
Dying elsewhere. A joint autoethnography of final days of a Middle Eastern woman immigrant in Canada.

Authors: Betsabeh Parsa, Sepideh Parsapajouh

Presenter: Betsabeh Parsa

Time: 12:45 - 13:00

Despite growing interest in using a person-centred care model and addressing the patient as a person with needs and preferences beyond the medical perspective, a deeper connection into the inner life of patients is often lacking in the medical education and research field. Through a joint autoethnographic account, we, two sisters (an anthropologist and a health education researcher), explore deeper feelings and tensions associated with hospitalization, end-stage cancer diagnosis, and losing our mum as Middle Eastern immigrants in a Western world. With a focus on the immigrant population, our ultimate goal is to provide some foundation for person-centred care and improve the relationships and partnerships between patients, practitioners, and academics. Applying a narrative approach, we capture the everyday experiences (27 days from diagnosis to death) of an immigrant patient and her family and evoke a connection into their personal life. Through drawing upon literature related to person-centred care model, and our experiences, we stimulate debate about patient and practitioner roles and relationships, and emphasize the importance and deeper meaning of empathy, therapeutic relationship, communication, shared decision making and holistic focus. Acknowledging the emotionally challenging process of preparing this account, we believe that presenting this experience would enhance the patient and practitioner relationship. We hope, this cultural story of dying as an immigrant in Canada, provides an opportunity for practitioners and academics to gain a deeper connection into the inner life of a patient and her family and provokes some reflection informing or influencing future professional practice.

Keywords: Joint autoethnography, narrative medicine, person-centred care, culturally safe practice, professionalism

An analytical approach to the design of research with sensitive populations. The case of war-displaced medical students: Exploring challenges, benefits, coping mechanisms, and support strategies.

Authors: Kusai Alsalthanie, Janet Grant

Presenter: Kusai Alsalthanie

Time: 13:00 - 13:15

Background: Designing research with sensitive populations comprises special considerations that are not typically considered otherwise. Despite the often-precarious position of the medical workforce, the qualitative literature lacks contextual methodology for researching the educational needs and experiences of vulnerable health professional population. This study addresses that omission by analysing the case of war-displaced Syrian medical students. The issues are generalisable to examining other vulnerable populations or addressing sensitive questions.

Summary of Work: This study addresses the fundamental issues of designing and implementing research with vulnerable populations. These issues include access to a dispersed vulnerable population, trust, and support between the researcher and students who have experienced traumatic episodes. The position of the researcher, in this circumstance, who had also experienced similar vulnerability is a key design consideration.

Summary of Results: Using a systematic literature review, the personal, academic, and socioeconomic challenges and benefits associated with war-displacement of medical students were examined. Further, a framework addressing the coping mechanisms that war-displaced medical students apply was designed. A contextual qualitative research model was developed which we have called phenomena-guided theory. This original approach combines both deductive and inductive qualitative theoretical frameworks. For data gathering, Cognitive Interviewing (CI) suits the purpose and potentially volatile and difficult ambiance. The researcher's role, ethical considerations, psychological distress protocols, quality of evidence, feasibility, and, limitations of sensitive research must be examined.

Conclusions: This study addresses qualitative research with vulnerable populations through the case of war-displaced medical students. It examines the balances between eliciting answers to sensitive research questions, obtaining in-depth accurate data, maintaining outcome reliability, and safeguarding both candidates and researchers.

Keywords: War-displacement, vulnerable population, qualitative research

Promoting Public Health Education & Mentorship in Nigeria

Authors: Jacqueline Ashby, Aisha Liman

Presenters: Jacqueline Ashby, Aisha Liman

Time: 13:15 - 13:30

The Primary Compassionate Care Initiative (PCCI), a registered Non-Governmental Organization in Nigeria, launched a 6-month mentorship program in 2020 with health-related professional students enrolled in Nigerian universities. This program is designed to complement education in public health with practical field experiences as well as health management skills. In addition, it aims to broaden the career opportunities for future healthcare workers in the country by nurturing partnerships between learners and their surrounding community, health services, and fellow colleagues.

Over the course of the past two years, this experiential learning platform continues to provide learners the opportunity to lead health education sessions, to conduct direct research in public health, and participate in community outreach that include visits to orphanages, homes of the elderly, schools, and clinics. Throughout the students PCCI learning journey, team mentors provide lectures in public health, communication skills, community entry, conducting research, and advocacy. Mentors also support learners with the development and implementation of their public health projects.

This is PCCI's second year in facilitating the public health mentorship program and in 2022 we expanded our technical and academic team to include administrative staff and an immunization expert, in addition to experimenting with conducting our educational sessions solely online. Our session invites the audience to learn more about how our program has transitioned to meet the needs of our students and further their education and experience in public health.

Learning Objectives:

- Participants will be able to identify key factors in designing and launching a public health education outreach program.
- Participants will be able to apply different program evaluation methods to better assess learners' needs and preferences.

Keywords: Public Health, Mentorship, Outreach Program

Racism is Deadlier Than You Think: Listening, Unlearning, and Relearning to Enable Anti-Racism in Healthcare Education

Authors: Timothy Lim, Leonie Harper

Presenters: Timothy Lim, Leonie Harper

Time: 13:30 - 13:45

Racism continues to pervade western healthcare and health education. Anti-racism is a key strategy to improve health education, clinical practice, and patient outcomes. Our team developed and executed a multi-step project unpacking racism in BC's health systems and exploring possible anti-racist intervention.

The project consisted of two phases: a virtual symposium and an in-person workshop. The symposium gathered 99 attendees across 13 Health and Human Services Programs at UBC. This two-hour session provided the opportunity to understand the persistence of racism in the healthcare system; discuss what it means to be anti-racist in healthcare practice and health education; acknowledge power relationships within healthcare practice and education; and empower attendees to participate as 'upstanders' in the healthcare environment. Then, approximately 35 attendees across the health disciplines attended a one-day unconference style workshop held at the Faculty of Pharmaceutical Sciences. During this session, attendees were invited to apply the Oppression Tree Tool to appreciate the complexity of oppression and its impacts on people; analyze how racism persists in both past and present-day health care contexts; become aware of tools/resources to address racism involving student learners and learning environment; and critique the current landscape of anti-racism education, or lack thereof, in the health and human services programs.

At the end of the workshop, each attendee was asked to fill out a "Commitment to Change" form where it will be subsequently mailed back to each participant 6 months from now to reflect on their anti-racism journey. Further evaluation from post-event surveys is underway.