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To support faculty in development of assessment, feedback, and coaching skills which are required in a CBME training environment, Drs. Mark Bosma and Cheryl Murphy initiated the design and delivery of workshops to psychiatry postgraduate teaching faculty on assessment, delivery of effective feedback, and coaching.

To increase faculty engagement, they developed several training videos that did not require a budget. These 3-4 minute long videos demonstrate a resident performing a task related to one or more Entrustable Professional Activities (EPAs) with multiple strengths and deficits in CanMEDS competencies. The videos are incorporated into the workshop giving faculty an opportunity to assess resident performance and deliver focused, effective feedback to the resident in the video, who is role played by the workshop facilitator. The workshop is structured as follows:

a. Brief interactive teaching on delivery of effective feedback in a CBME environment.
b. Video simulation of a resident performing a task related to an EPA.
c. Assessment of resident performance facilitated by small group discussion.
d. Unscripted role play in which attendees provide feedback to the resident in the video, with an opportunity to coach.
e. Delivery of feedback to those participating in the role play by facilitators and other attendees.

This design is a novel approach to faculty development as attendees watch an authentic scenario of a resident demonstrating a task, assess the resident, prioritize and deliver unscripted feedback to the resident portrayed in the video, and receive feedback and coaching on their own performance of feedback delivery.

These workshops have been delivered for psychiatry faculty at multiple locations including Dalhousie Medicine New Brunswick (DMNB). The response from attendees has been extremely positive, with noticeable engagement and enthusiasm during the workshop not seen in previous faculty development sessions. This workshop was presented at the 2018 International Conference on Residency Education (ICRE) which generated requests and sharing of the workshop videos with other universities. The workshop developers have also been approached by the Dalhousie CBME lead to provide this workshop to other residency programs.

This project has two aims: to develop an educational resource and to conduct education research. Aim 1 is to collaborate with other Dalhousie residency programs to develop training videos tailored to their EPAs and deliver the workshops to their faculty. To model the ease and affordability of creating these resources, only a small portion of the funding will go towards video development (specifically to brand the product as a Dalhousie resource). Aim 2 is to study how the workshop model, specifically use of integrated video simulation and role play to teach assessment and feedback skills, affects satisfaction and perceived effectiveness of faculty development. Thus, our research question is “How does integrated video simulation and role play affect satisfaction and perceived effectiveness of faculty development workshops on assessment and feedback?”
The proposed study seeks to examine the relationship between intimidation and harassment (I&H) and speaking up for patient safety among residents. In order to provide a contextual understanding of residents’ decision making when it comes to speaking up, we will examine both individual (e.g., moral courage, self-efficacy) and contextual factors (e.g., team psychological safety, supportive patient safety culture) that may moderate the relationship between harassment and speaking up.

This is a mixed methods study aimed to answer the following:
1. Are intimidation and harassment (I&H) related to speaking up behaviors among residents?
2. Does the relationship between I&H and speaking up behaviour vary by training level or discipline?
3. Is the relationship between I&H and speaking up behaviour moderated by individual and contextual factors (i.e., Are there statistical interactions between I&H, individual and contextual factors in predicting speaking up behaviour)?

These efforts to understand the predictors of speaking up behaviour quantitatively will be supplemented by a qualitative examination of the following:
4. How do residents describe their decision making with regard to speaking up for patient safety?
5. What are residents' lived experiences with regard to speaking up for patient safety under conditions characterized by I&H or other forms of hostility?

Academic medicine leaders play a crucial role in medical education, research and practice. This Critical Discourse Analysis will explore changing Equity, Diversity and Inclusion (EDI) policies, practices and discourses related to Department Head appointments across the Dalhousie Faculty of Medicine (2005-2020).

Objectives for this research are to:

a) analyse how internal EDI and HR documents communicate changing ideas of “good leadership” related to the Department Head (DH) role (via document analysis);
b) investigate key stakeholder perspectives and experiences regarding shifting EDI policies and their impact on DH appointments (via interviews); and
c) explore gaps between intended (via documents) and experienced (via interviews) EDI practices regarding DH appointments.

Postgraduate Medical Education and the Communication Skills Program deliver the Annual Resident Communication Skills Workshop to PGY1 residents every winter. This 3.5 hour workshop includes an
interview practice with Simulated Patients using a 4 station OSCE-like structure (2 hours) followed by a small group, physician facilitated debrief/discussion (1.5 hours). By the end of this workshop, residents are expected to be able to:

- Identify and demonstrate communication skills specific to: breaking bad news; discussing end-of-life care goals; managing conflict among family members; explaining mandatory reporting requirements; negotiating a pain management plan with a demanding patient; disclosing an adverse event; and, de-escalating a patient’s anger.
- Identify and problem-solve communication challenges encountered in workshop cases and in patient-doctor interactions experienced by residents in their clinical practice.
- Gain experience interacting with simulated patients who provide valuable feedback that will assist residents in preparation for the LMCC Part II.

Prior to the workshop residents are given online access to: case background information and resources; case specific learning objectives; an e-learning module on *Explanation, Planning and Shared Decision Making in the Medical Interview*; and, pdf versions of Communication Skills Pocket Cards and the 28 page report - the *Annual Resident Communication Skills Workshop - Resident Guide*.

Simulated Patients trained in communication skills assessment provided verbal and written feedback to residents using the *Calgary Cambridge Guide (CCG)* to the Medical Interview. Simulated Patients also completed a *Case-Specific Task Checklist (CSTC)* for each case to verify that key communication tasks were performed. As well, Residency Program Directors receive copies of these assessment forms and are sent a summary assessment final report for all of their residents participating in the workshop.

In this report it is stated that “Individuals assessed at “2” or below on individual cases may need more of your mentoring/guidance on communication skills with patients. If a resident’s communication skills are perceived to need educational support, available resources include the Faculty of Medicine’s Communication Skills Program and the Center for Collaborative Clinical Learning and Research.”

Each year approximately 6 or 7 residents out of 70 will score low on one or more of the four OSCE cases. These residents vary by residency programs. They may be IMG residents with English as a second language or they may be residents with English as a first language.

Our goal with this research is to determine what happens when Program Directors receive summary reports on their residents’ communication skills performance identifying residents who have a low score on at least one of four cases. Although this Resident Communication Skills Workshop has taken place for numerous years, this remains an unknown question. We have never had requests from Program Directors for help with residents receiving low scores.

The purpose of the research study is to explore how this post-assessment follow up works in residency departments. Specifically:

- Are residents assessed with potential communication skills weaknesses in an annual PGY1 Communications Skills Workshop and Assessment followed up with conversations, feedback, mentoring, coaching or other additional communication skills training in residency programs?
- If so, what factors enable a timely and constructive response?
- If not, what factors or perceptions are involved in not responding?
• What are Program Directors’ perspectives on the usefulness of this workshop regarding the assessment of their resident’s communication skills proficiency? What does one set of resident assessments tell them, in relation to what they already know about resident skill?
• What are residents’ perspectives on the usefulness of their assessments? Did they anticipate a response from their residency programs regarding their assessment and if they received one, was it helpful?

Lori Connors, Stephen Miller, Cindy Shearer -- Preparation for the MCCQEII: Lessons Learned from Introduction of a Preparatory Session for Residents

The Medical Council of Canada Qualifying Examination Part II is a required exam for all physicians planning to practice medicine in Canada. Upon successful completion of the exam candidates are awarded their Licentiate of the Medical Council of Canada (LMCC). This OSCE is typically taken in either spring of PGY1 or fall of PGY2 by all residents. The two-day examination has undergone significant change in the last several years. ABlueprinting project was undertaken (mcc.ca reference) with significant modifications to the content of the exam. The new Blueprint outlines dimensions of care, covering the spectrum of medical care, and physician activities, reflecting scope of practice and behaviours. Communication is one category within physician activities while psychosocial aspects is one category within dimensions of care. This project aims to evaluate a new educational intervention, a MCCQEII preparatory session, developed and delivered by the co-investigators. This session was available to all residents preparing for the MCCQEII at Dalhousie (including distributed sites) and introduced in September 2019. The study team plans to do a survey of residents who attended the session or viewed the session online and then use focused interviews to triangulate on findings from the survey. Survey questions will address participants perceived readiness for the MCCQEII, as well evaluate their attitudes prior to the session. We hope to learn whether participants found the session helpful in their exam preparation. We plan to focus our questions on the communications and psychosocial aspects of the examination, as this area of focus is new and more integral to the new exam blueprint.

We will review MCCQEII scores and pass rate for Dalhousie residents before and after the introduction of the session. We hope to implement the study before our next session in March 2020 and run the study for a full calendar year. The session will be delivered twice a year in person and housed on Brightspace as resource for residents as well.

Lara Hazelton, Mandy Esliger, Heather Milliken -- Perceptions Regarding the Communication Skills of Grand Rounds Presenters; Does Gender Play a Role?

Analysis of data on Dalhousie Department of Psychiatry grand rounds has identified an under-representation of invited women presenters. The reasons for this are varied and unclear, but one possibility is that women’s communication skills in the grand rounds setting are perceived to be less effective than those of their male counterparts. An important next step would be to closely analyze rounds evaluation data to better understand how gender correlates with perceived quality of communication skills. In this project, we will analyze rounds evaluations data, comparing numerical ratings of male and female presenters and conducting a thematic analysis and narrative analysis of written comments.
Our research question is this; Are there differences in how male and female presenters are evaluated on their communication skills? What factors may contribute to perceived differences?

Anne Mahalik, Lisa Bonang, Sarah Burm -- Developing a Multi-perspective Understanding of Interactive Learning in CPD.

Continuing professional development (CPD) for practicing physicians refers to the ongoing development/improvement of medical and non-medical skills throughout their career to achieve optimal patient care (Anshu, 2017). For CPD activities to enhance learning, education sessions should include high levels of interactivity. However, the reality is that many of these programs continue to employ lecture-style, didactic education sessions; leaving attendees less involved in the learning process. This qualitative study will investigate the nature of active learning during a large group, accredited, professional development conference, from the perspectives of the speaker, learner, and planner.

The purpose of this study will be to:

a) Identify interaction and engagement activities used by speakers during a large group accredited continuing education conference;
b) Elicit conference speakers’ perceptions of interaction and engagement with their audience;
c) Understand conference attendees’ experience of interaction and engagement with speakers; and
d) Evaluate how interaction and engagement between a speaker and their audience influences, and is influenced by, conference planning activities.

Daria Manos, Laura Stiles-Clarke, Janice Chisholm, David Bowes, Ash Wiley -- Learning to Teach: Development and Evaluation of an Oral Presentation Skills Module for Diagnostic Imaging Residents

The communicator and scholar CanMEDs roles are important components of Residency Education. Teaching and oral presentation skills are specifically identified in the Royal College Objectives of Training for Diagnostic Radiology. (1) Objective 3.6 is to “ deliver effective lectures or presentations”. Final certification by the Royal College requires satisfactory completion of the FITER which includes that the resident “demonstrates effective oral communication skills” and “demonstrates the ability to be an effective teacher of diagnostic radiology”. (2)

The focus on teaching skills is likely to receive more emphasis as Diagnostic Radiology transitions to Competency by Design (CBD), initiating in 2022. The first Royal College workshop for Diagnostic Radiology was held in October 2019. The draft documents produced at that workshop included formal and informal teaching as a required training experience requiring formal assessment for both the Core and Transition to Practice stages. Nuclear medicine, which is also part of the Diagnostic Imaging (DI) residency program at Dalhousie, transitions July 2020. One of the Entrustable Professional Activities is “Delivering scholarly teaching to a variety of audiences, including peers, junior trainees, and/or other health professionals” and requires assessment via direct observation by faculty.
While medical residents at Dalhousie University complete a Residents as Teachers Course, the DI residency programs at Dalhousie have no formal teaching regarding formal oral presentation skills. However, residents are required to give formal teaching rounds and to deliver department-wide grand rounds. The DI residents also receive no programmatic assessment of their formal teaching. While limited assessments of grand rounds presentations are currently performed as a requirement of accreditation, these assessments are not collated or forwarded to the resident presenters.

Our objective is to improve and formalize resident education for oral presentation skills and to provide meaningful feedback regarding performance of this competency. We will develop a module for oral presentation skills, including learning objectives specific to medical imaging, and develop a format for more meaningful feedback of resident teaching presentations. We will evaluate our intervention by investigating resident satisfaction with and perceived utility of feedback before and after implementation.

Stephen Miller, Kelly Lackie, Lorri Beatty, Marion Brown, Melissa Helwig, Shauna Houk, Leanne Picketts, Peter Stilwell -- Interprofessional Collaboration between Health Professional Learners when Breaking Bad News: A Scoping Review

There is limited training related to breaking bad news (BBN) in medical and nursing education. Through training and practice, optimal therapeutic delivery of bad news can improve patients’, families’, and caregivers’ satisfaction (Adamoski, 1993; Miller, 2008). It may also improve health-related outcomes in those receiving the bad news. When Dalhousie’s postgraduate emergency medicine curriculum was surveyed in the move to a competency-based program, a gap was identified in the training of our residents in best practices of BBN. The literature revealed a paucity of knowledge surrounding how nursing and medical learners learn to BBN in an interprofessional (IP) manner. There is little information available regarding how teams interact to deliver this news, and how students interact to learn about delivering bad news.

In 2017, and again in 2019, we implemented a BBN workshop for emergency medicine residents. Because physicians do not work in silos — especially in emergency medicine — we invited senior nursing and social work students to participate as well, to form IP teams. Using an interprofessional education (IPE) approach provides an opportunity for medical residents, nursing students, and social work students to learn about each other’s roles and to practice working collaboratively to effectively deliver bad news. Feedback was offered via simulated patients, and self-report qualitative and quantitative data were gathered relating to confidence in IP collaborative competencies, using the validated IP Collaborative Competencies Attainment Survey (ICCAS), a validated capability questionnaire, and discussion groups. Our analysis revealed emerging themes around the need for role clarification, collaborative leadership, and high team functioning in BBN. As such, we identified the need to delve deeper into the BBN literature to identify best practices in breaking bad news as an IP team and to elucidate the gaps surrounding BBN, IP teams, and medical education interventions. Our medical education community would benefit from a formal review of the literature, through completing and publishing a scoping review.
Our scoping review question is: Has interprofessional simulation-based education been used as a modality to teach health professional learners to break bad news collaboratively and has it been effective?

**Wendy Stewart, Peggy Wheaton; Sue King -- Changing Our Interactions One Team at a Time.**

Healthcare is primarily delivered using team-based care. Each discipline has their own distinct training and strongly identifies with their own profession leading to conflict and tribalism in teams. Previous research has focussed primarily on critical care settings.

This study seeks to contribute to an understanding of interprofessional teams, exploring communication, power and hierarchy in a variety of healthcare settings, and the impact of an interprofessional course on Humanism and Professionalism.

This pilot project is being conducted in collaboration with the Women and Children’s Program at Moncton City Hospital, Moncton, NB. The study combines phenomenological interviews of participants and patients/families with the delivery of a course on Humanism and Professionalism. The interviews will be analyzed using phenomenology to provide an in depth understanding of the positive aspects of working in an interprofessional teams and the challenges they face in different settings. The input from patients and families will provide a perspective of the end users of the Women and Children’s Program, which could influence the types of issues addressed within the course. Leadership will facilitate the participation of all staff in the course. The course could act as the springboard to create a supportive community of practice that helps establish a positive work culture where each person feels valued and listened to.