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2019 International Conference on Residency Education

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Abstracts have been printed as they were submitted
2019 International Conference on Residency Education - call for workshops

ACE-01

Assessment: Cutting edge tools and practical techniques

Should we be the best, or good enough?

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When choosing a doctor for yourself, do you want the best, or good enough? When picking the next applicant to your program, which do you trust more – their class ranking, or their reported skill sets? When you’re rated by your health system, would you rather they publicly report your standing among your peers, or that you met a certain standard? If you had a choice between working at the best institution in the world, or any other, would it be an easy decision? If competency-based medical education is the future of medical education assessment, why do so many institutions rank everything, including themselves? Can these ideas co-exist? In this workshop we intend to have raucous debate regarding the value of criterion referencing versus normative comparisons. Are you Ricky Bobby (“If you ain’t first, you’re last!”), or are you Jason Frank (“Competency-based education is an approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities.”). Come and argue with us and with each other. Bring your anger and enlightenment. We will explore the upside values and downside fears of both criterion referencing and normative comparisons. Are these mutually exclusive? Must one replace the other? Can a system find value in both? After all positions are explored, we will demonstrate how the concept of Polarity Management may attempt to answer these questions, and we will show an example from our own assessment work that may be blasphemy to some, and genius to others. Which will it be for you? Come and have your say!
As we move towards a focus on work-based assessment and performance in the workplace there is a need for innovative methods to teach and assess residents in this setting. Traditionally, residency-training programs have utilized an academic curriculum based on a didactic lecture series that run parallel to their clinical training. The difficulty with this model is that the lectures are not necessarily synchronized with their clinical rotations. To consolidate and assess knowledge specific milestones within a competency framework, we developed an online case-based learning platform which was concurrent with their clinical modules and organized around an oral examination format. Case-based learning supports a learner-centered approach that is aligned with the clinical context, assesses knowledge application and clinical reasoning, which are difficult to assess competencies.

This workshop will introduce participants to case-based learning in post-graduate medical education, and specifically how it can be applied to the assessment of knowledge-based milestones. In small and large group format participants will be engaged in a discussion regarding the opportunities and difficulties with case-based learning specific to their own unique contexts. Participants will then be encouraged and guided to use their own specific EPAs to develop a case based assessment for their own curriculum. Participants will receive handouts on SMART objective creation, bloom taxonomy, and assessment principles in CBME.
Residency programs around the world are embracing competency-based medical education (CBME), which emphasizes the use of assessments for learning, as well as of learning (performance assessments), rather than performance evaluation alone. Within CBME, effective assessments are frequent, continuous, and focused on learner development. To support resident learning, the Royal College of Canada’s 'Coaching Model' utilizes a long-term partnership between learners and educators that fosters self-regulated learning skills, effective goal-setting, and accurate assessments of progression towards competence.

Self-assessments have been shown to improve resident performance. The use of a resident self-assessment tool in CBME enriches data collected by Competency Committees, facilitates review discussions, and generates precise and constructive feedback for resident development. The tool can empower residents to become accountable agents engaged with their own learning, strengthen resident-mentor partnerships, and foster crucial skills of self-assessment and reflective practice that will benefit residents throughout their careers.

This session will first review the science behind self-assessment. Participants will be given an example of our locally developed resident self-assessment tool, and shown how we implement it within our programmatic assessments. Participants will then be guided in developing a resident self-assessment tool that is customized and applicable to their respective home programs. Tool development will be informed by educational theories; participants will engage in facilitated discussion around principles of goal-setting, reflective practice, and self-determination theory in order to create a tool that ultimately enhances resident motivation for learning.

We will focus on the importance of the growth mindset, which challenges the notion that learners’ skills are fixed, and encourages learners to improve through hard work and perseverance by acknowledging their capacity for learning and growth. Once participants have had an opportunity to develop their own self-assessment tool, small group activities (e.g. think-pair-share) will be utilized to draw out innovative ideas and expertise from the crowd.
The importance of assessment, especially work-based assessment, has been elevated in the competency-based medical education era. This interactive and hands-on pre-course will explore essential issues in effective work-based assessments: frameworks for professional development; new concepts in rating scales; use of narrative for assessment; group process in competency judgments; key issues in validity for quantitative and qualitative-based assessments, and how this can inform programmatic assessment. This workshop will also cover the rising importance of technology in facilitating effective work-based assessment. Participants will be given the opportunity to create an assessment blueprint and action plan for their own program.
This session is designed for those interested in using simulation for assessment clinical competence for any purpose. Some experience with assessment and simulation in general provides a helpful foundation but is not mandatory. The session will be applicable to administrators, program directors and educators in all health professions and specialties, as well as assessment goals. Upon completion of this session, participants will be able to support effective practice and integration of simulation based assessments into competency-based education; apply a validity framework to simulation based assessment design implementation and evaluation; identify and mitigate threats to validity in simulation-based assessments of clinical competence through design; and critically appraise assessment tools, methodologies and current simulation based assessment research using a validity framework.

The assessment of clinical competence continues to be a priority and challenge for health professions education. Increasingly, simulation is used as part of competency based education and/or to augment workplace-based assessments. Use of simulation for assessment decisions of any stakes and/or for formative purposes requires that it be designed in a way that can allow claims regarding and an individual’s achievement of competencies and/or predictions regarding future performance in real world novel contexts. The degree to which these claims can be trusted or are defensible is a matter of validity. In simulation based assessments there can be many threats to validity and so assessment designers must carefully consider and mitigate those threats. The Principles of Assessment in Simulation Supplement (PASS) course provides learners with foundational knowledge, experience and tools to support the design and evaluation of simulation-based assessment of clinical competence. This one-day immersive workshop (with some pre-course self-study content) draws on validity frameworks to guide simulation based assessment designers in their developmental and evaluation work. Learners are encouraged to use and work through their own context and assessment needs as part of the course.
Assessment: Cutting edge tools and practical techniques

KeyLIME: The year’s most interesting and impactful assessment literature

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With the growing interest in outcomes-based education, the need for more robust and practical approaches to assessment has taken on increased urgency. This session, using a conversational approach between the two presenters and the audience, will review eight impactful papers from the peer-reviewed literature on assessment from the previous 12-18 months. The papers are chosen based on input from global experts in assessment. A structured, annotated review document will be provided to all participants to help guide the conversation.
As of July 1, 2019 the Royal College of Physicians and Surgeons of Canada (RCPSC) and College of Family Physicians of Canada (CFPC) will adopt a new system of residency accreditation. The new program standards have a different organization framework compared to the previous standards. The framework includes: Domains, Standards, Elements, Requirements and Mandatory & Exemplary Indicators. Not only has the format changed but there are new components to standards that were not present previously, and others that have been removed. Programs will be held to the new standards so it is important to have a thorough understanding in order for programs to work with their Residency Program Committees to ensure all components are met.

This interactive workshop will provide background information on the new standards, highlighting the changed format. It will allow participants to actively learn the new standards through an engaging activity board game called “Accreditation Time”. Standards that have not changed will be highlighted and those that have been removed will be identified. New standards will be discussed allowing an opportunity for participants to share and discuss ideas on how to meet these standards.
The clinical Learning and Working Environment (LWE) is situated at a critical crossroads where educational objectives intersect with direct patient care responsibilities. It is generally agreed upon by educators that teaching and learning are most effective and impactful at this junction. However, conflicting trends in clinical care and medical education threaten the quality of medical training in the clinical arena, and demand that we rapidly adapt the LWE to meet the needs of learners and patients.

The LWE falls under the purview of a range of professional, educational and clinical organizations, and is considered a component of institutional and program accreditation. Clinical faculty, educational leadership, and health system administrators are increasingly responsible for the “quality” of the LWE, yet tools enabling stakeholders to analyze and optimize the LWE as a system do not exist. Conceptual clarity is lacking, leaving stakeholders without a common vocabulary or vision. In 2017 the Alliance for Academic Internal Medicine (AAIM) convened a collaborative of medical educators to advise on the optimization of the LWE. This national collaborative identified a lack of conceptual focus as an underlying impediment to improving the LWE. To address this need, the collaborative developed a novel conceptual model, incorporating four nested domains traversed by diverse learners, centered on patient care, and influenced by the surrounding sociocultural context.

The model is based on foundational educational and learning environment theory, as well as the field of complex adaptive systems, and aims to create a framework for LWE improvement that is useful to all levels of stakeholder. Three concrete applications are proposed:

**Reactive:** Understanding the factors contributing to the current state

**Holistic:** Achieving alignment between stakeholders through creation of a shared mental model

**Proactive:** Designing new successful programs or improvement strategies
The Canadian residency accreditation system has recently changed. Known as CanERA, the system brings not only new standards, and a new organizational structure for those standards, but a new data entry and recording system, a new survey process, and new outcomes/feedback language for PGME leaders, staff and program directors. As Canadian institutions and programs work to become familiar with, and implement the new system, the learning curve can feel steep.

In November of 2018, Dalhousie University became the first university to undergo an on-site accreditation visit using the new CanERA standards and process. Drawing on that experience, PGME leaders, as well as a program director and administrator will share practical tips and advice on how to facilitate and run a successful accreditation visit, focusing on specific time periods in the on-site visit preparation process. These include: document preparation and submission, visit lead-up, visit week/day, and immediately post-on-site visit.

The session will involve a mixture of short didactic sessions from both the central and program perspectives (with audience participation through an audience response system), interspersed with a short pair-based activity and a facilitated table discussion on specific accreditation-related time-periods.
Admissions: Selecting residents

It doesn’t just happen: Recruiting for diversity in residency training programs

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The Association of American Medical Colleges (AAMC) and other medical organizations have long recognized the need for a more diverse and inclusive medical workforce. Lack of diversity and inclusion has impaired physician education, patient satisfaction and the quality of medical care patients receive. The Baylor College of Medicine Department of Pediatrics (Houston, TX, USA) has implemented efforts to recruit a more diverse body of resident trainees to better address its institutional, programmatic and societal needs. This workshop aims to brainstorm with other programs to generate an action plan for increasing diversity in residency training programs.

This session will review the literature supporting the need and benefits of training a diverse workforce in response to rapidly changing demographic trends and growing healthcare disparities in the United States.

Participants in this session will reflect on the mission and characteristics of their own institutions to assess potential facilitators and barriers to increasing diversity within their specific institutional cultures and residency programs.

In this session, participants will reflect on applicant qualities preferred for their residency programs. We will introduce the use of the AAMC Holistic Admissions Review framework in the assessment of applicants to balance the more traditional indicators of academic performance (i.e. grades and standardized test scores) with personal attributes and experiences.

Through the use of case-based learning and small and large group discussions, participants will acquire the knowledge and tools to select applicants based on their own institutional, programmatic and societal needs. Participants will generate an action plan for creating a culture of diversity and inclusion and for implementing a recruitment process that improves diversity within their residency programs.
Implicit and explicit bias are well-known to impact hiring decisions, and medicine is no exception. The impact of bias on resident and medical student selection has been explored, but the overall impact is difficult to assess. Discriminatory selection processes, which are largely unintentional, invite legal and ethical scrutiny and are against stated aims of medical education.

This session will review current evidence of bias in residency selection (i.e., CaRMS and the NRMP), methods for monitoring residency selection for bias, and program-level strategies to protect residency selection from bias. These evidence-informed strategies build upon and combine known best practices in management, social sciences, and medical education literature, and include synthesized expert opinion, law interpretation, observational data, and randomized controlled trial evidence.

In addition, the session will emphasize the advantages of diversity in residency training programs, including social justice, moral, and legal arguments for diversity. We will explore and address controversies facing educators who strive for a diverse training program, including arguments against “affirmative action.” This session will also advocate for systems-level changes that address bias in the residency selection process as a whole and invite discussion on how to advance the conversation to key stakeholders.

We will use an interactive template of the residency selection process (i.e.; multiple poster boards representing each step in residency selection hung around the room) and invite participants to brainstorm and write-in how implicit and explicit bias may be present at each step and potential mitigating strategies. We will then address each step chronologically with real world evidence presented in short didactic sessions to stimulate discussion on strategies. We will present best practices or evidence-informed strategies to address each component of the application process and discuss the advantages and disadvantages of implementation in the participant’s local context.
CB-01

Competency-based education

C-B-D, easy as 1-2-3: Practical implementation strategies for your CBD curriculum

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With CBD in its infancy, programs are still trying to navigate the best possible processes and protocols for competence-committee meetings, curriculum planning and necessary documentation. In 2018-2019, the Department of Surgery at The University of Ottawa had 2 of its programs enter the competence-by-design (CBD) stream: Surgical Foundations and Urology. Through collaboration and sharing of best practices, their Office of Education developed a ‘How To’ manual for CBD implementation in their subsequent surgical programs.

This manual has helped other programs in their department by providing a relevant example of the implementation journey of CBD. It has guided users through all of the steps taken, from what to include during the pre-planning phase, to the promotion of residents through EPAs.

The facilitators of this workshop will guide you through their manual, discuss the challenges that they faced, and what they have done to overcome them. This session will share with you the checklists, processes and additional resources that were gathered to facilitate a user-friendly implementation of CBD. It will also demonstrate the practicalities and pragmatics of curriculum redesign and competence committee meeting conduction that you can implement at your own institution. Attendees will leave the session with a host of pertinent resources that will aid them in navigating the difficult road to achieving CBD success in their programs.
CB-02

Competency-based education

A change conversation: Engaging your faculty and residents in the transition to CBME

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All Canadian and many global specialty residency training programs are transitioning to CBME, a major change in current academic, administrative and technological environments. Success hinges on having a solid approach to change, rooted in theory and practically tested in real world environments, that facilitates the engagement of faculty and residents. This workshop is designed for anyone who is called upon to lead, design, facilitate or implement CBME and will be filled with practical examples and takeaways that participants will be able to apply to their local CBME implementation. This highly interactive session will provide opportunities to learn from the experiences of innovative CBME leaders and to introduce and discuss the real challenges facing your role and program. Upon completion of this session participants will be able to better understand their role in leading change and more confidently engage, influence, build readiness, implement and sustain change with faculty and residents.
Competency-based education

**Applying effective coaching strategies in an era of Competency-based Medical Education (CBME) workshop**

M. Giroux, R. Bhargava, T. Fras

University of Saskatchewan, Regina, SK

This workshop will provide preceptors at all levels with a coaching toolkit that enables them to develop future generations of physicians with skills required to provide exceptional patient care in the era of Competency Based Medical Education (CBME).

The authors of this workshop were inspired by major concepts from Dr. Carol Dweck's book "The Mindset: New Psychology of Success." Dr. Dweck is a world-renowned psychologist from Stanford University who has done decades of research and has discovered the ground-breaking idea about the power of the growth mindset.

This workshop analyzes the interaction between the learner, the coach, and the environment. It presents coaching skills that will inspire learners to adapt the growth mindset and create a non-judgmental atmosphere that promotes learning. Participants will recognize the importance of motivation and mentorship in medical education. This workshop combines lessons learnt from Dr. Rashmi Bhargava's vast teaching experience at the University of Saskatchewan and Dr. Maria Giroux's elective in Cambridge, UK.

A variety of instructional methods will be utilized in this interactive session: small group discussion, self-reflection, and videos of simulation encounters. A multi-media approach will be utilized to accommodate participants with diverse learning styles.
Competency-based education

**Competence Committees: Designing and running an effective Competence Committee to support resident progress**

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With the move to Competency-based medical education, residency programs need effective and efficient Competence Committees (CC). Through group decision-making processes, a CC determines resident progression by assessing and interpreting a broad range of assessment data. Although heterogeneity exists amongst the composition and design of CCs across different specialties, there remain core concepts that reflect best practices. These practices can ensure that a CC is maximally effective in its goal to support learners as they progress through training.

This session will present an overview of competence committees, including rationale, design and function, and required outputs. Information will be presented from the literature, Royal College of Physicians and Surgeons of Canada specifications, and expert opinion.

In small groups, participants will have an opportunity to work on designing or revising existing CC processes for their programs. The session will use guided questions, case exercises, and templates to help participants design CC processes that will work for their specific context. Participants will explore the challenges that CC committees face and how committee structure and faculty development can facilitate decisions that are supportive of residents, data-driven, and defensible.

This session will provide an opportunity for participants to share best practices and raise questions on challenges that have come about in the development or functioning of their CC.
Competency-based education

When theory hits the real world: Exploring tensions around entrustment in non-procedural clinical contexts

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In competency-based education, the concept of entrustment and the use of entrustable professional activities (EPAs) have gained increasing attention. However, the translation of theory to practice raises tensions between how entrustment is being taken up by programs and what tasks are legitimately entrusted to learners in real world settings. This workshop will use Internal Medicine as an example to explore what is actually entrustable and how we capture entrustment decisions.

The workshop is divided into two sections. The first section will focus on addressing the question “What is actually entrustable?” The facilitators will briefly present some of the current challenges in translating the theory of entrustment into practical action. This will be followed by small group discussions where participants examine internal medicine EPAs to identify which ones involve ad hoc entrustment decisions. This section will conclude with a large group discussion extending the concepts to other specialties’ non-procedural clinical contexts.

The second section will focus on “How can we capture our entrustment decisions?” The facilitators will briefly present current issues with assessment based on entrustment. Participants will then engage in small group discussions to envision the range of supervisory decisions that could be enacted for two pre-selected EPAs. This section will conclude with a large group activity, compiling examples of the different supervisory decisions that could be used to document ad hoc entrustment and troubleshooting how these could eventually feed into an overall summative entrustment decision.

The workshop will conclude with a facilitator-led brief summary of the discussions, highlighting that entrustment is a compelling premise for monitoring workplace learning and assessment but only if used for activities that actually have a corresponding entrustment decision point.
CB-06

Competency-based education

CBD... how to thrive, not just survive!

A. Crnic, S. Leir, A. Hamelin, M. Chiu

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There has been a significant shift in Canadian post-graduate medical education with the introduction of the Competence By Design (CBD) initiative launched by the Royal College on July 1st, 2017. This novel approach to training relies on an outcomes-based approach to resident assessment and requires engagement from both residents and faculty alike. This has presented a unique set of challenges for current and prospective trainees.

This session will review the challenges, rationale underlying, administration of, and day to day implementation of CBD, as seen through the eyes of current residents within the new curriculum. Relevant evidence as supported by a review of current literature, expert opinion and Royal College materials will be presented. The ultimate goal is to provide guidance for this curricular transition to incoming trainees from a resident perspective.

We will review the main measures of promotion within CBD as well as address the major barriers to advancement. Issues will be explored through an interactive, small group discussion based format. Strategies to overcoming these obstacles will also be discussed and participants will identify the skillset required to successfully navigate and succeed in a CBD curriculum.

We will discuss the effect of CBD on resident wellbeing, with focus on the specific impact of this training model on resident stress and training satisfaction. An open forum, question and answer session will be used to initiate discussion about the major stressors associated with CBD. Furthermore, small groups of participants will create strategies for managing these potential difficulties, focusing on resident and staff engagement, before re-grouping to share these ideas.

Participants will leave this session with a better understanding of CBD training as well as tactics to thrive within this new training model.
Previous research suggests that the effective implementation of CBME can require novel approaches to instruction and evaluation, as well as meaningful, collaborative, and engaging clinical teacher-resident interactions. One of the main objectives of implementing CBME is to have assessment drive learning, rather than simply assessing what residents have learned. To achieve this important goal, it is essential to examine ways that clinical teachers can improve the quality of clinical teacher-resident interactions. Coaching is widely recognized as a means to improve performance in sport and music. There is growing recognition that the adoption of effective “coaching” behaviours in medical education offers a valuable avenue for improving the quality of interactions in the clinical learning environment.

During this workshop, participants will engage in interactive and reflective activities to inform their role as coaches and help them develop strategies for implementing effective coaching behaviours during their interactions with residents. Additionally, participants will be provided with an opportunity to develop practical action plans for making positive changes in their own coaching behaviours.

This workshop will use a variety of instructional approaches, with an emphasis on small group discussion. The presentation will involve providing examples of effective coaching behaviours, through the use of scenarios and videos. Participants will also have the opportunity to develop their own coaching plans, through the use of both personal reflection and facilitator-guided discussion.
Postgraduate training programs are implementing Competency By Design (CBD) and other Competency Based Medical Education (CBME) initiatives. Effective adoption of CBME depends on systematic efforts to document and evaluate the strengths and challenges of early implementation efforts. In this session, we will introduce program leaders, faculty, residents and administrators to the intersections of evaluation theory and practice. Using a practical illustration from our own experience with early implementation in the FRCPC Emergency Medicine postgraduate training program at Queen’s University, we will present a front-line perspective on evaluating CBME implementation. Using Rapid Evaluation and the Core Components Framework (CCF) we will focus on evaluating the fidelity and integrity of implementation, as well as identifying early outcomes and unintended consequences to engage in a process of adaptation and deep system change. Step-by-step, we will illustrate and explain how to: establish a team and obtain funding; identify, organize, and engage with primary stakeholders; determine evaluation priorities and questions; utilize the CCF to focus the evaluation; select methods for gathering useful qualitative and quantitative data, and mobilize findings to share with stakeholders and broader audiences using technical reports and peer-reviewed scholarship.
CB-09

Competency-based education

Running a Competence Committee!

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In competency-based education, group decision-making is increasingly operationalized through competence committees that review information about residents’ performance in order to make summative decisions about their clinical competence and to identify those residents needing additional support. The session will introduce participants to the purpose, function and decision-making approaches of competence committees. We will review best practices and practical approaches in creating and running a competence committee. Participants will then practice these skills using small group simulation with mock resident data sets. Potential shortfalls to competence committee procedures will be discussed through large and small group discussion.
**CB-10**

Competency-based education

**Multi-Source Feedback in the Era of Competency By Design: Taming Raters, the Entrustment Framework, the Timing of Assessment, and Competency Committees**

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This session will draw on the published literature as well as the presenters’ experiences in the area of competency-based assessment. We will explore 4 main areas through interactive small and large group work that capitalizes on the knowledge and experiences of participants. First, we will explore rater-based issues with frontline assessment, including how raters process and approach their task and the importance of rater training and getting buy-in. We will then turn to considering the optimal timing of assessment. What are the benefits and drawbacks to frontline assessment in the moment (i.e., daily) compared to assessment that is done at the end of a week or rotation? How do these different approaches impact the data that competency committees will review and their ability to do their work in a fashion that is both efficient as well as meaningful? Building upon this, we will next explore considerations for the optimal composition and review processes for competency committees. Finally, we will consider how the entrustment framework of assessment is best executed and leveraged given its focus and its relationship to raters, the timing of assessment, and competency committees.
CB-11

Competency-based education

**Coaching Masterclass: Developing the Next Generation of Physicians**

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Medical education is a specific context in which (future) doctors are trained to become health care professionals. There is a unique training structure where learners are trained in daily practice - a hectic working environment in which there is not always time for supervision and reflection. In recent years, with the emergence of competency-based medical education (CBME) the learning environment is increasingly subject to change. In order to enable learners to build readiness for practice, it is increasingly important that coaching is required by numerous colleagues in the training program. The time is now ripe to offer medical teachers and supervisors practical coaching techniques to better equip them for the demands of training residents in the CBME era. This masterclass has been developed to provide program directors, teachers and supervisors with effective and practical everyday coaching techniques.

Do you want to provide an optimal learning environment for your residents? If so this masterclass is for you. This session will enable you to translate coaching theories and techniques into your day-to-day reality for your program all in the service of greater learner and faculty development. This masterclass provides you with practical tools and actions to apply immediately to your teaching. You will be able to practice these vital skills in small groups using common situations and real world cases that reflect the complex reality of medical education in the 21st century learning environment. This active and experiential masterclass is for all medical teachers and other professionals who are involved in training and supervising residents. It lays the foundation for being able to start coaching with confidence.
Competency-based education

**Teaching Conflict Resolution to Develop Clinical Competency: Lessons from Business, Diplomacy, and Theatre**

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As educators, we recognize that disagreement and conflict are inevitable in the medical setting and among all members of the care team, including physicians, staff, patients, and families. However, the best practices for teaching conflict resolution have not been established in a clinical setting. The learner’s approach to conflict resolution offers an opportunity to address multiple core competencies within a single topic. For example, conflict resolution skills are reflected in training milestone descriptions in Canada under CanMEDS competency domains of Medical Expert, Communicator, Collaborator, Leader, and Professional. Similarly, the Accreditation Council for Graduate Medical Education (ACGME) in the United States notes components of conflict resolution skills under core competencies of Systems Based Practice, Interpersonal Communication Skills, Professionalism, and Practice-Based Learning and Improvement.

This workshop is adapted from the Conflict Resolution component of our Advanced Communication Skills longitudinal curriculum at The Children’s Hospital of San Antonio. We will utilize lessons from the business world: understanding team dynamics, establishing priorities at times of disagreement, and employing a structured, hierarchical approach to conflict resolution that preserves interpersonal relationships. We will also use lessons from international diplomacy and improvisational theatre to understand the non-verbal cues that can guide us to communicate most effectively during times of conflict.

Using multiple interactive activities, including small group brainstorming, case discussions, and theatre exercises, as well as brief didactics, we will demonstrate techniques to teach conflict resolution skills that can be incorporated into curricula at home institutions. We will conclude with an opportunity for participants to share their own tools and experiences in conflict resolution. Participants will leave the workshop with experience in these exercises and customizable tools to teach conflict resolution skills at their home institutions.
In 2015 the Truth and Reconciliation Commission of Canada defined calls to action to address the inequity in health and health care Indigenous Peoples face. One notable call to action falls clearly in the lap of health education: "We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices."

On October 26, 2017, the Royal College of Physicians and Surgeons of Canada endorsed a landmark recommendation from its Indigenous Health Advisory Committee that Indigenous health becomes a mandatory component of postgraduate medical education (PGME) including curriculum, assessment and accreditation.

To this end the Royal College and Indigenous fellows and scholars are working to advance Indigenous health competencies that support self-determination, address racism and promote cultural safety in health care education. Indigenous health in PGME is emerging as an area where competencies rooted in Indigenous concepts of wellbeing challenge colonial paradigms in medical training and practice.

This workshop proposes to reconcile these tensions through a thoughtful and inclusive process where three scenarios will be presented by the facilitator. These scenarios will reflect common experiences of Indigenous patients in the health care system. Participants will be asked to deliberate on one of the three cases in breakout groups and then reflect on appropriate competencies to both prevent negative outcomes and optimize the care of Indigenous patients.

The workshop promotes the learning factors of primacy, intensity and exercise to encourage critical thinking and promote reflexivity. It explores respect, privilege and community engagement from the perspectives of both patients and providers.
Coaching and feedback have been identified as cornerstones of competency based medical education training programs. To date, most of the focus on coaching and feedback has focused on faculty development to equip clinician teachers/educators to be able to provide better coaching and feedback to learners. This is undeniably important. However, at the heart of effective coaching, is a dynamic, bidirectional relationship between the individual giving and the individual receiving feedback. Little emphasis to date, has been placed on the role of the learner in the dyad as the receiver of feedback.

Carol Dwek, a psychologist from Stanford, has devoted her career to studying the concepts of growth vs. fixed mindsets. Succinctly, a growth mindset is the idea that intelligence can be developed through hard work and perseverance; whereas, a fixed mindset is the idea that individuals are born with innate intelligence that cannot be altered over time. Numerous studies suggest that mindsets can have a profound effect on skill acquisition and success.

Through interactive individual and group activities, and large and small group discussions, this workshop will explore the links between mindset, competency based medical education and learning in the clinical environment.
Competency-based education

Lightning round: Capabilities in practice - A new EPA based assessment method for UK postgraduate physician training

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The UK Shape of Training review and the General Medical Council (GMC) requirements in demonstrating Generic Professional Capabilities were major drivers for the Joint Royal Colleges of Physicians Training Board (JRCPTB) to develop the new UK Internal Medicine Curriculum. In particular the GMC required progression to an outcomes-based curriculum. We have called these EPAs Capabilities in Practice (CiPs). These are assessed through an annual panel process for all trainees in the UK, called the ARCP.

The present curricula for physician training are based on achieving a large number of individual competencies that are assessed throughout training by a variety of different methods. It is felt that current system is overwhelming and has become a ‘tick box’ exercise. While the current system is based on achieving a large number of individual competencies, a streamlined one would focus on a smaller number of outcomes, known as Capabilities in Practice (CiPs), which reflect the key professional activities of a fully trained physician. These CiPs will assess clinical and non-clinical (Generic Professional Capabilities) tasks. The aim is to make assessment more realistic and meaningful for both trainees and trainers.

The Proof of Concept Study explored the feasibility of using this outcomes-based model of assessment in a UK NHS setting.

The learning and significant changes from the study has enabled us to propose and now implement nationally in 2019 a new internal medicine curriculum. A key finding from the pilot study and consultation is that educational and clinical supervisors as well as trainees will need to be trained in using CiPs prior to implementation. The JRCTPB and the RCP education Department are currently in the process of developing training packages and training faculty.
Competency-based education

**Lightning round: Managing the challenges of implementing a competency-based training program: Lessons learned from 10 years of competency-based training in the division of orthopaedic surgery at the University of Toronto**

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In response to growing concerns that the traditional, time-based model of training has become inadequate at preparing new physicians for practice, training programs around the globe are presently undergoing a paradigm shift towards competency-based medical education (CBME). Several medical education competency frameworks have been established, including the Royal College of Physicians and Surgeons of Canada’s Competence by Design initiative and the Accreditation Council for Graduate Medical Education Outcomes Assessment Project competencies in the United States. In addition, the Division of Orthopaedic Surgery at the University of Toronto has run a pilot residency training program in CBME for the past 10 years.

The University of Toronto's experience has shown that despite the numerous successes of the program, many challenges have had to be overcome. While the paradigm shift towards CBME is largely expected to be beneficial for improving postgraduate training, it will also pose a serious challenge to training programs and their licensing bodies as these initiatives rely on a significant re-design of how residency education will be delivered. This workshop will discuss the lessons learned from the University of Toronto experience and how they relate to the current (and future) CBME initiatives in Canada. The workshop will discuss issues related to: developing the appropriate infrastructure to implement a CBME paradigm; creating a new curriculum and assessment tools that support a CBME paradigm (which include the use of simulation); resident and faculty development; and financial considerations of implementing and supporting a new training paradigm.
Competency-based education

Strategies for Designing & Implementing Your Competency-based Medical Education Program: An Introductory Workshop

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This workshop is an introductory workshop designed for those who are thinking about or are in the early stages of adopting CBME into their context. It is designed to provide a brief introduction to key concepts, and practices, provide participants with an opportunity to apply the concepts and practices to their context and to plan what they need to do when they go home. The workshop will be accompanied by a workbook with exercises and key references so that participants can continue the work when they return home. The recently published Core Components Framework will be used as an ongoing organizer.
CB-18

Competency-based education

Symposium: CBD and brie: Implementation lessons learned over wine and cheese

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Competence By Design (CBD) is the Royal College’s flagship specialty CBME program. To date about twenty disciplines have launched CBD, dozens more are in the midst of preparing to launch and others are about to begin their CBD journey. While we may not have reached a tipping point yet, at this stage of implementation there is a great deal of lived experience yielding a lot of positive results and lessons learned. Join us for this highly interactive, semi-structured session for sharing stories of progress and lessons learned in order to optimize readiness building to enable more widespread adoption of CBD. This session will feature early adopter CBD program leaders - faculty, residents and program administrators - who will share lessons learned from their CBD implementation experiences.
Diversity in residency education: Training in a world of differences

Diversity in residency education: It's not always what you think

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The aim of this workshop is to engage participants to think broadly about diversity and inclusivity in order to promote understanding and tolerance within our residency programs and in the care of our patients.

Abstract and high level framework/session agenda.

In this workshop, participants will be challenged to think about diversity and inclusivity from perspectives other than complexion, gender, religion and heritage. For many world citizens, especially those in largely rural settings, diversity is encompassed by differences in background, experiences, interests, education and political or philosophical beliefs. Using our experiences as senior leaders of two urban medical schools who serve a largely rural populations, we will facilitate discussion and promote understanding of how “other” aspects of diversity can be utilized to promote the professional and personal growth of residents and faculty. Through interactive exercises and purposeful debate, workshop participants will develop a shared understanding of this critical topic in post-graduate medical education. Workshop participants will complete a step-by-step process that can be replicated at home institutions to promote resident and faculty understanding of diverse opinions and the value of welcoming of disparate points of view. Throughout the workshop, participants will have ample opportunity to explore ideas and engage others to ensure mutual learning.
Diversity in residency education: Training in a world of differences

From diversity to inclusivity: Shifting the culture in medical education together

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Medical education in several countries including Canada, the Netherlands, United Kingdom and the United States of America, are now prioritizing diversity in their training programs. Medical Curricula have expanded to better prepare graduates for the realities of effectively meeting the needs of a diverse patient population, and the ensuing development of innovative approaches to augmenting the representation, comfort, and success of students from under-represented groups has been increasing steadily. In contrast to other professional domains, leadership has not kept up with the alacrity of this progress. Evidence reveals that diversity in leadership teams facilitates innovative solutions to complex problems, helps recruit and retain the best talent, and remain relevant to the communities they serve. Although necessary for success, diversity within healthcare leadership education remains a step behind creating leadership education to meet these needs.

For this international workshop/panel discussion, we focus on the oft-forgotten “audience’s perspective” and have purposefully used this to plan the session. Using case studies and powerful stories, we shall highlight the cumulative effect of intersectionality and its effect on learners; tokenism vs. awareness; the hidden face of disability; the misconception of diversity, and the proposal to re-focus on inclusivity. Workshop participants will share their experiences with the group, integrated within the case-study discussions. With honesty and vulnerability, we will give permission for personal biases to be acknowledged and reflected upon, and provide opportunities to apply strategies to mitigate them. Only when these biases have been identified and addressed are we able to shift the culture within medical education; therefore, we will finish this session by allowing participants to extend this reasoning and approach to their medical education context and further explore how to promote diversity within their existent healthcare educational cultures.

For this workshop, we will present a literature review and statistics on the current state of diversity in medical education and in leadership. We will identify key ideas and outcomes of inclusiveness in serving a population and in increasing the performance of medical teams to set the stage for a series of conversations. Each speaker will present case-studies from lived experience to initiate conversations with the audience on different facets of diversity to stimulate critical reflection, engagement, and dialogue.
Diversity in residency education: Training in a world of differences

Diversity in residency education: Dealing with inappropriate behaviour

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The importance of the recognition and appreciation of diversity is increasing as the medical workforce and the population it serves is becoming increasingly diverse. This can lead to bias, prejudice and blatant harassment. However the evidence supports the benefits to an organisation of having a diverse workforce. This means ensuring equal opportunity and inclusion for all including those with differing characteristics such as gender, ethnicity, religion, disability and sexual orientation within residency education.

This session will present the recent evidence from UK studies of unacceptable behaviours including bullying and harassment within medical training and in the medical workplace. The value of highlighting sensitivities associated with difference and the avoidance of inappropriate comments and behaviours in residents, faculty as well as the medical workforce in general will be discussed.

Session agenda - with increasing diversity comes the rise of unconscious bias and ignorance of sensitivities. The framework is to present recent UK research in an opening address with added real examples, small group discussion of prepared case studies to enable discussion of feelings and the effects on an individual learner and their learning experience. Further work to delineate support mechanisms and the education required for both residents and faculty to be aware of cultural, ethnic, religious, health related and gender issues within a diverse medical workforce and diverse population. The session will close with discussing priorities to support the needs of increasingly diverse learners.

The workshop will include case studies and group activities to highlight what is known about bullying and harassment, its effect on individuals, the learning environment and the culture of the workplace.

There will be a discussion to identify the major factors involved as well as the measures to draw attention to, counteract and prevent such unacceptable behaviours. Support measures required for individuals feeling vulnerable within the workplace will be identified; aiming for a culture of inclusivity rather than diversity within residency education and beyond.
There is a repeated struggle with implementing diversity in medical care and in medical profession. Despite advances in the diversity of medical school matriculates, this hasn't translated to the number of academicians and leaders in our profession. Furthermore, physicians struggle embracing diversity in our patient populations. In this session we will take a frank look at our workplace environments targeting the concept of workplace bullying and other unfair treatments. An overview of implicit bias and its effects on the workplace will be discussed. Faculty need to acknowledge that a learner’s “workplace” is a hierarchal environment that has bias with patients as well as healthcare workers. An explicit connection to bias in our roles as educators will be discussed with tangible examples. Subsequently groups will discuss cases and reflect on initial reactions that may be pointing toward some of our implicit biases that can affect our patients and residents. Connecting the idea that respect for each person and respect for their individual perspectives can increase diversity. This workshop will be using the concept of communities of practice in our group discussions to reflect on, and potentially problem solve, our biases as faculty.
DIV-05

Diversity in residency education: Training in a world of differences

**Symposium: #WeForShe: Empowering women in medicine**

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Join us for a 90 minute discussion on the gender divide that is seen/experienced despite having more than 50% of female students graduating from medical schools. Designed for medical educators, residents and trainees who are interested in advancing women in medicine, this session will feature a top tiered panel that will discuss the following objectives:

- importance of women in medicine, their achievements, variances in leadership styles and current challenges;
- benefits of promoting diversity, gender equity and allyship in medicine; and
- opportunities that empower women to thrive in their practices and leadership roles.

The symposium will also touch on a solution-focused orientation that discusses practical strategies to enable the success of women through more equitable work environments, and close with an open forum.
Approximately 20% of employers in the US now offer empathy training, and healthcare institutions like to hire empathetic providers because they have higher patient satisfaction scores. Some people seem to be naturally empathic while others are not. Social science research suggests that there has been a fall in empathy among millennials. If empathy is important, can it be taught? How good would you be at describing empathy to a group of learners, and giving them tools to quickly establish an empathic relationship?

This workshop will introduce participants to a new lexicon for empathy, and give them a toolbox that they can use to teach learners how to establish empathic relationships. The workshop will begin with a poll, followed by discussion of the perceived importance of empathy in healthcare professionals, whether empathy can be taught, and if it can be taught by non-experts? Participants will then watch a silent movie designed to elicit empathy in observers. In small groups, participants will use Empathy Cards to initiate conversations using seven empathy archetypes. Participants will then watch a short video clip that highlights a simple three-word script that can quickly establish empathy. Following the video presenters will present information regarding empathic distress, empathic care, and empathic joy. They will also show examples of empathy in the animal kingdom, the role of empathy in pain management, and the results of empathy research using fMRI. Participants will then use think-pair-share to discuss examples from their own experience of learning or teaching empathy. If not discussed by participants, presenters will introduce discussion of settings in which they have successfully taught empathy, using techniques such as role play, medical theater, and art appreciation. Finally, presenters will explore ways that participants see themselves using workshop themes in their own academic or clinical settings and request a commitment to action. Participants will leave the workshop with a new vocabulary for empathy as well as a collection of tools that they can use daily to establish and teach empathy.
Diversity in residency education: Training in a world of differences

Lightning round: Microaggressions, discrimination and harassment - What can we do when patients are a source of harm to our learners?

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Every day, a small but significant proportion of patients implicitly or explicitly express their preference for a physician who looks like their ideal of a physician – a white physician, a non-Muslim, a man or woman. Many attendings do not know how to support residents who are belittled, outrightly discriminated against, or have inappropriately sexual comments directed toward them. Oftentimes, these slights or microaggressions happen in the presence of the entire medical team. However, the team, led by the attending, often to not discuss the incident – either to check in with the emotional wellbeing of the resident or to discuss how to handle such situations in the future. Rather, the team disperses from the bedside to do the day’s work, and the resident who was subjected to discrimination or harassment is left feeling isolated, not knowing if their attending and team realized how hurtful it was to them. Perhaps the most common form of discrimination for physicians of color (and for female physicians) is being mistaken for a non-physician; residents of diverse backgrounds report being mistaken for the nurse, food service workers, or housekeepers.

Participants will develop skills to support residents experiencing race, religious, or gender discrimination in the clinical environment. Through small group case discussion, participants will learn strategies to create a safe environment in clinical educational settings to openly discuss discrimination and harassment with the resident team. Participants will leave with a detailed toolkit of strategies to accomplish these goals including articles, case vignettes, and a slide set to be used for faculty development around supporting residents of diverse backgrounds.
Diversity in residency education: Training in a world of differences

Symposium: Flexible training: Improving workplace equality and diversity

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The UK has made significant progress in recognizing the diversity that trainees bring to medicine, each one having unique needs and work-life situations, such that a single training scheme does not enable all trainees to successfully complete their training and provide their unique and valuable contributions to medicine. Realizing the potential loss of these specific individuals to other professions, over the past 50 years the UK has progressively refined its approach to flexible specialist training schedules to accommodate different trainees and their diverse needs.

This session will present a brief history of flexible specialist training in the UK, and the challenges and successes over time, as well as the supporting data for ongoing use of and increased support for flexible training. Evidence from yearly trainee surveys, as well as initiatives from government and the NHS to optimize training, which have enabled ongoing training for differing trainee situations, will be highlighted.

This session will explore methods to adapt the knowledge and evidence from the UK to other medical contexts using Canada to illustrate the application of such methods. Examples of diverse trainee situations, potential barriers and hurdles will be discussed, along with the resources needed to overcome such challenges. Participants will work together to suggest how training programs can become more flexible in being able to provide equal opportunities for an increasingly diverse trainee population.
DIV-09

Diversity in residency education: Training in a world of differences

Lightning round: The interplay of power and diversity in the healthcare environment

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The learning and work environment in healthcare is fraught with power dynamics complicated by diversity, hierarchy and communication challenges. Exploring facets of explicit and implicit diversity will challenge our biases regarding 'other'. Some examples for consideration include: common distinctions: race, religion-spiritual, sex, gender, disability; and academic distinctions: titled or leadership position, professional discipline, role (learner, mentor, advisor, researcher, teacher etc.). Less discernable distinctions include: values, beliefs, ambitions, and communication, conflict, and leadership styles. Perceived and real power differentials magnify the possibility for misperception, projection, barriers and miscommunication. Working and learning in this complex environment is challenging, and potentially leads to experiences of being misunderstood and devalued. The willingness to discuss power dynamics, diversity and equity in healthcare professional education may enhance awareness and create the space to foster dialogue, optimize collaboration and create opportunity.
Harassment and discrimination in the learning environment is a widespread problem that affects around 60% of learners. Sources are varied and include patients, nurses and supervisors. The impact on the learner can be profound and detrimental. Points of intervention exist at the institutional, program and individual level.

This workshop focuses on how preceptors can create a supportive learning climate and how residents and teachers can respond to harassment in the clinical learning environment.

In the first part of the workshop participants will be provided with an overview of the incidence and definitions of harassment. The emphasis is on the power differential and key factors behind the harassment dynamic.

A worksheet allows participants to reflect on their own boundaries to different levels of harassment by patients and staff. In each category of harassment (mild, moderate and severe harassment) the participants will be given a set of possible responses that they can modify and personalize to their own comfort level.

Participants will then have the opportunity to practice their own responses in small groups using various scenarios. For each scenario participants have to opportunity to take turns in playing the role of the person making the unwanted advance and the one who is responding to it as a target or a bystander. A tool kit of 10 intervention strategies for bystanders will be shared and discussed.

Debriefing of personal experiences with harassment and of the effectiveness of the practical exercises will be facilitated in small and large group discussion.
EQ-01

Educating for quality of care, patient safety, and resource stewardship

**QI on the fly**

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Opportunities exist in everyday clinical supervision to integrate discussions about patient safety, quality improvement and/or resource stewardship and assess learner competence in these areas. During this interactive session, participants will reflect on their clinical supervision practices and identify opportunities to create teachable moments to highlight important patient safety, QI or resource stewardship concepts. They will then use a structured template to create a teaching script, which they can use as part of their daily clinical supervision to lead informal discussions about patient safety, QI and/or resource stewardship with trainees and students. The session will end with an exploration for how direct and indirect means of observation as well as feedback can support workplace-based assessments of patient safety/QI competency in residency education.
Unconscious attitudes, also known as implicit biases are ubiquitous and their effects are wide-ranging. From something as seemingly insignificant as the clutching of a purse in lieu of a passerby to something of potential great consequence such as the lack of a surgical referral, the fingerprints of implicit bias are on many of the decisions we make. However hard it is to conceive, physicians’ patient care decisions are not immune to the influence of unconscious beliefs and attitudes and the data showing the effect of implicit bias on healthcare disparities is growing. “Unlocking Implicit Bias“ is an engaging, insight-enhancing, and practical workshop about implicit bias and its effect on society and patient care. We approach this rather difficult topic in a very straightforward, compassionate and empathic, yet, entertaining manner. Our workshop looks to weave humor with poignant stories from national headlines and personal experience into a rich learning experience. We guide participants through enlightening experiential exercises to deepen understanding of the power of automatic associations which serve as the foundation of implicit bias. After introducing participants to the landmark tool that can reveal unconscious attitudes, the Implicit Association Test, our attention is then focused on the evidence-base, where we demonstrate key findings from the substantial literature on the nature and effects of implicit bias on patient care. By facilitating refreshing and productive large and small group discussions on personal experiences with implicit bias in everyday life and clinical care, we begin to peel away the feelings of shame and guilt that many people associate with implicit bias. Approaching these issues through a more positive lens allows for a more contrite and constructive forum. Ultimately, a comprehensive discussion and brainstorming session discussing proven ideas and methods to combat implicit bias provides participants with skills to take back to their institutions and have an immediate impact on healthcare equity.
An increased focus on education and assessment in patient safety is required across all stages of residency training. Accrediting bodies, healthcare systems and training programs across the globe recognize the need to increase trainee competence in patient safety. Yet there is limited faculty expertise in the principles of patient safety education. This workshop will equip faculty, program directors, and senior residents with a toolkit of patient safety education approaches for faculty development, residency education, and assessment. Topics will include disclosure, handover, critical incident analysis, and patient safety culture. Workshop faculty include experts in patient safety, quality improvement, and medical education. ASPIRE-Essentials aims to advance patient safety through faculty development and is modeled after the 4-day intensive ASPIRE (Advancing Patient Safety in Residency Education) workshop developed by the Royal College in collaboration with the Canadian Patient Safety Institute.
Medical educators invest significant time and effort into developing and writing educational innovation and research papers, and other scholarship for wider dissemination. For many the interval between hitting “submit” and receiving a decision letter can be an uncertain time. After receiving a “revise and re-submit” decision, authors’ reactions may range from feeling disappointed and discouraged, to overwhelmed. In this session editors and reviewers will provide a behind-the-scenes look at what happens to manuscripts at two stages of the review and decision process: initial abstract review and the author response letter following a revision request. Short mini-presentations will describe the journey of a manuscript through the editorial screening process to author response letters. Participants will work in small groups to review abstracts and author response letters using provided review checklists and author response tips, to improve these selections. The small groups will share their suggestions in the large group, with additional discussion among participants and session leaders. Resources, abstract review checklist, and tips for response letters will be provided for future reference.

This session will arm all levels of medical educators with insider knowledge that will be useful in preparing future manuscripts for submission and “revise and re-submit” responses.” The information can also be applied to reviewer and editorial board activities.
Have you found yourself wondering how to get started with education research? Many of us in education roles recognize the challenges that our work presents, and feel motivated to develop research ideas that arise from those challenges. While some of the problems we encounter in education work simply require solutions, others cry out for creative exploration. We can stumble, however, when it comes to determining which is which. How do we decide which ideas deserve our scholarly attention? And once we have decided, how to we bring those ideas to fruition?

In this one-day post-conference workshop, Lorelei Lingard and Chris Watling will lead participants through a series of activities that will allow them to zero in on those ideas with the most potential to generate novel and compelling research, to craft research questions that will resonate with a wide audience, and to lay the groundwork for a successful research study. Key elements will include:

- Moving from a topic of interest to a problem that demands research
- Surveying existing literature to map the space your work will occupy
- Proactively articulating the "so what" of your research project
- Engaging in thoughtful planning to ensure methodological rigour
- Strategizing about effectively sharing your scholarship

This workshop will offer both novice and experienced researchers new strategies for choosing strong ideas and for developing those ideas into meaningful contributions to the education literature.
Faculty development

Are you a deliberate educator? Identifying strategies necessary to become a master educator

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People frequently point out that the Latin origin of the word Doctor is Docere, which means to teach, as if to imply that once a person becomes a good doctor, they also become a good teacher. And once this occurs, then they also become good program directors. As a result, many people choose or are selected for these roles without formal training in education technique or theory. What would it take to become a deliberate educator? What strategies are essential to embrace medical education from an educator’s point of view? In this workshop presenters will discuss the meaning of a deliberate educator. The participants will brainstorm a list of traits necessary to become a master educator. The presenters will share their top ten tips, which will be debated amongst the large group. Participants will analyze their own strengths and weaknesses and walk away with at least one tangible goal for improvement, as well as a list of tips to become a deliberate educator.
Faculty development

Everything I ever needed to know about being a program director I learned at ICRE. #5: Program director wellness

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In order to provide residents with an optimal training experience, program directors must effectively perform duties across a wide spectrum of domains including administration, curriculum development and delivery, assessment and evaluation, resource allocation and accreditation. Despite possessing enthusiasm and drive, many program directors find themselves neither trained nor prepared for successful execution of these tasks. This workshop is the fifth in a proposed series of five developed in response to feedback and demand from program directors who attended the ICRE 2014 Workshop “Program Director Confessions”. The series is designed to provide continuing, context-specific faculty development on an annual basis for program directors of all experiences and program sizes, while also providing opportunities for networking and collaboration.

The role of program directors can be stressful and busy, and as such they must navigate conflict-laden issues and tensions involving not only their trainees but also the University, the healthcare team/institution, and their peers. The problems program directors encounter, and are expected to solve, are often unpredictable, recurrent, intractable and frustrating. The balanced advocacy demands the position necessitates may conflict with individual program directors’ values. They are expected to address wellness in their trainees yet may possess neither the time nor skills to manage their own. This highly interactive workshop will use case-based examples, role plays, small group discussion and audience experience to help program directors to balance their own wellbeing whilst successfully administering a residency program.
Transitioning to independent practice is stressful. Early career physicians can benefit from support for personal development and career guidance with improved satisfaction and faculty retention. While mentoring has been suggested as a strategy to support new graduates in transition to independent practice, less than half of US academic departments have formal mentoring programs. Even fewer departments offer training or guidance to aid the mentors, especially in addressing the unique needs of diverse mentees. As residencies move towards the CBME framework, there is an urgent need to provide mentorship to residents in their transition to practice (TTP) period. This might have positive effects on faculty retention, physician wellness and potentially quality of care. In the literature global objectives of mentoring programs include professional development, academic success, networking and faculty retention. There is also literature evidence for mentoring best practices, with the essential components being mentor selection, matching, mentor support and program administration. This workshop will guide participants in establishing their own successful mentoring program based on the objectives and needs of their TTP residents. Using case based discussions, we will guide programs to tailor to trainees from various background and life stages. Trainees might need mentoring in operational knowledge, academic development, financial planning, personal relationship, work-life integration, resilience, and wellness. We will introduce measurement tools to inform evaluation. The workshop will also highlight issues and challenges that can arise in mentoring programs. We will illustrate pitfalls using real life examples from various specialties for newly transitioned physicians (Emergency Medicine, Pediatrics, Internal Medicine, and Anesthesia). We will share practical tips, pitfalls and lessons learned to guide participants through the set-up of a similar program for their TTP residents.
FD-04

Faculty development

**Using the 4P framework to achieve work-work balance for clinician educators and leaders**

J. Maniate¹ J. Busari² M. L. Clark³

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A common theme among health care professionals is the challenge in balancing and attending to multiple roles in the work we do. Time Management and the challenges of work-work balance will be explored using the 4 P's framework.

This workshop is intended to engage participants in the discourse of how to effectively manage their various clinical, teaching and administrative roles as health professionals. Participants will have the opportunity to reflect in small groups about the way they currently manage their tasks and how this impacts health care delivery and medical training programs. Our objective is to challenge the participants thinking, examine the views about the concept of work-work balance, and come away with some concrete examples of how to achieve work –work balance.

We encourage attendees to read this paper prior to attending the workshop if possible.

FD-05

Faculty development

**Developing a career as an educator: Choose your own adventure!**

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In this workshop, participants will have the opportunity to examine different pathways to develop a career in medical education. Through exchanges of experiences and narrative exercises, participants will gain insight into their own drivers for a career in MedEd, understand the influences that brought them to their current developmental stage, and plan their next steps. The facilitators will explore some potential barriers and opportunities, and share lessons learned in order to provide participants with a framework to identify their own pathways.
FD-06

Faculty development

Coaching learners towards formulating professional identity

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Professional identity formation (PIF), which involves development of professional values, actions, and aspirations, has been prescribed as a primary focus of medical education by the Carnegie Foundation. However, these professional values are often taught through hidden curriculum, often without a structured, guided reflection.

The goal of this highly interactive and fast-paced workshop is to coach learners towards formulating strong PIF. We will do this by exploring the integration of professional values in PIF, define troublesome knowledge and threshold concepts in professionalism and how they impede learners ability to move up Keegan's notable stages of developing professional identity using case scenarios and Poll Everywhere technology.

Part of the workshop will utilize groups to perform role-play, which will be used to simulate how trainers can coach learners to develop improved behaviors in professionalism using the self-efficacy learner theory. We will use a novel "DEBRIEF" tool to help trainers guide discussion for their learners to improve upon lapses in professionalism.

The workshop will conclude with a group discussion on questions/strategies used during role-play that were found effective in cultivating behaviors of professionalism. The session will conclude with briefly describing take-home tools for further development of understanding how to implement curricula using self-efficacy for a myriad of teaching scenarios to improve PIF.
Faculty development

**Peeking behind the curtain of research funding: Tips for turning a good idea into a great application**

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Writing research grant proposals is challenging and time consuming. In medical education, applying for research funding is highly competitive given the relatively small numbers of research grants available to applicants. Understanding best practices of grant writing and how to structure applications to increase the likelihood of success is critical. Applications should be clearly written, compelling and accessible to a wide range of possible peer reviewers. This workshop will provide a framework for writing a strong grant application and provide insights from experienced peer reviewers as to how to turn a good idea into a great application.
Remember that awkward conversation when you "had to" tell a resident, student or colleague that they smelled, that their dress was a little too revealing or that they were just a bit too loud? Candid conversations about body odor, attire and behavior are challenging even for the most seasoned educator. This highly interactive (and entertaining) workshop will be a first step in helping educators to stop sweating about sweating. Giving clinical feedback to learners is a difficult conversation for most educators and is generally a ubiquitous topic in faculty development courses. Providing sensitive personal feedback is even more challenging and the impact of this feedback and it's delivery can have long-lasting effects on learners' careers and how others perceive them. Educators are in a unique position to help shape all aspects of their learners' professional identity, including the non-clinical aspects. This workshop systematically tackles the unique challenges of delivering sensitive feedback in a timely and effective manner. This session will outline the essential steps for successfully delivering sensitive feedback. A structured approach to sensitive feedback delivery will be reviewed and modeled with substantial time devoted to a variety of challenging real-world cases, group reflection, and discussion. Facilitated small groups will support faculty from both undergraduate and graduate medical education to become more comfortable with discussing taboo topics and methods for delivering sensitive feedback effectively. Participants will have the opportunity to reflect on challenges they've faced during past experiences, plan strategically for more candid and aligned future discussions and give feedback to one another for more effective open conversations.
FD-09

Faculty development

Successful Coaching of Residents: Culture Difference and the Diversity Matrix

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Internationalization of PGME programs has an impact on coaching and providing feedback, both of which are highly influenced by cultural aspects. Research shows that educational concepts cannot easily be transferred from one country to another. When implementing coaching programs for residents, cultural difference between countries, as well local context and needs, have to be taken into account. In this workshop we introduce the five dimensions of cultural difference (Hofstede) and the diversity matrix (extrovert, introvert, group identification, individual impact). The model of Hofstede can be used to understand the cultural differences and helps to develop a cultural robust coaching program. The diversity matrix will help you to identify ethno-specific problems. In an interactive session the models will be used in small groups to analyze the cultural aspects of the PGME program, to increase your insight and ability to develop and implement cross-cultural coaching in your daily practice. The workshop is performed by two educational specialists and two medical specialists from the Netherlands and provides you with up to date information and best practice for cross-cultural workplace based learning and coaching. This experience will help you to stimulate the development of residents of different cultures into responsible professionals in modern healthcare.
Faculty development

Critical Consciousness: Promoting “Just Learning” for Faculty

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Scenario: You are a new staff member in Adolescent Psychiatry. You have discovered that the intake form for families is 35 pages long, written in either English at the Grade 11 level. Filling out the form is an absolute requirement in order to even be placed on a waiting list for an appointment. About 35-40% of the parents in your city are not able to complete such a form by virtue of English being a second language, and for those with capacity in English, the Grade 11 level is too high.

The above scenario is an example of a structural inequity. How can this issue first be fixed, but then also used as a teachable moment for the psychiatry residents under your supervision?

Critical Consciousness, a term defined by Brazilian Educator Paulo Freire in his work on “Pedagogy of the Oppressed”, is about developing the tools to appreciate such systemic issues – privilege, discrimination, and structural inequities. Structural inequities have been well demonstrated within multiple health care systems and contexts, and within the practice of medicine. Critical consciousness education is about unmasking privilege, oppression, marginalization and inequity. Within his pedagogy, Freire also included the attitudinal orientation to work at positive social justice change, as a key objective of the pedagogy.

In this workshop, we will provide a space for the discussion of how best to teach about structural inequities within health care, and to role model actions aimed at addressing identified social injustices. Within an introductory plenary, we will synthesize the literature on critical consciousness, starting with Freire’s work, but then contextualizing this work to the practice of medicine. Through a series of scenario-based interactive discussions, participants will create a list of educational objectives for learners and skills needed in teachers for the development of critical consciousness, and then will match these objectives to both formal and informal instructional methods. Participants will then work in groups of 3-5 to identify critical consciousness teachable moments within their own contexts of educational practice. Finally, the large group will reconvene to discuss the broader implications of critically conscious faculty development for medical education. We will close with an action planning exercise and a wrap-up with lessons learnt.
There is a growing consensus that leadership should be taught to postgraduate trainees. Being a Leader is formally included as a key component of the CanMEDS framework. Two recently published systematic reviews highlight example curricula and provide potential best practices for leadership development within graduate medical education. What is often left out of these curricula and publications is how to train faculty to teach leadership. Leadership curricula require faculty that can teach in didactics, but maybe even more importantly teach leadership during every day practice such as on rounds, in the operating room, during quality improvement meetings, and a myriad of other settings. Many faculty have not had formal training in leadership themselves and may not feel comfortable teaching others about leadership. The workshop will review reasons behind faculty apprehensions about teaching leadership and help participants see themselves as leaders. Participants will be introduced to a 5-step method for directly observing leadership and teaching in the workplace. The purpose of this workshop is to help faculty feel better prepared to teach leadership across a wide spectrum of learning environments. The session will additionally provide program directors and faculty development leaders with strategies for teaching their faculty at their sites. Participants will leave the session with a new "lens" for observing leadership and a process for providing feedback on leadership. Faculty will feel empowered and equipped to teach leadership.
Faculty development

Remediation... Not a Four Letter Word: Leveraging the Pygmalion Effect to Set Learners Up for Success

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"The difference between a flower girl and a lady is not in the way she acts, but in the way she is treated" – Eliza Doolittle, My Fair Lady (also called The Pygmalion Effect). What if the difference between a successful and an unsuccessful trainee in remediation was more about whether or not the teacher(s) believed the trainee would be successful? We have all dealt with learners in difficulty and multiple workshops, articles and books which focus on the "mechanics" of remediation. In a landmark educational article from the 1960’s, researchers demonstrated that teacher attitudes and behaviors have a significant impact on student outcomes. They called this the Pygmalion effect.

This workshop will highlight the importance of faculty attitudes and behaviors in remediation planning. It will also challenge the current model of remediation planning by using literature from the fields of business, K-12 education, and psychology to put a greater emphasis on the biopsychosocial aspects of remediation within the clinical training environment.

Topics covered will include the impact of (1) labeling; (2) self-fulfilling prophecies; (3) group think; (4) implicit bias; (5) mindset; and (6) unrealistic expectations. Participants will work in small groups to review real-life cases and remediation plans and identify psychological strategies that could be employed by faculty members to enhance the likelihood of a learner’s success. Participants will use role-playing exercises to practice delivering information to a learner-in-difficulty, using verbal and non-verbal communication strategies that facilitate both positive expectations in the learner and clearly articulate appropriate learner actions.

Participants will debrief in large group discussions to share their thoughts with the audience. Participants will leave with a toolkit of both the mechanics of common remediation plans and a repertoire of scripted responses to be used in difficult conversations with learners.
Teaching and assessing diagnostic reasoning: Opening the “black box”

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Teaching and assessing learners’ diagnostic reasoning skills are some of the most critical elements of training future clinicians. The medical community has become cognizant of the prevalence and impact of diagnostic errors on patient outcomes, and hence there has been a call to action to improve the education of clinical learners in the diagnostic reasoning process. Teaching and assessing diagnostic reasoning remains a “black box” due to its idiosyncratic nature and the lack of a standardized approach.

Our workshop is a train-the-trainer session where we equip clinical educators with the skill set to enhance their teaching about the diagnostic reasoning process through a highly integrated assessment and teaching approach.

This workshop offers experiential learning based on Kolb's learning cycle. This workshop will be fast-paced and interactive. We will begin with a reflective role-play of the diagnostic process in a clinical scenario. A brief interactive didactic will introduce the key concepts and shared terminology of the diagnostic reasoning process. In small groups, participants will debate critical domains and elements of competence of diagnostic reasoning. The facilitators will then introduce the Assessment of Reasoning Tool (ART) developed and validated by workshop faculty and a multi-specialty team of experts. This will be followed by a hands-on practice session where participants will use the ART to assess learners in simulated patient encounters and provide structured feedback. Through facilitated discussion, participants will formulate practical strategies to use ART as a framework to assist learners in setting learning goals and developing an action plan to improve these skills. We will end with a discussion of how to apply lessons learned to teach or remediate learners in various clinical or simulated environments (e.g. OSCE).

Participants will leave the session with theory-informed tools, frameworks and practical strategies to train others how to guide learners for life-long learning of diagnostic reasoning skills.
There is ongoing research in healthcare, the social sciences, politics and business world that are aimed at understanding and facilitating diversity to improve service and reflect the population that is being served. In medical education and practice, the positive and negative impacts of diversity from both the viewpoints of consumers and providers of care have been demonstrated. Still, despite what we know about the role of diversity in different contexts, many (including the presenters) still grapple with how to accommodate the many facets and interpretations of this concept in the education, practice and leadership of medicine. Some of the questions we have asked ourselves are: Why does diversity matter in leadership? How does that translate to our own Clinician Educator setting? What does this mean locally, nationally and internationally? What needs to be done? How can we ensure/help/support the success of each other?

A recent HBR paper by Celia de Anca and Salvador Aragon, reveals that diversity shapes our identities and depending on who is providing the definition, can mean one of 3 things: (1) Demographic diversity (our gender, race, sexual orientation, etc.); (2) Experiential diversity (our affinities, hobbies, and abilities); and (3) Cognitive diversity (how we approach problems and think about things).

Reading Material https://hbr.org/2018/05/the-3-types-of-diversity-that-shape-our-identities

As a diverse group of clinician educators, with various clinical, educational, research and leadership positions, the presenters will present learned experience and draw upon examples from the literature on why diversity matters and how it can impact the educational process, the culture found in the clinical learning environment and each CanMEDS Role.
Faculty development

**Good Food, Good Ideas: The Fine Art of Educational Improv**

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Clinical teachers must frequently call upon creativity and improvisation when engaging in work-based instruction. This is known as adaptive educational expertise, and forms a crucial skill developed in the transition from novice to experienced clinical teacher. In this session attendees will engage in a fun and instructive exercise aimed at highlighting the challenges and richness of opportunistic teaching.

The overall goal of this session is to highlight the importance of adaptive educational expertise (AEE) for clinician educators.
Fatigue is an unavoidable risk for services that provide care 24 hours a day. Acknowledging the reality that physicians and surgeons will sometimes work fatigued, Canada is shifting to a new model of managing fatigue-related risk during residency training. A national resource called the Fatigue Risk Management (FRM) Toolkit launched at ICRE in 2018 in preparation for the national transition. In 2019, two residency programs will become early adopters of fatigue risk management. This session presents the opportunity for participants to learn from the early experiences of these trailblazers, setting them up to be champions and change-leaders for FRM in their own local context. Participants will be ahead of the curve and ahead of the expectations that will be integrated into future iterations of accreditation standards for Canadian institutions and postgraduate residency programs.

The session will be divided into three sections: (1) There will be a brief introduction to Fatigue Risk Management Plans (FRMPs): why is fatigue risk management important? What does an FRM plan look like? ; (2) The second section of the session will focus on two case studies. Staff members and residents from two trailblazers of fatigue risk management will share initial successes and lessons learned from the early days of implementation of FRM at their sites; (3) Participants will have the opportunity to engage in an interactive dialogue with the trailblazers, to share their own experiences of FRM, and discuss opportunities and barriers regarding local implementation of FRM.

Participants will leave the session able to recognize elements of a FRMP, develop FRM strategies to fit their local context, and reflect on these FRM practices. Participants will be well equipped to become leaders of FRM in their own contexts.
Learning Analytics 3.0: Applying Data to Improve Programs

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Building on lessons learned in Learning Analytics 1.0 and 2.0, Learning Analytics 3.0 will be a hands-on practical session designed for those who have or will soon have learner-level data, and are looking for guidance on what to do next.

The workshop is primarily intended for clinician educators with some knowledge of learning analytics who wish to develop hands on skills and build their toolkit for implementation in their local context. The session will feature didactic and interactive components and will focus primarily on the collection, visualization, and interpretation of learner data in order to identify opportunities to promote learning.

Participants will have the opportunity to work with an international panel of experts in the development of their own learning analytics approach. Participants be encouraged to bring their own data sets (should they exist), though a sample set will be made available for those just getting started.
Identifying a resident who is struggling to progress and tailoring a learning plan to facilitate their development can be difficult. Learning analytics tools can provide insight into the skill development and progression of residents in competency-based medical education programs, which can be used to tailor experiences for learners.

In this narrative session, a panel of international experts will share their experiences of how learning analytics has been used to identify struggling learners, signal areas for growth, and promote learning. Panel members will share success stories, insights, and lessons learned. A large portion of the session will be devoted to interactive discussions based on the examples shared.
LED-01

Leadership education

Medical-legal essentials for academic leaders: Creating a just culture

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Program Directors and other faculty members have the increasingly complex task of managing the academic expectations for residents to achieve milestones while also contributing to the development of a positive workplace culture. Developing a framework for managing both individual performance and system improvements can benefit both residents and faculty.

Based on the CMPA's experience pertaining to academic matters, this instructor-led, participant-centred workshop will explore how the institution of a just culture framework can help academic leaders deal with the typical medical-legal issues encountered in matters of resident performance management and system quality improvements.

Participants will be introduced to the important concepts required to build and support a strong learning system. Because behaviours that undermine a culture of safety are rooted in part in behavioural drift, participants will learn to distinguish between human error, at-risk behaviour and reckless behaviour. Using their own clinical examples, participants will identify the appropriate interventions to appropriately manage each situation to achieve maximal resident engagement, promote workplace communication and teamwork, reduce conflict and improve clinical care.
’The NHS Long Term Plan’ states that strong relationships, a shared vision and effective leadership are all crucial to success. At the Royal College of Physicians, clinical leadership has always been at the forefront of our priorities and we have developed a range of initiatives which demonstrate our commitment to improving competence in medical leadership. Drawing upon educational and clinical input to effectively combine a ‘theory into practice’ approach, this workshop will explore individual leadership styles through the use of case studies and team-based scenarios. Through exploration of leadership and management within healthcare settings, we will evaluate the qualities that constitute effective leadership. Participants will then work in collaboration to develop their personal leadership approach to real life issues to understand the impact they have on others.
Leadership education

The ABC’s of resident leadership development through engagement

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There is an evident need to equip physicians with essential leadership skills required for effective clinical practice. While various strategies exist to address this, not all are appropriate to the unique clinical learning environments that are present in various healthcare systems. Therefore, concerted efforts are needed to develop practical leadership skills among residents and to provide opportunities for practice and consolidation. For faculty, more awareness is needed to identify potential leadership teaching moments through active engagement, rather than relying on traditional, more passive, methods that may be variable in their impact.

Tasked with fostering the leadership potential in residents, what should an educator do? Using the acronym “ABC’s”, standing for Administrative, Bedside, Classroom, and Simulation opportunities, participants and presenters will share their experiences implementing a senior leadership block, portfolio/reflective practice, integrating residents into committee structures, project based collaborations and just-in-time leadership teaching opportunities. Through lived examples and narratives, participants will have the opportunity to discuss common challenges and further solutions related to leadership training for residents that is appropriate to their specific context. This conference workshop is intended for program directors, residents, faculty, and other individuals interested or involved in leadership teaching and curriculum development.

This workshop will start with the conceptual frameworks to ground leadership training, demonstrate the application of the theory through lived case-examples in four differing teaching settings. Active participation from attendees will be harnessed through a variety of modalities including think-pair-share activities; brainstorming opportunities; group surveying; videos with debriefing; mini-lecture for best practices content; as well as reflection with feedback, tied to case discussions and small group discussions.
Leadership education

**Bootcamp for Program Directors**

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The role of program director is highly unique, entailing aspects of leadership and administration which are often new to people taking on the role. The Bootcamp for Program Directors will provide high yield essentials for effective program administration. This interactive and hands-on workshop will prepare participants to confidently serve in this role through both knowledge and skill development.
LED-05

Leadership education

Change Masterclass: Leading and Sustaining Successful Change

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In today’s complex and diverse health care system the pressures for change are relentless. This session recognizes that all physicians and other healthcare professionals in the 21st century are required to some extent to be change leaders in order to improve our organizations and meet stakeholder needs. The session is designed for education leaders, program directors, site education leads, faculty developers and resident leaders with challenging responsibility for change. There will be opportunities to introduce and discuss the real challenges facing your role and organization and time will be included to practice and apply techniques in a variety of interactive activities guided by an international faculty.

Key themes include:
using change from the perspective of complexity theory
reflecting on your change leadership style, enhancing your flexibility and developing your capability to lead based on evidence from psychology, neuroscience, systems theory, etc.
knowing how to deal with culture within the workplace and learning environment
establishing the relational groundwork for leading change (partnerships, networks, social movements) and enlisting essential roles during change
making it easier to change by shaping the environment (reducing barriers and multiplying enablers)
anticipating/using discomfort and learning from failure
consolidating changes to advance and sustain improvement
LED-06

Leadership education

Lightning round: Leadership for inclusivity and cultural appropriateness

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Diversity of thought and talent is shown to underlie better workplace performance and higher engagement in many industries and sectors. The changing context in higher education (emerging markets, shifting customer attitudes and demographics and emphasis on diversity and inclusion; each of which are further affected by technology such as dissemination of ideas via hyper-connectivity) challenges the traditional leadership notions.

This workshop will explore the tenets and utility of inclusive leadership. Hofstede’s cultural dimensions, Deloitte’s inclusive leadership framework, the GLOBE study and evidence in peer-reviewed literature inform this session. Multiple perspectives on “inclusive” leadership have in common certain attributes such as awareness, belonging, respect and openness for diverse viewpoints, curiosity, cultural intelligence, facilitation of dialogue, empathy, diplomacy, healing and serving traditionally under-represented constituents.

The goal of this workshop is to enhance the abilities of health professions education leaders for inclusive leadership. This session is built upon the foundations of multiple relevant concepts such as equity/equality, bias, identity, cultural competencies, power, privilege, and currently relevant leadership perspectives.

The instructional methods rooted in constructivism learning theory include an alternating mix of brief didactic sessions and active and experiential learning. Following a brief overview of key concepts the participants will engage in sequential individual, paired, small group and large group exercises (including some elements of debate) on personal comfort with the knowledge and application of the behaviors conceptualized in inclusive leadership. The last section will have a brief didactic session on stretching one’s abilities to be more inclusive followed by group discussion and critique. The session will end with personal reflection for consciously applying inclusive leadership abilities.
Resident wellness has gained substantial awareness in recent years as an important dimension of residency training, yet medicine revolves around a culture of perfectionism which may not be addressed by current wellness initiatives. Given the stakes involved around patient safety and quality of care, personal reputation both professionally and with family and friends, highly competitive fellowships and job placements, along with mounting financial obligations, resident physicians face a heavy pressure not to fail.

Recent research on resident physician burnout and mental health issues shows the pressure to be completely infallible can lead to self-harm, chronic fatigue syndrome, obsessive-compulsive disorder, insomnia, post-traumatic stress disorder, social anxiety disorder, anxiety and depression. Wellness programs focussed on mindfulness and self-compassion have been shown to be longitudinally associated with lower stress and greater confidence in practicing increased coping and resiliency skills. While these initiatives may be helpful in alleviating personal crises, there remains a culture of perfectionism that may reinforce unrealistic expectations.

Evidence will be presented from expert commentaries of physicians with lived experiences of finding success in failure, results of resident focus groups and surveys about experiences with failure, and a literature review. This session will explore perceptions about finding success in failure; facilitators and barriers to changing the culture of perfectionism at the system, program and individual levels and discuss training that promotes the specific aspect of surviving failure in the broader context of resident wellness and professionalism.

This session will discuss options and directions for consideration by Postgraduate Medical Education (PGME) Offices, program directors, leaders in medical education and residents themselves on the evidence gathered in the literature. Participants will be able to recognize current trends in overcoming perfectionism, finding success in failure, self compassion and describe future directions for resident wellness in Canadian medical education.
PHW-02

Physician health and wellness

Recommendations from a Canadian national task force to achieve health and wellness competencies within medical training


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In the CanMEDs 2015 Framework, resident physicians are required to be committed to both their patients and their own personal wellness. The Canadian Medical Association Policy on Physician Health also recommends that "medical education offerings aimed at personal health be expanded" and that "accreditation standards for health and wellness programs... be reviewed in an ongoing manner and that standards and competencies be enforced." Recognizing physician health as a quality indicator of patient care, this presentation will offer recommendations that will influence future accreditation standards and provide examples of how these standards could be met.

In 2017, the Royal College of Physicians and Surgeons of Canada struck a Physician Wellness Strategy Task Force to develop recommendations for Competency Based Medical Education. These recommendations are informed by an extensive review of the literature, as well as input from experts in the field. They are designed to influence accreditation in the future.

In this workshop, we will share our recommendations for physician health and wellness best practices. We will discuss how these recommendations could be incorporated into wellness curricula and institutional policies. Participants will work in small groups to identify the ways that wellness recommendations can be incorporated at their own institutions.

As medical schools implement wellness programming, it is imperative that it is done using a comprehensive approach shared by the professional culture, the practice and learning environments, and the individual physicians and learners. This workshop will provide participants with a framework for identifying wellness programming and solutions at their institutions.
Imposter syndrome and overcoming yourself in order to succeed

E. Elsey

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Imposter syndrome was first described by a group of psychologists in the 1970s. It typifies high achieving individuals, frequently in professions such as medicine, business and science and more often affects females. It is thought that up to 70% of the population identify with the feelings typified by Imposter Syndrome. Sufferers of Imposter Syndrome report chronic self-doubt and a fear of being found out as a fraud or an overwhelming sense of not belonging in the high-achieving environment they find themselves in. Typically, these negative feelings can override any feelings of success or even external evidence of competence and achievements. Many of us in leadership roles within medical education will not only work with those with Imposter Syndrome but personally identify with these character traits.

Discussing these feelings is frequently taboo in medical education but important if we are to unlock our own personal potential for success. Understanding more about Imposter Syndrome will allow us to identify those we work with who are preventing themselves from reaching their full potential due to feelings of inadequacy or fraudulent competency and take steps to enable them to succeed.

This session will provide a safe environment for participants to explore some of the concepts of imposter syndrome and develop strategies for overcoming persistent feelings of self-doubt and a fear of failure. The session will be highly interactive and will use a mixture of learning strategies including short didactic presentations of key concepts, personal assessment, self-reflection, writing therapy and group discussion. Given the potentially sensitive and personal nature of some of the discussions, participants will be expected to adopt Chatham House Rules as a code of conduct for the workshop.
PHW-04

Physician health and wellness

Addressing mistreatment (including bullying, intimidation, harassment and sexual harassment-BIH&SH) in postgraduate medical education: Lessons learned from a medical school unit assessment

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The CanMEDS professional competency requires physicians to be committed to the health and well-being of individual patients and society through ethical practice and high personal standards of behaviour including self-care. Postgraduate medical education (PGME) programs are dedicated to training learners to achieve this competency and to providing safe and respectful environments conducive to learning and working. Yet, increasingly, these programs are being identified as being affected by learner mistreatment, including BIH&SH with physician faculty or peer learners being cited as the offenders. The literature suggests that learner mistreatment can have a longstanding and significant negative impact on physical and emotional well-being and decrease career satisfaction for learners. PGME programs struggle with the identification and effective management of learner mistreatment, including BIH&SH, in the learning environment. Anonymous reporting, fear of reprisal, the well-established hidden curriculum, and systemic institutional practices are examples of such challenges.

This interactive workshop reviews the literature in the area of learner mistreatment, including BIH&SH, and its impact, with focus on the PGME learner. It engages participants in identifying barriers to recognizing learner mistreatment, including BIH&SH, in the learning environment through a think-pair-share exercise. In small groups, participants discuss case studies identifying what constitutes learner mistreatment, including BIH&SH in each case and the management challenges.

The facilitators present the results of a 2019 survey distributed to learners, faculty and staff on learner mistreatment, including BIH&SH in our PGME program. We review the recommended strategies to identify and address learner mistreatment, including BIH&SH in the learning environment with reference to our experience following a Unit Assessment in 2017. Participants reflect on how recommendations from our school might apply in their own context and share with their small group what steps they might take in their own context to address learner mistreatment, including BIH&SH.
PHW-05

Physician health and wellness

**Lightning round: Building resilience: An innovative reflective writing method for clinical staff – The 55 word story**

L. R. Marchand¹, E. Wild²

¹University of Washington, Seattle, WA, United States; ²Mayo Clinic, Rochester, MN, United States

Finding innovative reflective self-care techniques reduces the potential for burnout and the stress associated with attending to the needs of patients and families. Time is often a barrier to self-care; and narrative methodologies often seem to require too much time or writing ability. We offer a novel, time efficient, practical approach that is useful to almost everyone.

The 55 word medical narrative about clinical encounters from the perspective of the clinician is the self-care therapeutic tool offered during this session. Participants will experience and leave empowered to approach the medical narrative in a brief but meaningful way. In this workshop session, participants will be introduced to pertinent research and content on narrative medicine, and will participate in writing a 55 word story about a personal or professional encounter in medical care, or about a topic that they want to explore such as hope, compassion, doubt, or guilt.

Participants will share their 55 word story in dyads, give feedback on this method and its impact on resilience and reflection.
PS-01

Plenary session

Conference opening plenary session featuring the Royal College Lecture in Residency Education: Deep listening: Dialogues for inclusion and transformation in health care

L. Richardson

University of Toronto, Toronto, ON

This plenary will explore the question of how we can create space for other ways of being and knowing in medicine and medical education. Although bioscience plays a central role in health, its dominance can limit the inclusion of perspectives from other academic disciplines and cultures, and from the specific lived experiences of learners and patients. The conventional medical gaze, which implies objectivity, can simultaneously separate us from the stories of our learners, our patients and ourselves. Moving beyond the medical gaze, deep listening is an Indigenous concept which impels us to listen with care to all voices, and to recognize those that are silent or missing. Listening to understand the perspectives of others is focused on building strong relationships, and requires humility. It is both a literal and a figurative approach to building inclusive relationships and institutions. Furthermore, it is a critical step in institutional transformation and the creation of structures to support inclusion where every learner, patient and provider can thrive. Creating spaces for other ways of being and knowing in healthcare begins with learning to listen.
Conference plenary panel: Trigger warning! ‘Political correctness’, free speech, inclusion, and diversity

S. Razack\(^1\), G. McLachlan\(^2\), A. Kumagai\(^3\), F. Moss\(^4\)

\(^1\)McGill University, Montreal, QC; \(^2\)BMJ, London, United Kingdom; \(^3\)University of Toronto, Toronto, ON; \(^4\)Royal Society of Medicine, London, United Kingdom

In this session, the goal is to provide a space for discussion of some of the tensions around educating a diverse learner population. Some of the issues that will be discussed are:

1) ‘Political Correctness’: This is the notion that in the past, one did not need to be as ‘sensitive’ in day to day conversations in the learning environment, and somehow, the increasing diversity of the environment has made it such that the rules have changed. We will situate this discussion in the larger context of higher education.

2) Free Speech: Critics of political correctness often frame their critique around it being a threat to free speech. In academia, the concept of free speech often gets expressed in notions of ‘academic freedom’. In what ways can speech be understood to be ‘free’? What are the responsibilities of the speaker? What are the requirements of the environment for ‘open’ conversation that allows for a diversity of thought? What is a ‘safe’ space? Is a ‘safe’ space a ‘neutral’ space?

3) Inclusion: What are ‘inclusive’ institutional practices?

4) Diversity: How is diversity defined?
PS-03

Plenary session

Conference plenary debate: Strategies to promote diversity: Effective or just symbolic?

M. Mawhinney¹, J. Nordquist¹, O. Nnorom², M. Montaño Fernández³, S. Quraishi⁴, J. Dacre⁵

¹Karolinska Institutet, Stockholm, Sweden; ²University of Toronto, Toronto, ON; ³IMSS, Ciudad de México, Mexico; ⁴Royal College of Physicians London, London, United Kingdom; ⁵University College London, London, United Kingdom

Strategies to promote diversity: effective or just symbolic? This debate will address various initiatives to address different aspects of diversity – how effective are they? What evidence do we have? The debate will focus on three main topics: 1) effective interventions to widen access to medical education; 2) accommodating diversity within a program; 3) Pay gaps as a measurement of inequality.
PS-04

Plenary session

Conference closing plenary session featuring the Royal College Lecture in Residency Education: The lack of diversity in medicine is an emergency: The way forward

Q. Capers

The Ohio State University Medical Centre, Columbus, OH

Despite many decades of calls to enhance diversity in the medical profession, women and certain racial/ethnic groups remain significantly underrepresented in the profession. Despite a body of evidence that diversity improves healthcare outcomes and leads to a large cohort of physicians caring for the disadvantaged populations, very little progress has been made in diversifying the profession. This presentation will review the current status of the problem, some consequences of a homogenous workforce and the proposed benefits of enhancing diversity. The lecture will conclude with a discussion of effective strategies to recruit and retain women and underrepresented minorities in medicine.
In this two-part plenary session, the audience will be introduced to the use of simulation to teach and assess the intrinsic CanMEDS roles. The audience will observe a live scenario in which a pair of real participants will "manage" a potentially challenging situation. Key aspects of scenario design and simple tips for implementation will be reviewed. An expert debriefer will provide feedback to the participants and the audience will be able to interact with the participants, standardized patient, and debriefer. The convenience of this educational intervention and its depth of exploration will be highlighted throughout this live demonstration.
PS-06

Plenary session

SimTrek plenary - part 2

G. Posner¹, A. Garber¹, F. Bhanji², M. L. Clark³, J. Hall⁴

¹University of Ottawa, Ottawa, ON; ²Royal College of Physicians and Surgeons of Canada, Ottawa, ON; ³University of Calgary, Calgary, AB; ⁴Queen’s University, Kingston, ON

In this two-part plenary session, the audience will be introduced to the use of simulation to teach and assess the intrinsic CanMEDS roles. The audience will observe a live scenario in which a pair of real participants will "manage" a potentially challenging situation. Key aspects of scenario design and simple tips for implementation will be reviewed. An expert debriefer will provide feedback to the participants and the audience will be able to interact with the participants, standardized patient, and debriefer. The convenience of this educational intervention and its depth of exploration will be highlighted throughout this live demonstration.
Implementing quality of care, patient safety, and resource stewardship improvement projects

Lightning round: Advancing care: The fundamentals of quality improvement for frontline clinicians and resident educators

S. Calder-Sprackman¹, L. Chartier²

¹University of Ottawa, Ottawa, ON; ²University of Toronto, Toronto, ON

Quality Improvement (QI) is rapidly becoming the preferred method to advance patient care. Resident and staff physicians are being encouraged more and more to develop improvement skills. Whether you are a frontline clinician interested in learning about the science of QI or you are looking for an effective approach to tackle local quality issues, this practical workshop will provide the foundation and tools to successfully complete meaningful QI projects.

This session will present the steps required to complete a QI project, including how to select appropriate quality issues to tackle, how to apply process improvement tools, and how to carry out a project using rapid cycle change methodology. Workshop content will be presented from content experts through PowerPoint presentation, project examples (case presentations) and interactive exercises. Workshop participants will have the opportunity to engage in small group discussion and interactive activities to learn to tackle their local QI questions. Furthermore, this session will address how staff physicians can supervise resident quality projects by helping to navigate common challenges that can arise.
Engaging residents: Inspiring the next generation of leaders and educators

**Resident survival stories**

B. A. Yama¹, S. Fleming², A. Atkinson³, C. Weston³, J. Tomlinson⁴, J. Kancir⁵, A. Tatem⁶

¹The Hospital for Sick Children, Toronto, ON; ²British Orthopaedic Trainees Association, London, United Kingdom; ³Doctors Health Services, Alexandria, NSW, Australia; ⁴Health Education England, Leeds, United Kingdom; ⁵University of British Columbia, Vancouver, BC; ⁶Baylor College of Medicine, Houston, TX, United States

Respect for diversity is a core value in medicine and medical training, and a diverse and inclusive environment permeates all aspects of residency training. There are both explicit and hidden issues that residents experience throughout training related to diversity and inclusion.

In this interactive presentation, a diverse group of residents will present their experiences in these areas, reflecting on the processes and approaches they used to maximize their experience. This session will also provide the participants with lessons learned beyond residency.

Participants will have the opportunity to identify some of the issues develop strategies to work through the various situations presented.

This is a unique opportunity to learn from "real life" stories and to develop strategies to manage them.
Engaging residents: Inspiring the next generation of leaders and educators

Not just another leadership workshop: Exploring novel and practical leadership tips

S. Fleming\textsuperscript{1}, S. Quraishi\textsuperscript{2}, E. Elsey\textsuperscript{3}, G. McLachlan\textsuperscript{4}

\textsuperscript{1}British Orthopaedic Trainees Association, London, United Kingdom; \textsuperscript{2}Royal College of Physicians London, London, United Kingdom; \textsuperscript{3}University of Nottingham, Newark, United Kingdom; \textsuperscript{4}BMJ, London, United Kingdom

Leadership is a fundamental skill in medical education and clinical medicine. In this era of changing medical education landscape, it is increasingly important that residents take on a leadership role within this change. This may be a leadership role within their institution or department, acting as advocate during change, or this could be acting in a peer-to-peer mentorship capacity for residents new to the change.

This workshop is designed to explore leadership strategy and tools that are helpful for immediate practical application. We will begin the workshop by asking participants to identify an area within their work in which they would like to strengthen their leadership role. We will then move into a brief didactic presentation touching on theories and work by authors such as Brene Brown and David Rock, in addition to personal practical experiences with leadership challenges and successes. We will then work through several case scenarios identifying specific strengths or pitfalls of various leaders. We will conclude the session by asking participants to identify how they will use topics presented in this workshop to strengthen their previously identified leadership role.
Engaging residents: Inspiring the next generation of leaders and educators

**Research roundtable: Trainees leading medical education change: For trainees, by trainees**

E. Elsey¹, T. M. Chan², K. Caverzagie³, A. Oswald⁴, J. M. Hall⁵

¹University of Nottingham, Newark, United Kingdom; ²McMaster University, Hamilton, ON; ³University of Nebraska Medical Center, Omaha, NE, United States; ⁴University of Alberta, Edmonton, AB; ⁵Queen’s University, Kingston, ON

We recommend that trainees attending this session arrive with questions about their existing MedEd research projects and ideas.

Medical Education research is a collaborative field. It is one which requires constant re-evaluation of the research purpose, methodology and implications. Differing perspectives can be incredibly valuable in designing or building upon research projects, particularly in early years of entering the field when the learning curve is high.

ICRE is attended by several leading Medical Education experts and researchers. This workshop offers trainees the opportunity to learn from these experts and improve their understanding of Medical Education research, in particular how it may relate to a project they are currently working on, or planning. This workshop provides and open an easily accessible way for trainees to benefit from the wealth of experience offered by those researchers attending ICRE.

Trainees will have the opportunity to attend 3-4 tables for approximately 20-30 minutes at each table. Tables will be facilitated by invited established Medical Education researchers. Facilitators will share for 5 minutes on their own research area. Following this trainees will be invited to ask questions of the facilitator or present their own research project for constructive critique.
Engaging residents: Inspiring the next generation of leaders and educators

The early career medical educator’s guide to the scholarly journey: From design to dissemination

T. M. Chan¹, T. Dube², S. Monteiro¹, B. Thoma³

¹McMaster University, Hamilton, ON; ²McGill University, Montreal, QC; ³University of Saskatchewan, Corman Park, SK

Have you ever had trouble with taking your educational innovation through to dissemination or publication? Do you find it hard to write your paper? Have you suffered the slings and arrows of peer review?

We’ve all been there, and the Early Career Medical Educators (ECME, https://www.camem.ca/membership-information/ecme/) group would like to invite you to participate in this workshop that helps provide a framework and overview of the processes behind education scholarship.

Join Dr. Teresa Chan & Dr. Tim Dubé as they take you through the journal of conceptualizing a project through to journal publication. We will aim to create a journey map for ECME and trainee scholars who are interested in cashing in on the currency of academia – publications and public dissemination. Along the way, for intermediate practitioners, we will discuss common pain points and difficulties that might arise. This will be an interactive session where you can bring your questions AND your lessons learned and share with the other participants.
Rapid Cycle Deliberate Practice (RCDP) is a novel simulation format that seeks to enhance acquisition and retention of critical competencies by utilizing brief and progressively difficult scenarios, deliberate practice, and real-time, actionable feedback to achieve overlearning and automatization. The cyclical format allows learners to rapidly acquire and build upon basic skills, grow as a team, and foster an atmosphere of constant and purposeful feedback to achieve metric-based targets.

In our workshop, participants will be introduced to the RCDP framework and its key components. Additionally, they will experience the flexibility of this method by working in teams to achieve competence in both clinical and non-clinical scenarios.

First, participants will learn the theory behind RCDP using interactive non-clinical exercises. Participants are encouraged to think of a personal skill they would like to teach the group - the more unique, the better. We will help participants use RCDP to transform their chosen skills into short and progressively difficult steps, which can quickly be taught to junior learners, helping them swiftly improve their performance in a new discipline.

We will then discuss how to prepare learners and coaches for this new format in high-stakes settings. Workshop participants will develop and practice delivering their own pre-briefs and debriefs. RCDP debriefs differ by incorporating coaching to provide specific and measurable action items for each cycle of simulation. The feedback is based on evidence or gold standards, and can happen at the end or middle of a scenario. RCDP pre-briefs must, therefore, inform participants of interruptions, repetitions, and targeted feedback to avoid generating defensive responses. They must also emphasize learner safety and the value of practicing repeatedly in the right way.

Lastly, participants will practice RCDP as both a learner and a coach. Small teams will manage the "first 5 minutes" of a cardiac resuscitation and aim for excellent adherence to AHA guidelines through guidance from their RCDP coach. Learners will rotate roles and progress in difficulty until all members have successfully achieved the stated objectives.

After this workshop, participants will have a practical understanding of RCDP and will feel equipped to implement this format in their own simulation practices and settings.
SIM-02

Simulation in residency education

SimTrek: CanMEDS

G. Posner\textsuperscript{1}, A. Garber\textsuperscript{1}, C. McCarthy\textsuperscript{2}, F. Bhanji\textsuperscript{3}, P. Rao\textsuperscript{4}

\textsuperscript{1}University of Ottawa, Ottawa, ON; \textsuperscript{2}McMaster University, Hamilton, ON; \textsuperscript{3}Royal College of Physicians and Surgeons of Canada, Ottawa, ON; \textsuperscript{4}The Ottawa Hospital, Ottawa, ON

In this session, the audience will have the opportunity to observe and then provide feedback to teams of physicians engaged in standardized patient encounters aimed at assessing the intrinsic CanMEDS Roles. Three scenarios will be presented in which pre-selected pairs of participants "manage" a potentially challenging situation. Expert debriefers, along with the audience, will then provide feedback to the participants. This demonstration is intended to showcase the use of standardized patient encounters (one form of simulation-based education) for formative assessment of trainees.
SIM-03

Simulation in residency education

**KeyLIME: Best simulation literature**

G. Posner¹, F. Bhanji²

¹University of Ottawa, Ottawa, ON; ²Royal College of Physicians and Surgeons of Canada, Ottawa, ON

Simulation-based education is increasingly utilized in Post-Graduate Medical Education. The opportunity for experiential learning is an authentic environment which is safe for both patients and learners is appealing to educators and learners alike. Despite these advantages simulation does remain ‘costly’ in terms of equipment and instructor time. The literature exploring the optimal use of simulation is evolving rapidly and medical educators may benefit from understanding the key research findings and the associated controversies. This session will feature experts in simulation-based education, debating the merits of papers you simply can’t miss.
TEC-01

Using innovative technologies for medical education

Serious about gaming: A workshop for budding serious board game developers

T. M. Chan\textsuperscript{1}, C. Wallner\textsuperscript{1}, S. Huang\textsuperscript{2}, J. Liu\textsuperscript{1}, A. Pardhan\textsuperscript{1}

\textsuperscript{1}McMaster University, Hamilton, ON; \textsuperscript{2}University of Saskatchewan, Saskatoon, SK

Serious games are being used for increased applications in health professions education. From hand-washing to resource stewardship, serious games can be used to highlight key teaching points and provide insights that cannot be achieved via lecture or even small-group learning.

Kolb’s experiential learning cycle includes the following stages of (1) concrete learning, (2) reflective observation, (3) abstract conceptualization, and (4) active experimentation. Harnessing these key steps, serious games allow players to repetitively experiment and experience scenarios in an abstracted way. Incorporating these learning opportunities alongside the mechanics used in common board games allows teachers to harness the repetitive nature of games to create opportunities for trainees to learn from their own mistakes and explore within a safe, simulated setting. Depending on game mechanics used, serious games also have the potential to clarify complex real-life scenarios, improve communication, promote collaboration, and increase learner motivation.

This workshop will be presented by the creators of serious games such as GridlockED game (\texttt{www.gridlockedgame.com}), the new TriagED game, and a game in development.
Teaching and learning in residency education

Reframing vicarious trauma: How Balint groups can empower resident professional development

A. Gupta¹, S. Lorber², S. Jassemi³

¹University of Toronto, Toronto, ON; ²The Hospital for Sick Children, Toronto, ON; ³BC Children's Hospital, Vancouver, BC

Supporting the development of professional identity, psychological self-efficacy, and self-regulation are important components of the CanMEDS Professional role. Challenging patient and family encounters may provoke troubling feelings in trainees that can destabilize their sense of self-efficacy and professional identity if not properly addressed. There are inherent aspects of a traditional supervisory paradigm, including a pedagogical hierarchy and time-constraints, that are suboptimal for cultivating resident competency in self-regulation and countertransference management. While medical specialties are evolving to meet the clinical needs of increasingly emotionally complex patients, there remains an educational gap to support trainees in managing difficult patient-physician dynamics.

Developed in the 1950s by Drs. Michael and Enid Balint, Balint Groups are a method of experiential learning in which physicians explore challenging physician-patient relationships through case discussions led by a skilled facilitator to develop a deeper understanding of interpersonal dynamics and improve relational skills. We piloted a Balint Group with Adolescent Medicine subspecialty residents at The Hospital for Sick Children (Toronto, ON), with positive results. Residents reported that they felt permission to reflect on interpersonal interactions, representing a paradigm shift in the way trainees processed and defined “traumatic” events. Trainees found utility and purpose in their emotions, which transformed difficult interactions into a learning process.

This session will present the evidence on the application of Balint Groups in residency education, and an overview of how we started a Balint Group with Adolescent Medicine subspecialty residents. This session will include an active demonstration of a Balint Group where attendees are invited to participate in the experience. This session will conclude with a reflection on the experience of a Balint Group, exploring with attendees if such a group (or something similar) would be helpful for attendees’ educational contexts and brainstorming on how to start a similar program.
Curriculum mapping in a CBME era

A. Oswald¹, A. Boucher²

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Curriculum mapping is an important tool that will help your program confirm that your residents’ teaching and assessment opportunities are comprehensive, match the local and national requirements and avoid any unintended gaps or redundancies. Further, mapping the EPAs, training experiences and milestones to your curriculum is an important step in transforming your program into a competency-based CBD format. As learning experiences vary from one school to another, individual programs will need to map their local curriculum (i.e., rotations and training experiences) and assessments to the new CBD framework to function effectively, to communicate with key stakeholders and to meet accreditation standards. This practical workshop will review key steps in curriculum mapping, share and critique examples of curriculum maps and provide an opportunity for participants to create a draft curriculum map.
Demonstration of non-technical skills (NTS) in the operating room is a central component of emerging surgical education curricula. Evidence points to the role of skills such as teamwork and leadership in producing consistent, safe outcomes for patients undergoing surgery. The multidisciplinary nature of the operating room team makes it often challenging for residents to gain these skills outside of the operating room, but innovations in simulation techniques and intraoperative teaching has allowed stakeholders to better teach and evaluate these skills. Important topics in human factors research have been adapted and studied in the operating room, with NTS playing an important role in both the mitigation of safety threats, promotion of resiliency supports and the development of such competencies as professionalism, interpersonal and communication skills, and systems-based practice.

This session will cover the various domains of NTS that have been described in the education and surgical literature. Additionally, we will focus on those aspects of non-technical performance that have been linked with patient safety in the operating room. Novel methods of both teaching and assessing NTS will be discussed, including operating room immersive and in situ simulation. Assessments tools that quantify these skill domains for both resident assessment and quality improvement will be discussed along with their various sources of validity evidence.
Teaching and learning in residency education

How medical education harms learners

E. Warm¹, M. Kelleher², B. Kinnear², D. Sall², D. Clark², D. J. Schumacher³, D. Schauer²

¹University of Cincinnati Medical Center, Cincinnati, OH, United States; ²University of Cincinnati Academic Health Center, Cincinnati, OH, United States; ³Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, United States

Does your education system harm its learners? Multiple studies show that medical training often erodes the core values that bring people to medicine, and these lessons can last a career. As medical educators, we harm learners when we (1) provide perverse incentives (grades over growth) (2) promote poor pedagogy, (3) lack cohesive assessment and coaching strategies (4), fail to connect learning to outcomes, (5), undervalue inter-professional co-production of care, (6) create discontinuity between patients, providers, and teams, (7) stress only personal resiliency in the face of system-level dysfunction, and (8) discount the effect of implicit bias. As a result, our learners often (1) adopt a fixed mindset, (2) waste time with ineffective learning strategies, (3) are unaware of their weaknesses, (4) believe they are not responsible for care outcomes, (5) don’t know what they don’t know about teamwork, (6) feel like strangers in the clinical environment, (7) burn out and blame themselves, and (8) learn that respect is given, not earned. In this workshop participants will explore each of these harms, and identify others that may befall our learners. Participants will analyze their own learning environments for danger, and develop mitigation strategies to reduce harm. The presenters will share demonstrations and stories from their own institution of both harm, and harm reduction.
Teaching and learning in residency education

**Communicating in the digital world: How good are you?**

M. Mawhinney

Karolinska Institute University Hospital, Stockholm, Sweden

The skills and secrets of performing through the lens revealed. Whether you give presentations, media interviews, make short videos or even just take a selfie this interactive, informative session will take you to a higher level of competency by showing you the tricks TV presenters use to make it look easy. A fun session – bring your smart phone fully charged.
Program director survival stories

L. Thurgur¹, E. Warm², D. K. Whitney³, J. Stoffman⁴, M. Dibartolo⁵, A. K. Sandhu³

¹University of Ottawa, Ottawa, ON; ²University of Cincinnati Medical Center, Cincinnati, OH, United States; ³Northern Ontario School of Medicine, Thunder Bay, ON; ⁴University of Manitoba, Winnipeg, MB; ⁵University of Calgary, Calgary, AB

Program directors have one of medical education’s most demanding and difficult positions. In this panel, current and former program directors will examine how they responded to a "real life" challenge in their residency program. Potential topics include difficult resident remediation and solutions, substance abuse, dealing with tragedy and loss, professionalism issues, resident legal matters, problems related to social media and other areas. This is a unique discussion of residency education challenges that do not make the academic literature, allowing attendees to learn from speakers’ individual responses to universal problems.
How do you SOLVE a problem like improvement education? Incorporating creative problem solving and adaptive expertise into a cross-specialty healthcare improvement curriculum

R. Jaffe, N. Freedman, K. London, J. Zavodnick, C. Roth, G. Diemer

Thomas Jefferson University, Philadelphia, PA, United States

Emerging content areas in medical education, such as High Value Care, Patient Safety, and Healthcare Disparities, are proliferating at an exciting and daunting rate. Core curricula addressing these areas at the graduate level are necessary - it is no longer practical for each individual training program to design and deliver their own approach. Cross Specialty Content Areas (CSCAs) largely center on problem-areas where healthcare systems and delivery must be improved. We hypothesize that learner engagement in system level change within CSCAs depends on their development of applied problem solving skills.

Typically, the knowledge, skills and attitudes germane to problem solving are incorporated in Quality Improvement curricula (QI). Strong QI curricula are felt to be those that incorporate experiential education, usually in the form of longitudinal QI projects. There are many challenges to delivering such curricula at scale across numerous GME programs. While in-depth experience with QI methods over the course of a complete project has many merits, there may also be benefit to shorter engagements allowing for more creative agency, and exposing learners to a range of complex problems akin to what they will encounter in practice.

In order to explore a new paradigm for improvement education and engagement, we designed Project SOLVE (Systems Oriented Learning Vision and Engagement). Project SOLVE incorporates creative problem solving and design methodology as an improvement model, and emphasizes adaptive expertise through recurrent exposure to unfamiliar problems in a reflective framework. PGY1 learners from 14 training programs work together on mentored teams over the course of a year, applying the model to a series of increasingly complex and high stakes healthcare challenges. The curriculum follows a road map for core curricula in GME consisting of universalization of content, integration into clinical education, trainee introspection, identification of specific competencies, and faculty modeling of desired behaviors. (1)
A highly interactive session reviewing an idiosyncratic and eclectic collection of the top 10 high impact papers in the area of teaching and learning in medical education over the last year. Using a lively pro and con format discussion, the facilitators will provide a critical review of the strengths and weaknesses of the chosen papers, examining both methodological issues and potential impact of each article discussed.
Teaching and learning in residency education

**KeyLIME Live @ ICRE**

J. R. Frank¹, L. Snell², J. Sherbino³

¹Royal College of Physicians and Surgeons of Canada, Ottawa, ON; ²McGill University, Montréal, QC; ³McMaster University, Hamilton, ON

This session is designed for clinician educators, medical education scholars, medical teachers and trainees with an interest in up-to-date, new, and important literature in medical education. After listening to the podcasts, listeners will be able to: keep up to date on current literature in medical education; discuss research methodologies used; and apply the issues discussed to their own context and daily education practice.
In recent years, much attention has been paid to negative effects arising from the learning environment. These include learner mistreatment, burnout, and ethical dilemmas, which could all lead to compromised patient care. One potential contributor to these difficulties is the hidden curriculum. Intentionally or not, the messages of the formal curriculum are often undermined by values and norms communicated to our residents (Mahood, 2011). These norms, attitudes, and values, often implicit and tacit, embedded in our educational structures, practices and culture are referred to as the hidden curriculum (Hafferty et al., 2015). CanRAC accreditation standards now require universities and programs to ‘reflect on the potential impacts of the hidden curriculum’ (CanRAC, 2018). Using a variety of instructional methods including small group activities and case studies, interspersed with short didactics, participants will explore ways they can reveal and address the hidden curriculum in their settings to help their learners mitigate their experiences of the hidden curriculum.
TL-11

Teaching and learning in residency education

Lightning round: Role modeling: "Do what I say AND what I do"

M. Buryk¹, M. Orestes², J. Honeycutt³, J. Servey⁴

¹Naval Medical Center Portsmouth, Portsmouth, VA, United States; ²Walter Reed National Medical Center, Bethesda, MD, United States; ³Mike O’Callaghan Hospital, Las Vegas, NV, United States; ⁴Uniformed Services University of Health Sciences, Bethesda, MD, United States

The hidden curriculum has been discussed as a valuable, and often more important, curriculum especially in clinical environment. Part of the hidden curriculum is the incongruence between an educator’s stated values and actions with the actual behaviors. These affect future behaviors of our residents as well as development of their professional identities. The session will begin with reflective questions about role models and the act of role modeling. From these group discussions we will begin a theoretical look at role modeling as a teaching strategy based on Bandura’s social learning theory. The theoretical framework not only includes observation, but attempted mimicry of attending behavior by the resident. A review of the current literature on the learner and teacher perceptions of role modeling will be reviewed with explicit consideration to the similarities and differences to these perceptions. The group will then apply tangible strategies to use role modeling more explicitly through five examples of teaching scenarios based in different clinical contexts.
TL-12

Teaching and learning in residency education

KeyLIME classic – 10 MedEd papers that you should know

J. R. Frank1, L. Snell2, J. Sherbino3

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Having expertise in medical education implies knowing the evidence base for our field. In this session, we will debate 10 proposed "giant" publications that have influenced and shaped medical education. Jason, Jonathan, and Linda each think their 5 are right. Fierce arguments will ensue. This session is one not to miss if you want to be savvy with the medical literature we stand on.
Competency-based medical education (CBME) relies on frequent workplace-based assessment and coaching to support learner development and track performance. There are numerous challenges to effective feedback and coaching conversations within the clinical setting, related to time constraints, multiple roles, fears of causing harm, lack of preceptor training, and barriers to learner receptivity. Existing models present approaches to offering feedback, although may be outside of the clinical setting, often lack specificity, and/or do not provide sufficient guidance around receiving feedback. To help facilitate high quality feedback and coaching conversations within a workplace-based competency paradigm we have developed a novel framework grounded in the literature that presents a parallel process for both offering and receiving feedback and participating in coaching. The BE SMART framework provides specific guidance on building rapport, identifying the focus of learning, focusing on specific and meaningful feedback, and developing, documenting and translating actionable goals into practice.

This session will begin with an interactive discussion of challenges that participants have encountered with feedback, related to preceptor, learner, and organizational factors. We will then present a practical model of feedback and coaching that guides both the preceptor and learner through effective feedback and coaching conversations in the clinical setting. Workshop participants will then have an opportunity to practice applying the model to clinical cases and share their experiences with the group.
La construction de l’identité professionnelle en médecine se fait, de façon dynamique, à travers la socialisation, phénomène décrit comme l’interaction de l’individu avec sa communauté de pratique. Une mauvaise compréhension de cette interaction peut mener à des tensions intérieures, se reflétant à travers un état d’épuisement personnel, ou encore un comportement non professionnel. Ainsi, nous pensons que chaque programme de résidence devrait se doter d’un curriculum formel pour discuter de l’identité professionnelle en médecine, et ainsi permettre à chaque résident de développer une vision holistique de son identité en tant que médecin au service du patient et de la société.

L’objectif de cette séance est de présenter l’atelier que nous avons mis en place pour permettre aux résidents du tronc commun de médecine interne de discuter de leur identité professionnelle.

L’atelier de 2 heures en petits groupes de résidents, animé par un professeur, était structuré en 3 blocs de questions favorisant la discussion sur l’identité professionnelle. Ce moment dédié à la réflexion personnelle et au partage avec les pairs a permis aux participants de discuter de leurs valeurs personnelles et professionnelles, ainsi que des différents aspects de la réalité quotidienne du médecin résident. Pour évaluer la pertinence et l’impact de cette activité académique, tous les résidents et professeurs y ont assisté ont été invités à répondre à un questionnaire d’évaluation de cet atelier. Cet atelier a été apprécié des résidents, entre autres pour la normalisation des expériences vécues et par les professeurs pour la qualité des échanges et la facilité à animer.

Durant cette séance éclair, la démarche pour la construction d’un atelier sur l’identité professionnelle en médecine sera présentée : revue de littérature, définition des concepts-clés, contenu de l’atelier et résultats de l’évaluation de l’impact de cet atelier.
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