

Poster Presentation Abstracts

Celebration of Teaching, Learning, and Scholarship – May 1, 2023

Integrating Scholarship into Teaching and Learning

The scholarship of teaching and learning (SoTL) in Queen's Health Sciences (QHS) is guided by Boyer's four domains of scholarship: discovery, integration, application, and practice. This presentation highlights QHS engagement in SoTL and provides examples of our work. Key elements QHS integrates into educational scholarship include developing strong and lasting partnerships and collaborations, building capacity, and translating knowledge into practice. This is done through research, program evaluations, and continuous quality improvement projects. Examples of such projects include Queen's competency-based medical education institutional evaluation, Indigenous healthcare education addressing the Truth and Reconciliation Commission report, and the African SoTL faculty development program.

Nancy Dalgarno, Heather Braund, Jennifer Turnnidge, Sarah Greco, Oluwatoyosi Kuforiji, Nicholas Cofie

Engaging Family Medicine Residents in a Novel QIPS Curriculum

Implementing QIPS curriculum into a residency program faces many challenges. While most residents in Family Medicine have reported feeling that QIPS has value, most did not see themselves participating in initiatives after residency. To combat this apathy and bring about meaningful QIPS work, our team sought to develop a novel QIPS curriculum. In 2022, we focused on a single goal: reducing prescriptions of pressurized metered dose inhalers (pMDIs) by 50% by June 2023. To date, we have observed significant improvements in attitudes, knowledge, and confidence and a modest reduction in pMDI prescriptions; suggesting this curriculum can bring about practice changes.

Dr. Ant Train, Department of Family Medicine, Dr. Angela Coderrre-Ball, Department of Family Medicine, Jennifer MacDaid, Department of Family Medicine, Stephanie Nash, Department of Family Medicine, Nicole Nakatsu, Department of Family Medicine

Teaching Lymph Node Pathology via an Interactive Immediate-Feedback Online Learning Module

In our Pathology residency program, limited learning structure is provided to residents starting a subspecialty rotation, leading to overreliance on clinical case-by-case learning. Residents may feel overwhelmed or risk missing crucial teaching points. Online modules allow for independent and individualized learning, helping learners fill knowledge gaps efficiently. Using Articulate Rise 360 software, we have created an interactive online module designed primarily for residents rotating through Lymph Node pathology. The module's effectiveness will be tested by administering a pre-test, post-test and survey to voluntary participants. We hope this project will create a more standardized and engaging learning experience for residents.

Dr. Teodora Popa, Department of Pathology & Molecular Medicine, Dr. Christine Orr, Department of Pathology & Molecular Medicine, Dr. David Good, Department of Pathology & Molecular Medicine, Dr. David LeBrun, Department of Pathology & Molecular Medicine

Metacognition in simulation: Evaluating the impact of eye-tracking augmented debriefing

Eye-tracking augmented debriefing (ETAD) is a novel approach to debriefing whereby learners and debriefers review first-person video of a learner's performance. To evaluate the impact of ETAD on resident metacognition, 54 emergency medicine residents were assigned to ETAD or regular debriefing. Participants completed the Metacognition Awareness Inventory (MAI) and interviews. There was no difference in the MAI scores. Themes included: 1) reflections related to debriefing, 2) eye-tracking as metacognitive sensitizer, and 3) translation of metacognition to practice. ETAD participants reported additional value through tailored feedback and novel insights. ETAD was viewed positively, and participants requested its future use.

Heather Braund, Office of Professional Development and Educational Scholarship, Kyla Caners, Department of Emergency Medicine, Damon Dagnone, Department of Emergency Medicine, William Wu, Department of Family Medicine, Dan Howes, Department of Critical Care, Adam Szulewski, Department of Emergency Medicine

An analysis of Field Notes reveals the variation in attention given to the different CanMEDS-FM roles

Field Notes (FNs) contain formative assessments of residents' competence on 36 EPAs organized into 9 DOCCs. EPAs integrate core competencies under the 7 CanMEDS-FM roles. We examined 93,268 FNs in the Family Medicine residency program over 10 years (2009-2019) after the implementation of CBME. Quantitative analysis enabled descriptions and comparisons between CanMEDS-FM roles. Although residents were assessed on all CanMEDS-FM roles, Medical Expert (37%) was more frequent than other roles (Communicator 23%; Professional 13%; Health Advocate 8%; Leader 8%; Collaborator 7%; Scholar 4%). Each CanMEDS-FM role competency was assessed across multiple DOCCs. Additional focus should be put on CanMEDS-FM roles other than Medical Expert.

Merline Fonkwe, Department of Family Medicine, Laura McDiarmid, Department of Family Medicine, Brent Wolfrom, Department of Family Medicine, Tara McGregor, Department of Family Medicine

Geriatrics Across the Undergraduate Curriculum - What, Where and How?

Objective: Map the MCC Geriatrics medical expert objectives to the Queen's Geriatrics undergraduate curriculum to ensure alignment between Geriatrics content and the Canadian licensing exam.

Methods: The Geriatrics MCC objectives were identified and mapped to the taught Geriatrics content across the Queens medical school curriculum (lectures, SGLs, FSGLs, DILs). The Geriatrics integrated tagging thread was reviewed.

Results & Conclusion: There are 29 Geriatrics MCC objectives. Most were taught at least once (average 3.9) across the 4 years – 1/2 SGLs, 1/3 lectures, and the rest FSGLs and DILs.

Delirium, dementia, mood, falls, frailty, prescribing, and pain were taught more, with dementia the most common. Fecal incontinence was not taught. Some geriatrics-related content (e.g. MSK) was under-tagged, and opportunities were identified for future collaboration.

Leah Nemiroff, MSc, MD, FRCPC, Division of Geriatric Medicine, Department of Medicine; Course Director MEDS126 Geriatrics, Oncology and Palliative Care, Michelle Gibson, MD, MEd, CCFP (COE), FCFP, Assistant Dean Curriculum, MD Program; Division of Geriatric Medicine, Department of Medicine

Introducing EDDITH: The Evaluation, Educational Development, IP Teaching in Health (professions) Group

EEDITH (Evaluation, Educational Development, Interprofessional Teaching in Health professions) is Queen's Health Sciences' innovative and interdisciplinary approach to breaking down school and departmental silos to leverage the expertise of educational professionals. Using an Education Project Response Team (EPRT) model, EEDITH brings shared expertise to both QHS-wide and individual School (Medicine, Nursing, Rehabilitation Therapy) projects focused on accreditation, curricular/assessment innovation, competency-based education, program evaluation, and quality assurance (QUQAPs). EEDITH aims to build capacity within and among QHS programs.

Heather Braund, Jennifer Complin, Eleni Katsoulas, Kate Kittner, Eleftheria Laios, Paula Muis, Brittany Pratt, Emily Rodrup, Sonali Sheth, Lynsee Stephens, Denise Stockley, Theresa Stuart, Mary White

Assessing ophthalmologic emergencies: an evaluation of an online ophthalmology curriculum for trainees in the emergency department

This project created an online module to support residents in family and emergency medicine when assessing ocular pathologies in the emergency department. It combines a narrated powerpoint with clinical photographs demonstrating common ocular pathologies, and a slit lamp instructional module. We assessed the module using pre and post module surveys. The surveys collected basic demographics, the learner's prior ophthalmology exposure, the trainee's confidence levels with various ophthalmic conditions. Forty nine trainees have completed both surveys, and the results indicate increased comfort with ophthalmic diagnoses, slit lamp use, and confidence in identification of patients requiring urgent ophthalmic care.

Alison Banwell, Department of Ophthalmology, Rachel Curtis, Department of Ophthalmology, Mark Bona, Department of Ophthalmology

Adapted Team-Based Learning Approach to Nursing Statistics Curriculum

Graduate statistics is an essential skill for doctoral education in nursing. However, many learners never fully engaged with statistics during or after their undergraduate degree, reporting moderate-to-high levels of anxiety and lack of confidence. This was mitigated by applying a team-based, research-driven teaching approach to support experiential learning. We cultivated a research partnership between learners and faculty to investigate a real-world practice issue and produce a novel contribution to the research literature. Collaboration enhanced learner's knowledge, data analysis, and skills in preparing, writing, and publishing a peer-reviewed manuscript. Learner voices and reflections will be shared in this dynamic presentation.

Aleksandra Zuk, School of Nursing, Queen's Health Sciences, Angel Wang, School of Nursing, Queen's Health Sciences, Alana Halfpenny, School of Nursing, Queen's Health Sciences, Hanna Kerr, School of Nursing, Queen's Health Sciences, Michelle Hughes, School of Nursing, Queen's Health Sciences, Sarah Walker, School of Nursing, Queen's Health Sciences, Vidhya Sivanantham, School of Nursing, Queen's Health Sciences, Katie Goldie, School of Nursing, Queen's Health Sciences

Patient Experience of Resident Medical Service (PERMS)

The purpose of this project was to explore the reasons behind patient preference of staff physicians over resident, hoping to improve patient experience and to facilitate resident learning at QHFT.

This research is based on primary data, collected anonymously from QHFT patients. Results demonstrated vast majority of the patients were satisfied with care received in QHFT and were comfortable with seeing the residents. Yet, the most important factor contributing to a patient's desire to see a staff physician over a medical resident is continuity of care. Residents are preferred for minor issues.

As first of its kind, this research is believed to have opened door to improve patient care offered by residents, which may be studied in further studies.

Frodo Bark, PGY2 Queen's FM, Woo Zong Kim, PGY2 Queen's FM