

## From Constructive to Critical and Everywhere in Between: An Exploration of Education Leaders' Reactions to Upward Feedback

**Author(s):** Katherine Wisener, Erik Driessen, Amy Tan, Cary Cuncic, Kevin Eva

**Presenter:** Katherine Wisener

**Time:** 2:15 – 3:15

### **Purpose:**

Feedback from learners is important to support faculty development, but negative feedback can harm teachers' motivations. Leaders of educational programs, therefore, need to balance enabling students' voices to be heard with maintaining teachers' enthusiasm and commitment to teaching. Given the paucity of research to explain or guide this struggle, we explored why and how education leaders grapple with negative learner feedback.

### **Methods:**

Using an Interpretive Description methodology, 11 education leaders participated in semi-structured interviews. Discussion was stimulated by showing participants learner narratives they had previously asked to be deleted due to perception that the narratives were overly critical. Transcripts were iteratively analyzed as codes were developed, refined, and combined into themes.

### **Results:**

Education leaders interpreted the scope, framing, and focus of the feedback to decide whether it was overly critical. Such determinations were combined with contextual considerations such as the teacher's personal circumstances, the learning environment and how the teacher might react, which cued leaders to the potential damage the feedback might have. Throughout the process, leaders struggled with whether protecting teachers risked not protecting learners and remained unsure about the ethics of intervening.

### **Discussion:**

Our study offers direction regarding how to optimize feedback to teachers while minimizing risk to their motivation. Implications include that there is value in: 1) extending feedback interpretation support to teachers, education leaders and learners; 2) situating upward feedback in a coaching dialogue; and, 3) applying the same principles recommended for the provision of feedback to learners, to teachers.

## **Indigenous Elder Leadership in Continuing Professional Development: Challenging Colonial Norms in Medical Education**

### **Work-in-Progress Presentation**

**Author(s):** Cheryl Schweizer, Alisa Harrison, Ievgeniia Rozhenko, Terri Aldred, Harley Eagle, Dana Hubler

**Presenter:** Alisa Harrison

**Time:** 2:15 – 3:15

UBC Faculty of Medicine's Indigenous Patient-Led Continuing Professional Development Program (IPL) is an Elder-led program designed to engage First Nations to co-create cultural safety and humility education for rural medical providers. At the core of IPL's innovation is Indigenous Elder leadership. Founded by Dr. Elder Roberta Price (Coast Salish Snuneymuxw and Cowichan Nations), we are now led by Elder Cheryl Schweizer (Tl'azt'en Nation), who guides us with teachings from her Nation and culture and grounds us in relational practice that moves at 'the speed of trust.'

Our presentation explores the promise of integrating Elder leadership into a dominant Western model of medical education. It addresses the simultaneous institutional pressure to maintain harmful colonial norms, and our commitment to decolonizing, emergent, developmental work that models the trauma-sensitive, culturally safe practice we learn from Elders and teach in our curricula.

Drawing on our team's autoethnographic inquiry processes and narrative interviews with learners, we discuss how Elder-led work challenges the colonial structures of Western medical knowledge and higher education. We describe how and why we introduce land-based practice as a modality for healing, how we invite medical learners to become curious about their relationships with land, and how this in turn influences their relationships with Indigenous patients. We conclude by sharing positive results of Elder-led curriculum design and delivery, including the creation of psychologically safe spaces where learners are open to ideas about decolonizing medical practice that they might otherwise resist.

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## **Practice Improvement Through Meaningful Measurement: Making Community Trends Accessible and Embedded within Adult Mental Health Learning**

### **Work-in-Progress Presentation**

**Author(s):** Cathy McGuiness, Gayle Grout, Kathryn Young, Nicole Esligar, Bruce Hobson, Shirley Sze, Caldon Saunders

**Presenter:** Caldon Saunders

**Time:** 2:15 – 3:15

#### **Learning Objectives:**

1. Illustrate the value of using community practice data to inform resource planning and CPD design
2. Utilize practice data to better equip providers to learn and engage with peers in their community context

While it is standard in education design to present emerging educational content, tools, and resources in continuing professional development (CPD) activities, barriers often exist to integrate meaningful practice data to support learning, practice awareness and improvement. Given the state of burnout in healthcare, providers are often too stretched to seek out practice data that is relevant to their context; and therefore; do not recognize how valuable their own data can be to inform and monitor transformation in their practice.

As such, project collaborators partnered with local Divisions of Family Practice and community physicians to co-design unique, multi-modal learning opportunities framed with a quality improvement lens to connect providers through community-specific mental health prevalences. The intention of this approach is to reduce isolation and build community cohesion through dialogue and peer connection, and empower providers to lead their own quality improvement activities through a peer facilitation model in the context of communities. Each learning session was delivered locally and utilized aggregate community-level data from HDC Discover to provide content that was adaptable, meaningful, and relevant to local healthcare providers. By supporting primary care providers to learn in the context of their community's health profile, we increased engagement and personalized learning.

This collaboration demonstrates how strategic partnerships can impact change at practical and system levels. As a result of the education, providers are empowered to implement data-driven interventions and utilize local resources, which enhances patient outcomes and contributes to more effective healthcare delivery across a community.

**Keywords:** practice improvement, data, mental health

## **“Show Me, Don’t Tell Me”: Utilizing Theatre to Raise Instructor’s Awareness about Equity, Diversity, and Inclusion in Dental Programs**

### **Work-in-Progress Presentation**

**Author(s):** Tala Maragha, HsingChi von Bergmann, Donna Lee

**Presenter:** Tala Maragha

**Time:** 2:15 – 3:15

This initiative builds on a previous study that has taken place in UBC Dentistry between 2021 and 2023, where we conducted 37 interviews and 4 focus groups with dental and dental hygiene students from years 1 to 4. The interviews highlighted numerous incidences where students perceived some instructors’ comments as racially insensitive and detrimental to their wellbeing and learning. These findings are consistent with existing literature, which highlights how adverse instructor interactions can serve as a significant source of stress, especially during early years when students are undergoing numerous transitions and adjusting to a new and unfamiliar learning environment.

In response to these issues, we have developed three dramatized scenes in collaboration with the Research-based Theatre (RBT) Cluster at UBC to highlight the challenges that students experience and build the capacity of instructors in identifying and addressing racism in the learning environment. These scenes will be followed by a group discussion with the audience, facilitated by the project leads. The purpose of the discussion and the RBT initiative is to create an inviting and safe space for instructors to reflect and brainstorm the strategies needed to eliminate these incidences and support the learners’ safety and wellbeing. To evaluate our work, we will gather Faculty's perspectives with regards to the effectiveness of the scenes and the facilitated discussion in raising their awareness. We will also solicit the students’ feedback around the prevalence of incidences of discrimination, microaggressions, or racism that they have experienced or witnessed following the instructor’s capacity building workshops.

**Key words:** Dental student, Research-based theatre, Racism