

## *Workshop Abstracts*

<b>W-001</b>	<b>Working with Internationally Educated Health Care Professionals: Educating for Cultural Awareness</b> <i>Blye Frank, Dalhousie University; Yvonne Steinert, McGill University; Anna MacLeod, Dalhousie University</i>
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The focus of Educating for Cultural Awareness is to facilitate the teaching of those working with internationally educated health care professionals (IEHCP) through enhancing cultural awareness and responsiveness. Cultural differences can be misinterpreted as a lack of competence or confidence, and can influence the relationship between the teacher and learner in a multitude of ways. Teachers and supervisors can benefit from becoming sensitive to their own cultural beliefs and assumptions in order to work more effectively with learners and colleagues of other cultures.

Although a range of educational programs exist for fostering ‘cultural awareness’ in undergraduate and postgraduate learners, few exist for teachers. This workshop addresses the gap, helping to foster development of cultural awareness and responsiveness in teachers and supervisors of internationally educated health care professionals (IEHCP).

### **Objectifs:**

- help teachers develop an understanding of their own ethno-cultural backgrounds, beliefs, attitudes and values (self-awareness).
- foster acquisition of a greater understanding of and empathy for the cultural backgrounds and life experiences of IEHCPs (cultural diversity awareness).
- promote the development and integration of self-awareness and cultural diversity awareness into the teacher’s activities (skill development) and introduce methods by which a teacher can encourage these skills in the internationally educated health care professionals they instruct.
- frame cultural competence as a process of life-long learning for educators and health professionals alike. Developing cultural awareness and responsiveness involves developing qualities and approaches as opposed to a concrete set of tasks or expert knowledge.

<b>W-002</b>	<b>The Hidden Curriculum of Assessment</b> <i>Karen Mann, Dalhousie University; Jocelyn Lockyer, University of Calgary; Joan Sargeant, Dalhousie University; Linda Snell, McGill University</i>
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Rationale: Assessment is the lynchpin informing learners of their progress, and curriculum planners of the achievement of objectives. It significantly determines and indicates what are considered important outcomes. Despite advancements, assessing and being assessed remain highly value-laden and emotional experiences for learners at all levels, often complicated by contradictory messages.

### **Objectives:**

Participants will explore:

1. The hidden curriculum of assessment- what messages are transmitted?

2. The sources of the hidden curriculum-where is it found?
3. Learner and teacher contributions to the hidden curriculum, and
4. Develop specific strategies and approaches to addressing the hidden curriculum.

<b>W-003</b>	<p><b>Disruptive Physician and Medical Student Behaviour: Opportunities for Prevention, Intervention, and Rehabilitation</b>  <i>Derek Puddester, University of Ottawa; Dorothy Shaw, University of British Columbia</i></p>
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Disruptive physician behaviour is a major issue in academic medicine, and can have a significant impact on patient care, team functioning, and workplace health. Many studies suggest that such behaviours may be fostered during undergraduate and postgraduate medical training. Educators, administrators, and leaders indicate that such behaviour is problematic and that systematic approaches to prevention, identification, management, and monitoring are needed.

This workshop will offer an summary of the literature on disruptive behaviour, with a particular focus on medical students, residents, academic physicians, and medical schools. Through case-based discussion, it will also offer a practical overview of best practices in disruptive behaviour, and help participants identify strategies and resources they can apply in their own institutions.

**Objectives:**

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

1. Identify the major determinants of disruptive behaviour
2. Describe the impact of disruptive behaviour on patients, the health care team, and the teaching and learning environment
3. Summarize at least three strategies for identification, intervention, management, and monitoring of disruptive behaviour
4. List at least three resources to guide their future efforts in this area

<b>W-004</b>	<p><b>Qualitative Research in Medical Education: How to Write a Successful Grant Proposal.</b>  <i>Susan Bannister, University of Western Ontario; Tara Kennedy, University of Toronto; David Keegan, University of Western Ontario</i></p>
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This workshop will provide individuals who have little or no experience in conducting qualitative research in medical education a framework for writing a successful grant proposal. Attendees will participate in discussions centered around their own research ideas that will illustrate the process of choosing a research question that is suited to a qualitative study. After a general discussion of the various qualitative methodologies and key principles of rigor (sampling, authenticity, trustworthiness), small groups will discuss designing a study to address a research question, with each group using a different qualitative methodology. Each group's design ideas will then be discussed to illustrate the benefits and limitations of the different methodological approaches. Samples from previous successful grant applications will be analyzed to provide concrete information about budget preparation and the specifics of application to various relevant funding

sources.

**Objectives:**

- To develop an approach to choosing an appropriate research question for a qualitative study.
- To learn the benefits and limitations of different forms of qualitative methodology.
- To gain an understanding of the key elements of a successful qualitative grant proposal.

<b>W-005</b>	<b>Introducing TOFFEE – A Recipe for Enhancing Medical Student Teaching in the Clinical Setting</b> <i>Lawrence Oppenheimer, Erin Keely, Meridith Marks, University of Ottawa</i>
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The workshop will present a brief and entertaining model for training clinical teachers, which can be rapidly learned and applied by those responsible for faculty development in their own institutions. Introducing TOFFEE is an easily memorized and ‘digestible’ acronym to aid faculty and residents in providing brief, effective evidence-based teaching methods in the clinical setting. The research background supporting these methods will be presented. Participants will explore these methods and practice the techniques through role-playing. The importance of evaluation of the teaching faculty by the students, which is rarely performed in medical schools, will be discussed. A tool will be supplied, which participants can adopt for their own institution to enhance feedback and evaluation of their clinical teachers performance. Participants will have an opportunity to self-evaluate their current teaching skills and put in place an action plan for improvement. Finally, we will discuss a plan for implementing the workshop in participants’ own teaching institutions.

**Objectives:**

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

- Define the key aspects of effective clinical teaching using the TOFFEE acronym
- Identify strengths and weaknesses in their own approach to teaching
- Describe the use of a tool to evaluate clinical teachers’ performance
- Implement the TOFFEE workshop in their own institution.

<b>W-006</b>	<b>How Can We Best Prepare Residents for Teaching?</b> <i>Karen Mann, Blye Frank, Evelyn Sutton, Dalhousie University; Jason Frank, Royal College of Physicians and Surgeons of Canada</i>
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Residents’ role in teaching medical students is central, especially in clinical settings. They also teach their junior peers. Importantly, they will need teaching skills to pursue an academic career. Efforts are increasing across Canada to prepare residents as teachers; discussion about appropriate ‘curriculum’ could inform these initiatives.

**Objectives:**

Participants will:

1. Explore the goals of preparing residents as teachers
2. Clarify the teaching roles of the resident
3. Discuss a framework for preparing residents as teachers, and

- Using the framework, develop specific strategies and approaches.

<b>W-007</b>	<p><b>Linking Physician Assessment and CPD: Opportunities and Challenges</b>  <i>Joan Sargeant, Douglas Sinclair, Dalhousie University; Cameron Little, College of Physicians and Surgeons of Nova Scotia</i></p>
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While physician assessment should inform practice and continued learning, implementing this process can be challenging. The challenge is in part pragmatic, as provincial regulatory bodies responsible for formal assessment are generally distinct from educational/ professional bodies. The purpose of this workshop is to explore strategies to link formal physician assessment programs and CPD.

**Objectives:**

- Discuss practice and learning needs identified by formal performance assessments.
- Identify practice and educational resources for these.
- Discuss approaches to facilitate physicians' linking their assessment reports, performance needs and resources.
- Discuss factors influencing this process and ways to enable it.

<b>W-008</b>	<p><b>Orienting Teachers and International Medical Graduates: Understanding the IMG World; Understanding the Canadian Health Care System.</b>  <i>Heather Armson, Rod Crutcher, University of Calgary; Yvonne Steinert, McGill University; Allyn Walsh, McMaster University; Blye Frank, Dalhousie University; Nancy Fowler, McMaster University; Lynn Russell, University of Toronto</i></p>
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This workshop is part of an AFMC faculty development project funded by Health Canada. The motivation for Orienting Teachers and IMGs is twofold. The first section Orienting Teachers: Understanding the IMGs' World focuses on developing an understanding of the IMG as a learner and as a physician. This information provides a context that should enhance the development of a supportive learning environment and encourage the development of appropriate teaching strategies. The components of this section are:

- Understanding the experience of IMG including the immigrant experience in general as well as their experience specific to their medical role.
- Examination of the strengths, common areas of challenge and typical cultural and attitudinal issues that faculty report when teaching IMGs.
- Exploration of the Canadian cultural lens, examining the assumptions, values and beliefs faculty hold about IMG learners.
- Strategies to orient a faculty member to a specific IMG

These steps are meant to create a foundation for building a learner-centered approach to teaching IMGs.

The second section Orienting IMGs: Understanding the Canadian Health Care System highlights the features of the Canadian system that may differ from the IMGs' previous learning and medical environments. The section suggests some information, resources and strategies to address these

differences.

**Objectives:**

1. Explore one module developed for faculty who will be facilitating the training of teachers of IMGs
2. Determine the aspects of the module that will be applicable in the participant setting
3. Interact with others who have similar learning needs and with the materials developed to address these needs.

<b>W-009</b>	<b>Recognition and Management of Troubled Students and Residents: A Collaborative Approach.</b> <i>Joy Albuquerque, Michael Kaufmann, Ontario Medical Association; Derek Puddester, University of Ottawa</i>
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The Physician Health Program (PHP) of the Ontario Medical Association (OMA) seeks to address impaired trainees and physicians across a spectrum of needs. The Faculty (of Medicine) Wellness Program of the University of Ottawa aims to identify the impaired student and to develop an all-encompassing plan for their health and well-being.

With increasing awareness of mental health issues and the rigours of medical training, it is incumbent upon us to develop partnerships and collaborations to assist trainees and residents at risk.

We will describe, from the vantage points of a provincial PHP and a Faculty Wellness Program, how collaborative interactions can facilitate awareness of distress and impairment, provide accountability to institutions such as faculty of medicines and ultimately the public, as well as to afford a seamless process of responding to troubled medical trainees. We will elucidate the steps from recognition of distress, some of the pitfalls and complications, and what to do regarding treatment and monitoring.

**Objectives:**

1. To describe a collaborative working arrangement between a faculty wellness program and a provincial physician health program.
2. To increase awareness of the potential difficulties as a result of stress or distress.
3. Recognize the signs and symptoms of mental illness or addiction in students and colleagues.
4. To examine the common pitfalls, complications and problems associated with the troubled trainee
5. To describe a seamless process of providing services and accountability

<b>W-010</b>	<b>A Framework to Analyze Clinical Teaching: The Stanford Clinical Teaching Model</b> <i>Dianne Delva, Queen's University; Danny Panisko, University of Toronto</i>
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The Stanford Faculty Development Program is the pre-eminent faculty development program in the country, according to Wendy Levinson, MD, vice chair of the Department of Medicine at the

University of Toronto and past-president of the Society of General Internal Medicine. The Stanford Clinical Teaching Course developed by Kelly Skeff and Georgette Stratos, is based on a comprehensive framework that faculty can use to analyze their teaching. The full course, given over 8 eight sessions, addresses seven educational categories: Learning Climate, Control of Session , Communication of Goals, Promotion of Understanding & Retention , Evaluation, Feedback, and Promotion of Self-Directed Learning. Dianne Delva and Danny Panisko both trained in Stanford have successfully provided this course in their own institutions. In this workshop, they will provide participants with an overview of the course and an opportunity to practice using the framework by reviewing videotapes of clinical teaching encounters.

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**Objectives:**

The Goals of this workshop are to:

- Enhance versatility as teachers
- Improve ability to analyze clinical teaching using an educational framework

Specific objectives:

At the end of this session clinical teachers will:

1. Know a framework for analyzing clinical teaching
2. Be able to recognize specific teaching behaviours that enhance clinical teaching
3. Develop personalized goals for enhancing their own clinical teaching.

<b>W-011</b>	<p><b>HEADSPACE THEATRE: An Innovative Method for Experiential Learning of Psychiatric Symptomatology Using Modified Role-playing and Improvisational Theatre Techniques</b></p> <p><i>Bruce Ballon, Ivan Silver, University of Toronto</i></p>
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Although techniques have been developed in the past in an attempt to simulate psychiatric symptoms for learners, most have been limited in that the learners always have the knowledge that it is a simulation or the method does not capture the true experience of living with the conditions. HEADSPACE THEATRE has been developed to allow small group learning of psychiatric conditions by creating role-play situations in which participants are placed in a scenario that simulates the experience of the condition.

The goals of using this technique include: 1) Increasing the learners’ empathy and professional attitudes towards patients with the conditions being simulated by understanding the patient’s experience; 2) Desensitizing students to role-playing techniques by teaching them specific skills for role-playing as well by allowing group members different levels of intensity of the action; 3) Using the processing of the experience to link to specific teaching points or mini-didactic lectures to reinforce the knowledge to promote retention and synthesis of the teaching material

Workshop learners will be able to participate in an example scenario and have an opportunity to reflect on how method can be applied to their teaching with students of empathy with and understanding of patients with psychiatric illness.

**Objectives:**

- 1) Participate in and discuss “Headspace Theatre” scenarios for experiential learning
- 2) Describe how they would adapt this technique to their teaching
- 3) Use “Headspace Theatre” concepts in their teaching / setting

<b>W-012</b>	<p><b>Interprofessional Education: Key Issues for Planning, Conducting and Disseminating Sound Evaluation Studies.</b>  <i>Scott Reeves, University of Toronto; Hugh Barr, University of Westminster, UK; Della Freeth, City University, UK; Marilyn Hammick, Educational Consultant, UK; Ivan Koppel, University of Westminster, UK</i></p>
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This presentation draws upon some of the materials from a book (Effective Interprofessional Education: Development, Delivery and Evaluation – Freeth et al 2005), which has been recently published by the authors. Firstly, it outlines some of the key approaches in planning sound interprofessional education evaluations, including the selection of an appropriate evaluation paradigm and an informed evaluation strategy, negotiating evaluation site access and the nature of the evaluator’s influence. Secondly, it considers the range of resources available to support interprofessional education evaluation work (e.g. drawing on local expertise, use of equipment and software and selection of subject-specific evaluation instruments). It then discusses issues related to operationalisation of evaluation work, such as establishing trust and credibility, attention to bias, the use of pilot studies and managing data collection activities. Finally, the presentation addresses the various elements (e.g. purpose, audience, mode of presentation) related to disseminating interprofessional education evaluation work.

**Objectives:**

The workshop will have four objectives:

- To improve understanding of the issues related to the planning of a sound interprofessional evaluation
- To enhance knowledge of the resources available for the evaluation of interprofessional education
- To improve understanding of the issues linked to implementing a sound interprofessional education evaluation
- To increase awareness of the various purposes and mechanisms for disseminating evaluation findings

<b>W-013</b>	<p><b>Professionalism in Medical Education: Challenges and Solutions in Evaluation of Professional Behaviour During Training</b>  <i>Lindsay Davidson, Queen's University; Michael Rieder, David Keegan, University of Western Ontario</i></p>
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Medicine as a self-regulating profession is charged with ensuring that practitioners conduct their work to a high professional standard. In the case of breeches of professional conduct, the antecedents are often observed in medical school and during residency training. The public expectation of professional conduct is high and rising. The root causes of many of the failures in senior clinical years and residency training is unprofessional conduct. However, many faculty are unclear as to how to evaluate professional behaviour and how to deal with problems. Thus, training programs to consider how professional behaviour is evaluated in their programs, how breeches in professional conduct are dealt with and what gaps exist in providing a fair, accurate and comprehensive evaluation strategy for professional conduct.

**Objectives:**

1. To understand the practical and institutional issues involved in evaluation of the professional conduct of medical trainees
2. To describe what constitutes professional conduct with specific examples
3. To describe possible systematic approaches to the evaluation of professional conduct by medical trainees

<b>W-014</b>	<b>Interprofessional Education: You Can Do it. We Can Help!</b> <i>Keegan Barker, University Health Network; Lynne Sinclair, Denyse Richardson, Ivy Oandassan, University of Toronto</i>
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There is a growing movement towards Interprofessional Education (IPE) across the country. Theory is evolving and innovative ways of teaching are being advanced. At this juncture of time, educators are looking for teaching tips and tools that can be implemented with ease in various clinical settings and with different levels of learners across health professions. This interactive workshop will highlight specific knowledge, skills and attitudes that can enhance interprofessional collaboration for patient-centred practice by applying theory into action. Practical methods to teach health professional roles, to facilitate small group learning and to integrate “reflection in action” fostering IPE teaching will be provided. The workshop is designed to benefit both learners and health practitioners.

**Objectives:**

By the end of this workshop, attendees will:

- understand core competencies required for collaborative practice
- have tools to help teach these competencies
- understand the need for enhanced facilitation skills to teach collaboration
- recognize the role of reflection as key to teaching collaboration.

<b>W-015</b>	<b>To Appeal or Not To Appeal: Litigation, Remediation and the Failing Learner</b> <i>Joseph Mikhael, Sarita Verma, University of Toronto; David Holland, Queen's University</i>
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There are many reasons why students fail, often due to both internal and external causes. This poses a challenge to the medical education system, educators and learners.

Purpose: To explore issues of evaluation, remediation and discipline in medical education

Method: An interactive workshop in which didactic material will be presented on the failing learner and remediation, followed by case based discussions.

Expected Results: Attendees will understand due process as it relates to the failing learner, identify behaviours and attitudes common to failing, appreciate the importance and methodology of remediation, and improve their own evaluation tools to successfully fail/withdraw students and avoid appeals

**Objectives:**

1. Address issues of due process and the evaluation of difficult or failing learners
2. Identify behaviours and attitudes that are common reasons to fail trainees
3. Understand the importance and role of remediation in medical education

4. Draw on their own experiences to improve evaluative tools to successfully fail/withdraw learners and avoid litigation

<b>W-016</b>	<b>Designing an Educational Portfolio</b> <i>Louise Nasmith, University of Toronto, Linda Nieman, University of Texas</i>
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Over the past few years, universities are recognizing the contribution of education and teaching in the promotion and tenure process. However, faculty members continue to struggle with issues related to the documentation and description of their activities and the evaluation of their performance. This workshop will assist teachers and educators in the elaboration of a teaching dossier and of a career development plan within their own context.

**Objectives:**

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

1. describe criteria for scholarship particularly in education;
2. identify personal and institutional enablers and barriers to successful promotion;
3. document their educational scholarship activities and evidence of effectiveness;
4. develop an individual plan for career development within their own context

<b>W-017</b>	<b>Assessing Clinical Decision-Making Skills – the “Key Features” Approach</b> <i>Stephen Aaron, Robert Lee, Gordon Page, Medical Council of Canada</i>
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Most medical educators have encountered the challenge of developing practical and reliable assessments that measure important skills and have the desired educational impact. These are issues at all levels of education and for the Medical Council of Canada (MCC). The MCC has developed a unique ‘key features’ problem format for its Qualifying Examination Part I. These problems assess clinical decision-making skills deemed necessary for entering supervised practice.

**Objectives:**

1. Outline the psychological and measurement issues supporting a key features problem approach to the assessment of clinical decision-making skills.
2. Describe and use a logical strategy for problem selection, defining a problem’s key features, case and question development, and scoring.

<b>W-018</b>	<b>Developing Portfolios to Promote Competency Based Learning and Evaluation</b> <i>Erin Keely, University of Ottawa; Jason Frank, Royal College of Physicians and Surgeons of Canada</i>
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Portfolios may be defined as a collection of materials that demonstrate the breadth and quality of current work, which promotes reflection and planning of further learning. They are increasingly being cited as a possible way to promote reflective learning and to document professional competency in medical education. This workshop will assist those that have been contemplating using, or have begun to implement, portfolio learning or evaluation into their program. An outline

of steps necessary for portfolio development/implementation and a review of current examples of portfolios in medical education will provide the background for the participant to identify competencies they may wish to incorporate into portfolios. Through reflection and interaction with other participants, individuals will leave with a concrete plan for designing and implementing their portfolio.

**Objectives:**

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

- Define and describe “portfolios” with respect to medical education
- Describe tools and activities that may be incorporated into portfolios
- Identify areas of competence in their own environment for which a portfolio may be useful
- Identify steps necessary for portfolio development and implementation in their own environment

<b>W-019</b>	<b>Working Within the System: Training Residents in the Manager Role</b> <i>Saleem Razack, McGill University; Susan Lieff, University of Toronto; Hema Patel, Yvonne Steinert, McGill University</i>
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This interactive workshop will focus on the CanMEDS Manager role. Through facilitated small group exercises, participants will identify and link Manager role competencies to their own training/practice contexts. Scenarios of clinical encounters will be discussed for Manager role “teachable” moments, considering how these everyday encounters can be used to promote resident leadership and management skill acquisition (through guided reflective practice). Participants will then share their own experiences implementing the Manager role in training. In the last set of exercises, participants will consider barriers to the implementation of manager role training in their own programs, and will discuss strategies to overcome these barriers. We will provide attendees with a tool kit of more novel approaches to the evaluation of resident Manager role skill acquisition. The workshop emphasis will be on the Manager role as a set of skills required by physicians to work positively and accountably within the healthcare system.

**Objectives:**

At the end of the workshop the participant will be able to:

1. Analyze “teachable moments” for the manager role in everyday clinical training to foster trainees’ growth in leadership/manager role skills
2. Consider strategies to address any barriers to the implementation of Manager role training in his/her own training context.
3. Identify methods to evaluate the Manager Role both in the clinical encounter as well as with more novel complementary evaluation tools.

<b>W-020</b>	<b>Games as Active Learning Strategies</b> <i>Kalyani Premkumar, Deirdre Bonnycastle, University of Saskatchewan</i>
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Games foster active learning and allow for interactivity, promote collaboration, peer-learning and team work, and increase motivation. Games that teach have been used for thousands of years. They are defined by some as “fun with a purpose”. Because they are fun, they can be utilized to connect learners to knowledge and concepts in a more personal way in a safe environment. They

can be used to address cognitive, psychomotor and affective domains of learning and to support different learning styles.

Despite the evidence supporting learning, games have not gained widespread acceptance especially in medical education. From a practical standpoint, taking into account the technology savvy learners and the increasing use of technology by faculty, digital games can prove to be an effective learning tool.

In this workshop, the evidence for use of games in education will be discussed followed by a demonstration of such games. The participants will then explore the PowerPoint game templates provided and proceed to create one or more games that they could use in their own teaching sessions. At the end, each participant will receive a compilation of game templates along with the game/s created.

### Objectives

At the end of the workshop, the participant will be able to:

- Discuss the rationale for using games in their classroom
- Give examples of games that can be used effectively in medical education
- Create one or more games using PowerPoint for a teaching session

<b>W-021</b>	<b>The Principles and Process of the Royal College Evaluation System</b> <i>Gary Cole, Lise Dupéré, Emily Stephenson, Nadia Mikhael, Royal College of Physicians and Surgeons of Canada</i>
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This session is designed to provide program directors and others with a better understanding of the evaluation process and instruments used by the Royal College, including, credentialing, in training evaluation and the certification examination. Upon completion of this session, participants will have a better understanding of the role and responsibilities of program directors, faculty and examiners in the evaluation process; understand the policies on the use of the FITER for both in training and examination purposes; understand the use of portfolios; have an appreciation for the different examination components used in Royal College examinations, including structured orals, short answer questions and multiple-choice questions; appreciate the overall process for exam development, scoring and administration.

### Objectives

- Understand the overall evaluation system and roles of the stakeholders in the evaluation system that is used for residency education and certification in Canada
- Have a better understanding of the evaluation principles, such as validity and reliability that underlay an evaluation system, and how they can be operationalized.

<b>W-022</b>	<b>Issues in Computer Based Video Training</b> <i>Adam Dubrowski, Ryan Brydges, Wade Gofton, University of Toronto;</i> <i>George Xeroulis, University of Western Ontario</i>
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Computer based video training (CBVT), along with Internet broadcast possibilities may be utilized to optimize teaching of surgical technical skills to undergraduate and graduate medical

classes by capitalizing on the self-learning approach.

Four objectives include: First, to review literature. Second, to identify differences and needs when teaching cognitive, non-technical and technical skills. Third, to propose operational terminology. Fourth, to demonstrate these concepts in an interactive forum.

Initially we will provide a comprehensive review of recent developments in the area of motor learning from the fields of psychology and kinesiology, with the focus on the impact of instructions, guidance and feedback on learning. Next, we will present recent findings addressing these same issues in the area of surgical skill acquisition. Finally, in a group setting, the participants will apply their knowledge by developing CBVT material.

**Objectives:**

This workshop is intended to provide a comprehensive review of recent developments in the area of motor learning based on findings from the fields of psychology of movement, and kinesiology. Specifically, the impact of instructions, guidance and feedback will be addressed. In the second part of the workshop, recent findings that address these same issues from research on surgical skill acquisition will be presented. Finally, workshop participants will be provided with helpful information in regards to the development of computer based video material as well as other sources of feedback in order to optimize technical skill acquisition in surgical skill centers.

<b>W-023</b>	<b>Generalism and Primary Care Choices: Undergraduate Medical Training Curriculum and its Influences</b> <i>Leslie Nickell, Jay Rosenfield, Anita Rachlis, Martin Schreiber, University of Toronto</i>
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The generalist physician, providing comprehensive patient care, is declining in all areas of medicine throughout North America. Health Canada has recognized the need to “determine and educate the appropriate number and mix of physicians” to provide a “sustainable health care system for the future” (1). A qualitative study was conducted at University of Toronto, involving in-depth focus groups with medical students, and post-grad residents, faculty and community physicians in Family Medicine, Internal Medicine, Surgery and Paediatrics. We explored the key contributing factors influencing career choices of medical students, specifically generalism vs sub-specialty, and the role of undergraduate curriculum. Preliminary results suggest that role modeling and exposure are key influencing factors in career choice. Positive, enthusiastic teachers are very influential, and negativism towards generalists continues to impact students and the learning environment. Controversy exists regarding the degree of social accountability among medical schools.

1. Health Canada: Social Accountability A Vision for Canadian Medical Schools 2001

**Objectives:**

1. To gain an increased understanding of key influencing factors on medical student career choices
2. To examine the curriculum components that contribute to student career choices and explore innovative curriculum changes to enhance generalism.
3. To identify and share the opportunities and challenges that medical schools face in the

balance between academic goals and social accountability.

<b>W-024</b>	<b>Micro-videos of Clinical Procedures Accessible at the Point-of-care for “just-in-time” Reminders and Updates.</b> <i>David Topps, Northern Ontario School of Medicine; Joyce Helmer, NOME; Dale Wright, University of Calgary; Bruce Holmes, Dalhousie University; Doug Klein, University of Alberta</i>
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Based on participants’ experiences, we are establishing a collaborative group to generate a series of video clips for learning medical & nursing procedures and diagnostic manoeuvres. These video clips, along with contextual supporting material, can be incorporated into learning object repositories. By concentrating on the essential kinetic elements of procedures, combining these with sophisticated digital video, compression and streaming techniques, we have optimised our production and publication methods for a wide variety of users and situations. The high quality clips consume minimal bandwidth and can be streamed from web video servers to any hardwired or wireless device or screen, directly at the point of care.

**Objectives:**

To share findings on successful methods and barriers encountered. To explore collaborative approaches to generating video material for object repositories. To collate current efforts in a web-accessible project management database. To establish peer-review mechanisms and standards for content.

<b>W-025</b>	<b>Putting Qualitative Inquiry to Work in Educational Research.</b> <i>Elaine Van Melle, Queen's University</i>
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Education delivery for health care professionals requires innovative strategies that are grounded in research. Although quantitative methods tend to dominate research in health sciences education, it is anticipated that qualitative methods will become increasingly important over the next few years (Wolf, 2004). This workshop, combining theoretical and interactive approaches and examples, will provide participants with a basic introduction to qualitative research methods. Topics considered will include: developing a qualitative research question, methods for data collection, addressing issues of reliability and validity, analysis of qualitative data including the use of software programs, such as NUD\*IST and Atlas. The interactive activities of the workshop will provide the participants with an opportunity to deliberate and discuss the key issues involved in formulating and designing their own qualitative research.

**Objectives:**

As a result of this workshop participants will be able to:

1. Assess when it is most appropriate to employ qualitative research methods
2. Construct a qualitative research question
3. Choose appropriate qualitative research methods
4. Describe the basic process of qualitative data analysis
5. Determine whether or not qualitative research is an area worth further exploration

<b>W-026</b>	<p><b>An Approach To Supervising and Teaching Advanced Learners in the Clinical Setting</b>  <i>Mark Goldszmidt, University of Western Ontario; Jason Frank, Royal College of Physicians and Surgeons of Canada</i></p>
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One of the most challenging and potentially rewarding teaching encounters involves working with senior residents. Unlike the junior learner, for who everything is new, working with senior residents can be a far greater and sometimes humbling challenge. In the clinical setting, with its significant workload demands, their strong clinical performance can allow us to sometimes ignore them in our teaching while focusing more of our time on junior learners. If you have ever found yourself in this situation, have asked yourself, What do I have to teach THEM?, How can I give them feedback?, or just want to explore new strategies for challenging your seniors, this workshop is for you. During this workshop, we will explore issues related to: 1) the challenge of teaching advanced learners 2) the development of expertise 3) diagnosing your learners 4) developing a coaching relationship with your learners and 5) advanced teaching strategies for the inpatient, ambulatory or emergency room settings.

**Objectives:**

By the end of this session, using a combination of didactic presentation, small group discussion and role play, participants will be able to:

1. Define an advanced learner
2. Describe some of the challenges to teaching advanced learners
3. Discuss strategies that they can use to more effectively work with advanced learners

<b>W-027</b>	<p><b>Suffering: An Interprofessional Problem-Based Learning Module.</b>  <i>Pippa Hall, Emily Martin, Kate Strasburg, Christy Thomson, Tim Willett, Michael Clarke, Susan Brajtman, Frances legault, France Fothergill-Bourbonnais, Mary Egan, University of Ottawa; Peter Barnes, Saint Paul University; Maryse Bouvette, Health Canada; Lynda Weaver, University of Ottawa</i></p>
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The need for improved education in palliative care and end-of-life issues for health professionals has been identified in many Canadian schools of Medicine and Health Sciences. At the same time, the need for formal education in the field of interprofessional collaboration and teamwork has also been identified. Our group sought to solve both problems by creating this module. It will bring together students from Medicine, Nursing, Physiotherapy, Occupational Therapy and Spiritual Care in a small-group problem-based learning session. Students will contact the virtual patient via an extensive online story that can be navigated in a non-linear fashion. Participants from the various professions will gather different information, which they will then share with the group to compile a summary of the patient's needs, to identify and achieve learning objectives for the group, and finally to create a total pain management plan for the patient.

This project was funded by a University of Ottawa Development of Interdisciplinary Initiatives Grant.

**Objectives:**

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

- Outline the design of the module, including face-to-face and online components
- Summarize how students from different professions may navigate the patient story in order to obtain different information
- Explain how this design encourages collaboration among the students to assess and manage the patient
- Explain the necessary role of technology in delivering this module
- Modify and apply the strategies used in this module to the development of their own interprofessional educational strategies.
- Discuss how this module addresses the concepts of ‘suffering’ and ‘total pain’