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## **Reopening Scars: A Discussion of Trauma-Informed and Ethical Interviewing in Health Professions Education Research**

**Facilitator(s):** Alexander Garrett

Medical education research has broadly embraced qualitative methodologies to explore many important questions, with interviews representing a large proportion of data collection instruments. Recent lines of inquiry have focused on educational equity, often utilizing a critical lens and research participants' stories to illuminate systemic imbalances, injustices, and marginalization. For participants, many of the stories shared are stories of harm and trauma, and the process of recounting them can be immensely personal and emotional. Can the process of resurfacing these stories itself be harmful or traumatic? What is the role of the researcher to prepare for and mitigate this retraumatization?

In this session, participants will discuss and learn from each other regarding the following topics:

- The potential for causing harm or retraumatization through interviews.
- The application of core medical ethical pillars to qualitative research: beneficence, non-maleficence, justice, and autonomy.
- Ways to prepare for and mitigate retraumatization in qualitative research.
- Trauma-informed care as a model for ethical interviewing.

To facilitate conversation and participation, attendees will be:

- Prompted with questions regarding their own research.
- Provided with examples of topics that could invoke harmful memories for research participants from the published literature.
- Shown parallel discussions in related literature such as in trauma-informed clinical care and qualitative social work research.

## **Trauma- and Violence-Informed Pedagogy in Health Education: Building on What We Know**

**Facilitator(s):** Nassim Adhami

Trauma- and violence-informed care (TVIC) has been widely taken up by healthcare as a framework to elicit critical attention to the effects of trauma on health and behaviour and how people's lives can be significantly impacted by the intersections of systemic and interpersonal violence and structural inequities (Varcoe & Wathan, 2023). While there is no one globally accepted definition of TVIC (Goddard et al., 2022), key features of TVIC include the "4-Rs": (a) realize that trauma is highly prevalent; (b) recognize the substantial negative impacts of trauma; (c) respond by using trauma-sensitive policies and practices; and (d) resist retraumatization (SAMHSA, 2014).

Currently, TVIC has been taken up in the context of healthcare including mental health interventions (Smye et al., 2023); public health (Jack et al., 2023); leadership and policy (Macpherson et al., 2023). Goddard and colleagues (2021) have argued for a trauma-informed pedagogy using the 4-Rs in the context of higher education.

The overarching goal of this round table session will be to explore how TVIC principles can be incorporated into various contexts of health education; from large theory courses, to labs/simulations and clinical education.

By the end of this round table session, participants will:

- Begin to acknowledge the importance of TVIC in teaching practices.
- Begin to think about how TVIC principles can be translated into their teaching practices.
- Begin to think about the facilitators and barriers to incorporating TVIC into teaching practices.

Participants will be encouraged to participate throughout the entire round table session. This would involve a quick reflection by participants around what TVIC means to them, why they believe it would be important to incorporate TVIC principles into teaching practices when working with health education students, and some of the challenges we may face as health educators.

## **Student Evaluations of Teachers: How Would We Know If the Harms Outweigh the Benefits?**

**Facilitator(s):** David Anekwe and Andrea Gingerich

### Background:

Students have been asked to evaluate teaching and assess teachers for decades. However, this process has recently been called into question. While some institutions limit the utility of 'students' evaluation of teachers to the course level as a measure of students' educational experiences, other institutions expand their utility to high-stakes decisions of career and tenure as a measure of teaching effectiveness. Growing evidence suggests that the data students provide can be inaccurate and biased. In response, some universities have banned the use of student evaluations in high-stakes decisions for faculty advancement. Despite this, institutions and accrediting bodies still require evidence of the learning environment and teaching effectiveness to support their oversight of programs.

### Key Questions:

1. Is student evaluation a measure of students' perception of their learning and learning experience, or is it a measure of teaching effectiveness and students' learning?
2. When does the harm outweigh the benefits?

We invite you to participate in a round table discussion to explore the following:

- Risks, benefits, harms, and utility of having students assess teachers.
- Alternate methods for providing feedback to teachers and evidence of teaching effectiveness to institutions and accrediting bodies.

## **Creating Space for JEDI (Justice, Equity, Diversity, Inclusion) Conversations: Community of Action and Learning**

**Facilitator(s):** Laura Yvonne Bulk

In recent years many educational institutions have expressed a desire to promote greater justice, equity, diversity, and inclusion (JEDI). However, expressions can stay performative unless they are followed by meaningful action (Ahmed, 2007). We also experience that there is no space for JEDI awareness and action to happen collaboratively among staff, students, faculty, clinicians, and other community members. A group of faculty and students in the department of Occupational Science & Occupational Therapy (OSOT) came together in 2020 to build a collaborative focused both on JEDI learning and meaningful action. Thus, formed the OSOT Community of Learning and Action (CoLA). CoLA open to all staff, faculty, clinical faculty, and students, meets monthly to engage in topical conversations, in learning, reflection, and action. Some examples of actions resulting from this group include identifying gender inclusive bathroom and adding signage in the Vancouver OSOT department, initiating the Diversifying Health Professions Education program (now in its third year), and revising the Master of Occupational Therapy student handbook with aims of decolonizing and centring humanity.

By sharing about our CoLA work with CHES, we hope to encourage conversation and hold space for colleagues across professions to consider how they might engage in similar communities of collective learning and action, and how our JEDI conversations might flourish across professions.

### **Learning Outcomes:**

By the end of this conversation, participants will be able to identify at least one strategy they can use in their own sphere of influence to further JEDI conversations and actions.

### **Participation:**

By sharing examples and both posing and inviting questions, we will encourage participants to engage in conversations about the challenges and opportunities in furthering JEDI priorities in their spaces.

## **Creating Space for Health Humanities in UBC's Faculty of Medicine**

**Facilitator(s):** Brett Schrewe and Paula Holmes-Rodman

Health humanities offer interdisciplinary spaces to explore intersections of health, healthcare, and lived illness experience. As healthcare systems and health outcomes struggle, perspectives from arts and social sciences are urgently needed: these extend beyond faculties of medicine with strong potential to inform the education of health professionals. Opportunities exist to create new educational spaces. The Canadian Association for Health Humanities (CAHH), launched in 2018, shapes and guides health humanities nationally. Unlike other Canadian medical schools, UBC's Faculty of Medicine does not offer formal training, degree programs, or dedicated structure to advance health humanities work or education across its distributed network.

In this roundtable, the two presenters—a consultant pediatrician and education scholar from CAHH's founding executive and an anthropologist working at the intersection of narrative medicine, disability, and cancer care inequities—will facilitate a discussion centred on participants' experiences and interests in furthering health humanities endeavours at UBC. We will consider how research, scholarship, and education efforts might be developed through this initial discussion.

Participants will:

- Discuss their interest in, orientation to, and involvement with health humanities.
- Consider shared areas of interest—in terms of topics and methodologies—and foster professional network connections.
- Build on momentum generated from this roundtable to advance the creation of a dedicated health humanities community of practice in UBC's Faculty of Medicine.

## **My Deep Tactful Novel: Unscrambling Faculty Development**

**Facilitator(s):** Heather Buckley and Katherine Wisener

It is a tale as old as time, or at least since the 1970s (Centra, 1978). However, the story of faculty development in health professions education is not finished. Traditionally, faculty development has focused on workshops and “planned programs” that train faculty how to teach (Steinert, 2010). This focus on formal workshops and programs has broadened to recognize faculty development occurring more informally, for example in self-directed or workplace-based settings, for both individuals and groups (Steinert 2010). As well, “teaching” as the main character in the faculty development story has also been starting to shift. Recently, faculty development has been described as a convening and social entity enabling organizational change, excellence and innovation in health professions education (Steinert, O’Sullivan & Irby, 2024). What does this mean? Have we lost the plot?

This round table will be focused on the evolution of faculty development, and how these varying conceptualizations resonate (or not) with health professions faculty. Specifically, at the end of this roundtable, participants will be able to:

1. Describe the various ways faculty development has been defined and conceptualized.
2. Reflect on what has personally been perceived as meaningful faculty development.
3. Describe a potential epilogue to the faculty development story.

Participation and sharing of narratives will be encouraged throughout the discussion, with the facilitators starting the roundtable by sharing some definitions and posing guiding questions aligned with the learning objectives.

## How to Lean in with Loving Presence During Difficult Conversations

**Facilitator(s):** Katie Bunting and Saleem Razack

In this Round Table we will explore how to bring a loving presence to conflict engagement with learners and faculty. In difficult and tense moments, it may be easier to respond with guardedness and distance. Yet, can we strive to embrace relationships that have a restorative component even in fraught moments? What might be realized by leaning in with loving presence when the relationship is severed or not harmonious?

We will be guided in our conversation by the concept of love (Freire and hooks, among others), rooted in critical consciousness development (Freire), and with radical empathy towards “calling in” versus “calling out”.

The overarching theme that ties this roundtable together is loving presence and we will elaborate some of the concepts that bind love and presence together.

We will have a small discussion and encourage participation by drawing on two vignettes where relationships are in friction: giving learners difficult feedback and health equity.

Our learning outcomes are to offer valuable perspectives and actionable approaches to conflict management that center forgiveness, self-compassion, humility and restoration.

## **Enhancing Interprofessional Education in Distributed Health Professions Programs: Balancing Accreditation Standards and Regional Contexts**

**Facilitator(s):** Victoria Wood and Helen Hsu

Like other jurisdictions, UBC's health professional programs are increasingly expanding and distributing to other regions of the province as a way to address the health human resource (HHR) shortages and health disparities facing rural and remote communities. This is based on the premise that students are more likely to practice in the communities where they were trained upon graduation. The recent distribution of multiple health professions programs across British Columbia has presented an opportunity for students to participate in interprofessional education (IPE) during which they learn with, from and about other health disciplines. Similar to other aspects of a distributed program, the IPE curriculum need to be substantively equivalent/comparable, this is both an accreditation requirement and part of the university's mandate to prepare students for the team-based models of care being advanced by the provincial government.

We are now faced with the challenge of how to integrate substantively equivalent/comparable, regionally relevant, culturally safe IPE into each region where UBC students are trained. A scoping review of the literature about comparability (Hsu et al., 2023) and extensive engagement of leadership across distributed programs conducted by UBC Health between June 2023 and May 2024 reveal that ensuring comparability is both an accreditation and a pragmatic issue.

This round table discussion is aimed at exploring opportunities and solutions from educators and administrators to build in curricular flexibility and leverage local affordances to prepare students for regional practice.



## **Promoting, Developing and Fostering Engagement in Continuing Professional Development (CPD) Research**

**Facilitator(s):** Brenna Lynn and Adam Gavarkovs

Continuing Professional Development (CPD) is a dynamic area of scholarship in the field of health profession education research. Health professionals must engage in CPD to ensure they are competent and can provide optimal care in the context of a rapidly expanding body of evidence, advancements in technology (e.g., artificial intelligence), and emerging health challenges. Scholars who produce CPD research can make a meaningful impact on the systems and programs that aim to support health professionals' CPD efforts. There is currently a significant opportunity to leverage untapped potential for CPD research at UBC and beyond.

In this round table discussion, participants will learn how to become more engaged in CPD research. Topics for discussion will include emerging trends in CPD research, opportunities for CPD research at UBC, how to fund your work, and how to develop your capacity as a CPD researcher. The round table will mark the launch of a new CPD scholarly interest group at UBC led by UBC Continuing Professional Development (UBC CPD), which aims to bring together faculty, staff, and students who are interested in CPD research. The group will serve as a forum for discussing hot topics in CPD, generating ideas for collaborative projects, and receiving feedback on works in progress. We encourage participants of the round table to help co-create the group's structure and content.

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## Breaking the Cycle: Identifying and Addressing Racism in the Practice and Education of Health Professions

**Facilitator(s):** HsingChi von Bergmann and Tala Maragha

Racism in the health professional education and practice can be detrimental to the wellbeing of students, supervisors, and patients. In this workshop, we will engage in reflective practice with participants to identify pathways through which racism, discrimination, and microaggressions can be identified in healthcare professional education and practice. We will also facilitate conversations and dialogue across individuals at various stages of their career and education in an effort to break the cycle of negative experiences in the learning and work environments. Lastly, participants will work collaboratively to generate strategies to identify and address the various forms of racism and discrimination in their disciplines, using existing practices and initiatives as building blocks.

Learning outcomes:

1. Recognize the relationship between students' wellbeing, racism, and humanizing health professional curricula using an anti-racism lens.
2. Acknowledge challenges in humanizing health professional education from the perspective of trainees, healthcare providers, and supervisors.
3. Connect the efforts of addressing racism in health professions education across health programs and other humanities programs to strengthen person-centred care commitment.

This interactive workshop will have the following structure:

- Background and Introduction: Brief description of the research conducted by the facilitators in UBC Dentistry around racism and wellbeing of students and faculty in the learning environment.
- One-Minute Paper Activity: A safe space for participants to write down an incident that they have witnessed or experienced in their disciplines as trainees, faculty, or staff they perceived as racism, discrimination, or microaggression.
- Learning Outcomes Presentation
- Fishbowl Activity: Participants will be split into two small groups. One will be engaged in a discussion activity, and the other will be observing. Roles will be reversed half-way through the activity. The discussion prompt will be around how racism in the learning environment would trickle down to racism in the healthcare settings, and the relationship between wellbeing and person-centred care.
- Lecture & Interactive Discussion: Participants will be invited to discuss the relationship between healthcare professional education, practice, and wellbeing using a racism lens. The discussion will also address issues in the current mentorship and admission policies. Perspectives of trainees, Faculty, and healthcare providers will be invited.
- Expert Groups: Participants will be split into several groups to discuss the promising practices in their disciplines that aims to address racism for trainees, supervisors, and healthcare providers.
- Debrief and summary of key points.