# 15th Annual Symposium on Medical/Health Education and Interprofessional Learning

**Wednesday, June 11, 2014**

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Exploring the Implementation and Effectiveness of Rural Health Week

Peggy Alexiadis Brown, Program Evaluation Specialist, DMNB, Division of Medical Education; Preston Smith, Senior Associate Dean, Regional and Rural Medical Education; Joan Sargeant, Professor and Head, Division of Medical Education; Anne Weeden, Assistant Dean, Operations; Tanya Matheson, Evaluation Specialist, Operations and Policy

In 2010, Dalhousie University’s medical program implemented the Rural Health Week placement program. The rural health week program matches first year medical students with physician preceptors in rural Maritime communities. The program provides medical students with the opportunity to experience and better understand some of the unique qualities associated with rural medicine. Early exposure to rural practice has been shown to potentially influence recruitment/retention of physicians in rural settings (Rabinowitz et al. 2001). Although early in their training, this program may help students determine whether rural practice fits in with their future career goals.

The purpose of this evaluation study was to explore student and preceptor experiences during the Rural Health Week program. Focus groups were conducted with both students and preceptors and thematic analysis using a grounded theory approach was conducted by the research group. Some themes that influenced how students perceived their rural health week program included students’ previous rural background experience, scope of practice including the volume and variety of clinical experiences in rural practice and sense of community. Some themes that emerged from preceptors’ perceptions regarding their rural health week experience included fostering appreciation and interest in rural medicine among students and clearer guidance as to students’ objectives and acquired clinical skills. Full findings from this study will be presented. In addition recommendations regarding how these data contribute to existing quality improvement and longitudinal projects will also be outlined.
What’s new in Case-based Tutor Training for Med 1 and 2?

Elisabeth Gold, Division of Medical Education; Wendy Stewart, DMNB and Division of Medical Education; Anna MacLeod, Division of Medical Education

Case-based tutor training has evolved over the past 5 years to keep pace with the ongoing development of the preclerkship medical curriculum. Factors include: major curriculum renewal, case-based rather than problem-based learning, a new site in Saint John, administrative change from UGME and DME to faculty development, now under CPD (continuing professional development, formerly CME). The length of the tutor training has decreased from 1 ½ days to ½ day.

Observation of a real tutorial with debriefing as well as active participation in a simulated tutorial (with real medical students) with feedback remain at the heart of the training. Self-assessment is the most recent pilot project introduced this year to Med 1; tutors need to be informed about and engaged in this aspect as well. Advanced tutor training has been offered at the Saint John site. Tutor training for the new Professional Competencies 1 and 2 is different and offered in conjunction with the unit orientation. Changing the timing of the fall tutor trainings to May allows for inclusion of tutorial observation which is not possible in August.
Social Pediatrics in the Pre-Clerkship Years: Providing Early Exposure to Conditions Affecting Children in the Community

M. McKenna (Department of Pediatrics, Saint John Regional Hospital, L. Stymiest (Clinical Clerk 3, Dalhousie Medicine New Brunswick)

The emerging field of social pediatrics has caught the attention of medical educators Canada-wide. The field acknowledges the importance of addressing social determinants of child health and provides the tools to do so. Elective opportunities and core rotations in Social Pediatrics now exist for clerks and residents across the country. At the pre-clerkship level, however, there is a scarcity of structured opportunities in Social Pediatrics. In 2012, the Department of Pediatrics at the Saint John Regional Hospital implemented a pre-clerkship elective in Social Pediatrics for Dalhousie Medical Students.

A 12 week clinical elective was implemented wherein students visit community organizations and shadow providers working with marginalized children and their families. Short online modules created using the innovative education tool Soft Chalk complement the visits. Students develop skills required to treat social conditions of child health by direct observation, through a relationship with a mentor and by conducting a final project.

Providing this experience at the pre-clerkship level aims to solidify core curriculum concepts including CanMEDS competencies such as Health Advocate and Collaborator. Furthermore, longitudinal learning is made possible by providing exposure to the field prior to clerkship and residency.

Following the success of the 2012 program pilot, the elective has been expanded to include more students and new community partners have been added. An overview of the pre-clerkship elective model in Social Pediatrics will be presented along with an evaluation plan and projected trajectory for the elective moving forward.
Med III EM Clerkship High Fidelity Simulation Curriculum
Miller, SG, Dalhousie University Department of Emergency Medicine and Division of Medical Education.

Background: Simulation is becoming a preferred pedagogical instructional mode in medical education. Medical errors and safety concerns have driven this change. This inter-professionally taught program was developed after performing a targeted needs assessment on the Med III EM clerkship students. Gaps seen in the curriculum were targeted through focused simulated scenarios.

Objectives: Understand how a team simulation works and participate in at least one team simulation; Have a basic approach/understanding of crisis resource management in critical events; Demonstrate an approach to basic airway management and initial resuscitation measures in a critical event; Demonstrate an understanding of critical thinking and self-reflection in managing a critical event.

Methods: Educational content is administered during two-2.5 hour sessions. The first session features a didactic/interactive component introducing the students to the concepts of high fidelity simulation and crisis resource management. High fidelity mannequin scenarios reinforce curricula with a focus on EM procedures appropriate to clerks. Clinical grade cadavers are used to facilitate manual skills such as suturing, airway management, and vascular access.

Results: Small groups of Med III/IV students attend each session. Post-course evaluations revealed a very high level of engagement and satisfaction though some discomfort with this learning style. Many requested more sessions of this type of learning. All wanted more cadaveric practice.

Conclusions: In this era of patient safety concern with movement toward simulation-based medical education, this innovative education program combines high-fidelity technology with human tissue as a learning modality. It appears to be an engaging and motivating learning method which may help bridge curricular gaps in EM clerkship.
Tutors Understanding of Case-Based Learning
Manning, A., Dalhousie University; Blake, K., Dalhousie University and IWK Children’s Health Centre

Background/Purpose: Two teaching approaches dominate the educational discourse in the tutorial rooms of medical education: Case-Based Learning (CBL) and Problem-Based Learning (PBL). While the educational literature tends to construct clear differences between these two approaches, it remains unclear whether the beliefs and practices of tutorial facilitators mirror these differences.

Methods: A survey was designed to explore: (1) faculty beliefs about and orientation towards the facilitation of undergraduate medical education tutorials and (2) faculty beliefs about CBL. Constructs for the survey were drawn from the current literature that compares and contrasts CBL and PBL. These constructs were then transcribed into a series of statements that respondents were asked to indicate their degree of agreement using a 5-point Likert Scale. The survey was distributed using Opinio to all faculty identified by the Dalhousie University Undergraduate Medical Education (UGME) office as having facilitated tutorial sessions since the inception of CBL in Med 1 and Med 2 tutorials.

Results: Of the 247 faculty members invited to participate, a total of 91 were retuned. Both data sets were analyzed to order constructs from strong-to-weak consensus. In terms of beliefs of facilitation, there was strong consensus on most items, regardless of whether or not these constructs related to CBL or PBL. In terms of beliefs about CBL, there was less consensus.

Conclusions: There was a clear consensus amongst tutors relating to what constitutes ‘best practices’ of facilitation. These practices, however, do not consistently relate to one teaching approach or the other. The lack of consensus amongst tutors’ beliefs of CBL suggests that these two approaches are not as clear in practice as is suggested in the literature. As tutors beliefs influence the way in which they enact tutorial sessions, exploring areas where understandings of CBL and PBL overlap offers an area for future medical education research.