chosen are each linked to a “SHARC-FM” learning competency, as well as to one or more CanMeds competencies.

10 minutes: Reflection and identification of a single Choosing Wisely Canada commitment that you will bring to your undergraduate teaching, to be shared with the group.

Title: Teaching communication skills: why it’s important and how to do it.

Presenters: William Watson MD, CCFP, CFCFP; Lindsay Watson MA, RP, RMFT; Emelyn Bartlett MSW

Abstract:

Effective doctor-patient communication is a central clinical function in building a therapeutic doctor-patient relationship, which is the heart and art of medicine. Conversely, poor communication can have a serious

impact on health outcomes.

Teaching communication skills may serve multiple purposes, including an increase in understanding of the physician's roles, offering insight into the importance of connecting with patients, and increasing confidence in interviewing skills. The purpose of these programs is to improve providers' effectiveness as both managers of care and educators of patients

In addition to basic communication skills, the training may cover:

- History-taking skills,
- Issues related to communicating across cultures,
- Communicating with "problem" patients,
- Interviewing techniques (including skills to help promote behavioral change)
- Empathic responses.

This workshop will focus on basic communication skills that are necessary in family practice, reviewing the evidence and allowing participants to acquire new skills. Using some common clinical scenarios, specific teachable communication skills related to clinical situations, both routine and difficult, will be highlighted, and further discussed with group participation.

Goals

- -to review evidence on the importance of good communication skills in family medicine
- -to highlight common communication strategies in family practice

Learning Objectives

- -using clinical scenarios, participants will be able to identify and describe helpful and negative ways of communicating with patients
- -participants will acquire new strategies to utilize when teaching communication to undergrad medical students

Title: The Indigenous Blanket Exercise as a Medical Education Tool

Abstract:

This workshop will consist of a Blanket Exercise, which teaches Indigenous history through an interactive learning experience. As a participant, you will have the opportunity to stand among your colleagues on blankets representing the land, and take on the role of Indigenous peoples in Canada. You will work through a script, guided by expert facilitators, as you walk through major events in Indigenous history, and take a step toward reconciliation.

This year, this activity is being introduced into the University of Toronto medical school curriculum, whereby all second year medical students will be participating in a Blanket Exercise. By participating in this workshop, you will have the opportunity to learn more about this unique exercise, its profound impact on all participants, and gain an appreciation of the role of such transformative exercises within medical education. Further, this activity will improve one's ability to provide culturally safe care, an area which is becoming increasingly valued and emphasized within the medical school curriculum.

Learning Objectives

1. To gain an appreciation for Indigenous history events through an interactive learning experience
2. To discuss the value of group reflective exercises within medical education as a means for teaching cultural safety
3. To develop comfort in one's ability to teach medical learners about the impact of Indigenous history and its relevance in clinical encounters and reconciliation

Presenter: Lindsay Herzog (PGY2), Dawn Maracle, Zoe Aarden.

Co-Presenters: TBD

Title: “What’s The Buzz About Integration? Does Anyone Really Know What It Means?”

Presenters: Stacey Bernstein, Pier Bryden, Mahan Kulasegaram, Jana Lazor, Marcus Law, Maria Mylopolous, Glendon Tait

Workshop Goals: To Understand and Apply the Different Forms of Integration in Medical Education Settings and the Potential Impact on Student Learning.

Learning Objectives:

By the end of the workshop, attendees will be able to:

- 1.) Explain different forms of Integration in the contexts of student learning, faculty teaching models, curriculum development, and assessment
- 2.) Describe the impact of integration in each of these domains
- 3.) Identify feasible plans for increased integration in their own educational and teaching settings

Abstract

In this 90 minute workshop, attendees will have the benefit of hearing from medical education leaders and researchers about the different forms, applications and impacts of integration in medical education settings. The Foundations Curriculum, LINC, and their Implications for the Evolution of the Clerkship at the University of Toronto will be used as case examples. The second half of the workshop will allow participants to work collaboratively in small groups to identify opportunities to incorporate the different forms of integration in their own teaching and educational practice and settings.

Title: The Advocacy Project in Family Medicine Block Clerkship: How Can I Make it Work in my Practice?

Presenters: Doukas K, Owen J, Maker D, Nyhof-Young J.

Abstract:

As a core CanMEDS competency, the theme of health advocacy is often a challenge to teach and evaluate effectively. In 2014, a highly rated patient-centered advocacy project was introduced into the Longitudinal Integrated Clerkship. Over the past year, a similar advocacy project was piloted as an alternative to the evidence-based project in the six-week family medicine clerkship block. Of 238 clerks, only 28 (12%) completed an advocacy project. QI focus groups revealed that advocacy projects were seen as rewarding; however several challenges to completing them were identified. Key recommendations to overcome barriers included preceptor faculty development to support early patient identification, and clarification of expectations and scope of advocacy interventions.

For this workshop, we will focus on specific strategies that preceptors can use to increase their familiarity with the advocacy project, as well as their comfort level with project promotion and support of students choosing to complete an advocacy project. We will use small group, problem based learning exercises to generate potential advocacy interventions specific to each provider’s individual clinical setting. We will also review the concept of Health Advocacy during this workshop, and will and discuss the importance of recognizing opportunities to teach and reflect on advocacy during family medicine clerkship.

Increasing the visibility of this project within the clerkship curriculum and the skills of faculty to support the projects has significant implications for curriculum development moving forward, as inclusion of this project allows for formal patient-centered education on advocacy within the program. This workshop will be of value to all those who work with family medicine clerks.

Objectives:

After active participation in the workshop, participants will be able to:

1. Describe the concept of Health Advocacy and how this relates to a Family Medicine clerkship
2. Identify and explain how you model advocacy in your everyday interactions with patients
3. Identify and propose opportunities for short-term advocacy projects for learners in your clinic

Session #2
1:30 – 3:00 pm

Title: The Power of Critical Reflection in Enhancing Preceptors' Teaching Skills

Presenters: Mruna Shah MD, FCFP and Difat Jakubovicz MD, FCFP

Goals:

This introductory workshop will define reflective practice and review some of the fundamental concepts of critical reflection. It will allow participants to discuss the applications of critical reflection in medical teaching. Finally, participants will have the opportunity to try a few reflective exercises and discuss the various activities that foster reflection.

Learning Objectives:

At the conclusion of this activity, participants will be able to:

1. Define and differentiate between reflection and critical reflection
2. Review the various models of reflection
3. Explore the benefits of doing reflection exercises
4. Employ and assess various activities/techniques that foster reflection
5. Explore and identify means to integrate these reflective techniques into their teaching practice in an ongoing manner in order to improve their teaching skills and effectiveness

Description

“Critical reflection is the process of analyzing, questioning and reframing an experience in order to make an assessment of it for the purposes of learning and/ or to improve practice”.

We are all preceptors because we love teaching, but most of us are so busy with our day - to - day work that we rarely have the time to get the most out of the experience. Whether you are looking to improve as an educator, or to increase your enjoyment of the activity, reflection is a technique that brings you closer to the act of teaching. Reflection allows you to connect with your teaching experiences – the successes and the failures – and to understand how you can better understand the values and actions that led to those outcomes.

Critical reflection is an essential skill for teachers as it has the potential to be transformative. It has been shown to lead to improved teaching skills and effectiveness and it is instrumental in the use of feedback and acceptance. It is a tool that leads to greater self-awareness and thereby allows personal and professional growth.

Reflection is especially when training medical students. Being a preceptor requires helping our learners delve into the biological, psychological and social issues that affect our patients in a compassionate manner. In order to continually foster that comprehensive and compassionate attitude and model integration, it is imperative that we have the ability to reflect on our own attitudes and values and also mentor our trainees on how to build that reflective capacity in order to practice with insight, awareness and a continuous goal of learning and improvement.

Reflection allows us to become better and more insightful teachers and clinicians and also to role model these skills for our trainees.

Instructional Methods:

This will be an interactive workshop that will allow the participants to reflect upon their teaching practice using a variety of methods. The workshop will include individual, small group and large group activities.

Title: Integrating LGBTQ2S health with Clinical Skills: Teaching and Learning Sexual History for Every Body

Presenters: Laurence Biro, James Owen, Alex Coutin, Herman Tang, Groonie Tang, Kaiwen Song, Joyce Nyhof-Young

Objectives:

At the end of this session, participants will be able to:

- Identify basic health competencies related to patients from diverse gender and sexual communities
- Describe how LGBTQ2S competencies are integrated within the undergraduate curriculum
- Effectively communicate with patients from LGBTQ2S communities
- Provide feedback to medical students for communicating with LGBTQ2S patients

Abstract

Lesbian, Gay, Bisexual, Trans, Queer and 2-Spirit (LGBTQ2S) patients can be identified in all family practices, with a higher prevalence in urban areas like the GTA, but the care of these patients has previously not been prominently featured in medical education. In recent years, the University of Toronto has identified LGBTQ2S as a priority population.

This interactive session will review basic LGBTQ2S health concepts for primary care providers, and review how competencies related to these populations are being integrated across the curriculum, including clerkship. Tools and resources will be presented that you can use when working with, and teaching about the care of, LGBTQ2S patients. A case scenario will be presented, and there will be opportunities for discussion and questions.

~3 minutes Introduction/orientation to workshop - James

~15 minutes - LGBT theme in undergrad curriculum – James

~10 minutes – LBGT101/infographic – Herman Tang or Groonie Tang (med4) (example of curriculum resource)

~10 minutes – family medicine research project – Alex Coutin (med3) (example of completed project)

~20 minutes – Applying Calgary Cambridge to communication with LGBT people -Laurence (interactive, small group discussion)

~25 minutes – SP case with trans person – Laurence/student (likely Kaiwen Song (med2)), opportunity to learn how to give feedback

~3 minutes: Conclusion/wrap up.

Title: A road map for Teaching Complex Conversations: Stories from Palliative Care.

Presenters: Risa Bordman, Donna Spaner, Christopher Blake (PGY3)

Abstract: Family Medicine is a dynamic and diverse specialty that requires a broad range of knowledge and skills. Teachers often shield medical students from the difficult and challenging situations to protect both the learner and the patient. The goal of this workshop is to assist teachers to explore different ways to help learners participate and remain engaged when complex conversations arise. Topics to be covered included managing patient/family expectations, dealing with emotion, consensus building and the influence of culture. This interactive workshop will use stories, videos and cases from the Palliative Care Undergraduate Curriculum to help participants draw on their own expertise and practice effective teaching strategies.

Learning Objectives:

By the end of the seminar teachers will have an increased comfort level in navigating complicated conversations, selecting the appropriate approach and involving the learner.

Updated at December 14, 2017