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1. **Autoethnography: introducing ‘I’ into medical education research**
Laura Farrell, Gisele Bourgeois-Law, Glenn Regehr and Rola Ajjawi
Medical Education October 2015 vol 49 (10)974-982

Abstract

Context

Autoethnography is a methodology that allows clinician-educators to research their own cultures, sharing insights about their own teaching and learning journeys in ways that will resonate with others. There are few examples of autoethnographic research in medical education, and many areas would benefit from this methodology to help improve understanding of, for example, teacher–learner interactions, transitions and interprofessional development.

Objectives

We wish to share this methodology so that others may consider it in their own education environments as a viable qualitative research approach to gain new insights and understandings.

Methods

This paper introduces autoethnography, discusses important considerations in terms of data collection and analysis, explores ethical aspects of writing about others and considers the benefits and limitations of conducting research that includes self.

Results

Autoethnography allows medical educators to increasingly engage in self-reflective narration while analysing their own cultural biographies. It moves beyond simple autobiography through the inclusion of other voices and the analytical examination of the relationships between self and others. Autoethnography has achieved its goal if it results in new insights and improvements in personal teaching practices, and if it promotes broader reflection amongst readers about their own teaching and learning environments.

Conclusions

Researchers should consider autoethnography as an important methodology to help advance our understanding of the culture and practices of medical education.

For full article:

<http://onlinelibrary.wiley.com.ezproxy.library.uvic.ca/doi/10.1111/medu.12761/full>

<http://onlinelibrary.wiley.com.ezproxy.library.ubc.ca/doi/10.1111/medu.12761/full>

And the commentary: Balancing vulnerability and narcissism: who dares to be an autoethnographer?

by Janneke Frambach

<http://onlinelibrary.wiley.com.ezproxy.library.uvic.ca/doi/10.1111/medu.12820/full>

<http://onlinelibrary.wiley.com.ezproxy.library.ubc.ca/doi/10.1111/medu.12820/full>

2. How to improve the teaching of clinical reasoning: a narrative review and a proposal

Henk G. Schmidt and Sílvia Mamede

Medical Education October 2015 vol 49 (10)961-973

Context

The development of clinical reasoning (CR) in students has traditionally been left to clinical rotations, which, however, often offer limited practice and suboptimal supervision. Medical schools begin to

address these limitations by organising pre-clinical CR courses. The purpose of this paper is to review the variety of approaches employed in the teaching of CR and to present a proposal to improve these practices.

Methods

We conducted a narrative review of the literature on teaching CR. To that end, we searched PubMed and Web of Science for papers published until June 2014. Additional publications were identified in the references cited in the initial papers. We used theoretical considerations to characterise approaches and noted empirical findings, when available.

Results

Of the 48 reviewed papers, only 24 reported empirical findings. The approaches to teaching CR were shown to vary on two dimensions. The first pertains to the way the case information is presented. The case is either unfolded to students gradually – the ‘serial-cue’ approach – or is presented in a ‘whole-case’ format. The second dimension concerns the purpose of the exercise: is its aim to help students acquire or apply knowledge, or is its purpose to teach students a way of thinking? The most prevalent approach is the serial-cue approach, perhaps because it tries to directly simulate the diagnostic activities of doctors. Evidence supporting its effectiveness is, however, lacking. There is some empirical evidence that whole-case, knowledge-oriented approaches contribute to the improvement of students’ CR. However, thinking process-oriented approaches were shown to be largely ineffective.

Conclusions

Based on research on how expertise develops in medicine, we argue that students in different phases of their training may benefit from different approaches to the teaching of CR.

For full article:

<http://onlinelibrary.wiley.com.ezproxy.library.uvic.ca/doi/10.1111/medu.12775/full>

<http://onlinelibrary.wiley.com.ezproxy.library.ubc.ca/doi/10.1111/medu.12775/full>

And the commentary: How to improve the teaching of clinical reasoning: from processing to preparation

Nicole N. Woods and Maria Mylopoulos

Medical Education October 2015 vol 49 (10)952-953

<http://onlinelibrary.wiley.com.ezproxy.library.uvic.ca/doi/10.1111/medu.12823/full>

<http://onlinelibrary.wiley.com.ezproxy.library.ubc.ca/doi/10.1111/medu.12823/full>

3. Conducting quantitative educational research: a short guide for clinical teachers

David Hope and Avril Dewar

Clinical Teacher October 2015 vol 12 (5) p.299-304

Abstract: Clinical teachers are increasingly expected to evaluate and undertake research on their teaching, and the number of quantitative and mixed-methods studies being submitted to this journal is also rising. Whether through a critical evaluation of the introduction of a new teaching tool or course, or by seeking to answer a more general educational question, quantitative research can offer clinical teachers powerful approaches and tools to study their practice and contribute to the wider literature. Successfully undertaking complex quantitative research and presenting it in a way that is credible to readers and reviewers is challenging, and there are many potential pitfalls for the novice. The first half of this toolbox paper focuses on the issues to consider when planning a quantitative research project, to ensure that the research undertaken is appropriate and likely to answer the defined research questions. The second half focuses on tips and strategies to use when writing-up to enhance the credibility of findings for readers, and to increase the chances of publication. This paper is intended as generic guidance for all readers who are considering undertaking one of the many different kinds of quantitative research, and will also be helpful for readers who want to be better able to critique the published literature and apply research findings to their own teaching.

There is a growing trend to use large data sets with complex quantitative methods in clinical educational research. Clinical teaching can be improved via quantitative, evidence-based practice and research, but many clinical teachers lack expertise in producing such research. This article provides guidance on conducting and reporting on quantitative projects.

For full article:

<http://onlinelibrary.wiley.com.ezproxy.library.uvic.ca/doi/10.1111/tct.12457/full>

<http://onlinelibrary.wiley.com.ezproxy.library.ubc.ca/doi/10.1111/tct.12457/full>

4. Learning empathy through simulation: a systematic literature review

Bearman, Margaret; Palermo, Claire; Allen, Louise; Williams, Brett

Simulation in Healthcare: the Journal of the Society for Simulation in Healthcare

October 2015, vol 10 (5) p.308-319

Abstract:

Simulation is increasingly used as an educational methodology for teaching empathy to preservice health professional students. This systematic review aimed to determine if and how simulation, including games, simulated patients, and role-play, might develop empathy and empathetic behaviors in learners. Eleven databases or clearing houses including MEDLINE, EMBASE, CINAHL, PsychInfo, and ERIC were searched for all articles published from any date until May 2014, using terms relating to (i) preservice health professional students, (ii) simulation, and (iii) empathy. Twenty-seven studies met the inclusion criteria, including 9 randomized controlled trials. A narrative synthesis suggests that simulation may be an appropriate method to teach empathy to preservice health professional students and identifies the value of the learner taking the role of the patient.

For full article:

http://ovidsp.tx.ovid.com.ezproxy.library.uvic.ca/sp-3.17.0a/ovidweb.cgi?&S=CMOOPFENMKDDDONCNCJKCBIBBDANAA00&Link+Set=S.sh.22.23.26%7c8%7csl_10

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5. Assessing procedural competence: validity considerations

Pugh, Debra; Wood, Timothy; Boulet, John.

Simulation in Healthcare: the Journal of the Society for Simulation in Healthcare

October 2015, vol 10 (5) p.288-294

Abstract: Simulation-based medical education (SBME) offers opportunities for trainees to learn how to perform procedures and to be assessed in a safe environment. However, SBME research studies often lack robust evidence to support the validity of the interpretation of the results obtained from tools used to assess trainees' skills. The purpose of this paper is to describe how a validity framework can be applied when reporting and interpreting the results of a simulation-based assessment of skills related to performing procedures. The authors discuss various sources of validity evidence because they relate to SBME. A case study is presented.

For full article:

http://ovidsp.tx.ovid.com.ezproxy.library.uvic.ca/sp-3.17.0a/ovidweb.cgi?&S=CMOOPFENMKDDDONCNCJKCBIBBDANAA00&Link+Set=S.sh.22.23.26%7c6%7csl_10

http://ovidsp.tx.ovid.com.ezproxy.library.ubc.ca/sp-3.17.0a/ovidweb.cgi?&S=CMOOPFENMKDDDONCNCJKCBIBBDANAA00&Link+Set=S.sh.22.23.26%7c6%7csl_10

6. Exploring digital professionalism

Rachel Ellaway, Janet Coral, David Topps, and Maureen Topps

Medical Teacher vol 37 (9) p. 844-849

Abstract: The widespread use of digital media (both computing devices and the services they access) has blurred the boundaries between our personal and professional lives. Contemporary students are the last to remember a time before the widespread use of the Internet and they will be the first to practice in a largely e-health environment. This article explores concepts of digital professionalism and their place in contemporary medical education, and proposes a series of principles of digital professionalism to guide teaching, learning and practice in the healthcare professions. Despite the many risks and fears surrounding their use, digital media are not an intrinsic threat to medical professionalism. Professionals should maintain the capacity for deliberate, ethical, and accountable practice when using digital media. The authors describe a digital professionalism framework structured around concepts of proficiency, reputation, and responsibility. Digital professionalism can be integrated into medical education using strategies based on awareness, alignment, assessment, and accountability. These principles of digital professionalism provide a way for medical students and medical practitioners to embrace the positive aspects of digital media use while being mindful and deliberate in its use to avoid or minimize any negative consequences.

For full article:

<http://www-tandfonline-com.ezproxy.library.uvic.ca/doi/full/10.3109/0142159X.2015.1044956#abstract>

<http://www-tandfonline-com.ezproxy.library.ubc.ca/doi/full/10.3109/0142159X.2015.1044956#abstract>

7. “Doctors on the move”: Exploring professionalism in the light of cultural transitions

Judy McKimm and Tim Wilkinson

Medical Teacher vol 37 (9) p. 83-843

Abstract: As the world becomes “flattened” and travel is easier, doctors and other health professionals move and live around the world in large numbers: some for short periods (such as student electives) others on a longer-term or permanent basis. Similarly, as wider migration patterns play out, all doctors need to learn to work in multi-cultural environments, whether they move countries or work in their “home country”. We consider cross-cultural aspects of “professionalism” in terms of medical students’ and graduates’ assimilation into different cultures and some of the aspects of professional practice that may be problematic where cultural expectations and practices may differ. Specifically we explore professional socialization, identity formation, acculturation and cultural competency as related concepts that help our understanding of challenges for individuals and strategies for curriculum development or support mechanisms.

For full article:

<http://www-tandfonline-com.ezproxy.library.uvic.ca/doi/full/10.3109/0142159X.2015.1044953#abstract>

<http://www-tandfonline-com.ezproxy.library.ubc.ca/doi/full/10.3109/0142159X.2015.1044953#abstract>

8. Three things to do with stories: using literature in medical, health professional, and interprofessional education.

Blackie, Michael; Wear, Delese.

Academic Medicine October 2015 90(10) p. 1309-1313

Abstract:

It would be unusual to find a current medical school administrator or faculty member who has not heard the phrase “literature and medicine” or who does not know that literature is taught in various forms—short stories, novels, poems, essays—at many points in the curriculum at U.S. medical schools. Yet the phrase is used in slippery if not elusive ways, with no clear referent common to all who use it. This article focuses on three theoretical and pedagogical uses for literature in medical, health professions, and interprofessional education: close reading, ethical or moral inquiry, and drawing illustrations. Summaries of these approaches are provided, followed by demonstrations of how they might work in the classroom by using the story “Blankets,” by Native American writer Sherman Alexie. Close reading requires reading slowly and carefully to enrich an initial encounter with a text. Ethical or moral inquiry turns to literary representations to challenge readers’ assumptions and prejudices. Literature offers rich, provoking, and unusual depictions of common phenomena, so it can be used to draw illustrations. Although each approach can be used on its own, the authors argue that reading closely makes the other two approaches possible and meaningful because it shares with

the diagnostic process many practices critical to skilled interprofessional caregiving: paying attention to details, gathering and reevaluating evidence, weighing competing interpretations. By modeling a close reading of a text, faculty can demonstrate how this skill, which courts rather than resists ambiguity, can assist students in making ethical and compassionate judgments.

For full article:

http://ovidsp.tx.ovid.com.ezproxy.library.uvic.ca/sp-3.17.0a/ovidweb.cgi?&S=OLIOFPOMFKDDDOOLNCJKADOBMKPOAA00&Link+Set=S.sh.22.23.26%7c15%7csl_10

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9. Innovative Teaching in Situational Awareness

Audrey Gregory, George Hogg and Jean Ker

Clinical Teacher October 2015 vol 12 (5) p.331-335

Abstract: Background

In the UK the publication of the Health Select Committee Report highlighted the need to incorporate human factors training in health care education. In response there has been a rise in health care professional training in human factors, focusing on non-technical skills, such as teamwork, leadership and situational awareness.

Context

Using simulation and contextualised learning, we have developed a non-technical skills programme for undergraduate medical students that introduces situational awareness training in the first year. Early integration of human factors into the undergraduate programme can be built upon in a constructivist approach throughout the undergraduate curriculum. Initially no formal ethical approval was required as this was an integral part of the undergraduate teaching programme and did not involve patients; however, ethical approval was gained for the analyses of this session from the local University Research Ethics Committee. Approval included the information sheets and consent forms provided to students, which permitted use of data 'in future posters/publications/presentations'.

Innovation

Students were introduced to hazards and cues that they may find in clinical areas, encouraged to explore the simulated clinical areas gathering information, interpret their findings and then consider future states.

There has been a rise in health care professional training in human factors, focusing on non-technical skills

Implications

Initial feedback from both the students and the tutors involved has been positive. In addition, the opportunity for linking this to other non-technical skills developments in different clinical settings and in interprofessional settings is being considered. The next stage is to explore students' perceptions of this session and their learning through questionnaires and focus-group interviews before developing further.

For full article: <http://onlinelibrary.wiley.com.ezproxy.library.uvic.ca/doi/10.1111/tct.12310/full>

<http://onlinelibrary.wiley.com.ezproxy.library.ubc.ca/doi/10.1111/tct.12310/full>

10. Medical Residents and Interprofessional Interactions in Discharge: An Ethnographic Exploration of Factors That Affect Negotiation

Joanne Goldman, Scott Reeves, Robert Wu, Ivan Silver, Kathleen MacMillan and Simon Kitto
JGIM (Journal of General Internal Medicine) October 2015, Volume 30, Issue 10, pp 1454-1460

Background

Interprofessional collaboration is an important aspect of patient discharge from a general internal medicine (GIM) unit. However, there has been minimal empirical or theoretical research that has examined interactions that occur between medical residents and other healthcare professionals in the discharge process. This study provides insight into the social processes that shape and characterize such interactions.

Objective

To explore factors that shape interactions between medical residents and other healthcare professionals in relation to patient discharge, and to examine the opportunities for negotiations about discharge between these professional groups.

Design

A qualitative ethnographic approach using observations, interviews and documentary analysis.

Participants and setting

Healthcare professionals working in a GIM unit in Canada.

Approach

Sixty-five hours of observations were undertaken in a range of settings (e.g. interprofessional rounds, medical and nursing rounds, nursing station) in the unit over a 17-month period. A maximum variation sampling approach was used to identify healthcare professionals working in the unit. Twenty-three interviews were completed, recorded and transcribed verbatim. A directed content approach using theories of medical dominance and negotiated order was used to analyze the data.

Key results

The organization of clinical work in combination with clinical teaching influenced interprofessional interactions and the quality of discharge in this GIM unit. While organizational activities (orientation and rounds) and individual activities (e.g. role modeling, teaching) supported negotiations between medical residents and other healthcare professionals around discharge, participants had varied perspectives about their effectiveness.

Conclusions

This study illuminates social factors and processes that require attention in order to address challenges with interprofessional collaboration and discharge in GIM. These findings have implications for medical education, workplace learning, patient safety and quality improvement.

For full article:

<http://link.springer.com.ezproxy.library.uvic.ca/article/10.1007/s11606-015-3306-6/fulltext.html>

<http://link.springer.com.ezproxy.library.ubc.ca/article/10.1007/s11606-015-3306-6/fulltext.html>