International Congress on Academic Medicine: 2025 medical education abstracts

Le congrès international de médecine universitaire: résumes d'éducation médicale 2025

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Advancing global academic medicine through innovation and collaboration: proceedings of the International Congress on Academic Medicine 2025

The International Congress on Academic Medicine (ICAM) 2025, held from April 3–6 in Halifax, Nova Scotia, united a diverse global community engaged in academic medicine. Organized by the Association of Faculties of Medicine of Canada (AFMC), the congress aimed to foster collaboration, innovation, and progress in medical education, health research and social accountability. It provided a platform for over 1,500 delegates, including medical students, residents, graduate students, faculty, researchers, and patient partners—to meet, network, and develop new relationships and collaborations with colleagues globally.

ICAM featured innovative keynotes and accredited sessions tackling global themes in academic medicine, including advocacy, artificial intelligence, social entrepreneurship, and more. Additionally, ICAM hosted international presentations and symposiums, such as the Gairdner Symposium, workshops, and oral and poster presentations.

ICAM 2025 was recognized for its commitment to inclusivity, achieving "Patient Included Status," ensuring that the experiences of patients as experts in living with their conditions were incorporated into all aspects of the congress. This year, ICAM also achieved gold status as a certified sustainable event through Dalhousie University's Sustainable Events program.

Congress objectives

- Recognize the importance of strong connections between research, education, clinical care, and patient experiences on outcomes in medicine.

- Actively integrate innovations and best practices in all facets of medical education.

- Include the patient voice in all aspects of academic medicine to better meet community needs.

- Engage in dialogue to promote collaboration within the international academic medicine community.

Opening keynote: advocacy

ICAM 2025's opening plenary centered on the theme of Advocacy, highlighting the importance of advocacy from bench to beside and beyond. At this session, participants joined in a conversation between Angus Pratt, a seasoned patient advocate, and André Picard a prominent journalist sharing reflections on the importance of advocacy and the evolving role of the patient in shaping healthcare and research priorities.

At the end of the session, participants were able to:

- Demonstrate the importance of effective advocacy for patients, researchers, clinicians and academics.

- Explain the complex role patients play in the research enterprise.

- Assess how the changing communications environment is reshaping the relationship with patients.

Keynote: Artificial Intelligence (AI) in healthcare: perspectives from patients and clinicians

AI is poised to transform healthcare, although its adoption has been slow. This session provided a brief overview of AI in healthcare with Muhammad Mumdani providing examples of its impacts on clinical outcomes and operational efficiency. A patient perspective was provided by Stewart Gray on the effective use of AI in the patient care journey. Practical considerations such as the development and use of responsible AI frameworks in actual practice, ethical challenges, and deployment issues were discussed.

At the end of the session, participants were able to:

- Identify basic definitions of artificial intelligence, machine learning, and deep learning.

- Interpret a deeper understanding of the potential benefits and challenges of adopting health AI solutions.

- Associate patient perspectives on the use of AI in healthcare.

Session: planetary health in action: tools, insights, and building connections

This engaging panel brought together global experts to explore the intersection of planetary health, social accountability, medical education, and research. Panelists shared insights into advocacy efforts and the integration of planetary health principles into curricula, highlighting impactful initiatives and lessons learned in overcoming common challenges.

The session provided practical guidance for institutions embarking on their planetary health journey, offering actionable steps and fostering collaboration to inspire meaningful progress. Participants left the session equipped with strategies to drive advocacy, build community, and transform ecoanxiety into tangible action.

At the end of the session, participants were able to:

- Describe effective strategies for advocating planetary health integration into medical education and research frameworks.

- Analyze successful planetary health initiatives, identifying key factors that contributed to their success and strategies to overcome common barriers.

- Organize practical, actionable first steps for their institutions beginning their journey towards incorporating planetary health principles into curricula and operations.

- Collaborate with peers to exchange ideas and foster collective action to address community ecoanxiety and advance planetary health advocacy.

Keynote: Gairdner Award Lecture: maternal and child health in the global context

The world has made significant progress improving maternal and child health and wellbeing over the last thirty years. This year's Gairdner lecture featured recipients Zulfiqar Bhutta and José Belizan. Despite notable improvements, key challenges remain, with global progress in reducing the deaths of pregnant women, mothers, and babies having flatlined since 2015 due to decreasing investments in maternal and newborn health. With the continued need to decrease health inequities, this panel discussed current perspectives on maternal and child health in the global context, while reflecting on the pathway forward.

At the end of the session, participants were able to:

- Summarize key advances within the maternal and child health global health space.

- Outline current challenges in maternal and child health that prevent health equity from being achieved.

- Describe two health policy avenues for advancing maternal and child health.

Session: culture of Academic Medicine Initiative Okanagan Charter collaborative meeting

The Okanagan Charter Collaborative (OCC) brought together 29 members and guests, including wellbeing leaders from Canadian faculties of medicine and representatives from national equity organizations (such as the Black Physicians of Canada, Indigenous Physicians Association of Canada, and Canadian Association of Physicians with Disabilities), as well as LGBTQ2S+, learner, and patient voice representatives. Held as a pre-conference event, the full-day meeting focused on four key objectives: exploring professional resistance, advocacy, and agency in support of institutional wellbeing; aligning Physical, Psychological, and Cultural (PPC) Safety with the Okanagan Charter's strategic pillars; engaging in peer mentorship and strategic dialogue; and beginning development of faculty-specific work plans.

A highlight of the day was a workshop on professional resistance led by Dr. Rachel Ellaway who challenged participants to consider the role of intentional, values-based resistance in advancing equity and wellbeing within academic medicine. The session also included peer-led sessions and panel discussions on trauma-informed care, moral agency, and structural equity. The OCC reaffirmed its commitment to embedding PPC Safety into medical education and institutional systems.

Session: AFMC Board Invitational on funding for clinician-scientists

Annually, ICAM has hosted a Board Invitational event dedicated to a topic aligned with one of its three pillars – medical education, health research, and social accountability. This year, the Invitational centered on clinician-scientists in academic medicine.

This session convened over 80 participants representing a diverse range of stakeholders including – but not limited to – deans of medicine, vice-deans of research, graduate and postdoctoral studies deans, provincial funders, MD-PhD

and Clinician Investor Program Directors, learners, and leading clinician-scientists from across Canada. The discussions focused on key themes such as training models, funding programs, and salary support mechanisms for trainees and clinician-scientists. These discussions were guided by findings of a report commissioned by the Royal College of Physicians and Surgeons of Canada (RCPSC) in 2024 and developed through consultations with Canadian deans of medicine, outlined the pressing issues facing clinician-scientists in Canada.

Insights gathered during this event will be synthesized into a session report, which will form the basis for the development of a coordinated national advocacy strategic plan focusing on strengthening the clinician-scientist profession in Canada.

Closing Keynote: social entrepreneurship

ICAM's closing keynote speaker was Zita Cobb and focused on the theme of "*Culture is the human response to a place.*" Exploring the inherited ideas, beliefs, values and knowledge that constitute the shared basis of a community, this plenary aimed to help attendees navigate and make sense of life. This session delved into how human and business systems have evolved as if place didn't matter, leading to the failure of communities, economies, and cultures. The alignment of this work with the practice of medicine was brilliant! Attendees were challenged to think about how to come together to broaden their understanding of our work and responsibilities, learning to work from a deep and broad understanding of creating shared value.

At the end of the session, participants were able to:

- Identify the architectures of collaboration between pillars of society to address community development.

- Identify from a community of practice: Fogo Island, Newfoundland.

- Assess systemic approaches and put PLACE (people and community) back at the center of our work.

Session: International Dean Leadership Development Program

The AFMC International Dean Leadership Development Program supports the professional development of deans, aspiring deans and others in decanal leadership positions in medicine, academic medicine, and academic health professions.

During a series of online, synchronous dynamic sessions facilitated by content experts, participants focused on critical leadership topics including organizational culture, effective team management and resource management. In addition to the sessions described, each participant was matched with a dean mentor for the duration of the program, aimed at supporting the participant in their learning goals in a more individual and personalized way. The 8-month longitudinal program concluded with an in-person meeting at ICAM 2025 attended by participants, AFMC Board members, dean mentors and program speakers. Dr Tasha Wyatt and Dr Rachel Ellaway presented "Professional Resistance: A Primer for Decanal Leaders." This final session provided participants with an opportunity to connect, share insights, and further explore their innovations through presentations of their Applied Learning Reports.

The AFMC Dean Leadership Development Program is a vital opportunity for aspiring deans from around the globe to enhance their leadership skills to effectively navigate challenges within our complex academic and healthcare environment.

Registration will open in the spring of 2026 for the program running September 2026 and culminating at ICAM in April 2027. Requests for information and expressions of interest can be emailed to iddp.afmc.ca

ICAM Patient Included Status

The Patients Included™ Status provides conference organizers with a means of demonstrating that their events are committed to incorporating the experience of patients as experts in living with their condition while ensuring they are neither excluded nor exploited. To achieve this status, a conference must successfully meet all five of the Patients Included™ conference charter's clauses: 1) patients or caregivers with experience actively participate in the design and planning and delivery of the event and appear in its physical audience, 2) travel/accommodation expenses for patients or carers participating in the advertised program are paid in full, in advance, 3) scholarships are sourced by the conference organizers, 4)

the disability requirements of participants are accommodated, and 5) free access for virtual patients/carers.

We continue to actively engage with patient partners, recognizing their vital role in shaping the future of medical education and research. This collaboration is steadily growing, reflecting our commitment to embedding the patient voice at the heart of academic medicine. A recent highlight of this engagement was our highly successful Patient Partner Luncheon, which served as a meaningful opportunity to gather insights directly from patient partners, faculty and learners attending the conference. The event focused on key topics such as compensation, equity, and the barriers that may limit patient involvement. It also reinforced the importance of fostering ongoing dialogue and collaboration between patients, healthcare professionals, and innovators to drive impactful, inclusive change in the medical landscape.

ICAM Commitment to Sustainability

ICAM 2025 demonstrated a strong commitment to sustainability through a series of impactful initiatives that not only minimized environmental impact but also supported local communities across Nova Scotia.

The conference earned a Gold Level certification of sustainability from Dalhousie's Sustainability Office, recognizing its dedication to sustainable event planning practices. This underscores ICAM's proactive approach to integrating sustainability into every facet of the event, from logistics to waste management.

In collaboration with the Second Harvest Food Recovery Program, ICAM 2025 ensured that any surplus food from the event was redirected to families in need across Nova Scotia. This initiative not only helped combat food insecurity but also contributed to reducing food waste.

ICAM 2025 also proudly partnered with Scotian Shores, an organization dedicated to removing plastic and marine debris from Canada's shorelines. A mandatory $15 carbon offset fee was added to each delegate registration, with all funds—totaling over $19,000—donated to support Scotian Shores' vital work in preserving marine ecosystems.

Lastly, ICAM 2025 collaborated with Buy Social Canada, a social enterprise that connects purpose-driven purchasers with social value suppliers. This partnership facilitated the inclusion of social enterprises in the conference's supply chain, promoting economic and social benefits within local communities.

We are privileged to share the work of Canadians in academic medicine both nationally and internationally. Looking ahead, we are excited to announce that in 2026, ICAM will be hosted by Ottawa, where we are preparing an exceptional and enriching program for all participants. We look forward to continuing this journey of growth and collaboration together.

Oral Presentations

Block B

OB-1 Curriculum | Programme d'études

OB-1-1 The National Undergraduate Surgical Learning Objectives (Nuslo) Project

Geoffrey Blair University of British Columbia, **Frederique Leroux** Université de Montréal, **Noor Al Kaabi** University of Toronto, **Sue Rim Baek** University of British Columbia, **Odile Huynh** University of Manitoba, **Emmie Lamy** Université de Montréal, **Jasmine Memar Vaghri** University of British Columbia, **Fatima Saleem** University of Toronto, **Morgan Wokes** University of Manitoba, **Abdollah Behzadi** University of Toronto, **Steve Mann** Queen's University, **Giuseppe Retrosi** University of Manitoba, **Erica Patocskai** Université de Montréal, **Jaime Yu** University of Alberta, **Carolyn Lai** University of British Columbia

Methods: Phase1: Canada's 10 surgical specialty societies were asked to identify what their organizations regard as essential surgical knowledge for all Canadian medical graduates to achieve and, from these, to compile reasonable lists of undergraduate surgical learning objectives pertinent to their surgical specialty. Phase2: These compiled objectives (NUSLOs) were mapped, using a modified Delphi approach, to the Medical Council of Canada (MCC) objectives.

Results: Phase 1: Complete NUSLO sets were ratified in 2023 by each of the 10 Canadian surgical specialty societies and sent to the NUSLO project team. Overall, there were 72 major learning objectives as follows: Vascular- 4; Urology-12; Thoracic-8; Plastics-5; PedSurg-7; Ortho/MSK-8; Neurosurgery-3; Cardiac-5; GenSurg-16; Otolaryngology-4; mean of 7.2 per specialty; median=6. Phase 2: Each NUSLO objective was mapped to a mean of 18 MCC objectives, ranging from zero to 95 MCC objectives per NUSLO objective; median=13. A notable challenge in mapping was that the NUSLOs were pathophysiological-based and the MCC objectives were primarily presentation-based.

Discussion: The National Undergraduate Surgery Learning Objectives with MCC mappings are now publicly available. These objectives provide a customizable baseline, allowing schools to use the NUSLOs and the NUSLO-MCC objectives mappings to refine their undergraduate surgical curricula, ensuring national consistency, filling curriculum gaps, mitigating student and teacher confusion, and potentially fostering new undergraduate surgical educational resources.

OB-1-2 Anti-Racism Curriculum in Medical Education: A Scoping Review

Oluwatomilayo Daodu University of Calgary, **Kannin Osei-Tutu** University of Calgary, **Isma Zafar** University of Calgary, **Sacha Williams** McGill, **Stephen Mintsioulis** University of Calgary, **Nicole Johnson** University of Calgary, **Benedicta Antepim** University of Calgary

Methods: A database search was completed of Medline, PubMed, Embase, PsychInfo, and EBSCO from inception to July 2024. For inclusion in the review, articles described the anti-racism curriculum aimed at medical trainees or medical professionals and included an evaluation of the curriculum. Using the Joanna Briggs Institute checklist, we evaluated the methodological quality, and themes were identified using reflexive thematic analysis.

Results: Our literature search generated 14,498 publications. 116 articles were selected for full-text review, with 17 included in the final analysis. Five themes emerged from thematic analysis: (1) Anti-racism curriculum increases learner psychological safety in discussing racism, (2) Learners desire more anti-racism teaching in their curriculums, (3) Learners are excited and satisfied with anti-racism content regardless of the mode of delivery, (4) Anti-racism curriculum facilitates the development of actionable anti-racism and anti-oppression skills, and (5) Learners require strong faculty involvement, including enhanced training of faculty in anti-racism practices.

Discussion: Anti-racism curriculum is desired by medical learners and can lead to enhanced psychological safety and actionable anti-racism skills. Medical institutions should incorporate anti-racism curriculum at all levels of medical education, including for faculty.

0B-1-3 Mapping Social Justice Learning Objectives in A Pediatric Residency Program: Building A Longitudinal Curriculum for Health Equity

Sara Jassemi University of British Columbia, **Alex Kwong** University of British Columbia, **Roselynn Verwood** University of British Columbia, **Brett Schrewe** University of British Columbia

Methods: We framed our curriculum's development using an innovation and renewal cycle approach. We engaged program directors, lead residents, and faculty equity, diversity, and inclusion leads to map its learning objectives, previously created using human-centered design, to the current academic curriculum. To ascertain to what degree current clinical rotations included these objectives, our group created and circulated a survey to rotation leads.

Results: Nearly all learning objectives mapped to at least one academic curricular component. We received 39 survey responses (response rate 48% from all clinical rotations and 74% from mandatory rotations). Social pediatrics, adolescent medicine, developmental pediatrics, and NICU addressed learning objectives most frequently, while PICU, emergency, and gastroenterology addressed them rarely. Learning objectives consistently addressed included: using patient-centered language; respecting diversity; and psychosocial history gathering. Reflecting on bias, recognizing Indigenous health governance, practicing ethics, and advocating for equitable policies were least addressed.

Discussion: There is significant heterogeneity in how social justice learning objectives feature in our academic and clinical curricula. Mapping exercises like these situate programs to leverage their strengths, optimally develop novel content, avoid redundancy, and ensure seamless implementation of educational strategies that better orient learners towards realizing health equity.

0B-1-4 Understanding the Medical Internship Programme in District Hospitals in Indonesia: A Qualitative Study

Titi Savitri Prihatiningsih Universitas Gadjah Mada, **Pratama Santoso Utomo** Universitas Gadjah Mada, **Hikmawati Nurrokhmanti** Universitas Gadjah Mada, **Mora Claramita** Universitas Gadjah Mada

Methods: This study was conducted in Yogyakarta Province, involving six supervisors and six interns from six different types of district hospitals. Qualitative, semi-structured interview methods, and thematic analysis were applied.

Results: In total, 1,296 initial themes were identified from the verbatim transcripts and grouped under the following interview topics: overall experience (327), effective communication (97), scientific foundation (47), clinical skills (48), information management (23), management of health problems (194), self-insight and professional development (351), and professionalism (209). After the second round, eighteen themes emerged out of the eight topics. There were irregular patterns of perceived experiences. Compared with the interns with SBC background, the CBC background revealed less confidence and assertiveness in handling patients. This group also lacked communication skills when interacting with nurses and patients alike. Meanwhile, interns with SBC background demonstrated the ability to learn and adapt quickly to the working environment. Neither group paid much attention to information literacy.

Discussion: The results of this study showed irregular patterns of perceived experiences in the eight areas (interprofessional communication, patient communication, working culture, constructive feedback, closing knowledge and skills gap, internal motivation, progress to proficiency, entrustment to assume a GP role). Hospital contexts and variation in the characters of interns might have contributed to this irregularity. More exposure to the working context and greater contributions from the healthcare system are recommended in the medical curriculum.

OB-1-5 Evaluating the Medical Assistance in Dying (Maid) Curriculum Post Hard Launch

Heather Braund Queen's University, **Nancy Dalgarno** Queen's University, **Christine Huo** Queen's University, **Sue Chaffey** Queen's University, **Oluwatoyosi Kuforiji** Queen's University, **Céline Bruce-Lepage** Queen's University, **Natalie McGuire** Queen's University, **Eleftheria Laios** Queen's University, **Catherine Giroux** Queen's University

Methods: Data were collected between August 2023 and February 2024 in English and French using an online survey. Pre- and post-surveys evaluated participants' confidence/knowledge in MAiD practice, likelihood of applying module content and/or becoming involved in MAiD, and likelihood of recommending it to a colleague. Open-ended questions evaluated module strengths, weaknesses, and recommendations. Descriptive and inferential statistics were used to analyze quantitative data; qualitative data were analyzed thematically.

Results: Most participants indicated that they would likely become involved in MAiD. A total of 98% reported that they would recommend the topics to a colleague. Additionally, over 90% of participants agreed that the topics enhanced their knowledge on MAiD. The strengths included the practical content, case-based learning, and module interactivity. Weaknesses included the quality of French translations and the module length. Participants recommended more discussion time in the facilitated sessions and more challenging cases.

Discussion: This evaluation elicited rich feedback that will be used to inform curricular revisions. This national curriculum can help improve the experiences with MAiD for assessors, providers, patients, and their families. Future work should consider evaluation across multiple time points to elucidate the extent to which participants applied what they had learned in the topics.

OB-2 Assessment | Évaluation

OB-2-1 Measuring Scholarly Practice in Respiratory Therapists: the Development and Initial Validation of A Scholarly Practice Tool

Marco Zaccagnini McGill, **André Bussières** Université du Québec à Trois-Rivières, **Peter Nugus** McGill, **Andrew West** Canadian Society of Respiratory Therapists, **Aliki Thomas** McGill

Methods: We followed DeVellis' 9-step scale development process. An item pool was generated from a scoping review and a qualitative study, then pilot-tested with 81 RTs across Canada. The tool was refined and tested on a larger sample (n=832), followed by exploratory factor analysis.

Results: Using principal axis factoring with Promax rotation, we retained 18 items across 4 factors, explaining 56.7% of the variance (31.7%, 10.2%, 8.6%, 6.2%): The 4 factors were: 1) professional development and credibility; 2) elements supporting scholarly practice; 3) the perceived impact of scholarly activities on practice; and 4) scholarly practitioner identity and ability. The final 18-item scale showed good internal consistency overall (Cronbach's alpha = 0.879) and for each factor: F1 = 0.888, F2 = 0.774, F3 = 0.842, and F4 = 0.746.

Discussion: Our findings provide preliminary evidence for a tool to measure scholarly practice, fostering self-reflection and peer-based reflection. Using this tool with other healthcare professionals and conducting confirmatory factor analysis will provide further evidence of validity.

OB-2-2 Defining Principles of Expert Performance During Medical Procedures in Pediatrics: Optimizing Assessment Criteria of Procedural Skills

Jasmin Dhanoa McMaster University, **Quang Ngo** McMaster University, **Anita Acai** McMaster University, **Ruchika Sharma** McMaster University, **Elif Bilgic** McMaster University

Methods: Through a constructivist perspective, semi-structured interviews are being conducted with practicing pediatricians in 4 procedure-heavy specialties (emergency medicine, gastroenterology, critical care, and neonatology). Transcribed data are being analyzed using reflexive thematic analysis.

Results: This study is in progress, and thus far, we recruited 14 physicians across 5 institutions in Canada. Based on the initial analysis, we identified the following domains as important for procedural expertise: Deciding to perform the procedure (e.g., deciding to perform now or wait, considering other treatments available) Knowledge of indications, contraindications, and complications Communication with the team (e.g., conducting a procedural pause, continuous verbalization of the expert's performance) Communication with patient and family members (e.g., explaining the procedure to the patient/family in lay-person's terms) Situational awareness (e.g., understanding how the procedure will progress depending on indications throughout the procedure)

Discussion: Our study will contribute to a better understanding of the skills essential for performing medical procedures in pediatrics, optimizing the training and assessment criteria used by the Royal College and related programs.

OB-2-3 Trust in Transition: Family Medicine Residents Share Insights on Entrustment Scales in Maternity Care Assessment

Natalie Morson University of Toronto, **Milena Forte** University of Toronto, **Sabrina Kolker** University of Toronto, **Diana Hsiang** University of Toronto, **Akshay Verma** University of Toronto

Methods: University of Toronto Family Medicine residents completing their maternity care rotation were invited to discuss their experience with an entrustment scale tool in individual interviews conducted between August 2023 and May 2024. Residents were asked to talk through the feedback provided in one of their completed assessments. They were asked to compare this feedback to feedback from traditional Likert-scale tools. Interviews were audio-recorded, transcribed and analyzed iteratively. Data was coded and analyzed using a constant comparative approach until consensus was achieved regarding emergent themes.

Results: In fourteen interviews, four factors were identified related to how residents create meaning from entrustment scale feedback. (1) Receiving feedback in real time is important to allow growth, (2) Free-text comments are valued when they identify areas of strength and areas needing improvement, (3) Residents value feedback that situates them relative to their peers, and (4) The change from a traditional tool requires a mindset shift that may vary among learners.

Discussion: In order to ensure that feedback is valuable to postgraduate trainees, programs should consider the factors that impact how learners create meaning from feedback provided. These should impact entrustment scale tool design as well as how they are integrated into programs of assessment.

OB-2-4 [Exploring Competency Committee Membership Diversity and Procedures in Residency-Training Programs in Canada](#)

Keith Wong University of Ottawa, **Susan Humphrey-Murto** University of Ottawa, **Karen E. Hauer** Department of Medicine, University of California San Francisco, **Cristian Rangel** University of Ottawa, **Kate Scowcroft** University of Ottawa, **Ming-Ka Chan** University of Manitoba, **Sarah Funnell** Queen's University, **Douglas Archibald** University of Ottawa, **Jerry Maniate** University of Ottawa, **Wassim Karkache** University of Ottawa

Methods: Eighteen internal medicine CC members/chairs across six Canadian universities participated in individual, semi-structured interviews. Interviews were analyzed using reflexive thematic analysis.

Results: Participants' self-identified race/ethnicity: white, Asian, Jewish, Middle Eastern, and Indian. CC recruitment often depended on faculty role and availability, though participants could describe the resultant diversity: demographics (age/gender), visible ethnicity, mindset (assessment for promotion vs growth), and insider vs outsider (no direct knowledge of trainee). Membership varied, with some CCs including trainees or non-MDs. Decision-making processes often lacked formal structures, and interviewees described a high degree of agreement. Handling of anecdotal data was variable with some committees suppressing it completely; others sought it actively. Participants expressed a high level of altruism and strove to provide fair and equitable decisions. They worried about the lack of diversity on their CCs and noted that constraints such as time limited discussions about residents. Bias training was notably lacking.

Discussion: Due to challenges recruiting volunteers, diversity is rarely a consideration for CC membership. This may contribute to high cohesion within CCs. Lack of bias training and formal decision-making processes highlight potential areas for improvement.

OB-2-5 [Seeing the Forest Through the Trees: Using Data Science to Identify Struggling Learners in Undergraduate Medical Education](#)

Lisa Shepherd Western University, **John Johnson** Western University

Methods: Logistic regression was applied to results from two cohorts of preclerkship medical students to determine which examination(s) when failed, would indicate a high likelihood of failure in future high-stakes examinations within and across courses. A threshold number of failed examinations that would identify students with a high likelihood to struggle was explored.

Results: Examinations were identified that suggested a high likelihood of future failure. For example, students who failed an Anatomy lab exam were more likely to fail the year end exam (odds ratio [OR] 32.08; 95% confidence interval [CI], 6.75 to 181.41). Examinations with no predictive value were identified. Students who failed at least two formative course assessments were more likely to struggle (OR 74.00; CI 12.01 to 1436.74). Cohort results were similar but not identical.

Discussion: Data science provided a unique perspective in the prediction of struggling learners with important limitations. Differences between the cohorts suggests an annual reanalysis of data is required as the curriculum, assessments and students change. Finally, integrating these results into UMECC deliberations remains a work in progress.

OB-3 Distributed Medical Education | Formation médicale décentralisée

OB-3-1 Community Connections: Impacts of Innovative Multidisciplinary Healthcare-Discovery Camp on Highschool Students in London, On

Judy Zhou Western University, **Adela Gottardi** Western University, **Merlin Thomas** Western University, **Abdurahman Ibrahim** Western University, **Brett Stubbert** Western University, **George Kim** Western University

Methods: The MedReach team (comprising of Schulich medical students), the Boys and Girls Club of London (BGCL) and Schulich admissions collaboratively delivered a 2-day summer healthcare-discovery program for highschool students hosted at Western University and the Goodwill Centre in downtown London. Programming was developed by MedReach, including original collaborations with engineering, occupational therapy, paramedicine, emergency medicine and neuroscience. Pre and post-camp surveys were used to better understand obstacles that students were facing, assess program effectiveness and collect feedback.

Results: 33 students registered and attended programming. In pre-camp survey results, 22/33 (67%) students had no immediate family members in healthcare and 29/33 (90%) of students said this was their first healthcare-focused learning experience. Barriers discouraging students from pursuing healthcare careers included financial concerns, stress of responsibility, and inadequate support. Post-camp survey results revealed overwhelmingly positive feedback regarding session content, activities, mentorship, and overall camp experience.

Discussion: Students expanded their understanding of healthcare careers and gained confidence through this multidisciplinary, community-based educational program. In order to engage more students, subsequent iterations will be planned earlier, engage more community members for resource support, collaborate with a wider variety of healthcare disciplines and target specific obstacles identified in survey data.

OB-3-2 Ophthalmology Education in Family Medicine Residency Programs: 2024 Canadian Census

Julia Dugandzic Dalhousie University, **Verina Hanna** Dalhousie University, **Anuradha Mishra** Dalhousie University, **Devin Betsch** Dalhousie University, **Taylor Betsch** Dalhousie University

Methods: The census was created and administered (in English and French) to all FM PDs in Canada using the RedCAP program. The survey consisted of 15 questions divided into three broader categories: demographic characteristics, current state of ophthalmic education, and perspectives on ophthalmic education. Descriptive data analysis was conducted for the demographic data of the programs, while quantitative analysis was used to analyze census data relating to the current state of ophthalmic education, assessment of trainees' knowledge, and confidence in graduates' abilities.

Results: Census responses indicated several barriers to ophthalmology education in their programs, including lack of time and priority. The amount of time allocated to ophthalmological education during residency was typically limited to <6 hours. Additionally, half of the programs did not assess ophthalmologic knowledge or skills. Moreover, most PDs were only somewhat confident in their graduates' ability to assess and manage common eye conditions.

Discussion: By identifying existing gaps and barriers, this study outlines avenues for enhancing ophthalmic education. This will aid in promoting improved knowledge and skills of FM residents in ophthalmology. The findings also spark dialogue towards developing targeted interventions, educational resources, and specialized rotations to improve the integration of ophthalmic education in FM residency programs.

OB-3-3 Preparing Health Professionals for Digitally Compassionate Care: an Application of the Success Approximations Model for Agile and Iterative Elearning Development

Melody Zhang University Health Network, **Allison Crawford** University of Toronto, **Lydia Sequeira** Kids Help Phone, **Nelson Shen** University of Toronto, **Sanjeev Sockalingam** University of Toronto, **David Wiljer** University of Toronto, **Gillian Strudwick** University of Toronto, **Rebecca Charow** University of Toronto, **Bryn Davies** University Health Network, **Mary Harasym** University Health Network, **Maram Omar** University Health Network, **Peter Rossos** University of Toronto, **Laura Williams** University Health Network

Methods: Using the Success Approximations Model for agile and iterative eLearning development, the Digital Compassion Special Topics course was developed over three phases: 1) exploratory phase to gather information from diverse stakeholders, (2) iterative design phase to develop and evaluate an instructor-led prototype, and (3) iterative development phase to develop and evaluate the self-directed, online version. Program evaluations during phases 2 and 3 consisted of pre-post surveys, follow-up interviews, and were structured using Moore's Model of Outcomes Assessment.

Results: In phase 2, two virtual, half-day workshop were evaluated by ten participants, both multidisciplinary health professionals and patient partners. In phase 3, the free, publicly available online course consisted of video-recorded presentations, guided case reflections, and handouts to support reflection. 31 participants, both healthcare providers and patient partners, evaluated the program. Participants reported satisfaction (Moore's level 2) and increased competence (Moore's level 4).

Discussion: This course addresses a much-needed gap in CPD, covering: (1) defining digital compassion, (2) enhancing care with digital literacy & considering the ethical implications, (3) fostering a digital therapeutic relationship through a collaborative environment, (4) mitigating risk & safety considerations in the virtual care ecosystem, and (5) developing your learning plans.

OB-3-4 Clinical Case Logging: Preparing Medical Students for Competence-Based Education

Zackary Tsang University of Toronto, **Emily Volfson** University of Toronto, **Anushka Pradhan** University of Toronto, **Megan Mak** University Health Network, **Mojgan Hodaie** University of Toronto

Methods: A cohort of 15 medical students from the Temerty Faculty of Medicine at the University of Toronto were recruited as learners on the ELMSpace app. Learners documented their clinical experiences over 4 months. Students assessed their preparedness and comfort with clerkship and procedural-specific EPAs. The system included CBD questions targeting CanMEDS milestones for 84 procedure types across 10 surgical specialties. Metrics on log engagement, training level, and preparedness and comfort were evaluated.

Results: Preliminary findings show good log adherence and improvements in preparedness and comfort with EPA milestones. Surgical specialty-specific outcomes will be evaluated with further data collection.

Discussion: The integration of a competency-based case logging system supports medical students at all training levels in their transition to CBD, enhancing learning outcomes and equipping them for residency.

OB-3-5 Collaborative Medical Education: Benefits of Joint Early Exposure to Roles and Scope of Practice for Physician Assistants and Physician Learners in Primary Care Settings

Karen Weyman University of Toronto, **Ryan Banach** University of Toronto, **Sharona Kanofsky** University of Toronto, **Melissa Nutik** University of Toronto, **Judith Peranson** University of Toronto, **Sydney Pearce** University of Toronto, **Anna Loi** University of Toronto

Methods: Ten first-year PA and ten second-year MD students from the University of Toronto engaged in three full-group training sessions and three clinical sessions, collaborating in pairs to address patients overdue for cancer screenings and immunizations under community family physician supervision. A mixed-methods evaluation employed feedback surveys, a validated self-report collaborative competency survey administered pre- and post-program, and profession-specific focus groups. Data were analyzed using descriptive statistics and qualitative theme identification.

Results: Working in MD-PA pairs provided a novel and enriching experience for students and preceptors. While MD learners initially scored lower in collaborative competencies compared to PA learners, both groups showed improvement post-program. Some PA students expressed initial concerns about their knowledge relative to MD peers but realized their expertise was often equivalent or superior in certain areas. Additionally, preceptors and MD learners exhibited limited understanding of the PA scope of practice.

Discussion: This study highlights the feasibility and benefits of collaborative learning experiences for early MD and PA students, underscoring the need for increased awareness of PA roles in healthcare.

OB-4 Leadership

OB-4-1 From Kitchen to Clinic: Implementing A Student-Led Preclerkship Culinary Medicine Elective at the University of Alberta

Lauren Wong University of Alberta, **Ashraf Aborawi** University of Alberta

Methods: The elective consisted of six modules, each with a one-hour lecture delivered in-person or online by physicians, dieticians, and nutrition researchers, and a two-hour in-person cooking session where students learned kitchen skills and collaborated on recipes. Student perspectives on culinary medicine and personal nutrition habits were assessed through surveys. Feedback from participants and presenters after each session was collected to determine acceptability. Cost analysis and presenter feedback served as feasibility measurements.

Results: Preclerkship students viewed nutritional literacy and skills as important in medical management, but desired explicit training. Presenters felt adequate time was given to prepare and present content, and would return for future iterations. Elective participants thought content was comprehensive and practical personally and clinically. Cooking sessions facilitated socialization and enabled experimentation with new ingredients and techniques. Actual expenses were much lower than estimated, and most funding (46.5%) was spent on ingredients.

Discussion: The implementation of an integrated culinary medicine elective supports the feasibility of a student-led initiative to enhance nutritional education. This well-received model will be used to garner faculty support for nutrition curriculum and inspire implementation of similar programs across Canada.

OB-4-2 [I Remember You - Tmm Alumni Mentors Program: an Undergraduate Alumni Mentorship Program](#)

Adela Gottardi Western University, **Kieran Chalmers** McMaster University, **Lisa D'Ambrosio** University of Ottawa

Methods: TAMP is an alumni-led program that pairs current TMM students with recent alumni. Participants were recruited via email, class group chats, social media, and word of mouth. TAMP coordinators matched participants by career goals and extracurricular interests. Pairs received guidelines on program expectations and interaction requirements, with a mid-year follow-up to ensure the match is successful.

Results: After one recruitment cycle, 33% of eligible mentees enrolled. Of those, 57.7% aim for MD programs, 11.5% for MD/PhD, and 30.8% other graduate or professional programs. All mentees were successfully paired with mentors aligned with their career interests; primarily Canadian MD students followed by other graduate programs. Anecdotal participant feedback highlights that the close age and career proximity of pairings provides mentees with practical, immediately actionable academic and extracurricular advice. Challenges establishing the program include mentor recruitment and ongoing program administration.

Discussion: TAMP shows that effective mentorship can be successfully initiated and led by students, supporting undergraduates interested in medical school and other professional careers. This program highlights the potential for similar student-driven initiatives to guide students toward personal growth and informed career decisions.

OB-4-3 [Bridging the Gap: A Systematic Review of Nurse Practitioner Leadership Training with Implications for Medical Education](#)

Jacqueline Torti Western University, **Ryan Chan** Western University, **Erin Kennedy** Western University

Methods: A systematic review evaluated interventions aimed at developing leadership skills in NPs. Following PRISMA guidelines, key databases including MEDLINE, Embase, ProQuest Nursing and Allied Health, PsychINFO, and CINAHL were searched for English-language articles published from 1980 to 2024.

Results: Of the 1854 articles identified, 8 met inclusion criteria. Most studies focused on cognitive leadership domains, with limited attention to emotional intelligence (5 studies) and character development (2 studies). None included interprofessional leadership approaches, and few employed rigorous evaluation methods beyond self-reporting.

Discussion: Our findings reveal a significant gap in leadership training for NPs, with most interventions narrowly focused on cognitive skills and lacking robust evaluation. Moreover, the lack of interprofessional approaches underscores the need for further exploration of integrated programs that could foster collaboration between medical and nursing profession. Leadership development interventions should address emotional intelligence, character development, and the unique interprofessional dynamics shaping effective healthcare leadership, ensuring future leaders in both nursing and medicine are prepared to work together in complex, multidisciplinary teams.

OB-4-4 Evaluation of A High-Fidelity Leadership Course

Sean Park McMaster University, **Quang Ngo** McMaster University, **Teresa Chan** School of Medicine - Toronto Metropolitan University

Methods: We conducted a simulation-based, continuing professional development course for faculty and management members on topics of culture, finance, and strategy. Modules consisted of a 4-week process: Weeks 1-3 featured weekly 2-hour problem-based learning activities with a small group (3-4 individuals per group), facilitated by a "Learning Choreographer" (group facilitator, guide through process but not content), followed by the Week 4 immersive simulation where they interacted with live actors. We evaluated learning in the 3 modules using retrospective pre-post methodology, with a paired t-test to compare change in knowledge scores.

Results: Overall, 58% (7/12) participants completed the program evaluation survey for our three 4-week modules. Retrospective pre-post survey results showed marked improvements in the participant's self-rating of knowledge/skills (Module 1: 2.4 vs. 3.7, p=0.01; Module 2: 2.1 vs 3.4, p <0.01; Module 3: 2.3 vs. 4.1, p<0.01). Qualitative results indicate that group engagement with the scenarios provided a safe, brave and generative means for exploring novel ideas, perspectives and strategies in a real-world context.

Discussion: Authentic, context-rich scenarios and simulations are novel and effective means to develop capabilities for navigating issues in culture, finance, and strategy in academic health sciences leadership.

OB-4-5 A Scoping Review to Determine Curricular Components for A Research Leadership Program

Sujata Mishra McMaster University, **Bapujee Biswabandan** McMaster University, **Sandra Monteiro** McMaster University, **Teresa Chan** McMaster University,

Methods: A scoping review guided by Arksey & O'Malley and PRISMA-ScR was conducted. We systematically searched 3 databases (Pubmed/MEDLINE, Embase and Scopus) for relevant literature on 03-08-2023 and again 08-20-2024. Eligible literature included formal and informal courses focused on research leadership skills, competencies, or research management in healthcare or clinical settings.

Results: Our search found 2020 citations, and 375 were excluded after resolving duplicates. Additionally, 1469 were excluded after title/abstract, and 81 were included after full text review. Key themes from the literature around curricular objectives were mapped per scoping review procedures; 17 papers referenced elements of the LEADS framework in research leadership programs, emphasizing both formal and informal learning methods.

Discussion: Key themes included developing administrative skills like resource management, finance, and grantsmanship, along with fostering personal growth through mentoring and networking. The importance of understanding university governance and promoting equity, diversity, and inclusion in research leadership was also highlighted. Overall, the findings underscore the need for innovative educational approaches to enhance research leadership development.

OB-5 Teaching and learning |Enseignement et apprentissage

OB-5-1 Evaluation without Representation?: Pediatric Resident S Perspectives on Cbme

Harrison Anzinger University of British Columbia, **Brett Schrewe** University of British Columbia

Methods: We used the constructivist approach of qualitative instrumental case study to situate our exploration, investigating how pediatric residents described their experiences with CBD. We developed our interview framework by reviewing relevant program-specific and national CBD documents and interviewing program directors/education leads at three universities. We conducted semi-structured interviews with 14 residents in two postgraduate programs and analyzed these with reflexive, inductive thematic analysis.

Results: While residents agreed with CBD's espoused purpose, they felt that its potential benefits are significantly hampered in four key ways. These included: (1) residents shoulder the administrative burden and responsibility of completing EPAs; (2) EPAs generate variably useful feedback; (3) staff physicians have struggled to embrace CBD; and (4) CBD has been focused on assessment of learning rather than assessment for learning.

Discussion: To effectively adapt postgraduate educational systems to equip learners with the skills to meet the needs of societies, centering resident voices in curricular revision is paramount to maximize learner buy-in, minimize administrative burden, and guide the development of necessary institutional supports (e.g., formal coaching) to ensure successful system transformation.

OB-5-3 The Impact of Prompts for Effort Regulation During an Autonomous Learning Activities in Physiotherapy Students

Jaimie Coleman University of Toronto, **Ryan Brydges** University of Toronto, **Nhat Chau Allan** Waters Family Simulation Centre, St. Michael's Hospital, Toronto, Ontario, Canada, **Adam Gavarkovs** University of British Columbia

Methods: Three groups of novice physiotherapy students were asked to learn about 12 common diseases in their cardiorespiratory course. The systematic sequence group (SS) had prompts for both task switching and sequence; the systematic choice group (SC) prompted only task switching; and the SRL group had no prompts. We assessed student's knowledge acquisition (multiple choice test), mental effort ratings, and task experience. Differences between conditions were estimated using linear regression.

Results: 58 of 104 students consented to participate. The SRL group (M=18.61, n=14) had the highest knowledge acquisition score, which was significantly different from the SS group (M=16.6, p=0.44, n=20), but not the SC group (M=16.79, p=0.052, n=25). The SRL also had lower mental effort and fatigue ratings.

Discussion: We found that instructor prompts for task switching and sequence did not appear to result in lower mental effort and fatigue, and may have negatively impacted students' knowledge acquisition. Some prompts may be disruptive to students' SRL.

OB-5-4 What Can We Do About Bart Simpson? Using Bandura's Theory of Reciprocal Determinism to Understand the Impact and Opportunities of Disruptions in Educational Contexts

Maryam Wagner McGill, **Antoine Przybylak-Brouillard** McGill, **Paola Fata** McGill, **Carlos Gomez-Garibello** McGill

Methods: Using a mixed-methods design, we implemented a survey to all residents across surgical specialties in a large university, asking about their perceptions of the impact of COVID-19 on their training and their self-efficacy in a variety of areas of surgical competence. Additionally, we interviewed residency program directors and educational leaders. Analytic approaches included descriptive statistics (survey), and inductive thematic analysis (interviews). The findings were integrated to understand educational disruption.

Results: Using Bandura's theory of Reciprocal Determinism (RD) as an organizing structure, we identified the variables that explain the impact of disruptions. The first factor of RD, cognitive, included the effects of the disruption on trainees' knowledge, expectations, and attitudes to learning. The second, behaviour, encompassed aspects of learning associated with skills, and the opportunities and self-efficacy to apply the skills. The final factor, environmental, referred to social norms, communities of practice, and interaction among learners and teachers.

Discussion: The proposed framework may help to respond to educational disruptions by providing a comprehensive approach to address change and foster learning. This framework characterizes cognitive, behavioural or environmental elements highlighting the interdependence between them.

OB-5-5 An Exploration of Adaptive Expertise in Family Medicine: A Cognitive Ethnography

Nathan Cupido University of Toronto, **Nicole N. Woods** University of Toronto**, Kulamakan Kulasegaram** University of Toronto, **Risa Freeman** University of Toronto, **Melissa Nutik** University of Toronto, **Azadeh Moaveni** University of Toronto, **Maria Mylopoulos** University of Toronto

Methods: A cognitive ethnography was conducted at a large, urban family medicine clinic. Data comprised 78 observed hours of family physician-patient interactions. Using adaptive expertise as a theoretical framework, data collection and analysis focused on how participants navigated the practice contextual factors associated with family medicine in response to patient presentations.

Results: Data elucidated how participants' holistic understanding of patients, resulting from a commitment to comprehensive and continuous care, led to creativity and flexibility in clinical reasoning - a hallmark of adaptive expertise. Conversely, the time required to develop holistic understanding constrained their capacity to meet patient expectations of expertise. While collaboration can help develop holistic understanding, participants required specific expertise to integrate the knowledge from other health professionals into this understanding.

Discussion: Findings highlight the influence of context on expert performance and learning in family medicine, currently underemphasized in curriculum frameworks. Beyond family medicine, these findings accentuate the relationship between practice context and adaptive expertise.

OB-6 Faculty and Learner Health, Wellness and Wellbeing | Santé, bien-être et bien-être des enseignants et des apprenants

OB-6-1 The Landscape of Resident Physician Trauma Experiences

Amanda Roze des Ordons University of Calgary, **Rachel Ellaway** University of Calgary, **Aliya Kassam** University of Calgary

Methods: The study adopted a combined phenomenological and phenomenographic methodology. All residents at a Canadian academic institution and those providing support to them were invited to participate. Semi-structured individual interviews were conducted that explored lived experiences and understandings of trauma and its impacts. Audio-recorded transcripts were transcribed verbatim and analyzed using a hermeneutic phenomenological lens.

Results: Thirteen residents and three support professionals participated. Their stories were encapsulated by five core domains, each with multiple subdomains (indicated in parentheses): the experience of trauma (individualized, internal reactions, layered judgments), the impact of trauma (unfavourable, favourable, tensions), adaptations to trauma (cognitive, behavioural), healing from trauma (acknowledging, triggering, finding meaning, spectrum of healing), and moderators of trauma (previous life experiences, internal resources, environmental factors). Three metanarratives were identified that intersected these domains: complexity, sociocultural influences, and existential tensions.

Discussion: Trauma experienced by residents can carry forward over time and across contexts. The in-depth understanding of residents' experiences of trauma developed through this study draws attention to how supports and structures could be adapted to better support individual residents and address problematic aspects of the learning environment in ways that could be healing and generative.

OB-6-2 Thriving Together: A Workshop Aimed at Improving Class Cohesion During Medical School

Tyler Herod Dalhousie University, **Brett Henderson** Dalhousie University, **Emma McDermott** McMaster University

Methods: The workshop has been held annually for first year medical students at Dalhousie University since 2021. The workshop begins with a presentation focusing on class culture. Students then break into smaller groups and reflect upon case-based vignettes, covering topics such as friend groups and comparing yourself to classmates. Upper-year medical students are assigned to each group to facilitate conversations. Post-workshop surveys were administered to evaluate the effectiveness of the workshop.

Results: >98.5% of surveyed students recommended the workshop to future medical classes. The workshop was praised for allowing for conversation around transition to medical school, as well as for the perspectives offered from upper-year facilitators.

Discussion: Thriving Together successfully addresses crucial aspects of class culture early into medical school. Through small group discussions, this student-led event creates a safe space for open dialogue and self-reflection.

OB-6-3 Availability and Access to Resources for Building Resilience and Well-Being in Primary Care During the Covid-19 Pandemic: A Descriptive Multiple Case-Study

Béatrice Lauzon Centre Hospitalier de l'Université de Montréal (CHUM), **Samira Feizi** McGill, **Sima Zahedi** McGill, **Rosario (Charo) Rodriguez** McGill, **Jason Harley** McGill, **Tina Montreuil** McGill, **Mélanie Lavoie-Tremblay** Université de Montréal, **Catherine Briand** Université du Québec à Trois-Rivières, **Jennifer Gutberg** University of Toronto, **Brenna Lynn** University of British Columbia, **Peter Nugus** McGill, **Özlem (Izzie) Barin** McGill, **Martin Desseilles** Dept. of Psychology University of Namur, **Leonora Lalla** The College of Family Physicians of Canada, **Francesca Luconi** McGill

Methods: Using a descriptive mixed-methods multiple case-study, we recruited PCPs from healthcare systems in Quebec, Ontario, and British Columbia via purposeful and snowball sampling strategies. Data comprised semi-structured interviews and a questionnaire. Within- and cross-case analysis included descriptive statistics and deductive-inductive thematic analysis.

Results: In total, 49 interviews (35% FPs; 30% nurse/NP; 31% psychologists) were completed (2020-2021). Sixty-five percent of PCPs practiced in urban settings and 73% in group practice. Reported level of stress was high and 47% considered quitting their job. Formal and informal resources were offered by organizations (e.g. hospital) (N = 192) and by the government and unions (N = 78). Resources on clinical training and/or self-care were delivered mostly online using a variety of formats. Barriers (organizational N = 75; systemic N = 112) and facilitators (organizational N = 56; systemic N = 59) were reported. Availability, promotion, practicality, relevance and type of organizational culture influenced PCPs' use of resources.

Discussion: Consistent with the literature, our findings highlight leaders and decision-makers' need to address organizational and systemic gaps in resource availability and use to support PCPs resilience and well-being. A system-integrated continuing professional development could contribute to optimize mental health in changing the healthcare culture.

OB-6-4 Navigating Well-Being: the Role of Student Affairs Offices in Canadian Medical Education

Jasmin Majumdar University of Alberta, **Ryane Fyith-McArthur** University of Alberta, **Victor Do** University of Alberta, **Cheryl Goldstein** University of Alberta

Methods: Using a descriptive mixed-methods multiple case-study, we recruited PCPs from healthcare systems in Quebec, Ontario, and British Columbia via purposeful and snowball sampling strategies. Data comprised semi-structured interviews and a questionnaire. Within- and cross-case analysis included descriptive statistics and deductive-inductive thematic analysis.

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Discussion: Consistent with the literature, our findings highlight leaders and decision-makers' need to address organizational and systemic gaps in resource availability and use to support PCPs resilience and well-being. A system-integrated continuing professional development could contribute to optimize mental health in changing the healthcare culture.

OB-6-5 Transformative Learning as A Theoretical Framework for Professionalism Lapses Among Health Professions Trainees: A Scoping Review

Darsh Shah McMaster University, **Urmi Sheth** McMaster University, **Matthew Sibbald** McMaster University, **Mariam El-Meligy** McMaster University, **Amy Keuhl** McMaster University, **Nicole Last** McMaster University, **Isla McPherson** McMaster University, **Sarah Wojkowski** McMaster University, **Dorothy Bakker** McMaster University

Methods: This review follows the Arksey and O'Malley framework. Ovid MEDLINE and EMBASE databases were searched until June 2024. Title and abstract (n=267) and full-texts (n=212) were screened by two reviewers. Studies were included if they discussed components of the transformative learning model in the context of professionalism remediation among healthcare trainees. All included studies underwent a quality assessment using the Cote and Turgeon or Medical Education Research Study Quality Instrument (MERSQI).

Results: Seventy-six studies were included in the final review and data extraction. Professionalism lapses were commonly attributed to behaviours like a lack of accountability, poor communication, and breaches of ethical responsibilities. Critical reflection and mentorship improved remediation by increasing trainee ownership, promoting the development of insight, and facilitating the development of personalized remediation goals. Individual perspective shifts and institutional cultural shifts were possible outcomes of the remediation process.

Discussion: A transformative learning approach serves multiple utilities in identifying at-risk trainees, triaging professionalism lapses, and informing remediation techniques that optimize the learning outcomes. It provides to educators and training programs an overarching ideology to integrate existing discrete interventions to support struggling healthcare trainees in a critically formative phase of their professional identity formation.

Block C

OC-1 Assessment | Évaluation

OC-1-1 Evaluating Test Formats: the Reliability of Open and Closed Book Assessments

Sandra Monteiro McMaster University, **Amy Keuhl** McMaster University, **Sonaina Chopra** McMaster University, **Jessica Ostrega** McMaster University, **Jonathan Sherbino** McMaster University, **Geoff Norman** McMaster University, **Teresa Chan** Toronto Metropolitan University, **Matthew Sibbald** McMaster University, **Sonaina Chopra** McMaster University, **Maxim Morin** Medical Council of Canada, **Debra Pugh** Medical Council of Canada, **Sandra Monteiro** McMaster University

Methods: We worked with family medicine consultants to identify common clinical presentations of cardiovascular disease, which were transformed into 12 multiple-choice questions (MCQ) and 15 short answer questions (SAQ). Test format was defined by access to online resources: Open (any internet source), Closed (no access), and Partial (online textbook only). Scores for MCQs and SAQs were converted to a percentage and submitted to a univariate ANOVA with two between groups factors of clinical practice level and test condition.

Results: Our participants (N=170) were medical students, international medical graduates, Canadian medical graduates, and licensed primary care physicians to facilitate an evaluation of contrasting group level performance. The study was powered (

Discussion: Performance differences were noted across clinical practice levels, but not between the test conditions, with no cost to internal consistency. These findings highlight the potential for high stakes open book testing.

OC-1-2 Adaptive Experts Wanted! Using Case-Based Learning to Teach Psychiatry Residents How to Effectively Support People Living with Severe Mental Illness

Sacha Agrawal University of Toronto, **Laura Williams** University of Toronto, **Maria Mylopoulos** University of Toronto

Methods: In 2020, we developed a case-based curriculum for PGY3 psychiatry residents with specific design elements that have been shown to support the development of adaptive expertise, including productive struggle, mechanistic learning and meaningful variation. Quantitative and qualitative feedback from participants were collected using on-line surveys; qualitative responses were analyzed thematically.

Results: Residents rated the course highly, with 43% and 50% stating that they agree or strongly agree, respectively, that the course had high educational impact (N=61). In response to open-ended questions about what and how they learned in the course, residents reported benefiting from a supportive learning climate in which they could work collaboratively to fill knowledge gaps and learn how to identify and apply a range of possible solutions to complex clinical problems. Some residents continued to search for well-defined answers, however, revealing the shifts required to learn and practice in this complex space.

Discussion: Case-based learning can feasibly be adapted to support the development of adaptive expertise in residents learning to work in complex clinical environments.

OC-1-3 Comparing Single and Double Osce Assessment: Insights From A Canadian Medical School's Single-Center Study

Xin Yue Wang Western University, **Andrew Wang** Western University, **Alice Tsui** Western University, **Alice Tsui** Western University, **Omayma Al Jabiry** University of Windsor

Methods: REDCap surveys were distributed to 4th-year students who completed the single OSCE and 3rd-year students in the double OSCE system. Surveys anonymously assessed anxiety, confidence, and preparedness before the OSCEs. Narrative data was collected, and themes extracted. Survey results were compared and correlated with pass-fail outcomes.

Results: While no statistically significant differences were found in anxiety, confidence, or preparedness between the single (n=16) and double OSCE systems (n=12), students in the double OSCE reported a slight reduction in anxiety before the second OSCE. Performance improved, with 15% failing the first OSCE, but none failing the second. Narrative comments indicated that students found the feedback helpful.

Discussion: Although anxiety levels did not differ significantly, the trend toward reduced anxiety and improved performance in the second OSCE suggests structured feedback may help. Future work should examine longitudinal trends in performance and provide detailed feedback to all students, not just those who fail. This could enhance learning, reduce anxiety, and improve the overall effectiveness of the OSCE as an assessment and learning tool.

OC-1-4 [An in-Depth Exploration of the Entrustable Professional Activity (Epa) Assessments Related Emotions of Residents and Faculty Across Specialties](#)

Elif Bilgic McMaster University, **Sonaina Chopra** McMaster University, **Jasmin Dhanoa** McMaster University, **Amy Keuhl** McMaster University, **Jonathan Sherbino** McMaster University, **Sonaina Chopra** McMaster University, **Anita Acai** McMaster University, **Quang Ngo** McMaster University, **Jason M Harley** McGill, **Ereny Bassilious** McMaster University

Methods: This study employed an exploratory, qualitative descriptive design. Semi-structured interviews were conducted with residents and faculty in pediatrics (PD), general surgery (GS), and emergency medicine (EM). Data were transcribed and analyzed through reflexive thematic analysis.

Results: Thirteen faculty (6PD, 4GS, 3EM) and 10 residents (4PD, 4GS, 2EM) participated. For positive emotions, total of 5 themes was identified and top 2 were 1) initiatives taken to improve EPA assessments process and 2) grading and observing on EPA assessments. Under negative emotions, 8 themes were identified- and top 3 were 1) feelings associated with EPA assessments platform 2) relevance of EPA assessments topics 3) initial feelings associated with EPA assessments. Faculty and residents in GS exhibited predominantly negative emotions, particularly regarding the operationalization of EPA assessments and their perceived relevance, compared to those in the other two specialties.

Discussion: Differences in negative emotions across specialties could be due to variations in EPA assessment implementation across programs. These findings may assist residency programs in recognizing negative emotions and informing strategies to optimize EPA assessment processes.

OC-1-5 [Do Formative Assessments Generate Useful Formative Feedback? an Analysis of Entrustable Professional Activities in Clerkship](#)

Victoria Leung University of Toronto, **Samantha Inwood** University of Toronto, **Angela Punnett** University of Toronto, **Glendon Tait** University of Toronto, **David Rojas** University of Toronto

Methods: To better understand feedback documented in EPAs, we conducted a deductive content analysis of comments from a random stratified sample of 820 EPAs using Hattie and Timperley's typology of feedback. Chi-square tests compared feedback type by rotation, assessor role, EPA focus, competency rating, and comment prompt (i.e., strengths or action plan for improvement). This was supplemented by evaluating comments for usefulness via a modified QuAL Score rubric and descriptively analyzing ratings.

Results: EPA focus and comment prompt were the only factors significantly associated with feedback type (p<0.01). 75% of "strengths" comments contained feedback on task performance and 70% of "improvement" comments addressed task processes. Depending on EPA focus, feedback predominantly addressed task performance or processes. QuAL Score ratings provided insights on feedback types and rated nearly half of comments on improvement as not useful.

Discussion: The emphasis on task performance in EPA feedback may contribute to clerks' hesitancy to describe them as low stakes, and patterns in usefulness of "improvement" comments may further undermine the formative intention of EPAs. This enhanced understanding of types and utility of feedback clerks receive through EPAs can inform guidance for training assessors and further developing assessment tools.

OC-2 Curriculum | Programme d'études

OC-2-1 An Exploration of Decision-Making Within an Md Program Student Progress (Competency) Committee

Tim Mickleborough University of Toronto, **Mahan Kulasegaram** University of Toronto, **Glendon Tait** University of Toronto, **Maria Mylopoulos** University of Toronto

Methods: 10 semi-structured interviews were conducted (8 members of the SPC and two non-voting members). Interviews were analyzed using an abductive thematic analysis approach. Theories of mental models were applied to explain relationships between emerging themes.

Results: Results show how SPC members developed a shared mental model: one that helps them describe, explain, and predict a student's likelihood of success if given an opportunity for reassessment. The shared mental model allows for optimal team performance: one where members have compatible expectations to make predictions regarding student outcomes while still accommodating individual differences offering flexibility in decision making.

Discussion: A shared mental model centred around holistic principles ensures that the process has integrity and decisions regarding student promotion are fair and robust. However, tensions exist within the model as members grapple with the inherent subjectivity of holistic decision making. Results can inform quality improvement for the SPC as well as inform other undergraduate and postgraduate competency committees.

OC-2-2 Educational Landscape and Perspectives on Interventional Neuroradiology Training in Residency: A Scoping Review

Ashish Kumar University of Toronto, **Retage Al-bader** Western University, **Retage Al Bader** Western University, **Clementine Koa Affana** University of Toronto

Methods: We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) and conducted a comprehensive literature search. Our inclusion criteria were the following: (1) English language, (2) INR curricular guidelines and training opportunities in residency, and (3) research exploring residents' attitudes towards INR training.

Results: Of 1025 articles, 30 papers matched our inclusion criteria. The most common study designs were surveys (30%; 9/30) and literature reviews (23%; 7/30). We identified inadequacies in objective and subjective interventional INR training in all three residencies. We identified studies that point to deficits in skills, knowledge, and exposure to INR, highlighted by residents and program directors in multiple countries. Similar sentiments were echoed regarding incoming fellowship trainees, in the context of downstream impacts of limited residency training. There is a consensus view that early exposure to INR would be beneficial to neurosurgery, neurology, and radiology residents.

Discussion: There is a perceived gap in INR training in neurosurgery, neurology and radiology residency reported by program directors, residents, and fellowship directors. This presents an opportunity to develop interventions to improve exposure in residency.

OC-2-3 Improving Curriculum Design by Measuring Course Workload Using Estimates of Student Effort

Marcel D'Eon University of Saskatchewan, **Colleen Hergott** Augusta University, **Henry Moon** Augusta University, **Ahmet Guven** Augusta University, **Margaret Blagg** Augusta University

Methods: We modified the domains of effort from the literature to arrive at cognitive-quantitative, cognitive-intellectual, social, psychomotor, and psychological. We developed an instrument to ask physical therapy students about their effort across courses and within each domain of effort. Three times we asked faculty and students to evaluate the draft questions; we then revised the questions. Twice during the same term, we surveyed physical therapy students attending Augusta University, Georgia. After data collection we analyzed for consistency within and correlations between surveys, and asked students and faculty if the findings made sense.

Results: Measures of consistency were high (0.82 and 0.86), as was reproducibility with correlations between both test times around 0.97. In follow-up interviews, students and faculty confirmed the results providing evidence of study validity.

Discussion: Firmly based on theories of effort and course workload, this instrument, once adjusted for local courses, is a feasible and practical measure that will give accurate estimates of course workloads for student cohorts based on their reports of effort. The data can be used confidently by medical education leaders and faculty when considering curriculum and course adjustments.

OC-2-4 A Battle for Attention: Teaching Residents to Manage Interruption in the Emergency Room

Gabrielle Trepanier Université de Sherbrooke, **Philippe Dubuc-Gaudreau** Université de Sherbrooke, **Antoine Brouillard** Université de Sherbrooke, **Nicolas Elazhary** Université de Sherbrooke

Methods: We conducted a scoping review to identify strategies used by ER Physicians and ER residents to address interruptions in the ER. Data extraction was performed using a standardized method on the Covidence platform by the research team. Every article was independently analyzed by two reviewers. We conducted searches of controlled vocabulary across multiple databases including Medline, APA PsycInfo, SCOPUS, and PubMed.

Results: The scoping review yielded 18 relevant articles primarily utilizing observational methods (12/18), involving 417 emergency physicians. Observations totaling 778.6 hours were conducted across 25 emergency rooms in four countries. Identified strategies physicians use to manage interruptions include task switching, multitasking, deferral, and acknowledgment. The strategy used by a physician is influenced by the type of interrupted activity, physician cognitive load management, physician perception of the interruption, telecommunications use, and the work environment.

Discussion: Emergency rooms will always be interruption-prone and fast-paced environment. It is crucial to incorporate interruption management strategies in formal emergency medicine training, but this review has determined that the optimal management strategies are still undetermined.

OC-2-5 Learning in Community: Lessons From the Experiences of Medical Learners in A Community Health Centre

Allyson Merbaum University of Toronto, **Andrea Pozo-Barruel** University of Toronto, **Catherine Yu** University of Toronto, **Melanie Henry** University of Toronto, **Nick Petten** University of Toronto, **Kulamakan Kulasegaram** University of Toronto

Methods: Learners from University of Toronto's Department of Family & Community Medicine who trained at an urban CHC were recruited between October 2023 and March 2024. Five medical students and five residents were interviewed; transcripts were analyzed abductively for benefits and challenges for learning and emergent themes.

Results: All participants expressed that this was a meaningful experience and that they are better equipped to care for equity-deserving populations. Learners identified that the context required more intentional preparation and orientation, and that providing clinical care to this population was more complex. Unique learning outcomes included exposure to a broad interdisciplinary collaborative approach and immersive training with a focus on cultural humility.

Discussion: Understanding the unique learning opportunities and challenges in a CHC environment is instrumental in expanding learner placements to other community-based settings that serve vulnerable populations. Our results show additional supports may be needed to expand CHC learning opportunities.

OC-3 Teaching and learning | Enseignement et apprentissage

OC-3-1 Investigating Dentistry Students' Attributional Style and Its Relationship with Academic Achievement

Maziar Esmaili Moghaddam Urmia University of Medical Sciences, **Roghayeh Gandomkar** Tehran University of Medical Sciences, **Zahra Zarei Hajiabadi** Tehran University of Medical Sciences, **Amin Hoseini Shavoun** Tehran University of Medical Sciences

Methods: A total of 300 students completed the Self-Concept Attributional Orientation (SAAS) questionnaire in two dentistry schools in Iran. The tool contains 18 statements demonstrating student attributional styles (ability or effort) related to their academic success and failure on a 5-point Likert scale (from fully agree to completely disagree.

Results: We found a positive and significant correlation between the attributional style of students' effort and better academic achievement (R = 0.254, P = 0.038). Also, there was a negative but non-significant correlation between the attribution style of students' ability with academic achievement (R = -0.145, P = 0.242).

Discussion: This finding has implications for dentistry educators and administrators in adopting strategies to reinforce effort attributional styles to enhance academic achievements.

OC-3-2 Retrieval Enhanced Learning: Does It Matter How the Material to Be Learned is Structured?

Timothy Frewin University of British Columbia, **Kevin Eva** University of British Columbia, **Ian Scott** University of British Columbia

Methods: N=66 undergraduate students completed an experiment in which they studied four rheumatological conditions. Learning materials either separated pathophysiology and clinical material or integrated them together. Following study, students in each group were further randomized to 20-minutes of review or a 16-item test. One week later, all participants took a 32-item follow-up test that included questions assessing factual recall, causal explanation, or diagnostic reasoning.

Results: The mnemonic benefits of integration and retrieval were dependent on test question type. Factual recall was 11.6% more accurate when participants were tested, rather than studying repeatedly (p=.05); integration, however, had no effect (Δ=-1.6%; p=.94). Questions that required causal understanding were not influenced by testing (Δ=0.5%; p=.78) whereas integrated learning materials yielded performance 17.6% higher than separated materials (p=.003). The effect of testing (6.3%) and integration (6.0%) was comparable for diagnostic questions.

Discussion: This study suggests that REL is more effective for enhancing factual recall, while integrating clinical and pathophysiological material yields greater benefits for understanding causal relationships. Educators, therefore, may be wise to tailor teaching interventions to the particular benefits they strive to achieve. Further research is needed to explore the extent of factors that influence retrieval-enhanced learning before best practices can be specified.

OC-3-3 Understanding the Ecological System of E-Learning in Community Health Education

Sarah Aboushawareb McGill, **Peter Nugus** McGill, **Daniel Philips** McGill, **Meredith Young** McGill, **Tamara Carver** McGill

Methods: Care partners of people living with dementia were recruited to participate in an e-learning program constructed to both provide information and an opportunity for community-building. Post-program focus groups transcripts were analyzed thematically, with elements of ecological systems as a lens for understanding participant experiences of the e-learning program.

Results: Three main themes were developed: 1. Interacting within multiple microsystems; 2. Bridging the gap between the learner and the exosystem; 3. Coupling the spheres of knowledge and emotion. Our findings suggest that this e-learning experience provided learners with a multitude of interactions within and across different systems of the ecological model. Moreover, learners appeared to go beyond acquiring the intended knowledge to interact emotionally, suggesting a systemic intersection of knowledge and embodied experience.

Discussion: Well-designed E-learning programs can move beyond knowledge acquisition as a measure of success. These platforms can be designed to provide learners with relatively authentic learning experiences that include design elements that foster systemic relationships and understanding.

OC-3-4 Favoriser La Posture D'apprentissage Chez Les Étudiants De Premier Cycle en Médecine : Un Module D'auto-Apprentissage Actif Visant L'ouverture Au Processus De Rétroaction

Diane Bouchard Lamothe University of Ottawa, **Véronique Lapierre** University of Ottawa, **Véronique Lapierre** University of Ottawa, **Isabelle Burnier** University of Ottawa, **Jean A. Roy** University of Ottawa, **Anne-Charlotte Côté** University of Ottawa

Methods: Suivant l'approbation du comité d'éthique, une recherche de type interprétatif permet de décrire l'effet du MAAA sur l'adoption de la posture d'apprentissage d'une douzaine d'étudiants de premier cycle du volet francophone du programme MD-UOttawa participant à des cliniques simulées et des stages cliniques où ils reçoivent de la rétroaction. Des questionnaires et des entrevues semi-dirigées visant l'appréciation du module sur leur rapport avec la rétroaction ont permis de recueillir des données analysées selon une approche d'analyse thématique rigoureuse.

Results: L'analyse thématique a relevé deux thèmes principaux et six sous-thèmes. L'approche réflexive du module a eu un effet positif chez les étudiants, leur permettant de se situer face à la posture d'apprentissage et de découvrir des stratégies pour mieux recevoir et participer au processus de rétroaction.

Discussion: Les résultats obtenus sont discutés en fonction de l'apport des exercices de réflexivité sur la capacité d'auto-régulation; la puissance du dialogue intérieur comme stratégie de changement de comportement et sur la possibilité de formation destinées à la fois aux superviseurs et étudiants.

OC-3-5 Teaching Advocacy in the Clinical Context

Angela Orsino University of Toronto, **Stella Ng** University of Toronto, **Anne Kawamura** University of Toronto, **Jacqueline Forsey** University of Toronto, **Karen Leslie** University of Toronto

Methods: This study took a constructivist grounded theory approach (Charmaz, 2008) using the theory of critical reflection as a sensitizing concept. Data included observations of 22 clinical teaching encounters between faculty (n=10) and trainees (n=9) and nine interviews with faculty. Transcripts of audio-recorded observations and interviews were analyzed and themes coded using inductive and deductive strategies.

Results: Clinical teachers use critically reflective strategies to support a conceptual change (Vosniadou, 2013), allowing trainees to conceptualize advocacy as inextricable from medical care. Advocacy teaching centered upon: (1) identifying system-level barriers and inequities to Navigate the System; (2) recognizing the role of medical authority in advocacy to attend to Power, and (3) considering patient needs through Perspective-taking. Clinical teaching around these skills broadens the definition of the physician's role, thus influencing the Professional identity development among trainees.

Discussion: Teaching advocacy in the clinical context using critically reflective strategies supports a conceptual change that allows trainees to integrate the role of advocate into their understanding and practice of medical care.

OC-4 Admissions

OC-4-1 Predicting 3 Years of in-Program Performance in Pharmacy School: Examining the Impact of Changing Admission Criteria on Three Cohorts

Debra Sibbald University of Toronto, **Andrea Sweezey** University of Toronto

Methods: Admission variables for 3 cohorts (n=720) were analyzed. Admission variables including GPA, PCAT, and situational judgment tests (MMI, CASPer and a mixed methods online assessment [MMOA]), were compared to end of year performance. Linear regression modelling analyzed admission metrics for prediction of in-program grades.

Results: Entry GPA significantly predicted year end results in years 1-3. First year: 2019: $r2 = 0.279$; 2020: $r2 = 0.113$; 2021: $r2 = 0.228$. Second year: 2019: $r2 = 0.106$; 2020: $r2 = 0.261$; 2021: $r2 = 0.055$. Third year: 2019: $r2 = 0.247$ [model significant for both GPA & MMI]; 2020: $r2 = 0.166$; 2021: $r2 = 0.125$; ($p < 0.001$ for all reported results).

Discussion: Changing admission criteria increased applications from 492 (2019) to 1283 (2021). GPA predicted performance in all years. In-person MMI, a highly performance-based intrinsic test, also predicted 3rd year results, where intrinsic skills are more integrated. Situational judgment tests, particularly live performance tests (eg. MMI), contribute to selection criteria used to differentiate applicants. In junior years, tests were not predictive of in-program outcomes. Longitudinal studies should explore other indicators to predict performance of applicants arising from increasingly diverse target groups and contexts. Alternative research designs may be explored.

OC-4-2 Qualified Applicant Randomization Selection (Qars) in Md Admissions

Peggy DeJong Queen's University, **Eugenia Piliotis** Queen's University, **Kelly Moore** Queen's University, **Jane Philpott** Queen's University

Methods: The MD Program sets admissions thresholds for GPA, MCAT and CASPer at levels that align with the potential to predict success. Historically, these thresholds were artificially inflated to manage applicant volume. The new process sets thresholds for success, without concern for applicant volume. All applicants who meet thresholds will be placed into an early phase lottery (Qualified Applicant Randomization Selection - QARS). QARS will randomly select the qualified applicants who will proceed to the Mini Medical Interview (MMI). There is also a new socio-economic accountability pathway (SAAP).

Results: In April 2025, the admissions cycle will still be ongoing. However, the QARS selection to MMI will be complete. We will present a comparison of the average GPA and MCAT scores from the previous cycles to the averages of the group selected through QARS.

Discussion: Although significant efforts have been made previously to try and mitigate systemic barriers in the admissions process, the new system aims to provide an equal opportunity to get to the MMI for any candidate who meets a set minimum threshold. We aim to complete ongoing program evaluation looking at outcomes further in the medical school process as time progresses. We are also interested in how this process may change the diversity within the class.

OC-4-3 Picking and Choosing: Does the Admission and Selection Process Predict Performance in Physician Assistant School?

Sharona Kanofsky University of Toronto, **Peter Tzakas** University of Toronto, **Marla Nayer** University of Toronto,

Methods: This was a cross-sectional longitudinal study of 3 PA Program cohorts. We compared students' admissions ranking to ranking assigned by faculty on overall performance at program completion. Study participants were core PA faculty. Each faculty member ranked each student as top 20%, Middle 60%, or bottom 20%.

Results: Faculty ranking correlated significantly with file review scores. There was strong inter-faculty agreement. Faculty ranking did not correlate with candidate ranking post-MMI.

Discussion: Healthcare program admissions is resource intensive. Evidence can inform effectiveness, efficiency, and fairness. Our findings support the file review process by demonstrating that faculty impressions and file review scores correlate well. Consistent with the MMIs literature, we found no correlation between faculty and post-MMI ranking.

OC-4-4 LearnENT Medical Education Application as A Predictor of OTOHNS Residency Application Success

Gina Spencer Queen's University, **Peter Szasz** Queen's University, **Boris Zevin** Queen's University

Methods: A cross-sectional survey will be conducted from Summer-Fall, 2024, using a 34-item questionnaire distributed to current Canadian OTOHNS residents. Data will be analyzed using descriptive statistics, chi-squared tests, t-tests/Wilcoxon signed rank tests, correlational analyses, and thematic extraction for qualitative responses.

Results: We anticipate a positive impact of LearnENT on residency interest by supplementing curricular content, increasing preparedness for electives, and facilitating connections with physicians nationally, with the latter identified as the most useful aspect - especially for students without an OTOHNS program at their home institution. Of particular interest will be self-reflection regarding LearnENT as a motivator to apply to OTOHNS residency programs, as a metric of success in matching, and if the extent of application usage correlates with residency matriculation and career success.

Discussion: Institutional factors such as the presence of an OTOHNS program, an interest group, and increased research productivity at a medical student's home University vary across Canada. LearnENT can provide standardized knowledge and potentially increase success in residency matching.

OC-4-5 Talent in Medical Education. A Scoping Review

Sujata Mishra McMaster University, **Heba Khan** University of Toronto, **Armaanpreet Dhillon** McMaster University, **Shreya Saha** McMaster University, **Alexander Peever** McMaster University, **Sandra Monteiro** McMaster University, **Teresa M. Chan** Toronto Metropolitan University (Dean/VPMA), Adjunct Scientist, MERIT Invited Member, Wilson Centre

Methods: We conducted a scoping review, guided by Arksey & O'Malley and PRISMA-ScR. Pubmed/MEDLINE, Scopus, and Web of Science were systematically searched for relevant studies. Eligibility criteria included literature about medical learners (including applicants, medical students, residents) or practicing physicians/surgeons that addressed talent or other related terms determined iteratively through our review (e.g. giftedness, aptitude, performance, competency, abilities).

Results: The search yielded 3881 items, and 1686 were excluded on review of title and abstracts (after removing duplicates, n= 1797). Full text screening resulted in inclusion of 216 papers, 80% of which were published after 2000. The majority of literature papers originated from North America (n=66/136). Mostly all of the evidentiary studies (84/104 all research studies) were quantitative. Only 16 works defined talent or related concepts, with seven focusing on competencies and only five papers offering broader definitions of talent.

Discussion: We identified a few studies defining talent or related frameworks. While correlations exist between standardized test scores used for medical school admissions and medical school performance, the focus of the literature around talent is dominated by selecting talent at the point-of-entry into medical school. Evidence on managing and retaining talent throughout education remains scarce.

OC-5 AI and Data Science | IA et science des données

OC-5-1 The Role of Generative Ai in Supporting the Analysis of Qualitative Data in Medical Education

Sonaina Chopra McMaster University, **Mark Lee** McMaster University, **Quang Ngo** McMaster University, **Elif Bilgic** McMaster University, **Jasmin Dhanoa** McMaster University

Methods: A genAI platform called Microsoft Copilot was used to conduct Braun and Clark's reflexive thematic analysis using interview data from a previous study on emotions of residents and faculty related to observed assessments. Several data input and prompting techniques were explored, and themes were compared to ones developed through the human-led analysis.

Results: Copilot could extract data from specific transcripts and provided a comprehensive understanding of the data through the generation of a codebook. However, when we modified the prompt (using different roles (e.g., student vs qualitative researcher)), the resulting codebook only had minor modifications. When comparing Copilot to the human generated codebook, we found that similar concepts were covered; however, the theme names were different as the human generated table had more descriptive themes. Furthermore, Copilot was unable to create a codebook as detailed as the human-generated codebook, even with continuous prompting.

Discussion: Although we found that genAI can generate themes that cover similar concepts to human-led analysis, the combination of genAI and human-led analysis could allow for a more nuanced and in-depth understanding of the data.

OC-5-2 Enhancing Mcq Generation in Medical Education Using Chatgpt-O1 and Chain-of-Thought Reasoning

Leo Morjaria McMaster University, **Quang Ngo** McMaster University, **Mansi Mehta** McMaster University, **Matthew Sibbald** McMaster University, **Keyna Bracken** McMaster University, **Anthony Levinson** McMaster University

Methods: Using 10 randomly selected pre-clerkship curriculum objectives, a total of 30 MCQs were assembled for analysis. For each objective, one MCQ was generated using ChatGPT-4o, one using ChatGPT-o1 and one was collected from our existing bank of human-generated questions. Blinded to the source of generation, four expert faculty assessors reviewed each MCQ for curricular alignment, stem/option quality, and adherence to the Medical Council of Canada (MCC) Guidelines for the Development of MCQs. Descriptive statistics, chi-square tests and t-tests were used to compare expert ratings of the items.

Results: Preliminary findings indicate that AI-generated questions meet MCC criteria and are comparable to faculty-developed questions in terms of quality and relevance. With the recent release of ChatGPT-o1, the study is ongoing, and comparisons of questions generated using chain-of-thought LLMs are currently underway.

Discussion: Our preliminary findings suggest that ChatGPT is a scalable and efficient tool that can augment faculty efforts in developing assessment items, significantly reducing both development time and cost. Moreover, LLMs utilizing chain-of-thought may further enhance the quality of generated questions. This is particularly relevant for educators seeking reliable, efficient and effective approaches for high quality MCQ item development.

OC-5-3 Comparing Feedback Modalities for Reflective Writing in Undergraduate Medical Education: Student Perceptions of Chatgpt vs. Longitudinal Facilitators

Nabil Haider McMaster University, **Leo Morjaria** McMaster University, **Urmi Sheth** McMaster University, **Nujud Al-Jabouri** McMaster University, **Matthew Sibbald** McMaster University

Methods: 15 MD students provided written narrative reflections related to professional identity along with the feedback received from their LFs. Reflections were inputted into ChatGPT (GPT-4) using a prompt based on the literature in best feedback practices to generate instantaneous personalized feedback. MD students rated both modalities of feedback using a Likert-scale survey assessing the content, readability, and tone of the feedback, in addition to answering open-ended questions to provide a more nuanced comparison. Quantitative analysis involved mean comparisons and t-tests, while qualitative responses were coded for themes.

Results: Results showed that while LFs were rated slightly higher in 6 out of 8 criteria, these differences were not statistically significant. In contrast, ChatGPT scored significantly higher in helping to identify strengths and areas for improvement, as well as in providing actionable steps for improvement. Criticisms of ChatGPT included a discernible "AI tone" and ChatGPT's paraphrasing or misuse of quotations from the reflections. Whereas, MD students valued LF feedback for being more personal and authentic.

Discussion: Overall, findings suggest that although skepticism regarding ChatGPT's feedback exists amongst MD students, it represents a viable means of deepening reflective practice and optimizing faculty resource allocation. A potential implementation is to use ChatGPT in supplement to in-person feedback. Future research will include educator perspectives and explore broader ChatGPT applications in medical education.

OC-5-4 [Can We Use Artificial Intelligence to Advance Compassion in Healthcare? A Balancing Act We Need to Get Right](#)

Eleftherios Soleas Queen's University, **David Wiljer** University of Toronto, **Ashley Waddington** Queen's University, **Dunja Matic** University of Toronto, **Rebecca Charow** University of Toronto

Methods: In this contribution, we operationalize the adapted definition of Digital Compassion from Rouleau et al., 2024 and in the work of Strauss et al., 2016 to offer guidelines for the integration of AI into teaching, learning, and clinical practice as a means of augmenting humanity in healthcare thus extending the reach of compassion. We do so through literature review, acquired wisdom, and a few piloted (AI simulated patients, trainees, and colleagues) for developing and refining compassion through AI interactive tools.

Results: We present a slate of 8 tips for ensuring that AI enhances the reach of compassion in healthcare rather than diminishing it and demonstrate a few replicable tools for practicing compassion.

Discussion: AI is here to stay, as promising tools and as an ongoing disruptor in healthcare. As professionals who are ultimately responsible for the technologies we deploy, it is up to us to ensure that the tools we use are deployed in a way that ultimately creates time and space for providing compassionate patient centred care and learner centric teaching.

OC-5-5 [The Relational Structure Between Medical and Surgical Specialties in Canada: Quantitative Network Analysis with Applications to Curriculum Renewal](#)

Conrad Tsang University of Toronto, **Kulamakan Kulasegaram** University of Toronto

Methods: We used data from the Canadian Resident Matching Service (CaRMS) and residency websites to quantify off-service learning in every specialty. We used this to construct a weighted and directed statistical network representing the relationship between all specialties trained through Family Medicine, including Category 1 Enhanced Skills, and Royal College programs. We chose the Walktrap algorithm to detect "communities" of specialties based on how closely they cluster together on the network.

Results: Based on network metrics, we found that Physiatry, Public Health, Internal Medicine, and Diagnostic Radiology send residents to the most off-service training. We also found that both generalist specialties (e.g. Internal Medicine, Emergency Medicine) and subspecialties (e.g. Cardiology) can receive the most off-service residents. Despite how some small specialties receive few off-service residents, they play key roles in bridging connections between every other specialty (e.g. Physiatry, Palliative Medicine, Occupational Medicine).

Discussion: We demonstrate that several small and often overlooked specialties bridge knowledge between other specialties, highlighting a paradox where their practice is relevant to a wide variety of specialties and yet few off-service residents train with them. We conclude with examples of using our network in cases of curriculum renewal and specialty accreditation.

OC-6 Equity, Diversity and Inclusion |Équité, diversité et inclusion

OC-6-1 Gender and Visible Minority Status on Training Experiences Among Canadian Ophthalmology Residents and Fellows

Ashlyn Pinto Dalhousie University, **Anuradha Mishra** Dalhousie University, **Radha Kohly** University of Toronto, **Nancy Baxter** University of Sydney, Faculty of Medicine and Health

Methods: An 107-item questionnaire was distributed to all Canadian ophthalmology trainees in the 2022/2023 academic year. Likert scales and open-ended questions assessed importance of diversity, interpersonal relationships, and professional opportunities and interactions. Responses were compared using the Kruskal-Wallis test, with significant differences analyzed via the Dunn's test. Ethics was granted by the Dalhousie REB.

Results: Of 240 trainees, 108 (45.0%) completed the survey. Thirty-two trainees (30.5%) identified as non-VM women, 16 (15.2%) as VM women, 21 (20.0%) as non-VM men, and 36 (34.3%) as VM men. Trainees differed in feeling valued at work (p=0.0030), with non-VM men more likely to feel valued compared to non-VM women (p=0.0016). Women were more likely to worry about having fewer training opportunities than men due to gender (p=0.0003). Non-VM women felt they received fewer surgical opportunities, such as operating room autonomy, compared to non-VM men (p=0.0306). Women were more likely to have a patient perceive their junior colleague as the more responsible physician (VM men vs. VM women, p<0.0001; non-VM men vs. non-VM women, p=0.0052). Women felt patients dismissed their medical expertise more than men (p<0.0001).

Discussion: Being a woman Canadian ophthalmology trainee was linked to unfavorable experiences, including dismissal of expertise and fewer surgical opportunities. This highlights the need for strategies to reduce gender disparities in training.

OC-6-2 The Language of Disability and Difference: Getting at the Roots of the Problem

Stephen Russell McMaster University, **Emily Lamond** McMaster University, **Chris He** McMaster University

Methods: As experts in Greek and Latin, we are opening an investigation into the technical terms currently used in medicine to describe all manners of disability/difference, and how they were originally used.

Results: We focus on specific examples from various categories of disability/difference.

Discussion: We are becoming more sensitive about how language should be used in all areas of the world - especially in medicine. In addition to the way we talk about disability/difference in regular English, there is a need to look at the origins of the technical language people use today. An examination of the technical terms used in medicine can only help all those who use the language.

OC-6-3 Exploring Education Leaders' Perceptions of Equity, Diversity, and Inclusion (EDI) Content in Educational Programs at A Canadian Academic Medical Institution

Duaa Fatima University of Calgary, **Jaspreet Gill** University of Calgary, **Benedicta Antepim** University of Calgary, **Amanda Roze des Ordons** University of Calgary, **Pamela Roach** University of Calgary, **Aliya Kassam** University of Calgary, **Duaa Fatima** University of Calgary

Methods: Adopting a pragmatic research paradigm, we conducted focus groups and interviews using qualitative description (QD). QD is a methodological approach that provides a comprehensive summary of perceptions without deep theorization. We purposively sampled educational leaders for a 60-minute semi-structured focus group or interview to explore perceptions of EDI content in educational programs. Focus groups and interviews were audio-recorded, transcribed verbatim, and thematically analyzed. Discrepancies were discussed with the broader research team until consensus was achieved.

Results: We interviewed N=9 participants through three focus groups and one interview. Findings demonstrated a need for EDI focused faculty to support the training and delivery of program-specific EDI content. Resource constraints were found to limit EDI implementation, risking burnout of the few expert faculty. Programs with clear alignment between EDI principles to their objectives found it easier to incorporate this content. Leaders reported inadequate training and a lack of capacity and accessible resources, as barriers to delivering EDI content. Additionally, coordination challenges within programs and across the faculty raised concerns of inconsistencies in the delivery of EDI content.

Discussion: A unified EDI curriculum across academic medical institutions, enhancing the literacy around health equity in future clinicians, policymakers, and scientists is essential for social accountability initiatives.

OC-6-5 Educating for Compassion: A New Approach to Fostering Understanding in the Health Sciences

Eleftherios Soleas Queen's University, **Andrea Winthrop** Queen's University, **Ashley Waddington** Queen's University, **Giselle Valarezo** Queen's University, **Colleen Davison** Queen's University

Methods: As an example of our approach, this report highlights the development of a module on Jewish Identity and how this impacts teaching, learning and clinical practice in health sciences. Queen's FacDev has also built similar modules on Islam, Islamophobia and anti-Arab discrimination, hidden curriculum, antisemitism, navigating privilege, and anti-Black racism among others.

Results: Using a consensus-based approach informed by needs assessments, recent Queen's Health Sciences events/experiences, and the realities of an increasingly diverse academic, trainee and patient population, self-assessment and resource-forward modules were built and reviewed iteratively in Articulate RISE by the subject-matter experts who were actively supported by Queen's Health Sciences' FacDev and the EDIIA office under the direction of the Deans. The final product is accredited for physicians and is for the professional development use of all health professions.

Discussion: Discussing the principal components and foundation of a racial, ethnic, faith-based or cultural group creates greater understanding and empathy for patients, trainees, staff and faculty members and works to address ignorance and preconceptions, thus promoting improved respect, collaboration and allyship. We position modules of this kind as proactive tools that build community safety and will be replicated for other equity-deserving groups.

Block D

OD-1 Indigenous Health | Santé autochtone

OD-1-1 Developing A Rural and Indigenous Focused Blended Clerkship: the Northern Regional Integrated Clerkship

Sean Maurice University of British Columbia, **Paul Winwood** University of British Columbia, **Maggie Watt** University of British Columbia, **Andrea Gingerich** University of British Columbia

Methods: NRIC combines a 6-month longitudinal integrated clerkship in communities across the north, with a 6-month hospital rotational clerkship, to provide the best possible training of physicians for the needs of the north. This includes ensuring our learners are taught rural generalist medicine and experience longitudinal care in northern communities.

Results: To ensure the success of this new model we've conducted extensive community consultation, and we're studying the learning and community immersion experiences of the first pilot of the NRIC with the support of the Evaluation Studies Unit, as well as research into the students' experiences of learning how to navigate overlapping relationships.

Discussion: A lack of skill in setting boundaries within overlapping relationships appears to contribute to retention issues. Through the development and implementation of NRIC, we hope to produce more physicians with the skills and interest to succeed as rural generalists, serving rural and Indigenous populations in the north. In addition, we hope to gain insight into how to best prepare our learners for success in such experiences.

OD-1-2 Indigenous Resurgence in Undergraduate Medical Curriculum: Honouring Indigenous Pedagogies to Transform Education

Jamica Cass Toronto Metropolitan University School of Medicine, **Sue Fostaty Young** Toronto Metropolitan University School of Medicine, **Clare Hutchinson** Toronto Metropolitan University School of Medicine

Methods: The course development process involved consulting with an Indigenous-led education consortium, reviewing learning outcomes from various medical education bodies including the National Consortium on Indigenous Medical Education, incorporating Indigenous pedagogies, and seeking feedback from the Indigenous Communities Council. Learning objectives, session themes, and pre-study materials were developed based on these reviews.

Results: Set to launch in September 2025, this comprehensive Indigenous Health Course will be mandatory for all MD matriculants. Students will attend 114 hours of instruction and cover 19 objectives. The strengths-based, entirely Indigenous-led course celebrates the diversity of Indigenous Peoples in Canada. It re-centers Indigenous knowledge systems and assessment practices to drive learning.

Discussion: By demonstrating that Indigenous Health can and should be a significant, mandatory part of physician training, this course aims to inspire other Canadian medical schools to prioritize Indigenous content in their programs. The implementation of this course represents a significant step towards addressing the long-standing need for comprehensive Indigenous health education in medical schools.

OD-1-3 The National Circle for Indigenous Medical Education Reflections of Transformation: From the Conceptual Consortium 2021-2024 to Self-Determining Circle 2024 and Beyond

Danielle Soucy NCIME, **Alexandra Nychuk** NCIME, **Arlana Redsky** NCIME

Methods: This presentation takes a reflexive approach from the NCIME's leadership perspectives on the experience of transitioning into Phase 2, becoming an autonomous Indigenous-led organization.

Results: The comprehensive overview includes insights on the challenges, successes, and lessons learned while respecting the diversity of Indigenous Peoples's knowledge (First Nations, Inuit, and Métis) for the decolonization of medical education in Canada. Notably, the presentation will discuss some of the NCIME's key deliverables, such as the Indigenous data agreements. These agreements are a significant milestone, demonstrating the shift from an institutional process to an Indigenous-designed process that prioritizes Indigenous data sovereignty principles, thereby underscoring the importance of the NCIME's work.

Discussion: The presentation will delve into the creation and maintenance of synergistic partnerships and stakeholder relationships, advocacy experiences, strategic planning and governance structure conceptualization. These experiences, when viewed collectively, serve as a powerful roadmap for future organizations with similar mandates, inspiring them to follow in the NCIME's footsteps.

OD-1-4 Sparking Justice Under the Aegis of Pragmatism: A Mentorship Program for Black and Indigenous Students in Canadian Medicine

Csilla Kalocsai University of Toronto, **Oshan Fernando** Sunnybrook Health Sciences Centre, **Maclite Tesfaye** University of Toronto, **Sophie Weiss** University of Toronto, **Ayelet Kuper** University of Toronto, **Jill Tinmouth** University of Toronto, **Nick Daneman** University of Toronto, **Maydianne Andrade** University of Toronto, **Mireille Norris** University of Toronto

Methods: Our study used critical ethnographic methodology and followed the first cohort of SPARK students for two years, until their residency placement. We conducted interviews and observations with four students and ten mentors.

Results: Working within the constraints of the Canadian healthcare system, SPARK leads cultivated a pragmatic approach by focusing on representational diversity, privileging research experience, and adopting the triplicate mentorship model. By doing so, the program both mitigated the epistemic exclusions that Black and Indigenous learners navigated in medical school and contributed to their perpetuation. The leads' attention to the effects of their program prompted them to reharness pragmatism in the service of equity, inclusion, and justice.

Discussion: We argue that the pragmatic compromise SPARK makes is a laudable and necessary virtue, making the program's implementation possible within the available system, but it reinforces mentorship variability and reveals how SPARK delivers on some aspects of EDI more than on others.

OD-1-5 Next Steps in Indigenous Data Governance and Population Health Frameworks

Cole Marlon Indigenous Primary Health Care Council, **Nicole Blackman** Indigenous Primary Health Care Council

Methods: Using a two-eyed seeing approach, the Indigenous Primary Health Care Council in partnership with primary care and public health partners, developed principles and domains for selecting indicators that are wholistic and focused on strengths and wellness. Further, we expanded previous data governance frameworks to demonstrate how public health and healthcare agencies can utilize Indigenous data ethically and effectively.

Results: We outline three domains for population health: 1) culture as care: an overarching approach toward wholistic health and wellbeing; 2) supportive systems: environment, economy, and health systems; and 3) healthy vibrant communities: emotional, mental, physical, and spiritual wellbeing. We also include strategies to address key challenges encountered in establishing and executing effective data governance for Indigenous communities including ethics, data sovereignty, cultural safety, and jurisdictional challenges.

Discussion: Using the indicators and data principles can help ensure that Indigenous data sovereignty is respected, and that conceptualizations of wellness, cultural safety, and culturally appropriate care are included.

OD-2 Blend

OD-2-1 Exploring the Educational Impact of Artificial Intelligence-Enabled Operating Room Video-Capture and Assessment Technology on Residents' Assessments and the Quality of Narrative Feedback

Boris Zevin Queen's University, **Henna Salim** Queen's University, **Peter Szasz** Queen's University, **Sarah Jones** Queen's University, **Marisa Horniachek** Queen's University

Methods: A prospective pilot cohort study with fourteen PGY 2-5 general surgery residents is currently being conducted at Queen's University. Each participant was asked to use the BBX software to video capture 10 laparoscopic surgical procedures they perform. Study outcomes include (1) AI-enabled assessment scores for technical skills in the OR [Objective Structured Assessment of Technical Skills (OSATS) global rating scale scoring system], (2) quality of narrative feedback scores [Quality of Assessment of Learning (QuAL) scoring system], (3) utilization and satisfaction with BBX (Software Usability Measurement Inventory questionnaire), and (4) agreement between residents' self-assessed entrustment scores and faculty's entrustment scores for residents' OR performance.

Results: Nine participants (mean age 29 years, range 27-33 years) have currently been recruited and 17 procedures have been recorded. Anecdotally, residents have found the video-capture platform to be user friendly and helpful as a teaching tool.

Discussion: The implementation of AI-enabled OR video-capture and assessment technology may help address some of the educational gaps in postgraduate training of residents in the OR.

OD-2-2 From Scalpel to Reflection: the Role of Identity in the Retiring Surgeon

Stephanie Jiang University of Toronto, **Bree Sharma** Queen's University, **Melanie Hammond** University of Toronto, **Carol-anne Moulton** University of Toronto,

Methods: A search using keywords related to retirement, end of career, identity, and surgery was conducted in MEDLINE, EMBASE, and PsycINFO. Articles in English up to 2023 were included. Grey literature was found through Google. Three reviewers screened all articles and completed data extraction.

Results: 536 articles were identified, and 175 articles were included in full-text review. In total, 11 articles and 4 from grey literature were included. There was a scarcity of literature exploring identity in the aging surgeon. Those that did found the most challenging aspect of retirement was the loss of the surgical identity. This was amplified by the centrality of the surgical identity, defining self-worth by their careers, and having little time to pursue interests outside of medicine.

Discussion: Identity loss in the aging surgeon is under-explored. A more comprehensive understanding and support of late and end-of-career surgical identity is needed to bolster identity reconstruction in this milestone phase. Transitioning away from a primarily career-centred identity, incorporating identity formation in medical education, and improving hospital infrastructure for retirement may have improve the retirement experience, individual surgeon wellness, and patient care.

OD-2-3 Comment Accompagner Les Médecins De Famille Qui Souhaite Se Présenter Aux Examens De Certification en Médecine D'urgence?

Gabrielle Trepanier Université de Sherbrooke

Methods: Un programme novateur de formation continue accompagne les médecins durant leur année de préparation. Des sondages et une table ronde ont été tenus auprès des médecins participants afin de recueillir leur rétroaction.

Results: Le taux de réponse a été de 50% au sondage et de 100% à la table ronde. Les répondants affirment avoir atteint leurs objectifs d'apprentissage et sont satisfaits de la formation. Ils se considèrent en mesure de donner de meilleurs soins avancés au patient et d'agir comme ressource en matière de soins d'urgence dans leur milieu de soins. 100% des répondants au sondage ont réussi l'examen national.

Discussion: Les médecins qui travaillent dans les urgences au Canada ont des parcours de formation varié. La mise sur pied de programme de formation continue spécifique permet d'accompagner les médecins de famille dans leur formation, d'aller chercher une certification additionnelle reconnue et surtout de soutenir la qualité et la sécurité des soins dans les urgences au Canada.

OD-2-4 Defining Feedback: A Meta-Review of Feedback Integrative Scholarship in Medical Education

Catherine Patocka University of Calgary, **Rachel Ellaway** University of Calgary

Methods: We conducted a meta-review of integrative scholarship of feedback in medical education. We searched MEDLINE from inception to September 2023 and limited our review to review/synthesis articles. We developed three framings of feedback and proceeded to map the identified reviews to one of these three framings.

Results: Our search yielded 673 citations, which we reduced through structured exclusions to 16. The majority of reviews (9) had been published in the last 10 years. Narrative (6) and systematic reviews (5) were the most commonly category of review. The majority of reviews 9/16 characterized feedback as informational. 4/16 reviews left feedback undefined, and one review embraced feedback as a dynamic conversation.

Discussion: There are multiple parallel conversations about feedback in medical education that have few intersections and little overall coherence. Alternatives to exclusionary definitional approaches are needed if we are ever to have meaningful joined up conversations about feedback in our field.

OD-2-5 Being True to Ourselves and Excellent to Each Other: A Glocal Faculty Development Partnership

Eleftherios Soleas Queen's University, **Heather MacNeill** Toronto Metropolitan University, **Teresa Chan** Toronto Metropolitan University, **Ashley Waddington** Queen's University, **Richard van Wylick** Queen's University

Methods: Instead of a service-client model, Queen's and TMU have entered into an equal partnership where we pool our resources to provide FD at both institutions. In doing so, we maintain our local responsibilities and bring diverse perspectives from our partner institution while making the most of every endeavour we advance together. This has led us to take a Glocal perspective (Global+Local), one that aligns with Global trends while being true to our local realities.

Results: We have developed a portfolio of offerings to be executed over the coming year including faculty onboarding materials and virtual learning series for TMU that on reflection and consultation were found to be desirable at Queen's for its faculty. This presentation will chronicle the lessons learned over the first year of the program and the developmental evaluation of our Glocal approach as partners.

Discussion: We propose partnerships of this nature as a way of maximizing resources but also creating optimally engaging FD that prepares faculty for increasingly diverse learners and keeping mature organizations young and strident in their approaches to meet the needs of their faculty and learners.

OD-3 Curriculum | Programme d'études

OD-3-1 Psychosocial History-Taking in General Pediatric Residency: Lessons From Adolescent Medicine

Ariel Qi Queen's University, **Vivek Gill** University of British Columbia, **Erin Peebles** University of British Columbia, **Brett Schrewe** University of British Columbia, **Sara Jassemi** University of British Columbia

Methods: We conducted semi-structured interviews with Canadian pediatric residents (n=5) and adolescent medicine fellows/early-career specialists (n=6) to explore their experiences in learning psychosocial history-taking. Using iterative thematic analysis, we constructed themes using formal, informal, and hidden curriculum and healthcare paradigms as sensitizing concepts.

Results: Psychosocial history training varies between pediatrics and adolescent medicine, including opportunities for learners to be observed by preceptors, debrief cases, receive feedback, witness positive preceptor role-modelling, and be supported to build comfort with psychosocial complexity. While both specialties value the psychosocial history, each conceptualizes its role differently. Pediatric training primarily aligns with a biomedical perspective, promoting solution-focused approaches that position the psychosocial history as ancillary to the medical concern. Conversely, adolescent medicine situates the psychosocial history within a biopsychosocial model, in which it is integral to individualized, holistic, and relational care.

Discussion: Adolescent medicine offers important lessons for improving pediatric psychosocial history training, particularly the importance of direct mentorship and support in navigating clinical discomfort. These findings suggest that pediatric postgraduate programs may benefit from revising their curricula to enhance learner competency in this vital skill.

OD-3-2 Developing Adaptive Expertise Through CBL - Incorporating EDI in Psychiatry

Chloe Leon University of Toronto, **Rowen Sheir** Centre for Addiction and Mental Health, **Rabia Zaheer** Centre for Addiction and Mental Health, **Zhengbang (Herbert) Yao** Centre for Addiction and Mental Health, **Sophie Soklaridis** Centre for Addiction and Mental Health, **Sacha Agrawal** University of Toronto

Methods: Participant knowledge was evaluated using a pre-post survey design. Baseline data was collected voluntarily prior to rotations and a set of 5 corresponding weekly questionnaires, including self-confidence measures, were sent via REDCap to medical students rotating through psychiatry from 2022 to 2024. Quantitative data will be analyzed using descriptive statistics and a paired t-test. Semi-structured interviews were additionally conducted to explore student experiences with the curriculum. Transcripts will be analyzed using a codebook approach to thematic analysis.

Results: Preliminary analysis of 2022 questionnaire data indicates statistically significant improvement in students' knowledge post-CBL (mean ± SD 6.74 ± 1.79 vs. 10.08 ± 1.80; $t = -8.97$ df = 38; $P < 0.01$). In addition, early data suggests high levels of student perceived self-confidence in managing mental health conditions. Analysis of 2023-2024 quantitative and qualitative data is in progress.

Discussion: This CBL series is better poised to prepare students for the complexity of real work practice. Preliminary analysis suggests that the curriculum was effective in improving student knowledge and confidence.

OD-3-3 [Strengthening Management Reasoning: Incorporating Competencies for the Appropriate Use of Medications Into the Curriculum](#)

Emily McDonald McGill, **Natalie Kennie-Kaulbach** Dalhousie University, **Tiphaine Pierson** The Canadian Medication Appropriateness and Deprescribing Network, **Camille Gagnon** Canadian Medication Appropriateness and Deprescribing Network

Methods: A literature search identified gaps in deprescribing education. A consensus approach was used to propose evidence-based deprescribing competencies that align with the existing Royal College framework for prescribing.

Results: An interprofessional framework of seven deprescribing competencies was developed, underscored by essential knowledge, clinical, and management reasoning skills. It includes sample teaching and assessment strategies, a curriculum mapping exercise and a deprescribing toolkit. A multiyear implementation plan was proposed for medical programs to identify gaps and seize opportunities to integrate skills into existing structures.

Discussion: This interprofessional curriculum framework was built to help medical educators integrate the appropriate use of medications into curricula, with an emphasis on clinical and management reasoning.

OD-3-4 [A Content Analysis: Lifestyle Medicine in Undergraduate Medical Curricula in Canada.](#)

David Vaz University of Toronto, **Sarah Ibrahim** University of Toronto, **Aleksandra Pikula** University of Toronto

Methods: Inductive and deductive content analysis was conducted. Retrieval of program and course descriptions was done from publicly accessible sources and further supplemented by direct communication with deans and curriculum heads. Documents were deductively coded for reference to social determinants of health, behaviour change techniques, and the six pillars of LSM. Inductive coding assessed the breadth of content within each LSM pillar.

Results: The sample included 1327 curricular documents from 13 medical schools. Only 1.8% documents referenced LSM. All schools referenced social determinants of health, and most addressed nutrition (77%), physical activity (62%), substance use (77%), mental wellbeing (92%), and behaviour change techniques (69%), However, sleep (38%) and social connectedness (23%) were less frequently referenced.

Discussion: This study is the first to formally map LSM integration in the Canadian UGME. Study findings identified notable gaps and in turn, opportunities within existing courses and electives for the inclusion of LSM to enhance medical trainees and in turn, future physicians' LSM-related knowledge, skills and competencies to support the shift towards primary prevention and risk factor modification.

OD-3-5 Equipping Healthcare Providers with Knowledge and Confidence in Driving Cessation and Dementia

Mark Rapoport Sunnybrook Health Sciences Centre, University of Toronto, **Elaine Stasiulis** Baycrest Health Sciences, **Chris Pilieci** Baycrest Health Sciences, **Gary Naglie** Baycrest Health Sciences, University of Toronto, **Anna Byszewski** University of Ottawa, **Isabelle Gélinas** McGill University, **Donna Ruffo** North York General Hospital, **Sarah Traynor** Trillium Health Partners, **Brenda Vrkljan** McMaster University, **Charlene Welsh** West Durham Family Health Team

Methods: The sample included 7 physicians, 65 occupational therapists, 19 nurse practitioners, and 15 students or trainees. Participants completed pre-post questionnaires including 13 Likert-scale outcomes: 6 assessing their knowledge and 7 assessing their confidence in supporting driving cessation. Participants also completed 2 open-ended questions: 1 regarding the most beneficial aspects and 1 regarding the least beneficial aspects of the program. Data were analyzed using Wilcoxon Signed-Rank tests and content analyses.

Results: Significant pre-post differences ($p < .05$) were revealed for all knowledge (Cohen's $r = 0.54$-0.79) and confidence (Cohen's $r = 0.53$-0.76) outcomes. The most beneficial aspects of the program indicated were sections regarding in-office assessments, reporting to licensing authorities, and having difficult conversations. The least beneficial aspects indicated were the program being too long and having some redundant materials.

Discussion: This online education program was generally well received and helped to improve multidisciplinary HCPs' knowledge and confidence in supporting PWD through the driving cessation process. Overall, the program may be able to assist HCPs on a large scale to better support PWD through this complex transition in their lives.

OD-4 Assessment | Évaluation

OD-4-1 The Direction of Research Focus in Canadian Plastic Surgery Residency Programs: A 25-Year Bibliometric Analysis

Daniel Josué Guerra Ordaz McGill, **Magdalena Cordoba** Université de Montréal, **Peter Tai** McGill, **Antoine Lalonde** McGill, **Éolie Delisle** Université de Montréal, **Sophie Nguyen** Faculty of Science, Tufts University, **Tomas Cordoba** Université de Montréal, **Shahad Alalawi** Department of plastic surgery, King Fahad General Hospital, **Rocío Branes** Université de Montréal, **Maryam Mozafarinia** McGill, **Carlos Cordoba** McGill

Methods: Original articles and reviews published from 1999 to 2023 in 60 top-ranked plastic surgery journals were analyzed. We assessed publication quality using the category-normalized citation impact (CNCI) and the proportion of articles in top-quartile journals (%Q1) based on impact factors. Prominent keywords and total link strength for each university were identified using VOSviewer software.

Results: We retrieved 4,446 publications from Canadian institutions. Eight key thematic clusters emerged: "breast reconstruction," "burn," "cleft palate," "outcomes," "fracture," "plastic surgery," "surgery," and "craniosynostosis." The University of Toronto (30% of publications), the University of British Columbia (13%), and McGill University (12%) were the most productive. Prominent themes included "rhinoplasty," "burn," and "breast reconstruction." McMaster University achieved the highest CNCI of 1.33, and Dalhousie University had the highest %Q1 at 32.3%. Dalhousie focused on congenital anomalies like "cleft palate" and "cleft lip," while McMaster emphasized "patient-reported outcomes."

Discussion: The substantial growth of Canadian plastic surgery literature reflects a rich diversity of research themes. Each university's specialized focus enriches the national academic landscape and underscores Canada's collective contribution to global plastic surgery research.

OD-4-2 [Do Scores on the Canadian Medical Licensing Examinations Predict Future Family Physicians' Performance in Practice? A Cohort Study of Alberta Family Physicians.](#)

Ilona Bartman Medical Council of Canada, **Nicole Kain** CPSA, **Nigel Ashworth** CPSA, **Rui Nie** Medical Council of Canada, **Nancy Hernandez-Ceron** CPSA, **Iryna Hurava** CPSA, **Kushagr Kumar** CPSA, **Maxim Morin** Medical Council of Canada

Methods: We conducted a historical cohort study of potential factors, including licensing examinations, that might be predictive of complaints against family physicians in Alberta using the Medical Council of Canada (MCC) and College of Physicians and Surgeons of Alberta data. Logistic regression was used to identify predictors of non-dismissed complaints (NDC) among family physicians.

Results: The analyses indicated that there are eight predictors, among them the MCC Qualifying Examinations Part I (MCCQEI). The logistic regression model was statistically significant, $X2$ (8, N-539) = 54.23, P<0.0001. In our study, a decrease of one point in the MCCQEI total score on first attempt is associated with 0.6% increase in the odds of having NDC.

Discussion: The higher score candidates receive on their first attempt of the MCCQEI the lesser probability that they will have NDC filed against them in their future practice. Our research provides compelling evidence that licensing examinations effectively gauge physician's competency, thus serving as a vital safeguard for the public.

OD-4-3 [Importance of the Past, Future, and Being Present: Undergraduate Medical Students with Professionalism Concerns Reviewed at A Competence Committee](#)

Lisa Shepherd Western University, **John Johnson** Western University

Methods: An in-depth assessment review was undertaken for all students brought forward to the UMECC with professionalism issues documented during one academic year. For each of the identified students, all assessments within that academic year as well as those one year before and after were reviewed, looking for hints of professionalism challenges that either foreshadowed or continued after their UMECC presentation.

Results: Of the 76 students discussed at UMECC during the academic year, approximately one quarter involved professionalism concerns including attendance, missed deadlines and other issues such as communication, disrespect and plagiarism. Our in-depth review generated four findings: 1) A longitudinal lens is important; 2) Numeric grades are unhelpful; 3) Attendance issues are the best signal of future professionalism challenges and 4) The education assessment platform needs to be optimized and made user-friendly for educators.

Discussion: UMECC review of students struggling with professionalism requires a different approach from those who struggle with knowledge and clinical reasoning. The application of a longitudinal lens coupled with close review of narrative comments (rather than numeric scores) and attention to attendance issues, provided a much richer picture of the professionalism issues involved which may benefit student support moving forward.

OD-4-4 Exploring Ai Prompt Engineering Strategies for Generating Multiple-Choice Questions to Assess Clinical Reasoning

Qi Guo Medical Council of Canada, **Cecilia Alves** Medical Council of Canada, **Debra Pugh** Medical Council of Canada

Methods: Two approaches were used to generate MCQs: a standard prompt engineering approach (simple prompt) and an integrated approach incorporating the concept of cognitive models (hybrid prompt). Fifty MCQs were generated using each method and 50 MCQs developed by humans were selected from an existing bank (control). These 150 MCQs were then rated by 7 blinded human experts using quality metrics and cognitive complexity scales. Differences between the three methods of item generation were explored using the Fisher's exact test.

Results: There were no significant differences in overall quality and item flaws between control and hybrid prompt MCQs. Hybrid prompt MCQs were significantly more likely to target 'appropriate' content compared to control MCQs. AI-generated MCQs were more often deemed to assess application of knowledge compared to control MCQs. Control MCQs were more likely to have only one correct answer and to have plausible distractors when compared to AI-generated MCQs.

Discussion: This study highlights the potential of prompt engineering to produce MCQs comparable in quality to those developed by humans. Furthermore, AI-generated items appear to be able to effectively target cognitively complex skills. Future research will explore the psychometric properties of these AI-generated items.

OD-4-5 Validity and Validation, What Are the Practices of Faculty Members?

Mélanie Marceau Université de Sherbrooke, **Kathleen Ouellet** Université de Sherbrooke, **Molk Chakroun** Université de Sherbrooke, **Tim Dubé** Université de Sherbrooke, **Aliki Thomas** McGill, **Jean-Sébastien Renaud** Université Laval, **Christina St-Onge** Université de Sherbrooke

Methods: We conducted a scoping review based on Arksey and O'Malley's framework. The research team performed descriptive analyses of bibliometric and quantitative data and thematic analysis for qualitative data. Validation practices were categorized according to the five types of validity evidence outlined in the Standards for Educational and Psychological Testing.

Results: After reviewing 125 full-text articles, 61 were included in the analysis. Although the review covered all higher education programs, most of the included articles were from HPE (n=36, 59.0%). The types of validity evidence collected included content validity (n=41, 67.2%), internal structure (n=21, 34.4%), response process (n=42, 68.9%), relations with other variables (n=26, 42.6%), and consequences (n=4, 6.6%). Qualitative data revealed that research on faculty members' validation practices are limited in scope. Making practical changes could address the barriers and facilitators identified by the research team.

Discussion: Understanding the validation practices used by faculty can enhance how the HPE community translates validity knowledge into assessment and validation practices. A follow-up study will explore how to better support faculty in effectively applying validation practices.

OD-5 Faculty and Learner Health, Wellness and Wellbeing | Santé, bien-être et bien-être des enseignants et des apprenants

OD-5-1 Teachers' Hub: Faculty Development Through Epistemological Humility in Medical Education

Pouria Torabi University of Alberta, **Kelly Gibson** University of Alberta, **Lana Bistritz** University of Alberta, **Elizabeth Rosolowsky** University of Alberta

Methods: We aimed to create a resource that was responsive to the context of our institution and the recurring curricular themes flagged by pre-clerkship students and instructors in the MD program. Student EDI reporting and program evaluation data were analyzed in aggregate to form the central themes on which the resource was built. In order to evaluate its efficacy, we monitored the resource usage data, instructor comments, and the frequency and content of student EDI feedback on the curriculum.

Results: The themes explore foundational topics such as but not limited to: the role of language in learning spaces, sex & gender, and race & ethnicity-based epidemiology. The resulting guide offered educators clear strategies to approach EDI topics thoughtfully, emphasizing the importance of understanding necessary context and being open to new perspectives. Additionally, it provided structured guidelines to help instructors develop lecture slides that fostered meaningful engagement, ensuring the lectures were inclusive, engaging, and pedagogically effective.

Discussion: By encouraging an approach based on epistemological humility, the guide promotes a culture of continuous learning and inclusivity. The resource aims to foster a supportive, engaging educational environment that is responsive to student needs and feedback, ultimately benefiting both educators and learners.

OD-5-2 Introducing Mindful Self-Compassion Online Series: Examining the Use of Technology in Self-Compassion Training for Physicians

Eden Mackereth Northern Ontario School of Medicine, **Bryan MacLeod** Northern Ontario School of Medicine, **Chad Tremblay** Northern Ontario School of Medicine, **Jenna Simpson** University of British Columbia

Methods: 47 NOSM University PGY1 residents participated in our online training and study. Surveys pre-, post-, and two weeks post-training measured self-compassion understanding and interest using paired t-tests and qualitative assessments, and feedback on usability.

Results: Qualitative results showed that participants found the modules beginner-friendly and interactive. Paired t-tests found a significant increase in self-compassion scores. Usability ratings had a mean of 5.2 on a 6-point Likert scale.

Discussion: This pilot demonstrates the feasibility of asynchronous self-compassion training and informs efforts to expand the curriculum online, aiming for a hybrid course accessible nationwide that can enhance physician wellness and foster community.

OD-5-3 [Relationships Between Burnout and Stress Among Medical Students and Workplace Factors in Medical Schools](#)

Marcel D'Eon University of Saskatchewan, **Jennifer L. Walker** Augusta University, **Adam Stacey** University of Saskatchewan, **Christopher Drescher** Augusta University, **Carrie Kelly** University of Georgia, **Himanshu Agrawal** Medical College of Wisconsin, **Mayland Reilly** University of West Georgia

Methods: This was a correlational industrial psychology study. Using three validated surveys, the Maslach Burnout Inventory, Perceived Stress Scale, and the Copenhagen Social Science Questionnaire, we collected data in the spring of 2023 and 2024 at the University of Saskatchewan, the Medical College of Georgia (Augusta and Athens campuses) and the Medical College of Wisconsin. Linear regression was used to examine the relationships between burnout, stress, and workplace factors.

Results: We found that several workplace factors, especially quantitative demands, accounted for more than 40% and up to 65% of the variance in stress and burnout reported by over 300 medical students from the four different campuses with response rates of 21%, 9%, 47%, and 9%. There were some important differences among sites.

Discussion: Most variance in burnout and stress was attributed to workplace factors and therefore not factors such as personal resilience and coping skills. Medical education leaders should reproduce our study to obtain detailed analyses of workplace factors associated with burnout and stress at their medical schools. Based on those findings, well-designed and evaluated interventions should be tried immediately as part of action research programs to learn more about and substantially reduce stress and burnout among medical students and improve learning.

OD-5-4 [Soigner Le Soignant Améliorer Le Capital Psychologique Des Résidents en Médecine Familiale Par L'art Et La Médecine Narrative](#)

Inès Gargya Université Laval, **Alain Parent** Université Laval, **Yvan Leduc** Université Laval

Methods: Ce projet d'érudition à visée exploratoire a eu lieu au cours de l'année 2023-2024. Deux ateliers de médecine narrative ont été élaborés en s'inspirant du cadre conceptuel de Charon (2006; Goupy, 2017). Les participants étaient les résidents de la Clinique Maizerets - GMF Universitaire (n= 20). Ils ont répondu à des questionnaires pré et post intervention, qui mesuraient leur satisfaction et leur perception des ateliers. Certains paramètres du capital psychologique (Luthans et al, 2007), une mesure du bien être au travail, ont été sondées en s'inspirant du questionnaire Psy Cap 12.

Results: 95% des répondants étaient intéressés à participer aux ateliers (n=20). Tous les répondants post intervention (n=17) ont apprécié les ateliers. 94% les ont trouvés pertinents et 82% aimeraient que des ateliers de la sorte soient intégrés au programme. Des questions ouvertes ont montré une grande appréciation générale. Les participants décrivent un sentiment de réflectivité, une opportunité de développer d'autres compétences et de trouver un sens à leur travail. Le capital psychologique semble augmenter entre les questionnaires pré et post intervention, mais il n'est pas possible de dire si cette augmentation est significative.

Discussion: Ce projet montre que les d'ateliers de MN permettent aux résidents de de réfléchir à leur pratique et leur façon de communiquer avec leurs patients. Les participants en retirent une grande satisfaction et jugent ces ateliers pertinents à leur formation. D'autres projets devraient être menés pour mesurer d'autres paramètres du bien être et montrer plus précisément les bienfaits prometteurs de la MN

OD-5-5 Breastfeeding is for Patients, Not Medical Students - A Qualitative Exploration of the Experiences of Infant Feeding in Medical School

Gizelle Francis Dalhousie University, **Claire A. Wilson** Western University, **Natasha M. Seemann** Western University, **M. Elise Graham** Western University, **Danielle Vucenovic** Western University, **Jacob Davidson** Western University

Methods: This qualitative study employed constructivist grounded theory through semi-structured interviews with 18 Canadian medical students, residents, fellows, or staff physicians who were or became mothers during medical school. Participants were recruited via social media, and data were collected and analyzed using NVivo software, with iterative coding and theme development by the research team.

Results: Four main themes emerged: inadequate lactation infrastructure, unfavorable power dynamics affecting accommodation requests, internal and external pressures influencing breastfeeding and career decisions, and the critical role of supportive communities. Participants highlighted significant challenges, including the lack of accessible lactation spaces, inconsistent policies, and stress related to self-advocacy for breastfeeding needs.

Discussion: This study reveals a disparity between the teachings on breastfeeding's importance in medical education and the practical support provided to breastfeeding students. Formalized, transparent, national policies are needed to support lactating medical students, ensure equity, and align institutional practices with educational objectives. Recommendations include designated lactation spaces, flexible scheduling, and standardized policies to foster an inclusive learning environment for all students.

OD-6 Blend + Black Health & Wellness | Mélange + Santé et bien-être des Noirs

OD-6-1 Evaluating the Medical Assistance in Dying (Maid) Curriculum Post Hard Launch

Heather Braund Queen's University, **Nancy Dalgarno** Queen's University, **Christine Huo** Queen's University, **Sue Chaffey** Queen's University, **Oluwatoyosi Kuforiji** Queen's University, **Céline Bruce-Lepage** Queen's University, **Natalie McGuire** Queen's University, **Eleftheria Laios** Queen's University, **Catherine Giroux** Queen's University

Methods: Data were collected between August 2023 and February 2024 in English and French using an online survey. Pre- and post-surveys evaluated participants' confidence/knowledge in MAiD practice, likelihood of applying module content and/or becoming involved in MAiD, and likelihood of recommending it to a colleague. Open-ended questions evaluated module strengths, weaknesses, and recommendations. Descriptive and inferential statistics were used to analyze quantitative data; qualitative data were analyzed thematically.

Results: Most participants indicated that they would likely become involved in MAiD. A total of 98% reported that they would recommend the topics to a colleague. Additionally, over 90% of participants agreed that the topics enhanced their knowledge on MAiD. The strengths included the practical content, case-based learning, and module interactivity. Weaknesses included the quality of French translations and the module length. Participants recommended more discussion time in the facilitated sessions and more challenging cases.

Discussion: This evaluation elicited rich feedback that will be used to inform curricular revisions. This national curriculum can help improve the experiences with MAiD for assessors, providers, patients, and their families. Future work should consider evaluation across multiple time points to elucidate the extent to which participants applied what they had learned in the topics.

OD-6-2 Identifying Competencies for the Incorporation of Artificial Intelligence Into Postgraduate Medical Education

Zili Zhou University of Saskatchewan **Sierra Leonard** University of Saskatchewan, **Sunam Jassar** University of Toronto, **Scott Adams** University of Saskatchewan

Methods: Following Arksey and O'Malley's methodology, a scoping review was conducted by searching PubMed, Embase, Scopus, and ERIC for articles published between 2010 and 2024. Two reviewers independently screened articles based on title and abstract, and full text review. Data was extracted using a standardized form to identify the knowledge, skills, and attitudes that may be important for the safe and effective use of AI.

Results: Of 5,920 articles screened, 48 articles met inclusion criteria. Core competencies were related to AI model development, evaluation, clinical implementation, algorithm bias and handling discrepancies, regulation, ethics, medicolegal issues, and economics of AI. Some proposed competencies focused on technical development of AI algorithms, while others centred competencies around clinical implementation and use of AI.

Discussion: Current AI educational programming in radiology demonstrates substantial heterogeneity with a lack of consensus on the knowledge, skills, and attitudes for the safe and effective use of AI in radiology. Further research is needed to develop consensus on the core competencies for physicians to safely and effectively use AI in order to support the integration of AI training and assessment into residency programs.

OD-6-3 A Blended-Learning Curriculum to Teach Office-Based Gynecologic Procedures to Family Medicine Residents

Parisa Rezaiefar University of Ottawa, **Susan Humphrey-Murto** University of Ottawa, **Parisa Rezaiefar** University of Ottawa, **Douglas Archibald,** University of Ottawa

Methods: The two-year curriculum combines e-learning with simulation-based feedback. Didactic components are delivered using an online platform. Family medicine residents complete the e-learning modules independently. They also complete multiple-choice questions (MCQs) before and after the module completion and a self-reported survey of their confidence and the number of procedures performed in the year before enrolling in the curriculum. The MCQs and survey are repeated 3-6 months and 12-18 months after completing the module to evaluate knowledge acquisition and behaviour change. Faculty members use procedure-specific checklists and global rating scales in simulation or workplace settings to teach and assess the residents' technical skills to demonstrate skill acquisition. We invited seventy-five PGY1 family medicine residents to complete three modules: Endometrial biopsy, Intrauterine device (IUD) insertion and removal, and vulvar punch biopsy (VPB) for a soft launch.

Results: Twenty-two learners participated in the soft launch. The preliminary results demonstrated an improvement in learners' knowledge, as measured by the differences in pre- and post-module average scores on MCQs: 64% to 94% for endometrial biopsy, 69% to 95% for IUD insertion, and 27% to 75.0% for VPB.

Discussion: The knowledge generated through this research may help educators develop effective teaching strategies for other office-based procedures.

OD-6-4 Evaluating Educational Approaches of A Surgical Teaching Mobile Application

Anushka Pradhan University of Toronto, **Mojgan Hodaie** University of Toronto, **Emily Volfson** University of Toronto, **Zackary Tsang** University of Toronto, **Megan Mak** University of Toronto

Methods: In August 2022, ELMSpace was introduced to University of Toronto residents across 6 surgical specialties. The features of the application (microlearning modules, intraoperative videos, AI-driven quizzes, self-reflection prompts and surgical case logs) were evaluated against a summary of present guidelines founded in learning theory, educational studies, and experience in surgical training. This analysis revealed both strengths and areas of improvement for the application.

Results: Currently, the application incorporates 4/9 of summarized published teaching methods based on the 9 conditions of adult learning. The application meets guidelines such as teaching procedures stepwise, surgical case logging, competency checklists, and setting pre-operative learning goals. 86 surgical residents have been engaging in these features over the past 2 years. Additions and improvements to the application include transparency with staff, tools to identify knowledge gaps, and opportunities for video review.

Discussion: The platform's flexibility allows for updates based on evolving evidence in surgical pedagogy, making it a promising tool to improve surgical education. Specifically, this tool can enhance communication, teaching, feedback and reflecting on learner progress throughout surgical residency.

OD-6-5 Survey of Canadian Medical Schools Addressing Anti-Black Racism: Tracking Accountability and Continued Progress

Kassandra Coyle Dalhousie University, **Julianah Oguntala** University of Toronto, **Khadija Brouillette** McGill, **Aarzoo Nathani** The Association of Faculties of Medicine of Canada, **Ike Okafor** Network For Advancing Black Medical Learners (N-ABL), **Samah Osman** University of Toronto, **AFMC EDI-AR Committee** The Association of Faculties of Medicine of Canada, **Mireille Norris** University of Toronto

Methods: The survey, developed by the BMSAC and N-ABL and facilitated by the AFMC EDI-AR Committee, was completed by the CFoM with input from their Black Health and EDI leaders. Responses were converted to alphanumeric grading scores (A-F, 0-100%) and assigned to a colorimetric system.

Results: In 2023, 29% of schools received a green rating, 53% a yellow rating, and 18% a red rating when comparing across all 4 categories. This marks an improvement from 2021, where 19% of schools were rated green, 59% yellow and 24% red. Four schools improved by a full colour grade, while three regressed. The third iteration will be distributed in early 2025.

Discussion: This ongoing project tracks CFoM progress in addressing the 2020 recommendations. Schools that have progressed implemented Black Applicant Streams and revised curricula to include topics specific to Black health. By identifying best practices at the top-performing institutions, we can bring forward a repository of effective approaches, implementation guides, and mentorship programs that support lower-scoring institutions. We aim to facilitate knowledge transfer and collaboration, ensuring that all CFoM can create safe and inclusive learning environments for Black students.

Block E

OE-1 CPD/Faculty Development | DPC / Formation professorale

OE-1-1 Multiple Myeloma Online Self-Assessment Learning: Patient Centred Primary Care and Immunotherapy Education

Lynsee Stephens Queen's University, **Sonali Sheth** Queen's University, **Eleftherios Soleas** Queen's University, **Bethany Monteith** Queen's University, **Heather Braund** Queen's University, **Shelby Gilmore** Queen's University, **Richard van Wylick** Queen's University

Methods: We conducted a needs assessment, data synthesis, and developmental evaluation incorporating literature searches, open and closed ended items to inform the development of a self-assessment tool. Evaluation of the product was conducted using a pre-post design, pre-post-knowledge tests, and learning analytics.

Results: Pre-post evaluation as well as pre-post-knowledge tests, learning analytics, and testimonials of course attendees were integrated in a mixed-method evaluation to reveal significant differences by one-way ANOVAs to show comfort and knowledge improvements, data analytics to investigate adaptive mastery, and deep promise in this effort to improve the treatment outcomes of patients.

Discussion: We propose that self-assessment driven case studies is a way to provide a safe space to learn about this complex condition and how to recognize it in all, including special populations. It delivers the learning in an engaging fashion, but also reinforces the learning with self-assessment questions and invitation to apply one's clinical practice decision-making and receive consistent feedback derived from gold-standard guidelines and approaches.

OE-1-2 Physicians' Values as Motivators for Continuing Professional Development: A Cross-Sectional Study

Adam Gavarkovs University of British Columbia, **Bill McCauley** Western University

Methods: Practicing physicians in a single Canadian providence were administered an online survey that assessed their motivation for engaging in CPD, the importance they ascribe to three intrinsic values (helping others, close relationships, personal growth) and three extrinsic values (wealth, fame, appealing image), and the extent to which engaging in CPD activities is aligned with these intrinsic and extrinsic values.

Results: A total of 122 physicians completed the survey. Seeing CPD activities as contributing to helping others was positively associated with two types of autonomous motivation (intrinsic regulation, identified regulation) and one type of controlled motivation (introjected regulation). Seeing CPD activities as contributing to personal growth was positively associated with identified regulation.

Discussion: As predicted by SDT, physicians who perceived CPD as aligned with intrinsic values tended to report a more autonomous motivational orientation toward CPD. CPD providers can support health professionals' motivation by highlighting connections between CPD activities and intrinsic values in promotional materials.

OE-1-3 [The Theatre of Medicine- A New Experiential Learning Model Bridging Arts and Medicine](#)

Glen Bandiera University of Toronto, **Alexis Milligan** Shaw Festival, **Michael A.S. Jewett** University of Toronto, **Amanda Webster** Dalhousie University

Methods: We undertook a literature review and drew on feedback from a pilot program to design an immersive experiential learning event. Physicians spent a weekend engaging in dialog, panel discussions, practical exercises and guided reflection on a performance, all at a longstanding repertory theatre company in Ontario. Impact was determined through participant surveys, 3 & 6 month follow-up sessions.

Results: The model was feasible and impactful; 100% of participants felt they met both unidentified and identified learning needs, 100% felt they learned skills immediately applicable to their practice, follow-up retention sessions are pending.

Discussion: Participants who trained in five countries, spanned disciplines from primary care, procedural disciplines and pathology, and represented postgraduate learners through to pre-retirement physicians engaged in deep, meaningful discussion with actors and other theatre professionals on common issues affecting patient engagement. In an era of efforts to expand experiential learning and legitimize new models of education and physician competency models, it is hoped the lessons learned from this workshop will inform future such initiatives.

OE-1-4 [The Role of Clinical Assessments in Patient Encounters](#)

Meredith Young McGill, **Sneha Shankar** McGill, **Laura Elbaz** McGill, **Stuart Lubarsky** McGill, **Beth-Ann Cummings** McGill

Methods: Using interpretive description, we explored how physicians describe using, and the impact of, clinical assessments in patient care. We conducted focus groups with physicians in practice in: Family Medicine, Internal Medicine, and Neurology.

Results: Fourteen participants in nine focus groups co-facilitated by a team members with methodological and clinical expertise described interacting with clinical assessments in three ways. Clinical assessments were aids - when at the edges of their expertise, participants acknowledged the benefit of clinical assessments to shape and support their clinical reasoning. Clinical assessments were agents - when scores on assessments could 'clear the path' for referrals, services, or access to resources. Clinical assessments were antagonists - seen as an unwanted member in the clinical encounter and therefore something to battle with, outsmart, or 'creatively engage with' to meet patient care goals.

Discussion: Clinical assessments shape reasoning, support decision making, and facilitate communication with patients and external bodies. They provide 'evidence' required to access or remove resources, and to 'defensibly' document clinical decisions. These findings suggest that physicians are interacting with assessments purposefully and strategically, suggesting these tools are key players - either helpful or cumbersome - in clinical practice.

OE-1-5 High-Fidelity Leadership: Harnessing Simulation to Engage in Culture and Equity-Informed Development for Academic Leaders

Sean Park McMaster University, **Teresa Chan** School of Medicine - Toronto Metropolitan University, **Saroo Sharda** McMaster University, **Clare Warner** McMaster University, **Hartley Jafine** McMaster University, **Catherine Tong** McMaster University, **Tracey Carr** McMaster University, **John Donnellan** McMaster University

Methods: From 2022-2023, we developed a module as part of a year-long, simulation-based course on academic culture and the principles of equity that make visible power dynamics and norms. We crafted a case featuring a fictitious research centre featuring five characters (3 women, 2 men) with mid-to-senior career status. Actors (4 Faculty and 1 Executive Director) aligned with the lived experiences in the case were sought from leaders within McMaster. We reflected on how co-creating the case helped us explore how to build simulations that hold the complexities of equity-informed leadership development.

Results: Insights emerged around 2 questions; 1) How do we resist simplifying people's experiences and hem closer to the seen and unseen threads of privilege and oppression in the actors' and characters' stories and nuanced ways of responding to others?; 2) Because inequities are insidiously woven in social, economic, and cultural contexts that produce unearned advantages and disadvantages, how does the way issues are framed set up what solutions are possible?

Discussion: Engaging faculty and management leaders with lived experience to be actors, and co-designing the curriculum with equity education expertise, leads to fostering critical reflection, creativity, and shifts in perception that can inform how simulations on equity-informed leadership are developed.

OE-2 Equity, Diversity and Inclusion | Équité, diversité et inclusion

OE-2-1 Invisible Expertise: Uncovering the Experiences of Professional Research Staff in Medical Education Grant Writing

Jacqueline Torti Western University, **Kevin Oswald** Western University, **Farah Friesen** University of Toronto, **Mariam Hayward** Western University, **Lorelei Lingard** Western University

Methods: In this descriptive qualitative study conducted in Canada, we interviewed 17 PRS who support grant writing, exploring the nature of their contributions, structures influencing them, and implications of (in)visible work on grants. Interviews were audio-recorded, transcribed, and analyzed iteratively through thematic analysis.

Results: PRS contributions extend beyond administrative support, offering intellectual expertise to improve grant competitiveness and promote social justice yet PRS often remain unnamed in these applications. The lack of formal recognition is rooted in assumptions about PRS work and in the policies of funders and institutions. Further, PRS positions are often precarious, misunderstood, uncredited, and undervalued. Finally, many PRS belong to equity-deserving groups who find their work emotionally taxing amidst complex power dynamics, further exacerbating issues of inequity and underappreciation.

Discussion: This study highlights PRS' crucial but invisible contributions to ME grant writing. The findings also alert us to the structural conditions influencing this work. Therefore, we urge ME scholars to critically reflect on how we engage with PRS in our own grant development processes.

OE-2-2 Charting A Path Forward: What We Know About Inclusive Clinical Learning Environments in Medicine

Kenza Achtoutal Université de Sherbrooke, **Isabelle Boulais** Université de Sherbrooke, **Linda Bergeron** Université de Sherbrooke, **Christina St-Onge** Université de Sherbrooke, **Tim Dubé** Université de Sherbrooke, **Charlotte Boilard** Université de Sherbrooke

Methods: We conducted a scoping review to answer the question: what do we know about the operationalization of EDI concepts within a complex system such as clinical learning environments in medicine? We searched seven databases in June 2023. Four team members did the inclusion-exclusion; two people assessed each article. Pairs of team members discussed disagreements to reach a consensus. We analyzed the extracted data from articles using thematic analysis.

Results: We included 162 articles published between 2015 and 2023. Studies were mainly aimed at: developing residents' skills to offer better care for diverse populations; improving learning environments for learners underrepresented in medicine (URIM); increasing the proportion of URIM in programs. Strategies included curriculum integration, targeted workshops, studies on facilitators and obstacles, mentorship programs, holistic selection processes, and activities highlighting diverse career perspectives.

Discussion: Strategies put in place to answer the call for more inclusive learning environments were either focused on developing cross-cultural awareness and sensitivity or aimed to transform clinical learning environments to reflect the population diversity more accurately. The descriptions of these different strategies will be useful to help other programs decide on the changes they want to see in their clinical learning environments.

OE-2-3 Accounting for Power: Highlighting the Role of Critical Approaches for Understanding Equity Issues in Pgme Environments

Justin Lam Western University, **Michal Coret** University of Toronto, **Carlos Khalil** University of Toronto, **Kat Butler** University of Toronto, **Ryan Giroux** University of Toronto, **Tina Martimianakis** University of Toronto

Methods: We conducted a critical narrative review of EDI literature from 2009 to 2022 using critical race theory (CRT) and intersectionality to analyse how issues of discrimination in PGME have been studied. Our search yielded 2244 articles that were narrowed down to 349 articles for relevance to Canadian and American PGME contexts. Positionality and reflexivity were accounted for analytically.

Results: One of our research goals was to identify whether critical or intersectional approaches were being operationalized in PGME EDI literature. We noted key absences of critical and intersectional approaches to EDI issues in Canadian and American PGME literature: the absence of counterstory from marginalised and racialised learner experiences, the relative disconnect between individual and systems-level issues, and the lack of empirical, intersectional, critical research. Only five studies (1%) in our database empirically explored the experiences of marginalised or racialised learners through a critical analytic lens; we highlight the affordances of each critical analysis and how they address power.

Discussion: By taking a critical approach, these studies illuminated the ways that systemic differences in power, such as racism or sexism, differentially impacted these learners compared with their peers. These studies generated important, specific evidence that could contribute to equity reforms and advance justice for racialised learners.

OE-2-4 A Temporary Truce or Lasting Alliance? the Role of Interest Convergence in Driving Edi Work in Pgme

Justin Lam Western University, **Ryan Giroux** University of Toronto, **Tina Martimianakis** University of Toronto, **Michal Coret** University of Toronto, **Carlos Khalil** University of Toronto, **Kat Butler** University of Toronto

Methods: We conducted a critical narrative review of EDI literature from 2009 to 2022 using critical race theory (CRT) and intersectionality to analyse how issues of discrimination in PGME have been studied. Our search yielded 2244 articles that were narrowed down to 349 articles for relevance to Canadian and American PGME contexts. Positionality and reflexivity were accounted for analytically.

Results: Interest convergence was noted in how reform efforts were largely rationalised in terms of advancing institutional goals, such as for increasing productivity and teamwork, passing accreditation, or responding to an increased recognition of societal inequities. The majority of publications in our database were published between 2020 and 2022 (64%) despite repeated calls for schools to adopt EDI mandates in the past decade. Justification based on ethical or moral obligations to learners or faculty were noted in only two papers.

Discussion: Interest convergence highlights the limits of how EDI has been taken up by PGME institutions. Defining EDI problems and their solutions in ways that bolster the reputation of the sponsoring institution makes it challenging for researchers to explore issues like racism or sexism because it could harm an institution's reputation.

OE-2-5 Making Case-Based Learning More Inclusive

Abdullah Chanzu Dalhousie University, **Jasmine Sodhi** Dalhousie University, **Jordin Fletcher** Dalhousie University, **Leanne Picketts** Dalhousie University, **Sanja Stanojevic** Dalhousie University, **Keith Brunt** Dalhousie University, **Phinney Jackie** Dalhousie University, **Khanna Neha** Dalhousie University, **Oluwasayo Olatunde** Dalhousie University, **Wendy Stewart** Dalhousie University, **Brent Young** Dalhousie University, **Leah Jones** Dalhousie University, **Eli Manning** Dalhousie University

Methods: Dalhousie's UGME program assembled a Case Diversification Committee composed of faculty, staff, and students with diverse lived experience and expertise across the social and biomedical sciences, along with a dedicated Equity, Diversity, Inclusion, and Accessibility Curriculum Reviewer, an embedded librarian , and community engagement staff. This Committee worked with case authors and curriculum leaders to revise 200 preclerkship CBL cases to define and apply an anti-oppressive and patient-centred approach.

Results: Our approach included removing obsolete language; portraying patients with locally relevant, intersectional identities; challenging scientific errors around social identities; portraying patient-centered care that is inclusive, affirming, anti-racist, trauma-informed; and using a structural interpretation of the social determinants of health. 'Students' perspectives were included throughout the aforementioned approach. Case evaluation data demonstrate feasibility (case length), acceptability (case quality), and effectiveness (opportunities for tutorial groups to discuss equity). Ongoing research evaluates tutor and learner experience, perception of preparedness for inclusive practice, and faculty experience of collaborative critical reflection.

Discussion: Diversifying CBL cases involves more than changing patient demographics. It requires critical revision of dated race-based and gender-binary science. This in turn is supported by institutional change that brings relevant student and faculty into leadership roles. It also involves building on existing relationships between the medical school and communities.

OE-3 Simulation

OE-3-1 [Adapter Les Soins Aux Personnes Âgées À L'urgence : L'apport De La Simulation Immersive en Formation Continue](#)

Didier Mailhot-Bisson Université de Sherbrooke, **Audrey-Anne Turcotte-Brousseau** Université de Sherbrooke, **Véronic Poulin** Université de Sherbrooke, **Maëlli Fernadez-Gendron** Université de Sherbrooke, **Charles Bilodeau** Université de Sherbrooke, **Patrick Lavoie** Université de Montréal, **Isabelle Ledoux** Université de Sherbrooke

Methods: Une étude exploratoire pré-post test à groupe unique avec données mixtes a été réalisée auprès de 56 professionnels de la santé pour évaluer les impacts de la simulation immersive gériatrique sur l'intention de changer leurs pratiques auprès des ainés en contexte d'urgence. Pour la portion qualitative, trois groupes de discussion de 30 minutes auprès de médecins et infirmières ont permis de collecter les données et une analyse thématique selon Braun et Clark (2022) a été effectuée.

Results: Les résultats montrent que les participants ont apprécié l'expérience de la simulation immersive gériatrique et ont ressentis une nécessité immédiate d'adapter leur approche. La simulation leur permet de mieux comprendre la perspective des aînés à l'urgence, mais certains participants ont des réserves quant à la faisabilité de changement des pratiques cliniques.

Discussion: Un suivi post-formation s'avère un incontournable.

OE-3-2 [Developing A Home Care Curriculum: Action Research in Family Medicine Education](#)

Shane Aubé Université de Sherbrooke, **Marie-Josée Nadeau** Université de Sherbrooke, **Stephanie Lemay** Université de Sherbrooke, **Jacinthe Beauchamp** Université de Sherbrooke

Methods: Guided by principles of action research, our team completed three cycles of planning, action, evaluation and reflection to develop a home care curriculum for family medicine residents. Learning activities are authentic, intentional, active, cooperative and constructive. They include workshops, interprofessional education, simulation and games (e.g. escape room.) Games can enhance interest and participation which may foster learning. All are useful approaches to develop communication skills, problem-solving ability and confidence. Participants were 2nd- year family medicine residents. Nursing students participated in the first iterations. Data collected between 2018 and 2024 include questionnaires with demographics and open-ended questions (e.g. intention to provide home visits, confidence), geriatric attitudinal scale, and debriefing recordings.

Results: Participants expressed positive attitudes towards older patients and interprofessional collaboration which they saw as key to better care for community dwelling people with complex needs. Participants felt better prepared and more confident.

Discussion: The program has been well received and valued by participating residents. Logistical challenges led to the re-evaluation of the interprofessional component. The most recent iteration focused on family medicine allowing mobilisation and integration of different knowledge and skills (e.g. fall risk, polypharmacy.) Home care responds to numerous demographic, sociocultural, clinical and organizational challenges. This type of training better prepares practitioners to address this need.

OE-3-3 The Importance of Haptic Feedback in Virtual Healthcare Simulations: Insights From Dentistry

Sayed Azher McGill, **Lizianne Zini** McGill, **Keerat Grewal** McGill, **Samer Abi-Nader** McGill, **Jason Harley** McGill

Methods: A multi-cohort randomized crossover study with 56 dentistry students compared haptic-enabled and haptic-disabled VSs. Surveys assessed anticipatory and post-simulation emotions (enjoyment, boredom, annoyance, and anxiety) at three different timepoints. Friedman tests evaluated changes in emotions between the three timepoints.

Results: Friedman tests revealed significant differences between all pre-simulation emotions' levels and the corresponding emotions reported after the haptic-disabled VS ($p<0.007$). The haptic-enabled VS was significantly more enjoyable, and less boring, annoying, and anxiety-inducing than students anticipated ($p<0.05$). Emotion levels after the haptic-enabled VS were significantly different than those after the haptic disabled VS ($p<0.01$). Specifically, the haptic-enabled VS was more enjoyable, less boring, and less annoying than the haptic-disabled VS ($p<0.002$).

Discussion: Haptic-enabled VSs meet expectations, enhancing enjoyment and reducing negative emotions compared to haptic-disabled VSs. Haptic-disabled VSs fell short of students' expectations, making it less enjoyable and fostering negative emotions. By fostering positive emotions through haptic feedback, VSs may enhance learning outcomes and skill development. Findings provide support for implementing haptic-feedback in VSs in dentistry education, though they may have relevance beyond dentistry to other healthcare professions relying on technical skills, such as surgery.

OE-3-4 The Development of A Novel, Cost-Effective Task Trainer for Surgical Drainage of A Peritonsillar Abscess

Madeline Green-Holland Western University, **Peng You** Western University, **Christopher Chin** Dalhousie University, **Kathryn Roth** Western University, **Kevin Fung** Western University

Methods: We designed our model with a dental task trainer that was modified with a 3D-printed silicone soft palate that contained a fluctuant, drainable mass. Dental task trainers have been previously described, are low cost and easily accessible. The 3D printed palate is an affordable addition to enhance the realism of the model. We tested our PTA trainer with otolaryngology trainees, PAs, and staff from across Canada, NY and Illinois. Each user was then surveyed using a previously validated questionnaire.

Results: In total, 37 participants were surveyed. Overall, the results show that the model helped to improve learner confidence in managing a PTA. Participants felt this model was accurate and would recommend it for incision and drainage of a PTA. Formal data analysis is ongoing.

Discussion: We created a low-cost and reusable task trainer of a PTA that was accurate and realistic. The feedback that we received from our survey can help guide future iterations of this model and enhance surgical skill simulation for junior otolaryngologists and other trainees.

OE-3-5 A Novel Simulation-Based Approach to Teaching Internal Medicine Residents Bedside Procedures

Alexander Willms Dalhousie University, **Kyle McCoy** Dalhousie University

Methods: Simulation-based procedural sessions were integrated into the core IM curriculum at a Canadian Medical School. Guided by expert staff with procedural skills and simulation training, these sessions used both cadaver-based techniques and high-fidelity Task Trainers to provide residents with hands-on experience in performing bedside procedures. Responses were collected for sessions over five years (2018-2023). Participants rated their comfort with the procedures before and after each session using a 5-point Likert scale where 1= Very Uncomfortable; 2=Somewhat Uncomfortable; 3=Neutral; 4=Somewhat Comfortable; 5=Very Comfortable. We used paired t-tests to compare statistically significant differences between pre and post mean scores.

Results: IM residents reported statistically significant gains in their comfort levels for performing all procedures, including: right-sided thoracentesis (n=81, 2.44±1.14 vs. 3.35±1.09, p<0.001), left-sided thoracentesis (n=76, 2.88±1.28 vs. 3.66±1, p<0.001), airway management (n=76, 2.5±1.08 vs. 3.29±0.91, p<0.001), arterial line insertion (n=78, 3.28±1.34 vs. 3.79±1.05, p<0.001), central venous catheter insertion (n=81, 3.07±1.41 vs. 3.85±0.94, p<0.001), and lumbar puncture (n=81, 3.01±1.23 vs. 3.9±0.8, p<0.001).

Discussion: High-fidelity, expert-guided simulation-based procedural training led to a statistically significant improvement in IM resident comfortability with fundamental bedside procedures. This project presents a novel, cadaver-based approach to procedural training for IM residents that may be applied to similar residency programs.

OE-4 Planetary Health | Santé planétaire

OE-4-1 Seeds of Change: A Longitudinal Evaluation of the Planetary Health Report Card's Impact on Institutional Action

Allison Chhor University of Ottawa, **Anthony Goodings** University College Cork, **Alex Sy** University of Ottawa, **Stephanie Howe** University of Ottawa, **Makenna Timm** University of Ottawa, **Liam Quartermain** University of Ottawa, **Sherry Tan** University of Ottawa, **Alexie Leclerc** University of Ottawa, **Sydney Ruller** University of Ottawa, **Husein Moloo** University of Ottawa

Methods: A retrospective study design was used to collect quantitative data from the PHRC's published in 2022, 2023, and 2024. We examined outcomes in five domains: Curriculum, Interdisciplinary Research, Community Outreach and Advocacy, Support for Student-Led Initiatives, and Campus Sustainability.

Results: Three iterations of the PHRC were compared. Over the three-year period, there was a 13.9% increase in overall score. The Curriculum domain reflected the development of a longitudinal planetary health program. The establishment of the Planetary Health Research Lab significantly advanced the Interdisciplinary Research domain. The Community Outreach and Advocacy domain improved due to new partnerships and educational series. The Support for Student-Led Initiatives section showed initial improvements but later declined. The Campus Sustainability domain saw no recent improvement, possibly reflecting longer timelines for change.

Discussion: Increased collaboration between students and faculty through the appointment of a Planetary Health Director has facilitated institutional improvements, while a lack of faculty awareness of planetary health remains a barrier. This analysis demonstrates the PHRC's role in driving change and may guide future efforts to enhance planetary health in other medical schools.

OE-4-2 A Qualitative Study of What Motivates, Facilitates, and Hinders Climate-Engaged Healthcare Trainees to Advance Healthcare Sustainability

Owen Luo McGill, **Yasmeen Razvi** University of Toronto, **Sumara Stroshein** University of British Columbia, **Alanna Jane** University of Ottawa, **Zahra Taboun** University of British Columbia, **Laurence Robert** McGill, **Omar Taboun** Western University, **Nicole Simms** University of Toronto

Methods: An exploratory, qualitative descriptive study was conducted through in-depth interviews with climate-engaged Canadian healthcare trainees who are current or past participants of the Project Green Healthcare/Projet Vert la Santé program. Interview transcripts were analyzed to identify themes related to the actions that healthcare trainees can take to promote sustainable healthcare, as well as the motivators, barriers and facilitators of healthcare trainee engagement in sustainable healthcare.

Results: Participants (N=17) engaged in a spectrum of healthcare sustainability initiatives, including education, quality improvement and advocacy. They were motivated to advance healthcare sustainability through positive role models, the health impacts of climate change, observation of unsustainable healthcare practices, and a sense of social responsibility. Participants articulated that supportive networks, access to resources and funding, and a growth mindset were facilitators to their engagement, while the lack of institutional prioritization of healthcare sustainability, limitations of the trainee role, challenges finding allies, and the perceived futility of their individual actions were characterized as barriers.

Discussion: Healthcare trainees could support healthcare decarbonization efforts if they are adequately supported by their learning environments. The study's findings can guide educational innovations and health systems transformations to motivate and empower healthcare trainees to reduce the climate impact of healthcare.

OE-4-3 Incorporating Planetary Health Content in Pharmacy Education: A Scoping Review

Randilynne Urslak University of Ottawa, **Christine Landry** University of Ottawa, **Simroop Ladhar** University of British Columbia, **Geneviève Gauthier** University of Ottawa, **Shellyza Sajwani** University of Ottawa, **Salmaan Kanji** University of Ottawa, **Robert Pammett** University of British Columbia

Methods: A scoping review was conducted using the Arksey and O'Malley framework and the PRISMA-ScR checklist. Nine databases were searched using well-defined inclusion and exclusion criteria. Dual independent reviewers screened and assessed articles published up to March 2024 for eligibility, and data was charted to analyze results.

Results: The search yielded 1,827 articles, with 16 selected for analysis. These articles provided 28 examples of planetary health content integrated into 25 pharmacy schools across 12 countries. The content was organized using a novel framework with four main categories: the impact of environmental disruptions on health, the impact of health on the environment, mitigation strategies, and adaptation strategies. Integration varied, occurring across curricula, in mandatory courses, or through electives and extracurricular activities. Teaching methods also varied, with individualized and didactic learning being the most common.

Discussion: While efforts to integrate planetary health into pharmacy education remain limited, international progress is evident. This review offers a framework for understanding the diverse perspectives and topics within this emerging field. It aims to support discussions on developing prioritized competencies for inclusion in pharmacy curricula.

OE-4-4 Embedding Planetary Health Education Into A Medical Teaching Unit

Nabha Shetty Dalhousie University, **Tajdeep Brar** Dalhousie University, **Sanjana Sudershan** Dalhousie University, **Maryam Yunus** Dalhousie University, **Jordana Compagnone** Dalhousie University, **Allen Tran** Dalhousie University, **Munro Joffre** Dalhousie University

Methods: In this initiative, the effectiveness of a pedagogical framework devised by the Green Medical Teaching Unit (MTU) initiative is evaluated. This framework involves learners conducting case study analyses on patients they have managed at the MTU in Halifax, Nova Scotia. Through detailed assessments of the types and numbers of medical investigations and procedures performed during each patient's stay, and correlating these with data from the Healthcare Life Cycle Assessment (LCA) database-an open-source tool cataloging published studies of greenhouse gas emissions of various medical interventions-learners can recognize the drivers, and estimate the emissions associated with an MTU admissionLearners then present their findings in the format of Planetary Health rounds, which are held monthly and involve discussions among students, residents, and staff about the climate impact of medical practices. The project utilizes surveys to collect feedback on how these educational rounds help in understanding the intersection of healthcare and climate change, and in stimulating dialogue about modifying practices to reduce emissions.

Results: Six rounds were evaluated over an 8 month period, with 75 participant surveys submitted. Evaluations show these sessions significantly enhance participants' awareness of healthcare's role in climate change and highlight practical steps that can be taken to lessen these environmental impacts. The majority of rounds attendees (92%) gained new knowledge and 83% committed to future greener practices in the realms of reducing routine investigations and over-reliance on lab tests, reducing paper waste, and working toward earlier safe discharge.

Discussion: Given the success of the Planetary Health Rounds pilot, we have a planned curriculum expansion, incorporating content for broader discussion on topics such as, medications with high emissions, Choosing Wisely climate conscious recommendations for internal medicine, patient adaptation and protective behaviors in the face of extreme weather, the role of diet in health and the planet and the impact of nature prescribing. We also plan to broaden engagement and implementation by inviting allied health professional and external stakeholders to rounds, virtual collaboration with other Canadian programs and national Planetary Health champions.

OE-4-5 Mobilizing Physicians and Communities to Reach Net-Zero: Using Nominal Group Technique to Support Collaborative Health Neighborhood Action

Sonja Wicklum University of Calgary, **Clark Svrcek** University of Calgary, **Jean Rawling** University of Calgary, **Suzanne Sawyer** University of Calgary, **Halal Rashed** University of Calgary, **Colleen McNeil** University of Calgary, **Rabiya Jalil** University of Calgary, **Adibba Adel** University of Calgary, **Trudy Huyghebaert** University of Calgary, **Martina Kelly** University of Calgary, **Sarah Ajao** University of Calgary

Methods: The transdisciplinary project involved: 1) engagement of key stakeholders; 2) multiple educational sessions, including incorporation of Indigenous perspectives; 3) silent idea generation amongst stakeholders; 4) equal opportunity, idea sharing; 5) voting and prioritization; and 6) project definition and development.

Results: Forty-one (41) participants, including patients and community members, created > 100 ideas in three categories (clinic operations, clinical care, and community projects) over the course of three workshops. Five projects were generated, and a strong transdisciplinary team developed.

Discussion: Nominal group technique supported the development of transdisciplinary climate change projects for a health neighbourhood. The first project will capitalise on shared resources to educate community-based healthcare providers on the planetary health boundaries and the principles of sustainable healthcare, who then will be empowered to educate their patients on planetary health.

OE-5 Accreditation | Agrément

OE-5-1 The Ongoing Story of the University of Alberta's Approach to Continuous Quality Improvement for Accreditation

Joanne Rodger University of Alberta, **Kelly Gibson** University of Alberta

Methods: The University of Alberta's longitudinal approach to CQI will be shared, using evaluation data to tell the ongoing story of our approach to accreditation and quality improvement.

Results: Findings suggest that a CQI approach to accreditation provides a structure and process for maintaining compliance with CACMS accreditation requirements. Data and strategies will be presented to demonstrate that these processes are critical for consistent, meaningful engagement across the MD Program and the Faculty of Medicine & Dentistry with accreditation outcomes and ongoing data collection.

Discussion: The ongoing story of the University of Alberta's CQI approach is one way to consider approaching accreditation with a goal of maintaining compliance with the CACMS' standards and elements. Lessons learned from the implementation of this approach will be shared, along with further recommendations that may be of interest to other medical schools.

OE-5-2 Opening A New Distributed Campus in Collaboration with the Accreditation Body

Joanne Rodger University of Alberta, **Kelly Gibson** University of Alberta, **Darryl Rolfson** University of Alberta, **Shirley Schipper** University of Alberta, **Richard Martin** University of Alberta, **Holly Handfield** University of Alberta, **Megan Stone** Northwestern Polytechnic, **Lisa Graves** The Association of Faculties of Medicine of Canada, **Claudine Le Quellac** The Association of Faculties of Medicine of Canada, **Andrea Segal** The Association of Faculties of Medicine of Canada

Methods: The University of Alberta and CACMS are using a generic qualitative evaluation process to determine the effectiveness of an approach that focuses on accreditation while opening a new networked regional campus.

Results: Preliminary reflections and lessons learned about this consultative approach to opening a new distributed medical school campus will be shared. Perspectives from CACMS and the University of Alberta will be shared and recommendations about this process will be presented for other schools to consider as they expand their own medical school campuses.

Discussion: The goal of the University of Alberta's new regional campus is to fully prepare graduates for generalist practice to address primary-care needs in Alberta's northern rural and regional communities. This presentation will describe the University of Alberta's experience consulting with CACMS through the planning for and implementation of our new regional campus.

OE-5-3 [What Counts in Continuing Professional Development Scholarship? Expanding Legitimate Scholarly Pursuits for the Field](#)

Eleftherios Soleas Queen's University, **Teresa Chan** Toronto Metropolitan University, **Stephen Miller** Dalhousie University, **Clare Cook** Northern Ontario School of Medicine

Methods: We conducted a 4-phase modified Delphi process (1. registration, 2. ideation, 3. consensus, and 4. validation). After phase 2 and 3, the responses for each phase were reported back to them. For each phase, recruited individuals were contacted thrice by email to optimize their report.

Results: We recruited 31 participants and 29 of these completed every phase for a completion rate of 93.5%. 18/31 proposed types of scholarship from the ideation phase received 75% endorsement or more as CPD scholarship after the validation phase. Novel forms of scholarship endorsed included: Community Engagement, Testing/Pilot Approaches, and Advocacy Scholarship.

Discussion: The results of this study support a core set of types of scholarship in CPD. An emergent group of types of scholarship nearing the 75% endorsement mark indicate that the demographics of types of CPD scholarship will continue to change and thus requires continued study. This study points to new types of scholarship for organizations to consider as a part of their mandate to be scholarly in their approaches to CPD. This work may have implications for promotion and tenure of researchers, where applicable.

OE-5-4 [Accreditation of Professional Education Programs: Learning From Similitudes](#)

Danielle Blouin Queen's University

Methods: Inductive analyses of accreditation standards for each organization, using emergent coding, were performed to develop a common framework of standards themes. Frequencies of standards within each theme were computed. Analyses of accreditation processes were performed at the subject (vs. word) level. Similitudes in standards themes and processes as well as comparative weights of themes, were examined across organizations.

Results: Across organizations, 425 standards represented 6 themes. Four themes were similar: Student, Curriculum, Program Resources, and Program Management; two themes differed (Institution, Learning environment). Within themes, standards varied considerably in granularity. Although processes were similar across organizations (documents submitted, visit, committee decisions), their intensity varied, impacting programs' workload and resources required for accreditation.

Discussion: Accreditation standards should focus on the four themes identified as reflecting the essence of accreditation. Organizations must critically examine the value of non-essential standards themes and review their processes' complexity to reduce low-yield/high-burden standards and processes without sacrificing the quality of education.

OE-5-5 Evaluation of the Learning Environment for Continuous Quality Improvement: Ensuring Utility Through Validation Efforts

Timothy Mickleborough University of Toronto, **Tina Martimianakis** University of Toronto, **Adelle Atkinson** University of Toronto, **David Rojas** University of Toronto

Methods: In response to changes in medical school accreditation, one Canadian Department of Paediatrics has undertaken a systematic approach to evaluate its LE. A database of trainee feedback and retreat reports from 2018-2023 was created and analysed using socio-cultural and cognitive learning theories and established qualitative methodologies.

Results: Both negative and positive patterns were identified regarding trainees' overall impressions of how their learning was supported and enabled by the rotation's organization, curriculum implementation, and interpersonal relationships. Analysis was shared with relevant groups in the form of reports and in-person presentations and was further refined through a process of meaningful discussion. In parallel, a governance structure for operationalizing the findings from the analysis was generated allowing for real time decision-making and interventions to improve LE.

Discussion: Data generated through a CQI process was validated through theoretical triangulation which situated local LE context within the broader literature, and through a UFE approach as our findings resonated with multiple groups making it a credible source to drive CQI. Future validation plans include triangulation with teacher and rotation evaluation and accreditations findings.

OE-6 Humanities in Medicine | Humanités en médecine

OE-6-1 Perceptions of Self-Compassion vs Compassion for Others at an Ontario Medical School

Claire Poulin Northern Ontario School of Medicine, **Eden Mackereth** Northern Ontario School of Medicine **Brooklyn Ranta** Northern Ontario School of Medicine

Methods: We used a mixed-method design including the validated, self-compassion scale short form (SCS-SF) and its mirror SCS-SF-for-others. Survey participants responded to a list of 12 questions using a 5-point Likert scale. Qualitative measures required participants to complete a short reflective exercise. 36 medical students from NOSM University participated.

Results: Quantitative data analysis shows that all traits identified in the SCS-SF were statistically significant ($p < 0.05$), demonstrating that 89% of students were harder on themselves than they were to a good friend. Qualitative data demonstrates that medical learners are more compassionate towards others, and more critical towards themselves.

Discussion: This first-of-its-kind study mirrors the self-compassion questionnaire for a defined "good friend". Participants were statistically more likely to describe emotions such as sadness during difficult moments, but offer compassion to a good friend in the same situation.

OE-6-2 The Art of Healing: an Innovative Communication and Arts & Humanities Curriculum

Emma Glaser Université de Montréal, **Clara Dallaire** Université de Montréal, **Aspasia Karalis** Université de Montréal, **Emilie Laurier** Université de Montréal, **Stephen Legari** Montreal Museum Fine Arts, **Mathieu Moreau** Université de Montréal

Methods: Using a quality improvement (QI) lens, we performed curricular review and reform. We surveyed existing communication curricula in other faculties, participated in curriculum development workshops, reviewed faculty and Medical Council of Canada objectives. We engaged with pedagogical expertise from the arts and humanities; museum-based education, and the Visual Thinking Strategies (VTS) methodology in particular, were integrated in our teaching modalities. Each communication objective was paired with a small-group teaching modality. We collaborated with the Patient Partner Office, medical students, and museum educators from Montreal Museum of Fine Arts to co-create our curriculum.

Results: Communication skills are taught everywhere where clinical reasoning is taught. Using Calgary-Cambridge Guide to the Medical Interview and ALOBA (Agenda Led Outcome Based Analysis), we focus sequentially and iteratively on: relationship building, information gathering, emotions, plans. Students explore and experiment skills in small groups supported by a coaching dyad (patient partner and MD) throughout the year. Each session has a thematic discussion and then experiential learning. The same small groups subsequently engage in museum education sessions, now co-led by an MD-museum educator dyad, to enhance visual literacy and communication skills.

Discussion: Using QI, we engaged in a major innovative curricular reform that was co-created in collaboration with patient partners and museum-based education methods. We teach the communication skills for the art of healing in a longitudinal, spiral approach. We will continue to engage in QI and evaluate the impact of our curriculum.

OE-6-3 Emotional Shifts in Team-Based Medical Simulations: Insights From Residents

Keerat Grewal McGill, **Sayed Azher** McGill, **Matthew Moreno** McGill, **Reinhard Pekrun** Ludwig Maximilian University of Munich, **Jeffrey Wiseman** McGill, **Susanne Lajoie** McGill, **Ning-Zi Sun** McGill, **Ryan Brydges** University of Toronto, **Allyson Hadwin** University of Victoria, **Gerald Fried** McGill, **Elene Khalil** McGill, **Jason Harley** McGill

Methods: A pre-post survey study recruited 106 residents enrolled in team-based medical simulations from December 2021 to August 2022. Seventy-one participated in multiple simulations. Residents self-reported their emotions pre and post each simulation (positive activating: curiosity, happiness, hopefulness, pride; positive deactivating: relief; negative activating: confusion, shame, frustration, nervousness; negative deactivating: hopelessness). Data were analyzed using multilevel modelling to account for the effects of nesting.

Results: Residents' curiosity and nervousness significantly decreased from pre- to post-simulation. Confusion, shame, relief, and frustration levels significantly increased post-simulation. No significant differences were found for residents' pre- to post-simulation hopelessness, happiness, hopefulness, or pride. Overall, the directionality of residents' changes in negative activating emotions depended on the discrete emotion. Positive emotions had mixed results as only some discrete emotions significantly differed.

Discussion: Findings indicate that residents' emotions should be evaluated at the discrete level to accurately determine their effects, instead of the common practice of grouping emotions by valence or quadrants. As CVT and our work suggest, factors in simulations may be affecting discrete emotional responses. Future research could identify these factors, which may impact residents' emotions, influencing learning and performance.

OE-6-4 Who is the Expert? Technology vs. Maternity Care Provider

Grecia Alaniz Western University, **Jessica Polzer** Western University, **Samantha Doralp** Western University

Methods: A critical discourse analysis informed by feminist Foucauldian theories was used to examine the discourses and subject positions in four maternity care documents and 10 maternity care provider interviews.

Results: Several discourses and subject positions have emerged from the initial findings. For the purposes of this presentation, we will be reporting on the tensions that maternity care providers navigated as it pertains to their tacit knowledge-acquired through training and clinical experience-and the ways technology has created new practice patterns that can be at odds with their tacit knowledge. We will highlight specific discourses and subject positions that emerged through these tensions.

Discussion: These findings reveal a key tension in clinical practice between expertise and technology-derived knowledge. This tension challenges the tacit knowledge that has traditionally been the cornerstone of medical expertise. The shift suggests a redefinition of clinical expertise in maternity care, as providers strive to balance their experiential knowledge with technological insights.

Block F

OF-1 CPD/Faculty Development | DPC / Formation professorale
OF-1-1 Interactive Learning in Large Group Continuing Professional Development: A State-of-the-Art Review

Anne Mahalik Dalhousie University, **Anne Lisa Bonang** Dalhousie University, **Sarah Burm** Dalhousie University, **Jackie Phinney** Dalhousie University

Methods: A state-of-the-art review was conducted to explore interactive learning in large group, accredited, CPD for physician learners. Five research databases and grey literature were searched as well as policy and position papers guiding accreditation requirements. Included articles had to be written in English, include physician groups greater than 12, and employ an interactive learning strategy. Content and thematic analysis was performed to synthesize data.

Results: We reviewed 236 articles published from 1982 to 2022 related to interactive learning in large group CPD. The search focused on practicing physicians, however, some articles included residents and other health professionals. Group size ranged from 12 to more than 100. Common strategies included flipped classroom, case presentations, small group discussion with facilitated large group debrief, and gamification. Learning environments included in-person, virtual, blended, and hybrid. Over the identified timeframe, additional virtual components were included, with a marked increase following the 2020 Covid-19 pandemic.

Discussion: Results of this review summarise the current state-of-the-art in interactive learning strategies in large group CPD for physicians, noting an increase over time in the incorporation of virtual learning as a result of changes in technology and in response to global events. These findings may be useful to anyone trying to increase active learning and engagement of participants learning online or in a hybrid (in-person and online) format. Future research should explore how to increase interaction and engagement with online learners.

OF-1-2 Rapid and Innovative Program Design: the Narrative-Based Medicine Lab

Christopher Chipman University of Toronto, **Trevor Cuddy** University of Toronto, **Damian Tarnopolsky** University of Toronto, **Karen Gold** University of Toronto, **Allan Peterkin** University of Toronto, **Nicole Nobrega** University of Toronto, **Monica Cribari** University of Toronto, **Chelsea Matson** University of Toronto

Methods: In fall 2020, the Continuing Professional Development (CPD) team identified the need for a new NBM program. Through consultations a pilot Digital Certificate in NBM was launched. The success of this pilot led to the rapid development of an Advanced Certificate, featuring certified/accredited classes, workshops, and community events. The success of these CPD education offerings led to the founding of the Narrative Based Medicine Lab - Canada's home for NBM. The program's flexible structure allows participants to curate personalized learning paths, supported by a self-directed mentorship component.

Results: The NBM Lab's programs have seen significant uptake, necessitating the addition of multiple cohorts and new offerings. The Advanced Certificate offers diverse learning opportunities, including Narrative Strategies in Clinical Practice, Creative and Reflective Writing, and Ethics, Equity, and Inquiry in NBM. The program is self-funded, with surplus funds reinvested into further educational and community activities.

Discussion: The NBM Lab's innovative approach has broad implications for medical education, promoting inclusivity and sensitivity in narrative medicine. The success and expansion of the NBM Lab highlight its potential as a model for other educational programs in narrative medicine.

OF-1-3 Still Implicit One Year Later? Evaluation of Faculty-Wide Unconscious Bias Training One Year Following Implementation

Shaheen Darani University of Toronto, **Nikhita Singhal** University of Toronto, **Amy Gajaria** University of Toronto, **Certina Ho** University of Toronto, **Fiona Rawle** University of Toronto

Methods: We conducted a qualitative study, adopting critical realism with Mezirow's Transformative Learning Theory. We invited faculty for semi-structured interviews to understand their learning gains (or not) from their participation in the unconscious bias workshop a year ago. Participants' demographic information was collected via an online survey. Interview recordings were transcribed verbatim, coded (both deductive and inductive), and thematically analyzed through an iterative process.

Results: We reached our recruitment target of 12 faculty participants. Preliminary analysis of interview transcripts indicates their appreciation of mandatory unconscious-bias training, retained practical examples of how to consider/reflect on potential biases and their implications on practice. Participants were engaged in ongoing self-reflections. Academic/clinical practice changes included a shift in time spent with equity-deserving groups in clinical assessments, considering their blind spots, and seeking refreshers/reminders of what they have learned.

Discussion: Medical educators can design, implement, and evaluate an EDI faculty development workshop that has sustained impact on behavior and practice changes, achieving Kirkpatrick's Levels 3 and 4 in training evaluation.

OF-1-4 [Cultivating Belonging and Connection to an Academic Community: Implementation and Evaluation of A Clinician Teacher Peer Mentorship Group or Community of Practice in A Large Department of Psychiatry](#)

Shaheen Darani University of Toronto, **John Teshima** University of Toronto, **Jovana Martinovic** University of Toronto, **Tracy Sarmiento** University of Toronto, **Mary Jane Esplen** University of Toronto, **Certina Ho** University of Toronto, **Lisa Fiksenbaum** University of Toronto

Methods: A clinician-teacher peer mentorship group/CoP was launched in June 2022 with monthly virtual sessions for psychosocial support, professional identity formation, and skill development. Group content and process were self-evolved and co-facilitated by a senior-junior faculty pair. Content included promotion, feedback, negotiation/self-advocacy, and trainee wellness. Process was interactive, adapting best practices in adult/case-based learning. Evaluation of participant experience included surveys and interviews administered one year after. Descriptive statistics were used for analyzing quantitative survey responses. Qualitative interview transcripts were analyzed thematically.

Results: Clinician-teacher peer mentorship group/CoP reached 96 faculty through 20 sessions, ranging from three to 23 participants per session. Participants strongly agreed/agreed that the session was interesting/engaging (95%), content was excellent (95%), greater sense of connectedness to academic community (84%), improved understanding of career needs (79%), supported academic life and learning new teaching strategies (95%). They valued sharing of experiences, validation, role socialization, and the session format/leadership.

Discussion: Peer mentorship group/CoP for clinician teachers provides a safe environment to improve faculty's understanding of career needs, academic role, and a sense of belonging/connection to their academic community.

OF-1-5 [Surgical Educator Burnout During Covid and Relationship to Online Teaching](#)

Heather MacNeill University of Toronto, **Yvonne Chan** University of Toronto, **Veeral Desai** Queen's University, **Mohammad Alavinia** University of Toronto, **Jun Lin** University of Toronto, **Daniel Lee** University of Toronto,

Methods: Demographic data, validated surveys on burnout and videoconferencing fatigue (the Maslach Burnout Inventory-Educators Survey (MBI-ES) and the Zoom Exhaustion & Fatigue (ZEF) scale respectively), and quantitative questions about factors that increased or decreased burnout in synchronous online environments were collected and analyzed during the pandemic.

Results: There was a high degree of burnout and moderate zoom fatigue in surgeon educators in the pandemic. Although educators reported online learning moderately contributed to burnout during the pandemic, there was no correlation between the number of hours or percentage of time teaching online to burnout or zoom fatigue scores. The largest reported contributing factor to online learning leading to burnout was lack of connection to learners, whereas the largest mitigating factor was decreased travel time.

Discussion: The study on surgical educators in Canada during COVID-19 examined how aspects of online synchronous learning may have contributed to or helped mitigate burnout. Based on this, we will present approaches and educational theories to help improve the online learning experience for surgical educators going forward.

OF-2 Curriculum | Programme d'études

OF-2-1 Development of an Open Access, Community-Informed Trans and Gender Diverse Undergraduate Medical Curriculum at the University of Toronto

Jordan Goodridge University of Toronto, **Thea Weisdorf** University of Toronto, **Justin Boyle** University of Toronto, **Stephanie Mooney** University of Toronto, **James Owen** University of Toronto, **James Owen** University of Toronto

Methods: Nine advisory committee members including five TGD community members, two faculty, one resident physician, and one project manager developed a list of topics and objectives based on existing literature and curricula. Objectives were reviewed over three meetings and a survey was completed by TGD community members to prioritize them and collect qualitative feedback. This feedback was incorporated and the final objectives were reviewed by selected faculty and students.

Results: 41 objectives were proposed, all of which were deemed high or medium priority by the five TGD community members. These objectives were grouped into seven modules covering topics such as language and terminology, social determinants of health, sexual and reproductive health, mental health, TGD youth, gender-affirming hormone therapy, and transition-related surgeries.

Discussion: This process identified TGD curricular objectives with significant community involvement and practitioner expertise. The objectives were consistently rated as high or medium priority. Initial feedback on the resulting modules has been positive. Our hope is that this curriculum increases the knowledge, skills, and attitudes of trainees and healthcare providers across Canada and globally to improve the delivery of gender-affirming care.

OF-2-2 Understanding Student and Faculty Perspectives on Engagement and Attendance in Large in-Person Medical School Classrooms: A Cross-Sectional Study

Seung Heyck (Alex) Lee University of Ottawa, **Zoe Tsai** University of Ottawa, **Bradley MacCosham** University of Ottawa, **Kamal Lakhrif** University of Ottawa, **Myriam Adi** University of Ottawa, **Jean Chen** University of Ottawa, **Amy Nakajima** University of Ottawa, **Sophie De Roock** University of Ottawa, **Lana Bistritz** University of Alberta, **Joanne Rodger** University of Alberta, **Jaime Yu** University of Alberta

Methods: We collected cross-sectional survey data from medical students (Years 1-3) and faculty members at the University of Ottawa and University of Alberta. Two separate online surveys were administered for students (13 questions) and faculty (26 questions), focusing on factors influencing attendance and preferences for content delivery. Descriptive statistics summarized responses. Reflexive thematic analysis evaluated open-ended responses.

Results: The study surveyed 334 students and 184 lecturers. Data analysis from University of Alberta is pending. Both groups highly ranked providing "applicable example questions" and "active learning strategies (ie. polling questions)" as important features for effective classes, while 75% identified "style of lecturer" as the strongest motivator for attendance. Logistical challenges such as parking issues (students: 52%, lecturers: 63%) and scheduling inconsistencies (students: 43%, lecturers: 64%) were barriers to attendance. Student comments elicited themes on importance of passionate and engaging lecturers, accommodating flexible learning styles, and administrative issues leading to inconsistent lecture quality. Lecturer comments emphasized needing better professional support, financial compensation, and communication about session expectations.

Discussion: Students and Faculty expressed similar preferences for effective classroom sessions and fulfilling attendance. Improving professional development resources and programs can effectively support lecturers in creating a more dynamic learning environment for students.

OF-2-3 [Élaboration D'une Nouvelle École De Pharmacie : Une Analyse Des Mécanismes Et Des Acteurs](#)

Geneviève Gauthier University of Ottawa, **Christine Landry** University of Ottawa, **Claire Touchie** University of Ottawa, **Tim Dubé** Université de Sherbrooke

Methods: Adoptant une approche d'enquête réaliste, cette étude de cas qualitative documente, à travers des entretiens et des analyses documentaires, les mécanismes à l'œuvre à différents niveaux de décision et leur impact sur la vision initiale du programme ainsi que sur d'autres extrants.

Results: Les résultats préliminaires mettent en évidence l'importance d'aligner la vision politique avec les besoins locaux, de mobiliser un réseau d'acteurs influents et compétents, et d'intégrer les exigences réglementaires et les innovations pédagogiques, tout en adaptant le projet aux contraintes bureaucratiques et financières. De plus, il est essentiel de favoriser une culture de collaboration pour surmonter les défis liés aux ressources limitées.

Discussion: Cette première étude de cas met en lumière l'interaction complexe entre les parties prenantes et les activités clés à différents niveaux organisationnels, fournissant des informations essentielles sur l'influence de ces mécanismes sur l'élaboration du curriculum et les résultats significatifs du développement de programmes à grande échelle.

OF-2-4 [Development of an Enhanced Clinical Pharmacology Curriculum for McMaster's Undergraduate Medical Education Program](#)

Bhavya Gandhi McMaster University, **Iliya Khakban** McMaster University, **Keyna Bracken** McMaster University, **Anthony J Levinson** McMaster University, **Anne Holbrook** McMaster University, **Paul Mundra** McMaster University

Methods: We analyzed McMaster's undergraduate medical education program curriculum to identify gaps in the current clinical pharmacology curriculum. Following a review of open-access materials from sources including the University of Toronto, the National Prescribing Curriculum of Australia, and the Canadian Pharmacists Association, new clinical pharmacology objectives with corresponding resources were developed incorporating both the medical school's existing Problem-Based Learning format, the MCC clinical pharmacology objectives and components of the CANMEDs framework. Ethics approval was not required.

Results: 81 clinical pharmacology objectives were developed, 39 of which were novel and 42 were restructured from existing objectives. Objectives related to green prescribing and resource stewardship were also included. Publically available resources vetted by clinical pharmacology experts were mapped to these objectives. These will be longitudinally embedded into the three-year MD curriculum.

Discussion: Our enhanced curriculum addresses the growing need for longitudinally integrated clinical pharmacology content that can enhance competency in the clinical application of pharmacology and therapeutics in medical schools worldwide. Once implemented we aim to include a greater emphasis on both formative and summative assessments of clinical pharmacology competencies.

OF-2-5 Navigating Early Career Intentions: Key Factors Shaping Specialty Choices for Medical Students in Inaugural Cohorts

Tim Dubé Université de Sherbrooke, **Yanouchka Labrousse** Université de Sherbrooke, **Mariem Fourati** Université de Sherbrooke, **Éric Lachance** Université de Sherbrooke

Methods: We conducted a two-year qualitative descriptive study at a francophone Canadian university during the implementation of a new medical campus site. Using purposive convenience and snowball sampling, we held 10 focus groups (in-person and virtual): six with first- and second-year medical students and four with clinical teachers. Inductive thematic analysis was employed to interpret the data, enabling us to identify key patterns and relationships between participant perspectives.

Results: The participants' perspectives organized around five key themes including: a) perceived impact of the formal curriculum and educational approaches, b) exposure to role models and mentors, c) value placed on work-life balance and career flexibility, d) broader societal and cultural pressures associated with certain specialties, and d) influence of the hidden curriculum and implicit messages within the learning environment. We will present a cohesive narrative that integrates the perspectives of participants across all groups.

Discussion: This study offers insights into the factors influencing medical students' specialty choices early in their training. By identifying actionable elements within the undergraduate medical curriculum and the broader learning environment, training programs can better support students in making well-informed career decisions.

OF-3 Faculty and Learner Health, Wellness and Wellbeing | Santé, bien-être et bien-être des enseignants et des apprenants

OF-3-1 (Dis)abling Discourses: How Wellness and Competency Are Navigated in A Canadian Medical School

Georgia Black University of Calgary, **Aliya Kassam** University of Calgary, **Rachel Ellaway** University of Calgary, **Bonnie Lashewicz** University of Calgary

Methods: Applying a critical disability lens and constructivist grounded theory approach, we are conducting ~15 semi-structured interviews to explore how intersecting discourses around wellness, competency, and disability are navigated by a Canadian medical school. Sensitizing concepts drawn from an initial review of the current peer-reviewed and grey literature on wellness in medical education have shaped the interview guide and plan for analysis. Participants include support staff involved in medical learners' wellness, and those who hold student and faculty leadership positions.

Results: The research will be complete by the time of ICAM 2025 where we will present key themes developed from our analyses that will map how ideas around wellness, competency, and disability are navigated and reproduced within a Canadian medical education context.

Discussion: By furthering our understanding of the ways in which those with institutional power shape, deploy, and resist ideas around wellness as a competency, this study has the potential to reveal unseen consequences for medical learners, as well as identify material changes that institutions could make to avoid reproducing barriers to inclusion in their wellness efforts.

OF-3-2 Professional Development for Secondary Traumatic Stress-Informed Medical Education

Amanda Roze des Ordons University of Calgary, **Patricia Kerig** Department of Psychiatry, The University of Utah, **Aliya Kassam** University of Calgary, **Rachel Ellaway** University of Calgary, **Kannin Osei-Tutu** University of Calgary, **Keely Murphy** University of Calgary

Methods: We applied Kern's six-step approach to curriculum development to an existing two-day STS workshop developed for non-mental health professionals. Curriculum evaluation included participant surveys and semi-structured interviews to explore perspectives and experiences of STS, and ways of further adapting the workshop to the medical education context. Survey data was analyzed using descriptive statistics for numerical scores, and free text comments were summarized. Interview transcripts will be analyzed thematically.

Results: The fourteen participants represented a range of demographics and practice contexts. The workshop was highly rated and increased understandings of STS, its' impact, and mitigation strategies. Participants appreciated how STS was normalized, opportunities for reflection and group discussion, and specific approaches to identifying and responding to STS. Suggestions for improvement included more time for group discussion, further adaptations within medical education, and greater attention to system-level issues and solutions. Participants expressed interest in forming a community of practice for ongoing learning and championing education and organizational change.

Discussion: The STS workshop was effectively adapted to the medical education context. An unanticipated outcome of the workshop was in connecting a group of clinicians and educators with a shared interest in collaborating on advancing STS education and practices, and working towards system-level change.

OF-3-3 Mentorship for Well-Being in Medical Education and Healthcare

Anurag Saxena University of Saskatchewan, **Jennifer Uhryn** University of Saskatchewan, **Loni Desanghere** University of Saskatchewan, **Tanya Robertson-Frey** University of Saskatchewan, **Gayathri Manoharan** University of Saskatchewan

Methods: The strategic approach to mentorship within our institution, along with systems and individual-level initiatives, were explored via formal discussions with the Associate Dean postgraduate medical education (PGME) and the PGME wellness coordinators. This information was supplemented with an environment scan within the PGME office. Research and evaluation initiatives from 2015-2024 were reviewed to explore the current state of well-being within the post-grad setting, as well as to examine the impact of individual and systems level mentoring initiatives on well-being.

Results: Systemic mentorship initiatives with program directors, administrative staff, the PGME office, clinical educators, and learners are prevalent and successful within the institution. Research identified targeted support for financial, occupational, and emotional wellness for learners. As well, results demonstrated that below average and often even average mentorship experiences were associated with negative impacts on well-being.

Discussion: Mentorship within medical education and healthcare is a vital component of our commitment to fostering a supportive and collaborative environment. Recognizing the multifaceted nature of well-being, we have adopted a proactive and holistic approach, striving to foster a culture that nurtures a healthy mind, healthy body, and a healthy life for our stakeholders. A flourishing culture of academic medicine relies on the meaningful personal and professional growth of every stakeholder, including learners, staff, and administrators.

OF-3-4 From Crisis to Connection: Character-Based Leadership in Post-Graduate Medical Training

Jacqueline Torti Western University, **Gina Snooks** Western University, **Mary Ott** Western University, **Hamza Inayat** Western University, **Wael Haddara** Western University, **Nabil Sultan** Western University

Methods: We led a character-based leadership course in post-graduate medical education and explored its effects on participants' well-being. Using a qualitative descriptive design, residents and mentors were interviewed at the start and end of the course to examine value misalignment, character development, and their impact on well-being. A qualitative latent content analysis was used to analyze the transcripts.

Results: Twenty-one interviews with residents and mentors revealed that value alignment impacts well-being. While systemic pressures often sideline values like compassion, mentors who aligned their practice with their values supported their own well-being and inspired residents. Developing character within a supportive community fostered connection and helped address shared values and moral injury. When participants aligned their actions with their values, they reported improved feelings of wellness.

Discussion: The prevalence of value misalignment in medicine underscores the need to prioritize character in physician wellness initiatives. This work highlights an educational innovation aimed at improving well-being through training rather than in spite of it. Character development during residency is crucial for navigating cultural and systemic challenges. Promoting reflection, introspection, value alignment, and a sense of connection within the medical community can help address this crisis of character while showing promise for improving physician wellness.

OF-3-5 Disability-Status and Treatment-Seeking Among Resident Physicians with Depressive Symptoms

Lisa Meeks University of Michigan, **Karina Pereira-Lima** University of Michigan, **Elena Frank** University of Michigan, **Erene Stergiopoulos** University of Toronto, **Zoie Sheets** The University of Chicago, **Katherine Ross** University of Michigan, **Srijan Sen** University of Michigan

Methods: We analyzed data from the 2020-2021, 2021-2022, and 2022-2023 cohorts of the Intern Health Study,[1] an active longitudinal study that investigates repeated cohorts of first-year resident physicians. Depressive symptoms were assessed at baseline (2 months prior internship start) and quarterly throughout the internship year with the Patient Health Questionnaire (PHQ-9). A score≥10 was considered a positive screen for depression. Residents who screened positive for depression at least at one quarterly internship assessment and who identified their disability-status (yes/no) were included. Associations between disability-status, mental health symptoms recognition, and treatment-seeking were assessed through univariable and multivariable logistic regression accounting for factors previously associated with treatment-seeking among intern physicians (ie, sex, specialty-type).[1] Sensitivity analyses excluding interns reporting psychological disabilities were performed.

Results: Compared to residents without disabilities, those with disabilities were more likely to recognize having a mental health problem (OR=4.6, 95%CI=1.9-15.3; sensitivity-analysis: OR=4.0, 95%CI=1.6-13.4) and to seek mental health treatment (OR=3.1, 95%CI=2.1-4.8; sensitivity-analysis: OR=2.8, 95%CI:1.8-4.4) (Figure). Importantly, after accounting for factors previously associated with treatment-seeking among resident physicians, residents with disabilities remained significantly more likely to recognize symptoms (OR=4.3, 95%CI=1.8-14.4; sensitivity-analysis: OR=3.8, 95%CI=1.5-12.7) and seek treatment (OR=3.1, 95%CI=2.1-4.9; sensitivity-analysis: OR=2.9, 95%CI=1.8-4.5) than residents without disabilities. No significant differences were identified in the proportion of residents seeking mental health treatment interns by disability category (Chronic health 11[55.0%], Cognitive 66[75.9%], Motor/Sensory 4[66.7%], multiple 5[71.4%], p=0.27).

Discussion: These findings suggest that self-identified disability-status may protect against the normalization and decreased recognition of depressive symptom impairment during residency,[2] and increase the odds for help-seeking behaviors once depressed

OF-4 Teaching and learning | Enseignement et apprentissage

OF-4-1 Uncovering Residents' Competency Gaps in Geriatric Care Using the 5ms Framework

Sarah Montreuil Université Laval, **Pascal W.M. Van Gerven** Associate professor, School of Health Professions Education, Department of Educational Development and Research, Faculty of Health, Medicine and Life Sciences **Éric Marchand** Université Laval, **Alexandre Lafleur** Université Laval

Methods: During a 2023 half-day session, first- to third-year internal medicine residents formulated their assessment and management plans for three out of six CCSs, designed to simulate workplace consultations. Two blinded educators independently assessed these plans for each of the 5Ms dimensions and for medical expertise as: absent (absence of adequate assessment and management plans = 0), in progress (presence of either one = 1), or achieved (adequate assessment and management plans = 2).

Results: Of the 68 participants (96% response rate), 75% had completed geriatric rotations during clerkship, 39% during residency, and 7% had received explicit teaching on the Geriatric 5Ms framework. Residents showed 'in progress' status in all 5Ms dimensions (0.8 to 1.3), indicating competence in either assessment or management but not both, while medical expertise was 'achieved' (1.5). All 5Ms dimensions scored significantly lower than medical expertise.

Discussion: Pre-residency training and exposure to older patients are insufficient to achieve expected competence in all five dimensions of the Geriatric 5Ms framework without explicit instruction on the 5Ms throughout the curriculum.

OF-4-2 Canadian National Survey of Ccfp(em) Graduates on Point-of-Care Ultrasound Training

Neil Sengupta Western University, **Kristine Van Aarsen** Western University, **Kevinjeet Mahngar** Western University

Methods: An online survey study was distributed to program directors of all English CCFP(EM) programs for subsequent distribution for graduates between 2019 and 2023. A reminder email was sent at 4 and 6 weeks after the initial email. All graduates between 2019 and 2023 who are currently practicing emergency medicine were eligible.

Results: A total of 56 responses were collected for a survey response rate of 11.6%. Prior to the beginning of the CCFP(EM) year, most participants reported being somewhat or uncomfortable with the core PoCUS applications. By the end of the program, 52/56 (93%) participants felt somewhat comfortable or extremely comfortable with core applications, and 42/56 (75%) felt somewhat comfortable or extremely comfortable with vascular access. Participants felt less comfortable with biliary PoCUS and advanced cardiac PoCUS. 75% of participants preferred a bootcamp-based education.

Discussion: CCFP(EM) graduates feel comfortable in the core PoCUS competencies and vascular access abilities following their training. Resident preference towards bootcamp style education may be due to a perceived increase in volume of scans performed, or faster accumulation of skills. Future studies are required to further elucidate optimal methods for advanced PoCUS education during the CCFP(EM) year and the objective efficacy of block vs bootcamp based education.

OF-4-3 [Evaluating Artificial Intelligence Policy Development in Canadian Universities: an Environmental Scan of Institutional Guidelines and Trends for Undergraduate Medical Programs](#)

Jessica Maher University of Ottawa, **Heather Lochnan** University of Ottawa, **Anna Byszewski** University of Ottawa

Methods: An online grey literature search was conducted in June 2024 to investigate publicly available online AI policy statements of all 13 anglophone Canadian medical schools, categorizing them according to expectations, UGME-specificity, applicability to students and staff, and publication status. Thematic analysis was conducted to identify institutional trends.

Results: Out of 13 medical schools, 12 had published guidelines, but only 1 applied them directly to UGME students. Seven schools (58%) had guidelines for both students and faculty, 3 (25%) for students only, and 2 (17%) for faculty only. These were overseen by various authoritative bodies including the school's Senate (8%), Vice-Provost (23%), Learning Centers/Libraries (38%), and AI Committees (23%). 8 schools (67%) had finalized policies, while the remainder required further deliberation. 4 (33%) schools enforced the default expectation that AI use was prohibited unless otherwise specified, while 6 schools (50%) left AI use to the instructor's discretion. Despite this, 67% discouraged instructors' use of AI detectors to evaluate students' work.

Discussion: This study reveals a fragmented approach to AI policy across Canadian universities, highlighting the need for clearer, faculty-specific guidelines to address AI's ethical implications in the unique circumstances of UGME.

OF-4-4 [Instaurer Des Environnements Sécuritaires Pour Parler De Curriculum Caché en Éducation Médicale, Une Opportunité À Saisir.](#)

Clara Dallaire Université de Montréal, **Antoine Payot** Université de Montréal, **Nathalie Orr Gaucher** Université de Montréal, **Carole Lambert** Université de Montréal, **Marisol Sanchez** Université de Montréal, **Vincent Jobin** Université de Montréal

Methods: Deux outils permettant d'instaurer un environnement sécuritaire et authentique pour discuter du CC sont proposés à des groupes d'enseignants et d'apprenants permettant l'explicitation d'un environnement sécuritaire et authentique et leur engagement à le créer et le maintenir. Le projet est une recherche intervention pour développer un outil de démarche réflexive permettant, lors d'une activité pédagogique, d'analyser des situations où le CC est véhiculé en contexte d'éducation médicale. Afin de permettre des discussions ouvertes, nous utilisons deux outils permettant d'instaurer des environnements sécuritaires et authentiques en début de rencontre.

Results: Trois pré-tests réalisés entre avril et août 2024, ont permis de constater qu'avant l'activité pédagogique certains participants ne se sentaient pas à l'aise ou en sécurité pour s'exprimer sur des sujets sensibles. Après la formation, nous avons pu noter une amélioration de l'aisance à discuter de sujets sensibles et une impression que l'environnement était sécuritaire pour le faire.

Discussion: Instaurer des environnements sécuritaires est un excellent moyen pour permettre des discussions ouvertes et constructives dans des situations où l'inconfort prévaut. Les outils, simples et faciles d'utilisation, permettent de mettre en place rapidement un environnement propice aux échanges. Rendre l'environnement sécuritaire pour exposer le CC et le rendre explicite, permettra une réflexion sur la pratique médicale pour ultimement améliorer les soins aux patients.

OF-4-5 Title: Enhancing Medical Student Success Through Peer Support: the Medici Study Center

Vincent Dion Université de Sherbrooke, **Julien Perron** Université de Sherbrooke, **Martin Bisaillon** Université de Sherbrooke, **Alain Fleury** Université de Sherbrooke, **Bénédicte Geay** Université de Sherbrooke, **Éloïse Cyr-Bousquet** Université de Sherbrooke, **Cynthia Coutu** Université de Sherbrooke, **Mélodie Grondin-Lavigne** Université de Sherbrooke, **Maud Labelle** Université de Sherbrooke

Methods: A mixed-method survey was conducted among 68 Medici beneficiaries and peer tutors. Respondents rated aspects of their experience, including academic success, stress reduction, and skill development. Data was analyzed to assess the alignment with CanMEDS roles.

Results: Medici beneficiaries reported improved understanding of medical concepts (94%), enhanced learning methods (86%), and a positive impact on academic success (88%). Tutors reported improved communication skills (62%) and consolidation of their own medical knowledge (71%). However, 16% of respondents cited fear of being perceived as struggling as a barrier to participation.

Discussion: Medici significantly contributes to skill development, enhancing key CanMEDS roles while reducing stress and anxiety. Planned improvements include reducing the tutor-to-student ratio and increasing outreach to destigmatize help-seeking behavior. This peer-driven model shows promise in promoting student well-being and academic success, aligning with the CanMEDS framework.

OF-5 Patient Partner | Partenariat avec les patients

OF-5-1 Leveraging Professional Competencies for Patient Resources: A Co-Designed Guide to Support and Empower Patients and Families for Digitally Compassionate Care

David Wiljer University of Toronto, **Rebecca Charow** University of Toronto, **Bryn Davies** University Health Network, **Mary Harasym** University Health Network, **Maram Omar** University Health Network, **Anne O'Riordan** Queen's University, **Brenda Taylor** University of Toronto, **Michelle Wan** Centre for Addiction and Mental Health Family Partner, **Valeria Raivich** University Health Network, **Lisa Cunningham** University Health Network, **Janet Yuen** University Health Network, **Allison Crawford** University of Toronto, **Peter Rossos** University of Toronto, **Sanjeev Sockalingam** University of Toronto, **Laura Williams** University Health Network, **Gillian Strudwick** University of Toronto

Methods: Using the Success Approximations Model for agile and iterative eLearning development, four patient partners were meaningfully engaged to co-design and develop the education resource over three phases: (1) Exploratory phase, where an environmental scan of existing education resources was conducted and discussed to determine learning needs. (2) Iterative design phase, where content was drafted and discussed, using the Health Equity and Inclusion Framework for Education and Training. (3) Iterative development phase, where content and format were refined based on plain language best practices.

Results: The environmental scan revealed a gap in resources on fostering a digital therapeutic relationship; the majority of resources described best practices for navigating video-conferencing clinical appointments and 'web-side manners' for patients and providers. The developed resource addresses this gap across 4 topics: 1) Building a Relationship with your healthcare providers; 2) Communicating what is most important to you; 3) Collaborating with your healthcare providers; 4) Connecting with your personal care team.

Discussion: Medical education benefits from partnerships with patient partners to concurrently develop provider- and patient-facing education with a health equity perspective.

OF-5-2 In Real Life: Involving People with Lived Experiences of Mental Illness in Psychiatry Education

Karen Wang University of Manitoba, **Polina Anang** University of Manitoba, **Christen Rachul** University of Manitoba, **Wil Fleisher** University of Manitoba, **Natasha Ellis** Anxiety Disorders Association of Manitoba, **Gustav Nelson** Anxiety Disorders Association of Manitoba

Methods: A pilot program was developed in collaboration with community partners pairing twelve first-year psychiatry students with a "lived experience advisor" recruited from the community. Pairs were instructed to meet for an hour once a month to have semi-informal conversations about the experiences of mental illness and recovery between October 2023 and April 2024. Qualitative analysis was performed on pre- and post-program surveys completed by both psychiatry residents and lived experience advisors, as well as focus group data from psychiatry residents.

Results: Residents described gaining a better understanding of individual experiences of mental illness and recovery as well as an appreciation of their lived experience advisors' holistic personhoods. Lived experience advisors discussed a motivation to contribute back to the healthcare system and psychiatry education, with the intentions to share their recovery journeys while encouraging hope and empathy. Logistical barriers (scheduling, time constraints) were identified as the most common challenges of participation.

Discussion: This experiential program provides a unique avenue for bidirectional conversations between psychiatry residents and people with lived experiences of mental illness. Shifting educational approaches to incorporate lived experience perspectives may help residents develop a nuanced appreciation of the diverse needs of individuals seeking care.

OF-5-3 Evaluation of the Quality Referral and Consultation Education (Qrce) Curriculum at the University of Saskatchewan

Iqbal Azhar University of Saskatchewan, **Loni Desanghere** University of Saskatchewan, **Tanya Robertson-Frey** University of Saskatchewan, **Anurag Saxena** University of Saskatchewan

Methods: Ten residents participated in semi-structured virtual interviews. Questions revolved around experiences, impacts, challenges, and improvements. Transcripts were analyzed using thematic analysis.

Results: The QRCE curriculum helped residents develop a structured approach to consultations. Templates, checklists, and anticipation of consultant needs were highlighted as valuable tools. While participants noted an increase in efficiency and confidence, some challenges remain, including systemic barriers such as variability in expectations across specialty services as well as a lack of practice cases in the course itself. Overall, the improvements in consultation processes were recognized as potentially beneficial, but their direct impact on patient outcomes remains difficult to quantify.

Discussion: The findings support the QRCE curriculum's positive influence on improving communication and enhancing the quality of patient care transitions. Ongoing training, including refresher courses for senior residents and better alignment of referral expectations across specialties has been recommended.

OF-5-4 An Evaluation of the Current Application of Trauma-Informed Care Principles in Primary Care: A Narrative Review

Michaela Kember Dalhousie University, **Aruna Dhara** Dalhousie University, **Sarah Burm** Dalhousie University

Methods: We conducted a narrative review to understand the current knowledge surrounding the development and implementation of trauma-informed care principles in primary care settings. Data was collected from 115 peer-reviewed journal articles from databases including MEDLINE (Ovid) and SCOPUS. Inclusion criteria was determined and articles evaluated based on the methods outlined by Ferrari et al. (2015).

Results: Current literature lacks consensus on the definition and goals of TIC in family medicine, creating variability in how TIC is being operationalized and taught. There is a lack of descriptive frameworks for operationalizing TIC approaches during patient interactions.

Discussion: TIC implementation is still limited by a lack of evidence regarding its effectiveness and outcomes in the literature. This may be partly due to the extensive variability in metrics used to measure the overall efficacy of TIC in practice. Future research should increasingly discuss what well-delivered TIC looks like and focus upon developing teachable strategies to evaluate how TIC affects patient outcomes.

OF-5-5 Quality, Innovation and Safety Hub: Showcasing A Novel Community of Practice in Psychiatry

Certina Ho University of Toronto, **Andrea Waddell** University of Toronto, **Tara Burra** University of Toronto

Methods: While planning for PsyQIS, we conducted a department-wide environmental scan in 2020 to identify quality improvement (QI) initiatives that were led by or involving psychiatry faculty members. The mandate of PsyQIS is to enhance the academic profile of QIS by building community, capacity, and structure to support rigorous QIS scholarly work.

Results: PsyQIS is now a community of 25 faculty members, including two postgraduate medical education trainees. Bi-monthly hub meetings, annual city-wide grand rounds engaging international QIS experts, a dedicated QIS webpage on the Departmental website, and a QIS mentorship group are now in place. We established a QIS-focused session at our Department's annual Research Day and a QIS Section within the Canadian Psychiatric Association. Hub members take turns to present their QIS work at each meeting for peer feedback and share opportunities in QIS teaching, training, and conference presentations. We also developed our terms of reference and an annual Departmental QIS funding opportunity.

Discussion: PsyQIS can serve as a model for other academic departments to develop and implement a CoP and advancing QIS scholarship.

OF-6 Patient Partner | Partenariat avec les patients

OF-6-1 From Surviving to Advising: A Multi-Year Follow up Study of the Impacts of A Service User Advisory Course for Psychiatry Residents

Sacha Agrawal University of Toronto, **Csilla Kalocsai** University of Toronto, **Quincy Vaz** Centre for Addiction and Mental Health, **Brooke Magel** Centre for Addiction and Mental Health, **Michaela Beder** University of Toronto, **Suze Berkhout** University of Toronto, **Rachel Cooper** University of Toronto, **Gina Nicoll** Centre for Addiction and Mental Health, **Jill Robinson** Independent Researcher, **Sophie Soklaridis** University of Toronto

Methods: Twenty-one narrative interviews were conducted with residents and service user advisors two to four years after course completion. Following a critical constructivist approach, we used thematic analysis to explore the long-term impacts of the course on participants.

Results: By creating opportunities for mutual sharing, vulnerability and critical reflection, the course challenged and shifted power differences between residents and service user advisors. Residents described developing a more holistic understanding of the process of recovery and identified sustained shifts in their practice toward person-centredness and reflexivity. Advisors developed greater understanding and compassion for residents, and they leveraged the power that came from entering into community with other advisors to advocate for systems change.

Discussion: These findings support and extend previous research that posited that this relationship-based, longitudinal service user advisor course created conditions of liminality, by providing new evidence for sustained learning and transformation among participants.

OF-6-2 Fostering Reflexivity in Undergraduate Medical Students: Ideal Logic Model of A Patient Engagement Intervention

Julie Massé Université de Sherbrooke, **Sophie Grignon** Patient partner, **Luc Vigneault** Patient Partner, **Stéphanie Beaura** Université Laval, **Sarah Numainville** Université Laval, **Marie-Claude Tremblay** Université Laval

Methods: The study was based on 3 components: (1) Rapid review of the literature (synthesis of studies describing PE interventions in ME and reporting non-technical reflexive learning outcomes); (2) Qualitative study of patients' motivations to participate and what they gained from their experience (10 semi-structured interviews with participating patients); (3) Evaluation of the reflexive effects and the main processes by which these effects were produced (qualitative case study interested in 3 small groups who received the intervention). Patients were involved in the development of the intervention and in the research.

Results: Based on what was learned, the LM outlines the resources (human, financial, material and experiential) mobilized by a PE intervention. It also suggests key activities: (1) defining pedagogical formula (power sharing; slower pace; socialization spaces; small groups; longitudinal matching); (2) recruiting patients (adapted strategies; co-defined criteria); (3) preparing the interventional actors (explicating expected roles and postures); (4) supporting and recognizing PE (training, coaching, acknowledgement). Effects on students' reflexivity and on patients were finally integrated.

Discussion: Although highly contextual, by providing avenues for action, the proposed LM constitute an important tool for medical schools seeking to implement sensitive and transformative, empirically informed PE initiatives to promote reflexivity in students.

OF-6-3 Co-Producing A Research Agenda: Experiences and Lessons Learned

Holly Harris Centre for Addiction and Mental Health, **Lisa Hawke** Centre for Addiction and Mental Health, **James Svoboda** Centre for Addiction and Mental Health, **Maral Sahaguian** Centre for Addiction and Mental Health, **Jordana Rovet** Centre for Addiction and Mental Health, **Shelby McKee** Centre for Addiction and Mental Health, **Kelly Lawless** Centre for Addiction and Mental Health, **Amy Hsieh** Centre for Addiction and Mental Health, **Melissa Hiebert** Centre for Addiction and Mental Health, **Kayle Donner** Centre for Addiction and Mental Health, **Anna Di Giandomenico** Centre for Addiction and Mental Health, **Gail Bellissimo** Centre for Addiction and Mental Health, **Sophie Soklaridis** Centre for Addiction and Mental Health

Methods: Aligned with community-based participatory research principles, CAMH established a research subcommittee to co-produce an institutional Recovery College research agenda. The subcommittee consists of people with lived experience, Recovery College participants and staff, researchers, and members with multiple roles.

Results: Our committee established a process for co-producing a strategic research agenda, which involved creating terms of reference, establishing group expectations, building a work plan, formulating research questions, preparing a grant application, and implementing a national research project. Through reflexive practice, we identified the lessons, opportunities, questions, and tensions that arise when trying to work equitably within academic institutions.

Discussion: Engaging people with lived experience in health education research can be transformative. However, descriptive profiles of engagement are lacking, serving as a potential barrier to its implementation. We highlight the value of co-production in research agenda-setting, alongside the complexities. We encourage participants to explore how our experiences may inform their collaborative activities.

OF-6-4 Partnering with Experts: Understanding, Valuing and Mobilizing Lived Experience Knowledge for People Living with Obesity and Other Chronic Conditions

Dunja Matic University Health Network, **Bryn Davies** University Health Network, **Tharshini Jeyakumar** University of Toronto, **Rebecca Charow** University of Toronto, **Candace Vilhan** Obesity Canada and The Ottawa Hospital, **Michelle McMillan** Obesity Canada, **Ian Patton** Obesity Canada, **Nicole Pearce** Obesity Canada, **Jerry Maniate** Bruyère Research Institute and The Ottawa Hospital, **Sanjeev Sockalingam** University of Toronto, **Lyn Sonnenberg** Bruyère Research Institute, **David Wiljer** University of Toronto,

Methods: A convergent mixed methods approach will be used. First, a lived experience survey will collect data on how individuals living with obesity perceive the value and utilization of their knowledge in healthcare. Concurrently, critical dialogues will be conducted with people living with obesity and healthcare professionals to explore barriers and opportunities for integrating patient knowledge in healthcare. These two data sources will be triangulated to develop a roadmap for integrating patient lived experience knowledge into clinical practice.

Results: It is expected that this work will highlight barriers to the mobilization of patient lived experience knowledge including healthcare professional biases, which hinder collaborative care. We hope to share our preliminary themes at this conference to start conversations on this overlooked topic and advance work in this field.

Discussion: This study underscores the need for systemic changes to integrate patient lived experience knowledge into healthcare practice, especially for stigmatized conditions like obesity. These findings will inform medical education by providing actionable strategies to integrate patient lived experience knowledge into learning and healthcare practices, aiming to create more equitable, inclusive, and empathetic care environments.

OF-6-5 Meaningfully Engaging People with Lived Experience in Continuing Mental Health Professional Development Through Critical Reflexivity: A Case Example

Holly Harris Centre for Addiction and Mental Health, **Chantalle Clarkin** Centre for Addiction and Mental Health & University of Toronto, **Jordana Rovet** Centre for Addiction and Mental Health, **Allison Crawford** Centre for Addiction and Mental Health & Univeristy of Toronto, **Andrew Johnson** Centre for Addiction and Mental Health, **Anne Kirvan** Centre for Addiction and Mental Health, **Sam Gruszecki** Centre for Addiction and Mental Health, **Stephanie Wang** Health Out Loud, **Sophie Soklaridis** Centre for Addiction and Mental Health & University of Toronto

Methods: A team with diverse lived and learned expertise conducted a literature review on the current state of lived experience engagement in CPD, as well as barriers to meaningful involvement. Drawing on scholarship and the team's collaborative experiences, they developed best practice recommendations for building equitable partnerships with PWLE in CPD. They also created a set of prompts for engaging in critical reflexivity to support the meaningful involvement PWLE in CPD.

Results: Through a collaborative reflexive exercise, the team applied the recommendations and reflexive prompts to a common real-world scenario where a faculty member requested a person with lived experience attend a class and answer questions as a part of a panel. The tool helped the team reflect on assumptions, preferences, experiences, expectations, and boundaries, guiding decision-making aligned with meaningful engagement and systemic equity.

Discussion: Meaningful engagement of PWLE in CPD can bridge gaps between theory and practice. This engagement is not only necessary for impactful and relevant CPD for mental health professionals but also consistent with a larger vision of systemic equity and inclusion.

Block G

OG-1 Curriculum | Programme d'études

OG-1-1 "C"-Ing the "L"essons Learned From the Consultation/liaison (Cl) Curriculum Changes in Response to Earlier Royal College Examination for Psychiatry Residents

Certina Ho University of Toronto, **Alan Wai** University of Toronto, **Jiyun Lee** University of Toronto, **Zhiting Zhou** University of Toronto, **Xinyue Zhao** University of Toronto, **Ziyi Xiao** University of Toronto, **Rima Styra** University of Toronto

Methods: An objective online self-assessment (34 knowledge questions on 17 CLP topics) was administered to residents during the first didactic CLP seminar as a pre-survey and the last CLP seminar as a post-survey. Subjectively, residents self-assessed their confidence per CLP topic on a 5-point Likert scale. Resident participation was anonymous, voluntary, and had no impact on their evaluations. Quantitative data were analyzed using descriptive/inferential statistics where applicable.

Results: Thirty-five (100%) residents completed the pre-survey with an average knowledge score of 19.66 (out of 34). The post-survey was completed by 27 (77%) residents, with an average score of 24.52 (out of 34). A statistically significant increase in residents' knowledge scores and level of confidence was observed in eight and 14 of the 17 CLP topics, respectively. The post-survey reported a decrease in knowledge scores in three CLP topics, yet not statistically significant.

Discussion: Residents' pre/post self-assessment is an effective/feasible way to identify curriculum changes/implications on trainees' confidence and content knowledge.

OG-1-2 Investigating the Use of Train-the-Trainer (Ttt) on Medical Assistance in Dying (Maid) Education and Training: A Mixed-Methods Approach

Gurdit Sood Queen's University, **Heather Braund** Queen's University, **Sue Chaffey** MBA CFRE, Executive Director, Canadian Association of MAiD Assessors and Providers, **Sara Greco** Queen's University, **Nancy Dalgarno** Queen's University, **Christine Huo** Curriculum Manager, Canadian Association of MAiD Assessors and Providers, **Oluwatoyosi Kuforiji** Queen's University, **Celine Bruce-Lepage** Queen's University

Methods: Data from two TTT programs (2023, 2024) was collected through a mixed-methods approach. Pre- and post-surveys evaluated participants' perceived ability to teach CMC learning objectives (LOs) on a Likert-scale and included open-ended questions about program strengths and weaknesses. Descriptive and inferential statistics were used for quantitative analysis, while qualitative data was analyzed thematically.

Results: Statistically significant differences between pre- and post-scores in the second TTT iteration were found for LOs 1-4 (understanding how to conduct a MAiD assessment) in Topic 3: How to Do a MAiD Assessment, and LOs 3-6 (recognizing and acting on complexities in MAiD cases) in Topic 6: Navigating Complex Cases with Confidence. Strengths of TTT included a safe space for learning. Weaknesses included programs being too focused on content review. Participants recommended focusing on teaching methods, which was addressed in the second iteration.

Discussion: Statistically significant differences for pre- and post-scores in the second TTT arose due to a greater focus on how to teach the content by instructors. By focusing on how to teach the CMC, TTT can enhance the teaching capabilities of physicians and nurse practitioners across Canada, improving the experiences with MAiD for assessors, providers, and patients.

OG-1-3 An Earlier Transition From Preclerkship to Clerkship: the Transition to Clerkship Clinician in Action (Ttc-Cia) Curriculum

James Owen University of Toronto, **Jordan Goodridge** University of Toronto, **Natalie Landon-Bruce** University of Toronto, **Samantha Inwood** University of Toronto

Methods: A needs assessment for the TTC course informed potential objectives for the TTC-CIA curriculum. Three pilot sessions were held in 2022-2023. Student and faculty feedback informed the full two-week TTC-CIA curriculum for 2023-2024. Evaluation data was collected via Examsoft surveys and qualitatively analyzed.

Results: TTC-CIA featured seven large-group half-day sessions, structured as simulated clinical days grouped by specialty area. Objectives were solely based on tasks and activities (eg, writing orders and discharge summaries, reconciling medications). In-class assignments were required for four sessions. Qualitative student feedback highlighted the value in practicing clerkship tasks via in-class assignments, applying knowledge, and reviewing expectations of different rotations. Suggested changes included adding EMR training, increased hands-on tasks (suturing, scrubbing in), and format changes including smaller groups.

Discussion: The TTC-CIA curriculum substantially increased preclerkship curriculum time aimed at explicitly preparing students for clerkship. It was well-received, highlighting the value of beginning the transition to clerkship earlier than the clerkship year itself. Large-group sessions required minimal faculty recruitment. Overall, this curriculum was successfully implemented and feedback will inform future iterations.

OG-1-4 The Road to Residency: A Needs-Based Evaluation of the Transition to Residency Course

Noor Al Kaabi University of Toronto, **David Rojas** University of Toronto, **Samantha Inwood** University of Toronto, **Kien Dang** University of Toronto, **Seetha Radhakrishnan** University of Toronto

Methods: Semi-structured interviews were conducted with Program Directors from large residency programs, which informed later interviews with PGY-2 graduates from the University of Toronto. Interviews explored residents' strengths, challenges, and experiences in transitioning to residency. We conducted inductive thematic analysis to identify themes from interviews.

Results: Key themes identified from all interviews included resident comfort with autonomy, expectations around navigating being a learner and providing service, and balancing individual needs with collective team needs. Both program directors and residents described residents prioritizing their needs, learning experiences and wellness, yet conflicted on the execution of this approach in context of learning and providing clinical care.

Discussion: This study identified tensions in residents' roles and expectations from Program Directors. These findings are being used to inform changes in the TTR curriculum to support the transition to residency for learners. Residency programs and educators may use these findings to better support medical graduates in their transition to residency training.

OG-1-5 Lessons Learned: Year 1of A Direct Entry Md Family Medicine Program

Natasha Aziz Queen's University, **Shayna Watson** Queen's University, **Michelle Gibson** Queen's University

Methods: Curricular leaders collected ongoing formal and informal feedback from faculty and students. This enabled real-time changes and informed planning for the development of the second-year curriculum. Analyses were made of student performance in key assessments to compare results at both campuses.

Results: Positive feedback was provided about curricular structure, small group learning, and community placements. Minor changes were made to improve the integration of basic sciences and to ensure clinical skills was more family medicine centered. Analysis of student results in common exams demonstrated no significant differences in performance between sites, including on the summative OSCE. New faculty embraced expanding leadership roles and were instrumental in case & curriculum development.

Discussion: Despite an extremely short timeline to implementation, the first year of curriculum was well-received, and students are performing well. Family medicine faculty who were mostly new to UGME teaching have taken on leadership roles and have been essential in developing the 2nd year of the curriculum. Plans for year 2 include a spiral curriculum with more complex cases, ongoing community placements, and formal comparison of student performance at the end of year 2 at both campuses prior to starting clerkship.

OG-2 Faculty Development | Formation professorale

OG-2-2 Navigating the Transition: Insights From Former Program Directors

Theresa Beesley McGill, **Joanne Alfieri** McGill, **Regina Husa** McGill

Methods: A qualitative study with semi-structured interviews of 12 former PDs who completed their terms within the past 18 months analyzed through Bronfenbrenner's Ecological Systems Theory. Thematic analysis identified key themes.

Results: Motivators for PDs are innovation and improvement of the program's learning environment. Outgoing PD mentorship was key to smooth transition into the role. At the mesosystem level educational support, succession planning, accreditation standards, and personal life impacted PDs.

Discussion: Findings highlight importance of mentorship and clinical departmental support in enhancing PDs' experiences, performance, and retention. Program characteristics can mitigate challenges. Addressing PDs' personal and professional needs, including workload adjustments, is key for sustained effectiveness and retention. Tailored training for incoming PDs, considering their program's specific context, is crucial for optimizing PD roles and improving outcomes in medical education.

OG-2-3 Beme: an Innovative Teaching Tool for Faculty Developers

Umberin Najeeb University of Toronto, **Geoff Watson** University of Toronto

Methods: The Master Teacher Program (MTP) is a 2-year longitudinal instructional development program for busy clinician teachers at the University of Toronto. Each MTP participant is required to choose a BEME topic of their interest and share a brief presentation with their class in year-1 of the program. While the format is very flexible, presenters are encouraged to offer a 15-minute summary of the guide and then lead a group discussion.

Results: More than 70 MTP participants have delivered BEME presentations since 2018. MTP participants choose BEME guides specific to their clinical teaching and education practices. When presenting BEME guide of their choice, participant discuss how these different techniques, best practices and evidence based educational strategies can be utilized by their peers in their own teaching context. Participants also facilitate large group discussions to create a supportive learning environment and development of a community of practice.

Discussion: BEME guides can be used as a faculty development resource in a longitudinal instructional development program to emphasize practical medical teaching content and application to teaching practice. These types of teaching techniques require further exploration but have the potential to optimize education in faculty development.

OG-2-4 Promoting A Culture of Teacher Support: the University of Alberta Md Program Experience

Elizabeth Rosolowsky University of Alberta, **Joanne Rodger** University of Alberta, **Jaime Yu** University of Alberta, **Lana Bistritz** University of Alberta, **Darryl Rolfson** University of Alberta

Methods: A retrospective needs assessment was conducted, sourced from a review of published and grey literature and narrative reports. Sources included the results of a faculty-wide teaching engagement survey, student feedback, and annual course review meetings. A thematic analysis identified several significant opportunities for teacher support.

Results: Three major needs emerged: (1) initial and ongoing faculty development; (2) increased communication between teachers and the MD Program; and (3) increased quality of feedback about teaching and recognition by the Faculty. In response, the MD Program created an inaugural position - Director, Teacher Support - to coordinate activities, which include: a new teacher support webpage; orientation sessions for instructors in each pre-clerkship course; and an online Teachers' Hub. The latter was co-created with medical students and provides instructors with resources on approaching EDI topics, student engagement, and strategies for developing interactive sessions.

Discussion: To our knowledge, the Director, Teacher Support, is unique among Canadian MD Programs. This leadership position helps to embody the efforts being made to support, recognize, and value our medical teachers.

OG-2-5 From Constructive to Critical and Everywhere in Between: an Exploration of Education Leaders' Reactions to Upward Feedback

Katherine Wisener University of British Columbia, **Erik Driessen** Maastricht University, **Amy Tan** University of British Columbia, **Cary Cuncic** University of British Columbia, **Kevin Eva** University of British Columbia

Methods: Using an Interpretive Description methodology, 11 education leaders participated in semi-structured interviews. Discussion was stimulated by showing participants learner narratives they had previously asked to be deleted due to perception that the narratives were overly critical. Transcripts were iteratively analyzed as codes were developed, refined, and combined into themes.

Results: Education leaders interpreted the scope, framing, and focus of the feedback to decide whether it was overly critical. Such determinations were combined with contextual considerations such as the teacher's personal circumstances, the learning environment and how the teacher might react, which cued leaders to the potential damage the feedback might have. Throughout the process, leaders struggled with whether protecting teachers risked not protecting learners and remained unsure about the ethics of intervening.

Discussion: Our study offers direction regarding how to optimize feedback to teachers while minimizing risk to their motivation. Implications include that there is value in: 1) extending feedback interpretation support to teachers, education leaders and learners; 2) situating upward feedback in a coaching dialogue; and, 3) applying the same principles recommended for the provision of feedback to learners, to teachers.

OG-3 Blend | Mélange

OG-3-1 Implementing Longitudinal Community Engaged Learning in Undergraduate Medical Education - Lessons From the First Cohort

Amy Gausvik University of Calgary, **Lisa Yeo** University of Calgary, **Ashleigh Gibb** University of Calgary

Methods: CEL has been an integrated component of the University of Calgary MD program for the last five years, but recently underwent a significant shift towards a more longitudinal (~1 year) model of engagement. In 2024, the first cohort of ~180 medical students completed a year long placement in community. Over 40 locally-based organizations partnered with the Cumming School of Medicine's Indigenous, Local and Global Health Office for CEL.

Results: Lessons garnered from the 2024 introductory year, will be shared in detail. A thorough, in-person, introductory CEL orientation for students, is beneficial in clarifying expectations and setting the stage. Opportunity of students and community partners to share their experiences at the institutional level enhances learnings and disperses valuable community-based knowledge that other faculty, staff and students may act upon to advance social accountability objectives.

Discussion: The learnings from the first year of a longitudinal, mandatory CEL placement for medical students are of interest to medical school leaders, faculty, and administrators, seeking to partner with community as co-educators in medical education settings.

OG-3-2 Characterizing Socially Accountable Research: A Scoping Review

Kerri Delaney Northern Ontario School of Medicine, **Maxwell Kennel** Northern Ontario School of Medicine, **Jessica Jurgutis** Northern Ontario School of Medicine, **Alex Anawati** Northern Ontario School of Medicine, **David Marsh** Northern Ontario School of Medicine, **Erin Cameron** Northern Ontario School of Medicine

Methods: Arksey & O'Malley, Levac et al., PRISMA-ScR, and JBI guidelines were followed. The search strategy was adapted and applied to MEDLINE, Embase, ERIC, and CINAHL databases. A total of n=5289 eligible articles were identified. Articles were excluded if published before 1995, in a language other than English, or were duplicates, leaving n=2840 articles for title/abstract screening. Of these articles, n=66 were included in the full-text screening.

Results: To date, our findings show that the basis of SAR relies on forming and nurturing relationships with the communities. For the researchers, effective knowledge translation is also vital and practicing reflexivity throughout is important. Further results will be presented upon the forthcoming completion of our scoping review.

Discussion: By improving the understanding of how to conduct SAR, we can improve the impact of research.

OG-3-3 [Characteristics of Successful Multidisciplinary Research Teams in Health Professions Education](#)

Meredith Young McGill, **Tim Dube** Université de Sherbrooke, **Laura Nimmom** University of British Columbia, **Anna Ryan** University of Melbourne, **Lambert Schuwirth** Flinders University, **Daniel Schumacher** Cincinnati Children's Hospital Medical Center, **Stuart Lubarsky** McGill

Methods: Grounded in a constructivist orientation, we conducted a qualitative descriptive study to explore participant experiences at six sites in three countries (Canada, Australia, United States). Using purposive convenience and snowball sampling, we interviewed 23 researchers in multidisciplinary research teams, using rich pictures as an elicitation technique. We used team-based reflexive thematic analysis to interpret and make meaning of the data.

Results: Participants shared positive and negative research team experiences, and through these we identified five themes: a) complementary expertise with clear role definition, b) team adaptability and leadership, c) team cohesion and interpersonal relationships/dynamics, d) operational coordination and collaborative processes, and e) balancing ambition with practicality.

Discussion: Research teams are both social and scholarly units -scholarly goals are met through team interaction, engagement, and functioning. Therefore, research team participation includes behaviours and attitudes that can either support or impede team functioning. Better understanding how and when research teams thrive could support the development of more effective teams; resulting in reduced waste and redundancy, better mobilization of team members' time and skills, and enhanced knowledge generation

OG-3-4 [Mixing It up: the Essential Role of Integration in Mixed Methods Research for Health Professions Education](#)

Jonathan Sherbino McMaster University, **Mark Lee** McMaster University, **Sandra Monteiro** McMaster University, **Elif Bilgic** McMaster University, **Daniel Brandt-Vegas** McMaster University, **Cheryl Poth** University of Alberta

Methods: A literature review was conducted on studies published from January 2023 to June 2024 in five leading HPE journals. The review focused on identifying how integration was described at three stages: study design, data collection, and analysis. A total of 43 primary research studies were included after screening.

Results: The review revealed that integration needs to be more adequately described and represented in MMR studies within HPE. Only a minority of studies (n=2) provided explicit rationales for integrating different methodologies. At the data collection stage, few studies (n=18) detailed the sequencing and synthesis of data collection methods. Finally, at the analysis stage, explicit descriptions of how sub-analyses were combined were limited (n=14), rarely including joint data displays to illustrate integration.

Discussion: These findings highlight a gap in the application and reporting of integration in MMR within HPE. Guidelines and exemplars are needed to ensure that integration is included in HPE research identified as MMR.

OG-3-5 Medical Students Usage and Knowledge of Cigarettes, E-Cigarettes and Cannabis

Rashi Ramchandani University of Ottawa, **Sebastian Karpinski** University of Ottawa, **Steven Xiu** University of Ottawa, **Jayson Kreidstein** University of Ottawa, **Rémi Vincent** University of Ottawa, **Sherry Tan** University of Ottawa, **Aravinth Jeba** University of Ottawa, **Hassan Mir** University of Ottawa

Methods: An online survey was developed by University of Ottawa medical students in collaboration with the Ottawa Heart Institute. It included questions on demographics, personal use, knowledge, and attitudes toward cigarettes, e-cigarettes, and cannabis. The survey was distributed to all University of Ottawa medical students via email and social media.

Results: Among 88 respondents (52 females, 35 males), 22 (25%) had tried cigarettes, 19 (22%) e-cigarettes, and 33 (38%) had used cannabis. While 61 (69%) reported no nicotine use, 48 (55%) reported no cannabis use. Forty-five students, which consisted of 35 first years, and 10 second years, reported receiving no formal education for these substances and felt underequipped to counsel patients about use patterns. Previous substance use history was reported to influence respondent's patient counseling ability for 37% of nicotine users and 55% of cannabis users. Didactic pre-clerkship lectures were poorly rated (23% satisfaction), with 89% of students preferring more practical training.

Discussion: This study reveals significant gaps in medical education on smoking, e-cigarettes, and cannabis, with many students lacking formal training. There is strong demand for more hands-on instruction so medical trainees feel comfortable and competent to counsel patients about substance use patterns in an empathetic, informative and empathetic manner.

OG-4 The Culture of Academic Medicine | La culture de la médecine universitaire

OG-4-1 Identifying and Implementing A Filtering Process for Preceptor Feedback From Students at the University of Alberta

Kelly Gibson University of Alberta, **Joanne Rodger** University of Alberta

Methods: Approximately 40,000 student comments from 2023 to 2024 were reviewed and about 6000 were filtered and removed from individual instructors' teaching reports. The filtered comments were analyzed using descriptive statistics and qualitative thematic analysis to look for patterns and themes across the data.

Results: Data from 2023-2024, and preliminary data from the 2024-2025 academic year will be presented. Of note, less than 0.5% of comments were filtered because they were psychologically unsafe (e.g. unprofessional); most of the filtered comments were non-comments (e.g. NA) and the rest were about the program or the course overall, not the individual instructor.

Discussion: Anecdotal evidence suggests that student feedback has become more negative and unprofessional in recent years. This filtering process and the resulting analysis are the first steps to formally understanding the types and amount of student feedback and its impact on individual instructors.

OG-4-2 A Surgical Habitus: is Learner Mistreatment A Story of One Bad Apple?

Stephanie Peel Dalhousie University, **Andrew Glennie** Dalhousie University, **Anne Mahalik** Dalhousie University, **Sarah Burm** Dalhousie University

Methods: In this critical qualitative study, informed by constructivist grounded theory, we conducted 20 semi-structured interviews with surgical faculty from 10 different surgical disciplines at one Canadian institution. Our analysis applied Pierre Bourdieu's concept of habitus to explore faculty perceptions of learner mistreatment. Habitus refers to the internalization of norms and values by individuals from one's environment. In surgery, this process develops during residency, where residents adopt the practices and behaviours of their specialty.

Results: Participants' surgical training shaped the habitus they embodied as faculty, influencing their perceptions of mistreatment. Many surgeons normalized and, sometimes, justified the mistreatment they witnessed as learners, viewing it as "part of the culture." For many, mistreatment had to be "egregious" or "horrendous" to be categorized as such. While many recounted instances of mistreatment during their own training, few recalled witnessing learner mistreatment in their current roles as surgical faculty.

Discussion: Our analysis shows that surgical training not only teaches technical skills, but also reinforces social norms about what it means to be a surgeon. Drawing on Bourdieu, this work moves beyond reductionist explanations that regard mistreatment as inherent to surgical culture, revealing how surgical culture comes to be embodied through a surgical habitus.

OG-4-3 Culture of Academic Medicine Initiative: A National Approach to Improving Wellbeing in Canadian Faculties of Medicine

Nicholas Dunn McMaster University, **Constance LeBlanc** The Association of Faculties of Medicine of Canada, **Victor Do** University of Alberta

Methods: CAMi has taken a change management approach (Kotter's steps) to build a national collaborative across all Canadian faculties of medicine focused on systemic wellbeing and culture change efforts. The collaborative aims to foster faculties to adopt and implement the Okanagan Charter and prioritizes improving the learning environment. The initiative centers on principles of equity, diversity, inclusivity and Indigenous reconciliation in its activities.

Results: CAMi has implemented a continuous improvement and evaluation approach. Key achievements include fostering a productive national collaborative and developing common resources such as the Implementation and Audit Tool. We have launched a new educational and critical dialogue series, the Wellbeing Matters webinar series, addressing topics like psychological safety and cultural change. We have also created a comprehensive website offering resources such as webinars, publications, and inspiring stories.

Discussion: Our next steps include centring psychological, physical and cultural safety in our efforts. CAMi will focus on scaling our efforts and sustainability, requiring additional human and financial resources. We aim to foster an academic consortium and common evaluation approach amongst our faculties to drive long-term culture change.

OG-4-5 [Challenging the Dominance of Student Evaluations of Teaching Effectiveness in Medicine: an Interview Study](#)

Christie Lee University of Toronto, **Helena Dhamko** University of Toronto, **Nivetha Chandran** University of Toronto, **Esther Bui** University of Toronto, **Heather McDonald-Blumer** University of Toronto, **Ryan Brydges** University of Toronto

Methods: We purposively recruited frontline clinical teachers, and Departmental leaders from multiple Medicine sub-specialties. We interviewed participants via Zoom. Our team collectively used principles of reflexive thematic analysis to integrate prior research and theory, while also attending to emergent themes.

Results: We interviewed nine leaders, and 16 clinical teachers. Participants affirmed that contextual factors (e.g., clinic pressures), and personal factors (e.g., depth of relationships) influenced teachers' SET scores. Participants desired transformations to the relationship between the Department and clinical teachers, to clarify processes, and address perceived impacts of power, hierarchy, and social identity. Participants perceived that the current system does not evaluate many aspects of effective teaching, including mentorship and investing in community and interest groups. Many described an ideal world of alternatives in which residents become one voice (e.g., amongst peers, dedicated coaches) contributing to scores of teaching effectiveness.

Discussion: Our findings support researchers and leaders aiming to disrupt the dominance of SETs in higher education. We plan to use our findings to implement and test viable alternatives for assessing teaching effectiveness. We anticipate that using SETs as a primary datapoint will continue to stimulate debate, tensions, and calls for system reform.

OG-5 Blend | Mélange

OG-5-1 [Cultural Humility in Healthcare for Asylum Seekers: A Mixed-Methods Study and Participatory Pilot Intervention in Montreal](#)

Emilie Gélinas Université de Montréal, **Emma Glaser** Université de Montréal, **Shayla Achkar** Université de Montréal, **Rachel Rodrigue** GMF-U de Bordeaux-Cartierville, **Lara Gautier** Université de Montréal

Methods: We propose a multiple case study comprising two components: (1) an evaluation of the existing training programs: using a realist evaluation framework, mixed methods to assess the development of cultural humility among residents (document analysis, observation, and individual interviews), and the satisfaction of asylum seekers (questionnaires); (2) a participatory pilot intervention employing co-construction and deployment of residents' reflexive spaces.

Results: In addition to optimizing existing training programs, this study will fill a knowledge gap concerning the implementation and effects of cultural humility training for residents.

Discussion: By improving the training of the next generation of family physicians, we aim to address the systemic barriers faced by asylum seekers, and to foster a more equitable and contextually appropriate healthcare experience for these individuals.

OG-5-2 The Impact of Longitudinal Learning on A New Generation of Medical Learners

Rithesh Ram University of Calgary **Grace Perez** University of Calgary, **Aaron Johnston** University of Calgary, **Nicolle Begert** University of Calgary, **Anil Keshvara** University of Calgary, **Martina Kelly** University of Calgary

Methods: We invited UCLIC students to participate in the post-placement semi-structured interviews. We performed thematic analysis using NVivo software to discover themes emerging from student longitudinal immersion experiences.

Results: Of 22 UCLIC students, 18 consented to be interviewed. Preliminary themes include building trust, preceptor teaching qualities, clinical skills and confidence acquisition, formation of professional identity and confirmation of rural suitability.

Discussion: Analysis of the data is ongoing. The identification of themes will support the development of a rubric to enhance and support entrance into medical school for individuals that are more likely to live and practice in rural and remote areas upon graduation. Results will allow us to optimize the rural education experience. This will also provide supports for the ongoing active advocacy work regarding achieving a sustainable rural health workforce now and into the future.

OG-5-3 Influence of Rural Physician Shadowing on British Columbian Medical Student Interest in Rural Practice

Elsie Jiaxi Wang University of British Columbia, **Jia Yu (Jennifer) Zhang** University of British Columbia **Judy Song Melissa Mantifel Jeffrey Holmes Aiden James Wilcox**

Methods: Medical students are invited to apply for 3-day funded rural shadowing experiences in a BC community. Applications were selected based on interest in rural medicine and travel logistics. Groups of medical students were assigned to a rural family physician in communities with populations as low as 1500. Students shadowed in primary and emergency settings. Students were asked to complete a survey to share their rural experiences and on a 5-point Likert scale, rated their interest in practicing rural medicine before and after the shadowing initiative.

Results: Data collection will continue this academic year following 5 more shadowing initiatives. Preliminary evidence from the first year rural shadowing was offered to 10 students showed that rural shadowing increased interest in practicing rural medicine by 38%. Student feedback was overwhelmingly positive.

Discussion: Our project highlights the impact of early rural shadowing on medical student interest in rural medicine. Such initiatives complement existing rural medical student recruitment pipelines. Findings are relevant to other medical schools who wish to increase student interest in rural health, as proof of concept to offer similar opportunities.

OG-5-4 [The Impact of Clinical Teaching Units on Senior Medical Students' Perceptions of Internal Medicine and Career Decisions](#)

Bianca Zaidel University of British Columbia, **Victoria Chen** University of British Columbia, **Tristen Gilchrist** University of British Columbia

Methods: Authors distributed an anonymous multiple-choice and short-answer survey exploring how CTU influenced perspectives on IM and career decisions to third-year medical students at UBC. Responses were analyzed with descriptive statistics and thematic analysis.

Results: 34/45 respondents answered all multiple-choice questions. 64% were neutral or interested in IM before their CTU rotation. Most felt that CTU provided sufficient information to make career decisions about IM (60%). 85% agreed that IM creates meaningful impacts and offers variety (94%). Many respondents felt these were important career decision factors (56%, 50%). Most students agreed they spent too much time on administrative tasks (70%) and "running the list" (54%). 88% felt that IM training would be difficult. Only 21% agreed IM allows for work-life balance with 62% indicating this was important for career decisions. 41% felt CTU increased their interest in IM. 71% were unlikely to apply to IM.

Discussion: While students felt CTU showcased the variety and meaningful impacts offered within IM, most believed the field requires difficult training and lacks work-life balance. Ultimately, CTU did not increase the majority of students' interest in IM. Data collection is ongoing.

OG-5-5 [Unseen and Unheard: Medical Student Perspectives on Interpreter Use and the Hidden Curriculum](#)

Emma McCrady University of British Columbia, **Sebastian Lopez Steven** University of British Columbia, **Erin Peebles** University of British Columbia, **Matthew Carwana** University of British Columbia

Methods: Semi-structured interviews were conducted with third- and fourth-year medical students at the University of British Columbia. The interview guide was informed by literature on cultural competency and interpreter use. Thematic analysis (Braun and Clarke 2006), identified key patterns and themes.

Results: Students described a tension between system efficiency and patient-centered care, with time constraints leading to underutilization of interpreters. The trainee as resistor theme revealed that students resisted clinical norms downplaying interpreter use, influenced heavily by the role modelling of attending physicians. Additionally, a hierarchy of tasks was observed, with interpreter use perceived as less important for attendings and more likely delegated to trainees.

Discussion: These findings highlight the hidden curriculum's role in shaping students' behaviours regarding interpreter use. Addressing both the hidden curriculum and structural barriers, through direct teaching and improved role modelling, may promote more consistent use of interpreters and improve care for patients with limited English/French proficiency.

OG-6 Blend & Black Health & Wellness | Mélange & Santé et bien-être des Noirs

OG-6-1 Gendered Language in Promotion and Tenure: Decoding Gender Bias Towards Women

Cassandra Collins Memorial University of Newfoundland, **Melanie Seal** Memorial University of Newfoundland, **Nicholas A. Fairbridge** Memorial University of Newfoundland, **Dolores McKeen** Memorial University of Newfoundland

Methods: Our study is a retrospective cohort analysis of the letters of support for applicants of P&T at Memorial University's Faculty of Medicine from 2014-2024 (1 of 17 medical faculties in Canada). 124 applicants were analyzed (65 men; 58 women). Data collected included the following: medical discipline, time elapsed since previous appointment, academic pillar, academic role, and the outcome.

Results: Data was analyzed using SPSS using Fisher's Exact Test (p < 0.05). Our data suggests that gender had an impact on the academic role applied for. Of notable interest - more women applied for the role of associate professor than the expected count (p = 0.033).

Discussion: Our research is ongoing and aims to not only expand upon current literature but to also determine if gender influences the applications for P&T at Memorial University's Faculty of Medicine. The preliminary data collected demonstrates that gender may have an impact on the academic role applied for but not the remaining factors identified.

OG-6-2 Grounding Medical Case Based Learning with Patient Narrative: A Multimedia Narrative Medicine Integration

Shmuel Rosenblatt University of British Columbia, **Meghan He** University of British Columbia

Methods: The Patient Experiences Project (PEP) is a student-run initiative creating patient interview videos and podcasts for UBC's Case Based Learning (CBL) curriculum. This project was formed upon recognition that CBL cases are limited in their text format and its reliance on the experience of students and tutors to explore psychosocial factors of patient care. Therefore, PEP was formed with the goal of grounding MedEd in the humanity and diversity of lived patient experiences. Foundational to this project is the iterative collaboration between student producers and patient interviewees. The patient is given creative agency to authentically capture their story and social context through film location selection and storyboarding. The patient-centered approach to this project is thus integral both in its production and its delivery.

Results: PEP's impact is two-fold. Firstly, it integrates narrative medicine as a curriculum foundation: every case learning objective is assessed through the lens of narrative competence and the psychosocial awareness it offers. Secondly, because recent research has identified that patient safety culture is built on person-centered care practice, PEP offers a channel to promote patient safety culture in pre-clinical education.

Discussion: Multimedia patient narratives thus supply the substrate for patient-centered dialogue to ground MedEd in the humanity of diverse patient experiences. This enables vertical integration of not only basic science and clinical medicine but also narrative competency and patient safety culture in MedEd.

OG-6-3 Language Discordance in Healthcare Settings

Divya Santhanam University of Toronto, **Shail Rawal** University of Toronto, **Malika Sharma** University of Toronto

Methods: We conducted a critical narrative review of the literature surrounding language discordance in hospitals. The research team met at regular intervals and conducted an initial review of foundational writings on raciolinguistics as it applied to language translation and current literature within medicine. From these preliminary articles, we continued to hand search further articles based on references included in these texts. Search strategies also involved searching multiple databases for English-language studies published in the last fifty years. We reference checked relevant retrieved articles to identify additional publications.

Results: Findings included three main themes, (1) the necessity of understanding the historical foundations of language construction in North America and its contribution to institutional language transition, (2) the role of interpreters as an institutional gatekeepers, (3) the power asymmetry between clinician (speaker of the dominant language) and patient (non dominant language speaker) in institutional contexts.

Discussion: Understanding the underlying structural factors contributing to language discordance is an important step to developing novel solutions to improve health care outcomes for non-dominant language speakers. This can ultimately help health care institutions imagine and create more equitable, multilingual spaces.

OG-6-4 Anti-Black Racism in Canadian Medical Education: A Qualitative Study

Oluwatomilayo Daodu University of Calgary, **Nicole Johnson** University of Calgary, **Isma Zafar** University of Calgary, **Sacha Williams** McGill, **Kannin Osei-Tutu** University of Calgary, **Stephen Mintsioulis** University of Calgary, **Benedicta Antepim** University of Calgary

Methods: We purposively recruited 17 Black faculty (n= 5), residents (n =3), and medical students (n=9) to participate between August and December 2023 at the Cumming School of Medicine, University of Calgary. Semi-structured interviews were performed, recorded, and transcribed verbatim. Thematic analysis was based on grounded theory and critical race theory frameworks. Participants were recruited until thematic saturation was achieved.

Results: Five themes emerged in thematic analysis: (1) Differential Treatment - participants universally experienced incidents of covert racism and microaggressions contributing to "othering." (2) Overt Racism - participants experienced and witnessed explicit racism towards themselves and others. (3) Lack of Safe Reporting Mechanisms - few reporting mechanisms exist, and participants mistrust the value and safety of reporting. (4) Barriers to Progression -students and faculty noted racism altering their career choices and limiting their options. (5) Lack of Anti-Racism in Medical Curriculum and Desire for Curricular Reform - participants noted the lack of diversity in teachers and curriculum material and the need for improved curriculum.

Discussion: Anti-Black racism is experienced by Black medical learners and faculty and affects safety in the learning environment, career choice, and career trajectory. Urgent structural, policy and curriculum changes are needed to address anti-Black racism.

OG-6-5 Guide De Mesures De Soutien Pour La Construction D'un Plan De Soutien À La Réussite Pour Les Résidents en Médecine De Famille De L'université De Montréal.

Sonia Bellefleur Université de Montréal, **Isabelle Gosselin** Université de Montréal, **Gabrielle Nadon** Université de Montréal, **Jeanne Bouisset** Université de Montréal, **Themilla Boumekla** Université de Montréal, **Nathalie Després** Université de Montréal, **Catherine Laurin-Bédard** Université de Montréal, **Tania Riendeau** Université de Montréal, **Benoit-Pierre Stock** Université de Montréal, **Pascale Thomas-Couture** Université de Montréal, **Catherine Turcot** Université de Montréal

Methods: Le comité de compétence central du programme a relevé toute les mesures mises en place par les milieux (19) depuis les 4 dernières années. Ces mesures ont été classifiées selon la nature du problème observé par les enseignants, soit d'ordre cognitif, affectif, relationnel, organisationnel et/ou de professionnalisme. Le comité a ensuite révisé chaque mesure et a déterminé la pertinence et la faisabilité. Afin de déterminer la pertinence, les membres du comité ont pris connaissance des outils et articles de littérature portant sur les difficultés de raisonnement clinique et ont utilisé les recommandations fondées sur les résultats d'une revue de littérature BEME (Lacasse et al, 2019) repérant les interventions de remédiation pour les apprenants en médecine de premier cycle et des cycles supérieurs qui éprouvent des difficultés académiques.

Results: Le guide sera disponible sur notre site internet et accessible à tous nos milieux à l'automne 2024.

Discussion: Ce guide est une ressource essentielle afin de mieux supporter nos résidents en situation de difficulté académique car il cible plus précisément et efficacement les moyens et stratégies qui peuvent être mise en place pour les milieux. L'élaboration et la mise en place d'un plan de soutien demande un certain investissement de temps et de ressource professionnels. Ce guide permet de faciliter l'élaboration et assure une meilleure efficience des moyens déployés.

Block H

OH-1 Social Discrimination in Health & EDI | Discrimination sociale dans le domaine de la santé & EDI
OH-1-1 Association of Disability Status with Induction Into Us Medical Honor Society

Mytien Nguyen Yale University School of Medicine, **Lisa Meeks** The University of Michigan, **Samantha Schroth** Northwestern School of Medicine, **Karina Pereira-Lima** The University of Michigan, **Christopher Moreland** The University of Texas Dell School of Medicine, **Sarwat Chaudhry** Yale School of Medicine, **Amy Addams** The Association of American Medical Colleges, **Dowin Boatright** New York University School of Medicine

Methods: We analyzed 2020-2022 deidentified data from the Association of American Medical Colleges Graduation Questionnaire (GQ). Self-reported disabilities were trichotomized into cognitive disability (e.g. ADHD), motor/sensory, and chronic illness categories. We used multivariate logistic regression was used to estimate the adjusted odds of induction into honor society, adjusting for students' first-attempt Medical College Admission Test score quartiles, sex, race, and ethnicity.

Results: Compared to their nondisabled peers, a lower proportion of SWD were inducted into AΩA (11.35% vs. 20.92%, aOR:0.48,95%CI:0.43-0.54). SWD were less likely to be inducted into GHHS (13.58% vs. 15.10%, aOR:0.85,95%CI:0.76-0.94). Students with cognitive disability, chronic illness, and those with more than 1 disability had the lowest rate of AΩA induction compared to nondisabled students, while students with cognitive disability were significantly less likely to be inducted into GHHS (aOR: 0.79, 95%CI: 0.70-0.89).

Discussion: These study results highlight the persisting necessity to address inequities in honor society membership and the need to build equity in medical education using an anti-ableist and anti-oppressive lens.

OH-1-2 [Decolonization of Health Based Curriculum: an Integrated Approach Anatomy and Medicine](#)

Yasmeen Mezil McMaster University, **Patricia Farrugia** McMaster University

Methods: Our 3 educational sessions for faculty, students and inter professional health care students (nursing, medicine, physiotherapy and rehab sciences) addressed the following learning objectives: Compare and contrast different views and perspectives about anatomy and physiology principles for medical learners. Explore how personal experiences and cultural practices can impact the relevance of anatomy as a physician and a patient Enhance awareness of the historical impact of colonization on anatomy principles and identify methods to address these concepts as a medical student The curricular content and design included participation from students from marginalized populations in UGME at McMaster University. A scoping review of this topic was also completed by a group of undergraduate students from several domains and cultural backgrounds.

Results: All sessions were well attended and well received by students, faculty and inter professional attendees. The feedback from these sessions was overwhelmingly positive

Discussion: Identifying the history, knowledge and practice acquisitions in anatomy and how it has been applied in medicine in a patriarchal manner, can motivate students to view anatomy differently in a culturally appropriate lens to positively impact on anti-discriminatory practices in both pathophysiology and anatomical knowledge applications in patient care.

OH-1-3 [Good Food is Good Medicine: Nourishing Health Education Coalition at Nosm University](#)

Joseph LeBlanc Northern Ontario School of Medicine, **Jessica Love** Northern Ontario School of Medicine, **Cassandra Whymark** Northern Ontario School of Medicine

Methods: The NHEC was established through a collaborative approach involving healthcare professionals, educators, and community members. We undertook planning and intentionally convened regional actionists and thought leadership to devise strategic collaborative actions aimed at addressing systemic barriers to local and Indigenous food systems. Virtual and place-based gatherings focused on regional thematic conversations helped inform the establishment of the coalition and orient its work. Through three Northern and Indigenous Food Rx Summits, the coalition engaged in focused placed based explorations of the concepts and practicality of food prescribing in northern and Indigenous communities in Northern Ontario.

Results: The result of the gatherings and summits facilitated the development a clear path forward for the provision of good foods for health and wellbeing in Northern and Indigenous communities. The path engages existing community assets, cultural practices, traditions, and ways of knowing as well as existing health care providers and educators.

Discussion: The significance of the NHEC lies in its structure and orientation towards addressing systemic barriers to health equity through networking in a health systems learning model. The NHEC can serve as a model for other health education environments challenged by any systemic challenges. The NHEC prioritizes ways of knowing that are wholistic. The coalition works toward centering relations and reciprocity "Good Food is Good Medicine" is a common understanding and saying within Indigenous communities. Food prescribing in health care is of growing interest and a reflection of this concept. The collective knowledge of the region and partners is what the NHEC values, with the understanding that this knowledge supports collective wellbeing.

OH-1-4 Locating Critical Reflexivity Within Medical Education Health Advocacy Curricula: A Review of Reviews

Sarah Dobrowolski University of Alberta, **Divsha Pillai** University of Alberta, **Andrea Reid** University of Alberta

Methods: In collaboration with a health sciences librarian, a systematic scoping review with a critical qualitative synthesis (Arksey & O'Malley, 2005; Levac et al., 2010; Tricco et al., 2018) was conducted by searching four databases (Cinahl, Embase, Google Scholar, Medline) for English language review articles published between 2005 - 2024 that relate to the concepts of both medical education and advocacy.

Results: A total of 1413 articles were retrieved and are being screened by three researchers to determine whether they meet inclusion criteria. Preliminary findings of screened articles demonstrate that critical reflexivity is not routinely invoked as a core concept within medical education health advocacy curricula.

Discussion: Although critical reflexivity is considered a foundational competency for health advocacy in other contexts, it is not routinely considered as such within medical education. Therefore, there is a need to help medical educators implement strategies that will enable learners to develop critical reflexivity as part of effective health advocacy training.

OH-1-5 Exploring Health Professional Workforce Diversity in Canada: to What Extent is the Health Professional Population Representative of the General Population

Cassandra Barber Independent Researcher, **Saad Chahine** Queen's University

Methods: We used 2021 Canadian Census public-use microdata to identify health professionals and compared their demographics with the general population. Our sample included individuals aged 25 and older with a degree in medicine, dentistry, veterinary medicine, or optometry, as defined by the National Occupational Classification (NOC) system. We applied sample weights and used descriptive statistics and the Shannon-Weiner Diversity Index to assess diversity by race, ethnicity, gender, age, marital status, generation, religion, and language.

Results: The weighted sample size of health professionals in Canada was 92,558 (3.5% of the population aged 25+), compared to a total population of 26,104,812. The health professions had a higher diversity index (1.49) than the general population (1.26), with greater representation of South Asian, East Asian, and Middle Eastern/North African groups. However, Southeast Asians and Indigenous Peoples were underrepresented.

Discussion: These findings underscore ongoing inequities in Canada's health workforce, highlighting the need for targeted efforts to achieve a more representative healthcare system. Further research is needed to explore these disparities in detail.

OH-2 Equity, Diversity and Inclusion | Équité, diversité et inclusion

OH-2-1 The Costs of Pursuing Equity Work in Medical Education

Jasmine Sodhi Dalhousie University, **Rachael Pack** Western University, **Carolyn Melro** Dalhousie University, **Anna MacLeod** Dalhousie University, **Andrea Rideout** Dalhousie University, **Gaynor Watson-Creed** Dalhousie University, **Sarah Burm** Dalhousie University

Methods: This case study explores equitable medical school selection at one Canadian medical school. From October 2020-December 2021, we conducted 19 semi-structured interviews with individuals actively involved in advancing EDIA within undergraduate medical education. Thematic analysis was used to analyze the data.

Results: Participants acknowledged the growing momentum of EDIA and celebrated small victories. However, they raised concerns about approaches that hinder institutional change, such as the pitfalls of diversity quotas and the risks of rushing into equity work to both those advancing equity and the learners and communities that stand to benefit. Participants also grappled with power dynamics in medical education, feeling torn between safeguarding their own psychological safety and protecting learners.

Discussion: Our findings highlight the often-overlooked emotional labour involved in EDIA efforts and the hidden toll it takes on those pursuing institutional change. The costs of equity work are significant, and as medical schools advance EDIA initiatives; greater resources should be allocated to address the challenging realities of equity-focused work in medical education.

OH-2-2 Assessing Disability and Accessibility Mcc Objectives in A Pre-Clerkship Md Program Curriculum

Claire Norman Queen's University, **Angel Gao** Queen's University, **Lisa Lavalle** Queen's University, **Andrea Guerin** Queen's University

Methods: Thirteen D&A-related MCC objectives were selected and their appropriate learning events (lecture and small group) were reviewed. The learning events were independently evaluated by two reviewers on the basis of language, information, and representation of PWD. Reviewers then grouped these learning events to identify themes.

Results: The presentation of D&A was varied throughout the curriculum. There was no particular pattern identified based on language, information, or representation. In general, the biomedical model was used when presenting disability. The thematic analysis yielded 4 themes: 1) Perception of Disability, 2) Information Presented on Disability, 3) Heterogeneity of PWD, and 4) PWD Engaging with the Healthcare System. Theme 4 was represented most within the curriculum.

Discussion: Overall, the presentation of PWD was heterogeneous; there were positive, holistic and person-first descriptions of PWD, and also the medicalisation of disability. Therefore, it is recommended that educators adopt the biopsychosocial model to provide a more holistic portrayal of PWD, which will better equip future healthcare providers to offer appropriate care.

OH-2-3 [Bridging the Gap: Insights From the Queen's University Undergraduate Medical Education Equity, Diversity, Inclusivity, Indigeneity, and Accessibility (Ediia) Committee](#)

Wiley Chung Queen's University, **Devina Ramesh** Queen's University

Methods: This qualitative study comprised 11 individual and focus group interviews of Queen's UGME EDIIA Committee members. The interview guide and thematic codebook were developed using a circular process involving the investigators, the Dean of Indigenous Health, and the Office of EDIIA. Interviews were recorded, transcribed, and analyzed using a deductive-inductive codebook with NVivo software. Themes were organized into a narrative review.

Results: Five themes were identified that contributed to the committee's success: 1. representation of various equity-deserving groups, 2. participation in curricular reform, 3. organized and defined structure, 4. institutional and faculty support, and 5. round-table student-led discussions.

Discussion: This presentation evaluates and disseminates the Queen's UGME EDIIA Committee and its key insights through the lens of its student and faculty committee members. We hope to encourage open discussion of EDIIA and empower other medical institutions to adopt EDIIA Committees to impact admissions, curriculum, research, and community engagement.

OH-2-4 [Lessons Learned: Cultivating Ediia Initiatives for Health Sciences Programs/departments](#)

Colleen Davison Queen's University, **Giselle Valarezo** Queen's University, **Sarah Funnell** Queen's University, **Connie Wighton** Queen's University

Methods: A SWOT analysis was utilized to identify lessons learned over the past few years via qualitative interviews, team meetings, and note taking during informal and formal dialogue. The collected information informed a series of recommendations to be shared with post-secondary institutions across Canada.

Results: Based on QHS EDIIA Initiatives has been able to create a physical space, housing Office of Equity and Social Accountability and Office of Indigenous Health, implement the QHS EDIIA Action Plan, and advance a series of equitable and inclusive initiatives. The strengths reveal the key qualities, resources, and practices that were utilized to build an inclusive environment. The weaknesses demonstrated the need for more effective communication with all learners, staff, and faculty. The opportunities were leveraged through partnerships, shifts in attitudes towards EDIIA, interprofessional community involvement, and championing by leadership. Finally, the threats included lack of resources, internal policies and procedures, competing priorities, and current climate.

Discussion: The incorporation of EDIIA into health sciences programs prepares future health professionals to provide more effective and personalized care for diverse patients and communities. Moreover, it aims to create compassionate and inclusive interprofessional health care teams.

OH-2-5 Strategies to Enhance Accessibility of Cadaveric-Based Anatomy Learning Experiences for Medical Students with Anxiety Traits Generated Through Narrative Review

Kailey Newel University of Calgary, **Kailey Newel** University of Calgary, **Sarah Anderson** University of Calgary

Methods: Using the documented lived experience of an individual challenged in the CBAL environment, themes were extracted and examined within the literature through snowballing to build a wider contextual understanding. From this framework strategies were developed, contextualized, and iteratively trialed to inform understanding. This generated literature informed and practiced strategies that were synthesized to create recommendations.

Results: Recommendations geared toward the environmental design, administration, curriculum development, wellness providers, educators, other learners, and the individual student were generated. Recognizing each contributing aspect emphasizes the shared responsibility and potential of collective impact of multilevel interventions.

Discussion: To address equity in learning, it is essential to acknowledge factors that pose challenges to those with conditions including anxiety components. This project is shared with the intention to initiate broader conversation, and prompt individuals to consider their own role in contributing to the collective responsibility of progressing towards universal design in learning.

OH-3 Blend | Mélange

OH-3- Addressing Research Gaps Among Medical Students in Mexico

Iván A.D. Medrano Robledo Asociación Mexicana de Médicos en Formación (AMMEF, A.C.), **Alejandra Guerrero García** Asociación Mexicana de Médicos en Formación (AMMEF, A.C.), **Usmar de Jesus Franco Andrade** Asociación Mexicana de Médicos en Formación (AMMEF, A.C.), **Aranza Escandón Wong** Asociación Mexicana de Médicos en Formación (AMMEF, A.C.), **Hassler Stefan Macías Sánchez** Asociación Mexicana de Médicos en Formación (AMMEF, A.C.), **Emma de la Salud Pahua Mota** Asociación Mexicana de Médicos en Formación (AMMEF, A.C.), **Oswaldo Torres Rodriguez** Asociación Mexicana de Médicos en Formación (AMMEF, A.C.), **Camila Edith Muñoz Salgado** Asociación Mexicana de Médicos en Formación (AMMEF, A.C.)

Methods: We developed a self-paced online course to address the gaps in medical research education among students. Coordinated by the Standing Committee on Medical Publication (SCOMP) of the Asociación Mexicana de Médicos en Formación (AMMEF), this intervention consisted of five modules covering key topics: Introduction, Delimitation, Methodology, Results and Discussion, and Conclusion. The program gathered expert professors, doctors, and trained students to facilitate the development of the educational content.

Results: The course spanned a total of 4 hours and 47 minutes. Participants completed pre- and post-assessments for each module, with quizzes used to determine their eligibility for certification based on a pass/fail system. Out of 568 enrolled participants, 207 successfully completed the course and earned certification.

Discussion: Implementing a peer-led research program helped build scientific foundations in hundreds of medical students. Collaboration between students and expert researchers was key to creating an accessible, high-quality program that fostered engagement. Similar programs could encourage young scientists to begin their research careers with essential skills and confidence.

OH-3-2 [Gamification in Pharmacy Education: Application in Pharmacist Prescribing for Minor Ailments](#)

Certina Ho University of Toronto (Lead Author**Zhiting Zhou** University of Toronto, **Xinyue Zhao** University of Toronto, **Fatima Hashemi-Sabet** University of Toronto, **Laura Brady** University of Toronto, **Samir Kanji** University of Toronto, **Yong Hwan (Tom) Lim** University of Toronto

Methods: We conducted a needs assessment among fourth-year PharmD students in December 2023 to identify MAs and associated concepts that were perceived to be challenging. We used Quizizz (gamification platform) and developed six multiple choice questions (MCQs) for each of the top three identified MAs. In May 2024, we hosted two online synchronous Quizizz sessions, followed by an asynchronous, self-directed homework-mode Quizizz. Participants completed a 12-item post-game evaluation questionnaire. Quantitative data collected were analyzed using descriptive statistics, and free-text input was subject to thematic analysis.

Results: Pinworms and threadworms, nausea and vomiting in pregnancy, and impetigo were perceived to be the three most challenging MAs. Sixty-nine students (30% Year 4 PharmD class) participated in the Quizizz sessions. Their average MCQ scores (i.e., knowledge accuracy) were 52%, 47%, and 41% for nausea and vomiting in pregnancy, pinworms and threadworms, and impetigo, respectively. Students reported that MA games allowed them to become more familiar with the MAs that they have minimal practice experience, identify knowledge blind spots, and recognize important concepts for patient assessments.

Discussion: Gamification in pharmacy education contributes to knowledge reinforcement in PPMA. Gamified education may also be applied to teaching and learning in undergraduate medical education.

OH-3-3 [Pharmacists' Knowledge, Attitudes, and Confidence in Recommending Mobile Health Applications to Patients: What We Learned From the Literature](#)

Certina Ho University of Toronto, **Wei Wei** University of Toronto, **Sheena Ye** University of Toronto, **Al-amin Ahamed** University of Toronto, **Karnie Garabedian** University of Toronto

Methods: A literature search was conducted in MEDLINE and EMBASE. Ten studies were reviewed and analyzed for factors related to using/recommending m-health apps, positive/negative attitudes on m-health app use/recommendations, and confidence/readiness in recommending a m-health app to a patient.

Results: A factor that influenced a pharmacists' knowledge on m-health apps was age. Pharmacists less than 35 years old have better perceptions of apps and their use in patient care. Factors that promote positive attitudes in app recommendation included features such as notifications or reminders, of which their use have improved patient adherence to medication use. Factors that prompted negative attitudes included lack of scientific evidence behind information provided within the app. Other barriers involved a lack of usability, unfamiliarity with using mobile apps, and security concerns. Factors that improved confidence in making app recommendations included whether the app was accessible in various app stores, visually appealing, easy-to-use, and presentation of information in a patient-friendly manner.

Discussion: From being aesthetically pleasing and user-friendly to being able to improve medication adherence and patient communication, all studies illustrated similar preferred factors in m-health apps. What we learned from the literature can serve as a starting point for future guideline development.

OH-3-4 [Greening the Curriculum: A Qualitative Study of Faculty and Learner Views on Planetary Health in Medical Education in Alberta, Canada](#)

Clark Svrcek University of Calgary, **Sonja Wicklum** University of Calgary, **Martina Kelly** University of Calgary

Methods: Purposive sampling was used to recruit a diverse range of resident and staff Family Physicians in Alberta for semi-structured qualitative interviews. Individual interviews were analyzed using template analysis mapped to COM-B to develop a priori themes, whilst also coding data inductively for new themes.

Results: Sixteen (16) staff and four (4) Resident Family Physicians in Alberta were interviewed. Common barriers to implementing Planetary Health education was a lack of knowledgeable teachers, uncertainty where this topic could fit in crowded curriculum, a need for educational resources, and the challenge of emotional resiliency for one's own eco-anxiety. Common facilitators to implementing Planetary Health education was the ongoing demand from students, Indigenous Ways of Knowing, personal motivations, and supportive leadership champions.

Discussion: There is an urgency to educate faculty and learners alike to implement sustainable healthcare principles in medical practices. Training teachers alongside learners is a necessity, as is collective shared effort from medical training programs. Integration of PH into all aspects of training is necessary to prevent siloing of this material.

OH-3-5 [Medical Education: Beyond the Tip of the Iceberg for System-Level Primary Care Solutions](#)

Maria Hubinette Simon Fraser University, **Rita McCracken** University of British Columbia, **Dawn Cooper** Simon Fraser University, **Steve Birnie** Simon Fraser University, **David Price** Simon Fraser University

Methods: We review the history of medical education reforms, starting with the Flexner Report, to demonstrate that simply increasing the number of medical graduates is insufficient. Systems-thinking highlights invisible factors shaping education and practice.

Results: SFU SoM will recruit learners that align with the mission. The innovative curriculum will focus on early, longitudinal exposure to team-based primary care, community partnerships, and cultural humility, incorporating Indigenous knowledge and health equity as central themes. Personalized support will ensure learners attain and maintain the abilities required for compassionate, culturally safe, competent care. However, challenges such as systemic inequities, infrastructure limitations, and availability of team-based care settings for training and practice will need to be addressed.

Discussion: By focusing on both visible and hidden factors, SFU SoM has the potential to redefine medical education's role in tackling Canada's primary care challenges

OH-4 International Medical Graduates & Black Health & Wellness | Diplômés internationaux en médecine & Santé et bien-être des Noirs

OH-4-1 Addressing the Health Workforce Crisis in Canada: Prepare, Employ, and Support Internationally Trained Physicians

Viren Naik Medical Council of Canada, **Max Morin** Medical Council of Canada, **Nancy Dalgarno** Queen's University, **Heather Braund** Queen's University, **Ingrid de Vries** Queen's University, **Céline Bruce-Lepage** Queen's University, **Eleftheria Laios** Queen's University, **Nicholas Cofie** Queen's University, **Oluwatoyosi Kuforiji** Queen's University, **Danielle Brown-Shreves** University of Ottawa, **Rasika Wijeratne** Queen's University, **Karen Shaw** Medical Council of Canada, **James Rourke** Memorial – University of Newfoundland, **Karen Mazurek** Medical Council of Canada, **Amy Harris** Medical Council of Canada, **Max Morin** Medical Council of Canada, **Viren Naik** Medical Council of Canada

Methods: A mixed methods design was used to elicit perspectives of key informants about the PRA and CA pathways in Canada. Interviews and focus groups were conducted with program staff, regulators, other pan-Canadian organizations, and provincial directors. An online survey targeted program staff, and ITPs who were enrolled in or completed PRA and CA programs. Qualitative data were analyzed thematically. Quantitative data were analyzed through descriptive and inferential statistics.

Results: A total of 187 individuals (nInterviews=7; nFocusGroups=48; nSurveyRespondents=137) participated. Barriers to the PRA pathway included program credibility, assessors, community integration, scope of practice, collaboration, communication, and administrative challenges. Barriers to the CA pathway involved jurisdictional differences, financial burden, and lack of opportunities. The 69 recommendations focused on pan-Canadian organization, government funding, PRA and CA pathways, assessors, ITPs, collaboration, communication, and recency of clinical practice.

Discussion: This research provides evidence-based recommendations to inform decisions designed to enhance the Canadian PRA and CA pathways and to improve the system for both ITPs and the communities they serve. This study is one step towards better preparing, employing, and supporting ITPs to practice in Canada including remote and underserved areas.

OH-4-2 Transitions Program for Internationally Educated Clinical Fellows

Tushar Malavade University of Toronto, **Jessica Jardine** University Health Network, **Ahmed Al-Awamer** University of Toronto, **Ebru Kaya** University of Toronto, **Helen James** University of Toronto, **Syeda Akefah Hashmi** University of Toronto

Methods: After a needs assessment, an online program was developed consisting of 8 modules assigned in 4 sessions spaced at 2-3 week intervals. For each session, while in their home country, the fellows completed 2 online modules followed by 1-2 hours of live sessions. The modules covered information about Canada including settlement, healthcare system, ethics and laws, patient safety, communication skills, working with the inter-professional team, social determinants of health, advanced care planning, onboarding, registration, and wellness. We conducted quantitative and qualitative pre- and post-program surveys, followed by qualitative focus groups (which are ongoing) after the start of the fellowship.

Results: 312 new fellows from 12 specialties and 6 continents registered for the program. 278 and 136 fellows completed pre and post-evaluation surveys respectively which showed improvement in confidence levels of all topics. 95% of respondents agreed or strongly agreed that the program enhanced their overall learning experience, 97% felt the content was at the right level, 82% felt it reduced their anxiety about the transition, 80% felt ease of transition to new clinical fellowship program, and 85% would recommend it to their peers and 87% felt it improved readiness to learn.

Discussion: The transition program was successful in alleviating anxiety and improving the confidence of new incoming international clinical fellows.

OH-4-3 Improving International Medical Graduate Routes to Clinical Placement in Rural Communities

Anurag Saxena University of Saskatchewan, **Loni Desanghere** University of Saskatchewan, **Tanya Robertson-Frey** University of Saskatchewan

Methods: A three-phase mix-methods study was carried out over two years. In phase 1, a realist review (exploring why and how certain IMG supports work, for whom, to what extent, and in what context) and an environmental scan (exploring current practices in Canada and other countries for getting IMGs into practice) were carried out. Phase 2 consisted of survey, interview, and focus group sessions with organizational stakeholders and IMGs in the province (data collected on the needs, barriers, challenges, and success factors). In phase 3, an analysis (descriptive statistics and content analysis of qualitative data) was carried out and recommendations were developed.

Results: Eight areas for improvement were identified. Recommendations to address these issues were developed based on results from phases 1 and 2.

Discussion: The recommendations were aimed at promoting successful outcomes for IMGs planning to become licensed and for IMGs practising in the province. The recommendations are intended to bolster successful outcomes in terms of gaining licensure in the province and retainment of IMG physicians in Saskatchewan, specifically in rural locations. Findings from this study are generalizable and applicable internationally.

OH-4-4 Addressing Gaps in Global Surgical Education in Low Resource Settings: Advantages and Barriers

Emily Volfson University of Toronto, **Anushka Pradhan** University of Toronto, **Zackary Tsang** Division of Brain, Imaging & Behaviour, Krembil Research Institute, Toronto Western Hospital, UHN, **Megan Mak** Division of Brain, Imaging & Behaviour, Krembil Research Institute, Toronto Western Hospital, UHN, **Mojgan Hodaie** University of Toronto

Methods: We developed ELMSpace, a mobile app with microlearning modules to enhance surgical knowledge using a competency-based design (CBD) framework. The app features didactic lessons, self-reflection prompts, AI-driven quizzes, and intraoperative videos to improve comprehension and retention. Content is developed in English and translated using multiple AI tools, followed by human review for accuracy and cultural relevance.

Results: The platform provides easy access to surgical education and material that is personalized for each participating site, benefiting over 20 trainees and proving adaptable to low resource settings. Users from Ukraine found the content relevant to their clinical settings, gaining exposure to complex cases that are rarely seen locally. The remote asynchronous model provides flexibility, minimizing the need for in-person training. Challenges include maintaining translation updates and engagement, suggesting gamification to reduce learner drop-off. Limited resources hinder skill application, and a mismatch exists between North American recommended practices and available resources. Despite these challenges, the platform remains a valuable tool for improving surgical training, adaptable to local constraints.

Discussion: Although resource limitations pose challenges, the platform's flexibility and frequent updates help bridge educational gaps in low- resource environments. By offering accessible, culturally relevant content, this solution has the potential to significantly improve surgical training, paving the way for sustainable education programs in diverse settings.

OH-4-5 [Community Hypertension Outcomes Improvement by Computerized Education Seminars (Choices) for the Black Community - Impact on Lifestyle & Dietary Choices](#)

Julianah Oguntala University of Toronto, **Morgan Martin** University of Toronto, **Nicole Da Silva** University of Toronto, **Maryam Taghavi** University of Toronto, **Tameika Shaw** Tameika Shaw Consulting, **Mireille Norris** University of Toronto, **Leila Hammond** University of Toronto

Methods: A virtual 4-week culturally-relevant nutritional seminar on hypertension management was provided to hypertensive Black adults. At baseline, upon completion and 4-weeks post-seminars, participants completed the University of Kansas Nutrition Literacy Assessment Instrument (UKNLAI) with an exit survey via RedCap. Seminars' impact on diet, weight, blood pressure, and exercise were assessed and focus groups were conducted.

Results: Preliminary results showed highest education levels were high school (45%), then college or diploma (35%) among participants (61.75 ± 12.9 years old, n= 20). 90% of participants were immigrants and 25% had a yearly income <$20,000. CHOICES's impact on making healthier choices, was reported as 4.4 on the 5-point likert scale. Comfortability with understanding food labels was 4.4 and 3.6. Weekly exercise time increased by 93% (p-value <0.01). Focus groups advocated for the implementation of a CHOICES handbook with exercises that reinforce their understanding of food labels. Pending analyses include nutritional literacy impact.

Discussion: Providing culturally-relevant dietary seminars to Black adults with hypertension can promote dietary changes for long-term management. Yet, 69% report increased grocery costs, presenting a potential barrier. Next steps include expanding recruitment to other community health centers for increased generalizability and statistical power to measure impact on blood pressure.

OH-5 Inter-professional Education | Formation interprofessionnelle

OH-5-1 [Bringing A Reflexive Health Equity Lens to Interprofessional Education: Re-Learning to Partner with Patients](#)

Sacha Agrawal University of Toronto, **Kateryna Metersky** Toronto Metropolitan University, **Donald Bettencourt** University Health Network, **Sylvia Langlois** University of Toronto, **Farah Friesen** University Health Network, **Stella Ng** University of Toronto

Methods: This activity was originally delivered in small groups in two parts. Patient partners first shared an aspect of their lived experience navigating a chronic illness. Students then engaged with a "reader's theatre" script derived from interviews with patients/clients and healthcare providers about their perspectives on partnership. We conducted interviews with patient/client partners to explore how their diverse social identities intersect with their experiences receiving care, and we incorporated this new information into the reader's theatre script to add a layer of intersectionality.

Results: The revised script was piloted in January 2023 with a subset of students and implemented with all 970 students in January 2024. To address power differences between patient partners and students during the activity itself, the role of patient partners was shifted from storyteller to co-facilitator. Lessons learned from our implementation of these changes will be presented.

Discussion: Preparing students to deliver healthcare equitably requires that educators continually work to address power relations in classroom and clinical environments.

OH-5-3 Fostering Radical Collaboration: A Transformative Approach to Ipe Curriculum Development

Elita Laios Queen's University, **Wiley Chung** Queen's University, **Andrew Giles** Queen's University

Methods: Recognizing the dynamic nature of academic programs, we shifted from a comprehensive curriculum mapping approach to a more adaptive process that tracks evolving interdisciplinary opportunities. An asynchronous survey will be distributed to program delegates to assess current IPE initiatives, barriers, facilitators, and potential for shared curricula. Survey results will be analyzed and discussed at an interdisciplinary forum, where Equity, Diversity, Inclusion, Indigeneity, and Accessibility (EDIIA) principles are weaved into shared curriculum development from the outset.

Results: The survey will be distributed to 45 FHS undergraduate and graduate programs on October 15, 2024. Results will guide discussions at the interdisciplinary forum on November 18, 2024, aiming to enhance IPE and create shared curricula that embed EDIIA principles.

Discussion: This initiative has the potential to transform interdisciplinary education by fostering radical collaboration across health sciences disciplines. Embedding EDIIA from the start ensures a more inclusive and equitable approach, benefiting both educators and learners.

OH-5-4 Evaluation of an Interprofessional Workshop on Vision Impairment for Medical Students

Tyler Herod Dalhousie University, **Kevin Hodgson** Dalhousie University, **Rhiannon Verran** Vision Loss Rehabilitation Canada, **Anuradha Mishra** Dalhousie University

Methods: The workshop was held for second year students at Dalhousie Medical School in 2023 and consisted of six stations. The workshop was led by an interprofessional team from Vision Loss Rehabilitation Canada including low vision specialists, occupational therapists, and people living with sight loss. A post-workshop survey was emailed to attendees.

Results: Of the 112 students who attended, 19.6% completed the survey. Attendees reported a better understanding of the challenges faced by those with sight loss (4.4 ± 0.7), more confidence in providing patient-centered care (4.3 ± 0.8), and a better ability to advocate for patients (4.2 ± 0.8). All respondents recommended the workshop to future cohorts of students.

Discussion: The survey results demonstrate that a single workshop was successful in building confidence in attendees in their ability to care for patients living with sight loss.

OH-5-5 [Sexual Health Education Beyond Sexual Medicine: A Study About Needs for Training and for the Inclusion of A Sex Therapist in an Interdisciplinary Team in Pediatrics](#)

Annick Bourget Université de Montréal, **Claude Julie Bourque** Université de Montréal, **Magdalena Jaworski** Université de Montréal, **Ahmed Moussa** Université de Montréal, **Louis-Philippe Thibault** Université de Montréal, **Joseph-Omer Dyer** Université de Montréal

Methods: A mixed-method online questionnaire was completed anonymously. Descriptive statistics and thematic analysis were used.

Results: From May to August 2024, 28 participants from 9 different professions (doctors, nurses, occupational therapists, physiotherapists, psychologists, etc.) completed the questionnaire. The majority of them (57%) had more than 10 years of experience in pediatrics. Almost two thirds (61%) had experienced at least one intervention related to sexual health issues but felt slightly uncomfortable or not comfortable at all. Most participant felt competent about discussions on sexual orientation, while gender identity, fertility issues and masturbation were themes they felt less competent with. The majority wished to participate in sexual health training (89%) and would appreciate a sex therapist consultant joining the team (96%).

Discussion: There is a demonstrated need for training and support in sexual health for healthcare providers working with hospitalized children and teenagers. The results will be used for piloting innovative specific training modules. The study will continue in different care settings with different patient populations (adults and children) to create a dedicated sexual health training curriculum, from undergraduate education to continuing education.

OH-6 Blend | Mélange

OH-6-1 [15th Anniversary of the Partenaires Curriculum for Teaching Collaborative Practices: Evolution and Lessons Learned](#)

Annie Descoteaux Université de Montréal, **Marie-Pierre Codsi** Université de Montréal, **Claudio Del Grande** Université de Montréal

Methods: We will present the key historical developments in collaboration and partnership education over recent years. This overview will be followed by a presentation of the initiatives undertaken and data collected within the PARTENAIRES training program, which have shaped and, at times, more radically altered our pedagogical orientations.

Results: Ten key recommendations will be presented drawing from our accumulated data and extensive field experience. These cover the day-to-day application of collaborative concepts within the course implementation team, development of clear governance for interfaculty collaboration, implementation of continuous feedback loops between all actors involved, and early and meaningful integration of patient partners into curriculum design.

Discussion: The PARTENAIRES curriculum's journey is of significant interest to all stakeholders engaged in the pursuit of effective methods for teaching interdisciplinary collaboration. We believe that the insights gained will be beneficial to educational programs aiming to enhance the training of future health and social services workers in collaborative practices and patient partnership.

OH-6-2 [Fostering Interprofessional Collaboration in Healthcare: Feasibility and Effect of A Single Inter-University Interprofessional Education Event](#)

Mutann Mac Cardinal Carrier Sekani Family Services, **David Anekwe** University of British Columbia, **Sean Maurice** University of Northern British Columbia, **Caroline Sanders** University of Northern British Columbia, **Elisha Williams** University of British Columbia, **Elly Park** University of British Columbia, **Jennifer Roters** University of Northern British Columbia, **Tammy Pearson** University of Northern British Columbia, **Robin Roots** University of British Columbia

Methods: Eight faculty members from six healthcare disciplines and a clinician from an equity-deserving group designed, implemented and facilitated the session, including developing the case study. The disciplines involved included medicine, physical therapy, occupational therapy, social work, nursing, and psychology programs from two universities. The extra-curricular session consisted of small-group interprofessional case discussions followed by a guided reflection debrief, scheduled in the evening to accommodate students' regular schedules. Invitations to participate were sent via email outlining the learning outcomes. Pre- and post-session surveys and facilitator assessments were used to evaluate the impact on learning outcomes.

Results: Sixty-eight students, from six different professions attended the session. Results indicated improvements in students' understanding of interprofessional collaboration and perceived collaborative skills. Facilitators' assessment indicated a high level of student engagement, collaboration and teamwork while brainstorming on the case. The success of the single pilot session also resulted in opportunities for further collaboration between the faculty members to sustain the initiative.

Discussion: A successful single session IPE session can increase the collaborative skills of healthcare students and provide a foundation for creating more sustainable IPE learning opportunities within healthcare education. These findings could inform future efforts to strengthen IPE opportunities in health professions education.

OH-6-3 [Restorative Justice Principles for Addressing Professionalism Lapses in Medical Education](#)

Jayson Stoffman University of Manitoba

Methods: A systematic review of remediation for professionalism lapses in undergraduate and post-graduate medical education was conducted.

Results: Four themes consistent with RJ principles were identified. Foundational in RJ interventions, psychological safety creates the necessary safe space for effective remediation through coaching, mentorship, and attention to the emotional impact of the process. Insight is critical in addressing professionalism concerns, highlighting the need for active accountability developed through self-awareness and self-reflection. Inclusive decision making is fostered through professional identity development in medical learners by providing individualized support and effective feedback. During remediation, learners rebuild trust and repair harm through active participation. Engaging in transformative learning and self-regulation, they take ownership of the problem and are motivated to make meaningful change.

Discussion: The themes and RJ correlates identified through the systematic review support a new model of restorative remediation for medical learners with lapses in professional behaviour. Prospective application and validation of the model will demonstrate its value in addressing this complex challenge in medical education.

OH-6-4 Addressing Ableism in Physician Well-Being Planning

Michael Quon University of Ottawa

Methods: The US National Academy of Medicine (NAM) launched a plan to improve health worker well-being and to address burnout among physicians. The National Plan for Health Workforce Well-Being is an important document that raises many important issues that can advance physician well-being and offers an example internationally to raise the importance of this issue.

Results: Review of NAM recommendations do not include accommodating underlying health conditions and disabilities. It acknowledges the importance of addressing system factors that undermine equity but does not address discrimination faced by physicians with disabilities.

Discussion: Structural ableism advantages nondisabled physicians over physicians with disabilities, which contributes to a lack of inclusion in the workforce. The inequities faced by physicians with disabilities have a profound impact on their well-being. Broadening the scope of well-being recommendations offers many opportunities to improve inclusion of physicians with disabilities. Advancing an accommodating work environment for physicians with disabilities would greatly improve well-being recommendations. In this presentation, review of growing national best practices and recommendations, to advance disability inclusion in medicine will be presented. JAMA. 2024 Jul 23;332(4):275-276. doi: 10.1001/jama.2024.7736

OH-6-5 Perceptions and Ethical Considerations of Artificial Intelligence Utilization in Eportfolio: A Comparative Analysis of Student and Coach Perspectives

Jessica Maher University of Ottawa, **Anna Byszewski** University of Ottawa, **Heather Lochnan** University of Ottawa

Methods: Surveys were administered to students and coaches in the UGME ePortfolio curriculum at the University of Ottawa, Ontario, Canada, inquiring about AI utilization, familiarity with AI policy, and opinions on the ethical implications of AI utilization in this context. Descriptive statistics were used to compare responses between the two groups.

Results: 37 coaches (52.86% of the coach cohort) and 46 students (9.59% of the medical student cohort) responded to the survey. Among students, 39.13% reported using AI tools, such as ChatGPT, to write their ePortfolio reflections, aligning closely with 36.36% of coaches who believed that AI was used by their students. Regarding the ethical implications of AI, 45.66% of students felt AI usage adhered to ethical expectations, in contrast to only 5.40% of coaches who agreed. Both groups demonstrated a significant lack of awareness of existing policies, with 71.74% of students and 83.78% of coaches being unaware of any relevant institutional guidelines. Despite this, 83.78% of coaches desired formal policies, compared to only 39.13% of students.

Discussion: The study reveals a gap between student and coach perceptions of ethical AI utilization in ePortfolio, highlighting the need for improved institutional communication to facilitate its ethical use in this setting.

Block I

OI-1 Blend | Mélange

OI-1-1 [Understanding the Emergent Processes and Outcomes in Accreditation: A Complex Systems Approach](#)

Do-Hwan Kim Hanyang University College of Medicine (HYUCM), **David Rojas** University of Toronto

Methods: We conducted a critical narrative review to explore the impact of accreditation in undergraduate medical education over the past 20 years (2004-2024) utilizing a complex systems framework to capture reported planned and emergent, processes and outcomes. A systematic search was conducted in the Medline, Embase, ERIC, and LILACS databases. Duplicates were removed and full text analysis was conducted on those articles that met our inclusion criteria.

Results: Our analysis identified the linear conceptualization of the accreditation as the main barrier to explore the potential emergent processes and outcomes associated with the accreditation practice. While there is a notable lack of evidence around emergent processes, halted innovation and decreased faculty morale were identified as emergent outcomes. Failure to meet accreditation intended goals was then categorized also as an emergent outcome.

Discussion: Our work continues to highlight the lack of evidence that exists regarding medical school accreditation, despite the significant power and large amount of resources devoted to this practice. We advocate that moving forward, any inquiry into accreditation practices should embrace the complexity of the accreditation process, in order to generate more comprehensive evidence that can help inform the future of medical school accreditation.

OI-1-2 [Examining the Utility of A Multisource Feedback Tool in Evaluating Program Director (Pd) Performance at A Canadian Medical Institution](#)

Jaspreet Gill University of Calgary, **Duaa Fatima** University of Calgary, **Crystal Boisselle** University of Calgary, **Lisa Welikovitch** University of Calgary, **Karen Fruetel** University of Calgary, **Artan Reso** University of Calgary, **Aliya Kassam** University of Calgary

Methods: The study employed a convergent parallel mixed methods design. Multiple-choice questions (MCQs) and free text box comments after each MCQ generated quantitative and qualitative data respectively. One survey obtained cross-sectional data from stakeholders (e.g., residents) regarding PD performance. A second survey was distributed as a self-assessment to PDs. Data was collected from 20 different residency programs. Psychometric analyses were conducted. Comments were open-coded using thematic analysis. Through converging findings, researchers determined feasibility and practicality of the tool.

Results: There was a total of 726 assessments across 68 programs. From the survey administered to stakeholders, using Cronbach's alpha, preliminary psychometrics indicated good internal consistency (n=726) (a = .89) for the 15-items in the PD-360 tool. An exploratory factor analysis revealed two distinct factors accounting for 48% of total variance. Preliminary qualitative findings indicated discrepancies between raters, as well as numeric and free text comment ratings of PDs.

Discussion: Comments provided extra insight into experiences with PDs, especially when provided by residents. Our research has the potential to generate a standardized toolkit for examining PD performance and satisfaction of stakeholders (e.g., residents) across Canadian PGME programs and beyond.

OI-1-3 [Building an Innovative Data Collection Framework: Enhancing Accreditation Data Collection Instrument (Dci) for Continuous Quality Improvement in Undergraduate Medical Education](#)

Sidrah Noor, Toronto Metropolitan University, **Nadiia Kachynska,** Toronto Metropolitan University, **Bushra K. Jaleel,** Toronto Metropolitan University, **Teresa M. Chan,** Toronto Metropolitan University

Methods: A qualitative content analysis of the Committee on Accreditation of Medical Schools DCI was used to identify, code, and categorize data points, as well as identify responsible portfolios and frequency of collection. This method provided a systematic approach to organizing and analyzing the data, ensuring that the plan was methodologically sound and responsive to the dynamic needs of accreditation and CQI cycles.

Results: This case study provides a detailed overview of the methodology for developing a comprehensive data collection plan. Through a multi-phase approach, 754 data points from the DCI were identified and mapped, aligning them with accreditation standards and CQI cycles. A clear data governance model was established, assigning each data point to a responsible portfolio, facilitating transparency and accountability.

Discussion: The development of the data collection plan at TMU School of Medicine demonstrates a significant advancement in how medical schools approach both accreditation and CQI. By involving stakeholders in the consultation process and assigning clear data ownership through a governance model, the framework promotes accountability and fosters a culture of data-driven decision-making across the institution.

OI-1-4 [Scholarly Activity in Carms: A Comprehensive Review of Program Requirements](#)

Asil El Galad McMaster University, **Hanna Van Dierdonck** McMaster University**Caleb Mathai** McMaster University, **Nikesh Chander** McMaster University, **Alyssa Palmateer** McMaster University, **Shenna Dunn** McMaster University

Methods: The study analyzed the CaRMS 2023 R1-entry program descriptions across all 17 Canadian schools of medicine, focusing on keywords related to scholarly activity. The frequency of these keywords in family medicine, internal medicine, and pediatrics were compared to those reported in 2019. Moreover, we conducted a qualitative analysis on the language used to describe scholarly activity across all six specialties.

Results: 97% of the programs across the six specialties reviewed mentioned scholarly activity in their CaRMS descriptions. Compared to 2019, in 2023 there was at least a 30% increase in the number of programs in each specialty previously studied that highlighted scholarly activity in their program description. Despite this, the language used to describe scholarly requirements varied significantly, reflecting a lack of standardization in how these expectations are communicated to applicants.

Discussion: While scholarly activity is considered in the selection process, the specific requirements and their importance remain unclear. Many programs used ambiguous language, which creates uncertainty for applicants. This lack of clarity highlights the need for more precise and transparent descriptions of research expectations to enhance transparency and consistency throughout the matching process.

OI-1-5 Les Facteurs Qui Influencent La Progression Des Résidents: Une Étude De Portée

Guylaine Laguë Université de Sherbrooke, **Joanie Rinfret** Université de Sherbrooke, **Randa Oubouchou** Université de Sherbrooke, **Linda Bergeron** Université de Sherbrooke, **Carolle Bernier** Université de Sherbrooke, **Élisabeth Boileau** Université de Sherbrooke, **Christina St-Onge** Université de Sherbrooke

Methods: La méthodologie d'Arksey et O'Malley (2005), bonifiée par Levac et al. (2010), a été utilisée pour réaliser une étude de portée sur les facteurs prédictifs de la progression des résidents en formation. Deux membres de l'équipe ont sélectionné les articles et extrait les données. Une analyse de contenu a été réalisée pour identifier les indicateurs potentiels d'un outil d'aide à la décision. Des groupes de discussion seront organisés pour valider la pertinence et l'acceptabilité d'un tel outil.

Results: Au total, 65 articles ont été inclus, et 18 critères ont été identifiés comme indicateurs de progression des résidents. Les plus fréquemment cités dans les articles sont le dossier de rendement du résident, qui regroupe l'ensemble des documents de candidature à la résidence, les connaissances et les compétences cliniques du résident, ainsi que son professionnalisme, tant sur le plan individuel que collectif.

Discussion: Notre étude vise à développer un outil d'aide à la décision pour les programmes de médecine familiale. Cet outil facilite le changement de milieu de formation pour les résidents en difficulté et optimise les ressources associées.

OI-2 Curriculum | Programme d'études

OI-2-1 A Multi-Stakeholder Qualitative Exploration of Factors Affecting Implementation of A Novel Experiential Medical Trainee Quality Improvement and Patient Safety Program

Sunny Raval University of Toronto, **Ali Butt** University of Toronto, **Muhammad Hasan Nassar** University of Toronto

Methods: Stakeholders across the QuEST Program were recruited via email invitation for semi-structured interviews about their experiences in the program. Interviews were audio-recorded and transcribed. Inductive thematic analysis was used to code data and synthesize emergent themes.

Results: Data collection and analysis is being finalized and findings will be available at the time of presentation.

Discussion: Qualitative exploration of various stakeholders will help improve the QuEST Program and broadly identify barriers and facilitators to developing and implementing a longitudinal experiential-focused QIPS training program and provide recommendations for implementing similar training programs in UGME.

OI-2-2 Silence Does the Heavy Lifting: an Interpretive Inquiry of Palliative Care Physicians' Experience of Silence in Canada and Ireland

Martina Kelly University of Calgary, **Catherine Sweeney** University College Cork, **Ellen McLeod** University of Calgary, **Stephen Mosca** University of British Columbia, **Megan Brown** Newcastle University, **Stefanie Rivera** University of Calgary, **Deirdre Bennett** University College Cork

Methods: We interviewed a purposive sample of 20 palliative care physicians in Ireland and Canada about their experience of silence in patient care. We chose palliative care, as this discipline often uses silence purposefully. The rationale for two sites was to explore cultural variations in silence. Data were analyzed interpretively, with close attention to language and story crafting.

Results: Rather than 'silence', participants describe 'silences' - a range of ways in which silence is experienced; intentional, for example, as an invitation to pause; existential, as a form of acknowledgement and attunement; and awkward - when silence is uncomfortable. Silence is experienced as a nexus of nonverbal communication involving body, gaze, use of space and touch, often expressed metaphorically (e.g.as a decelerator' or 'a scalpel.') Participants emphasized how silence can 'do the heavy lifting' in a consultation, and how allowing silence can be 'uplifting' within the doctor-patient relationship. Participants learned about silence through clinical experience rather than through formal education.

Discussion: Silence was an essential part of palliative care physicians' toolkit, often used purposely with compassion. Most physicians learned 'on the job' and pointed to the need for better communication skill training about engaging in silence in patient care. Several recommendations to develop education were made.

OI-2-3 Assessing the Impact of A Novel Auscultation Emodule on Medical Student Learning Outcomes: A Two-Year Cohort Study

Michal Moshkovich University of Toronto, **Adrien Lusterio** University of Toronto, **Nimit Vediya** University of Toronto, **Zia Bismilla** University of Toronto, **Christopher Gilchrist** University of Toronto

Methods: This cohort study evaluates the accuracy and confidence of pathological sound identification in the University of Toronto (UofT) Year 1 (2023-2024) and Year 2 (2024-2025) OSCE settings. The Year 1 cohort utilized existing curriculum resources for OSCE preparation. Performance data was collected as a primary outcome and supplemented by qualitative data from three surveys focusing on perceived auscultation knowledge and skill.

Results: While two-thirds of students reported OSCE academic preparedness, 61% indicated a gap in understanding of auscultation principles in practice. Year 1 performance data revealed that students averaged below 60% correct on stations involving simple characterization of a murmur and adventitious sound on audio playback, citing limited exposure (64%) and lack of audio-visual learning resources (46%) as barriers. Additionally, 62% of students expressed a need for curated resources that include audio samples of pathologies.

Discussion: Our quasi-experimental study demonstrates the need for structured auscultation practice within the UofT clinical skills curriculum. To meet this need, we have created a series of multimedia cardiac and respiratory auscultation learning eModules for the Year 2 cohort to use throughout clinical learning. Data produced from eModule completion will be linked with 2025 OSCE student performance to evaluate the role of auscultation eModules in supporting medical students' knowledge and skill acquisition.

OI-2-4 Development of an Outcome-Based Clinical-Administrative Curriculum for Transition to Practice for the Residency Emergency Specialty Training Program of University of Montreal

Patrick Lavoie Université de Montréal, **Virginie Labossière** Université de Montréal, **Pierre Desaulniers** Université de Montréal, **Véronique Castonguay** Université de Montréal

Methods: This action-research uses an emerging outcome-based model from the conceptual background. Twenty-eight graduates from the last six years were targeted to answer a questionnaire aiming to identify the retrospective perceived training needs. Five medical-administrative experts participated in a focus-group to list priority academic needs. Quantitative data was analyzed by frequency distribution, and qualitative data, by coding and triangulation.

Results: The existing curriculum was mapped. Results from both groups showed, by priority, practical training needs that are complementary or concordant with CAEP recommendations. The combination of data allowed the emergence of themes for competency categories, which are 1) defining the scope of the emergency physician administrative role, 2) management of patient care during clinical shifts, 3) management of an emergency department, 4) administration surrounding patient care within a health system, 5) approach to change healthcare related, 6) project management and 7) administration and medico-legal documentation.

Discussion: This project answers the certification and practical needs for clinical-administration training for senior residents transitioning to practice. The described methodological process can be contextualized and exported to other programs.

OI-2-5 Student Perspectives on Curricula Diversification and the Learning Experience

Neha Khanna Dalhousie University, **Lynette Reid** Dalhousie University

Methods: The interview questions were guided by three main questions: how the medical curriculum enhances students' understanding of the social determinants of health (SDoH), how it addresses sociopolitical inequities in medical education and care settings, and whether recent curriculum changes have better equipped students to tackle systemic issues with an integrated SDoH perspective. Inductive thematic analysis was conducted.

Results: Thirteen students (8 from Class of 2023 and 5 from Class of 2026) participated. Key themes included: improved understanding of oppression through targeted CBL questions, the need for more SDoH integration, prioritizing leadership and advocacy in pre-clerkship, institutional support for safer spaces, the impact of group dynamics, and sensitivity to learners' potential adversities.

Discussion: This study highlights the importance of considering institutional settings and learner safety alongside curriculum content diversification for teaching SDoH. Engaging student feedback is crucial for effective curriculum updates, offering valuable insights into the learning experience and informing broader diversification efforts. This study offers a novel perspective for curriculum designers and the themes that emerge can inform diversification efforts elsewhere.

OI-3 Faculty Development | Formation professorale

OI-3-1 Celebrating A Decade: Successes and Next Steps of A Community of Practice for Health Professional Educators in Family Medicine

Judith Peranson University of Toronto, **Serena Beber** University of Toronto, **Deborah Kopansky-Giles** University of Toronto, **Joyce Nyhof-Young** University of Toronto, **Viola Antao** University of Toronto, **Paul Krueger** University of Toronto, **Ian Waters** University of Toronto, **Risa Bordman** University of Toronto, **Josh Plener** Canadian Memorial Chiropractic College, **Vyshnave Jeyabalan** University of Toronto

Methods: A mixed methods approach was utilized to evaluate the design, successes to date, and explore advancement opportunities for the community through an online survey and focus groups (FGs) with CoP members. The study aimed to 1) describe current CoP membership; 2) identify common challenges and support needs of HPEs; 3) highlight the value of HPE engagement in the CoP; and 4) inform future directions.

Results: 20 HPEs completed the online survey, and 9 participated in follow-up FGs which included validation (member checking) of survey results. Shared challenges to HPE role implementation included lack of formal feedback on teaching, lack of awareness of local supports, and difficulty balancing clinical load with academic demands. HPEs value the presence of the CoP, and stressed that further development is required to shift their role as being perceived as an "extra or icing on the cake" to becoming a "core component in the recipe" of medical education in the DFCM.

Discussion: This study highlights several successes and proposed next steps for a 10-year-old CoP for HPEs, which is the first formal faculty development program of its kind in Family Medicine in Canada.

OI-3-2 Faculty Development in Socially Accountable Teacher Training: an Environmental Scan

Ghislaine Attema Northern Ontario School of Medicine, **Erin Cameron** Northern Ontario School of Medicine

Methods: A novel standardized assessment tool was developed to record evidence of FD in 1) teacher training 2) socially accountable teacher training, and 3) institutional supports for teacher excellence. Using this tool, websites for all 17 medical schools in Canada were search and information related to these objectives was collected.

Results: Initial results show that generally there is variability in the depth and breadth of FD in teaching and learning across institutions. There is little evidence of FD in SA teaching and learning, and where such evidence exists it is often not explicitly named as such. Institutional evidence to support teacher excellence can be found and is often part of larger whole institution efforts. There is evidence to support a culture which values medical education generally, but limited evidence specifically in teacher training or socially accountable teacher training.

Discussion: If medical education in Canada is to move forward in SA, faculty development in socially accountable teacher training needs to be developed. Faculty are the primary drivers of medical education and transforming education to improve health requires transformation of faculty development in teacher education.

OI-3-3 Bridging Distances: Enhancing Faculty Connection Through "Hybrid Plus" Faculty Development

Katherine Wisener University of British Columbia, **Heather Buckley** University of British Columbia, **Erica Amari** University of British Columbia, **Marcia Choi** University of British Columbia, **Sharon Doucet** University of British Columbia

Methods: The UBC FD Office piloted a hybrid 'Research and Reflections in Teaching' Day, where teaching faculty across health professions gathered in-person at nine sites across the province of BC (urban and rural) to facilitate both accessibility and connection. Each site connected over videoconference and had dedicated faculty and administrative room hosts supporting the activities. The event included a keynote lecture, interactive discussions, teacher appreciation elements and opportunities for connection.

Results: Of the 117 in-person and 45 virtual participants, 92 completed a post-event evaluation. 95% rated the quality of the educational experience favourably (agreed or strongly agreed). The majority (74%) felt appreciated for their teaching, and 98% indicated they strengthened connections with the teaching community with comments valuing local discussions, interactive activities, and opportunities to extend their own learning. Suggested improvements included providing more time for discussion between sites.

Discussion: While requiring extensive planning and administrative support, having in-person and online options to join, dedicated room hosts at each location to support participants, and a mixture of faculty development content and engagement activities, led to an accessible event that offered opportunities for faculty to learn, connect, and feel a part of the teaching community.

OI-3-4 Exploring Motivations and Goals of Faculty Mentees in A Large University Department Mentorship Program

Shaheen Darani University of Toronto, **Mary Jane Esplen** University of Toronto, **John Teshima** University of Toronto, **Certina Ho** University of Toronto, **Nicole Kozloff** University of Toronto, **Krista Lanctot** University of Toronto, **Jiahui Wong** University of Toronto, **Lisa Fiksenbaum** University of Toronto, **Danica Kwong** University of Toronto

Methods: Evaluation includes quantitative surveys at registration and over three years, collecting demographic, motivations, perceptions, satisfaction, and wellness information. Online surveys included closed/open-ended questions. Descriptive statistics were used to analyze quantitative data. Thematic analyses were applied to open-ended responses.

Results: Eighty-eight mentors and 138 mentees registered; 63 (46%) matched and 75 (54%) in the matching process. Among mentees, 28.4% are Lecturers, 63.5% Assistant Professors, and 2.7% Associate Professors. For mentorship goals, 87.8% mentees strongly agreed or agreed to "gain support/guidance for careers"; 74.2% to "learn about/develop pathway for academic promotion"; 69.7% to "further develop academic skills"; 66.7% to "further develop professional relationships", 65% to "expand networks"; and 30% to "clinical skill development". Topics of interest include planning tools (48.5%), work-life balance (49%), managing difficult conversations (46%), and negotiating goals (41%). Other interests include increasing visibility, combining academic/clinical work, time management, and gaining specific skills. Mentee-anticipated challenges include time, differing goals, giving feedback, and navigating difficult conversations.

Discussion: Preliminary feedback is encouraging. Mentees expressed interest in gaining skills/knowledge across different domains. Continuous quality improvement of the mentorship program will address their anticipated challenges.

OI-3-5 Coaching the Coaches: Faculty Development to Facilitate the Transition to A Competency-Based Curriculum

Shaheen Darani University of Toronto, **Nikhita Singhal** University of Toronto, **Certina Ho** University of Toronto, **Ivan Silver** University of Toronto, **Denyse Richardson** Queen's University, **Deanna Chaukos** University of Toronto, **Inbal Gafni** University of Toronto

Methods: A needs assessment informed the development of three virtual workshops ("CBD and Assessment", "Coaching 101", and "Professionalism"). Session feedback and another needs assessment informed a subsequent 'Advanced Coaching Skills" workshop series featuring content on learning plans and coaching proficient residents. Workshops were interactive and incorporated educational best practices. Evaluation involved immediate post workshop surveys including closed/open-ended questions which were administered electronically. Descriptive statistical techniques were used to analyze survey data, and thematic analyses conducted to analyze open-ended questions.

Results: The majority of participants found the content relevant to their needs, the format interesting/engaging, rated the workshops excellent, and considered changing practices. Qualitative feedback showed participants valued the following: overview of theory behind new assessments, clarification of supervisor expectations, opportunity to reflect teaching/coaching.

Discussion: Feedback suggests faculty found the series useful and considered changing their practices, and thus may represent an effective method of facilitating the transition to CBME. Feedback will inform future sessions.

OI-4 Teaching and learning | Enseignement et apprentissage

OI-4-1 Low-Achieving Medical Students' Self-Regulated Learning Using Structured Srl (Ssrl) Diaries

Zahra Zarei Hajiabadi Tehran University of Medical Sciences, **John Sandars** Edge Hill University, **Roghayeh Gandomkar** Tehran University of Medical Sciences

Methods: A 4-week SRL intervention was provided to 20 year 2 students during the nervous system block. All students had to complete a weekly electronic SSRL diary with open-ended questions about their goal-setting and self-reflection regarding studying for the block. A 5-step framework analysis was performed to analyze the data.

Results: Data from 80 diary entries was analyzed. The themes obtained for goal setting were studying materials, cognitive strategies, metacognitive strategies, mastery goals, performance goals and motivational beliefs. Goal-setting strategies was increased during the intervention. Themes obtained from the analysis of the reflection part of SSRL diaries were motivational beliefs, metacognitive monitoring strategies, attention and concentration, cognitive strategies and attributions. students considered that their greatest strengths were the use of cognitive strategies and their main weakness was not using metacognitive strategies which improved during the four weeks.

Discussion: The results confirmed the success of the intervention in encouraging students to adopt an adaptive approach to regulating their learning over time. We recommend SSRL diaries as a potentially useful approach for developing SRL in low-achieving students.

OI-4-2 Encountering Death Throughout Medical School: A Longitudinal Discourse Analysis

Anna MacLeod Dalhousie University, **Paula Cameron** Dalhousie University, **Victoria Luong** Dalhousie University, **Olga Kits** Dalhousie University, **Sarah Burm** Dalhousie University, **Simon Field** Dalhousie University, **Stephen Miller** Dalhousie University, **Wendy Stewart** Dalhousie University

Methods: We conducted a longitudinal Critical Discourse Analysis exploring discourses of death throughout a four-year medical program. This presentation focuses on longitudinal interview data on experiences with death with 12 students over four years of medical school (n=92 interviews). Interviews were conducted via Microsoft Teams and data were managed with ATLAS.ti.

Results: Throughout the pre-clinical phase (Y1&2), learners anticipated how they might encounter death and perform the idealized physician role. As they progressed, they conceptualized medical knowledge as key to reducing uncertainty and related anxiety. In the clinical years (Y3&4), learners began resisting the discursive construction of the idealized physician. Instead, they focused on being present and human in the face of death. They identified space and time to honour emotion as an essential, but often missing, element.

Discussion: Our analysis uncovered key moments when learners negotiated and/or resisted dominant discourses relating to death and the idealized physician role. Contrary to seeing a decline in empathy during clinical years, clinical placements brought opportunities for participants to affirm humanism in medicine. Ensuring time, space, and support for learners to be present with patients are concrete ways we can affirm the humanness of not only patients, but also physicians and learners, when encountering death.

OI-4-3 Transforming Learner Handover to Promote Self-Regulated Learning: Views From the Postgraduate Learner

Allen Tran Dalhousie University, **Aaron Leblanc** Dalhousie University, **Ian Epstein** Dalhousie University, **Babar Haroon** Dalhousie University, **Caitlin Lees** Dalhousie University, **Jenna MacGregor** Dalhousie University, **Nabha Shetty** Dalhousie University, **Ceilidh MacPhail** Dalhousie University, **Jorin Lindensmith** Dalhousie University, **Brian Moses** Dalhousie University, **Kyle McCoy** Dalhousie University, **Robyn Doucet** Dalhousie University

Methods: This qualitative study used constructivist grounded theory. Semi-structured interviews were conducted in a virtual format with 7 postgraduate learners in IM at a single center in Canada. Two team members conducted iterative, inductive analysis to develop codes and themes. Final themes were generated after a series of reflexive discussions with our purposefully assembled research team of faculty and learners with varied experience and perspectives within medical education.

Results: Despite participating in LH, learners did not identify the process as a known phenomenon. The identified benefits include longitudinal coaching, self-regulated learner development, and advanced knowledge of the clinical teaching unit team members' strengths and weaknesses. The risks of biasing supervisors and learner anxiety were noted. To improve the practices of LH, learners suggested LH should be learner-centric, have minimal impact on the current assessment burden, standardized and transparent. A model to implement LH that integrates these findings with existing literature and promotes self-regulated learning is described.

Discussion: Postgraduate learners have similar perspectives on LH as other groups within medical education. A model for LH that refocuses and leverages existing LH activity into a process for developing a self-regulated learner is created from the findings in this study and from the literature.

OI-4-4 Ai in Medical Education: Interactive and Personalized Learning with Osceai

Eddie Guo University of Calgary, **Mehul Gupta** University of Calgary, **Ye-Jean Park** University of Toronto, **Rashi Ramchandani** University of Ottawa

Methods: The web-based platform OSCEai was developed to generate interactive clinical scenarios using LLMs from OpenAI (GPT-4o) and Meta (Llama 3) with transcription and text-to-speech features. First-year medical students at the University of Calgary used OSCEai in-class to take a patient history. Following use, students responded to an anonymized survey comprised of a Likert scale and qualitative feedback section to evaluate the platform's usability, educational impact, and overall experience. Statistics were reported using a 95% confidence interval.

Results: Among the 37 respondents, the overall reception of OSCEai as a learning tool was 4.62±0.17 (1=very poor, 5=very good). Compared to lecture-based methods, typically including flipped classroom lectures and patient presentations, OSCEai was favourably rated 4.14±0.20 (1=much worse, 5=much better), and the app's generated feedback for students was preferred over traditional learning methods and rated as 4.03±0.21 (1=much worse, 5=much better). Of the respondents, 89% valued the ability to request clinical data, 81% appreciated self-paced learning, and 78% found OSCEai's realistic patient interactions beneficial for their learning.

Discussion: The study results demonstrate OSCEai's potential to enhance medical education by offering scalable and interactive patient simulations. As medical education continues to evolve, technology-based platforms of OSCEai are positioned to provide personalized education and overcome logistical barriers associated with lecture-based teaching, thereby preparing physicians in training to meet the challenges of modern healthcare.

OI-4-5 Using Chatgpt in Psychiatry to Design Script Concordance Tests in Undergraduate Medical Education: Mixed Methods Study

Alexandre Hudon Université de Montréal, **Barnabé Kiepura** Université de Montréal, **Myriam Pelletier** Université Laval, **Véronique Phan** Université de Montréal

Methods: This mixed method study evaluated 3 ChatGPT-generated SCTs with 3 expert-created SCTs using a predefined framework. Clinician-educators as well as resident doctors in psychiatry involved in undergraduate medical education in Quebec, Canada, evaluated via a web-based survey the 6 SCTs on 3 criteria: the scenario, clinical questions, and expert opinion. They were also asked to describe the strengths and weaknesses of the SCTs.

Results: A total of 102 respondents assessed the SCTs. There were no significant distinctions between the 2 types of SCTs concerning the scenario ($P=.84$), clinical questions ($P=.99$), and expert opinion ($P=.07$), as interpreted by the respondents. Indeed, respondents struggled to differentiate between ChatGPT- and expert-generated SCTs. ChatGPT showcased promise in expediting SCT design, aligning well with Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition criteria, albeit with a tendency toward caricatured scenarios and simplistic content.

Discussion: This study is the first to concentrate on the design of SCTs supported by AI in a period where medicine is changing swiftly and where technologies generated from AI are expanding much faster. This study suggests that ChatGPT can be a valuable tool in creating educational materials, and further validation is essential to ensure educational efficacy and accuracy.

OI-5 Equity, Diversity and Inclusion | Équité, diversité et inclusion

OI-5-1 Exclusivity of Spaces and Structures in the Medical Training Environment

Simran Sandhu University of Calgary, **Debby Oladimeji** University of Alberta, **Kirstie Lithgow** University of Calgary, **Amy Bromley** University of Calgary, **Pamela Roach** University of Calgary, **Tito Daodu** University of Calgary, **Catherine Hamel** University of Calgary, **Alan Santinele Martino** University of Calgary, **Shannon Ruzycki** University of Calgary

Methods: A mixed methods approach was adapted from Richards and Person to describe EDIA in medical training environments. Through scoping review, 188 relevant EDIA architectural design features were initially identified. These features were then categorized as either elements of the built environment or indicators for assessment to create a draft inventory. The inventory was subsequently refined through expert consultation and focus groups with 14 participants from equity-deserving groups. The final phase involves pilot-testing the inventory by mapping the user journey of CSM medical students.

Results: The inventory has been developed to include inclusive and exclusive elements of the built environment. These elements are organized into three levels of user needs using a modified Habitability Framework, while indicators are divided into nine distinct categories. The inventory expands beyond functional and physical definitions of EDIA to encompass structures, safety, social norms, and cultural factors.

Discussion: The formal Equity & Dignity inventory is poised for pilot testing and represents a novel approach to evaluating EDIA in medical training facilities. This inventory will help assess elements that support or hinder inclusion for equity-deserving students, guiding the retrofitting and redesign of CSM facilities and promoting accountability to these groups.

OI-5-2 Finding Common Ground: the Potential for Enacting Culture Change Through an Anti-Black Racism Elearning Module

Oshan Fernando Sunnybrook Research Institute, **Kyla Simms** Sunnybrook Research Institute, **Giovanna Sirianni** University of Toronto, **Dominick Shelton** University of Toronto, **Michelle Lynch** Sunnybrook Health Sciences Centre, **Mireille Norris** University of Toronto, **Ayelet Kuper** University of Toronto, **Morag Paton** University of Toronto, **Cynthia Whitehead** University of Toronto, **Laurie Legere** Sunnybrook Health Sciences Centre, **Amanda Squires** Sunnybrook Health Sciences Centre, **Myrene Lychek** Sunnybrook Health Sciences Centre, **Rowena Hamlet** Sunnybrook Health Sciences Centre, **Csilla Kalocsai** Sunnybrook Research Institute

Methods: We interviewed 23 participants to understand how the course content was received by non-Black identifying (n=20) Sunnybrookers. Inductive, iterative data analysis was conducted during the data collection phase.

Results: Participants struggled to remember details of the course content, but felt they learned in general about the erasure of Black Canadian accomplishments from hegemonic narratives. Several non-Black racialized participants drew on their own experiences of discrimination/oppression to develop a sense of "thick solidarity" (Liu and Shange) with Black Canadians, sometimes at the risk of minimizing the specificities of anti-Black racism. Some developed reflexivity in encounters with Black colleagues and patient encounters.

Discussion: Despite its possibilities and limits, the module allowed participants to symbolically reimagine the hospital and its commitment to anti-Black racism. In using the course content to reflect on their own intersecting identities beyond that of race, some participants critiqued the received racial classificatory system that has organized relations within and outside the hospital in ways that may kindle a kind of `transformative politics' (Dei) and reach fruition if reinforced via more localized critical pedagogical practices.

OI-5-3 Exploring Gp and Gp Trainees' Perceptions of Their Preparedness to Meet Women's Health Needs

Catherine Kennedy University of Dundee, **Zoe McElhinney** University of St Andrews

Methods: A qualitative research design was utilised to conduct 12 semi-structured interviews with GPs (9) and GP Specialty Trainees (3) in NHS Tayside, Scotland. A thematic analysis was conducted, with the transcripts repeatedly scrutinised by both researchers and the core themes identified developed into composite narratives.

Results: Participants' awareness of the WHP was low. GPs felt more able to meet women's health needs which could be managed within primary care, and when local training and guidelines were available. Constraints on meeting women's health needs included their complexity, the medicalisation of social issues, and inter and intra-organisational issues. Some male GPs felt less comfortable, knowledgeable and at risk of deskilling due to the sex divide in service provision, yet female GPs more readily identified aspects of training required.

Discussion: The research identified the need for increased curricula focus on managing common women's health issues across training levels, and for protected time for GPs' additional training.

OI-5-4 Engaging with the Past: Anti-Racism Education in Canadian Academic Hospitals

Csilla Kalocsai University of Toronto, **Oshan Fernando** Sunnybrook Health Sciences Centre, **Kyla Simms** Sunnybrook Health Sciences Centre, **Mireille Norris** University of Toronto, **Ayelet Kuper** University of Toronto, **Michelle Lynch** Sunnybrook Health Sciences Centre, **Dominick Shelton** University of Toronto, **Rowena Hamlet** University of Toronto, **Laurie Legere** Sunnybrook Health Sciences Centre, **Cynthia Whitehead** University of Toronto, **Morag Paton** University of Toronto, **Giovanna Sirianni** University of Toronto, **Myrene Lychek** Sunnybrook Health Sciences Centre, **Amanda Squires** Sunnybrook Health Sciences Centre

Methods: Relying on community-based participatory approach, ethnographic methodology and theories of memory, this presentation examines the possibilities and limits of the e-module's efforts to reconstruct the past in the present. We conducted textual analysis of the module and thematic analysis of 23 interviews with predominantly non-Black hospital staff about its reception.

Results: The module posited learning the history of Black people as the "first step" to address racism, and employed decolonial, hegemonic, and African-American progressive approaches to history. While it prompted the recognition of institutional commitment, interlocutors had limited recollection of its content, showed tentative signs of critical reflection, and rarely engaged with the past and present of anti-Black racism in the hospital. Some called for lived experience narratives.

Discussion: Taking seriously the claim that this is "only the beginning" of a learning journey and acknowledging the problematic relationship between history and memory, we argue that narratives of Black staff could serve as lieu de memoire and anchor historical discussions about anti-Black racism into the concrete and the local. This approach would allow staff to more meaningfully connect with the past in the present, reinforce the module's decolonial approach, and extend its possibilities for transformation.

OI-5-5 Development of Instructional Modules to Facilitate the Implementation of Shared Practice Standards for Religious Attire Worn by Individuals Working in Hospital Areas with Sterile Procedures

Ayesha Rizwan University of Toronto, **Umberin Najeeb** University of Toronto, **Shelly Dev** University of Toronto, **Laura Snell** University of Toronto

Methods: Operating room healthcare professionals (n=4) provided information regarding dress code and scrubbing procedures. Volunteer actors (n=3) of Muslim, Sikh, and Jewish faith were recruited with informed consent. Scripts and storyboards for the modules were developed using scholarly principles, and videos were filmed and edited by experts in educational video development. The final modules were provided to TAHSN hospitals (n=15) and the Faculty of Medicine for dissemination. Standardized questionnaires that evaluate pre- and post-viewing procedural knowledge and perceptions of inclusivity will be created.

Results: Three instructional modules were developed outlining scrubbing, donning, and doffing processes for Muslim, Sikh, and Jewish individuals wearing religious attire in hospital ASP. Pre- and post-viewing questionnaires aimed at medical learners are being developed.

Discussion: These instructional modules serve as a standardized resource that can be adopted in a variety of clinical settings for health professionals' education and workplace orientation. This educational tool will promote safe and equitable environments for individuals from diverse backgrounds working in healthcare.

OI-6 Admissions & Black Health & Wellness | Admissions & Santé et bien-être des Noirs

OI-6-1 Reliability of A Canmeds Scoring Rubric for Assessment of Applications to A Canadian Physical Medicine and Rehabilitation Residency Program

Karolin Klement University of Alberta, **Adalberto Loyola-Sanchez** University of Alberta, **Jaime Yu** University of Alberta, **Karolin Klement** University of Alberta

Methods: This study utilizes a mixed methods design. The quantitative component assessed multiple raters' consistency through intraclass correlation coefficients (ICC). Secondly, a user experience survey was analyzed to understand the usability of the rubric. The analysis of the qualitative portion was completed using a reflective thematic analysis.

Results: Some domains in the CanMEDS rubric demonstrate moderate reliability (ICC 0.5 -0.75; medical expert, professional, collaborator, leader), and good reliability (ICC 0.75 - 0.9; scholar, knowledge of specialty). There is one domain with poor reliability (ICC < 0.5; communicator). Survey results suggested that the rubric is "easy" to use, and valid for interview selection. Further, the rubric "reflects well" on evaluating attributes important in a resident and provided an "authentic" representation of applicant suitability.

Discussion: Our study showed that the CanMEDS scoring rubric was user friendly, reliable and valid to select candidates for interviews. However, refinements are still needed to improve ease of use and consistency across all CanMEDS domains.

OI-6-2 Uncovering Systemic Barriers in Medical School Admissions: A Comprehensive Analysis of Applicant Experiences

Aliza Lakho University of Toronto, **Natasha Shaikhlislamova** University of Toronto, **Purvi Nagpal** University of Toronto, **Caroline Abrahams** University of Toronto, **David Rojas** University of Toronto

Methods: Demographics and experiences with their medical school application were collected from three cohorts of admitted students at the University of Toronto (2021-2023) via survey. We used unsupervised and supervised techniques to analyze the data. Sentence transformer embeddings were generated to convert survey records into vectors, followed by K-means clustering. Principal Component Analysis (PCA) was used for dimensionality reduction and visualization. Additionally, Random Forest and Multi-Layer Perceptron models were utilized to corroborate findings from the 2024 applicant data.

Results: Our findings identified two distinct clusters in the data. One of the clusters highlighted systemic barriers faced by applicants from marginalized socioeconomic backgrounds, particularly those with lower parental educational levels and limited access to professional networks. These applicants were significantly more likely to take the MCAT multiple times, incur significant financial burdens, and experience heightened stress.

Discussion: While admissions practices have made strides in promoting diversity, our study demonstrates that further improvements could be useful in accurately addressing the complexity of underrepresented groups. Systemic barriers are multifaceted, and analyses that address their intersectionality could guide more targeted interventions, ultimately fostering a more diverse and inclusive medical profession that better reflects the population it serves.

OI-6-3 Bridging the Gaps for Underrepresented Applicants: an Assessment of the Casper Prep Program

Sador Bereketab University of Toronto, **Emily Liang** University of Ottawa, **Jane Jomy** University of Toronto, **Dana Tabet** University of Ottawa, **Ike Okafor** University of Toronto

Methods: Pre- and post-program questionnaires were completed by participants. The questionnaire addressed the following categories: program demographic, structure, resources, applicant knowledge, confidence, and performance. Questions consisted of Yes/No scales, multiple choice, 5-point Likert scales, and open-ended format.

Results: Pre- and post-program questionnaires were completed by 503 and 144 participants, respectively. Preliminary results suggest a 30.5% increase in Casper test confidence after program participation. Similarly, an overall rating of excellent and very good was given by 42.3% and 45% of the participants, respectively. 100% of the participants would recommend the program. With 182 participants taking the Casper test in French, a lack of French resources was identified by 75%.

Discussion: Optimization of CPP is vital for enhancing equity in Canadian medical school admissions. CPP enhances participants' knowledge and confidence in taking the Casper test. Yet, the results underscore a critical need for expanded French programming. Addressing this gap not only enhances the CPP's effectiveness but also aligns with the overarching goal of fostering a healthcare system that better reflects and serves the diverse populations it aims to support.

OI-6-4 Identifying Barriers to Participation in the Casper Prep Program for Underrepresented Minorities in Medicine: A Program Evaluation

Emily Liang University of Ottawa, **Sador Bereketab** University of Toronto, **Dana Tabet** University of Ottawa, **Jane Jomy** University of Toronto, **Ike Okafor** University of Toronto

Methods: A post-course survey was distributed to 412 students who attended one or fewer classes, assessing prior Casper attempts, class attendance, and barriers to participation through a 12-option multi-select question and optional free-text response. Of 86 survey responses, 70 were analysed after excluding duplicates, those with missing self-generated identifiers, and those from students who attended ≥2 classes.

Results: Of the 70 analysed respondents, 61% attended no classes, 36% attended one class, and 3% did not self-report attendance. The most common barrier was other responsibilities (67%), such as personal health and family obligations. Other barriers included being unaware of recorded lectures (27%), focusing on other aspects of their application (16%), and no longer planning to write the Casper test (10%).

Discussion: This evaluation identified key barriers to URMMs' participation in the CPP, with time constraints and competing priorities as the most prominent. Further developments could enhance accessibility by increasing awareness of recorded sessions and providing more flexible options for engagement. Understanding these barriers informs improvements to the CPP curriculum to better support URMMs in their medical school applications process.

OI-6-5 Mentoring-Evaluation Driving Improvement of the Canadian Black Physicians Mentoring Program (M.e.d.i.c.): Insights From the First Year

Leila Hammond University of Toronto, **Anjali Menezes** McMaster University, **Chikaodili Obetta** University of Toronto, **Modupe Tunde-Byass** University of Toronto, **Maryam Taghavi** Community Member, **Mireille Norris** University of Toronto

Methods: Participants in the first year of the BPC mentorship program were invited to complete a survey collecting demographics, their engagement in the program, and their views on mentorship. Mentees additionally completed the Mentorship Evaluation Tool.

Results: Most mentees (55%) were medical residents; 58.8% of mentors had >10 years of practice. Both agreed on their top characteristics of good mentorship: honest constructive feedback; and sharing knowledge/expertise. Mentors reported "career goals" (80.1%) and "building coping skills" (57.7%); while mentees reported employment advice (91.7%), networking, and psychosocial support (both 72.9%) as the most covered topics in their mentoring relationship. There was wide engagement of both groups with the multiple events the program held, with 79.17% of mentors and 78.95% of mentees finding them useful. Mentee satisfaction was high (95.5%).

Discussion: These findings outline wide agreement in the characteristics of good mentorship within an exclusively Black mentorship program, explores the mentorship relationships and helps characterize the mentorship needs of Black learners. Findings can be used to inform the implementation and evaluation of similar programs.

Block J

OJ-1 Teaching and learning | Enseignement et apprentissage

OJ-1-1 L'effet Du Livre De Coloriage D'anatomie Sur L'anxiété Et La Consolidation Des Connaissances Anatomiques Des Étudiants De Première Année De Médecine

Salomon Fotsing University of Ottawa, **Lisa Xuan** University of Ottawa, **Michel Khoury** University of Ottawa, **Hsin Yun Yang** University of Ottawa, **Nicole Parent** Médecin Francophone du Canada, **Manon Denis-LeBlanc** University of Ottawa, **Sarvesh Jaunky** University of Ottawa, **Alireza Jalali** University of Ottawa

Methods: Des étudiants en première année de médecine (n=17) de l'Université d'Ottawa ont été assignés aléatoirement à deux groupes. Le groupe expérimental a reçu une page d'anatomie à colorier, et le groupe contrôle un diagramme anatomique annoté avec les structures à apprendre. Les deux groupes ont rempli des questionnaires avant et après leur activité d'apprentissage pour évaluer l'anxiété et ont passé des tests de connaissances à quelques semaines d'intervalle pour évaluer la rétention.

Results: Bien qu'il n'y ait pas eu de différences statistiquement significatives pour les tests de rétention, le groupe expérimental a rapporté des niveaux d'anxiété significativement plus bas après leur activité en comparaison au groupe contrôle. La majorité des membres du groupe expérimental (78%) étaient d'accord ou tout à fait d'accord que le coloriage les avait aidés à consolider leurs connaissances et c'était un bon outil d'apprentissage (67%) qu'ils recommanderaient à leurs pairs (78 %).

Discussion: Le livre de coloriage d'anatomie est utile dans un programme d'enseignement de l'anatomie, offrant de nombreux avantages aux étudiants, y compris la réduction du stress et la consolidation des connaissances.

OJ-1-2 Students as Teachers: the Impact of Formal Medical Education Training in Medical School on Perceived Self-Efficacy in Teaching

Eden Meisels University of Toronto, **Katherine McLay** McMaster University, **David Rojas** University of Toronto, **Karen Leslie** University of Toronto, **Susanna Talarico** University of Toronto

Methods: A retrospective survey-based study was conducted. The SAT program curriculum guided creation of a survey incorporating rating scales and free-text responses. All fourth-year medical students, including previous SAT program participants, were invited to complete the survey. Recurrent themes were identified from qualitative survey responses. Quantitative data were summarized but not statistically analyzed due to small sample size.

Results: 20 students participated, including seven former SAT participants. SAT participants reported high knowledge and confidence in the majority of medical education skills taught. All SAT participants and most non-SAT participants recognized the benefit of early exposure to medical education skills. Most respondents planned to continue developing medical education skills and incorporate teaching in their careers.

Discussion: Our study suggests that a pre-clinical medical education training program had a sustained impact nearly two years following program completion. It also emphasizes medical students' belief in the importance of early introduction to medical education skills, a perspective upheld or reinforced during clinical training. Areas for program improvement were identified to enhance SAT and similar programs.

OJ-1-3 ['Its Part of the Acumen You Build'. Learning to Manage Multimorbidity in Family Medicine](#)

Aaron Johnston University of Calgary, **Martina Kelly** University of Calgary, **Kristy Penner** University of Calgary

Methods: Given the exploratory nature of our research questions, we conducted a qualitative study, using focus groups to stimulate residents to discuss their learning (four focus groups, 28 participants, 16 men, ten first year residents). Data were analyzed thematically, informed by theories of experience based learning and adaptive expertise. The study team comprised three family medicine preceptor-researchers.

Results: Participants described a transition from learning 'to get the list' to developing more patient-centred approaches to understanding multimorbidity, as 'bespoke to the patient'. Their approach to multimorbidity extended beyond a focus on diagnosis and medication, to embrace social determinants of health and recognize the impact of health systems organization on patient's care. Learners expressed growing identification as the 'quarterback' of the healthcare team for patients, using a generalist lens to manage complex and competing priorities. Juggling priorities promoted flexible care, fostered by exposure to a variety of patients and experiencing uncertainty, which was countered by supportive preceptor relationships and experience in multiple learning environments.

Discussion: Family medicine residents described learning to manage multimorbidity as a process of adaptive expertise fostered by a supportive learning environment. Curriculum changes that encourage more longitudinal time in a practice and explicit teaching around the delegation to team may help learners develop ongoing skills

OJ-1-4 [The Transition Curriculum: From Resident to Consultant Pediatrician](#)

Brett Schrewe University of British Columbia, **Michaela Remington** University of British Columbia

Methods: We drew upon multiple sources to inform our curriculum's design and content. We examined Royal College objectives and entrustable professional activities, experiential accounts of transition to practice, and literature describing early-career pediatricians' (ECPs) needs. We then conducted open-ended focus groups with current senior residents to ascertain what curricular content and delivery they felt were important. Finally, we solicited the perspectives of ECPs who had graduated from our program within the last three years.

Results: Our curriculum is based around the following seven areas, including: identity transition; practice management and financial literacy; education skills (clinical teaching, mentoring); integrating non-clinical work (quality improvement, advocacy); physician leadership and administration; rare but important clinical concerns (child protection/maltreatment); and clinical topics that are more prevalent in community settings (neurodevelopmental conditions, mental health).

Discussion: Centering residents and ECPs as partners in the design process helps ensure that a) learners recognize the curriculum's importance in facilitating their immediate future and b) content is relevant. While it would be presumptuous to assume that this curriculum alone will fully prepare learners, it seeks to ease their transition to general pediatric practice as much as possible.

OJ-1-5 The Sound of Silence: A Scoping Review on Silence in Physician-Patient Communication

Stefanie Rivera University of Calgary, **Martina Kelly** University of Calgary, **Catherine Sweeney** University College Cork, **Megan Brown** Newcastle University, **Ellen McLeod** University of Calgary, **Stephen Mosca** University of British Columbia, **Deirdre Bennett** University College Cork

Methods: Following Arskey & O'Malley, we searched MEDLINE, CINHAL, PsychINFO, Scopus, and the Web of Science using structured search terms. Our population included physicians, medical students, residents and patients; our concept was silence in communication & context, clinical settings. Data analysis examined the characteristics of included studies, the role silence plays in clinical communication, and the benefits and risks of engaging in silence.

Results: Of 3233 abstracts, 1992 studies were screened, and 98 were included: 44 from US, 12 Europe, and 11 UK, with 1or 2 studies each from a range of other countries. Twenty-four qualitative studies, 24 quantitative studies, 3 mixed methods, 21 narrative essays, 17 commentaries, 3 PhD theses, 5 book chapters, and 1 case study. Silence was predominantly studied in the context of breaking bad news. Several typologies of silence were described. While silence is usually associated with establishing emotional rapport, it can also be uncomfortable or used to express power in the consultation. Twenty-three studies were based in medical education, primarily pre-post evaluations of educational interventions.

Discussion: Studies evidence the significance of the duration of silence, turn-taking, and its intersection with non-verbal forms of communication. A more nuanced attention to silence in communication skills training could enhance physician-patient communication as sometimes, silence speaks louder than words.

OJ-2 Equity, Diversity and Inclusion | Équité, diversité et inclusion

OJ-2-1 Tutors' Perceptions of the Unique Needs and Challenges in Teaching and Assessing Communication Skills for International Transfer Medical Students

May Myat Noe University of Dundee, **Catherine Kennedy** University of Dundee

Methods: A qualitative study was conducted, using semi-structured interviews with six CS tutors involved in Year 3 training at DMS. Thematic analysis was employed to identify key themes related to experiences and challenges in CS teaching and assessment, emphasizing the unique needs for transfer students.

Results: While CS can be difficult for all students due to complex scenarios and time constraints, significant challenges with transfer students included cultural and social adaptation, verbal communication difficulties, personal attitudes, prior educational backgrounds, group dynamics with tutors, and performances during assessments. Tutors highlighted their lack of awareness of students' backgrounds and prior training. The need for clear signposting of existing support programmes and individualised educational interventions were emphasised.

Discussion: Addressing the needs of both home and transfer students requires tailored educational interventions, clear communication and personalized support systems. Ensuring tutors are aware of the social and cultural contexts and prior learning of transfer students could assist in ensuring preparation and personalised support based on individual needs. By listening to student feedback and implementing need-based adjustments can enhance CS training and improve student performance.

OJ-2-2 [Centering Black Voices: an Ethnographic Exploration Into the Experiences of Anti-Black Racism Among Hospital Workers](#)

Kyla Simms University of Toronto, **Oshan Fernando** Sunnybrook Research Institute, **Csilla Kalocsai** University of Toronto, **Meredith Blaise** University of Toronto, **Mireille Norris** University of Toronto, **Ayelet Kuper** University of Toronto, **Michelle Lynch** Sunnybrook Health Sciences Centre, **Dominick Shelton** Sunnybrook Health Sciences Centre, **Morag Paton** University of Toronto, **Rowena Hamlet** Sunnybrook Health Sciences Centre, **Laurie Legere** Sunnybrook Health Sciences Centre, **Amanda Squires** Sunnybrook Health Sciences Centre, **Myrene Lychek** Sunnybrook Health Sciences Centre, **Giovanna Sirianni** Sunnybrook Health Sciences Centre, **Cynthia Whitehead** Sunnybrook Health Sciences Centre

Methods: Using a community-based participatory approach, we engaged in narrative interviews and participant observation in a Canadian academic health sciences center. We conducted 55 total interviews with hospital staff from a variety of roles, and racial and ethnic backgrounds. All interviews were coded inductively and analyzed thematically. Our analysis centers the narratives of 15 Black respondents' experiences of anti-Black racism.

Results: Drawing on the theory of racialized organizations, five core themes emerged, highlighting how racism is structured into the organization. (1) Anti-black racism manifests in a variety of workplace interactions; (2) respondents' experiences of anti-Black racism affected career progression and work-life balance; (3) explicit and implicit forms of discrimination were implicated in feelings of emotional distress, identity struggles, and physical illness; (4) Black employees faced colour-blind barriers to accessing internal supports; and (5) racialized workers engaged in several strategies to contest their experiences of racism.

Discussion: While many organizations have acknowledged systemic racism and made public commitments to its eradication through anti-racism education, narratives from hospital workers underscore the ways a hospital's stated goals may be decoupled from its organizational practices. Increased attention to racialized workers' lived experiences is needed to address these institutional gaps to achieve the goal of confronting racial injustice.

OJ-2-3 [Medical Student and Tutors' Perceptions of Peer Physical Examinations](#)

Elaine Kolshus University of Limerick, **Catherine Kennedy** University of Dundee

Methods: A hermeneutic phenomenological methodology was chosen utilising longitudinal narrative data collection via reflective diary. Participants were drawn from the pre-clinical student and clinical skills tutor cohorts at a graduate entry medical school in Ireland.

Results: Participants recognise the value of PPE but highlight the need for less androcentric practices and adaptation for varied body types. Use of reflection and acknowledgement of potential past trauma are important considerations in educational design. Students and tutors participate in PPE as part of intersecting communities of practice. Teaching and learning in PPE is embodied. Students accept written consent but do not see it as meaningful.

Discussion: PPE teaching should explicitly address how to adapt examination techniques to accommodate differing body types, ensuring that tutors receive adequate training and collaboration time to discuss how to address these issues with students. PPE policy and curriculum should be consistent with principles of trauma informed care. Learning and teaching experiences may be enhanced by inclusion of formal opportunities for reflection-in, and reflection-on action.

OJ-2-4 Racial Equity in Medical Education: Exploring How Factors Outside the Learning Environment Influence Racialized Learners' Sense of Empowerment

Renate Kahlke McMaster University, **Laurie He** University of British Columbia, **Darci Debassige** McMaster University, **Sandra Monteiro** McMaster University, **Patricia Farrugia** McMaster University, **Maria Hubinette** Simon Fraser University, School of Medicine, **Javeed Sukhera** Chief of Psychiatry, Hartford Hospital

Methods: We used a constructivist grounded theory lens, generating data through 2-3 interviews over a span of 2 years, alongside elicited diary entries, with 25 undergraduate and postgraduate medical learners enrolled across four Canadian universities. Learners discussed their responses to racism - specifically focusing on feelings of empowerment and disempowerment.

Results: Results spoke to the profound impact of individual and social factors outside of medicine on learners' sense of empowerment. For example, learners who had professional experience in another field felt particularly disempowered by racist hierarchies in medical education. Family systems could have a disempowering impact when they reinforced racist or sexist stereotypes, or an empowering effect when they offered solidarity and support.

Discussion: There is an ethical imperative that medical education address the racism that trainees face within programs. To do this, we need to ensure that our efforts towards anti-racism within medicine are sensitive to the unique needs of learners, who occupy different individual and social positions. Our findings offer important context for policymakers and educators who wish to enact change - policy and practice decisions designed to empower racialized learners can backfire if they do not consider learners unique contexts.

OJ-2-5 "I Live Week to Week": Medical Students Experiences with Financial Burden in Online Discourse

Brian Cho Western University, **Gabie Pundaky** Western University, **Salman Choudhry** Western University, **Keegan D'Mello** Research Project Coordinator, Lawson Health Research Institute, **Amrit Kirpalani** Western University

Methods: We analyzed comments from Reddit (r/medicalschool subreddit) to explore anonymous, candid discussions. Threads relevant to financial burden were identified and inductively coded. We then performed a thematic analysis to gain insight on the lived experiences of financially disadvantaged medical students.

Results: We identified three major themes: Impact on Self, Peer Relationships, and Physicianship. Students described severe financial sacrifices, including budgeting that compromised basic needs like food and healthcare. Many reported mental health concerns, feeling anxious and inadequate compared to wealthier peers. Financial disparities also caused isolation and influenced career choices, with many prioritizing high-earning specialties.

Discussion: These findings highlight the need for greater transparency around "hidden" costs, enhanced support systems, and institutional empathy regarding the financial challenges faced by low-income medical students.

OJ-3 AI and Data Science | IA et science des données

OJ-3-1 The Future is Here: How Ai Has Been Utilized in Undergraduate Medical Education at the Cumming School of Medicine.

Mike Paget University of Calgary, **Irene Ma** University of Calgary, **Scott Steil** University of Calgary, **Mike Cheshire** University of Calgary, **Janeve Desy** University of Calgary, **Glenda Bendiak** University of Calgary, **Murray Lee** University of Calgary, **Mehul Gupta** University of Calgary, **Eddie Guo** University of Calgary

Methods: Here are four examples of generative AI platforms that have been utilized to enhance medical student learning and assessment, literature screening, and software development. OSCEai was developed by CSM students to allow medical students to practice simulated patient scenarios. Perchance has been used to generate life-like patient images in cases. OpenAI's ChatGPT has been used to create formative retrieval practice multiple-choice questions (MCQs) from podcast transcripts, and automating literature screening for evidence-based medical education. GitHub's Copilot has been used to assist developers with software development for CSM UME applications.

Results: The use of generative AI has had a substantial impact on the learners and administrators of the CSM UME program. To date, OSCEai has been used by over 10,000 users in over 80 countries, including our trainees. Perchance has generated realistic simulated patient images without including confidential patient images that may potentially be identifiable. Platforms such as ChatGPT and Github's Copilot has saved faculty hours of work by quickly generating practice MCQs, saved human reviewers 4.5 hours of work for every 150 titles and abstracts screened, and saved each developer ~10-20 hours of work each week, respectively.

Discussion: Generative AI can be a cost- and time-effective tool used in medical education programs to enhance productivity and learner experiences.

OJ-3-2 Artificial Intelligence Capacity and Uptake in Canadian Continuing Professional Development Offices: Are We Ready?

Eleftherios Soleas Queen's University, **William McCauley** Western University, **Mathieu Litalien** Northern Ontario School of Medicine, **Ruth Chen** McMaster University, **David Wiljer** University of Toronto

Methods: This survey is an environmental scan of CPD offices and organizations in Canada on Artificial Intelligence. We distributed the survey by email to senior leaders to all 17 CPD offices in Canada and four health regulators and agencies.

Results: We received responses from 12 CPD offices and three regulators (71% response rate). University offices and regulators indicated vastly diverse levels of perceived preparedness, capacities, expertise, and policy development. Most universities and all regulators have begun to develop local expertise in AI and considered it important to accomplish their mission. Four offices had developed AI tools and in at least three distinct cases the tools developed were similar, indicating efforts that bordered on duplicated work.

Discussion: The co-creation of best practices and sharing rather than replicating tool development efforts would yield better outcomes for CPD in Canada leading to consortiums and partnerships across institutions. The authors of this abstract are in the process of establishing an AI CPD Community of Practice that shares tools as well as a best practices guideline for Canadian CPD offices.

OJ-3-3 The Use of Large Language Models for Title and Abstract Screening for Systematic Reviews

Rashi Ramchandani University of Ottawa, **Eddie Guo** University of Calgary, **Kapil Ramchandani** University of Waterloo, **Esra Rakab** University of Ottawa, **Jharna Rathod** University of Ottawa, **Jamie Strain** University of Ottawa, **William Klement** University of Ottawa, **Risa Shorr** University of Ottawa, **Erin Williams** University of Ottawa, **Daniel Jones** University of Ottawa, **Sebastien Gilbert** University of Ottawa

Methods: A literature search conducted by a trained librarian identified 1,967 studies on esophagectomy complications. Two human reviewers and the GPT-model independently screened the titles and abstracts based on inclusion criteria focused on perioperative risk factors. Agreement between the GPT-model and human decisions was assessed.

Results: Agreement between the GPT-model and human reviewers was 85.58%. The area under the curve, which is an indicator of the model's discriminative ability, was 0.87. Sensitivity for perioperative factors was 89%, with a positive predictive value of 74%, a negative predictive value of 84%, and a macro-F1 score of 0.81. The model had a kappa score, which is a metric for agreement between human and model agreement of 0.69 (moderate agreement). The total run time of the model was 2113.5seconds, while the title and abstract screening done by investigators took >300 human-hours.

Discussion: The findings of this study demonstrate the potential of LLMs, like GPT, to streamline the time and labour-intensive process of systematic reviews with moderate-high accuracy. Although LLMs do not achieve complete alignment with human reviewers, they can effectively assist in resolving screening discrepancies, leading to substantial time savings. Future research should focus on the application of LLMs in other phases of the systematic review process, such as full-text screening and data extraction.

OJ-3-4 Exploring the Applications and Perspectives of Artificial Intelligence in Canadian Medical Education: A Scoping Review

Emily Liang University of Ottawa, **Sierra Land** University of Ottawa, **Jeremy Lee** Division of General Surgery, Department of Surgery, The Ottawa Hospital, **Andrew Seely** Division of Thoracic Surgery, Department of Surgery, The Ottawa Hospital

Methods: We conducted a comprehensive search of MEDLINE, Web of Science, ERIC, and Education Source. All primary studies on AI in Canadian undergraduate medical education were included for data extraction and analysis. Data were qualitatively analyzed and synthesized according to the PRISMA-ScR reporting guidelines.

Results: 310 abstracts were identified, 48 full-text articles reviewed, and fifteen studies included for final analysis. Thematic and content analysis revealed three key themes: student perspectives on AI, use of AI in curriculum delivery, and education on AI in medical education. Only two extracurricular programs teaching AI literacy in healthcare were found. Despite having a strong interest in learning, most students reported limited understanding and exposure to AI. AI technologies were applied in surgical training, clinical reasoning, and simulated patient interactions, with students generally responding positively.

Discussion: There is a paucity of formal AI curricula in Canadian medical education, contributing to limited understanding of AI and anxieties about its impact. While AI-enhanced educational tools are being explored, their use in Canadian medical schools remains rudimentary and experimental, highlighting the need for more research to incorporate and assess AI education in Canada.

OJ-3-5 Curriculum Innovation for Artificial Intelligence in Health Professions Education: Fostering Interprofessional Collaboration

Sundus Zia University of Saskatchewan, **Kerry Mansell** University of Saskatchewan, **Tania Kristoff** University of Saskatchewan, **Scott Adams** University of Saskatchewan

Methods: A survey was developed regarding the integration of AI into medicine, pharmacy, and nursing programs. The survey was informed by Kern's six-step approach to curriculum development. Survey invitations were sent to a sample of undergraduate deans or equivalent in Canada and the United States. Responses were analyzed using descriptive statistics for quantitative data and thematic analysis for qualitative data.

Results: Among programs which have incorporated teaching on AI, the median number of hours dedicated to AI was 4 hours (interquartile range: 3-4). The most frequent topics were applications of AI in clinical practice (14/22 responses), ethical implications of AI (11/22 responses), legal considerations (8/22 responses), and factors that affect AI accuracy (7/22 responses). The top facilitators for integrating AI into the curriculum were faculty interest in AI (19/22 responses), student interest (14/22 responses), and increasing use of AI in clinical settings (14/22 responses). The top barriers were lack of hours in the curriculum (14/22 responses), advancements in AI occurring too quickly (12/22 responses), and information overload (14/22 responses).

Discussion: Findings from this study may inform curriculum development strategies to incorporate AI into the curriculum of medicine, pharmacy, and nursing undergraduate programs.

OJ-4 Simulation

OJ-4-1 Assessing Augmented Reality in Medical Education: Feasibility, Outcomes, and Resource Implications (Ar-Med Integrative Review)

Alik Chamlian Université Laval, **Leia Chamlian** Université Laval, **Issam Tanoubi** Université de Montréal, **Ilian Cruz Panesso** Université de Montréal, **Léonida-Mihai Georgescu** Université de Montréal, **Jean-Noel Evain** Université de Montréal, **André Denault** Université de Montréal

Methods: A preliminary literature review helped in generating key terms for data collection. We will search PubMed, Cochrane, and Google Scholar for pertinent peer-reviewed articles. Two reviewers will screen titles and abstracts, with external validation. Full-text reviews will assess relevance. We will extract data on (a) AR's educational impact, (b) student and patient satisfaction, and (c) resource use. Disagreements will be resolved by consensus.

Results: The two reviewers will independently assess study rigor and evidence levels. A two-phase qualitative analysis using InVivo software for semantic analysis will examine discussions and conclusions. Descriptive statistics will analyze codes and subcodes, with data triangulated for accuracy. Analytical themes will be iteratively refined to answer the research questions. We will develop a conceptual aid, based on results, to assess AR integration into the curriculum, considering competency mastery, learner characteristics, and required resources.

Discussion: This systematic literature review evaluates the feasibility and relevance of AR in medical education by analyzing qualitative and quantitative data on student and patient satisfaction, training outcomes, patient care, and the strain on financial and human resources. Aside from its robust methodology, this comprehensive review stands out by examining resource implications, ultimately providing evidence to support AR integration in medical training and optimize its educational value. Preliminary results will be presented during the study presentation.

OJ-4-2 Investigating the Experience and Opinions on Cadaveric Laboratory Training for Otolaryngology, Head and Neck Surgery Residents in Canada

Amn Marwaha Western University, **Ram Patel** Western University, **Agnieszka Dzioba** Western University, **Edward Madou** Western University, **Tyler S. Beveridge** Western University, **Peng You** Western University

Methods: A survey was distributed to program directors and resident physicians enrolled in an accredited Oto-HNS residency program within Canada. Multiple choice, Likert-scale, and open-ended questions were utilized to assess experiences, perspectives, and barriers regarding simulation and cadaver-based training. Descriptive statistics and thematic analysis will be applied to summarize participant responses. Chi Square test for categorical variables will compare responses between participants at different institutions and levels of training.

Results: Surveys were distributed to 15 program directors, and 138 residents enrolled across thirteen English and French Oto-HNS residency programs in Canada. Results are pending as the study is currently in the data collection phase.

Discussion: This investigation will provide insight into current perspectives regarding longitudinal anatomy training across Canadian Oto-HNS residency programs. This feedback may help educators identify opportunities for enhancing surgical education within the existing curriculum.

OJ-4-3 Financial Capacity Assessment in Older Adults: an Unmet Need Addressed with Simulation

Mark Rapoport University of Toronto, **Carole Cohen** University of Toronto, **Lesley Wiesenfeld** University of Toronto, **Fabienne Hargreaves** Centre for Addiction and Mental Health, **Rachel Antinucci** Centre for Addiction and Mental Health, **Certina Ho** University of Toronto, **Petal Abdool** University of Toronto

Methods: Eight geriatric psychiatry trainees at the University of Toronto participated in a three-hour training, including a 45-minute didactic seminar on financial capacity assessment and a detailed simulation. PGY5 residents were engaged in a simplified simulation, whereas a more complex case was presented to the PGY6 residents. Actors portrayed an active inpatient corresponding to brief written case scenarios, and two faculty members observed each resident. Residents then wrote a brief report summarizing their findings regarding financial capacity. Faculty debriefed and graded these reports. Entrustable Professional Activities (EPAs) were also completed. Pre- and post-surveys were used to identify learners' self-perceived change in confidence and skills.

Results: Learners reported gains in confidence across the training learning objectives, with an average increase of 0.31 (9%) on a 5-point scale (ns). All learners (100%) reported intention-to-change practice following this simulation training and all rated this experience as helpful (n=4) or very helpful (n=4) and engaging (n=1) or very engaging (n=7) in acquiring financial capacity assessment knowledge and skills.

Discussion: This simulation-based educational intervention was helpful and engaging in improving learners' knowledge and skills in financial capacity assessments in older adults, despite a small sample size that precluded statistical significance of these gains.

OJ-4-4

Standardized Patient Education Focused on Equity Deserving Groups: 10 Tips for Educators and Programs - A Qualitative Study

Urmi Sheth McMaster University, **Sandra Monteiro** McMaster University, **Matthew Sibbald** McMaster University, **Nicole Last** McMaster University, **Amy Keuhl** McMaster University, **Arden Azim** McMaster University, **Ruth Chen** McMaster University, **Jasdeep Dhir** McMaster University, **Patricia Farrugia** McMaster University, **Aaron Geekie-Sousa** McMaster University, **X. Catherine Tong** McMaster University

Methods: We undertook a qualitative analysis of interview transcripts of standardized patients, educators, and trainers involved in SP work with equity-deserving groups. Subsequently, we conducted a three-stage modified Delphi process to generate recommendations. The analytic team was diverse and engaged in reflexivity to improve the methodologic rigor of the study.

Results: We derived 10 tips to help stakeholders improve SP-based education involving equity-deserving groups. The underlying themes included collaborative engagement of equity-deserving groups, including co-creation and co-delivery of content with members of equity-deserving groups, and consistent prioritization of the needs of SPs throughout the process, including including by incorporating trauma-informed approaches to recruitment and training; prioritizing consent, transparency, and appropriate financial compensation, and promoting SP psychological safety before, during, and after a case.

Discussion: The tips presented in this study aim to help educators and SP programs deliver SP-based education focused on equity-deserving groups for healthcare trainees. We hope that the application of these tips will help SP programs train future healthcare providers to effectively meet the needs of equity-deserving patient populations.

OJ-4-5 What's Fidelity Got to Do with It? A Scoping Review of How and Why Fidelity is Applied in Simulation-Based Learning.

Jeffrey Cheung University of Illinois College of Medicine, **Stanley Hamstra** University of Toronto, **Hannah Nielsen** University of Illinois College of Pharmacy, **Ryan Brydges** University of Toronto

Methods: We conducted a scoping review to map how and why fidelity has been used to describe simulation-based learning in the health professions. We searched 7 databases for primary research (quantitative and qualitative) and reviews published from January 2012 to August 2022.

Results: From an initial 12,170 articles, we identified 104 for data extraction. While most primary research articles (60/76, 78.9%) proposed a mechanism that linked fidelity to learning (e.g., immersion), only 45 (59.2%) did so a priori. Moreover, only 18 (23.7%) collected data to measure the mechanism, 15 (19.7%) measured both the mechanism and learning, and 6 (7.9%) formally analyzed the relationship between the mechanism and learning.

Discussion: Researchers continue to invoke fidelity without clearly articulating and operationalizing how and why it relates to learning. We identified a small subset of studies proposing mechanisms that mediate fidelity's potential effects on learning. We discuss and prioritize promising avenues and methods to help scholars explicate the role of fidelity in simulation-based learning.

OJ-5 Blend | Mélange

OJ-5-1 Design and Evaluation of A Virtual Emergency Department Simulation Space

Ilana Bayer McMaster University, **Iffah Shaikh** McMaster University, **Charles Cai** McMaster University, **Julia Green** McMaster University, **Yihelasi Fulati** McMaster University, **Teresa Chan** McMaster University, **Luigi Del Sordo** McMaster University

Methods: A design-based research approach was used to engage stakeholders (e.g., trainees, clinicians, educators) to guide design of a virtual ED simulation space. Design blueprints and 3D assets were created and used to develop the space using the SoWork® platform. Simulation-based testing of the virtual ED will consist of planned case-based simulations within the space, followed by post-simulation surveys and focus group interviews with our participants.

Results: Stakeholder input informed the development and refinement of 3D assets for patient care spaces (e.g., triage office, resuscitation room, intermediate and rapid assessment zones) and a blueprint for the virtual ED. The virtual ED was built in the SoWork® virtual platform. Stakeholder feedback will be analyzed to refine the simulation space and case-based patient scenarios. Observational, survey and focus group data from participants will provide information on virtual simulation interactions, user experience, and affordances and limitations of the virtual ED.

Discussion: Our user-driven approach has led to a prototype of a virtual clinical space with the required elements to engage in a multi-patient, interprofessional simulation. This design and development process could be used for the digital prototyping of clinical spaces/systems before costly physical implementation or renovations.

OJ-5-2 Mapping the Healthcare Leadership Journey: Results of Interviews and Focus Groups with Healthcare Leaders

Elizabeth M Wooster Toronto Metropolitan University, **Teresa M Chan** Toronto Metropolitan University, **David Vaz** Queen's University, **Aleksandra Ilic** Toronto Metropolitan University, **Bill Tholl** CHLNet, **Graham Dickson** Royal Roads University

Methods: A series of semi-structured interviews and focus groups with purposively sampled (early career, mid career, executive suite etc) current healthcare leaders to explore the capabilities needed for leadership in today's healthcare arena. Paths for development of capabilities and personal growth were also explored. Discussions were recorded and transcribed. Thematic analysis was conducted and overarching themes were mapped to the leadership journey and guiding frameworks.

Results: Six focus groups and 7 interviews were conducted between 06/2023 and 03/2024. A wide variety of pathways were described and ranged from early career to transitioning out of leadership roles. The following overarching themes emerged: opportunities for learning and growth, dynamics of leadership, role of the organizational environment, connectivity and community and the role of technology.

Discussion: Although participants traveled differing pathways along their leadership journey, common skills and capabilities were identified as being necessary for continued growth. Key amongst these findings was the importance of support from within the organization through the means of mentorship, sponsorship, allyship, and coaching and opportunities for learning and growth.

OJ-5-3 Integrating A Social Medicine Approach in Case-Based Learning for the University of Ottawa's Ugme Curriculum

Helena Kim University of Ottawa, **Laura Muldoon** University of Ottawa, **Dominique Elien Massenat** University of Ottawa

Methods: We identified and defined eighteen social accountability themes present in UGME and reviewed CBL cases from the pre-clerkship curriculum to see which were addressed. We based the demographic profiles on categories from regional profiles developed by the Ottawa Neighbourhood Study. We evaluated generalism using the validated Toronto Generalism Assessment Tool and assessed core competencies for inter-professional collaborative practice as well. All three authors reviewed two initial cases along with two additional cases to standardize the rating process. Once the results were consistent, one author (HK) completed the remaining assessments, and the findings were discussed with the team.

Results: The review identified five key areas for improvement: better representation of generalism, improved integration of pathophysiological and social medicine principles, a stronger emphasis on cultural competency to ensure culturally safe care, accurate representation of the diversity within Ottawa's patient population, and the elimination of case descriptions that may foster negative assumptions and implicit biases.

Discussion: Review results will guide improvements to the CBL cases for future years. Additionally, this review can be adapted to evaluate the strengths and weaknesses of current educational resources at the University of Ottawa and to challenge/enhance curriculum development processes at various institutions.

OJ-5-4 Journey Mapping of the Primary Care Providers Experiences During Patient Visits

Anna Chavlovski Family Physician at Loyalist Family Health Team, **Oluwatoyosi Kuforiji** Queen's University, **Celine LaBarge** Queen's University, **Nancy Dalgarno** Queen's University, **Monica LaBarge** Queen's University

Methods: An exploratory qualitative design was used to explore the experiences of PCPs providing primary care to patients. Six one-on-one interviews and two focus groups (n = 6 respondents/focus group) were conducted with family physicians (13) and nurse practitioners (5) within the FLA OHT region using journey mapping, a co-design and an engagement tool. This tool elucidates the intersections between primary care services and patient experiences, helping to identify areas of improvement in the healthcare setting that overlap between patient and provider perspectives. The qualitative data were thematically analyzed through open coding in NVivo software.

Results: PCPs reported procedures used to prepare for patients visits included email and chart reviews, reviewing cases scheduled for the day and reviewing and preparing patient's requirement (e.g., blood work and anticipating patients' needs). Challenges associated with preparation before patient visit included difficulty predicting patient's need limited time for preparation, systemic barriers, limited information about patient's concerns during appointment booking and technological issues with EMR system. Challenges encountered during patient consultation sessions included limited human resources, limited time slots for patient consultations, and dealing with elderly patients with cognitive impairments who attend appointments alone. PCPs also identified challenges in timely and informative communication with specialists. To improve patient care, PCPs recommended patient education on appropriate expectations within a single visit; increased administrative capacity to improve efficiency and reduce administrative burden on PCPs; and streamlined approaches for making referrals and communicating with specialists.

Discussion: This study provides evidence-based recommendations and opportunities to improve providers' experiences delivering care, leading to potential improvements in patient experience. The results identified areas where PCPs require support to increase efficiency and improve job satisfaction.

OJ-5-5 Exploring Current Trends and Gaps in Medico-Legal Education for Medical Trainees and Practicing Physicians: A Systematic Scoping Review

Brenda Nkonge CMPA, **Reem El Sherif** Canadian Medical Protective Association, **Evelyn Constantin** Canadian Medical Protective Association, **Eileen Bridges** Canadian Medical Protective Association, **Elisabeth Boileau** Canadian Medical Protective Association, **Tunde Gondocz** Canadian Medical Protective Association

Methods: We are conducting a systematic scoping review following the Arksey and O'Malley's framework. A medico-legal librarian performed literature searches in Medline, Embase, CENTRAL, and ERIC, from inception until June/July 2024. To be included, studies must: (1) be empirical, (2) pertain to medical trainees, practicing physicians or physician educators, (3) involve non-procedural training, continuing professional development, or learning needs of medical trainees, and (4) be published in English or French. Title, abstract, and full-text screening were conducted in DistillerSR by two reviewers, with discrepancies resolved through discussion or with a third reviewer. Data will be extracted and analyzed by two reviewers using qualitative thematic synthesis.

Results: Of the 4926 records screened, 160 full-text articles are currently being screened for relevance. Preliminary analysis has revealed that few undergraduate and postgraduate medical programs incorporate formal medico-legal education into their curricula. Programs that do include this content typically deliver it through multi-day workshops and electronic learning activities.

Discussion: Despite the efforts of some academic programs, knowledge gaps persist in areas such as documentation, transition to practice, and professionalism. Improving these gaps may better support medical trainees and practicing physicians by equipping them with tools to adequately manage medico-legal issues and provide safe medical care.

OJ-6 Health Systems | Systèmes de santé

OJ-6-1 Early Exposure to Neurosurgery: Assessment of Perceptions, Expectations, Mentorship, Representation and Competence on Medical Student Interest in Neurosurgery

Farbod Niazi Université de Montréal, **Abrar Ahmed** Western University, **Zeel patel** University of Toronto, **Saman Arfaie** Western University, **Crystal Ma** University of British Columbia, **Retage Al bader** Western University, **Ashish Kumar** University of Toronto

Methods: A survey was designed and distributed to all medical students enrolled in Canadian accredited medical programs between February 2024 and June 2024. Information on demographics, interest in neurosurgery and factors affecting career decision-making were obtained. Responses were collected using five-point Likert scales, radio buttons, or checkboxes. Likert scale scores were converted to numeric variables. Independent sample t-tests or Chi-squared tests were used for comparisons, and multivariable regression models were constructed to identify predictors of interest in neurosurgery as a career.

Results: The survey was completed by 99 medical students from eight different institutions. In total, 34.3% of responders described no prior exposure to neurosurgery. Absence of exposure was significantly associated with decreased self-reported interest (2.1 ± 1.2 vs 3.6 ± 1.5, $p < 0.001$) in neurosurgery as a career. On regression analysis, prior exposure ($\beta = 1.24$, SE = 0.30, $p < 0.001$), presence of a home neurosurgery program ($\beta = 0.67$, SE = 0.32, $p = 0.039$) and one-on-one access to residents ($\beta = 0.72$, SE = 0.36, $p = 0.046$) were associated with increased interest in neurosurgery as a career.

Discussion: These findings highlight significant barriers that may deter medical students from pursuing a career in neurosurgery and provide potential strategies to increase student interest in this fulfilling career.

OJ-6-2 Improving Cultural Safety During Health System Emergency Responses

Nicole Blackman Indigenous Primary Health Care Council, **Jennifer Campbell** Emerald Health Consulting, **Julia Creglia** Indigenous Primary Health Care Council

Methods: A two-eyed seeing approach was applied in developing a toolkit for communities managing their first evacuation, communities recurrently evacuating/hosting evacuees, and those managing support teams. The Indigenous Primary Health Care Council gathered information from Indigenous Primary Health Care Organizations (IPHCOs) about the limitations of previous sector evacuation responses and opportunities to improve them. Partnering public health and primary care team members supported the integration of such considerations throughout the stages of an emergency management cycle: preparedness, response, and recovery.

Results: Actions in the preparedness stage include cultural safety and sensitivity training, equally involving IPHCOs in planning, and setting up communication guidelines. Response stage actions centre on creating and providing access to culturally safe spaces, traditional healing practices, traditional food, and connections. Recovery activities focus on gathering feedback from IPHCOs and Indigenous peoples and involving them in rebuilding efforts that resonate with Indigenous practices and values.

Discussion: Implementing this guide in the medical education continuum can help shift the emergency response process towards one that is culturally safe and equitable for FNIM people, communities, and organizations.

OJ-6-3 Striking the Right Balance Between Quality Improvement and Medical Education: A Discharge Summary Timeliness Tale

Mark Goldszmidt Western University, **Louise Moist** Western University, **Kaylee Tsan-Hua Tung** Western University, **Alan Gob** Western University, **George Dresser** Western University

Methods: This QI initiative, guided by the Model for Improvement, was conducted on six Medicine Clinical Teaching Units at an academic centre from August 2022 to June 2023. The primary outcome was timeliness of discharge summary authentication. Post-hoc, balancing measure for consultant and trainee editing rates was added. Data was analyzed using a pre-post design and statistical control charts.

Results: While the average authentication time decreased from 53 to 38 hours, consultants' editing rates varied significantly. Among 15 consultants who improved in authentication time, 5 (38%) demonstrated decreases in personal and trainee editing. Those who edited took a median of 5 hours (p< 2.2e-16) longer to authenticate than those who did not and were less likely to meet the 48-hour target (p-value < 2.58e-12). Similarly, those who let trainees edit took a median of 5.5 hours longer (p< 2.2e-16).

Discussion: Our findings are important for regulators and QI practitioners, highlighting the need to define clinically meaningful targets while considering their impact on quality and education. While we cannot be certain that quality was compromised without chart reviews, the association between time to authentication and editing behavior is highly suggestive. Moreover, it was associated with a decrease in trainee editing, which is concerning from an educational perspective.

OJ-6-4 [Co-Created Principles for Organizational Digital Compassion in Health Care](#)

Allison Crawford University of Toronto, **David Wiljer** University of Toronto, **Rebecca Charow** University of Toronto, **Madison Taylor** University Health Network, **Bryn Davies** University Health Network, **Mary Harasym** University Health Network, **Maram Omar** University Health Network, **Peter Rossos** University of Toronto, **Nelson Shen** University of Toronto, **Sanjeev Sockalingam** University of Toronto, **Gillian Strudwick** University of Toronto

Methods: This study was conducted in three phases: (1) environmental scan to inform content development, (2) engagement workshops to inform the content topics, and (3) one-on-one interviews to assess the feasibility, reliability, and acceptability of the organizational guiding principles. Qualitative data from each phase were inductively coded using a thematic narrative analysis.

Results: Phase 2 engagement workshops were conducted with 17 organizational leaders from across Canada to understand past, current and ideal future states of compassionate digital care, as well as implementation barriers and facilitators. 11 organizational-level guiding principles for digitally compassionate care were generated. In phase 3, 10 organizational leaders were interviewed for feedback on the guiding principles, focusing on the most impactful and most challenging principles to implement.

Discussion: By fostering a coherent understanding among health organizations of what it means to be digitally compassionate, this study has the opportunity to provide guidance at the organizational level for developing and implementing technology in health systems.

OJ-6-5 [#Team Vaccine & the Toronto Academic Health Science Network: A New Hope for Collaboration?](#)

Robert Paul University of Toronto, **Cynthia Whitehead** University of Toronto, **Stella Ng** University of Toronto, **Jeff Crukley** McMaster University, **Mitchell Irving** University of Toronto, **Sophie Breitbart** University of Toronto, **Brian Hodges** University of Toronto

Methods: About 2600 Twitter posts and 25 key-informant interviews were collected. Theories of disaster sociology and Foucault's concepts of Critical Discourse Analysis guided our analysis. Emergent multi-organizational networks, shifts in practices and extra-institutionalism were identified using iterative coding and discursive analysis.

Results: Novel collaborations formed under #TeamVaccine boosted feelings of collective optimism and well-being, diminished individual institutional identities, while seeming to produce a broader non-traditional academic health science collaborative network structure.

Discussion: This study explores the emerging legacies of the COVID-19 era, focusing on changes among inter-institutional relationships across a large academic health science network. Early findings suggest that the disruption produced by this era, the use of social media and a focus on service may have produced a glimpse of an emergent institutional collective that includes TASHN institutions and health science colleges built upon a new hope of collaboration.

Block A

WA-3 [The Creation of A Remediation Measures Guide for Residents Experiencing Academic Difficulties](#)

Isabelle Gosselin Université de Montréal, **Tania Riendeau** Université de Montréal, **Sonia Bellefleur** Université de Montréal, **Gabrielle Nadon** Université de Montréal, **Nathalie Després** Université de Montréal, **Pascale Thomas-Couture** Université de Montréal, **Catherine Turcot** Université de Montréal, **Jeanne Bouisset** Université de Montréal, **Catherine Laurin-Bérard** Université de Montréal, **Themilla Boumekla** Université de Montréal, **Benoit Pierre Stock** Université de Montréal

Rationale/Background: Clinical teachers in our programs have the responsibility to support and promote the success of residents facing academic difficulties through a success support plan (SSP). At the University of Montreal Family medicine program (350 residents), approximately 20 to 30 SSPs per year are created within the clinical teaching units by the competency committee. To enhance the quality of the measures implemented and to assist our teachers in creating the plan, our Family Medicine residency program has developed a guide to provide several remedial strategies and teaching methods to be put in place. The program's Central Competency Committee has inventoried all the remedial measures implemented by the family medicine teaching units (19) over the past four years. These measures were classified according to the nature of the challenges observed by the clinical supervisors, including cognitive, emotional, relational, organizational, and/or professionalism issues and then reviewed each measure and assessed its relevance and feasibility based on the results of a BEME literature review (Lacasse et al., 2019), identifying remediation interventions for undergraduate and graduate medical learners experiencing academic difficulties. The guide will be available on our website and accessible to all our environments in the fall of 2024 and will become an essential resource in better supporting our residents who are facing academic challenges, as it more precisely and effectively targets the means and strategies that can be implemented in training environments. Developing and implementing a support plan requires a certain investment of time and professional resources. This guide facilitates the development process and ensures greater efficiency in the measures deployed. In this workshop, the participant will share the remediation measures implemented in their environments, learn to create their own guide and explore the guide created by the University of Montréal Family Medicine Program.

Instructional Methods: Group discussions on remediation measures Classification exercises in small groups Case-studies applying principles of the guide

Target Audience: Teachers and clinical supervisors, members of competency committees, student affairs

WA-4 [A Two-Eyed Seeing Approach Supporting Health System Engagement with First Nation, Inuit, and Métis Communities](#)

Nicole Blackman Indigenous Primary Health Care Council, **Jasmine Pawa** University of Toronto

Rationale/Background: Academic medicine influences health systems deeply with its academic approaches. Health systems have significant opportunities for improvement with respect to community engagement, particularly with Indigenous populations. Within Canada, medical schools have made efforts to develop Indigenous health curricula, build capacity, and foster relationships with First Nations, Inuit, and Métis (FNIM) communities. One challenge that persists with such efforts is the limited use of a two-eyed seeing approach in developing medical education and resources. The Indigenous Primary Health Care Council, in partnership with primary care and public health partners, developed a toolkit entitled First Nation, Inuit, and Métis Community Engagement Guide: For Public Health Agencies. This toolkit supports medical learners, academic leaders, physicians, and policymakers in planning health services by, with, and for FNIM people. It includes checklists, templates, and community examples. It is intended to be relevant and applicable in medical education, public health, and health care practice.

Instructional Methods: In this interactive session, participants will review the key elements of the toolkit and apply them in practice using case scenarios. The format will consist of a presentation, facilitated small group exercises, and a larger group discussion. For the group exercise, participants will choose a case scenario and work through a series of questions. To conclude, participants will discuss learnings and insights in the larger group. Throughout the workshop, participants will develop skills to describe, assess, and develop plans to engage and sustain relationships with FNIM people, communities, and organizations.

Target Audience: Academic leaders, policymakers, physicians, and medical learners.

WA-5 Fostering Adaptive Expertise Through Curriculum Design

Chloe Leon University of Toronto, **Kien Dang** University of Toronto, **Sacha Agrawal** University of Toronto

Rationale/Background: In this interactive workshop, we will explore the idea that it is no longer sufficient that medical education focuses primarily on developing routine experts (i.e. experts who can solve typical problems quickly & efficiently). In practice, patients are increasingly complex, and exist within health systems that are always changing. As such, we will explore emerging literature that medical education needs to create not only routine experts, but also 'adaptive experts' who can find novel solutions to increasingly ambiguous and novel problems.

Instructional Methods: Participants will work through a curriculum-related case that will demonstrate through experiential learning, important concepts central to development of AE. A brief didactic component will provide more context about development of AE, including a review of literature in medical education. Lastly, participants will work to write their own clinical case integrating these principles. Although case-based learning is used as an example of how to adapt curriculum to foster AE, we will also touch on how other learning modalities (i.e. lectures, simulation) can be used as well.

Target Audience: Educators interested in curriculum design (undergrad, postgrad) that fosters adaptive expertise (including incorporation of EDI).

WA-6 The Impact of Strengths Based Coaching in A Medical Environment

Sophie Pittman Memorial University of Newfoundland, **Antje Kroes** Memorial University of Newfoundland, **Stéphane Dandeneau** Memorial University of Newfoundland, **Andrea Keating** Memorial University of Newfoundland, **Jill Purcell** Memorial University of Newfoundland

Rationale/Background: The high-pressure, demanding nature of medical education often results in declines in wellbeing, with many learners experiencing elevated levels of depression, burnout, and stress. To combat this, Memorial University's Faculty of Medicine implemented a pilot strength-based coaching program designed to empower students to leverage their unique strengths. The coaching program involves identifying the learners' top 5 strengths via the CliftonStrengths assessment. Learners then engage in three one-hour, individualized coaching sessions with a Gallup-certified strengths coach, gaining practical insights on applying their strengths in educational, clinical, and professional contexts. This workshop will explore the principles and practices of the coaching program, which ultimately aims to enhance resilience and self-esteem while decreasing perceived stress among medical learners. By drawing upon evidence-based theories and professional experience, workshop participants will learn how strength-based interventions can effectively address the challenges encountered in medical school and be equipped with actionable strategies to foster a supportive learning environment.

Instructional Methods: We will begin by presenting the findings from our pilot evaluation study. This workshop will employ a think-pair-share model to promote active engagement and collaborative learning. Participants will first work individually on a question related to strength-based coaching, then pair up to discuss their insights with a partner before sharing in a larger group discussion. To facilitate discussions, participants will receive reflection questions and worksheets. Additionally, there will be networking activities, allowing participants to move around and engage in conversations based on strength-based prompts. This interactive format not only fosters connection among participants, but also encourages the exchange of ideas and strategies for implementing strength-based interventions. By blending reflective practices with collaborative discussion, participants will leave with practical tools to enhance wellbeing in medical education.

Target Audience: This workshop is designed for anyone who works with undergraduate and postgraduate medical learners (i.e. academic administrators and staff, clinical faculty, learners).

WA-9 Climate Change, Medical Education and Child Health: an Osce Writing Workshop

Henry Annan University of Toronto, **Iwona Baran** University of Toronto, **Sasha Litwin** University of Toronto

Rationale/Background: There have been growing calls for planetary health to be prioritized in medical education. According to the best available evidence, nearly 90% of the disease burden attributable to climate change occurs in children under the age of 5 years [1]. As such, medical schools need to ensure that future physicians understand how climate change uniquely and disproportionately affects the health of children. The "Five I's of Climate Change and Child Health" is an evidence-based mnemonic framework that categorizes the paediatric health impacts of climate change. They stand for in-utero effects, inhalation risks, infectious disease, injury, and insecurity. Mnemonic devices are commonly used by learners, in conjunction with other learning strategies, as a knowledge "retrieval aid" [2]. In turn, objective structured clinical examinations (OSCEs) are an accepted and reliable method of assessing medical knowledge [3]. In this workshop, participants will use the Five I's framework to guide the creation of OSCE scenarios as one practical way of incorporating paediatric planetary health into medical education curricula. 1. Zhang Y et al. J. Environ. Health. 2007 Oct 1;70(3):32-8. 2. Putnam AL. Transl. Iss. Psychol. Sci. 2015 Jun;1(2):130. 3. Patrício MF et al. Med. Teach. 2013 Jun 1;35(6):503-14.

Instructional Methods: Participants will be divided into groups with each focusing on a different "I." Each group will also be assigned two CanMEDS competencies that their scenario will seek to evaluate. Participants will have an opportunity to share their created scenarios with the larger group. This discussion will be complimented by didactic components that will further expand on each "I" and how our changing climate is impacting the health of children. Participants will be provided resources on OSCE scenario creation and will have access to the scenarios after the workshop. The workshop will equip participants with practical tools to teach paediatric planetary health at their local contexts.

Target Audience: Medical educators and learners (all stages)

WA-10 Decentralizing Excellence: Transforming Medical Training Through Distributed Education

Abir Hussein Dalhousie University, **Janet Green** Dalhousie University, **Janet Green** Dalhousie University

Rationale/Background: Distributed Medical Education (DME) involves delivering teaching and clinical training outside traditional tertiary settings. Decentralizing medical education and integrating rural communities into the training of future physicians offers significant advantages for both communities and learners. DME provides an effective approach to addressing physician shortages in rural areas while enhancing learning outcomes. Evidence shows that DME programs are associated with higher retention rates of healthcare professionals in rural and underserved areas due to sustained exposure and community integration. DME's strengths include diverse clinical experiences, continuity of care, and enhanced competencies in patient-centered skills, all of which are well-documented in the literature. By training in rural and remote areas, DME aligns medical education with regional health priorities and social accountability, fostering a better understanding of and addressing local community health needs. However, this training model faces several challenges, such as resource disparities, faculty and preceptor shortages, and issues related to curriculum quality and standardization.

Instructional Methods: The 90-minute session will include a brief introductory presentation, followed by interactive small-group discussions and case-based problem-solving exercises. Facilitated by a distributed postgraduate Site Director and a recent rural family medicine graduate, this workshop will address the opportunities, concerns, and gaps faced by DME. It will share Dalhousie University's successes and challenges in distributed graduate and postgraduate training offered across fifteen regional sites and three provinces. Through structured and active discussions, the workshop will focus on managing curriculum variability, creating innovative learning environments, engaging communities, and recruiting preceptors.

Target Audience: This workshop is designed for medical educators, program directors, administrators, and policymakers involved in the design and delivery of distributed medical education in medical schools and residency programs.

WA-11 Réinventer Le Débriefing en Simulation : Concevoir Et Mettre en œUvre Le Débriefing À La Demande Pour Répondre Aux Besoins Des Apprenants

ilian Cruz-Panesso Université de Montréal, **Marie-Ève Loiselle-Lepage** Université de Montréal, **Emmanuel Delporte** Université de Montréal, **Héla Louati** Université de Montréal, **Ellie Rivest-Abel** Université de Montréal

Rationale/Background: Le débreffage, traditionnellement effectué à la fin d'un scénario de simulation, offre aux apprenants une réflexion rétrospective sur leur performance. Bien que cette approche soit bénéfique, elle pose des défis aux apprenants novices, peuvent suivre des avenues erronées ou subir un stress important, ce qui limite leur capacité à ajuster leur performance en temps réel. Nous avons conçu un atelier qui propose une approche pédagogique innovante : le débreffage à la demande. Cette méthode permet aux apprenants et instructeurs de mettre en pause le scénario à tout moment, ou plus spécifiquement lors d'éléments déclencheurs (McMullen et al., 2016). Ce débreffage adaptatif permet à l'instructeur d'intervenir en temps réel, d'identifier et de corriger rapidement les lacunes des apprenants, ce qui réduit leur stress et améliore l'efficacité de l'apprentissage. De plus, l'instructeur est invité à inclure les observateurs et les patients simulés dans les discussions, créant un environnement d'apprentissage davantage interactif et réactif.

Instructional Methods: Les participants seront initiés à la technique d'analyse cognitive, grâce à laquelle ils concevront leurs propres objectifs d'apprentissage et détermineront la séquence d'activités à suivre. Outre l'application des techniques de débreffage à la demande, les apprenants concevront également des scénarios de simulation adaptatifs de haute-fidélité. L'atelier mettra en lumière l'utilisation d'outils numériques innovants, tels que des plateformes basées sur l'intelligence artificielle, comme ChatGPT, afin de soutenir et d'améliorer la formation des débriefeurs à la demande.

Target Audience: L'objectif principal de cet atelier est d'offrir aux enseignants en sciences de la santé les compétences nécessaires pour concevoir et mettre en œuvre des scénarios de simulation intégrant le débreffage à la demande. Cette méthode est particulièrement utile lors de réformes curriculaires majeures.

WA-12 Creating Thriving Medical Communities and Culture

Victor Do University of Alberta, **Lyn Sonnenberg** Equity in Health Systems Lab, **Jerry Maniate** University of Ottawa, **Kordan Harvey** University of Ottawa, **Matt Lipinski** University of Ottawa

Rationale/Background: Burnout and moral injury among healthcare providers are well-documented issues that have significant consequences for individual wellbeing and healthcare delivery. Despite numerous wellbeing interventions, many physicians express concerns that these initiatives focus too heavily on personal resilience while ignoring systemic factors (1). Research suggests that to create lasting change, wellbeing efforts must consider institutional policies, culture, and the broader environment (2). Drawing on the principles of creating a health-promoting learning environment (HPLE) as outlined in the Okanagan Charter, this workshop aims to address the question: "How would you create a thriving medical community and culture in your hospital?" We will use the Nominal Group Technique (NGT), a structured method that fosters balanced input from participants and leads to actionable, consensus-driven solutions tailored to the specific context of each institution (3).

Instructional Methods: Participants will be introduced to the NGT process, which is particularly effective for generating diverse ideas and building consensus. Following a brief overview of physician wellbeing, burnout, and health-promoting environments, participants will be guided through a structured brainstorming session. Using the NGT, participants will suggest ideas for creating a thriving medical community, which will be refined and ranked. The final outcome will be a top 10 list of priorities that participants can bring back to their institutions to foster positive cultural and systemic change. The majority of the workshop will be interactive, allowing participants to actively engage in idea generation and consensus-building. Depending on group size, participants may be divided into smaller groups to facilitate discussion.

Target Audience: All conference attendees are welcome. Program directors, department heads, and hospital leadership interested in developing sustainable wellbeing initiatives that address both personal and systemic factors will particularly benefit

Block B

WB-1 [Advancing Clinical Education: Integrating Ai and Innovative Design Strategies](#)

Alice Kam University of Toronto, **Denyse Richardson** Queen's University, **Seungjae Cho** University of Toronto, **Jaryd Tong** University of Toronto, **Manhoor Malik** University of Toronto, **Alice Kam** University of Toronto, **Denis Margalik** University of Toronto, **Vidhi Bhatt** University of Toronto, **Shlok Panchal** University of Toronto, **Nicolas Fernandez** Université de Montréal, **Nicolas Fernandez** Université de Montréal, **David Wiljer** University of Toronto

Rationale/Background: Current priorities within health professions artificial intelligence-related education, such as adaptive expertise and compassionate care (Morrow et al., 2021; Clarke et al., 2024), emphasize individualized patient care practice and practice that is cognizant of systemic health disparities. An organized systems-thinking approach can help leaders assess readiness for AI adoption and identify the barriers and enablers of success. Leaders must be able to navigate the silos of our health professions education systems. By emphasizing theories and frameworks as foundational building, we begin to cultivate an integrated approach to cycles of education research and implementation that resonates with all parts of the community. As medical education and health system priorities evolve continuously, we should critically examine the use of theories and evaluation frameworks to inform the implementation of AI-based clinical education research.

Instructional Methods: This workshop will introduce the audience to several frameworks and approaches for how to create their clinical education artificial intelligence research informed by theories and frameworks Teaching/facilitation methods The workshop will start with a 15-minute didactic introduction to clinical education design approaches, and education implementation research frameworks. In small groups, attendees will then work through an example of AI use case scenario followed by large group discussion and co-created analyses of the results. Each group will select 1 out of 3-4 frameworks in the interactions of implementation science, sociology, social science, and business management. We aim to have 3-4 small groups. The results will be shared in a system map that attendees can use as a starting point for future exploration of their individual goals for innovative AI use.

Target Audience: Early career educators Health education students Researchers Curriculum Planners/Developers

WB-2 [Leveraging Assessment Data for Programmatic Excellence](#)

Lisa St. Amant University of Toronto, **Melissa Kennedy Hynes** University of Toronto, **Julie Johnstone** University of Toronto

Rationale/Background: The primary role of a Competence Committee (CC) is to utilize assessment data on individual residents to provide summative feedback and make progression decisions. Assessment data, however, extends beyond individual resident evaluation, offering a powerful mechanism for enhancing the overall quality of training programs. Embedded within assessment data is valuable information regarding the overall functioning of the training program including insights into faculty and resident engagement, curriculum challenges, and the learning environment. Pack et al. (2020) suggest that CCs may be underused in assessing local implementation and in fostering the ongoing enhancement of assessment programs. This workshop aims to explore the untapped potential of assessment data to drive continuous quality improvement (CQI) processes within medical education programs. By the end of the workshop, participants will have a comprehensive understanding of how to leverage CC data for CQI. They will be equipped with practical tools and strategies to apply in their own institutions, fostering a culture of continuous improvement and ultimately contributing to better educational outcomes and a more supportive learning environment.

Instructional Methods: The workshop will employ a combination of didactic presentation, hands-on activities and interactive discussions. Case studies will be used to illustrate successful implementation of CQI initiatives based on CC data. Participants will have the opportunity to reflect on how they might apply the concepts and tools presented within their local context. Small and large group discussion will be used to facilitate critical thinking and shared learning.

Target Audience: This session is designed for CC Chairs and members, Program Directors, quality improvement leads, and medical education scholars who possess a basic understanding of the structure and function of a CC and are looking for opportunities to enhance their CC processes.

WB-3 [Black Creek CHC's Insights to Impact: A Community-Informed Approach to Research with African, Caribbean, and Black (ACB) Communities](#)

Victor Adarquah Black Creek Community Health Centre, **Michelle Westin** Black Creek Community Health Centre

Rationale/Background: Diabetes is a pressing public health crisis disproportionately impacting African, Caribbean, and Black (ACB) communities in Canada, particularly in Northwest Toronto, where Black Creek Community Health Centre (CHC) serves as a vital resource. Social determinants of health (SDOH)-such as income, education, and access to care-play a significant role in shaping diabetes outcomes. However, these determinants are often externally defined, overlooking the lived experiences of ACB individuals. This disconnection perpetuates gaps in care, as interventions fail to address the unique barriers these communities face. At Black Creek CHC, we recognize that evidence-based tools like CANRISK need to be adapted to reflect the realities of ACB communities. By engaging these communities in identifying research priorities and exploring community-defined SDOH, we co-develop culturally relevant, equity-driven healthcare solutions. Research is a strategic priority for Black Creek CHC, and our commitment to health equity focuses on building capacity in Black Health research and centering the experiences of our interest holders. Through initiatives like "Insights to Impact," community engagement has been leveraged to help align research processes with community needs. The series of events under the Insights to Impact umbrella provided a platform for dialogue between Black Creek CHC, community ambassadors, and clients, ensuring the research was informed by those it aimed to serve. These efforts not only rebuild trust but also create a replicable framework for addressing systemic barriers and advancing racial equity in healthcare - an approach that aims to transform research insights into actionable solutions that drive equitable improvements in care outcomes for ACB communities, ultimately inspiring a more inclusive and equitable healthcare landscape. This workshop is positioned at the intersection of Black Health & Wellness, Community Partnerships for Wellbeing, and Racial Equity in Health Care by emphasizing a collaborative, equity-driven approach to healthcare research design.

Instructional **Methods:** The workshop will consist of: 1. Presentation (30%) - A brief overview of the SDOH and diabetes disparities within ACB communities, drawing on recent data and evidence. Case studies will be used to highlight gaps in the healthcare system's response to these disparities. 2. Small Group Discussions (40%) - Discuss how ACB communities define SDOH and what specific challenges impact diabetes management. Groups will brainstorm culturally relevant interventions based on community-defined needs. 3. Co-Design Session (30%) -Collaboratively design interventions, reflecting on their relevance to ACB communities. Groups will present their ideas for feedback and refinement.

Target Audience: This workshop is intended for healthcare professionals, community organizers, policymakers, and educators focused on health equity, diabetes care, and community engagement with an interest in improving outcomes for marginalized populations, particularly ACB communities.

WB-4 [Developing Socially Accountable Research Projects](#)

Erin Cameron Northern Ontario School of Medicine, **Robyn Preston** CQ University, **Amy Clithero** University of New Mexico, **Kerri Delaney** Northern Ontario School of Medicine, **Jessica Jurgutis** Northern Ontario School of Medicine, **Tim Dube** Université de Sherbrooke

Rationale/Background: Social accountability has made a significant impact on medical education, reforming the training of medical professionals, connecting health policy with community needs, and transforming many institutions across the world. While social accountability has been well defined, our understanding of socially accountable research (SAR) is lacking. This workshop will draw from the first year of a seven-year Government of Canada-funded research study (the CREATE project) examining research structures that support social accountability in medical schools. Led by The Northern Ontario School of Medicine University's Dr. Gilles Arcand Centre for Health Equity and an international research team from seven unique regions across three countries, the project is focused on understanding the frameworks, facilitators, and barriers within local and global networks for fostering partnerships and institutional change aligned with social accountability. This workshop will cover our findings from year 1 and 2 of the CREATE project, discussing how to create and maintain SAR network and the best practices we have identified for collaborating in the context of SAR.

Instructional **Methods:** The first 30 minutes of the workshop will use discussion-based learning to evaluate a SAR framework. The framework derives from a comprehensive scoping review that examined how socially accountable research is conducted. The remaining time will utilize case-based learning. Research team members will present how they build a SAR network, drawing on the framework. Participants will work in small groups and be given the opportunity to evaluate their understanding of SAR, as well as lessons from the case studies and their own experiences.

Target Audience: This workshop's target audience includes researchers, educators, community members, and learners, including those who work in the humanities, education, and basic sciences. Individuals in health professions education may be particularly interested in our workshop. We are keen to learn from community members, researchers, students, and educators working and partnering on research and in research networks.

WB-5 Supporting Trainees Through Medicolegal Events: A Primer for Educators

Elisabeth Boileau CMPA, **Evelyn Constantin** CMPA, **Heather Murray** CMPA

Rationale/Background: Up to 1 in 25 resident-trainees in North America will be named in a lawsuit during their training (McDougall et al. 2022). While malpractice claims and complaints do not necessarily correlate with negligence or lack of skills, they almost universally create significant distress. This distress can increase the risk of medical error, and also significantly disrupt medical training (DeWane & Yoo, 2019). At times, attendings are named alongside trainees, further complicating the attending-trainee relationship. Trainees may feel reluctant to seek support within their program for a variety of reasons. The role highlighted for medical educators has been overwhelmingly focused on interventions to help trainees prevent medicolegal matters. Less well-addressed has been the questions of how to optimally support trainees named in a medico-legal matter and how to mitigate the impact on the trainee's wellness, training and future career. This workshop will address this gap by proposing a framework for medical educators to identify and address specific trainee needs while involved in a medico-legal matter, based on Scott et al.'s (2009) six-step post-event "second victim" trajectory and on psychological safety principles.

Instructional Methods: Facilitated by experienced physician educators from the CMPA, this highly interactive workshop will guide participants through post-medicolegal event psychological recovery stages and explore how to address issues specific to each stage. Participants will then build a personalized toolkit to help support trainees through medico-legal matters, based on an array of suggested approaches for educators.

Target Audience: Medical educators, attending/practicing physicians, program directors, trainees

WB-6 Beyond 'Did It Work': Navigating Complex Evaluations in Health Professions Education

David Rojas University of Toronto, **Tanya Horsley** The Royal College of Physicians and Surgeons

Rationale/Background: The landscape of health professions education is increasingly characterized by complexity, driven by the interplay of diverse partners, varying educational contexts, and rapidly evolving healthcare needs. As such, effective program evaluation in this 'new world' must advance beyond simple, traditional metrics and leverage a systems-oriented approach. This workshop aims to engage participants in the skills and knowledge necessary to evaluate programs within these complex systems more effectively. Applying a theory-based evaluation allows evaluators to explore more deeply questions beyond 'what works' and instead examine, "why did it work?", "how did it unfold?" and in ways that are more reflective of real-world challenges experienced in our current health professions education.

Instructional Methods: The workshop will start with brief, didactic overviews focusing on foundational concepts in program evaluation including the Logic Model, Kirkpatrick's Framework, and Theory of Change. This workshop will emphasize the importance of engaging a diverse group of partners in co-designing evaluation. 1. Participants will develop a logic model for their chosen evaluand and identify potential outcomes using Kirkpatrick's Framework. 2. After developing the logic model, participants will be guided through identifying the embedded assumptions and articulating the underlying theory of change for their program. 3. Building on this foundation, we will introduce participants to the concept of complex systems, discussing potential emergent processes and outcomes that can arise as programs unfold. 4. Participants will then work in small groups to brainstorm potential emergent processes or outcomes related to their specific evaluand. 5. The workshop will conclude with a collaborative session where participants will explore suitable data collection methodologies for capturing their identified outcomes. Throughout the workshop, participants will alternate between short instructional segments and active, application-oriented exercises.

Target Audience: Curriculum designers/managers Program directors Faculty/Teaching Faculty Course Directors Medical Education enthusiast (trainees and staff).

WB-7 Creative Pathways: Transforming Medical Education Through Arts-Based Teaching and Connection

Mariah Robertson Johns Hopkins School of Medicine, **Margaret Chisolm** Johns Hopkins School of Medicine, **Leslie Miller** Johns Hopkins School of Medicine, **Kamna Balhara** Johns Hopkins School of Medicine, **Mary Blazek** University of Michigan

Rationale/Background: The World Health Organization, the Association of American Medical Colleges, and other prominent health organizations emphasize the fundamental role of the arts and humanities (A&H) in health professions education. The A&H have been shown to support the development of multiple clinically relevant skills (e.g., close observation, communication, critical thinking), while enhancing attributes crucial to ensuring equity across training and clinical environments, including empathy and implicit bias awareness. The A&H can also spark joy and enhance renewal. Compared to other curricular interventions, art museum-based activities, in particular, are unique, as existing evidence demonstrates that they provide reproducible and predictably powerful experiences that connect individuals, inspire creative thinking, and serve as stimuli for personal and professional growth.

Instructional Methods: This highly interactive 90-minute workshop will leverage best practices from art museum-based education and will be delivered in-situ in the easily accessible Art Gallery of Nova Scotia. Participants will experience three museum-based learning activities. The session will conclude with a clinical translation discussion to reflect on how the activities built a learning community and facilitated personal and professional growth. This immersive session will incorporate active learning strategies in both small and large group learning formats. All activities will be led by experienced and, as applicable, certified facilitators. This session creates unique opportunities for ICAM attendees to connect with other educators in a new environment, explore how the art museum can be leveraged in education and professional development, and explore the rich cultural offerings of Halifax. We have reached out to the museum and they can accommodate us on Thursday, April 3. We would have a cap of 35-40 participants.

Target Audience: The target audience for this workshop would be educators who are hoping to incorporate arts-based teaching techniques across the spectrum and levels of medication education, including faculty development.

Block C

WC-1 Failure to Fail - Challenges and Solutions in Failing Learners in Academic Difficulty

Kien Dang University of Toronto, **Chloe Leon** University of Toronto, **Joanne Leung-Yee** University of Toronto, **Carla Garcia** University of Toronto

Rationale/Background: With the next generation of learners having experienced suboptimal virtual medical education and challenges with wellness, more undergraduate and postgraduate trainees would be expected to experience academic difficulty during clinical rotations. It is estimated that 7-9% of learners in residency experience academic difficulty. Despite this, the number of low performance evaluations has decreased over the past 15 years. Failure to identify learners in difficulty prevents learners from receiving academic and/or wellness support they need to launch into successful careers. In this interactive workshop, we plan to discuss reasons for current learners to have academic difficulty, discuss barriers to failing learners, generate an approach to successfully failing a learner on a clinical rotation, and practice challenging conversations with the learner in difficulty.

Instructional Methods: The instructional methods include 10 minutes of Think Pair Share around participant experiences with learners in difficulty an challenges, in failing trainees, 10 minutes of didactics describing challenges in failing trainees, 15 minutes of small group case based exercises where attendees will discuss strategies and processes needed to fail a learner in difficulty , 15 minutes of large group discussion where attendees generate the process to failing a learner in difficulty and discuss faculty support, 25 minutes of small group role play with feedback, practicing challenging discussions with trainees in academic difficulty, and 10 minutes of large group discussion regarding learning objectives, commitment to change practice, and 5 minutes of question and answer.

Target Audience: Senior Faculty, Junior Faculty

WC-2 Operationalizing A Curriculum in Human Flourishing: A Skill Building Workshop

Aviad Haramati Georgetown University School of Medicine, **Kimara Ellefson** Kern National Network at Medical College of Wisconsin

Rationale/Background: This workshop will provide participants with practical skills to implement a course on Human Flourishing for medical students. This session will demonstrate how the course operationalizes several frameworks of Human Flourishing (from Vanderweele, Seligman, and the Kern National Network's Framework for Flourishing). The rationale for this course stems from the difficult toll that medical training, and healthcare itself, takes on learners, faculty and staff, leading to high stress, loss of empathy for self and others, and a rise in burnout scores. Simply put, it is increasingly difficult for students, faculty and staff to flourish in our academic health centers. The course conveys that while physical and mental well-being are vital, human flourishing consists of a broader range of domains such as happiness, life satisfaction, meaning/purpose, character, close social relationships and spirituality and transcendence. Awareness of self and recognition of these elements can help students, faculty and staff thrive in the medical school environment where they learn and work.

Instructional Methods: During the interactive workshop, the broad framework will be described and each of the 8 domains of Human Flourishing will be explored along with carefully designed activities. Workshop participants will experience one of the domains, engage with each other, and appreciate how personal and professional goals align to each of the 8 domains. Finally, we will discuss which outcomes are measured and how the course is being evaluated.

Target Audience: This workshop is designed for faculty, administrators and learners interested in curricular interventions to improve well-being and help students and faculty thrive in medical school and in life.

WC-3 Beyond Recruitment: Orientation and Support when Partnering with Diverse Patients, Families and Persons with Lived Experience in Health Professional Education

Angela Towle University of British Columbia, **Cathy Kline** University of British Columbia, **Annie Descoteaux** Université de Montréal, **William Godolphin** University of British Columbia, **Mathieu Jackson** Université de Montréal, **Caroline Wong** Université de Montréal, **Maria Hubinette** University of British Columbia, **Vanessa Balounaick-Arowas** Université de Montréal, **Philippe Karazivan** Université de Montréal

Rationale/Background: Socially accountable medical education integrates diverse patient and public perspectives into the fabric of education. Medical schools and other organizations responsible for health professional education are at different stages along the journey to engage patients as partners in education and embed patient and public engagement at an institutional level. This provides opportunities to share, collaborate, and move 'emerging' practices into 'best' practices through collective action, evaluation and research. A significant challenge identified by those who involve patients in education is how to recruit and support a wide range of patient partners in order to reflect the diversity of the populations served. In this workshop we will present examples of recruitment, orientation and support practices at the University of British Columbia (Patient & Community Partnership for Education) and University of Montreal (Centre of Excellence on Partnership with Patients and the Public). We will engage workshop participants in discussion of recruitment and support practices at their institution in order to generate a list of best practices, with a focus on increasing the diversity of patient partners involved. Outputs from this workshop will be fed into an emerging national network of practitioners who involve patients in education.

Instructional Methods: Welcome, introductions, housekeeping (10 min) Presentation of examples of recruitment, orientation and support of patient partners in education at UBC and CEPPP, and sharing of resource documents (20 min) Small group discussion: How are patients partners recruited at your institution? How are they oriented to their role(s)? What support is provided? What are the opportunities and challenges? How can we advance the work individually and collectively? (40 min) Large group discussion: best ideas from your small groups (10 min) Wrap-up: next steps - individual and collective (10 min)

Target Audience: Health professionals / educators with an interest in patient / public engagement; educational decision-makers; students; patient/family partners

WC-4 Transforming Leadership Through A Pedagogy of Peace

Jamaica Cass Toronto Metropolitan University, **Lindsay Brant** Queen's University, **Dorothy Bakker** Toronto Metropolitan University, **Teresa Chan** Toronto Metropolitan University

Rationale/Background: Canadian medical school leadership paradigms have long been shackled by Euro-centric ideals, perpetuating a narrow vision of authority rooted in intersecting privileges: whiteness, Christianity, heteronormativity, academic elitism, able-bodiedness, and neurotypicality, all filtered through a male-dominated lens. Indigenous wisdom can transform medical leadership, offering a paradigm shift from these Euro-centric models. By embracing traditional teachings, leaders cultivate humility, enhance communication through reflexivity, and commit deeply to service. This workshop, anchored in Dr. Lindsay Brant's Pedagogy of Peace, will transform participants' leadership approach through immersive skill-building and profound self-reflection, ultimately fostering a more inclusive, diverse, and effective leadership ethos.

Instructional Methods: Short Introduction: Why is this important for academic leaders? Pedagogy of Peace Small group discussion: Sample guiding questions: How do I include diverse perspectives in my decision-making? How do I model wellness and balance? Exemplars of usage from presenting panel Guided self-reflection: Sample guiding questions: Whose traditional territories do I reside on? Are there traditions from previous Indigenous peoples that we should honour and respect? What are my connections to the land? Based on principles discussed today, how can I build my relationship with the land to improve my wellness?

Target Audience: Medical Education Leaders (clinical or research faculty, curriculum developers, decal team members, clinical department heads, etc)

WC-5 Ensemble Sur Le Terrain : Enseigner La Complexité De La Collaboration Interprofessionnelle À Partir De Cas Réels Pour Les Étudiants en Santé Et Services Sociaux.

Marie-Pierre Codsi Université de Montréal, **Annie Descoteaux** Université de Montréal, **Lucie Alègre** Université de Montréal, **Tiffany Clovin** Centre d'excellence sur le partenariat avec les patients et le public (CEPPP), **Mathilde Desoutter** Université de Montréal, **Louis Lochhead** Centre d'excellence sur le partenariat avec les patient et le public (CEPPP), **Caroline Bissonnette** Université de Montréal, **Aline Bogossian** Université de Montréal, **Claudio Del Grande** Université de Montréal, **Isabelle Lepage** Université de Montréal, **Nathalie Papineau** Université de Montréal, **Louise St-Denis** Université de Montréal, **Jonathan Venne-Garneau** Université de Montréal

Rationale/Background: À l'Université de Montréal, depuis 15 ans, plus de 5200 étudiant.e.s provenant de 13 programmes en sciences de la santé et des services sociaux apprennent ensemble les bases de la collaboration et du partenariat avec les patient·e·s chaque année. Non seulement apprennent-ils ensemble à travers un cursus de formation commun, ils sont de plus accompagnés dans leurs apprentissages par plus d'une centaine de duos de formateur·trice·s composés de patient·e·s partenaires et de clinicien·ne·s Enseigner la collaboration interprofessionnelle demeure un défi dCela nécessite une approche englobant l'apprentissage de plusieurs compétences ainsi que la capacité à naviguer à travers la complexité relationnelle qui caractérise les environnements de soins et de services sociaux. Pour mieux répondre à ces défis, nous avons entamé une refonte pédagogique permettant d'ancrer les apprentissages dans la réalité du terrain, tout en intégrant les nouvelles recommandations du référentiel de compétences canadien 2024 en matière de collaboration en santé et services sociaux.

Instructional Methods: Cet atelier invite les participants à vivre l'expérience de la dernière étape de notre nouveau cursus de formation. Des extraits vidéo de cas réels t seront utilisés Une méthodologie de discussion et d'animation sera présentée aux participant·e·s qui auront l'occasion d'expérimenter l'enseignement de la collaboration dans le cadre de situations plus complexes suivi d'un retour sur l'expérience vécue durant l'atelier. À la fin de l'atelier, les participant.e.s seront à même de réfléchir concrètement à la manière d'implanter ce genre d'ateliers dans leurs programmes de formation respectifs.

Target Audience: Professionnel·le·s de la santé, éducateur·trice·s, décideur·euse·s en éducation, étudiant·e·s et patients partenaires /familles.

Block D

WD-1 [Conducting Program Evaluation and Preparing Self-Evaluation Report for Accreditation Visit](#)

Titi Savitri Prihatiningsih Universitas Gadjah Mada

Rationale/Background: Accreditation system has been implemented worldwide. One important procedure in any accreditation system is writing self-evaluation. Many medical schools have not yet applied continuous program evaluation as part of their internal quality assurance system and when writing self-evaluation report lack of critical analysis and reflection which are important for quality improvement

Instructional Methods: The workshop will be a combination of interactive lectures followed by hands on practices

Target Audience: medical teachers, accreditation assessors

WD-2 [Integrating Social Accountability and Ai in Medical Education: A Hands-on Workshop](#)

Erin Cameron Northern Ontario School of Medicine, **Ghislaine Attema** Northern Ontario School of Medicine, **Megan Mertz** Northern Ontario School of Medicine, **Kelvi Toskovich** Northern Ontario School of Medicine

Rationale/Background: In the last few years Artificial Intelligence (AI) applications in healthcare have seen exponential growth. These new technologies have great potential, but also come with their own sets of challenges. As medical educators, how can we prepare our learners for this new AI-reality? What can an AI-integrated curriculum look like? What can a socially accountable AI Curriculum look like?

Instructional Methods: As part of an AMS funded grant in AI and Trust, our research team has spent the last year exploring these questions through three streams-learning from Connectivity, Stories and Experience. This workshop begins with an overview of what we learned, and how this learning informed the development of our experiential, place-based, AI-curriculum within the context of a socially accountable medical school. The workshop then moves into running this AI-curriculum with participants and concludes with a debrief and next steps for those interested in adopting this curriculum with their learners. Our learning-through-doing approach allows for medical educators to experience this new curriculum 'firsthand'. For those participants who would like to use these experiential AI-based lessons in their own educational settings, we will share our lesson plans and curriculum guides.

Target Audience: This workshop is open to all who want to learn more about AI and medical education, although medical educators who are looking for ways to incorporate AI into their teaching would especially benefit from this workshop. No prior AI knowledge or experience necessary!

WD-3 Co-Creating Success: Integrating Patient Partnerships in Academic Medicine

Lyn Sonnenberg University of Alberta, **Lynn Ashdown** Equity in Health Systems Lab/CPLPI, **Jerry Maniate** University of Ottawa, **Melanie Clement** CPLPI

Rationale/Background: Patient partners-individuals with lived experience in the healthcare system-are crucial to driving meaningful healthcare improvements and designing educational programs that genuinely address the needs of those receiving care. However, many educators face challenges in effectively integrating patients into the educational design and development process due to uncertainty about best practices. This workshop aims to bridge this gap by presenting proven methods for successful patient partnership, leveraging the expertise of seasoned leaders and patient partners. Led by the Patient Partners from the Coalition of Physician Learning and Practice Improvement (CPLPI), this interactive session offers participants foundational insights into patient involvement in educational initiatives. Participants will engage with proposed resources and collaborate directly with patient partners to address key issues and co-create solutions. This hands-on approach fosters a shared understanding of best practices, enhances collaborative learning, and aligns with the conference theme, "United Today for a Healthier Tomorrow," by promoting partnerships that reflect the evolving role of patient engagement in healthcare education.

Instructional Methods: The workshop will begin with a brief presentation on the history and future directions of patient partnerships in healthcare. Participants will then work in small groups to evaluate best practices proposed by CPLPI and discuss their relevance to diverse learning environments. Guided by workshop leaders, these discussions will delve into the practical application of key concepts, explore existing resources, and identify gaps in current approaches, allowing participants to contribute to shaping the future of patient partnership initiatives.

Target Audience: Educators, researchers and patient partners seeking to foster meaningful collaboration and drive continuous improvement within academic medicine.

WD-4 A Framework for Integrating Structural Competency Into Physician Leadership Curricula

Branka Agic University of Toronto, **Sophie Soklaridis** University of Toronto, **Sandy Buchman** University of Toronto, **Akwatu Khenti** University of Toronto, **Anna MacLeod** Dalhousie University, **Aseefa Sarang** Across Boundaries, **Ayelet Kuper** University of Toronto, **Constance LeBlanc** Dalhousie University, **Cynthia Whitehead** University of Toronto, **Elizabeth Lin** University of Toronto, **Howard Fruitman** CAMH, **Ivan Silver** University of Toronto, **Jamiu Busari** Maastricht University, **Meb Rashid** Women's College Hospital, **Morag Paton** University of Toronto, **Quincy Vaz** Centre for Addiction and Mental Health (CAMH), **Sanjeev Sockalingam** University of Toronto, **Rabia Zaheer** Centre for Addiction and Mental Health (CAMH), **Rowen Shier** Centre for Addiction and Mental Health (CAMH), **Yuliya Knyahnytska** Providence Care

Rationale/Background: Inequities in medicine produce systematic disadvantages in training and career development for physicians from underrepresented groups. They also contribute to unjust and avoidable differences in access, quality, and outcomes of care for structurally-marginalized populations. Equity-centered leadership development has been identified as a key element for advancing equity in medicine. Yet, there is a scarcity of equity, diversity and inclusion (EDI) related content in physician leadership programs in Canada and the US. To address this gap, we developed an evidence-based framework to build physician leaders' knowledge, skills and attitudes required to challenge inequities in medicine and lead structural change in medical education, workplace, academia and health care. The framework defines structural competency for physician leaders and nine enabling competencies required to achieve structural competency, and provides how to guidance for users. Underpinned by transformative learning theory, the framework aligns with the CanMEDS key competencies for leaders. It is part of a grant from the Royal College of Physicians and Surgeons of Canada.

Instructional Methods: This highly interactive workshop will combine didactic and interactive components, including: Brief presentations and practical examples   Opportunities to self-reflect and engage in rational discourse with other participants   Interactive polls and questions using Mustimeter to unpack challenges and opportunities.   Case studies and small group discussions for participants to explore how the framework components can be used in their work.   Large group discussion to ask questions, share feedback and exchange ideas

Target Audience: This workshop is intended for those involved in developing and delivering leadership programs for physicians.

WD-5 Fostering Inclusivity and Engagement: Advanced Facilitation Techniques for Medical Educators

Fareen Zaver University of Calgary

Rationale/Background: In the rapidly evolving landscape of medical education, the need for inclusivity and engagement has never been more critical. Advanced facilitation techniques grounded in evidence-based principles of equity, diversity, inclusion, anti-racism, and decolonization (EDIAA) can significantly enhance the educational experience for both educators and learners. Research indicates that these techniques create psychologically safe environments, reduce implicit biases, and foster collaborative learning experiences. By equipping medical educators with the skills to implement these practices, we can drive positive change within educational settings and improve outcomes for diverse learner populations.

Instructional Methods: This workshop will employ a blend of didactic instruction, interactive discussions, and hands-on practice to engage participants actively. Participants will first be introduced to the theoretical underpinnings of advanced facilitation techniques, followed by demonstrations of innovative practices that promote inclusivity. The workshop will include breakout sessions where attendees will practice these techniques in both online and in-person scenarios, allowing them to design and facilitate inclusive learning experiences. Throughout the workshop, participants will engage in reflective activities to enhance their understanding and application of decolonization principles in their facilitation methods.

Target Audience: This workshop is designed for medical educators, including faculty members, program directors, and trainers, who are interested in enhancing their facilitation skills to foster a more inclusive and engaging learning environment

WD-6 Teaching Through the Generational Divide - Gen Z is Here!

Milena Forte University of Toronto, **Sanja Kostov** University of Alberta, **Nichole Sanchez-Diaz** University of Toronto, **Erin Bearss** University of Toronto

Rationale/Background: The successful integration of different generations in the medical learning environment can inspire learners and motivate teachers. It can also present some challenges. The keys to optimizing the advantages and mitigating the potential tensions are to understand the characteristics of generational cohorts, appreciate the common potential tension points between cohorts, and engage in deliberate strategies to enhance teaching and learning in medical teaching environments. Contemporary learning environments now include a large number of Gen Z undergraduate and postgraduate learners, while Gen Y (Millennials) have mostly transitioned into teaching roles. However, a paucity of literature exists to assist medical educators in navigating teaching Gen Z learners, or to support Millennials as medical educators. In this workshop, we will discuss recent research in the health professions and draw on literature from other disciplines that define the characteristics and "generational identities" of Boomers, Gen X, and in particular Gen Y and Z. Participants will learn strategies they can apply in their own settings and reflect on ways that can help their training programs effectively support professional identity formation for both Gen Z trainees and Millennial educators.

Instructional Methods: 90 minutes: 0-10: Generational cohort icebreaker game, introductions, objectives. 10-15: Intergenerational perspectives. Case 1 - 15-25: Intergenerational panel discussion, 25-40: large group discussion. Case 2 - 40-50: Small group discussion, 50-60: Large group discussion/panel. Case 3 - 60-70: Small group discussion, 70-80: Large group discussion/panel. 80-85: Core values, strategies and take home points. 85-90: Q&A. Active participation occurs during minutes 25-80 and 85-90 (60/90 minutes).

WD-7 [La Sécurité Pédagogique Ou Comment Aborder Des Discussions Complexes en Situation D'apprentissage, Pour Qui, Pourquoi, Comment? : Atelier Réflexif](#)

Clara Dallaire Université de Montréal, **Antoine Payot** Université de Montréal, **Loulou Miriam** Université de Montréal, **Marianne Rustom** Université de Montréal, **Miriam Loulou** Université de Montréal, **Julie Desmeules** Université de Montréal, **Vincent Jobin** Université de Montréal, **Louis-Philippe Thibault-Lemyre** Université de Montréal, **Julie Cousineau** Université de Montréal, **Nathalie Orr Gaucher** Université de Montréal, **Amélie Du Pont-Thibodeau** Université de Montréal

Rationale/Background: Le milieu académique universitaire en général et celui de l'éducation médicale en particulier ont à cœur d'offrir aux apprenants et aux enseignants un milieu pédagogique facilitant les apprentissages, en particulier dans des contextes de discussions de questions complexes ou controversées. Cet atelier propose une réflexion et un partage de ce qui se fait dans les différents milieux canadiens en matière d'environnements d'apprentissage sécuritaires et d'envisager comment les meilleures pratiques du continuum académique peuvent être mise en œuvre par toutes les parties prenantes.

Instructional Methods: Cet atelier de 90 minutes dispensé en français comportera une première partie de présentation conceptuelle sur la notion de sécurité pédagogique. La seconde partie servira à réfléchir, en petits groupes, à différentes manières de traiter de sujets sensibles dans différentes situations d'apprentissage. À partir de vignettes, les animateurs de l'atelier solliciteront différents moyens pour mettre en place un environnement d'apprentissage sécuritaire dans différents contextes (cours, clinique, rétroaction, etc). Cette partie permettra une réflexion contextualisée sur les concepts de sécurité pédagogique et d'environnement sécuritaire et le développement des stratégies pour favoriser un milieu d'apprentissage dans lequel l'ensemble des parties prenantes se sent en sécurité pour débattre de problématiques complexes et parfois polarisées. La troisième partie se déroulera en plénière et servira à présenter les travaux réalisés en sous-groupes et discuter des risques et des enjeux potentiels et de réfléchir aux balises nécessaires pour encadrer les pratiques. La dernière partie de l'atelier sera réservée à la présentation d'un outil développé à la faculté de médecine de l'Université de Montréal pour instaurer un environnement d'apprentissage sécuritaire et authentique et de discuter de son application.

Target Audience: Toute personne impliquée dans toute activité éducative du prégradué au développement professionnel continu

Block E

WE-1 [Using Generative Ai to Develop Multimodal Educational Material: Videos, Podcasts, Images and More!](#)

Heather MacNeill Toronto Metropolitan University and University of Toronto, **Sofia Valanci** The Royal College of Physicians and Surgeons, **Ken Masters** College of Medicine and Health Sciences, Sultan Qaboos University, Oman

Rationale/Background: Multimedia learning is important for pedagogical design and meeting diverse learner needs. Asynchronous learning such as podcasts or videos can allow for anytime, anywhere on-the-go or just in time learning, or allow for flipped classroom design. It has also been associated with evidence-based learning science strategies such as interleaving and space repetition, allowing for revisiting of material in different contexts and reflective learning. However, creating multimedia learning can feel overwhelming and time consuming. Many faculty do not have the skill set or time to create rich multimedia learning to enhance the learning experience. Generative AI (GAI) tools may allow us to increase our efficiency and ease of creative creation, but there remain many pitfalls to understanding issues such as privacy, bias, and academic integrity when using GAI to create multimedia learning.

Instructional Methods: In this interactive workshop, participants will be introduced to several GAI tools that can assist with multimedia creation in multiple languages, including real world examples of health professions educational contexts in which GAI was used to improve pedagogical design. They will then create multimedia using GAI in small groups, reflecting on the advantages and disadvantages. Lastly, we will have an interactive discussion around issues such as copyright, bias and ethics when creating multimedia education using GAI.

Target Audience: Health care educators, faculty, learners and staff that wish to create multimedia learning using GAI

WE-2 Co-Teach Evidence-Based Mental Health Infographics: Key Self-Compassion Skills for Ourselves and Our Patients

Bryan MacLeod Northern Ontario School of Medicine, **B. Mackenzie Barnett** Lakehead University, Dept of Psychology, PhD Candidate, **Eden Mackereth** Northern Ontario School of Medicine, **Chelsea Klein** Northern Ontario School of Medicine

Rationale/Background: Since 2020 our team has taught self-compassion (SC) to over 600 clinicians, NOSM U faculty, residents and learners, demonstrating significant improvements in burnout, stress, compassion-satisfaction and SC. Many participants have requested tools to teach key course skills to their patients. In response, we created and researched 3 evidence-based infographic (IG) tools to convey: mindful awareness of our tolerance states, how to engage our soothing system, and being with difficult emotions. Studies show clinicians learn and reinforce both knowledge and behaviours by teaching. So, let's teach!

Instructional Methods: In this 80% interactive workshop, participants will: Land softly, trying the STOP practice (mindful awareness of mental, body and emotional states) - an evidence-based tool which can be integrated into any moment in our day (5mins) Review mindful self-compassion concepts, and the outcomes from our research (15 minutes) Learn by teaching: Using our online instructional videos, half the room learns to teach the Window of Tolerance and half the Emotional Regulation IGs. (10mins) The groups combine in pairs to cross-teach respective IGs (20 mins) Learn and experiment with the Being with Difficult Emotions IG followed by trying exercises as a group and cross-teaching the steps in pairs. (30mins) Interactive Q&A and Feedback

Target Audience: Any clinician, resident or learner caring for those with depression, anxiety, PTSD, stress, burnout or challenges with emotional regulation.

WE-3 When Words Fail Us: Innovative Techniques for Qualitative Research Interviews

Renate Kahlke McMaster University, **Mark Lee** McMaster University, **Sarya Cristancho** Western University, **Kori LaDonna** University of Ottawa, **Tanya Horsley** The Royal College of Physicians and Surgeons, **Lauren Maggio** University of Illinois, Chicago

Rationale/Background: Health professions education (HPE) researchers address many different research questions using semi-structured interviews and open-ended questions with great success; however, this data collection method does not work equally well for all interview-based research. For complex, messy, or sensitive topics, traditional interview approaches often produce superficial responses representing participants' first thoughts. Additionally, traditional interviews can impede participants who experience barriers in verbal exchange - for example, participants with some types of disability may engage differently. Innovative interview elicitation techniques (e.g. participants engage in mapmaking while talking through their experience of place) can be used as a companion method to enrich interview conversations and increase accessibility for participants. Unfortunately, information about how to skillfully incorporate these techniques can be hard to come by. Drawing on our recently published multidisciplinary review of elicitation techniques (1), we offer participants a taxonomy of techniques, a framework to guide decisions about when and how to use these techniques, and practical support for selecting and integrating techniques into their research contexts. Participants will leave with links to resources, including: our taxonomy, framework, and repository of methodological papers curated from our review. 1. Kahlke R, Maggio LA, Lee MC, Cristancho S, LaDonna K, Abdallah Z. et al. When words fail us: an integrative review of innovative elicitation techniques for qualitative interviews. Med Educ. Forthcoming 2024

Instructional Methods: 20 min: Introductions and didactic presentation -a taxonomy of elicitation techniques and framework for choosing between them 15 min: Small groups analyze a case study (research questions, context, and methodology) and select elicitation method(s) to enhance interviews 10 min: Debrief case study 20 min: In small groups, participants identify a challenging current or potential qualitative interview-based study, and select/integrate appropriate elicitation techniques for the research design and context 10 min: Debrief activity 15 min: Wrap up, final questions, and overview of resources

Target Audience: Beginner to advanced qualitative health professions education researchers

WE-4 Escape the Status Quo! Explore Principles of Equity Access and Participation in Selection and Hiring.

Amanda Condon University of Manitoba, **Valerie Williams** University of Manitoba, **Jackie Gruber** University of Manitoba, **Ming-Ka Chan** University of Manitoba, **Sara Goulet** University of Manitoba, **Lisa Monkman** University of Manitoba

Rationale/Background: A health workforce representative of the communities we serve is imperative to addressing gaps in health outcomes, attain health equity and ensuring healthcare spaces are safe for patients and providers. Recent tools, such as the CaRMS self-identification questionnaire, have focused on diversity and markers of diversity in selection and hiring processes. Challenges exist with these types of tools, such as data governance, potential for bias and safe and optimal use of these tools. Adapting and incorporating concepts of equity, access and participation into selection processes can be challenging to implement and difficult to operationalize given some of the realities of the scope and scale required. Serious games have been described in medical education, incorporating game and activity theory, by developing games with specific learning outcomes and incorporating structured debriefing and reflection as part of the game experience. This workshop will explore the understanding and application of principles of equity, access, participation and bias in selection processes via involvement in a selection-oriented escape room - implemented as a serious game.

Instructional Methods: After a brief review of game and activity theory, serious games and equity, access and participation concepts, participants will complete in teams a 40-minute selection-oriented digital escape room game. This will be followed by debriefing and reflection on participants' experience in completing the escape room and review of equity, access and participation concepts in this context. The workshop will conclude with action-oriented discussion about use of this method for facilitating conversation about equity, access and selection and selection processes, how to target this type of session across the continuum of health professional recruitment, selection and hiring.

Target Audience: All involved in admissions and selection, including learners, faculty and program administrators.

WE-5 Transformer L'organisation Du Travail À Ma Faculté, Une Compétence À Acquérir ?

Julien Poitras Université Laval, **Jean-François Montreuil** Université Laval, **Carole Artaud** Université Laval, **Geneviève Bhérer** Université Laval, **Marie-Chantal Denis** Université Laval, **Emmanuelle Careau** Université Laval

Rationale/Background: Les changements découlant de la pandémie et de la post-pandémie questionnent la façon d'opérer nos facultés. Leur pédagogie, mais aussi leur fonctionnement administratif : une partie de l'activité est dématérialisée, les liens entre personnel administratif, personnes enseignantes et étudiantes sont en partie virtuels. Il est temps de revoir la manière dont nos facultés opèrent et de les restructurer en phase avec les enjeux actuels. Malheureusement, les équipes dirigeantes sont souvent trop prises par les opérations quotidiennes pour réfléchir à leur organisation. La FMED suite à l'analyse de ses processus a favorisé l'approche matricielle, ce qui a permis, en conservant un lien fonctionnel, de déconnecter le lien hiérarchique entre les personnes directrices d'unités et le personnel administratif. Le personnel relève de cadres en charge des grands processus facultaires, s'assurant d'une uniformisation et d'une mutualisation du travail entre les unités. L'organisation physique de la faculté a même été remodelée en fonction de cette nouvelle structure administrative. Les facultés n'auront pas la même solution aux enjeux post pandémiques. L'atelier permettra d'amorcer une réflexion permettant de s'élever au-dessus du quotidien et d'amorcer un processus d'adaptation réfléchie aux nouvelles réalités.

Instructional Methods: Un exercice FFOM (forces, faiblesses, menaces, opportunités), permettra aux personnes participantes d'établir certains enjeux spécifiques à leur institution. Ensuite, la méthodologie utilisée pour transformer la Faculté de médecine de l'Université Laval (FMED) sera partagée. En sous-groupes, les personnes participantes se projetteront à l'aide d'une grille d'analyse dans leur propre transformation, puis partageront avec l'ensemble du groupe quelques pistes qui pourraient être appliquées à leur faculté.

Target Audience: Doyesn, vice-doyens, directeurs de département

WE-6 An Innovative Approach to Office-Based Procedural Skills Curriculum Delivery Using Blended Learning and Simulation Technology

Susan Humphrey-Murto University of Ottawa, **Parisa Rezaiefar** University of Ottawa, **Vanshika Vanshika** University of Ottawa, **Greg Nasmith** University of Ottawa, **Douglas Archibald,** University of Ottawa, **Adam Garber** University of Ottawa

Rationale/Background: Teaching and learning procedures can be challenging for educators and residents. Many graduates lack the skills to perform these procedures despite the mandatory requirement for many of these procedures by the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. Reasons include inadequate training and patient exposure during residency, especially for shorter residency programs. Surgical specialties have incorporated simulation technology into their residency curriculum to address such gaps, while family medicine and other specialties lag due to limited faculty time, interest, or training. (1) Blended learning combines e-learning with in-person learning, and evidence supports that it is superior to traditional teaching. (2) The virtual delivery of didactic teaching addresses the lack of faculty time and improves access to geographically spread northern and rural programs. Validated performance rating instruments optimize in-person teaching by providing residents with actionable feedback and evaluating their technical competence in a simulation setting or workplace. 1. Tenegra JC et al. Simulation-Based Medical Education in Family Medicine Residencies: A CERA Study. Fam Med. 2022;54(4):264-9 2. Vallée A et al. Blended Learning Compared to Traditional Learning in Medical Education: Systematic Review and Meta-analysis. J Med Internet Res. 2020 Aug 10;22(8):e16504

Instructional Methods: We divide this workshop into three equally timed sections: We will demonstrate the components of a blended-learning curriculum to teach office-based procedures using gynecologic procedures for family medicine residents as proof of concept. Participants practice developing outlines for a blended-learning curriculum for a procedural skill they want to teach. Participants will share their curriculum outline and receive feedback and suggestions from presenters and other participants.

Target Audience: Clinician teachers, educators, and curriculum directors who are interested in enhancing the teaching of office-based procedural skills in their program.

Block F

WF-1 Mastering Survey Design: Elevating Program Evaluation Through Best Practices and Cultivating A Supportive Evaluation Culture

Tanya MacLeod Dalhousie University, **Nancy Carter** Dalhousie University

Rationale/Background: Surveys are the most widely used tool in program evaluation, yet best practices in survey design and analysis are less well known. This workshop will grow your evaluation skillset whether you are a novice or more advanced user of surveys for program evaluation. We will review best practices in the development of surveys, increasing response rates, and impactful data presentation. This session will also focus on ways to promote a positive 'evaluation culture' in your organization to support the use of evaluation results that drive program improvement.

Instructional Methods: Participants will work in small groups to apply best practices in survey design to item development for a program evaluation using accreditation criteria from the College of Family Physicians of Canada.

Target Audience: This workshop is intended for medical education directors, managers, program coordinators, evaluators, and researchers.

WF-2 Meaningfully Integrating Equity: Resetting Leadership Development

Maria Tassone University of Toronto, **Jill Shaver** B. J. Shaver Consulting Inc., **Sacha Agrawal** University of Toronto, **Amanda Lowe** University of Toronto, **Kathryn Parker** University of Toronto, **Belinda Vilhena** University of Toronto

Rationale/Background: For 15 years, the Collaborative Change Leadership (CCL) Program has developed people to lead health system transformation and enable socially accountable change. The need for co-creation, sensing, adaptation, and highly effective implementation rooted in compassion has never been more critical. Core to the Program is how learners engage with strengths-based inquiry, such as how to create and sustain hope, trust and meaningful change within teams, organizations and systems. The content is grounded in theory, process and practice, while the learning process enables participants to deepen self-awareness through critical reflection, inviting personal and professional transformation. Over 275 alumni have completed the CCL Program across Canada and abroad, representing 109 initiatives and 56 organizations. Utilization-focused developmental evaluations have been conducted to surface Program impacts at individual, team and organizational levels. In the context of growing health inequities, a global pandemic, geopolitics and climate change, CCL has shifted in response to these emerging priorities. The Program purpose has moved beyond social accountability to enabling a more just world for all. The faculty has been expanded to include a co-production advisor, and a learning trajectory for diversity, inclusion and equity has been integrated into the CCL model. While the introduction of diversity, inclusion and equity into professional and faculty development is not new, what is unique is the thoughtful integration that ensures these concepts are not add-ons, but part of how one leads and works in day-to-day life. It positions faculty as learners alongside participants in the learning community. This workshop will focus on our experience and learning in terms of how educators might integrate equity as they conceptualize, design, implement and evaluate their own professional and faculty development programs.

Instructional Methods: We will utilize two, 5-10-minute theory bursts, privileging active participation through paired interviews, think-pair-share, small and large group discussion, café-style carousel and critical reflection.

Target Audience: Educators, faculty developers, leaders

WF-3 Workplace Incivility: A Call to Action

Christine Short Dalhousie University, **Diane LeBlanc** Healthier Organizations

Rationale/Background: Workplace incivility is defined as "low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect." The term "low-intensity" refers to behaviors that are subtle, such as discourteous or rude actions, rather than overtly aggressive. Research has shown that incivility significantly reduces collaboration, disrupts communication, and distracts physicians and other healthcare professionals. Additionally, it is linked to increased medical errors, poorer patient outcomes, and greater physician burnout (including learners). A 2016 study revealed that 50% of healthcare workers experience incivility in the workplace, and the COVID-19 pandemic has further exacerbated this. This experience is not limited to staff and includes learners. The literature also supports that equity seeking groups (e.g. women, African decent, Indigenous and LGBTQI2) are more likely to experience incivility. As a result, the ability to identify and manage both one's own and others' uncivil behaviors has become an essential leadership skill to build over the continuum of one's medical learning.

Instructional Methods: TThis will be an interactive workshop using slides, discussion and role playing. We will use a realistic vignette that presents a complex situation designed to evoke some negative emotional response. This method allows participants to engage deeply with the material and reflect on how incivility can arise in real-world scenarios. We will practice the Three-Step Approach to Reducing Incivility: 1. Emotion Regulation: Participants will learn techniques to manage their emotional responses in challenging situations, helping them maintain professionalism. 2. Facts and Attributions: We will guide participants in distinguishing between facts and attributions, helping them develop a more balanced understanding of incivility as a communication breakdown rather than intentional harm. 3. Feedback: Participants will practice both giving and receiving constructive feedback aimed at improving interpersonal relationships and fostering a culture of mutual respect.

Target Audience: Clinician Educators, Program Directors and Undergraduate Educators

WF-4 [Media Savvy MDs: Empowering Learners, Physicians and Faculty to Successfully Engage with Journalists and Leverage Social Media Best Practices](#)

Virginia Middleton Memorial University of Newfoundland, **Jordanna Heller** University of Calgary, **Ilana Simon** University of Manitoba, **Jason Clement** McGill

Rationale/Background: In today's fast-paced, online, media-driven world, those in the academic medicine community often find themselves at the centre of health-related discussions and debates in the public eye. Effectively engaging with traditional and social media is a critical skill for cultivating trust, dispelling misinformation, and advocating for evidence-based medicine. The first 45 minutes of this workshop will focus on media relations and will equip participants with the tools to navigate interviews, manage challenging questions, and communicate complex health information with clarity and confidence. Participants will learn to prepare for interviews with journalists, develop key messages, avoid common pitfalls, and build constructive relationships with media representatives. This section will be led by faculty of medicine communications professionals from McGill University and the University of Manitoba. The second 45 minutes will explore strategies for handling social media. Attendees will leave with a deeper understanding of how to represent the medical profession effectively in the public eye while safeguarding their own reputation, and an awareness of principles and guidelines in effect at the university level, with licensing bodies, and with health authorities. This section will be led by faculty of medicine communications professionals from Memorial University and the University of Calgary. This workshop is ideal for anyone seeking to integrate media and social media best practices into their work, research, medical education or professional development. Together, we will bridge the gap between medicine and media to foster informed, impactful communication. Delegates are welcome to attend one or both parts of this session, according to their interest and availability.

Instructional Methods: One 90 minutes workshop, outlining best practices, discussing case studies and application to real-time examples

Target Audience: All delegates, including learners, faculty, researchers, patients and other members of the medical community

WF-5 [The Death of Individualism in Medicine: Interdependence or Bust](#)

Eusang Ahn University of Ottawa, **Stefanie Sebok-Syer** Stanford University, Department of Emergency Medicine, **Jerry Maniate** University of Ottawa, **Lyn Sonnenberg** University of Alberta, **Kaitlin Endres** University of Ottawa

Rationale/Background: In an era of unprecedented health professional burnout, new solutions and strategies to strengthen resiliency and foster sustainable longevity are of paramount importance. While many our current health professions education systems have independence of learners as its final objective, we must look beyond mere independence to a paradigm that is more contextual and reflective of real-world practice. Interdependence is a paradigm that has been explored in fields other than medicine, and has had significant impact. This workshop aims to explore the potential applications and added value stemming from the adoption of interdependent principles in healthcare, both for clinical care and health professional wellness. The willingness and ability to challenge the (arguably failing) status quo models of patient care and health professional well-being are critical to take practical steps and begin the difficult work of cultural change. Interdependence may offer valuable lessons and a novel perspective on how to approach the creation of better models of excellence.

Instructional Methods: 1. Icebreaker/reflection exercise (5min) o Individualism vs independence vs. interdependence: what do you already know? o Real-time online poll/survey (e.g. Socrative/Menti/PollEV) and sharing 2. Brief didactic session (20min) o The Case for Interdependence: what is it, and why is it important? o Powerpoint-based lecture format 3. Small group co-creation with large group debrief via nominal group technique (40min) o Breakout groups: identifying opportunities for improvement and brainstorm potential applications of a interdependent mindset. o Large group: sharing and synthesizing findings, discussion. 4. Wrap-up summary and take-home points (15min) 5. Feedback and evaluation (5min)

Target Audience: Any health professional or learner. Most practical for those in leadership positions.

WF-6 Beyond the One-Size-Fits-All Approach: Strategies for Building Supervisory Repertoires that Support Patient Care and Trainee Learning

Mark Goldszmidt Western University, **Rola Ajjawi** University of British Columbia

Rationale/Background: In clinical settings, supervisors and trainees face the dual challenge of striving for excellence in patient care and learning. Moreover, they must deal with a complex, constantly changing learning environment. While every supervisor has developed supervisory strategies, few have had meaningful opportunities to consider the multiple possible aims in their settings and to develop diverse repertoires for achieving these. In practice, not only do we need a broad repertoire of supervisory practices, but negotiating these with trainees is particularly useful in high-pressure environments. Supervisors and trainees develop shared understanding through working together, leading to patterns of working repertoires across the team. Learning in clinical settings is contingent upon supervisors, learners, and the learning environment working together interdependently.

Instructional Methods: The workshop will introduce Billet's (2001) interdependent theory of workplace learning, including the concepts of repertoire and shared repertoires. Participants will reflect on their practices and, in small groups, discuss the value and strategies of sharing these with peers and trainees, including when it might be more useful not to share. Data from two studies will bring the theory to life and engage participants in reflecting on the educational practices of clinical teachers in a safe space. These case studies will enable comparisons across contexts (Australia and Canada) and clinical sub-specialties to consider the social, material, and technological arrangements that afford different educational repertoires.

Target Audience: Clinical teachers seeking to expand their educational repertoires. Health professions education leaders and faculty developers interested in supporting the development of clinical teachers. Health professions education researchers interested in studying clinical learning and the messiness of clinical supervision.

Block G

WG-1 Understanding Mechanisms and Contexts in Health Professions Research: A Realist Workshop

Gabrielle Finn Association for the Study of Medical Education / University of Manchester

Rationale/Background: Realist evaluation is a theory-driven method that aims to uncover the mechanisms by which educational interventions achieve their outcomes within specific contexts. It is based on the idea that the effectiveness of an intervention depends on various contextual factors influencing these mechanisms. By utilizing this approach, researchers can go beyond simple questions of whether an intervention works and explore the more meaningful questions of how it works, for whom, and under what conditions. Realist evaluation can be applied broadly. Realist evaluation explores data to identify contexts, mechanisms, and outcomes, which are subsequently developed and presented as a final programme theory to either show how an intervention works or answer a research question. This workshop will use examples from research on (1) lapses in professionalism in healthcare professionals, and (2) addressing differential attainment in undergraduate students to explain and explore the methodology. The workshop aims to provide medical education researchers with: (1) A thorough understanding of the principles of realist evaluation, including its philosophical underpinnings and applicability; (2) Hands-on experience in designing realist evaluations, formulating research questions, and developing data collection and analysis strategies; (3) Practical case studies demonstrating how realist evaluation has been used effectively in medical education to identify key contextual factors and mechanisms; (4) Guidance on overcoming common challenges, such as managing complexity, synthesizing data, and presenting findings.

Instructional Methods: The workshop will use data from two studies - participants can choose the data they work with. Participants will learn about realist evaluation as a method through a short presentation. Participants will explore how to develop an initial programme theory and subsequently develop it during data collection. Working as individuals, and then in small groups, they will learn to identify contexts, mechanisms, and outcomes (inherent to the realist method) and use these to develop a final programme theory.

Target Audience: Anyone interested in understanding more about realist evaluation in research - suitable for all levels.

WG-2 Reconceptualizing Mentorship for Black Medical Learners

Mireille Norris University of Toronto, **Modupe Tunde-Byass** University of Toronto, **Anjali Menezes** McMaster University, **Teresa Semalulu** University of Toronto, **Mireille Norris** University of Toronto, **Ewa Akomolafe** McMaster University

Rationale/Background: Nationwide significant strides in redressing anti-Black racism in medicine have been made, including the rapid expansion of Black applicant streams for medical schools and the inclusion of racial identity markers on residency applications. Our training system was not designed to support the needs of Black learners, perpetuating the same racial hierarchies that have led to the underrepresentation of Black healthcare providers. Centered in our community values of recognizing the authority of experience, nurturing our juniors with humanity, and our universal need to belong - mentorship is an essential pedagogical practice particularly suited to supporting diverse learners from equity-deserving communities. What does it mean to mentor Black learners? Many tools exist to evaluate the effectiveness of mentorship at increasing the academic outputs of its participants, yet these fail to account for Black learners' support needs, nor do they consider the functioning of an institution whose origins were based in exclusion. When we focus on community-held ways of knowing, and the power of our relationships, we transgress institutionalized exclusionary cultures. Led by the Black Physicians of Canada, with contributions from the DARe Group Collaborative, exclusively led by Black and Racialized educators, this workshop centres Black affirmation and belonging.

Instructional Methods: It is through our dialogues - the exchange and sharing of our experiences- that true knowledge can be co-created. This workshop is grounded in the contexts of its presenters as a starting point for exploration. The majority of the workshop will focus on knowledge creation through sharing narrative testimony. Participants will circulate through three narrative and dialogue-based stations exploring mentorship within the community-based, medical, and surgical specialty training settings to co-create a new standard for the goals and evaluation of Black mentorship.

Target Audience: Aimed at any person involved in training or supporting Black and Racialized medical learners, especially those interested in Black applicant pathways.

WG-3 Why is Feedback so Hard to Define? Exploring Definition and Alternative Approaches to Conceptualization in Health Professions Education (Hpe)

Catherine Patocka University of Calgary, **Lea Harper** University of Calgary, **Rachel Ellaway** University of Calgary

Rationale/Background: The 'need to define' is a common belief within health professions education (HPE). However, as literary philosopher Kenneth Burke wrote, "a way of seeing is also a way of not seeing." Rather than being an essential requirement, definition is just one strategy educators can use, one moreover that has serious limitations, particularly when dealing with the fuzziness that often characterizes much of HPE. We propose the use of pattern inquiry as an alternative to the exclusionary use of definitions. Our minds are inherently patterned, and we use these patterns to understand and interact with the world. Although patterns originate in the mind, they can be externalized and shared within a community, thereby building shared thinking and understanding. Pattern inquiry focuses on exploring shared pattern thinking.

Instructional Methods: The workshop begins with a brief presentation on the use of definitions in HPE, discussing the challenges they present and their role in addressing the ambiguity often encountered in HPE. We then introduce pattern inquiry. To illustrate this approach, we present a pattern system for feedback in medical education, showcased through activities involving a deck of cards. The majority of this workshop is dedicated to engaging participants in various card games designed to address practical challenges in working with feedback. We will use these fun and interactive games to facilitate the sharing of knowledge and insights among participants, which we have found are effective at making the concept of patterns more accessible and grounded in practical issues. The last stage of the workshop is given over to participants working in small groups to outline the shared pattern thinking in a particular domain of interest to them (such as PBL, CBME, wellness, EDI, or professionalism).

Target Audience: Educators and leaders interested in understanding the fuzziness of HPE and those with an interest in feedback.

WG-4 Making Space for Grief in Medical Education and Practice

Sarah Burm Dalhousie University, **Anna MacLeod** Dalhousie University, **Mary Ellen Macdonald** Dalhousie University, **Aruna Dhara** Dalhousie University, **Sandi Alrabaa** Dalhousie University

Rationale/Background: Physicians routinely encounter myriad forms of loss in both their personal and professional lives. One might expect that repeated exposure equips them to manage the complex experiences associated with grief. In reality, acquiring the skills for supporting oneself or others through loss can be challenging for physicians at any career stage. Additionally, the demands of the clinical environment often leave little time for physicians to fully experience and process their grief. In response to grief, the default tendency in medicine's professional culture leans toward adopting an air of invulnerability in which displays of strong emotionality are considered unprofessional and a violation of accepted norms. We propose an alternative, recognizing grief as a normal response to loss and creating space for grief within medical education and practice. In this workshop, participants will explore the concept of grief literacy (Breen et al. 2022) and apply this understanding to both educational and clinical settings. Participants will leave with actionable strategies for fostering a culture of compassion in their local contexts.

Instructional Methods: A brief presentation outlining key themes from the current literature on grief and loss followed by a discussion exploring the various constraints impeding the acknowledgement of grief in medicine. Participants will engage in a visioning exercise to imagine a future where medical learners and physicians can 'bring their grief to work' - that is, openly admit and express their grief. Participants will be encouraged to consider both the practical steps needed to foster such an environment and the desired outcomes of a more grief literate medical culture.

Target Audience: Physician educators and residents who understand the necessity and value of engaging in difficult conversations around the experience of loss

WG-5 From Learners to Leaders: Student-Driven Approach to Student Leadership in Health Education

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Rationale/Background: The evolving landscape of health professions education increasingly recognizes the vital role of students as active leaders in shaping their educational experiences. Grounded in the CanMEDS Framework, which emphasizes competencies such as leadership, collaboration and advocacy, this workshop aims to explore meaningful student involvement (MSI) and its impact on educational reform. The framework advocates for developing health professionals who are knowledgeable and skilled in teamwork and leadership, thus preparing them for the complexities of modern healthcare environments. This workshop will focus on practical strategies for integrating student leadership into the educational curriculum, enhancing MSI and collaboration between faculty and students. Participants will engage in interactive discussions and activities, drawing from the CanMEDS competencies to create actionable frameworks for enhancing MSI in health professions education. These elements will demonstrate how MSI enriches the educational environment and cultivates a new generation of healthcare leaders equipped to address challenges in the field. In addition to students, the workshop will involve a relevant stakeholder in the field, who will be invited.

Instructional Methods: Following methods will be used: discussions with presentations, small working groups, role-playing, case scenarios, brainstorming and problem solving

Target Audience: Students, educators and anyone with an interest to strengthen MSI in their institution.

WG-6 Transition to Clerkship Course : Preparing Medical Students for "Real Life" and Identifying Potential Learners in Difficulty

Miriam Lacasse Université Laval, **Marie-Pier Carrier** Université Laval

Rationale/Background: Beginning of clerkship is a key step in undergraduate medical education (UME), which can be challenging for many learners facing patients with complex situations. The UME program at Laval University offers a one-week Transition to clerkship course since 2023, to help students with charting and case presentation skills for complex patients. After an introductory session, learners have a hands-on small-group learning session using virtual patient assessment (day 1) and a formative direct observation activity (FDOA) in a simulated ward (day 2), where they receive individual feedback on reviewing patient files, assessing simulated patients, charting, writing orders and case presentation. The students also spend 2 days shadowing a senior clerk to get more comfortable with their first rotation setting. On day 5, students write an exam (charting a virtual patient consultation and writing admission orders). A total of 33 struggling learners were identified in the 2023 and 2024 courses. Item analyses measured FDOA and exam assessment rubrics, both showing good reliability (FDOA: Cronbach alpha=0.807; exam: Cronbach alpha=0.607). FDOA showed a good concurrent validity with pre-clerkship OSCE (65,6% of struggling students at FDOA were in first quartile at OSCE vs 32,5%, p<0.01). FDOA had a 100% sensitivity to identify learners who will experience major difficulties in subsequent in-training evaluation reports (positive predictive value (PPV)=23,5%), but not minor difficulties. FDOA was also predictive of poor performance at the end-of-junior clerkship written exam (PPV=64,7%). The course director proposed remediation strategies to struggling learners before starting clerkship rotations.

Instructional Methods: During this workshop, participants will attend short didactic presentations and participate in hands-on session to experience components of the course (FDOA form completion, exam correction using rubrics), and be involved in group discussions to identify early remediation strategies for learners struggling in the course.

Target Audience: Target audience: UME program directors and faculty leads; clinical teachers; residents and medical students

Block H

WH-1 Preparing Short Answer and Multiple Choice Items to Assess Higher-Level Domains.

Elizabeth M Wooster Toronto Metropolitan University, **Douglas L Wooster** University of Toronto

Rationale/Background: Assessment of students, trainees or practicing physicians using short answer or multiple choice formats remains a popular and practical approach to high-stakes, in-house or self-assessment programs. The development of such items can be demanding at basic knowledge and recall levels and even more challenging for higher levels, such as assessment, analysis, synthesis and evaluation. These levels can be assayed; however, training is required in the basic definitions and practice of item preparation, knowledge of applying Bloom's or other Taxonomies to item writing and practical application, and item preparation with coaching.

Instructional Methods: This workshop will use large and small group discussions of practical examples with 'popcorn', 'pair and share' and 'discuss and report' tasks in group and breakout formats. Interactive approaches will be taken to all aspects of the workshop. Individuals in the group will be asked to identify specific needs to allow for tailored, focused tasks and discussions. The presenters have experience in supporting workshops and training health care professionals in developing items, as well as, preparing, editing and reviewing items in a number of assessment settings.

Target Audience: This workshop will be aimed for individual practitioners who are asked to create items for high-stakes, self-assessment, in-house or other assessments of students, trainees and practicing physicians at any level , as well as, health educators and leaders who are involved in these processes.

WH-2 Beyond Basics of Evidence Syntheses: Methods, Emerging Approaches, Innovations

Tanya Horsley The Royal College of Physicians and Surgeons, **Rachel Ellaway** University of Calgary

Rationale/Background: Medical education has an ever-growing literature base and with the constant flow of articles being published you might think that the answer to your problems can be found there. You may be right but the complexity inherent in synthesizing evidence in medical education means you have to navigate challenging decisions, for example, how to align methodological and philosophical methods, and how to select from the ever-expanding range of review methodologies.

Instructional Methods: This workshop will guide participants in how to make good review decisions and how to make the most of the available literature. We will cover common evidence synthesis methods, explore emerging methodological approaches, and discuss novel approaches such as using generative artificial intelligence in knowledge synthesis. Participants will engage in active discuss, participatory activities (e.g. table-top excercise) in small groups and open dialogue as a group.

Target Audience: Beginner / Intermediate

WH-3 Full Disclosure - Self-Disclosure as A Tool in Medical Education

Debra Hamer Queen's University, **Lauren Wierenga-Lam** Queen's University

Rationale/Background: In striving to build community and connection in medical education, the question arises of how best to share our own personal experiences in this landscape. For learners and educators alike, there are concerns about the potential blurred boundaries and fear of awkward interactions. However, utilizing self-disclosure effectively can also lead to enhanced mentorship and an enriched learning experience. With increasing emphasis on the role of EDII (Equity, Diversity, Inclusion and Indigeneity) in education, new opportunities for self-disclosure are arising. These opportunities often play a role in creating diverse and inclusive learning environments. This workshop will explore the question of which aspects of our experience and personhood we feel comfortable sharing and why?

Instructional Methods: This workshop will allow participants to reflect on self-disclosures and explore opportunities to create learning environments that are safe and inclusive. Exercises include: 10 min: Introduction and Key Concepts (didactic) 30 min: Circles of Disclosure Activity - activity is conducted from perspective of educator and learner. Participants are posed 30 statements based on positionality ("I would disclose that I have a chronic medical illness") and then use both a written score card and physical movement (coloured lines on floor) to declare their comfort level. This activity is followed by facilitated reflection. 10 min: Guided Reflective-writing exercise (Part I/II) - using "Inventory" and "Hierarchy of Cringe" Handouts- participants will reflect individually on previous experiences of self-disclosure and then using structured handout reflect on comfort level and over-arching themes in disclosure. 10min: Pair-Think- Share -consider emerging themes and impact on medical education community and discuss with partner. 20 min: Small Groups - consolidate learning with two focused questions related to building safe spaces for sharing. This is followed by large group discussion. 10 min - Conclusion - tips on self-disclosure and final self-reflection (written).

Target Audience: Medical students, residents, faculty

WH-4 [Invigorating the Careers of Mid-Career Faculty](#)

Umberin Najeeb University of Toronto, **Karen Leslie** University of Toronto

Rationale/Background: There is paucity of literature on the faculty development needs of mid-career academic faculty members. Some of the work to date suggests that mid-career faculty members may experience 'loss of direction' as they become 'more in demand' by others to be mentors and take on more administrative/leadership responsibilities at their academic institutions (Golper & Feldman 2008). Faculty members who are recently promoted to associate professor felt a greater alignment between institutional expectations and their own intrinsic motivation (Field et al 2011). These faculty members also identified the need for assistance with skill development relating to leadership responsibilities they were assuming. A recent study (Paradis et al 2023) demonstrated substantial rates of burnout among mid-career medical faculty. Mid-career faculty play a crucial role in fostering a vibrant academic environment, and therefore an opportunity exists for individuals and institutions tasked with faculty development to deepen their understanding of the unique experiences faced by mid-career faculty members, particularly women and other underrepresented academics. It is imperative to offer support structures that address the career stage specific challenges encountered by these individuals.

Instructional Methods: The workshop will include a variety of activities and methods of participation, including career mapping and reflection, sharing in pairs and with the larger group. A brief didactic presentation will provide an overview of the literature. Additional approaches will be utilized to foster critical observation and effective questioning, and to identify ways that individuals can be supported to navigate this stage of their professional lives. We will engage in rich discussions and learn from each other's experiences. An approach of respectful dialogue is required of all participants.

Target Audience: This session is designed specifically for mid-career faculty members (defined as 10+years into their career), faculty developers and institutional leaders in academic settings, however open to all.

WH-5 [Practical Approaches for Realizing the Transformative Value of Patient Engagement in Health Education](#)

Holly Harris Centre for Addiction and Mental Health, **David Wiljer** University Health Network, **Amy Farr** European Respiratory Society

Rationale/Background: Patient-centered care is paramount in today's healthcare systems: it improves patient satisfaction, patient outcomes, quality of care, and allocation of resources, no matter the care context. Engaging patients in health education can infuse initiatives with real-world insights on health, health systems navigation, and approaches that reflect patient-centred care. Equitably partnering with patients fosters a dynamic approach to knowledge that values diverse contributions, leading to more comprehensive and innovative outcomes. The importance of engaging patients has gained considerable traction in recent years. Yet, many organizations struggle to operationalize the goal of patient involvement. By equipping professionals in health education with the skills and knowledge needed to support meaningful patient engagement, we can move beyond tokenism, challenge unequal power dynamics, and build a more equitable and inclusive future for health education and the health system at large.

Instructional Methods: This workshop will focus on helping professionals develop the skills required to realize the possibilities that come with the meaningful engagement of patients in health education. This workshop will showcase experiences from an international panel (patients included), and invite participants to understand the benefits of engagement, explore barriers and mitigating factors, reflect on their current engagement practices, and try out key skills in advancing their engagement. Specifically, participants will be invited to consider skills related to critical reflexivity and equitable engagement.

Target Audience: The target audience for this workshop is health education professionals e.g. (faculty, educators, researchers, and evaluators) wishing to develop the skills and knowledge to meaningfully involve and engage patients in the design, implementation, and evaluation of health education activities.

WH-6 Supervision, Delegation and Coaching as A Medical Educator: Tips for Understanding and Mitigating Medico-Legal Risk

Evelyn Constantin Canadian Medical Protective Association, **Cheryl Hunchak** Canadian Medical Protective Association, **Heather Murray** Canadian Medical Protective Association, **Elisabeth Boileau** Canadian Medical Protective Association, **Lisa Thurgur** Canadian Medical Protective Association

Rationale/Background: Attending physicians and senior residents face potential medicolegal risk, not only for the care they directly provide, but also for the care of patients in their role as supervisor; they are responsible for appropriately supervising and delegating care delivered by trainees. Policies from universities, medical schools, hospitals, and provincial and territorial regulatory authorities (Colleges) guide supervisors and trainees about supervision and delegation. For trainees, key aspects of competency-based medical education include progressive autonomy, appropriate levels of supervised clinical care, and coaching from medical educators, supervisors, and peers. (CMPA Good practices, Dec 2022). As such, role clarity, effective communication and psychological safety are key concepts that underpin safe supervision and delegation.

Instructional Methods: This 90-minute highly interactive workshop will be facilitated by experienced CMPA physician educators. Participants who attend this workshop will be able to highlight the role of attending physicians, medical educators, and senior residents in supervision and delegation, describe potential medicolegal implications and implement strategies to mitigate medicolegal risk. The workshop will also illustrate the role of the supervising physician as coach within a competency-based framework. Patient-centred approaches, psychological safety and communication skills will be discussed and applied using interactive case-based scenarios, to allow for practical implementation of strategies in "real-life" situations. Active participation and interactive exercises will encompass about two-thirds of this workshop. Educational materials to support participants in the implementation of these strategies will be provided, including specific checklists and written materials.

Target Audience: Medical educators, program directors, clinical supervisors/coaches/educators, residents

Block I

WI-1 Design and Implementation of A Mistreatment Reporting System: Lessons Learned From A Case Study

Theresa Beesley McGill, **Leah Moss** McGill, **Donald Boudreau** McGill, **Abraham Fuks** McGill

Rationale/Background: Medical learner mistreatment is a significant challenge for medical schools and postgraduate training programs The Office for Respectful Environments (ORE), at the Faculty of Medicine and Health Sciences, McGill University, receives, responds to and monitors reports of mistreatment in the Faculty's learning environments submitted by medical students, residents and fellows. The ORE provides a safe environment for trainees to report concerns and share, in a confidential manner, experiences that prompted the report. The process also permits 'respondents', to respond to such reports and work with the ORE to resolve concerns in a fair and collegial manner.

Instructional Methods: 1. 'Think-pair-share'; Role play with prepared scenarios, followed by group debrief; 2. Didactic segment, presenting our experiences, based on the period 2022-24; 3. Participatory group discussion describing and analyzing the successes and on-going challenges and mapping of stakeholders.

Target Audience: Department Chairs, Associate and Assistant Deans in UGME and PGME, educational managers, clerkship directors, postgraduate program directors, and leaders in student professionalism, wellness & learning environments.

WI-2 Designing A Planetary Health Curriculum for Tomorrow's Physicians

Kuan-chin Jean Chen University of Ottawa, **Husein Moloo** University of Ottawa, **Brad MacCosham** University of Ottawa, **Isabelle Raiche** University of Ottawa, **Zoe Tsai** University of Ottawa,

Rationale/Background: The integration of Planetary Health into undergraduate medical education (UGME) is essential as it addresses the complex and interconnected health challenges driven by environmental, social, and global changes. Traditional UGME curricula often focus on individual-level patient care and biomedical knowledge but may not adequately cover the broader determinants of health, including climate change and social inequities. Given the increasing relevance of these issues in healthcare delivery and policy, medical students must be equipped with the knowledge and tools to respond effectively to the climate change crisis.

Instructional Methods: The workshop commences with a review of literature on the integration of planetary health, including the Lancet Commission on Planetary Health and the Center for Sustainable Healthcare Education (SHE). Relevant pedagogical theories will be reviewed in this introduction, including Mezirow,'s transformative learning theory. Case presentations will occur and subsequently themes for discussion will include how to find to integrate planetary health in various types of UGME curricula, challenges that arise for faculty, students, and program administrators. In small groups, the participants will explore these challenges and propose possible solutions, then reconvene to discuss practical implementation approaches, with a special lenses on faculty development, student engagement, and best practice in supporting program administrators.

Target Audience: Clinician educators, clinician teachers, medical students, program administrators

WI-3 Investigating and Challenging Racial Bias Through Self-Compassion Training for Physicians

B Mackenzie Barnett Lakehead University, **Bryan MacLeod** Northern Ontario School of Medicine, **Mirella Stroink** Lakehead University

Rationale/Background: Healthcare providers in Canada aspire to treat all patients equally. Unfortunately, long-standing and deeply entrenched policies that marginalize certain groups (i.e., racialized peoples) promote unconscious stereotyping and discrimination. Reviews have shown that racial bias is as high in healthcare providers as the general public; with the majority of all providers showing a pro-White bias. Racial biases in clinicians are linked to negative experiences and health disparities for racialized patients and providers in Canada. Recently, studies have shown that practicing self-compassion (SC) can reduce racial bias, but few studies have examined this effect in healthcare workers and none have taken place in Canada. Since 2020 our team has taught over 600 learners and clinicians Neff's evidence-based Self-Compassion for Healthcare Communities (SCHC) course, and found significant improvements in burnout, secondary stress and self-compassion. In fall 2024, we partnered with the Ontario Medical Student Association to offer the course to students, and added implicit bias and compassionate patient care measures to our existing well-being surveys. These include the well-validated Implicit Association Task and a clinical vignette with qualitative and quantitative survey questions.

Instructional Methods: Participants will: - Be led through an interactive activity of imagining themselves in a busy clinical day, followed by engaging in a patient vignette scenario. (10 minutes) - Practice an evidence-based SC skill exercise from the SCHC course, and then once again complete the vignette (10 minutes) - Discuss in pairs and then in the large group their experience of the vignette before and after the SC exercise (20 minutes) - The presenters will share some background information on how SC can work to counteract racial bias & our research studies (15 minutes) - Participants will discuss in pairs and then as a larger group (35 minutes): How racial bias is currently being addressed in their setting; how SC might fit with this strategy; how to measure racial bias in a meaningful way in the healthcare setting.

Target Audience: Any clinician, resident, learner or researcher.

WI-4 More than Lipstick on A Pig: Applying an Accessibility Lens to the Health and Wellbeing of Healthcare Providers and Learners

Michael Quon University of Ottawa, **Beth-Ann Cummings** McGill, **Ming-Ka Chan** University of Manitoba, **Amanda Condon** University of Manitoba

Rationale/Background: The field of physician and health provider (and respective learners') health has advanced immensely over the past decades, past individual focused interventions to more team-based and system level approaches. Connections to other fields such as leadership education are also growing. More explicit emphasis needs to be placed on connecting the impacts of inaccessible work on health provider health and wellbeing. After all, it is hard to feel well if you never felt welcomed. Marginalized individuals with disabilities experience structural ableism in health care work and learning environments. Using the lens of accessibility, the healthcare community has a responsibility and role in co-creating and promoting strategies to ensure health promotion through accommodations and supporting work and learning environments. We need to remember that what we permit, we promote. Residency education and faculty development have a key role to play on this front, and national (and global) input and collaboration are essential. During this workshop, participants will use liberating structures to co-develop strategies and apply an accessibility lens to the strategies needed to advance inclusion of physicians and trainees with disabilities.

Instructional Methods: The workshop will utilize a combination of icebreaker/reflection exercises, a brief didactic presentation with resources for grounding the concepts and liberating structures (including open space technologies or TRIZ).

Target Audience: This workshop will be geared towards faculty and learners at all career stages who are interested in applying an accessibility lens to healthcare provider and learner health and wellbeing.

WI-5 Admissions to A Family Medicine Oriented Md Program: Lessons Learned From the Queen's-Lakeridge Health Md Family Medicine Program Admissions Subcommittee

Peggy DeJong Queen's University, **Rebecca Jozsa** Queen's University, **Allan Grill** Queen's University, **Kim Curtin** Queen's University, **Shayna Watson** Queen's University, **Hugh MacDonald** Queen's University, **Anthony Sanfilippo** Queen's University, **Eugenia Piliotis** Queen's University, **Jane Philpott** Queen's University

Rationale/Background: The Queen's-Lakeridge Health MD Family Medicine (MDFM) Program is a first-in-Canada medical education model. This program was designed to help address the shortage of family doctors, by immersing students in a program built from the lens of Family Medicine and Primary Care. A key question for the MD Admissions Committee centred around how to organize the admissions process to select for the most capable candidates committed to Family Medicine. A subcommittee with representation from Queen's MD program, the Queen's Family Medicine residency training program, family doctors from the Lakeridge Health area and students was created to design application components, assessment methods and continue with the development and enhancement of admissions procedures.

Instructional Methods: The presenters will share the work done by the Queen's University Admissions Committee, the MDFM Admissions subcommittee and the Queen's Family Medicine Residency Training program to create rubrics and interview questions. We will also share how this process integrates with the overall admissions process for all campuses and streams at Queen's University. This workshop is designed to be interactive, with many opportunities to pause for questions and discussions. Exercises will be run where delegates consider how they may create similar resources for their own contexts.

Target Audience: This workshop is intended for those interested in admissions and particularly in how to focus admissions on the recruitment of candidates interested in Family Medicine.

WI-6 [Teaching for Transformation: Embracing Hyflex (Hybrid Flexibility) Learning and Teaching Experiences for the Greater Good](link)

Jerry Maniate University of Ottawa, **Ming-Ka Chan** University of Manitoba, **Shirley Lee** University of Ottawa, **Yvonne Steinert** McGill, **Lyn Sonnenberg** University of Alberta

Rationale/Background: In past years, we have increased the number of learning opportunities that aim to engage learners in a diversity of settings, including in-person, distributed and remote. There have been challenges for teachers in how to create learning that is meaningful and engaging for all learners, regardless of their location. The hybrid flexible, or HyFlex, learning format is an instructional approach that combines face-to-face (F2F) and online learning. It is a learner-directed, multimodal learning experience that drives engagement and fosters deeper learning. Additionally, the HyFlex format increases access, improves accessibility and engagement for learners from distributed locations including under-resourced settings, thus supporting more equitable education. While the approach was originally developed with a focus on learner flexibility, the benefits also extend to teachers. We know autonomy and flexibility for learners and teachers drives wellbeing and strengthens health promoting learning environments. The HyFlex approach requires faculty to reconceptualize the learning experience and reimagine how learners engage with the instructor, content, and their peers. It also requires teachers to be comfortable with technology as it evolves and an adaptive mindset. This workshop will focus on providing participants with the tools, tips, and evidence-informed approaches needed to get started in this future-ready teaching to optimize learning.

Instructional Methods: The workshop will utilize a combination of icebreaker/reflection exercises, a brief didactic presentation with resources for introduction to terms and concepts, roleplaying and modelling of HyFlex learning environments, plus small group case discussion and debriefs to consolidate key learning applications.

Target Audience: This workshop will be geared towards teachers and learners at all career stages. This workshop will provide you with the skills to create engaging, high quality learning experiences that extend your reach and engagement of learners, regardless of where they are.

Block J

WJ-1 [More Promise than Peril: Improving Accreditation Practices Through Research Partnerships with Accreditation Organizations](link)

Cynthia Whitehead University of Toronto, **Patricia Houston** University of Toronto, **Sarita Verma** Northern Ontario School of Medicine, **Lee Toner** Northern Ontario School of Medicine, **Lisa Graves** Northern Ontario School of Medicine, **Lee Toner** Northern Ontario School of Medicine

Rationale/Background: Accreditation is a powerful tool for change in medical education across the continuum. While accreditation standards have long been shaping medical education, robust scholarship is still lacking, limiting our ability to draw on evidence to inform effective, efficient, and socially accountable accreditation practices. Canada has made major contributions to accreditation scholarship and research, and-in collaboration with international colleagues-is well poised to provide leadership in accreditation best practices. An example of Canada's contributions is the research collaboration between the University of Toronto and Northern Ontario School of Medicine University, which was in part supported by the Association of Faculties of Medicine of Canada (AFMC) and the Committee on Accreditation of Canadian Medical Schools (CACMS). Building from this project, the workshop facilitators including an Accreditation Researcher, a member of the CACMS secretariat, and two former medical school Deans, will encourage participants nationally and internationally to consider ways to build a robust evidence base to support accreditation best practices (including creating efficiencies in terms of time and money).

Instructional Methods: This workshop begins with introductions of participants and facilitators. It will include four brief interactive presentations interspersed with extensive small and large group discussion. The first presentation will outline the history of accreditation internationally and the current state of accreditation scholarship and research. The second presentation will highlight recent changes to Canadian accreditation and the potential for collaboration between research partnerships with accrediting organizations to advance education practices and identify gaps. The third and fourth presenters will highlight their experiences of accreditation as education leaders, including their perspectives on ways education scholarship can contribute to finding efficiencies as well as improving the rigour and effectiveness of accreditation practices.

Target Audience: Everyone interested in medical and health professions educators accreditation, educators, education leaders, scholars, and researchers.

WJ-2 Implementing Anti-Oppressive Approaches to Case Based Learning in Medicine

Abdullah Chanzu Dalhousie University, **Jordin Fletcher** Dalhousie University, **Jasmine Sodhi** Dalhousie University, **Leanne Picketts** Dalhousie University, **Neha Khanna** Dalhousie University, **Keith Brunt** Dalhousie University, **Oluwasayo Olatunde** Dalhousie University, **Anne Mahalik** Dalhousie University, **Wendy Stewart** Dalhousie University, **Lynette Reid** Dalhousie University

Rationale/Background: In medical case presentation, social identities have traditionally been provided only when they are considered "medically relevant".This practice "medicalizes"patient identities, introducing stereotypes and creating biases in clinical reasoning. Additionally, this practice does not represent the diversity of learners, faculty, staff, and communities. At Dalhousie University, a Case Diversification Committee worked with case authors and curriculum leaders to revise 200 pre-clerkship case-based learning (CBL) cases with an anti-oppressive approach (MCC 2023). The Committee included faculty, staff and students with diverse lived experience and expertise across the social and biomedical sciences, along with a dedicated EDIA Curriculum Reviewer, librarian support, and community engagement support. According to our anti-oppressive approach, we removed stigmatizing/dated language; portrayed patients with locally relevant, intersectional identities; critically reviewed scientific evidence to challenge race-based medicine and address sex and gender beyond the binary; role-modeled patient-centered, anti-oppressive care (inclusive, affirming, anti-racist, trauma-informed); and integrated a structural interpretation of the social determinants of health (SDoH). Key to our approach was understanding paper-based cases as simulations: our revisions improved the ontological fidelity (MacLeod et al. 2023) of cases. Our process included responsiveness to student voice without burdening students with the "conscripted curriculum" (Olsen 2019). Selective community engagement built on partnerships of our Service Learning Program. This workshop will provide attendees with a practical introduction to the approach of the Dalhousie Case Diversification process, including the rationale and framework, supporting evidence, challenges encountered, and lessons learned.

Instructional Methods: A brief, interactive presentation of the project will introduce participants to our institution's approach, including anti-oppressive frameworks, challenges encountered and lessons learned, and longitudinal evaluation data. Small groups will review cases that invite critical revisions to the portrayal of race, sex/gender, ability, and the SDoH. A large-group debrief will advance participants' critical reflective practice and problem-solving.

Target Audience: Faculty (including curriculum leaders), staff and students involved in the critical revision of CBL curriculum. Medical school leaders considering strategies and resource implications of implementing equity, diversity, and inclusion curriculum reviews. Faculty involved in clinical teaching will also benefit from discussion of biases and assumptions that affect case presentation and medical practice.

WJ-3 Relationship Rx: Innovative Co-Design Strategies for Enhancing Wellbeing Among Resident Physicians and Their Partners in Medical Training and Practice

Enas El Gouhary McMaster University, **Catharine Munn** McMaster University, **Hayley Harlock** McMaster University, **Emma Bruce** McMaster University, **Anita Acai** McMaster University, **Marina Boutros Salama** McMaster University, **Mathew Nicholson** McMaster University

Rationale/Background: Burnout among physicians and medical trainees is a critical issue with profound implications for individuals, the medical profession, and patient care. While research has overlooked the effects of medical training on partners and relationships-and their reciprocal influence-this area offers great opportunity for transformative solutions. Addressing this complex challenge demands a holistic, multi-pronged approach that targets individual, dyadic, and organizational levels. To investigate these dynamics, our team conducted in-depth qualitative interviews with residents and their partners from diverse backgrounds, complemented by focus groups and co-design sessions. Our study identified 7 themes, including: (1) The inflexible and unforgiving nature of medical training, and academic medicine, (2) The mental, physical, and emotional toll of training on the couple, (3) A battle of identities and responsibilities: Whose identity is prioritized?,; (4) The trainee-partner relationship as a protective 'bubble', (5) Threats, fractures, and repairs to the relationship 'bubble', (6) Expanding the 'bubble': The importance of other personal and peer relationships for well-being, and (7) Need for advocacy: A call to transform the culture of medicine. This in-depth exploration sheds light on the interplay between medical training, intimate relationships, and mental health, paving the way for actionable insights and meaningful change.

Instructional Methods: In this interactive workshop, we will bring our research and key themes to life through real-world examples (15 min). Participants will then engage in thoughtful discussions and reflections on these themes (20 min). Next, attendees will embark on a guided co-design process to collaboratively develop actionable solutions and innovative programming aimed at addressing challenges at the individual, dyadic, and organizational levels (40 min). Finally, we will facilitate a large group reflection to help participants integrate these insights into their own lives and roles as physicians, partners, educators, and leaders in the health professions education community (10 min).

Target Audience: Education leaders, Medical Residents, Physicians, Partners, and Administrators.

WJ-4 Critical Success Factors for Effective Physician Leadership: an Evidence-Based Approach

Anurag Saxena University of Saskatchewan, **Graham Dickson** LEADS Global

Rationale/Background: Effective leadership is a critical element to engage the constituents and achieve organizational outcomes. Critical success factors (CSFs) refer to those requirements that must be continually met for the success of an enterprise. Two of the co-presenters (AS and GD) were part of a multi-investigator study of physician leaders in Canada to identify CSFs for effective physician leadership and found six CSFs (two each at industry-level, organization-level and self-level). This workshop will explore two organization-level CSFs and one self-level CSF identified for effective physician leaders. These are: (1) balances autonomy with accountability of the workforce (2) accrues and maximizes impact of resources, and (3) adaptive reflection. This workshop will highlight the often unrecognized and common challenges that impact leadership practice and strategies that can be used by leaders to develop and enhance one's own abilities and ensure further self-development through self-reflection. These can be leveraged to enhance leadership education.

Instructional Methods: This workshop is designed as an experiential journey for the participants along the continuum of perception, understanding and action. This workshop will use a combination of didactic (1/5th) and interactive (4/5th) methods. The didactic portion will be case- and/or story-based discussion of key concepts. The interactive component will utilize think-pair share, liberating structures (WINFY), small and large group discussions and conclude with self-reflection for further actions in their individual contexts. Technology will be used to allow for both anonymized participation (mentimeter) and sharing collective discussions (e.g., groupmap or padlet). The post-meeting follow-up will include dissemination of key literature, summary of participants' generated themes, action items and encouraging networking.

Target Audience: Leaders at all three organizational hierarchical levels, leadership educators, aspiring leaders, organizational development consultants / managers

WJ-5 Innovating Competency-Led Education: Reflections on Implementation of the Black Health Primer

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Rationale/Background: Anti-Black racism is a daily reality for Black people across Canada and contributes to the disproportionate experiences of some of the worst health outcomes. Medical professionals play a prominent role in reducing health inequities by addressing anti-Black racism, and medical education and training are in important locus of intervention. In response, the Black Health Education Collaborative (BHEC) developed and launched the Black Health Primer (BHP) - an online course, the first of its kind, to support healthcare trainees and practitioners to gain knowledge in and promote dialogue on addressing anti-Black racism and Black health by learning to identify anti-Black racism in healthcare and its effects on health and learning to implement racially just practices. Simultaneously, the Medical Council of Canada in partnership with BHEC released the Black Health Examination Objectives in April 2024. This workshop will discuss the need for anti-racist competencies specific to Black health and learnings from the implementation of the BHP across undergraduate medical programs to date.

Instructional Methods: Through an interactive workshop, we begin with a brief didactic session to orient participants to the Black Health Primer and competencies in Black health and addressing anti-Black racism. Participants will reflect on their own experiences in supporting Black patients, communities, peers, and colleagues. Through small group discussions, participants will have an opportunity to discuss barriers and facilitators to learning and integrating new curricula. We will come back in a large group format to share back on best practices and opportunities for implementation and uptake of competencies in Black health, addressing anti-Black racism, and leave with commitments to change in personal and professional practice.

Target Audience: Medical learners, Faculty and Administrators

WJ-6 [The Blended Learning Usability Evaluation Questionnaire (Blue-Q): Exemplifying Comprehensive Blended Learning Program Evaluation Through A Microlearning Activity on Microaggressions](#)

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Rationale/Background: Blended learning programs (BLPs) are educational interventions that combine synchronous and asynchronous learning methods. BLPs are becoming increasingly popular across the field of health sciences education (HSE). However, evaluations of BLPs remain few and disparate, particularly as HSE scholars have yet to widely adopt the use of standardized concepts and instruments in this regard. Interestingly, usability has been an instrumental construct in the development, evaluation, and evolution of e-learning programs. Although usability is commonly understood as the ease with which something is utilized, this conceptualization undermines the complexity and depth of this construct. Usability more accurately refers to the effectiveness, efficiency, satisfaction, accessibility, organization, and user experience one has when engaging with a product and/or service. Scholars have proposed that usability evaluation must take place to optimize the content of BLPs, and their synchronous and asynchronous learning environments within HSE programming. As such, we conducted a three-phase research program including a scoping review, qualitative investigation with international experts, and a Bayesian validation study to develop and validate the Blended Learning Usability Evaluation - Questionnaire (BLUE-Q). In this workshop, we seek to train participants in applying the BLUE-Q for BLP evaluations in their various contexts.

Instructional Methods: The workshop will begin with an engaging microlearning activity, delivered in a blended learning format, focusing on the topic of microaggressions. Following this, participants will have an opportunity to evaluate the usability of the microlearning activity through the BLUE-Q. Then, we will discuss why and how the BLUE-Q came to light, explore the Bayesian validation process we took, and converse on the opportunities the BLUE-Q enables vis-à-vis systematizing program evaluation across the HSE field.

Target Audience: This workshop is intended for HSE researchers, educators, and practitioners interested in evaluating educational interventions which adopt a blended learning format.

P-1 Guiding the Future: Identifying the Mentorship Needs of Early Career Family Physicians

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Methods: This qualitative study was conducted in two phases. Phase one was a literature review on the impact of and mentorship needs of ECFPs. Phase two involved modifying and pilot-testing a key informant interview guide. Two ECFPs from University of Toronto's Department of Family and Community Medicine (UofT's DFCM) were interviewed via Zoom. De-identified interview transcripts were analyzed for thematic content.

Results: Five key findings included: Mentorship by comprehensive care practitioners can positively influence ECFPs' career choice. ECFPs' greatest professional challenge is EMR related administrative burden. Preferred qualities of a mentor include similar values, practice styles, life stage and having defined expertise. ECFPs want guidance on time and practice management immediately post-residency, while career advancement and leadership advice are preferred 2-3 years later. Mentorship may potentially enhance job satisfaction and retain ECFPs in comprehensive primary care.

Discussion: Our next steps include scaling up to focus groups to gather more input and reach data saturation. Qualitative findings will be triangulated with results from UofT's DFCM quality improvement needs assessment survey on mentorship needs. Findings will then be integrated into medical education, policy and advocacy initiatives, in efforts to address the family physician shortage crisis.

P-2 Weaving Our Narrative - A Qualitative Study on the Experiences of Hijab-Wearing Learners in the Operating Room

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Methods: Hijab-wearing learners who observed or assisted in a Kingston Health Sciences Centre OR within the last five years were invited to participate in this qualitative study. Participants were asked about their (1) OR experiences, (2) strategies for observing hijab, (3) solutions to improve OR inclusivity, and (4) opinions on an infographic communicating hijab OR attire requirements. Focus groups and individual interviews were recorded, transcribed, and coded line-by-line by four researchers using NVivo. Thematic analysis is ongoing as four researchers are engaged in an iterative process of reviewing new codes and identifying themes and sub-themes.

Results: Ten hijab-wearing learners, ranging from first-year medical students to second-year residents, were interviewed (mean age 25.4 years). Preliminary thematic analysis revealed difficulties in preserving modesty in the OR. Participants also identified a lack of standardized OR attire guidelines for hijab wearers and recounted negative experiences, some of which deterred them from considering surgical careers.

Discussion: The experiences of hijab-wearing learners will guide the development of standardized procedures and infographics on covering hijab in the OR. Additionally, understanding factors that deter hijab-wearing learners from surgical careers can help improve future OR representation.

P-3 Assessing International Medical Graduate (Img) Proficiency in Procedural Skills During A 12-Week Clinical Field Assessment

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Methods: We analyzed data from skill evaluation forms completed by SIPPA preceptors of IMGs enrolled in a 12-week CFA between 2017 and 2023. Descriptive statistics, including frequencies and percentages, were calculated to assess exposure and demonstrated competency across 66 procedures.

Results: Data from 299 participants were reviewed. Procedural competencies were categorized by exposure level as: high (80-100%), moderate (40-79%), low (20-39%), and very low (<19%). High-exposure procedures included common procedures such as injections, EKG interpretation, cerumen removal, ear syringing, and laceration repair. Moderately exposed procedures included less frequent procedures such as lumbar puncture, central line insertion, and slit lamp examination. Low- to very low-exposure procedures included thoracentesis, phlebotomy, fecal impaction, and intraosseous needle insertion. Procedural exposures for all 66 items were generally consistent across 2017-2023, with minor variations observed, especially in low- to moderate-exposure procedures.

Discussion: Our study identified areas in which IMGs demonstrate higher exposure and competency, particularly in common procedures, while highlighting the need for more focus on specialized procedures with lower exposure. The variability in procedural exposure points to a need for standardized training protocols to ensure comprehensive skill development during the short-term CFA.

P-4 Epistemic (in)justice in Healthcare Professional Practice: A Scoping Review

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Methods: A scoping review was conducted to map the literature on what is known about epistemic (in)justice in healthcare professional practice. The search covered 8 databases, from Jan 2007- Nov 2023. Search terms related to epistemic (in)justice in the context of healthcare clinical practice, management, and health professions education were used.

Results: The initial search yielded 2825 papers, with 81 for full text after title and abstract review. Of these, 26 papers were included in the review. Four predominant epistemic tensions related to EI were identified: 1) hierarchical knowledge structures; 2) constrained agency of practitioners; 3) pressures to modify professional self; and 4) the influence of intersectional and social identities. An additional theme focused on (5) strategies to mitigate epistemic injustices.

Discussion: Epistemic tensions, linked to EIs, arise in the professional practices of health care practitioners, yet these are only beginning to receive scholarly attention. By identifying these tensions and strategies for their mitigation, steps toward fostering more inclusive environments for knowledge exchange in healthcare practice, education, policy, and systems, can be implemented.

P-5 [Promoting Public and Patient Involvement in Interprofessional Education of Undergraduate Healthcare Students: the Pulpit Project](#)

Ricardo Ferreira Nursing School of Lisbon, **Cathy Kline** University of British Columbia, **Angela Towle** University of British Columbia

Methods: We are an international consortium of experts from five countries - Canada, Belgium, Portugal, The Netherlands, and Slovenia that aims to promote PPI with a 3-year project (PULPIT) to develop and test educational resources involving patients in IPE. We will present data collected from key informant interviews, an international survey and focus groups conducted in October 2024 with educators, students, and patients to identify best practices and strategies for PPI in IPE.

Results: The results will be used to create open access educational videos, podcasts, modules and quizzes for a 4-week program. Usability and acceptability will be pilot-tested in the four European countries involved in the consortium. Validation will involve evaluating effectiveness and feasibility in different university settings, ensuring adaptability across various educational contexts.

Discussion: ICAM participants will get a sneak peek at international consensus recommendations for integrating PPI within IPE frameworks and plans for the creation of a comprehensive educational program and supplementary materials. By integrating PPI within IPE, PULPIT aims to bridge gaps in healthcare education, enhancing the learning experience for students and preparing them to deliver more personalised, patient-centred care. PULPIT will champion improved educational outcomes that foster collaboration and shared decision making where patients are part of the healthcare team.

P-6 [The Perception of Wellness Amongst Psychiatry Residents - A Qualitative Study](#)

Talia Bond Dalhousie University, **Kara Yeung** Dalhousie University, **Alexandra Manning** Dalhousie University

Methods: We conducted semi structured focus groups for junior and senior psychiatry residents at Dalhousie University, discussing the concept and perceptions of wellness. These focus groups were then transcribed and thematically analyzed and inductively coded qualitatively to identify common themes.

Results: Themes identified included connection, work-life balance, professional fulfillment, flexibility, workplace relationships and trust. These themes were discussed in both feelings of wellness and how they differed from feeling unwell. While most themes were consistent between junior and senior resident cohorts, there were some differences identified, such as call burden and workplace culture which show how perceptions of wellness change throughout training.

Discussion: By gaining a better understanding of the perception of wellness amongst psychiatry residents, this information can be used to modify and create more beneficial wellness programming for residents in all stages of their training in the Department of Psychiatry at Dalhousie University as well as provide avenues for more focused research in the future.

P-7 Improving Detection of Bias at Psychiatry Grand Rounds Using Audience Feedback

Owen Connolly Dalhousie University, **Mandy Esliger** Dalhousie University, **Kim Good** Dalhousie University, **Lara Hazelton** Dalhousie University, **Tanya MacLeod** Dalhousie University, **Alexandra Manning** Dalhousie University, **Cheryl Murphy** Dalhousie University

Methods: We conducted key informant interviews with members of the Department of Psychiatry and the Faculty of Medicine. Questions focused on how people perceive and react to bias, what motivates them to report it, and whether our four identified categories of bias are understandable and sufficient.

Results: Qualitative analysis confirmed the applicability of our novel bias themes, with participants able to appropriately define each. Participants showed interest in expanding our current bias evaluations to include these new categories.

Discussion: From our findings to date, it is clear that bias in psychiatry rounds exists in forms beyond the traditional conceptualization as commercial. For the upcoming academic year, we have changed the evaluation form to include these novel categories, to identify, evaluate, and mitigate bias in all of its forms.

P-8 Exploring Decolonization in Anatomical Education: A Scoping Review

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Methods: We employed the scoping review methodology outlined by Arksey, O'Malley, and Levac. Searches were conducted on the topic of decolonization of anatomy in Medline, Embase, Global Health, ERIC ProQuest, Web of Science, InformIT, and iPortal, with no limitations. Adhering to PRISMA guidelines, two reviewers systematically screened titles, abstracts, and full texts. Data was extracted and analyzed descriptively to map the current evidence.

Results: 41 articles underwent title and abstract screening, of which 11 were assessed at full text. Two articles published were identified for inclusion. Two themes were identified in the literature: a) the colonial influence in anatomy; b) theoretical frameworks and approaches to decolonize anatomy. Articles emphasized the role of academic institutions in upholding colonial practices and approaching anatomical differences. Strategies to decolonize involve re-evaluating the role of the physical body in curricula, perception of cadavers, and increasing student involvement and inclusion in education.

Discussion: Within the Canadian context, the paucity demonstrates unknown progress towards how anatomy is being addressed to achieve the TRC goals. We call for more published research with Indigenous stakeholders to build on this paper's recommendations for decolonizing anatomy education in Canada.

P-9 Evaluating the Feasibility, Impact, and Sustainability of the Remote Ultrasound Capacity Building for Antenatal Access (Ruaa) Project in Ethiopia

Bonnie Yang Queen's University, **Felagot Taddese Terefe** St. Paul's Hospital Millennium Medical College, **Kemal Jemal** Queen's University, **Dereje Ayana** Salale University, **Mulat Adefris** University of Gondar, **Mukemil Awol** Salale University, **Mengistu Tesema** Salale University, **Bewunetu Dagne** Salale University, **Sandra Abeje** Canadian Physicians for Aid and Relief, **Alehegn Bantie** Canadian Physicians for Aid and Relief, **Mark Loewenberger** Canadian Physicians for Aid and Relief, **Ivar Mendez** University of Saskatchewan, **Scott J. Adams** University of Saskatchewan

Methods: The multi-year study took place in the North Shoa Zone, Ethiopia, at two rural clinics. Fourteen healthcare providers (7 midwives, 5 clinical health officers and 2 nurses) participated in a training program on performing antenatal ultrasound exams with didactic and practical components and a pre-test and post-test. Healthcare providers subsequently scanned patients with remote support from an obstetrician via a tele-ultrasound platform.

Results: Healthcare providers scored an average (±SD) of 27.4% (±9.5%) on the pre-test and 85.7% (±11.6%) on the post-test across eight clinical competencies. 489 tele-ultrasound exams were conducted within the data collection period. The provision of the tele-ultrasound services significantly reduced patient travel distance (4.2 km vs. 10.2 km; $p < 0.01$). Clinically significant findings were identified in 26 cases (5.3%), leading to necessary referrals.

Discussion: This study demonstrated the effectiveness of the antenatal ultrasound training program and the feasibility of a tele-ultrasound clinical service in which mid-level healthcare providers are supported in performing antenatal ultrasound exams through remote guidance with a tele-ultrasound platform.

P-10 Choosing Rural Medicine Learning Experiences: the Students' Perspective

Alicia Vachon University of Ottawa, **Kristian Chow** University of Ottawa, **Cara R. Pilgrim** University of Ottawa, **Kristian Chow** University of Ottawa, **Kamal Lakhrif** University of Ottawa, **Bradley MacCosham** University of Ottawa, **Warren J. Cheung** University of Ottawa, **Marianne Yeung** University of Ottawa

Methods: A survey was distributed to current University of Ottawa medical students via email. Questions were developed based on literature review of factors influencing engagement in rural learning experiences. Questions were grouped as demographics, personal factors, factors affecting well-being, logistics, and learning opportunities and career planning. A mixed quantitative and qualitative approach was used to collect and analyze data.

Results: 127 students responded to the survey (18% response rate), of which 37% were first-year and 32% second-year students. 71% wanted more rural learning experiences and 55% wanted more information on opportunities. 36% expressed interest in practicing in a rural setting. 27% identified as having a rural background. Factors encouraging rural engagement included: hands-on learning (73%), going with a classmate (69%), desire to explore rural locations (69%), having connections to a community (44%) and talks about rural medicine (43%). From qualitative responses, positive experiences with rural healthcare teams and the rural community were most commonly reported as factors encouraging engagement. Barriers included: being away from family/partner (20%), logistics of arranging the rotation (19%), transportation (19%), and cost (19%).

Discussion: This study identified barriers and facilitators to rural learning experiences. By addressing these, medical schools can promote engagement in rural learning and careers in rural medicine.

P-11 Perceptions of Asynchronous Video Interviews for Applications to Residency in Internal Medicine

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Methods: Anonymous online surveys were created assessing ease of use, benefits and drawbacks, and user satisfaction of the asynchronous video interview process relative to synchronous virtual interviews. Separate surveys were distributed for applicants and interviewers. Survey responses were collected anonymously and underwent quantitative and qualitative analyses with descriptive statistics and content analysis respectively.

Results: Interviewers and applicants thought asynchronous video interviews were flexible, easy to navigate technically, effective at assessing clear and concise communication, and allowed more applicants to be interviewed. However, drawbacks include lack of interpersonal connection, inability to interact with program members, and stereotyped answers. Interviewers were equivocal about satisfaction with the interview process, while more than half of the applicants were dissatisfied.

Discussion: These results help inform best practices regarding the use of asynchronous video interviews in resident selection and provide insight on optimizing asynchronous video interviews or utilizing alternate virtual interview formats for residency applications.

P-12 Arts and Medicine: A Transformative Alliance Supporting the Development of Healthcare Professionals

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Methods: Two team members conducted a literature review through 8 databases to search for arts/culture in medical education or other health programs, while excluding art therapy for patients. 548 unique articles were sorted based on relevancy. Descriptive and qualitative data (art forms, instructor backgrounds, optional or mandatory, learning objectives, engagement level, recorded impacts and others) were extracted from 117 relevant articles and from a systematic mapping of our curriculum.

Results: We identified multiple art forms compiled in 5 categories (visual arts, performing arts, literary arts, music, and film) yielding benefits in 6 fields: clinical skills, relational skills, well-being, cognitive/intellectual abilities, professional identity and openness to diversity. 23 articles quantitatively evaluated the impacts of arts/culture integration using validated metrics. The program mapping identified 140 artistic opportunities in educational activities, classified among 4 levels of student engagement, namely exposition, interaction (interpretation, analysis, reflection), creation and experiential transformation.

Discussion: Arts/culture integration in medical curricula promotes transformative development in several competencies essential to medical practice. Based on our results' analysis, we propose 12 strategies for framing arts/culture integration, and we promote rigorous evaluation of the impacts to enhance its benefits in medical education.

P-13 ["I've Been Told I Play No Role in Medicine:" Understanding Learner Mistreatment Among Family Medicine Residents](#)

Elisabeth Abigail Ramdawar University of Toronto, **Peter Tzakas** University of Toronto, **Sarah Wright** University of Toronto, **Michelle Lockyer** University of Toronto

Methods: Eleven FM residents from the University of Toronto' participated in semi-structured interviews. A descriptive thematic analysis approach was used to analyze the data.

Results: Preliminary findings indicate the emergence of four key themes: 1) Types of Mistreatment, 2) Effects of Mistreatment, 3) Perpetrators of Mistreatment, and 4) Barriers and Facilitators in Reporting Mistreatment and Creating a Positive Learning Environment

Discussion: Consistent with existing literature, preliminary findings indicate that mistreatment during FM residency training primarily occurs in specialty (non-FM) rotations. Contributing factors to this mistreatment stem from systemic, contextual, and cultural influences, ultimately affecting residents' learning experiences. This study underscores critical areas for improvement in the FM residency environment. Additionally, the findings reveal effective program practices while also identifying existing gaps that, if not addressed, could adversely affect patient care.

P-14 [Exploration of Current Approaches and Opportunities for Integrating Global Health in Canadian Medical Education](#)

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Methods: An electronic survey was released to all medical students in Canada, with a combination of multiple-choice and short answer questions. Quantitative data were compiled for frequencies and proportions while short answer questions had thematic analysis for common themes.

Results: Data from 615 students among Canada's 17 medical schools were analyzed. The greatest identified barrier to global health involvement, selected by 47% of respondents, was a lack of opportunities. Additionally, 89% and 90% of students believed that global health education is relevant to success in clerkship and residency training, respectively. When asked about knowledge in various global health topics, there was a significant difference between baseline knowledge and knowledge learned during medical training for students in clerkship but not in pre-clerkship.

Discussion: There is clear demand for increased global health education and opportunities within medical training which is valuable knowledge for medical educators and physicians alike. Expanding opportunities and curricular changes could address gaps in global health given students view it as essential for preparing them for diverse clinical practice.

P-15 Results of an Online, Asynchronous Module Introducing Theories & Principles of Learning in Adulthood

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Methods: In 2022-2023, we developed an online, asynchronous module to highlight the range of theories in the literature and to enhance student appreciation of their merit. Content and design were informed by course learning needs as identified by instructors and students and has now been updated through three iterative evaluation cycles.

Results: The e-module is designed in Articulate Rise and includes theory-focused content, readings, resources, and 'experiences from the field'. Sections include: • What is the Range of Relevant Theories? • Theories of Learning in Adults (Experiential Learning - Kolb, Malcom Knowles and Andragogy, Transformative Learning, Social Constructivism, Self-efficacy, Reflective Practice, Constructivism) • Summary & Evaluation

Discussion: Feedback on the e-module is overwhelmingly positive. Students share that the succinct, well-referenced content is instructive in supporting decisions on theory selection. Instructors also note a higher degree of cognitive flexibility in students appreciation for the range of and utility of theory in scholarly education design. The introduction of complex ideas ahead of the course has also enabled a shift in in-classroom discussion to higher level application and critique.

P-16 Scoping Review: Evaluating the Transition and Incorporation of Virtual Medicine Into Healthcare From January 2020 - April 2024

Muhammad Moinuddin Hashmi University of Manitoba, **Alexander Singer** University of Manitoba

Methods: The study focuses on identifying effective practices for equitable virtual care in primary care settings, innovative research gaps in Canada, and optimal delivery methods for physicians. Following Arksey and O'Malley's methodology, data was collected from January 2020 to December 2024 using databases such as PubMed and Scopus. Articles were selected based on relevance, excluding those exclusively discussing COVID-19.

Results: The review revealed mixed impacts of virtual care curricula on equity, with culturally tailored frameworks improving access for Indigenous populations in Canada. In the U.S., telehealth helps rural and low-income patients, yet risks exacerbating disparities. Overall, virtual care curricula often maintain or enhance quality compared to in-person visits, especially for chronic conditions. However, challenges such as usability and equitable access remain prevalent.

Discussion: Telemedicine can improve access but faces hurdles like technological barriers, particularly among older adults and low-income groups. Designing inclusive systems and addressing specific needs of marginalized populations is essential. While virtual care shows promise in enhancing efficiency and quality, it requires careful attention to safety, communication, and ongoing evaluation. Future advancements in AI could further optimize virtual care curricula, but collaborative efforts are crucial to ensure equitable access and address existing challenges.

P-17 Evaluating the Quality of Llm-Generated Multiple-Choice Questions in Undergraduate Medical Education: A Comparative Study Across Five Language Models

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Methods: Five state-of-the-art LLMs were used to develop MCQs based on learning objectives from the Foundations in Clinical Medicine III course of the University of Saskatchewan's UGME Program. For evaluation, three medical educators assessed a total of 35 MCQs using a standardized rubric. The rubric was developed using the Medical Council of Canada guidelines for developing MCQs. The rubric evaluated the stem, correct answers, distractors, overall quality, and technical quality across several categories, each rated on a Likert scale from 1 to 5.

Results: Gemini Advanced achieved the highest overall score (score 4.77; SD ±0.30, p = 0.27), excelling in the categories of Overall Quality (score 4.50; SD± 0.52, p = 0.008) and Question Stem Quality (score 4.69; SD± 0.28; p = 0.75). LLAMA 3.1 closely followed with strong performance in multiple categories including Knowledge Application and Clinical Relevance. While other models showed strengths in specific areas, the overall consistency of these models showed variability across generated MCQs.

Discussion: This study highlights the potential of LLMs to produce high-quality MCQs, with implications for reducing the burden of manual question creation and improving the quality of assessments in medical education.

P-18 Obstacles to Integrating Digital Tools in Conventional Medical Education Programs

Jilda Cheishvili, Sulkhan Saba Orbeliani University, **Koba Sopromadze** International University of Tbilisi

Methods: A mixed-methods approach was employed, totally 81 participants were involved in the research from Georgia (Country). Combining a survey of 58 medical schools' lecturer with in-depth interviews of 23 of them. Quantitative data from the surveys were analyzed using descriptive statistics, while qualitative data from interviews underwent thematic analysis.

Results: The study identified five main challenges: (1) faculty resistance to change (78%), (2) infrastructure limitations (65%), (3) financial constraints (60%), (4) concerns about reduced hands-on clinical experience (55%), and (5) difficulties in curriculum redesign (50%). Qualitative data revealed underlying issues such as generational gaps in technological proficiency and concerns about the erosion of traditional medical values.

Discussion: These findings highlight the complex interplay of human, institutional, and technological factors hindering the implementation of technology in medical education. The results underscore the need for comprehensive strategies addressing not only technical aspects but also cultural and pedagogical shifts within medical institutions. This study provides valuable insights for medical educators and administrators working to modernize curricula while maintaining the core values of medical education.

P-20 Longitudinal Learner Impacts of an Interactive Educational Program Focused on Interprofessional Management of Paediatric Pain

Chitra Lalloo The Hospital for Sick Children, **Naiyi Sun** The Hospital for Sick Children, **Sara Klein** The Hospital for Sick Children, **Jennifer Allegro** The Hospital for Sick Children, **Alison Dodds** The Hospital for Sick Children, **Erin Lawson** The Hospital for Sick Children, **Linda Nguyen** The Hospital for Sick Children, **Lauren Harris** The Hospital for Sick Children, **Kate Kim** The Hospital for Sick Children, **Jennifer Stinson** The Hospital for Sick Children

Methods: Ethics approval was obtained from The Hospital for Sick Children. Programming was delivered over two days in November 2023 (see: https://sickkids.echoontario.ca/e3-november-2023/).
The curriculum included didactics and simulation-based education. Simulation scenarios were developed from real-life examples and included standardized patient actors. REDCap surveys were administered at baseline (T1); post-event (T2); and 6-months (T3). Data were analyzed using descriptive statistics.

Results: Participants (N=20) reflected the interprofessional nature of pain management (40% registered nurses; 20% physicians; 15% child life specialists; 10% occupational therapists; 5% physical therapists; 5% social workers; 5% nurse-educators). At T2, the curriculum was rated as highly acceptable, with all respondents (n=16) indicating conduciveness to learning. All T2 respondents also described positive knowledge changes with 81% reporting "moderate", "better", or "a great deal" of improvement. Similarly, both simulations ("pain assessment"; "physical & psychological assessment") were rated as effective in facilitating learning. At the T3 follow-up, all respondents (n=8) indicated that the E3 had resulted in changes to their care plan for paediatric pain patients.

Discussion: The Paeds-Pain-ECHO E3 offers an effective mechanism to support interprofessional HCP training. Future programming will integrate curriculum updates to align with up-to-date practice recommendations.

P-21 Evaluating Mistreatment Reporting Mechanisms for Black Medical Students in Canada: A National Survey Initiative

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Methods: This study will employ a mixed-methods approach. Initially, we will conduct a comprehensive survey of all Canadian medical schools to document the available reporting mechanisms and support resources. Following this, we will administer a targeted survey to Black medical students to assess their experiences with these institutional systems. Data will be analyzed using both quantitative and qualitative methodologies to elucidate common themes and identify critical gaps in reporting practices.

Results: Data collection is set to commence, with anticipated findings aimed at characterizing the effectiveness, accessibility, and user-friendliness of current mistreatment reporting systems. We expect to identify significant barriers to reporting as well as opportunities for improving institutional policies and practices.

Discussion: The significance of this study lies in its potential to inform systemic change within medical education, thereby enhancing support and protection for Black medical students. We aim for the results to foster a collaborative dialogue among stakeholders, ultimately contributing to the establishment of more equitable and effective reporting frameworks across Canadian medical schools.

P-22 [Assessing Physician Knowledge and Perceptions About Physician Assistants to Establish Faculty Development Priorities in Saskatchewan](#)

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Methods: An anonymous online survey was distributed to all College of Medicine physician faculty in Saskatchewan. Descriptive statistics were calculated using SPSS, and open-ended responses underwent thematic analysis using open and axial coding.

Results: Over half of the 342 respondents reported low awareness of PA roles and responsibilities. Respondents were most positive about the potential of PAs reducing physician workload and improving patient access. Key concerns included role clarity, funding, and potential impact on existing healthcare roles. Nearly half of respondents were at least somewhat comfortable with having PA learners in the future.

Discussion: There is a need to improve physician awareness regarding the potential PA roles in Saskatchewan and how to incorporate them as part of the patient care team. While respondents recognized the potential benefits, concerns regarding scope of practice, funding, and healthcare team integration remain. Addressing these concerns is crucial for the successful integration of PAs and PA learners into the healthcare system. The largely positive response towards future PA learners suggests a willingness among physicians to participate in PA education and training.

P-23 [Developing A High Value Quality Improvement Learning Experience in Family Medicine Residency](#)

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Methods: Our mixed-methods approach involves year one and year two residents in different ways that align with their roles learning content and carrying out QI (year one), and sharing knowledge after completing QI work (year two). Year one residents will be invited to complete virtual pre- and post-surveys and to participate in mini-focus group discussion in person following key points in curriculum delivery. Year two residents will be asked about their experiences sharing QI knowledge in a single online survey.

Results: We will ask residents about what makes this learning opportunity valuable to them and how it is impacting their wellness. Specifically, we want to know about strengths and suggestions, the credibility of different information sources (self-directed, peer-to-peer, and expert), and whether co-development of timelines and incorporation of their feedback fosters an environment centering wellness.

Discussion: We hope this work will build towards a valuable, sustainable, QI learning experience that centers resident wellness, and motivates learners to incorporate QI into their future practice. Starting with local applications our work can inform QI teaching throughout Dalhousie Family Medicine, and the broader medical education system.

P-24 Empowering the Youth Voice: Medical Students' Reflections on Adolescent Psychosocial History Taking

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Methods: A qualitative research approach using hermeneutic phenomenology was used. Within this phenomenological analysis a constructivism theoretical paradigm further guided the research to help understand multiple social constructions of knowledge. Medical students who had completed their pediatric clerkship were recruited to participate in individual semi-structured interviews. Interviews were recorded, transcribed verbatim and analyzed by the research team to identify themes and subthemes.

Results: Eleven participants were recruited between 2023-2024, at which point thematic sufficiency was achieved. Six overarching themes were identified: (1) role of past and personal experiences; (2) emotional responses and coping; (3) influence of role modeling and expectations; (4) sticky interview topics; (5) strategies to improve skills; and (6) empowering the adolescent voice.

Discussion: Students gained comfort in conducting the adolescent psychosocial history through didactic teaching, practice, and multiple encounters with patients, and were influenced by both positive and negative experiences with patients and preceptors. Students described an array of emotions, including distress and feelings of hopelessness when they felt unable to provide meaningful care to their adolescent patients. Results will be used to inform curricular development.

P-25 Impact of Early Exposure to Family Medicine

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Methods: First year medical students at Dalhousie Medical School who completed their FMEX between January 2023-April 2024 were surveyed before and after their elective (N=44). Likert scale questions were analyzed with a paired t-test and short answer questions underwent a content analysis to highlight recurrent themes.

Results: Greater agreement with the statement, 'Patient presentations in Family Medicine can be diagnostically challenging' (p=0.01) was seen post-FMEX. All other statements, including 'I am likely to pursue a career in Family Medicine' showed no significant change. Content analysis identified longitudinal patient relationships, work-life balance, and wide scope of practice as positive factors of Family Medicine. Compensation, administrative burden, desire to specialize, and perception of Family Medicine were deterrents.

Discussion: Our study contrasts existing literature, showing early clinical exposure doesn't increase the proportion of medical students intending to pursue Family Medicine, which may guide how Family Medicine exposure is delivered in the undergraduate curriculum. While these sentiments are held in their first year, we plan for future research into what draws fourth year medical students towards Family Medicine, and whether early exposure impacts career decisions at later stages in training.

P-26 Building Culturally-Adapted Mental Health Care: A Multi-Year Analysis of the Canadian Muslim Mental Health Conference

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Methods: Post-conference mixed-methods surveys were sent via email to attendees following each conference. These included demographic questions, 5-point Likert scales to measure the extent to which each conference objective was met as well as open-ended questions. Feedback was analyzed using descriptive statistics and thematic analysis for years 2018 (n=206), 2020 (n=263), 2021 (n=164), and 2023 (n=158).

Results: Attendees were from diverse professions; in the early iterations of CMMHC, there were fewer psychiatrists and spiritual leaders. Attendees generally agreed that the conference met its stated objectives, particularly in providing culturally appropriate mental health resources, with mean scores exceeding 4.06, while networking showed slightly lower agreement, with mean scores exceeding 3.85. A recurring theme in attendees' feedback was the intention to integrate cultural and spiritual aspects from an Islamic perspective into their mental health practice.

Discussion: The results indicate that the CMMHC addresses a gap in the current Canadian educational landscape and has provided an academic platform for capacity building and research of evidence-based culturally and spiritually adaptive treatment approaches.

P-27 Evaluation of the Impact of Manual vs. Digital Matching in A Mentorship Program for Black Canadian Physicians

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Methods: Mentors and mentees who completed the BPC MP in 2021 or 2022 completed a digital survey to evaluate the MP. The MP was compared between 2021 and 2022.

Results: In mentors in 2021 (n=35), 85.3% were over age 40. 47% were women, and 17.7% specialized in surgery; in 2022 (n=14), 100% were over age 40, 35.7% were women, and 35.7% specialized in surgery. Among mentees in 2021 (n=29), 74% were under age 40, 67% were women, 55% were residents, and 18.5% specialized in surgery, compared to 77.8%, 88.9%, 66.7%, and 33%, respectively, in 2022 (n=9). In 2021, 80% of mentors attended events, 79.2% found them useful, and 90.3% met their mentee; in 2022, these rates decreased to 45%, 40%, and 66.7%. Mentee attendance at BPC mentorship events was 70.4% in 2021 and 55.6% in 2022. There were no significant differences in mentees' evaluation of mentors between years.

Discussion: The BPC MP demonstrated consistent engagement and satisfaction from both mentors and mentees over two years despite a shift from manual mentor matching to a digital platform in 2022.

P-28 Assessing Criteria for International Medical Graduate Selection and Practice Readiness in Rural Saskatchewan: A Survey-Based Investigation of Faculty Assessors and Rural Physician Leaders

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Methods: A cross-sectional survey targeted SIPPA assessors and rural physician leaders from the Saskatchewan Health Authority (SHA) to understand priorities regarding factors associated with recent clinical practice when selecting IMG physicians for the SIPPA program.

Results: Of 104 physicians, 63 completed the survey (61% response rate). A greater duration of recent clinical practice was considered a key factor by most respondents. For IMGs out of practice for < 3 years, 45% viewed 3-6 months of recent practice as sufficient, while 48% considered 6-12 months necessary for those out of practice for 3-5 years. For IMGs out of practice > 5 years, 85% of SHA leaders supported 12-24 months of recent practice compared to 51.6% of SIPPA assessors (p<0.05). The study also highlighted the value of diverse clinical experiences, emphasizing these roles in the selection process.

Discussion: The findings underscore the value of increased duration of recent clinical experience as well as clinical experience as a licensed Clinical Associate, additional post-graduate training and GP-specialist practice for the selection of IMG Family Physicians to SIPPA. These findings provide valuable insights into the criteria for selecting IMG Family Physicians for practice readiness in rural Saskatchewan.

P-29 The Good, the Bad and the Ugly: Experiences of Being an International Medical Graduate (Img) in A Canadian Residency Program

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Methods: This mixed methods study, underpinned by pragmatism applied a convergent parallel design. Participants undertook Internal Medicine residency training in Alberta between 2018-2022. Data was collected from 2 sources: online questionnaire and semi-structured interviews. Descriptive statistics were used to analyze quantitative data. Thematic analysis was used for qualitative data, integrated from questionnaires and interviews.

Results: There were 50 eligible participants. Complete response rate for the survey was 44% (n=22). Interviews were completed by 12 IMGs. Survey data revealed a range of individual, program, and systems-based facilitators and barriers related to IMG residents' demographic profile, resilience, and networks of available support. Themes generated during qualitative interviews shed further light on the connections between identified facilitators and barriers and IMG's sense of wellbeing.

Discussion: This study provides novel insight into the relationship between the challenges faced by IMG trainees and their approach to navigating wellbeing during residency. This work highlights the need to tailor quality improvement efforts to the specific needs of IMGs training in Canada, and to factor in their diverse understanding of wellbeing.

P-30 Immersive Exposure to Indigenous Ways of Knowing in Medical Education

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Methods: We conducted a search of 4 databases. Studies were included if they reported the effects of immersive learning on medical learner development and patient outcomes. Two team members independently screened studies and extracted study characteristics, and key findings from each study.

Results: From the 222 records from the search, 20 studies met the inclusion criteria. Types of immersive experiences included clinical placements (n=5), cultural immersion without clinical work (n=9), combined clinical and cultural experiences (n=5), and simulated patient encounters (n=1). Outcomes included improved communication with Indigenous patients (n=13), cultural understanding (n=18), collaboration with Indigenous professionals (n=8), and interest in working in Indigenous care (n=10). Recommendations included incorporating cultural safety training prior to the immersive experience, consulting Indigenous groups in project development and feedback, and including immersion early in medical training.

Discussion: This body of evidence shows a positive overall effect of cultural immersion for medical students, although the evidence in Canadian contexts is limited. More work is needed to determine the ideal length of immersion and how to Indigenize research practices and feedback reflections. This work informs a future immersion program piloted at McMaster.

P-31 Exploring Resistance in the Context of Social Justice Education in Undergraduate Medical Education

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Methods: This qualitative case study utilized semi-structured interviews with first-year medical students and faculty members at the University of Calgary to gain insight into student resistance and the ways it manifests. Phenomenography was used as a supplemental analytic lens to examine variation in resistance as a phenomenon.

Results: Between September and December 2023, 23 semi-structured interviews were conducted. Student resistance manifested in various emotional, cognitive, and behavioural responses, for which social justice education was a catalyst but not necessarily the focus. Reasons for student resistance also varied from feelings of discomfort and guilt, fear of being called out, anxiety surrounding medical knowledge and clinical competence, and personal biases and prejudice. Based on these findings, an outcome space illustrates a range of student resistance.

Discussion: Findings from this case study reveal the diverse ways students may resist social justice education, some of which seek more or better education in this regard, and not simply less based on the contested relevance of social justice education to clinical practice. These findings underscore the need for medical schools to take proactive measures in addressing resistance through meaningful curriculum integration, pedagogical approaches to mitigate resistance, faculty development, and diversification of assessment strategies to promote student engagement.

P-32 Reflections of Volunteers on Their Participation in Medical School Longitudinal Training Programs: A Qualitative Analysis

Nikki Shahin Dalhousie University

Methods: The study utilized a mixed-methods approach, combining quantitative and qualitative data collection. Demographics surveys given to the volunteer patients inquired about ethnicity, nationality, birth year, disabilities, etc. In addition, in-depth, one-on-one interviews were conducted with a sample of over 30 volunteer patients. These interviews focused on the volunteers' motivations for joining the program, their experiences over the years, and factors that have encouraged their continued participation. Participants were recruited from a pool of 130 active VPP volunteers (as of June 2023). Interviews were audio-recorded, transcribed, and analyzed for thematic content. Ethics approval was sought but deemed unnecessary as patients were not asked to disclose their personal health info and only inquired about the specifics of the program itself, and if health info was disclosed it was not mentioned in the data transcribed for privacy purposes.

Results: The demographics surveys demonstrated a wide age-range in the volunteers that commit their time to the program. They are from a variety of nationalities, with different degrees of disabilities and limitations for participation in the program. Thematic analysis of volunteer interviews indicated that key factors driving retention included a strong sense of community, a desire to contribute to medical education, and positive relationships with program coordinators and students. Many volunteers reported a sense of personal fulfillment and noted that their participation in the program provided them with meaningful social interactions. Furthermore, volunteers emphasized the importance of respect and gratitude shown by students and faculty as central to their continued involvement. Challenges identified included the fixed time commitments, which were a barrier for younger professionals and underrepresented populations. Other limitations also included finding parking in downtown Halifax, which is compensated by a small gift card by the program but with increasing prices that shows to be an ongoing issue for new and returning volunteers for years to come.

Discussion: The findings suggest that the VPP plays a critical role in both medical education and volunteer engagement. For students from the perspective of the volunteers, the program offers valuable, hands-on clinical training that enhances their preparation for future clinical responsibilities. For volunteers, the program provides social and emotional benefits, alongside a sense of purpose through their contribution to medical training. The success of the VPP can be attributed to the respectful and supportive environment fostered by both faculty and students. However, strategies to improve flexibility and broaden volunteer recruitment, especially from diverse age groups and professional backgrounds, may further enhance the program's inclusivity and sustainability. This evaluation is the first comprehensive documentation of the VPP's impact and offers important insights for the development of similar programs in other medical schools.

P-33 Health and Well-Being of Medical Students During the Last Years of Medical School in Mexico

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Methods: A national survey was conducted from June to December 2023 using a descriptive and cross-sectional quantitative methodology. Non-probabilistic sampling was used, and the survey was disseminated through Google Forms by associations allied to Nostrxs A.C. The survey consisted of 57 items (open, dichotomous, and Likert scale questions) about security, human rights, supervision, and well-being. Central tendency statistics and triangulation between items from different areas were utilized.

Results: Survey revealed that 36.36% of undergraduate interns lack supervision in their daily tasks. Additionally, 71.81% faced punishments for not knowing something untaught. In social service, 41.70% of students are unaware of how to proceed if they suffer harassment or violence. Furthermore, 87.20% reported having felt depressed at some point during their education. Lastly, a higher incidence of harassment was reported by female students.

Discussion: Findings underscore the need for reforms to improve the Mexican medical education system and foster the development of competent and compassionate healthcare professionals.

P-34 Peer Learning Educational Refresher Course to Improve Neonatal Positive Pressure Ventilation Skills

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Methods: This pilot randomized controlled trial will involve 40 NRP-trained NICU nurses with >1-year experience. Participants will be randomly assigned to PL or DP groups, completing three booster sessions over three months. Both interventions use low-dose/high-frequency sessions. Pre- and post-intervention assessments will use the Neonatal Mask Ventilation Competency Assessment Tool (NMVCAT). Feasibility, satisfaction, confidence, and intention to modify behaviors will be evaluated using custom and validated questionnaires. Data will be analyzed using Mann-Whitney tests for between-group comparisons and paired t-tests or Wilcoxon signed-rank tests for within-group performance improvements.

Results: The study will compare median responses for feasibility, satisfaction, and confidence between groups. Performance improvements and changes in resuscitation behaviors will be analyzed within and between groups.

Discussion: Demonstrating the feasibility and the preliminary efficacy of the repeated guided experiential PL approach would identify a resource-limited educational intervention for booster training in neonatal resuscitation. This pilot study will inform future larger studies and hopefully the implementation of this approach as part of continuing education. The overarching goal is to provide healthcare professionals with competency in PPV as to ensure safe neonatal care to babies in North America.

P-35 Assessing the Capacity of West African Medical Institutions to Implement A Surgical Oncology Fellowship Program: A Swot Analysis

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Methods: A needs assessment was conducted across 8 participating institutions in West Africa (Ghana, Nigeria, and Senegal) to assess the availability of infrastructure and services related to cancer care and the capacity to deliver surgical oncology training. Data was collected through a questionnaire, observations and informal interviews with institutional leaders. Based on the American Society of Clinical Oncology (ASCO) Resource Stratified Guidelines framework, we analyzed the strengths, weaknesses, opportunities, and threats (SWOT) of the clinical and educational capacity of all 8 sites.

Results: Strengths of existing surgical oncology training at the sites include the presence of a strong cadre of surgical faculty to support subspeciality training beyond the 6 domains of general surgical oncology training. Weaknesses include gaps in the full scope of clinical capacity and challenges with securing long-term salary support for potential trainees. Opportunities include the need to capitalize on prior experience in the integration of the WACS trauma fellowship program. Issues related to adequacy of case volume, supervision, and mentorship were identified as threats.

Discussion: The findings revealed that general surgical oncology training seems feasible in this region, however, some institutions and services have limited capacity for comprehensive cancer care training.

P-36 Lifestyle Medicine and Health Sciences Curricula: A Systematic Review and Meta-Analysis

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Methods: Databases searched included CINAHL, Scopus, PubMed, and Embase. Selection criteria were: (i) HCTs (nurses, nurse practitioners, and physician assistants); (ii) LSM education in undergraduate, graduate, or continuing education programs; (iii) focus on any of the six LSM pillars; (iv) peer-reviewed English-language papers published between 2000 and 2024.

Results: 14 studies were included, which focused on substance use, nutrition and physical activity. No studies addressed sleep health, stress management, or social connectedness. Random effects meta-analysis revealed that LSM education interventions improved HCTs' knowledge (standardized mean difference (SMD): 0.96 (95% CI: 0.37-1.56)), attitude (SMD: 0.13 [95%CI: -0.03-0.19]), self-esteem/self-confidence (SMD of 1.74 (95%CI: 0.67-2.81)), and outcome practice (SMD: 0.91 (95%CI 0.20-1.61).

Discussion: While LSM education enhances HCTs' knowledge, confidence, and practice, there is a gap in addressing all six LSM pillars. Future educational efforts should ensure comprehensive LSM integration to better prepare HCTs in supporting patients' healthy lifestyle adoption.

P-37 The Use of Video Games for Improving Laparoscopic Surgical Skills: A Systematic Review

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Methods: OVID Medline, EMBASE and Cochrane Central databases as well as grey literature were searched using relevant terms. Included studies evaluated randomized surgical trainees' performance on timing and accuracy on hand-eye coordination tasks following exposure to VGs. Data regarding study characteristics and outcome data were extracted by two independent reviewers. Outcome data were converted to standardized mean differences and compared using Forest plots. Risk of Bias was assessed within studies using the Cochrane RoB 2.0 tool and across studies using the GRADE approach.

Results: Of 510 unique articles, 82 abstracts were screened, and six studies were included. Review of these studies showed very low-quality evidence supporting an improvement in time to completion (SMD: -1.76, 95% CI= -3.20 to -0.32, Z=2.39, p=0.02) and accuracy (SMD= 3.1 SD, 95 CI=0.42 to 5.79; Z=2.27, p=0.02) on laparoscopic skills simulators in VG exposed groups compared with controls.

Discussion: Our findings suggest that playing VGs may offer a modest improvement in laparoscopic surgical skills and this effect should be further explored with more rigorous study methods.

P-38 Examining Indigenous Health Education in Canadian Medical Training

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Methods: A comprehensive search strategy was employed to identify relevant literature. The search terms was "Indigenous health" and "medical education OR education, medical" AND "Canad*." The search was conducted across multiple databases including MedLine via OVID, Scopus, and Informit, with a total of 9 articles included.

Results: The review highlights important trends in how Indigenous health education is evolving in medical curricula, particularly in response to TRC recommendations. While there's been an increase in courses and modules addressing Indigenous health topics and historical injustices, many non-Indigenous students still lack confidence in their knowledge and ability to work with Indigenous patients. Training in cultural competency has expanded, but there remains a pressing need for more hands-on community-based learning experiences that enable students to engage meaningfully with Indigenous health practices and communities.

Discussion: By addressing identified gaps and promoting best practices, this project aims to foster a more inclusive healthcare education system that improves cultural competence among future healthcare professionals. This initiative underscores the importance of integrating Indigenous perspectives into medical training to better serve Indigenous communities and ensure equitable health outcomes.

P-39 Navigating Ottawa Resources to Improve Health (North): A Virtual Student-Clinic Pilot to Strengthen Social Medicine Education

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Methods: Seven students were surveyed post-clinic to rate their satisfaction, collaborative experience, and knowledge on social medicine. Three clients were interviewed by phone to summarize their overall experiences, interactions with the teams (ie. decision-making, respect, likes/dislikes), and helpfulness of the service.

Results: Overall, though all students started with some or no prior knowledge or training in social medicine, they indicated that NORTH improved their ability to navigate SDOH. Most also had positive experiences collaborating with social workers and social work students and gained insights into the social dimensions of healthcare. Clients were satisfied with the recommended resources and appreciated their social needs being deeply considered throughout the process. Clients noted the support with applying for subsidies, finding appropriate childcare resources and recreational activities, and obtaining wheelchairs. One client felt more follow-up notices were needed.

Discussion: Interdisciplinary student-run clinics are excellent for training medical students to navigate community resources and appreciate the practice of social medicine, and help support underserved communities.

P-40 Mentorship for Clinical Academic Psychiatrists: A Qualitative Study of A Pilot Program

Mandy Esliger Dalhousie University, **Abraham Rudnick** Dalhousie University

Methods: This exploratory (w)holistic organizational case study focused on Dalhousie Psychiatry's faculty members who were participants in the July 2021-2022 mentorship pilot program. Mentorship participants were invited to participate in individual semi-structured interviews for the program evaluation. Interview transcripts were analyzed using Thematic (Content) Analysis. Two complementary analysis approaches (inductive and hypothetico-deductive coding) were used.

Results: All seven new faculty members were paired with mid/late career faculty who volunteered to mentor. Three mentees and seven mentors participated in the study. Nine themes were identified: definitions of relevance, facilitators of mentorship, contents of mentorship, substantive processes of mentorship, procedural processes of mentorship, experiences of mentorship, impacts of mentorship, barriers of mentorship, and suggestions for mentorship.

Discussion: The mentorship program met its objectives of supporting new faculty joining the department and enhancing awareness of and interest in mentorship within the department. Continuation of this mentorship program with some modifications and more research is recommended.

P-41 Development and Evaluation of an Asynchronous Online Course to Complement Competency-Based Postgraduate Training for Geriatric Psychiatry Sub-Specialty Residents.

Mandy Esliger Dalhousie University, **Anthony J Levinson** McMaster University, **Cheryl Murphy** Dalhousie University, **Kathleen Singh** Dalhousie University, **Catherine Hickey** Memorial University of Newfoundland, **Terry Chisholm** Dalhousie University

Methods: Best practices in evidenced-based e-learning were used to develop an asynchronous online course to teach subspeciality residents the approach to geriatric psychiatry assessment. Post-course evaluation surveys were adapted from two validated instruments, the Evaluation of Technology-Enhanced Learning Materials: Learner Perceptions - Short Form (ETELM-LP-S) and postgraduate Medical E-Learning Evaluation Survey (MEES). Post-course evaluations, consisting of Likert scale and open-ended questions were completed by learners. Descriptive statistics and content analysis/theming were used to analyze the Likert scale and qualitative data, respectively.

Results: Seventy-six evaluations were completed. Sixty-nine (90%) learners indicated the content was relevant to their learning, seventy-one (92%) said the cases/content were relevant/translatable to their clinical work, seventy-four (96%) felt the e-learning experience was important/valuable, and seventy-five (98%) rated the learning experience as good to excellent. Learners' textual comments proposed content additions and enhancements, and reflection of their learning points and goals.

Discussion: High-quality online resources can complement experiential learning and be an effective alternative to delivering regular didactic curriculum for small residency programs with limited teaching resources. This course is part of a larger multi-institutional collaboration, with a breadth of geriatric psychiatry e-learning courses. Any Canadian sub-specialty resident or program director may request access to the courses.

P-42 [Development and Piloting of A Training Module on Entrustable Professional Activities (Epa) for Pharmacy Preceptors](#)

Yostina Guirguis University of Ottawa, **Genevieve Gauthier** University of Ottawa, **Christine Landry** University of Ottawa

Methods: Four case scenarios were designed with feedback and recorded with 2 performance levels for 2 EPAs. Four videos were sent to 10 professors at the University of Ottawa undergraduate doctorate in pharmacy (PharmD) program who are familiar with EPAs within practice laboratories and clinical settings. Surveys were sent to the professors in order to evaluate accuracy of the videos and to rank their perception of the assessment.

Results: Preliminary results were obtained from 5 professors (50%). All responders indicated that the situations were realistic and accurate. Most responders agreed that the videos & situations demonstrated the EPA target levels, were helpful to assess them and agreed that the videos will help pharmacy preceptors to evaluate their students.

Discussion: These findings are promising for the implementation of EPAs in academic settings as well as rotations for future pharmacy students and their preceptors. The results of these videos indicate that with training modules, the preceptors and students will know what to expect for the target level of the EPA. Thus, preceptors will be better prepared to evaluate EPAs and students, to perform them.

P-43 [Librarians' Instruction to Practicing Physicians: Results From A Canadian Survey](#)

Jackie Phinney Dalhousie University, **Alison Manley** Saint Mary's University

Methods: A bilingual, electronic survey was distributed in May 2024 to gather data on the instructional activities of Canadian health sciences librarians who teach practicing physicians. Once the survey closed, data was cleaned and analyzed and answers to open-ended questions were reviewed for common themes.

Results: Twenty-one participants responded to the survey, with sixteen remaining for analysis after meeting the inclusion criteria. Findings revealed that most librarians have taught physicians in-hospital, instruction sessions were mostly online (and synchronous), a variety of topics have been taught to this group of learners, and more.

Discussion: While this study yielded a small sample, the results indicate that Canadian health sciences librarians are actively involved in supporting physicians in their pursuit of continuous learning. With the revised CanMEDS framework expected in 2026, these findings offer an opportunity for librarians and medical education units across Canada to reflect and collaborate as they plan their future instruction.

P-44 Transition to Residency: A Novel Course to Improve Final Year Medical Students' Skills for Postgraduate Training

Marc Zucker University of Ottawa, **Stephanie Benoit** University of Ottawa, **Lydia Richardson** University of Ottawa, **Timothy J Wood** University of Ottawa, **Stephanie Benoit** University of Ottawa

Methods: Over a two-year period, final year medical students completed a half-day each of simulated technical skills and communication skills (2nd iteration only). Students self-assessed their efficacy at completing the tasks using pre and post rating scales immediately before and after the sessions.

Results: Aggregate data analysis demonstrated students had a statistically significant increase in perceived efficacy in performing all technical skills ($p<0.05$). The biggest increase was in central line insertion and acute care scenarios. Suturing skills had the smallest increase. Communication skills had a statistically significant increase in perceived efficacy across all scenarios ($p<0.05$) except in shared decision-making and therapeutic communication (year 2 cohort only) scenarios. Qualitative data indicates the sessions were well-received and students felt better prepared for residency training.

Discussion: The Transition to Residency Simulation Course for final year medical students is effective in improving self-perceived technical and communication skills. This course would be easily adapted to other medical schools to support the transition of final year medical students to residency. Next steps include assessment of the skills and if changes persist into residency training.

P-45 Extent of Parental Involvement in Academic Matters Regarding Their University-Aged Children

Stan Bardal University of Saskatchewan, **Jane Gair** University of British Columbia

Methods: We developed an online survey. Respondents were asked to comment on their experiences as follow-up to a given question. Given the complexities involved in this phenomenon it was important to capture qualitative as well as quantitative responses. Qualitative analysis using a Modified Grounded Theory Approach was used.

Results: Of 136 participants, 93 faculty (62%) said they have experienced a parent intervening on behalf of one of their students. 70% stated that the interaction occurred when that student was in the first two years of higher education. The most common example of parental involvement was parents sitting in on meetings (38% of responses), followed by parents lobbying for higher grades for their adult children (22%).

Discussion: The results of this survey suggest that this phenomenon is relatively common, and it can take many different forms. If parents are successful in their attempts to improve their child's grade or moving an exam date, this may represent an equity issue, creating an advantage for those students whose parents choose to advocate on their behalf.

P-47 Why Leave It to Chance? Characterizing Educationally Meaningful Case-Mix Groups for Internal Medicine Training

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Methods: The General Medicine Inpatient Initiative Medical Education Database (GEMINI MedED) is a retrospective cohort study of senior residents (PGY 2-5) in the University of Toronto IM program from 2010- 2019. We mapped 'Content Categories' (e.g., cardiology, respirology) based on EHR diagnoses derived from Canadian administrative data to examine case exposure.

Results: A total of 132,291 admissions linked to 793 residents (median admissions-per-shift 8 [6-12]) were captured. From these, 547 EHR diagnoses were identified and mapped to 25 'Content Categories' from the Royal College of Physicians and Surgeons of Canada . Medical oncology was the most mapped specialty with the most diagnoses (n=75), while clinical allergy and immunology was the least mapped (n=2). These categories will be applied to EHR diagnostic codes detailing the mean percentage of cases per resident and hospital, and the top 10 specific diseases by exposure.

Discussion: This data can be used by residents and educators to track cases and tailor learning based on specialty-specific experiences, improving curriculum design and ensuring comprehensive IM exposure.

P-48 Creating A Foundations Block in A Family Medicine Residency Program

MaryBeth DeRocher University of Toronto, **Nasreen Ramji** University of Toronto

Methods: Initial data was collected from several sources, including local resident surveys, increasing volumes of residents in difficulty with formal remediation, as well as university wide annual promotion surveys for postgraduate family medicine learners. A dedicated one-month "Foundations of Family Medicine" block was created, encompassing clinical skills, professional identity development, and essential program knowledge during the first month of residency. This format aims to proactively address gaps and reduce early residency challenges. Data from local surveys, residents in difficulty, and the annual promotion survey will continue to be captured to demonstrate whether this intervention improved the transition into residency.

Results: Baseline data demonstrates the relative lack of familiarity with program policies and supports, as well as a lack of professional identity development The Foundations of Family Medicine will be evaluated using summative surveys for residents who experienced it, as well as comparisons in the annual promotion survey between those residents who experienced it and those who did not. Finally, trends in residents in difficulty will also be observed.

Discussion: The "Foundations of Family Medicine" block aligns with best practices by offering a structured, competency-aligned approach, addressing both clinical and professional needs, potentially decreasing the number of residents in difficulty.

P-49 Opportunities in the Role of Medical Students in the Accreditation of Medical Schools in Mexico

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Methods: The Asociación Mexicana de Médicos en Formación (AMMEF) launched a survey to local representatives of the 72 affiliated schools through its Google server using a non-probabilistic sampling. The survey contained 11 items (Likert scale and dichotomous questions) related to the accreditation process and agency, academic quality, and student involvement. The data was analyzed using central tendencies.

Results: 52/72 representatives of the affiliated medical schools filled out the survey. Data revealed that 1 in 10 students does not recognize the importance of the accredited status of their university. Regarding the schools with active accreditation status, 30% of students do not participate in the process, 14% do not know if they are involved, while 56% do participate with contributions ranging from reporting their extracurricular activities and student mobility to reviewing specific indicators for accreditation.

Discussion: The findings of this study highlight that while a significant portion of students actively participate, there are still those who are either uninvolved or uncertain about their participation. It suggests improvement in fostering student engagement and encouraging their contributions to the accreditation process.

P-51 Enhancing Access to Medical Specialties for Black Learners in Canada: A Comprehensive Specialty Guide

Victoria Young University of Toronto, **Trudy McFarlane** The College of Family Physicians of Canada, **Onyenyechukwu Nnorom** University of Toronto

Methods: A pilot study with 10 Black medical students was conducted to learn about their experiences with research, extracurricular activities, and mentorship. The survey included both open-and closed- ended questions, exploring speciality interests, barriers and perceptions of the guidebook's value. After anonymizing the responses, the data was analyzed to identify common patterns and areas where the guidebook could help address.

Results: According to the first phase of data, 50% of participants faced barriers in pursuing mentorship in their area of interest. 50% reported challenges in finding relevant research opportunities, and 100% expressed that the guidebook would be a useful tool to overcoming these barriers. Respondents emphasized the importance of finding mentors with similar backgrounds and capacity for mentorship.

Discussion: The survey results underscore the need for structured resources to support Black learners. The results will inform the development of the guidebook, which will include a directory of allies willing to engage in mentorship, research opportunities, extracurricular opportunities and general guidance in navigating various specialities. This resource has the potential to significantly increase access and representation of Black physicians in all specialties.

P-52 Exploring Resident as Educator: Involving Residents in the Curriculum Development of Medical Student Teaching

Michelle A. MacDonald Dalhousie University, **Cheryl Murphy** Dalhousie University, **Mandy Esliger** Dalhousie University

Methods: An online questionnaire, consisting of Likert scale and open-ended questions, was sent to psychiatry faculty and residents involved in clerkship seminars. Data were analyzed using descriptive statistics and thematic analysis.

Results: Results support resident involvement in development of curriculum for resident-led clerkship seminars (79% of respondents agree or strongly agree) and developing a committee to review and revise the curriculum (77% of respondents agree or strongly agree). Committee membership should include teaching faculty, residents, and possibly medical students. Thematic analysis indicates resident involvement in curricular design would bolster learning for students and residents, promote collaboration and mentorship in student-resident-faculty interactions, and benefit students through "near-peer" relationships.

Discussion: Data will be used to inform development of a curriculum committee to oversee clerkship seminars.

P-53 Healthy People, Healthy Planet: Changing the Paradigm

Leslie Flynn Queen's University, **Sussan Askari** Queen's University, **Maria Theodorou** Queen's University, **Henry Swoboda** Queen's University, **Katherine Kilpatrick** Queen's University, **Eileen Nicolle** Queen's University, **Mary Hoekstra** Queen's University

Methods: This Speaker Series is one element of our strategy to engage faculty, staff and learners to promote healthy behaviour with a focus on the intersection of lifestyle interventions and planetary health to achieve optimal well-being. Six internationally renowned experts presented in April 2024.

Results: There were 904 unique viewers including faculty, healthcare providers, scientists, learners and community members. The series was extremely well received. Viewers comments included: "I LOVED the series. Thank you so much for putting this on."; "So great to get this content out as much as possible!"; "I'd so love to help out in any way I can."

Discussion: We present a model to disseminate knowledge regarding current themes of relevance to healthcare professionals and learners. It is challenging to increase curricular content despite the significance of new approaches to healthcare and health promotion. We were able to generate interest and engage large audiences who have subsequently requested more. The Dean has identified that including this content in curricula is a priority.

P-54 Planetary Health in Urology: the Impact of Environmental Factors on Urological Diseases

Zwetlana Rajesh University of Toronto

Methods: A narrative review was conducted by analyzing the current literature on the relationship between environmental pollutants and climate change and their impact on urological diseases. Peer-reviewed studies, systematic reviews, and expert analyses were sourced from databases such as PubMed and Google Scholar.

Results: Exposure to environmental toxins such as arsenic and heavy metals has been associated with increased rates of bladder and kidney cancers. Rising global temperatures, a consequence of climate change, have been linked to increased cases of nephrolithiasis due to dehydration. Additionally, industrial pollutants have been shown to negatively affect both urinary tract function and reproductive health. Emerging literature underscores the growing influence of planetary health on the global burden of urological diseases.

Discussion: This review emphasizes the need to address planetary health in urological care. By integrating planetary health principles and advocating for policies that reduce pollutant exposure, urologists can help mitigate the rising urological disease burden. Ongoing research and education on environmental health are essential for healthcare providers and policymakers. Moreover, incorporating planetary health discussions into medical and residency training will equip future urologists to better address the environmental determinants of urological diseases.

P-55 An Ethical Analysis of the Barriers to Medical School Admission for Disabled Applicants in Canada

Keeley Barnable Memorial University of Newfoundland,

Methods: I start by outlining my theoretical framework, which includes John Rawls' (1971) theory of justice as fairness and the capabilities approaches of Amartya Sen (2005) and Martha Nussbaum (2003). Next, I situate this topic within the histories of medicine and disability, and within scholarly discussions and theories of disability. Then, I evaluate the current barriers to admission for disabled medical school applicants in Canada, first by considering barriers in process and then barriers in culture.

Results: Barriers in process include the use of organic technical standards, academic admission requirements that disproportionately affect disabled applicants, policies that force students to disclose disabilities and variation in accommodation and accessibility policies across Canada. Barriers in culture include the capability imperative and the hidden curriculum, which I argue can be enforced through the CanMEDS roles. These results illustrate that the current state of medical school admissions in Canada is unjust, ableist, and infringing on the human rights of disabled applicants.

Discussion: To address the barriers experienced by disabled medical school applicants, I provide some recommendations such as moving towards functional technical standards and shifting towards a culture of inclusion and disability excellence. I argue that it is an ethical requirement to implement such changes as they can make medical school admissions more accessible and inclusive, and may ultimately improve care for disabled patients.

P-57 Enhancing Mexican Health System Through an Advocacy and Public Relations Workshop

Emma de la Salud Pahua Mota Asociación Mexicana de Médicos en Formación A.C., **Camila Edith Muñoz Salgado** Asociación Mexicana de Médicos En Formación A.C., **Iván Arturo Danton Medrano Robledo** Asociación Mexicana de Médicos En Formación A.C., **Oswaldo Torres Rodríguez** Asociación Mexicana de Médicos En Formación A.C., **Hassler Stefan Macías Sánchez** Colectivo Médicxs en Formación - Nosotr@s por la Democracia A.C (Nosotrxs), **Sergio Salvador Pérez Corral** Asociación Mexicana de Médicos En Formación A.C.

Methods: The Asociación Mexicana de Médicos en Formación (AMMEF) developed a three-day-long in-person workshop in July 2024 to address this gap in the medical curricula. The workshop focused on developing skills in the following five key areas: Principles of public relations, Health content creation, Advocacy principles, Statements development, and Publication and dissemination. We evaluated participants with a pre-and post-intervention test. Also, an advocacy plan based on the health needs of their populations was required to be present at the end to finish the workshop.

Results: The test revealed a change in the question: Can I advocate for a fairer healthcare system? In the pre-test, 40% of participants agreed, improving to 80% in the post-test. The advocacy plans included topics such as Antimicrobial resistance, Mexican Sign Language in medicine, HIV and AIDS prevention and follow-up for sex workers, Well-being in healthcare students, and AI in medical education.

Discussion: The AMMEF workshop significantly increased participants' confidence to advocate for a fairer healthcare system. Its success highlights the importance of incorporating advocacy training into medical curricula. Advocacy plays an increasing role in ensuring the appointment of communities' health needs as the healthcare landscape continues evolving.

P-58 Canadian Medical School Applicants' Experiences with Admission Processes: A Survey to Investigate Diversity and Social, Economic, and Cultural Capital Associations

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Methods: A survey of three Canadian medical school applicants aimed to advance our understanding of student diversity and admissions perceptions. Descriptive statistics with comparative analysis (Pearson's chi-squared test and t-testing) and regression analysis were completed.

Results: Survey responses (n=650) were collected from matriculants (n=304) and interviewed applicants (n=346). Differences between the underrepresented (n=344) and non-underrepresented (n=306) group were found among individual and family living situation, financial, and education history demographic items. A third of the underrepresented group experienced marginalization when seeking employment, volunteer, or research experiences. About a third indicated identification with an underrepresented group influenced educational and career decisions. Regression analysis showed a significant relationship between social capital and perceptions of admission processes, whereas economic and cultural capital did not.

Discussion: The importance of reflecting on diversity and its indicators was revealed. Strategic actions to address systemic influences are recommended.

P-59 Faculty and Student Perspectives on Integration of Non-Medical Expert Physician Competencies in the Clerkship Curriculum

Rachel Willis University of Toronto, **Ashna Bowry** University of Toronto, **Susan Rice** University of Toronto, **James Owen** University of Toronto

Methods: The entire Clerkship curriculum was reviewed and theme content was tagged. Next, qualitative surveys were sent to faculty theme leads. Semi-structured interviews were then conducted between a medical student and theme leads. Summaries of meetings and surveys were qualitatively analyzed.

Results: Key facilitators to theme integration in Clerkship were: 1) Some redundancy between pre-clerkship and clerkship teaching is critical to re-emphasize skills once students have more clinical context. 2) Tying practical "clinical pearls" to theme teaching increases student engagement. Barriers to successful integration of theme teaching were: 1) Lack of awareness from theme leads regarding what is currently being taught within Clerkship related to theme content. 2) Challenges with communication between theme leads results in unnecessary redundancies or gaps.

Discussion: Addressing the challenge of themes integration in clerkship required both faculty and student involvement to inform best practices. Next steps will involve further content review to inform a comprehensive four-year themes curriculum.

P-60 Making Dreams Come True: A Collaborative Approach to Redesigning the Surgical Rotation for Family Medicine Residents

Nasreen Ramji University of Toronto, **Mary Beth Derocher** University of Toronto

Methods: Through a multi-year, iterative process involving key stakeholders-including family medicine residents, surgical faculty, and accreditation reports -our team reimagined the surgical rotation. Feedback from residents via annual surveys and Town Halls and surgical rotation evaluations, insights from surgical faculty, including one-on-one consultations with education leads and reviews of accreditation reports and CANMEDS competencies, all contributed to the development of a new surgery selective rotation.

Results: The surgical rotation was transformed into one block of entirely out-patient surgical clinics including two weeks in general surgery and two weeks in subspecialty clinics such as orthopedics, urology, and plastics. Residents had the opportunity to rotate through trauma care or the operating room based on their learning needs. The changes to the surgical rotation have led to an improvement in resident satisfaction and competency achievement, as evidenced by pre- and post-transformation surgical rotation evaluation scores, from 3.08 (2020-2021) to 3.49 (2022-2023), and responses on resident Town Hall surveys where 70% indicated a positive experience in 2023 vs 66% indicating a negative experience in 2021.

Discussion: Redesigning the surgical rotation for Family Medicine benefitted from a collaborative, design-thinking and iterative approach approach. Continuous engagement and consultation of all stake-holders, including learners, faculty and administrators, through the process of empathy and definition, ideating, prototyping and testing have resulted in a surgical rotation that aligns well with competency expectations and learner objectives and continues to improve the quality of the rotation.

P-61 Using A Two-Phase Qualitative Approach to Understand How Entrustable Professional Activities Guide Competence Committee Decision-Making

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Methods: To accomplish this, we used a two-phase qualitative study approach to explore the CCs in seven training programs at McMaster University: core pediatrics, neonatology, pediatric emergency medicine, emergency medicine, anesthesiology, urology, and nephrology. For Phase 1, two research team members observed CC meetings and took field notes using an observation guide. The field notes underwent reflexive thematic analysis. Phase 2 involved completing semi-structured interviews with CC members to expand upon the themes identified in Phase 1.

Results: The findings showed considerable variation in how EPAs and other assessment forms are relied upon, relative to other available data such as exam scores, by the CCs to make advancement decisions for resident trainees.

Discussion: Given the reliance on EPAs for assessment data in the CBME curricula and the concerns raised in recent reports, it is important to understand the decision-making processes of CCs and how EPAs guide their decisions. These program differences provide important insights into implementation, programmatic assessment, and learner experience in a competency-based curriculum.

P-62 Revue De La Portée Sur Le Profil Des Enseignants De L'anatomie Humaine Dans Les Professions Des Sciences De La Santé.

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Methods: Ce travail a été planifié et mené suivant les étapes décrites par Arksey et O'Malley et effectuées conformément aux directives PRISMA-ScR. Les principales sources recherchées incluaient MEDLINE, EMBASE, CINAHL, PsycINFO, Eric et Education Source. Toutes les études effectuées auprès de ses enseignants et tous les devis de recherche détaillant leur profil ont été inclus. Les articles ont été traités et évalués à l'aide de COVIDENCE par deux paires d'évaluateurs, puis synthétisés de façon narrative.

Results: Des 6781 études revues, 44 ont été retenues pour l'extraction. Les données préliminaires de 18 articles rapportent que ces enseignants ont des diplômes variés notamment des doctorats en médecine et en philosophie (PhD) ainsi que des maîtrises avec des possibilités de combinaison de diplômes. Ceux-ci sont des professeurs titulaires, des chargés de cours et des professeurs adjoints avec des expériences variées dépassant parfois vingt ans. Les stratégies d'enseignement qu'ils utilisent vont de la dissection, de la prosection, aux cours magistraux.

Discussion: Les résultats montrent une grande diversité dans le profil de ces enseignants. Cependant, aucun article ne faisait le lien entre leur profil, la stratégie d'enseignement utilisée et le contenu des cours. Cette étude pourrait montrer des lacunes dans ce contexte.

P-63 Pedspearls Clerkship Guide -Measuring the Impact of an Educational Resource for Pediatric Clerkship

Emily Hutchings McMaster University, **Jhanahan Sriranjan** McMaster University, **Vicky Breakey** McMaster University

Methods: McMaster medical students (classes of 2024 and 2025) and first-year pediatric residents were voluntarily surveyed before and after their pediatric rotations to assess the guide's impact on their pediatric knowledge and comfort.

Results: Results showed that trainees frequently used resources referenced by the guide, with 98% indicating that a summary of the PUPDOC objectives would be helpful. However, only 59% used the guide during study sessions, and 87% used it for 30% or less of their study time.

Discussion: The PedsPearls Guide effectively summarizes key resources but lacks sufficient exam detail. A resource based on the PUPDOC learning objectives would be beneficial. Enhancing the guide's content and accessibility, potentially through a mobile app, could improve its effectiveness and popularity.

P-65 Publication Quality and Clinical Content Assessment of Online Central Venous Catheterization Tutorials

Christian Neira Agonh Western University, **Victor Neira** Dalhousie University, **Ahmed AlFaraj** King Fahad Specialist Hospital, **Michael Purcell** Dalhousie University

Methods: We performed an initial google search for medical education websites utilizing the search term "medical procedure tutorials." Next, an in duplicate search was completed on each website using the search terms "central line" and "central venous catheterization." Inclusion criteria: complete ultrasound-guided internal jugular vein catheterization tutorials in English. Tutorials were evaluated for engagement metrics, and publication reliability, using the JAMA and DISCERN scores. Two cardiac anesthesiologists independently assessed clinical content quality using a procedure-specific checklist and Global Rating Scale.

Results: Twenty-three CVC tutorials were found, totaling over 4 million views with a median publication year of 2019. Clinical content assessment found scores of 26.45 ± 6.394 out of a total GRS score of 45, and 23.33 ± 6.472 out of a total checklist score of 38. Item analysis revealed that tutorials contained deficiencies in the use of citations, explanations of the contra/indications and multiple steps of the clinical procedure. Tutorials published by academic sources scored higher on the total DISCERN score (74.4 ± 36.6 vs. 38.7 ± 19.8, p = 0.0009), and overall score item in the Global Rating Scale (3.62± 0.87 vs. 2.71± 0.92, p = 0.0011).

Discussion: While popular, online CVC showed areas of improvement in publication reliability and clinical content. Students and educators should use these resources with caution and preferably access academic sources.

P-66 Shuffle, Play, Learn, Repeat: the Organ-Ize Card Game Series in Anatomy Education

Aamna Naveed McMaster University, **Yasmeen Mezil** McMaster University, **Bruce Wainman** McMaster University

Methods: ORGAN-IZE was designed using the Design-Based Research (DBR) framework, which allows designers to create and prototype, gather feedback, and redesign. The cards in the deck feature illustrations of anatomical structures, and the game is played by stacking cards according to respective sequences of body systems. Currently, the renal, cardio, fetal cardio, repro, and gastrointestinal decks are in play. The game was beta-tested with 20+ medical students at McMaster University. Verbal open-ended feedback and survey data was collected and reflexive thematic analysis was carried out.

Results: Participants expressed high levels of enjoyment with the ORGAN-IZE card game. One student noted, "It's like studying without feeling like you're studying." The thematic analysis revealed that the elements of GBL in ORGAN-IZE that students highlighted the most included: active recall, quick thinking, repetition, collaboration, and competition. Overall, students found the game to be a valuable complement to traditional learning methods.

Discussion: The positive reception of ORGAN-IZE suggests broader potential for the use of GBL in medical education. Future research will focus on pedagogical testing through a randomized controlled trial to assess the efficacy of ORGAN-IZE in improving student motivation, confidence, and performance.

P-67 Leveraging the Science of Learning to Co-Create Trustworthy Science Communication

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Methods: To co-create this guide, we conducted an iterative and co-created process with four focus groups with 10 HCWs.

Results: The team developed a two-part guide to focus on the sub-themes of critical reflection, trust, and respect and presents essential probing questions to consider during all three stages of the co-creation process: co-design, collaborative mobilization, and co-evaluation.

Discussion: This guide explores the process of engaging in co-creation as a way to (re)build confidence, trust, and positive relations with healthcare workers, the government, and science institutions. It also identifies the significance of relationship-building and communications strategies when delivering science-based information to HCWs. Results will be discussed within the context of practical implications, limitations, and suggestions for future applications of this guide.

P-68 Educational Interventions Aimed to Improve the Accuracy of Self-Assessment in Health Professions: A Systematic Review

Vanessa Wiseman Queen's University, **Gina Spencer** Queen's University, **Kanzy Elmaghraby** McMaster University, **Nawab Azizi** Queen's University, **Zevin Boris** Queen's University

Methods: We conducted a systematic review according to PRISMA guidelines using all published literature in Pubmed, Embase, Scopus, CINAHL, AMED and Web of Science. We included all studies in English that reported on educational interventions to improve the accuracy of SA across all health professions.

Results: After abstract screening of 7439 studies, 35 studies underwent full text review and included 8 healthcare professions (physicians, nursing, dentistry, dental hygienist, pharmacy, physiotherapy, occupational therapy and midwifery). SA of non-technical skills were explored in 24 studies and technical skills were explored in 11 studies. The most common interventions to improve the accuracy of SA was use of a self-assessment tool (n=14), video feedback (n=12), verbal feedback (n=2), electronic portfolio (n=2), simulation (n=2), coaching (n=1), didactic learning (n=1) and internet-based application (n=1). Improvements in SA were reported in 23 studies (self-assessment tool, n=11; videofeedback, n=5; verbal feedback, n=2; electronic portfolio, n=2; simulation, n=2; coaching, n=1). No improvement in SA was reported in 12 studies (self-assessment tool, n=3; videofeedback, n=7; internet-based application, n=1; and didactic learning, n=1).

Discussion: Improvement in accuracy of self-assessment in health professions can be achieved with the use of self-assessment tools and video feedback.

P-69 Reimaging Urology Education: Revision of the Canuuc Curriculum Through the Lens of Equity, Diversity, Inclusion, and Accessibility (Edia)

Mansa Agbaku Dalhousie University, **Ali Sherazi** Dalhousie University, **Lynette Reid** Dalhousie University, **Dawn MacLellan** Dalhousie University

Methods: Criteria for EDIA were developed by group consensus, inspired by similar work at Dalhousie University aimed at improving inclusivity in undergraduate medical education. CanUUC materials (slideshows, videos, quizzes, and podcasts) are reviewed using a multi-reviewer process to assess inclusivity, biases, stereotypes, and accessibility. Content is updated to integrate EDIA principles, such as inclusive language, updated imagery, improved text readability, and more representative cases and examples.

Results: Anticipated outcomes include enhanced representation of diverse perspectives, improved accessibility, and a curriculum that promotes a more equitable learning experience.

Discussion: Students access a range of co-curricular learning opportunities beyond their program's formal curriculum, and medical specialty societies are active in providing co-curricular materials. This project advances the CUA's commitment to inclusivity by integrating EDIA principles into educational content. The revised curriculum will foster a more representative and supportive learning environment for medical students, aligning with modern educational standards and serving as a benchmark for inclusivity in medical education. This project demonstrates the feasibility and impact of collaborative efforts between students, curriculum developers, and specialty societies in addressing educational disparities through review and revision of co-curricular learning materials.

P-70 [The Use and Perceptions of Artificial Intelligence (Ai) in Undergraduate Medical Education: A Multicentre Study](#)

Cecilia Tran University of Ottawa, **Brett N. Hryciw** University of Ottawa, **Edita Delic** Clinical Coordinator, **Sean W. Moore** Northern Ontario School of Medicine, **Alan Chaput** University of Ottawa, **Andrew J.E. Seely** University of Ottawa

Methods: A web-based questionnaire was created to characterize the use, frequency, and attitudes towards genAI as a tool in medical education, and clinical workflow. The survey was disseminated to medical students of all years across Ontario. Survey data was analyzed using descriptive statistics.

Results: 156 medical students completed the survey, most participants (104, 66.7%) were in the pre-clerkship years of medical school. 77.6% of participants reported currently using genAI. The most common use of genAI was to review prior medical knowledge (n=78, 50%), followed by summarizing scientific literature (n=54, 34.6%). 75.0% of respondents believe genAI should be taught in medical education, and 89.7% were willing to integrate genAI into their future practice.

Discussion: The findings of our study demonstrate that genAI holds transformative potential in medical education and that medical students are highly receptive to incorporating genAI into their future careers. As such, institutions have a crucial role in adapting their curricula to educate students on the risks, biases, and best practices of genAI in the clinical space. Governing physician bodies should develop policies and regulations to establish acceptable, ethical genAI use. This study paves the path for a future where genAI is safely used to complement and streamline the roles of a physician.

P-71 [La Place De L'intelligence Artificielle Dans L'expérience D'apprentissage Des Étudiants en Professions De Santé À L'université D'ottawa: Une Étude Qualitative.](#)

Marina Guirguis, University of Ottawa, **Salomon Fotsing,** University of Ottawa, **Christine Landry,** University of Ottawa, **Diane Bouchard Lamothe** University of Ottawa, **Jennifer Lacroix,** University of Ottawa, **Alireza Jalali,** University of Ottawa

Methods: Une méthode d'échantillonnage non probabiliste a permis de recruter des étudiants ayant utilisé l'IA dans leur apprentissage. Le recrutement a combiné des entrevues semi-structurées et un sondage en ligne. Les données ont été analysées selon une approche thématique inductive.

Results: Les résultats rapportent que l'IA est perçue comme un outil complémentaire, mais non essentiel. ChatGPT est l'outil préféré des étudiants. Les raisons de son adoption incluent la curiosité, l'influence des pairs et l'amélioration de l'efficacité. L'IA est surtout utilisée comme soutien pédagogique, l'aide à la rédaction et la recherche. La maîtrise technique, la pensée critique et l'adaptabilité sont jugées essentielles pour tirer pleinement profit de ces outils. Des démonstrations pratiques et des groupes de discussion sont suggérés pour l'éducation à l'IA.

Discussion: Les répondants reconnaissent le potentiel de l'IA pour améliorer l'efficacité, faciliter l'acquisition de connaissances et résoudre des problèmes complexes. Ces résultats reflètent les tendances observées dans la littérature et soulignent l'importance de bien intégrer l'IA dans la formation des futurs professionnels de la santé.

P-72 Holistic Approach to Mexican Digital Education for Medical Students

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Methods: The Asociación Mexicana de Médicos en Formación (AMMEF), in collaboration with the digital study platform AMBOSS, conducted an online survey through its Google server using a non-probabilistic sampling. The survey contained 38 items (Likert scale and dichotomous questions) to assess the challenges of digital education in Mexico during the COVID-19 pandemic. The data was analyzed using central tendencies.

Results: The most effective learning method reported by students was video tutorials, followed by digital flashcards and online question banks. 61.3% of the medical students expressed that they did not enjoy online classes, 76.5% desired a more interactive learning experience, and 59.2% indicated that internet connectivity was a significant issue.

Discussion: The findings highlight critical areas for improvement in the Mexican digital medical education system. The lack of engagement in online classes indicates a need for more dynamic and student-centered teaching strategies. The students' desire for interactive learning suggests integrating active learning components such as live discussions, group activities, and real-time feedback into their digital teaching practices. Addressing technological barriers, particularly internet connectivity, is essential for ensuring equitable access to quality education in Mexico.

P-73 The Birth and Life of an Obstetrics and Gynecology Evaluation in the Md Program at the University of Alberta

Kelly Gibson University of Alberta, **Joanne Rodger** University of Alberta

Methods: A multi-methods pre- and post-test approach to the evaluation was developed by the MD Program's Program Evaluation Unit at the University of Alberta to address the question: What impact do the proposed rotation changes have on the overall student experience? Multiple data sources will be analyzed, including student feedback, hotspot (learning environment) survey results, student assessments, and the perspectives of preceptors, residents, and nurses who work with students on this clerkship rotation.

Results: The evaluation is underway and data collection will continue between August 2024 and January 2025. Analysis and findings from the evaluation will be presented.

Discussion: While the data collection, analysis, and results are currently underway, this presentation will share the findings and results from this evaluation, as well as provide insight into the process, which may be of interest to other schools that are looking at strategies to evaluate curricular change.

P-74 Learning Interdisciplinarity: Spanning Epistemic Boundaries of Serology and Culture with an Orthodox Jewish Community

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Methods: This participatory study was enacted through a parallel convergent mixed-methods approach, of an Orthodox Jewish community in Canada during the COVID-19 pandemic. A sensitivity-specificity analysis of dried blood samples determined thresholds for the trimeric-spike assay, as well as the nucleocapsid assay. Hypothesized survey responses were analyzed in GraphPad Prism version 8.4.0 and R version 4.2.1. Semi-structured interview transcripts, and ethnographic fieldnotes of research meetings, were analyzed thematically.

Results: Two intersecting boundaries were navigated: between participants and researchers, and between academic disciplines. Progressive negotiation of epistemic boundaries over what constituted good sampling allowed mutual complementarity of findings from three sets of results, showing the centrality of gender and trust in a community researchers assumed to be more homogenous than it is. The active "boundary work" across disciplines involved the following progressive dimensions: cultivating trust, asserting disciplinarity, bridging disciplinary difference, accounting for power, re-negotiating goals, and capacity-building.

Discussion: This paper shows that boundaries can only be spanned with shared epistemic frameworks. The act of learning during methodological development is central to the epistemological reproduction of interdisciplinarity.

P-75 Research Output Among Canadian Universities with Dermatology Residency Programs: A 25-Year Bibliometric Analysis of Evolution, Impact, and Direction

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Methods: The analysis involves identifying dermatology articles published between 1999 and 2023 within the dermatology category of Web of Science, encompassing reviews and original articles. We assessed the number of publications by each university offering a dermatological residency program and publication quality using the category-normalized citation impact (CNCI) and the proportion of articles in top-quartile journals (%Q1). Prominent keywords, total link strength and keyword maps for each university were identified using VOSviewer software.

Results: We retrieved 5,516 publications from Canadian institutions. Each University research output showed a consistent increase across each evaluated period. Six key thematic clusters emerged: "psoriasis," "atopic dermatitis," "dermatology," "hidradenitis suppurativa," "psoriatic arthritis," and "onychomycosis/treatment." The University of Toronto (32% of publications) and the University of British Columbia (16%) were the most productive during the studied timeframe. Prominent themes included "atopic dermatitis" and "psoriasis". Dalhousie University achieved the highest CNCI in each period. The University also focused on psoriasis and its treatment like "psoriasis," "ustekinumab," "secukinumab," etc.

Discussion: The substantial growth of Canadian dermatology literature reflects a rich diversity of research themes. Each university's specialized focus enriches the national academic landscape and underscores Canada's collective contribution to global dermatology research.

P-76 Enhancing Psychiatric Education: A Problem-Based Learning Approach to Entrustable Professional Activities

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Methods: This mixed-methods study evaluates the effectiveness of PBL in teaching EPAs. Data collection includes pre- and post-program surveys to assess changes in residents' knowledge and skills, a focus group for qualitative feedback, and interviews with facilitators.

Results: Preliminary analysis of the post-program surveys indicates positive outcomes, with residents reporting enhanced knowledge and skills. Strengths include resident-led discussions, a low-stakes environment, small group learning, clear objectives, and active participation. Notable weaknesses were the lack of structure and guidance from instructors.

Discussion: While complete analysis is pending, initial results suggest that PBL effectively enhances EPA teaching. All learners felt their knowledge improved, but it remains unclear whether traditional methods would achieve similar results.

P-77 Initial Findings on Medical Residents' Perspectives on What Constitutes Effective Feedback

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Methods: We performed a search in the MEDLINE database (January 2000-present; limits: English). The search terms for this review included "Feedback" and "Resident*". The search strategy was uploaded to Covidence, where abstracts/titles were screened in duplicate, followed by full-text screening and data extraction. The data extraction included the residency programs, country of publication, and themes surrounding what constitutes effective feedback.

Results: The search yielded 5769 studies for abstract-title screening. Of these, 116 studies progressed to full-text screening with substantial inter-rater reliability (Kappa = 0.83), and were all ultimately included in the scoping review. We have preliminarily extracted data from 20 articles which covered key feedback components. The programs represented included Emergency Medicine, Internal (25%), Pediatrics, Psychiatry (15%), Neurology (10%), Neurosurgery, General Surgery, Plastics, Dermatology (5%) with international perspectives from the USA (75%), Canada, UK (10%) and Taiwan (5%). The review determined that effective feedback falls under 13 different themes.

Discussion: Medical residents usually define effective feedback as regular, face-to-face, constructive, specific, observed, future-oriented, timely, bidirectional, informal and explicit. Residency programs should incorporate these suggestions to provide feedback optimised to their residents' needs. Further, this scoping review will serve as the basis for qualitative research, enabling us to explore these themes in depth with current medical residents.

P-78 Introducing Students to Artificial Intelligence (Ai) in Medicine Through Interactive Scenarios

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Methods: We prepared and led a workshop for 28 high school students attending CampMed. We conceptualized 3 scenarios, then input them into ChatGPT to aid in creating full versions. During the workshop, students worked through each scenario independently of an AI system. Students then solved the same scenario using an AI system. Students were instructed to compare their human versus AI output. Student impressions were evaluated using a 3-question questionnaire.

Results: There was a positive response to the workshop and students found that having hands-on AI experience created a deeper understanding of AI and its uses in medicine. A limitation identified by students was a lack of discussion between groups on differences between AI generated responses.

Discussion: Hands-on experiential learning sessions with AI systems can create future healthcare professionals who feel more prepared to use and have a better understanding of AI systems. Next steps may include incorporating AI education into undergraduate medical education curriculum to increase AI literacy prior to entering practice.

P-79 Assessing the Impact of Hiv Continuing Medical Education on Primary Care Clinical Practices in Saskatchewan

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Methods: Phase I: 5 HIV CME educator interviews were thematically analyzed to develop interview questions for Phase II. Phase II: interviews with 10 past learners were analyzed using rapid analysis to understand motivations, outcomes, facilitators, barriers, and future needs.

Results: 5 learners reported increasing access to care for people living with HIV (PLWH). 7 reported greater confidence in providing primary care to PLWH. 9 reported greater confidence in prescribing ART. 7 stated that virtual learning was a facilitator, but 6 also valued the in-person components of the CME. Learner-identified barriers and ideas will be utilized to further improve HIV CME programming.

Discussion: Reported outcomes demonstrate the success of CME. Learners appreciated the virtual, as well as the in-person HIV CME. Results will inform future HIV CME programming to improve PLWH health outcomes.

P-82 Know Thyself and Tell Us About It: an Exploration of Medical Students' and Programme Directors' Views Around Self-Assessment Related to Specialty Choice and Application

Rhidita Saha Western University, **Michael Sanatani** Western University, **Beatrice Preti** Western University

Methods: This project will distribute a survey to Canadian medical students and direct-entry residency program directors in Canada. A qualitative descriptive analysis will be used to understand the process of introspection and how it is valued.

Results: The surveys aim to gain a better understanding of what self-assessment means to Canadian medical students and residency program directors, what resources are perceived as effective in helping students to choose a medical specialty, whether program directors value evidence of self-assessment in applicants, and how program directors evaluate self-assessment in the applications.

Discussion: The goal of this project is to ultimately provide feedback to medical schools to better guide their medical students through the challenging process of choosing a medical specialty. Hopefully, this will result in better long-term satisfaction with the student's choice of medical specialty throughout their career, including improved retention in the field, decreased burnout, and increased productivity.

P-83 The Power of Peers: Harnessing Peer Mentorship to Support A Successful Transition to Clerkship

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Methods: We paired senior clerk volunteer mentors with new clinical clerks. Mentors hosted an introductory session prior to clerkship and were asked to check in with mentees during early rotations. Mentors received an orientation and written guide of expectations and resources. All participants were asked to complete a feedback survey.

Results: 45 out of 276 mentees and 19 out of 98 mentors responded to our survey. All respondents who met with their counterparts said they benefited from the program. 77% of mentees did not know anyone who worked as a doctor growing up. Mentees most reported receiving support with studying, learner expectations, and elective planning. Mentors most reported providing support for studying, adjusting to life as a clerk, site or rotation information, expectations, general questions, and emotional wellness. All mentor respondents felt prepared. Mentor benefits included learning to appreciate their own growth, support their near-peers, and gain mentoring experience. 93% of comments suggesting improvements asked for scheduling support to meet more frequently.

Discussion: Feedback from respondents was overwhelmingly positive. The majority of respondents did not have a previous personal relationship with a physician. This program may be particularly beneficial for this group. Recommendations for improvement emphasized facilitating more opportunities for engagement in the mentorship relationship. Overall, this program was helpful in transitioning to clerkship.

P-84 Effectiveness of Near-Peer Teaching and Experiential Learning of Casting and Splinting: A Medical Student's Perspective

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Methods: Forty-two medical students, organized into seven groups of 6-7, participated in a 1.5-hour casting and splinting workshop led by an orthopedic resident. The workshop included theoretical overview, demonstrations of SPICA hand casting and lower-limb splinting, followed by supervised hands-on practice. Students completed self-assessments measuring their knowledge, confidence, and overall satisfaction before and after the session.

Results: Prior to the workshop, 41 students (95.35%) had no experience with casts, and 40 (93.02%) had no experience with splints. After the workshop, all 42 students (100%) were able to apply a SPICA hand cast and a lower-limb splint, with 41 (97.62%) understanding the necessary materials. Both confidence and knowledge improved significantly (p < 0.0001), with positive feedback from participants. Ten students (23.81%) suggested extending the workshop to allow more practice.

Discussion: The results underscore the importance of hands-on practice under guidance of experienced peers. The lack of prior experience among students highlights a gap in traditional curricula, which often omit essential skills like casting and splinting. This is the first study combining experiential learning with NPT focused on casting and splinting. This approach enhances students' knowledge and confidence and is a valuable addition to medical curricula.

P-85 Validity of the Csvs Undergraduate Curriculum and Guidelines for Implementation in an Innovative Medical School Initiative.

Elizabeth M Wooster Toronto Metropolitan University, **Douglas L Wooster** University of Toronto, **Jobin Varughese** Toronto Metropolitan University

Methods: The study will assay awareness of academic and community family physicians and specialists, including TMU faculty, potential faculty and non-faculty providers. The survey will be sent to the target groups, selected additional community physicians and Canadian vascular surgeons. The structured focus-groups will be based on interdisciplinary input informed by the survey results. All data will be collated, stored and presented in an anonymized fashion.

Results: The survey and focus group results will be analyzed for descriptive statistics and common themes. Enablers and gaps for incorporation of vascular objectives and innovation of curricular design will be explored

Discussion: The findings of this project have the potential to inform the application of clinical practice guidelines to innovative educational strategies. They may elucidate important connections between curricular objectives, educational programs and day-to-day clinical practice.

P-86 Monitoring of Queen's Health Sciences Ediia Action Plan Implementation

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Methods: Specific qualitative and/or quantitative metrics were associated with each recommendation to monitor the successful implementation of the QHS EDIIA Action Plan. We have spent the last two years monitoring the progress of the QHS EDIIA Action Plan and advocating for the effective implementation of the goals and recommendation.

Results: The QHS EDIIA Action Plan is guided by 9 pillars, 25 goals, and 127 action, and over a third of the action have been implemented over the past 2 years. The momentum to execute the remainder of the recommendations in the next 3-4 years is on track to being achieved.

Discussion: Tracking of the QHS EDIIA Action Plan demonstrates a high level of social accountability to our learners, staff, and faculty who seek to advance more equitable and inclusive practices across QHS. The action plan is QHS's commitment to responding to the education and health needs of its learners, faculty, staff, alumni, and surrounding communities in an equitable and inclusive manner.

P-87 The Promises and Challenges of Cbme: A Qualitative Exploration of Key Stakeholder Perceptions Informed by Complexity Theory

Georgia Black University of Calgary, **Aliya Kassam** University of Calgary, **Jason Lord** University of Calgary, **Kelly Millar** University of Calgary, **Jonathan Gaudet** University of Calgary

Methods: Our team conducted semi-structured interviews with 20 key stakeholders across 8 residency training programs. The interviewee sample included 8 competency committee chairs, 7 program directors, and 5 program administrators. Interviews were conducted either in person or virtually from 2019 to 2021, audio recorded then transcribed verbatim. Interviews focused on six key topics: (1) competence committee membership, (2) assessment data, (3) assessment processes, (4) the impact of COVID-19, (5) decision-making processes, and (6) committee outcomes. Grounded theory techniques were employed to analyze the data.

Results: The themes generated during analysis will map how the transition to CBME took place in a complex system with additional microsystems. We will describe these microsystems as well as how competency-based assessment decisions were navigated by key stakeholders using complexity theory as a sensitizing framework.

Discussion: The findings from this work will provide important insights into the complexity of CBME including the group decision-making processes that both facilitated and hindered its initial implementation in Canadian residency programs, with a view to informing the current and future rollout of CBME across the country.

P-89 National Needs Assessment for Developmental Screening Curriculum in Canadian Pediatrics Residency Training

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Methods: Structured survey was sent to 17 Canadian pediatric Program Directors: Is screening important, How are screening and surveillance taught, Which screens are used. Answers are presented descriptively as counts and relative frequencies. The difference in proportions is compared by exact McNemar's test. A limitation is very small power statistically due to small sample size.

Results: Teaching screening is important (12 programs, 70% response rate). Classroom: Lecture is most common (6,50%). Clinic teaching uses hands-on experience (8,67%). Surveillance teaching uses history (9,75%) or observation (7,58%) more than screening (4,33%) (p = 0.025). Screens are ASQ (9,82%), M-CHAT-R/F (6,55%), PEDS:DM (2,18%).

Discussion: Screening is suboptimal. History/observations require a framework to determine risk/referral. Our unique curriculum (hands-on PEDS guides referrals) may interest programs seeking new ways to teach screening.

P-90 Lessons Learned From Forming A Competency Committee

Peter Tzakas University of Toronto, Aurthi Muthukumaran University of Toronto, Britton Sprules Northern Ontario School of Medicine

Methods: The process involved defining clear objectives, establishing core competencies, and engaging key stakeholders such as faculty and program directors. Regular meetings were conducted, utilizing data-driven tools to evaluate student performance, and feedback was gathered to refine the process.

Results: The committee's structured approach provided clearer insights into student competency, identified gaps, and facilitated continuous feedback. Data-driven reviews and stakeholder engagement improved the accuracy and relevance of clinical assessments.

Discussion: Evaluating the committee's effectiveness revealed the importance of resource allocation, regular feedback, and adaptability. This quality improvement initiative strengthened the assessment process, promoting better student outcomes and program quality.

P-91 Mapping Community Research Networks for Health Equity: A Gis-Based Analysis of Northern Ontario's Nourishing Health Education Coalition

Cassandra Whymark Northern Ontario School of Medicine, **Erin Cameron** Northern Ontario School of Medicine, **Joseph LeBlanc** Northern Ontario School of Medicine

Methods: This study will adopt a mixed-methods approach, combining quantitative network analysis with qualitative insights. GIS will be used to visually map the connections between community organizations, educators, and healthcare providers in Northern Ontario. Key network metrics such as connectivity, centrality, and clustering will be analyzed to identify patterns and gaps. In addition, semi-structured interviews will be conducted with stakeholders from various sectors to gain insights into collaboration dynamics, barriers, and the integration of social accountability and equity principles. The study is currently in the design phase, and engagement with community partners is ongoing to refine the research approach.

Results: As the project is in its preliminary stages, no results are available yet. The goal is to use GIS mapping to uncover key network features that could guide future interventions aimed at improving collaboration and addressing equity gaps. Expected outcomes include the identification of underrepresented areas and opportunities to strengthen the coalition's network for better health and education outcomes in underserved communities.

Discussion: This research will provide valuable insights into how community research networks function in geographically dispersed and underserved regions. By identifying strengths, gaps, and opportunities for improved collaboration, this study aims to inform strategies for enhancing health equity and food sovereignty. The project also seeks to foster connections with other researchers and practitioners working in similar areas, facilitating knowledge exchange and potential partnerships for future research.

P-92 Patient Engagement in Health Professional Education: Towards the Creation of A National Network

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Methods: Participants at national conferences in 2023 and 2024 attending workshop presentations on patient participation in health professional education were invited to provide their contact information if they were interested in further networking opportunities. We also conducted an on-line survey between February and May 2024 to understand the current state of patient and public involvement in health professional education in Canada.

Results: Based on names collected through informal conversations, at the workshops, and through the survey (81% of 67 respondents indicated interest in connecting with others), we created a mailing list of 88 people. Our first networking webinar in September 2024 was attended by 37 people from at least 10 different institutions. Participants expressed interest in sharing resources and identified a list of topics of common interest. A second networking webinar is scheduled for November 2025 to discuss terms of reference and future meetings of the group.

Discussion: A national network or community of practice is one way to support individual and institutional commitments to enhancing engagement of patients and the public in education and other institutional missions. We invite anyone interested in joining our emerging network to use the QR code on our poster.

P-93 Applying A Learning Analytics Life Cycle Framework to Evaluate and Enhance an Open-Access Video-Based Learning Platform for Surgery Training

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Methods: The life cycle model provided a step-wise approach for exploring the learning analytics potentials in eduCAST, and for identifying implementation gaps, and lessons learned. We accessed google analytics data to collect website traffic including log-ins, time spent, and videos viewed. We also compared videos with high and low views and coded their pedagogical features.

Results: We sampled data from 141 registered eduCAST users. The life cycle model allowed us to generate insights regarding the limitations and opportunities relating to: (i) learning environment and learner characteristics, (ii) available user data, (iii) sophistication of analytic techniques, and (iv) absence of data-informed actions.

Discussion: We found that 'off-the-shelf' analytics have major limitations: documenting high website traffic does not assure learner interactivity, nor does it assure data-driven analytics, design, and adaptability. Like previous reviews of the HPE literature, we found increasingly reduced returns as we moved through the four steps of the learning analytics life cycle. We emphasize the need for stronger stakeholder involvement and better integration of learning analytics during instructional design.

P-94 The Crucial Role of the Learning Management System in A Spiral Curriculum

Yingying Zhao University of Calgary, **Irene Ma** University of Calgary, **Mike Paget** University of Calgary

Methods: To explore how the LMS could be leveraged as a tool to surface spirality for students, we performed a literature search to look for research that could help navigate the conceptual space between the curriculum as implemented and the curriculum as experienced by the students.

Results: Self-directed learning is contingent on students having a clear understanding of the framework, including how sessional goals are integrated. Communicating about the curriculum to students is a relatively ignored aspect of curriculum development, leading to the loss of connectivity. Students have evolving entry points into the curriculum as they advance within the curriculum. Navigating the electronic matrix helps students form connections between contents beyond their chronological order of instruction. The LMS helps students engage with the spirality by identifying relevant materials and making them easy to access.

Discussion: The literature supports cluing students more into the spirality both in awareness and action. This enables students to contextualize their learning in a greater context. If students are not aware of the spirality it may be at risk. There have been some positive changes, including search and checkbox functions that make it easier to follow the spiral. Further enablement of multidirectional access to curriculum contents makes the LMS a valuable facilitator for active, self-directed learning, in alignment with institutional goals. Re-framing LMS feature development around pillars of student experience and research could balance student needs against administrative and faculty feature development.

P-95 Academic Anesthesiology in Canada: A 10-Year Bibliometric Analysis (2014-2023)

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Methods: A bibliometric analysis identified articles in PubMed published between 2014 and 2023 with corresponding authors from Canadian anesthesiology departments. Descriptive statistics, linear regression, and Pearson correlation were used to analyze trends. A Chow Test evaluated publication data for a structural break during COVID-19 (2020 onwards).

Results: Linear regression showed a positive trend in research productivity from 2014-2023. However, subperiod analysis revealed a 9% annual rise in research output from 2014-2020, followed by a 7% decline from 2020-2023. The Chow Test demonstrated a significant structural break in publication volume between 2014-2019 and 2020-2023 ($F_{2,6}$ = 6.348). The University of Toronto led in publication volume over the decade with 1167 articles, followed by the Universities of British Columbia (434) and Ottawa (301). While RCTs and clinical trials showed a declining trend (r=-0.63), review articles increased significantly (r=0.86).

Discussion: Despite overall growth in Canadian anesthesia research over the decade, the COVID-19 pandemic was associated with reduced research output. The rising prominence of reviews, alongside declining primary research including RCTs and clinical trials, suggests a shift in research priorities. Altogether, these findings are vital for academic institutions to inform strategies that promote research productivity, especially in original investigations, which are crucial for advancing clinical practice.

P-96 Unpacking the Syllabus: A Framework for Understanding Its Multifaceted Roles

Geneviève Gauthier University of Ottawa, **Jessica Banner** University of Ottawa, **Laura Winer** McGill

Methods: To explore the roles of the syllabus in higher education, we conducted a scoping study. Using an Activity Theory lens, we analyzed 71 articles from various disciplines and identified nine distinct categories of use. Each category needed to be mentioned in at least five articles to be included, which allowed us to spotlight common practices.

Results: The resulting conceptual framework comprises nine uses and 26 interconnected dimensions, categorized into three main functions: learning, teaching, and administration. This analysis illuminates potential tensions regarding the syllabus's role as a contract, issues of blurred authorship, and the varied stakeholder audiences.

Discussion: By offering a broader perspective on the diverse functions of the syllabus, this research contributes to informed discussions aimed at harmonizing the complex practices mediated by this institutional tool.

P-97 The Role of Values in Medical Students' Motivation to Learn: A Randomized Controlled Trial

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Methods: Medical students (n = 63) from two medical schools were asked to rate the importance of two intrinsic values (community contribution, personal growth) and two extrinsic values (financial wealth, fame). Then, they were randomized to receive an online module with an embedded purpose prompt, or one without. Students' motivation to learn was assessed.

Results: Contrary to our predictions, the importance participants in the no-prompt condition placed on financial wealth was positively associated with their autonomous motivation. In line with our predictions, the prompt weakened the effects of financial wealth on autonomous motivation.

Discussion: Our results provide support for the theoretical assumption that trainees make meaning of learning tasks by relating their situated efforts to the values that drive their professional aspirations. The influence of these values on their motivation may be positive or negative, depending on the contents of values. Therefore, educators ought to keep trainees' values in mind when framing learning tasks.

P-99 The Realities of Retaliation in Assessment and Evaluation: Investigating the Fear Cycle

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Methods: All third year learner assessments and clinical teacher evaluations from 2019-2024 were examined to identify dyads (i.e., pairs of learners and teachers who evaluated each other). Evaluation and assessment ratings within each dyad were reviewed for evidence of retaliation by identifying objectively low scores (< 3 out of 5) or relatively low scores (< 2 SD below average). Prevalence rates and intra-dyad patterns of relatively and objectively low scores were examined. Qualitative comments were also examined for insight into possible cases of retaliation.

Results: The frequency of trainees receiving low assessments was considerably low, limiting the possibility of dyads with a potentially retaliatory teacher evaluation. When investigating low teaching evaluations, there was no pattern of the related student receiving a low assessment (i.e., retaliating), and the majority of qualitative comments in objectively low teaching evaluations supported the rating given.

Discussion: While our work did not find evidence of trainee retaliation against teachers (or vice versa), our results do indicate the existence of a "fear cycle." This raises concerns about the validity of both student assessments and teacher evaluations, as both data sources are overly skewed in a positive direction.

P-100 Évaluation Du Site Internet De L' Association Canadienne Des Étudiants Noirs en Médecine

Louise-Sabine Louis-Aimé McGill, **Sylvain Nkankeu Gnekouang** McGill, **Alireza Jalali** University of Ottawa, **Kadidja Harbi Houssein** University of Ottawa, **Salomon Fotsing** University of Ottawa

Methods: Une étude transversale a été réalisée via un sondage en ligne utilisant le System Usability Scale (SUS), un outil validé d'évaluation de l'expérience de l'utilisateur de site internet. Trois questions ouvertes ont été ajoutées au sondage pour récolter des pistes d'amélioration. Les données du SUS ont été analysées avec des statistiques descriptives et les réponses aux questions ont fait l'objet d'une analyse thématique.

Results: Le sondage a été répondu par 41 participants (21 en anglais et 20 en français). Le score SUS global était de 73.7. Les scores SUS des versions anglaises et françaises étaient de 77.4 et 68.9 respectivement. Plus de 3/4 des répondants résidaient au Québec. Les répondants ont appris davantage sur les ressources offertes et ont recommandé d'intégrer plus d'images illustrant les événements organisés sur le site.

Discussion: Le score SUS global et celui des répondants en anglais sont jugés acceptables tandis que celui des répondants en français est considéré marginale. Le manque de support visuel, d'informations actualisées et certains problèmes techniques expliqueraient ces résultats. La forte représentation québécoise indique la nécessité de promouvoir le site ailleurs au Canada.

P-101 Evaluation and Enhancement of A Pharmacology Study Guide Utilizing Therapeutics Initiative Letters

Arshpreet Manku University of British Columbia, **Jennifer Shabbits** University of British Columbia

Methods: The study guide was developed using resources from TI letters and was published on UBC's primary learning platform for first-year medical students. A survey has been designed to evaluate the guide's efficacy, assessing factors like clarity, relevance to curriculum objectives, and student satisfaction. The survey, currently under ethics review, will collect both qualitative and quantitative data from first-year medical students to identify areas for improvement.

Results: While the survey results are pending due to ongoing ethics approval, the guide has been well-received thus far. Feedback from initial users will help inform necessary revisions for the second-year medical students' guide. The results will focus on areas such as knowledge retention, clinical application, and exam preparation.

Discussion: Structured study resources, such as the TI-based pharmacology guide, are crucial in medical education. They simplify complex information, increase retention, and enhance the application of pharmacological concepts in clinical settings. The forthcoming survey will provide critical insights into how this guide can be further developed to improve student learning outcomes for future cohorts

P-102 Physician Illness Within Physician Health Literature: an Exploration of Its Existence, Acknowledgment, and Framing.

Emily Macphail University of Alberta

Methods: A literature search was performed to determined the top general term within physician health/wellbeing literature, which was "physician health". Results were sorted by number of citations, with the top-cited articles analyzed for their use of terminology.

Results: Overall, the top most-cited articles, as ranked when searching the term "physician health", rarely contain the explicit acknowledgement of illness. Instead, there is greater use of terminology that refers to illness in a vague or euphemistic sense, or to illness-adjacent states (e.g., "burnout"). There is also minimal mention of specific illnesses (particularly physical ones) or of disability.

Discussion: The limited explicit discussion of physician illness (mental or physical) within the top-cited physician health literature has the potential to implicitly indicate to medical trainees/physicians that these topics are outside of the core focus of physician health, continuing to align with the implicit understanding that we do not discuss physician illness explicitly or publicly. To deepen our understanding of physician health, it is recommended that we begin to actively and clearly acknowledge physician illness within physician health literature, and create broader opportunities to have open conversations around the realities of being ill during medical training and medical practice.

P-103 La Perception Des Étudiants De Première Année De Médecine Quant À L'utilisation De La Réalité Virtuelle Dans L'enseignement De L'anatomie Du Système Limbique : Une Analyse Qualitative.

Meriem Merghem University of Ottawa, **Salomon Fotsing** University of Ottawa, **Joanne Fevry** University of Ottawa, **Alireza Jalali** University of Ottawa

Methods: Après un cours sur l'anatomie du système limbique utilisant la RV, des entrevues semi-dirigées ont été menées avec des étudiants en santé afin d'explorer : leur ressenti global sur l'expérience de formation via la RV, la comparaison de celle-ci aux méthodes traditionnelles d'enseignement, l'impact de celle-ci sur leur apprentissage et les solutions pour améliorer la formation via la RV.

Results: Les données préliminaires de 6 participants rapportent que l'apprentissage de l'anatomie du système limbique à l'aide de la RV est une expérience intéressante, permettant une perspective interactive et immersive enrichissante. Malgré les défis ergonomiques et spatiaux, l'engagement pédagogique et la connaissance spatiale améliorée des structures anatomiques font que les étudiants préfèrent ce mode d'apprentissage. La RV améliore significativement la visualisation et la compréhension des structures complexes. Afin d'améliorer son efficacité, les étudiants suggèrent une formation préalable sur l'usage des casques Meta.

Discussion: Nos résultats sont en adéquation avec les écrits de Alharbi et al. (2020) quant à l'amélioration de la visualisation des structures anatomiques complexes avec la RV ainsi que les défis ergonomiques rencontrés par les utilisateurs. Cependant, l'efficacité de la RV dans l'enseignement de l'anatomie est fortement influencée par les habiletés et aptitudes préalables de l'étudiant à utiliser ce type d'outil.

P-104 Ghost Terms: Locating Missing Anatomical Terms From Matching Opposite Pairs

Jasper Bain McMaster University, **Stephen Russell** McMaster University

Methods: Having noted all terms in the TA2 containing comparative locatives in the nominative case, we isolated those which have no respective opposite. Then we searched for the missing (or "ghost") term and what its new name is.

Results: Too many opposing terms have had one side change its name while the opposing term retained its original structure.

Discussion: When the rule of opposing adjectives is broken, the nomenclature becomes harder to use for everyone involved.

P-105 Calibrating File Reviewer Scoring: Development and Evaluation of A Training Video

Sophie Lalonde-Bester University of Alberta, **Laura Stovel** University of Alberta

Methods: We developed a mock PA submission that five experienced file reviewers scored. We produced an 18-minute training video wherein the five reviewers were interviewed and provided best practices for reviewing files. This was disseminated to all reviewers for the 2024 admissions cycle. We collected feedback on the video via survey.

Results: Seventeen reviewers (response rate = 37.8%) completed the survey. 94% felt the training improved their reviewing skills, and 100% would recommend it to other reviewers. Thematic analysis revealed that reviewers appreciated hearing different perspectives, understanding scoring rationales, and comparing their scores. Three reviewers noted the video could be shorter.

Discussion: The training resource effectively addressed the request for further instruction. Positive feedback supports its continued use, with future efforts focused on condensing the content. By calibrating PA submission evaluations, the admissions process can better identify candidates who align with the MD program's values.

P-106 A Novel Ugme Medical Leadership Elective: Program Evaluation & Quality Improvement

Jacqueline Kraushaar University of Saskatchewan, **John Gjevre** University of Saskatchewan

Methods: Student course evaluation data was reviewed as part of a program evaluation and quality improvement process to determine what is going well, areas for improvement and overall student satisfaction. Qualitative analysis was completed on student reflections to generate overall themes of the elective.

Results: Student course evaluations were positive with the median of all evaluation items ranging from 8.90 to 9.20 out of a possible score of 10. Aspects reported to be beneficial included discussions with leaders, diversity of faculty, observing meetings and online modules. Student suggestions for improvement included mentorship in areas of interest, adding structure to discussions and more active involvement in administrative tasks. Assignments demonstrated strong evidence of self-reflection and future planning, incorporating experiences to identity five key themes: leadership styles and skills, leading teams, system change, wellness and gratitude, and pathway to leadership.

Discussion: The Medical Leadership Elective has had very positive feedback. Clerks reported appreciation for the opportunity to further develop their leadership skills and learn about leadership opportunities available in medicine. Supporting leadership development in medical students is essential as part of a continuous process to cultivate future healthcare leaders.

P-107 Enseigner La Lecture Critique À L'aide De Modules D'apprentissage

Hugues De Lachevrotière Université de Montréal, **Tania Riendeau** Université de Montréal

Methods: Des groupes de travail formés de médecins de famille, de chercheurs, de résidents et d'un patient partenaire ont travaillé à l'élaboration des objectifs d'apprentissage à partir de différentes sources (besoins normatifs et ressentis) puis à la conception de quatre modules d'apprentissage. Au-delà de l'apprentissage des notions statistiques et de la recherche traditionnelle de la littérature, les modules permettent aux résidents de: développer une stratégie de recherche efficace; d'interpréter les guides de pratiques d'un point de vue du médecin de famille et du patient; d'interpréter l'information des sources non traditionnelles ; de vulgariser et d'appliquer les données probantes et les recommandations à la diversité des patients rencontrés en pratique. Les modules ont été conçus dans un environnement d'apprentissage ludique et sont basés sur la réalité clinique vécue au quotidien par le médecin de famille.

Results: Les évaluations ont été compilées pour deux cohortes de résidents pour un total variant d'environ 270 évaluations reçues pour chacun des quatre modules. Les résidents ont évalué la pertinence et l'organisation du contenu comme adéquate à plus de 97%. 44/49 objectifs d'apprentissage ont été jugés atteints par les résidents. Les commentaires qualitatifs étaient globalement excellents.

Discussion: es modules de lecture critique atteignent les objectifs établis et permettent de mieux préparer les futurs médecins de famille à la réalité moderne de la lecture critique.

P-108 Supporting the Healthcare Leadership Journey: A Novel Approach to Needs Elicitation via Application Wireframe Design

Elizabeth M Wooster Toronto Metropolitan University, **Teresa M Chan** Toronto Metropolitan University, **Aleksandra Ilic** Toronto Metropolitan University

Methods: The aim of this research is to develop an app wireframe to assist in accelerating leadership development. We used a design-based research framework to elicit the needs of healthcare leaders for their personal development by participating in developing a novel smart-device application ("app"). The development of the app's wireframe was informed by the authors' previous research findings and established best practices for app development. Once the preliminary wireframe was established, a series of themes and questions were developed to assess the wireframe from the user's perspective. Focus groups/interviews were conducted with key stakeholder groups to obtain feedback on the wireframe. Feedback was incorporated into the final prototype of the wireframe.

Results: The aim of this research is to develop an app wireframe to assist in accelerating leadership development. We used a design-based research framework to elicit the needs of healthcare leaders for their personal development by participating in developing a novel smart-device application ("app"). The development of the app's wireframe was informed by the authors' previous research findings and established best practices for app development. Once the preliminary wireframe was established, a series of themes and questions were developed to assess the wireframe from the user's perspective. Focus groups/interviews were conducted with key stakeholder groups to obtain feedback on the wireframe. Feedback was incorporated into the final prototype of the wireframe.

Discussion: Developing an app wireframe using design-based research allowed for continued feedback and refinement from research participants. The wireframe describes an app that is intended to accelerate leadership development regardless of the current position of the user.

P-110 Créer Un Programme De Mentorat en Partenariat: Une Expérience Constructive

Luc Bedard Université Laval, **Anais Lauzon-Laurin** Université Laval, **Martin Tremblay** fmsq,

Methods: Une fois les bases du partenariat établies, les différents types de mentorat ont été discutés puis une structure potentielle a été établie. Un parcours de formation en deux parties ainsi que des outils d'accompagnement ont été créés. La première formation offrait un tour d'horizon des types de mentorats par rapport aux autres formes d'accompagnement pédagogique, et leurs bénéfices potentiels. La deuxième formation, sous forme d'atelier interactif, visait l'établissement d'objectifs et de la structure des diades mentorales

Results: Les résultats et les aboutissants de cette collaboration seront présentés. L'évaluation de mi-mandat a été complétée par 3 des 10 diades, avec des résultats positifs. Finalement, l'appréciation des mentors et mentorés ainsi que les points forts et pistes d'amélioration pour cette collaboration seront décrits lors de cette présentation.

Discussion: La relation mentorale est un outil puissant de développement professionnel continu des médecins afin de développer leurs compétences non-médicales. L'établissement d'un programme structuré par des organismes reconnus favorise la mobilisation des médecins vers une relation mentorale. Le partenariat FMSQ-UL s'est avéré constructif et innovateur.

P-111 Bridging Curriculum Gaps: Leveraging Student Feedback to Align Teaching and Learning

David Anekwe University of British Columbia, **Esther Au** University of British Columbia, **Sarah Cortese** University of British Columbia, **Guneet Dhaliwal** University of British Columbia, **Katja Schreiner** University of British Columbia, **Zachary Wear** University of British Columbia

Methods: This study employed a mixed-method approach. The qualitative phase involved reviewing course materials to extract lesson-level learning objectives and developing a survey based on these learning objectives. The quantitative phase involved the administration and analysis of the survey administered to first-year students in a professional-level master's program. students six weeks post-course completion.

Results: Seventy-six learning and sub-learning objectives were extracted and included in the survey. Twenty-one students (18.3%) completed the survey. Student responses indicated: (i) 70% agreement (34% strongly agreed, 36% somewhat agreed) that the learning objectives were covered. 11% neutrality, 19% disagreement (5% strongly disagreed, 14% disagreed). Disagreements clustered around specific topic areas, highlighting the need for revising learning objectives and activities in these areas.

Discussion: Surveys of students can identify potential gaps between the implemented teaching/curriculum and students' perceptions of their learning. This method offers valuable insights for aligning teaching practices with student perceptions, ultimately improving curriculum and teaching effectiveness. Findings may be limited by students' recall and the survey timing post-course.

P-112 Producing Ambiguity: Problems Regarding the Use of -Genic and -Genous in Medical Language

Raenita Puliyelil McMaster University, **Stephen Russell** McMaster University

Methods: To investigate the evolution of the use of these suffixes, we conducted a thorough search of the 33rd edition of Dorland's Medical Dictionary to compile a list of current medical terms that use -genic and -genous. We then compared these terms to earlier editions of the dictionary in order to determine whether the meanings of the respective terms containing -genic and -genous have shifted over time. Following this, we categorized the terms based on meanings to identify whether they have retained their original definitions or have gained new interpretations that distort their intended use.

Results: The popular terminations -genic and -genous are currently used interchangeably and recklessly, and people should be aware of this.

Discussion: There is a need for everyone in the medical field to be aware of the problematic use of -genic and -genous.

P-114 Uncovering Ableism: A Discourse Analysis of Canadian Resident Matching Service (Carms) Personal Letters

Andrea Reid University of Alberta, **Sarah Dobrowolski** University of Alberta

Methods: CaRMS (Canadian Resident Matching Service) personal letters from approximately 20 current and newly-graduated residents in three physiatry programs within Canada will be collected and analyzed using Foucauldian discourse analysis (FDA). FDA is effective for rendering visible the taken-for-granted assumptions that shape individual and institutional practices, and thus is well-suited to uncover ableist biases among medical learners (Hodges et. al., 2014).

Results: This project is ongoing. We expect to share findings that offer insight into how disability is conceptualized by prospective physiatrists.

Discussion: Given that physiatrists are recognized "experts" on disability, their perceptions of disability are likely to align closely with dominant views in medicine. Therefore, understanding how disability is understood within physiatry can provide a fruitful foundation for broader anti-ableist interventions within medical education.

P-116 Untangling the Equity, Diversity, and Inclusion (Edi) Dimensions of the 2015 Canmeds Competency Framework: Implications for Medical Teaching, Learning, and Practice

Nazik Hammad University of Toronto, **Nicholas Cofie** Queen's University, **Eleftheria Laois** Queen's University, **Nancy Dalgarno** Queen's University, **Mala Joneja** Queen's University, **Klodiana Kolomitro** Queen's University, **Faizal Haji** University of British Columbia, **Amanda Collier** Queen's University

Methods: Using a document analysis technique, we thematically analyzed the 2015 edition of the CanMEDS framework using open coding and the constant comparison method. Each of the seven roles and associated competencies were systematically analyzed. Key themes and subthemes with direct or indirect implications for EDI were identified.

Results: Overall, we found that the role descriptions, key competencies, and/or enabling competencies within the 2015 CanMEDS framework have statements that are explicitly or implicitly related to EDI. These results provide opportunities to expand the current competencies or introduce new roles that integrate the salience of EDI into residency training.

Discussion: The latent presence of EDI in the current CanMEDS document provides opportunities for expanding the existing competencies and roles to include EDI concepts. Our findings can inform processes, policies and program culture that are aimed at dismantling inequities and oppression experienced by learners, faculty, patients, and communities in residency training and the healthcare professions.

P-117 Quality Improvement in Teaching Evidence-Based Medicine to Undergraduate Medical Students

Amanda Bell McMaster University, **Kim Lewis** McMaster University, **Tom Alexander** McMaster University, **Aaron Jones** McMaster University, **Larry W Chambers** McMaster University, **Rahim Valani** McMaster University, **Seddiq Weera** McMaster University

Methods: A recent systematic review of reviews highlighted the importance of integrating EBM throughout the MD curriculum, showcasing effective teaching methodologies. This information was used to evaluate the EBM Primer Rounds and identify strategies to overcome the obstacles encountered.

Results: While Rounds were facilitated by pairs of faculty with expertise in EBM, our evaluation revealed a significant issue: faculty dominated discussions, limiting student engagement. Additionally, attendance declined when Rounds were scheduled later in the curriculum, despite being set for lunchtime. Mixed student feedback revealed in standardized questionnaires after each session may explain this drop in participation, and discussions with our school's other distributed education campus indicated similar experiences.

Discussion: In response, our two campuses, along with the main campus, are committed to revitalizing EBM instruction through several initiatives: conducting a nationwide survey of medical schools regarding EBM teaching, creating a strategy to integrate EBM into all mandatory curriculum components, and actively engaging faculty in teaching EBM discussions. These steps aim to enhance EBM education and ensure its effective implementation in the curriculum.

P-118 Integrating Planetary Health Into Undergraduate Medical Education: Our Experience

Kuan-chin Jean Chen University of Ottawa, **Brad MacCosham** University of Ottawa, **Husein Moloo** University of Ottawa

Methods: A multi-phase, mixed-methods approach is chosen. Quantitative data will be collected through surveys targeting students' knowledge and attitudes planetary health. Qualitative data will be gathered through focus groups and semi-structured interviews with students and faculty. The quantitative data will be analyzed using t-test for statistical significance/differences between items and from year to year. Additionally, regression analysis will be performed to explore potential factors influencing learning outcomes. Qualitative data will be reflexively thematically analyzed.

Results: The project has so far demonstrated the feasibility of integrating Planetary Health longitudinally into UGME curriculum. Early feedback indicates that this approach is achievable and aligns well with existing educational structures, laying the groundwork for future assessments of its impact on student learning and preparedness to address climate-related health challenges.

Discussion: The project highlights the curriculum's role in enhancing students' understanding of climate-related health issues. For educators and curriculum developers, the study offers insights into effective integration. The feasibility findings are significant for policymakers and national curricular bodies as they demonstrate that integrating Planetary Health education into UGME curricula is both achievable and sustainable, further supports the development of national standards and guidelines.

P-119 L'utilisation De La Ciné-Éducation Dans La Formation Des Précepteurs en Médecine : Une Revue De La Portée

Aryan Ahmadvand University of Ottawa, **Diane Bouchard-Lamothe** University of Ottawa, **Lyne Pitre** University of Ottawa, **Jean Roy** University of Ottawa, **Farouk Kertaoui** University of Ottawa, **Malek Rahmani** University of Ottawa, **Véronique Lafrance** University of Ottawa, **Adèle Scarlett** University of Ottawa, **Nigèle Langlois** University of Ottawa, **Salomon Fotsing** University of Ottawa

Methods: Ce travail a été planifié et mené suivant les étapes décrites par Arksey et O'Malley et effectué conformément aux directives PRISMA-ScR. Les principales sources recherchées incluaient MEDLINE, EMBASE, CINAHL, PsycINFO, Eric et Education Source. Toutes les études effectuées auprès de précepteurs ont été incluses. Tous les devis de recherche détaillant la mise sur pied d'une formation utilisant la ciné-éducation auprès des précepteurs ont été considérés. Les articles ont été traités et évalués à l'aide de l'outil COVIDENCE par deux paires d'évaluateurs, puis synthétisés de façon narrative.

Results: Parmi les 4719 études revues, 14 ont été retenus pour l'extraction. Cette revue rapporte que la ciné-éducation est utilisée principalement sous forme de miniséries vidéo. Ces vidéos sont généralement visionnés à distance. Elles présentent plus souvent une situation clinique simulée afin de permettre aux précepteurs de développer leur compétence à offrir la rétroaction. L'évaluation de ces vidéos se faisait généralement par la complétion de sondages après le visionnage.

Discussion: Ce travail a permis d'avoir un portrait global de l'utilisation de la ciné-éducation dans un contexte de programme de formation des précepteurs.

P-120 Reimagining Medical Admissions: the Legacy of the Queen's University Accelerated Route to Medical School (Quarms) Pathway

Gina Spencer Queen's University, **Susan Phillips** Queen's University

Methods: We conducted a cross-sectional 24-item electronic survey in Fall, 2024, of all QuARMS students and graduates (n=xx), and analyzed findings using descriptive statistics, correlational methods, and thematic extraction for qualitative data.

Results: Based on preliminary analyses, we anticipate finding positive impacts of small cohort support, flexible undergraduate course selection, and communication skills training. We will report on students' perceptions of their academic and clinical performance relative to that of traditional entrants. We are particularly interested in whether this group's advocacy, empathy, and compassion for patients differ from those of their peers. We will also explore variability in their adaptability, drive, and the development of their professional identity.

Discussion: To assess the development of professional identity and behaviours, we will report both anticipated and unexpected consequences arising from the youthful identity of the QuARMS student. Accompanied by the specific QuARMS curriculum and the breadth of undergraduate courses available when the MCAT did not loom, QuARMS had the potential to shape physicians in ways distinct from the traditional medical school pathway.

P-121 Changing Elective Booking to A Capacity Model

Jennifer Bowen McMaster University, **Sharon Bal** McMaster University

Methods: McMaster embarked on a transition to a capacity model to address these challenges using a software called Clinical Placement Manager (CPM). In this model, capacity is predictably entered into the system by placement contacts at specific times, and students rank available elective opportunities on a set schedule. Operationalizing transition to the CPM required engagement of senior leadership who worked with department clinical leaders to support model transition.

Results: The CPM model allows for predictability in capacity-gathering and supports equitable elective opportunities. It also permits some flexibility, through a standardized process whereby students can drop/swap or confirm the elective within a proscribed timeline. CPM does not permit multiple electives or cancellations. Clinical administrators report that setting defined capacity has led to a 50% reduction in workload. Students report reduced anxiety related to this streamlined process. Data shows 57.87% of students received their first-choice elective, 10.65% their second choice, 9.75% their third choice, and 21.73% were placed in other choice.

Discussion: The CPM model has resulted in a generally improved elective experience for students, administrators and faculty leadership at McMaster University, with increased efficiency, improved capacity planning, and enhanced equity.

P-122 Perceptions of Internal Medicine Residents Regarding Code Blue

Florence Morriello Northern Ontario School of Medicine, **Jade Quierion** Northern Ontario School of Medicine, **Homun Yee** Northern Ontario School of Medicine, **Rashmi Narendrula** Northern Ontario School of Medicine,

Methods: Ten internal medicine residents were interviewed using semi-structured open-ended questions. Interviews were recorded and transcribed and using thematic analysis.

Results: Several key themes were identified as impacting the code blue leader's experience such as emotions (positive and negative), team dynamics, resident and patient level factors, situational factors and timing of code.

Discussion: Residents do not get enough experience assuming the role of a code blue leader and as a result feel unprepared for the role. Areas of improvement identified include assuming the code blue leader role more frequently and with more mentorship, and incorporating more frequent simulation training sessions throughout residency training.

P-123 Naming Variants: Quod Nomen Non Habet, Non Est ("that Which Does Not Have A Name, Does Not Exist")

Emma Dall McMaster University, **Stephen Russell** McMaster University

Methods: We are considering all the possible anatomical variants, and the ways in which they can present, in order to determine the challenges in creating a Latin nomenclature that follows the approved rules, and noting where new rules will need to be added.

Results: A system for variant nomenclature requires new rules of naming.

Discussion: For as long as they are unnamed, anatomical variants will remain unrecognized. Latinists and anatomists are starting to work together to address the specific needs of this new terminology, and to hopefully establish clear guidelines that help everyone going forward, especially clinicians who use it as a resource.

P-124 Ce qu'on Retient Des Histoires : Impact D'ateliers De Médecine Narrative Sur La Résilience Et L'empathie Des Résidents en Médecine Familiale What Remains From Stories : Impact of Narrative Medicine Workshops on Primary Care Resident's Resliency and Empathy

Inès Gargya Université Laval, **Alain Parent** Université Laval, **Yvan Leduc** Université Laval

Methods: Deux ateliers de médecine narrative seront développés en suivant le modèle de Kern (Kern 2009) et le cadre conceptuel de MN proposé par Rita Charon (Goupy, 2017). Les ateliers seront effectués à l'hiver 2025 auprès des résidents en médecine de famille de la clinique Maizerets Groupe de médecine familiale universitaire (n= 25). Les participants répondront à des questionnaires avant et après les ateliers. La résilience et l'empathie, des paramètres de bien-être, seront mesurés avec des questionnaires validés: Le Connor-Davidson Resiliency Scale-10 et le Interpersonnal Reactivity Index. Des questions avec échelles de Likert et des questions ouvertes évalueront le premier niveau de l'échelle de Kirkpatrick (1959).

Results: À venir

Discussion: Ces ateliers répondent à un besoin du Collège des médecins de famille du Canada qui demande aux médecins de veiller la leur bien-être et à celui de leurs collègues (Shaw E, 2017, p. 20). Ce projet pourrait contribuer au développement de l'empathie et la résilience des résidents, ce qui aurait un effet protecteur contre l'épuisement professionnel. Ces ateliers pourraient s'inscrire de manière permanente dans les cursus et étendu à d'autres spécialités médicales.

P-125 Teaching Prescribing and Deprescribing Skills in Clerkship

Michelle Gibson Queen's University, **Kate Hardacre** Queen's University

Methods: At our institution, students learn about safe, appropriate prescribing in "Introduction to Clerkship" through interdisciplinary learning events, led by pharmacy residents and pharmacists. This includes small-group case-based, practical sessions with hands-on practice about best obtaining a best possible medication history, and writing safe medication orders. In back-to-class curriculum in fourth year, students undertake advanced sessions about challenging prescribing. They complete a team-based assignment about the "Nightmare Medication List" where they negotiate within teams to manage risky medication list for a vulnerable patient.

Results: Students rate these sessions highly in course feedback. They value the interaction with pharmacy learners and pharmacists, and they learn about the expertise of pharmacists, and how to work collaboratively for safe patient care. The pharmacy residents benefit from feedback about their teaching. For the more advanced sessions, students have consistently given positive feedback about the more challenging problems they tackle in practice in their learning teams, and the feedback they receive from faculty to assist them.

Discussion: Interprofessional and active learning have been well-received by medical students to prepare them to have skills in prescribing and deprescribing for residency. Next steps will include more formal assessment of student skills linked to the recently published Proposed Curricular Framework for an Interprofessional Approach to Deprescribing.

P-126 Shaping Future Health Advocates: the Role of Students as Leaders

Kana Halić Kordić International Federation of Medical Students' Associations (IFMSA), **Mareike Krause** International Federation of Medical Students' Associations (IFMSA)

Methods: The competency-based workshops Training Medical Education Trainers (TMET) and Advocacy in Medical Education Training (AMET) capacitate students on respective topics empowering them to take on leadership roles in ME. In 2024, a CB program (CBP) was created to equip students for ME events. It consists of a flipped-classroom model accompanied by pre- and post-assessments to evaluate the impact of different methods on students' knowledge and skills.

Results: Since 2018, more than 500 students worldwide have graduated from AMET and TMET. Over 100 students have participated in pre-conference CBPs and engaged in IFMSA delegations at various ME events. Comparisons of pre- and post-assessments showed a substantial increase in participants' knowledge, confidence and educational skills. Gathered data and experiences were used to create a comprehensive guide to standardize CBPs.

Discussion: Students have the potential to become leaders when given the proper support. The student-led CBPs highlighted here are designed to unlock that potential, bridging the gap between their capabilities and ability to shape meaningful educational reform.

P-127 Students as Advocates: Global Health Education (Ghe) in Medical Education (Me) Curricula Worldwide

Kana Halić Kordić International Federation of Medical Students' Associations (IFMSA), **Anna Liakopoulou** International Federation of Medical Students' Associations (IFMSA), **Ignacia García Valdés** International Federation of Medical Students' Associations (IFMSA), **Mareike Krause** International Federation of Medical Students' Associations (IFMSA)

Methods: IFMSA formed a working group to assess the current inclusion of GHE in ME curricula through a survey that is distributed to healthcare students globally. The results will inform the development of an Advocacy Guide for Global Health in ME providing students with a strategic framework, empowering them to advocate effectively for the inclusion of GHE.

Results: The survey reflects upon the presence of GHE in the curriculum as well as student perception of the current GHE implementation. An analysis of the survey will be presented at the event. The accompanying guide will be shared with medical students worldwide and underscore the significance of GH in advancing equitable healthcare.

Discussion: IFMSA will reflect on the inclusion of GHE in ME curricula globally and guide healthcare students in advocating for inclusion of GH in their ME and its role in achieving equitable healthcare.

P-128 Creative Brainstorming: Learning From A Patient in the Ubc Health Mentors Program

Karen Firus University of British Columbia, **Cathy Kline** University of British Columbia, **Karen Firus** University of British Columbia

Methods: One group used creative brainstorming, facilitated by their health mentor, to think outside the box in showcasing their learning.

Results: The process resulted in a vibrant interactive poster, "A BRIEF on INVISIBLE illness…there's more UNDERNEATH" presented by students in medicine, nursing and occupational therapy and their health mentor, Karen Firus, at the 2024 Health Mentors symposium. The board is an innovative, uplifting, interactive learning tool. Large black and white graphics reveal 24 colourful cut-out illustrations of underwear (BRIEFS) featuring in-depth learnings and collaboration of the students and mentor during nine months of learning together.

Discussion: Creative activities are rare in health education and need to be considered because of the success of the BRIEF board at the symposium. The format works not just for the students creating the board, but for the 200 students and faculty interacting with the board. ICAM delegates will get to interact with the original BRIEF board and Karen, an engaging, energetic and passionate, award-winning health mentor. They will learn how creativity reinforces the collaborative nature of interprofessional learning. It is an effective way to prepare students to work in partnership with patients living with complex and poorly understood chronic conditions to find creative health solutions when little information and knowledge exists about an illness.

ICAM 2025 medical education abstract tracks
Thèmes des résumés en éducation médicale pour le CIMU 2025

Accreditation | Agrément

Admissions | Admissions

Afro-centric ways of knowing | Modes de connaissances afrocentriques

AI and Data Science IA et science des données

Anti-Black Racism and Social Transformation | Racisme à l'endroit des Noirs et transformation sociale

Assessment / Évaluation

Black Health & Wellness | Santé et bien-être des Noirs

Community Partnerships for Health Equity | Partenariats communautaires pour l'équité enmatière de santé

CPD / Faculty Development DPC | Formation professorale

Curriculum | Programme d'études

Distributed Medical Education | Formation médicale décentralisée 11

Education Research Methods | Méthodes de recherche en éducation

Equity, Diversity and Inclusion | Équité, diversité et inclusion

Faculty And Learners Health, Wellness and Wellbeing | Santé, bien-être et bien-être des enseignants et des apprenants

Faculty Development | Formation professorale

Global Health | Santé mondiale

Health Systems | Systèmes de santé

Health Workforce |Main d'œuvre en santé

Humanities In Medicine | Humanités en médecine

Immigration and Refugee Health | Immigration et santé des réfugiés

Indigenous Health | Santé autochtone

International Medical Graduates | Diplômés internationaux en médecine

Inter-professional Education | Formation interprofessionnelle

Leadership | Leadership

Patient Partnership | Partenariat avec les patients

Patient Safety | Sécurité des patients

Planetary Health | Santé planétaire

Professionalism | Professionnalisme

Racial Equity in Health Care & The Learning Environment | L'équité raciale dans les soins de santé et l'environnement d'apprentissage

Rural Medicine/Distributed Medical Education | Médecine rurale/Formation médicale décentralisée

Simulation | Simulation

Social Accountability | Responsabilité sociale

Social Discrimination in Health | Discrimination sociale dans le domaine de la santé

Student Affairs | Affaires étudiantes

Teaching And Learning | Enseignement et apprentissage

The Culture of Academic Medicine | La culture de la médecine universitaire

Virtual Clinical Medical Education | Formation médicale clinique virtuelle