

## ***CAME Post-conference Workshops Abstracts***

|                        |  |
|------------------------|--|
| <b>CAME Workshop A</b> | <p><b>What educational BIASes* do you bring to judging the teaching of your peers?</b></p> <p><i>Carol-Ann Courneya, Dan Pratt and John Collins. University of British Columbia.</i></p> |
|------------------------|--|

Peer review of teaching is an increasingly important and necessary part of today's complete medical education teaching dossier. Yet, rarely do we examine the educational BIASes that influence the judgments we make when observing a colleague's teaching. Our recent pilot study has shown the influence of educational BIASes when engaging in peer evaluations of teaching.

This workshop will provide participants with an opportunity to:

- 1) Rate the effectiveness of two video-taped examples of teaching;
- 2) Articulate their own educational BIASes as revealed in an on-line inventory;
- 3) Compare their BIASes with the BIASes of other participants;
- 4) Discuss the ways in which educational BIASes might be considered in conducting peer evaluations of teaching at their own institutions.

\* BIASes refer to one's Beliefs, Intentions, Actions, and Strategies.

\*\* Participants will be asked to fill out a web-based Teaching Perspectives Inventory (TPI) prior to coming to the workshop. TPI profiles will be part of the workshop.

Rationale: The results from a pilot study have provided us with compelling evidence that faculty within medical schools regularly conduct peer evaluations of their colleagues' teaching with little or no acknowledgement of their own, quite powerful, BIASes about teaching and learning. Furthermore, our study showed that these BIASes strongly influence what peer-observers see and don't see, and how they interpret their observations as peer reviewers. Participation in this workshop will clarify the influence BIASes have on peer review and explore the use of BIASes in the preparation of faculty engaged in peer reviews.

|                        |  |
|------------------------|--|
| <b>CAME Workshop B</b> | <p><b>Mission Impossible? Implementing Communication Skills Training at the Post Graduate and Faculty Development Levels</b></p> <p><i>Toni Laidlaw, Dalhousie University; Saleem Razack, McGill University; Wayne Weston, University of Western Ontario; Rob Woods, University of Alberta</i></p> |
|------------------------|--|

Communication skills have been identified by medical researchers, medical educators and licensing bodies as a core clinical skill requiring ongoing training across the continuum of medical education. While successful programs have been introduced at the undergraduate level, the clinical demands and the large number of departments involved at the postgraduate level produce

significant challenges in developing and implementing programs for residents. In addition, given that residents should receive ongoing communication skills training, skilled faculty are needed to teach and assess them. This highly interactive workshop will explore the limited successes and significant challenges related to implementing postgraduate and faculty development communication skills programs into medical education. The challenges of postgraduate education will be considered as distinct from undergraduate education. Participants will be given the opportunity to develop and share strategies for overcoming the challenges. Workshop organizers and participants will share resources that have proven effective in developing and implementing programs at these two levels of training.

Learning objectives:

- a. Become familiar with the evidence that demonstrates a problem exists
- b. Become familiar with the evidence that ongoing communication skills training (CST) makes a difference to outcomes
- c. Identify successes and challenges for implementing CST at the postgraduate and faculty development levels of medical education
- d. Devise and share strategies to address the challenges
- e. Provide and share resources in CST

|                        |   |
|------------------------|---|
| <b>CAME Workshop C</b> | <p><b>Physician and Medical Student Health: Meeting the curricular and program challenges</b><br/> <i>Derek Puddester, University of Ottawa; Todd Watkins, Canadian Medical Association</i></p> |
|------------------------|---|

Physician and medical student health and well being is one of the most important policy issues facing Canadian medical schools, teaching hospitals and clinics, health human resource planners, and medical organizations. Students, residents, and early career physicians are recognizing the importance of taking better care of themselves, and are creating balance in their career. Physician health programs in Canada report increasing caseloads, and are working hard to meet the physical and mental health needs of medical students and physicians. Medical schools are striving to develop their own local programs to promote health and resiliency, as well as identifying resources to help their students and Faculty manage acute and/or chronic health issues.

This workshop is designed to offer a summary of the literature on physician health, with a particular focus on medical students, residents, academic physicians, and medical schools. It will also offer a practical overview of best practices in medical student and physician health, summarize literature and resources related to disruptive and/or unprofessional behaviour, and describe elements of basic curricula for undergraduate and postgraduate learners in physician health.

Rationale:

This workshop will be of interest to medical educators because:

- they are the front line of health education, and often recognize students and residents in need of support or are approached by learners as resource persons

- many medical educators indicate they would like more information on physician health and wellness in academic populations, including clinical resources and supports
- at the specialist postgraduate level, the RCPSC has added physician health and well being to the role of “Professional” and pedagogy in this area will require development and assessment
- up to 20% of all medical professionals, particularly those in academic medicine, will experience a major episode of mental illness at one point in their career. Medical students, residents, academic physicians, and women physicians are particularly vulnerable and institutions can do a great deal to prevent and manage such episodes using expert resources

#### Learning Objectives:

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

1. Identify the major determinants of medical student, resident, and physician health
2. Recognize the signs and symptoms of ill health and respond appropriately
3. Describe the impact of physician health on physician resources, academic institutions, and training programs
4. Summarize at least three strategies for each of the following: creating local programs for physician and medical student health, collaborating with provincial and national physician and medical student health resources, and managing disruptive and/or unprofessional behaviour
5. Draft a physician and medical student health and well being curricula for implementation and evaluation at their local site
6. Apply strategies in physician and medical student health to their own plans for sustainability and resiliency