

Articles you may enjoy (abstracts and links) April 2017

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1.Facilitating admissions of diverse students: A six-point, evidence-informed framework for pipeline and program development

Meredith Young, Aliko Thomas, Lara Varpio et al

Perspect Med Educ (2017). e-pub ahead of print.doi:10.1007/s40037-017-0341-5

Abstract:

Introduction

Several national level calls have encouraged reconsideration of diversity issues in medical education. Particular interest has been placed on admissions, as decisions made here shape the nature of the future physician workforce. Critical analysis of current practices paired with evidence-informed policies may counter some of the barriers impeding access for underrepresented groups.

Methods

We present a framework for diversity-related program development and evaluation grounded within a knowledge translation framework, and supported by the initiation of longitudinal collection of diversity-related data. We provide an illustrative case study for each component of the framework.

Descriptive analyses are presented of pre/post intervention diversity metrics if applicable and available.

Results

The framework's focal points are: 1) data-driven identification of underrepresented groups, 2) pipeline development and targeted recruitment, 3) ensuring an inclusive process, 4) ensuring inclusive assessment, 5) ensuring inclusive selection, and 6) iterative use of diversity-related data. Case studies ranged from wording changes on admissions websites to the establishment of educational and administrative offices addressing needs of underrepresented populations.

Conclusions

We propose that diversity-related data must be collected on a variety of markers, developed in partnership with stakeholders who are most likely to facilitate implementation of best practices and new policies. These data can facilitate the design, implementation, and evaluation of evidence-informed diversity initiatives and provide a structure for continued investigation into 'interventions' supporting diversity-related initiatives.

To read more:

<https://link-springer-com.ezproxy.library.uvic.ca/article/10.1007%2Fs40037-017-0341-5>

<https://link-springer-com.ezproxy.library.ubc.ca/article/10.1007%2Fs40037-017-0341-5>

2.How Can Medical Students Add Value? Identifying Roles, Barriers, and Strategies to Advance the Value of Undergraduate Medical Education to Patient Care and the Health System

Gonzalo, Jed D. MD, MSc; Dekhtyar, Michael; Hawkins, Richard E. MD; Wolpaw, Daniel R. MD
Academic Medicine epub ahead of print April 4, 2017 DOI: 10.1097/ACM.0000000000001662

Abstract:

Purpose: As health systems evolve, the education community is seeking to reimagine student roles that combine learning with meaningful contributions to patient care. The authors sought to identify potential stakeholders regarding the value of student work, and roles and tasks students could perform to add value to the health system, including key barriers and associated strategies to promote value-added roles in undergraduate medical education.

Method: In 2016, 32 U.S. medical schools in the American Medical Association's (AMA's) Accelerating Change in Education Consortium met for a two-day national meeting to explore value-added medical education; 121 educators, systems leaders, clinical mentors, AMA staff leadership and advisory board members, and medical students were included. A thematic qualitative analysis of workshop discussions and written responses was performed, which extracted key themes.

Results: In current clinical roles, students can enhance value by performing detailed patient histories to identify social determinants of health and care barriers, providing evidence-based medicine contributions at the point-of-care, and undertaking health system research projects. Novel value-added

roles include students serving as patient navigators/health coaches, care transition facilitators, population health managers, and quality improvement team extenders. Six priority areas for advancing value-added roles are student engagement, skills, and assessments; balance of service versus learning; resources, logistics, and supervision; productivity/billing pressures; current health systems design and culture; and faculty factors.

Conclusions: These findings provide a starting point for collaborative work to positively impact clinical care and medical education through the enhanced integration of value-added medical student roles into care delivery systems. (C) 2017 by the Association of American Medical Colleges

To read more:

<http://ovidsp.tx.ovid.com.ezproxy.library.uvic.ca/sp-3.24.1b/ovidweb.cgi>

<http://ovidsp.tx.ovid.com.ezproxy.library.ubc.ca/sp-3.24.1b/ovidweb.cgi>

3. Tensions in mentoring medical students toward self-directed and reflective learning in a longitudinal portfolio-based mentoring system – An activity theory analysis

Sylvia Heeneman and Willem de Grave

Medical Teacher 39 (4) 368-376 April 2017

Abstract Background: In medical education, students need to acquire skills to self-direct(ed) learning (SDL), to enable their development into self-directing and reflective professionals. This study addressed the mentor perspective on how processes in the mentor–student interaction influenced development of SDL.

Methods: $n = 22$ mentors of a graduate-entry medical school with a problem-based curriculum and longitudinal mentoring system were interviewed ($n = 1$ recording failed). Using activity theory (AT) as a theoretical framework, thematic analysis was applied to the interview data to identify important themes.

Results: Four themes emerged: centered around the role of the portfolio, guiding of students' SDL in the context of assessment procedures, mentor-role boundaries and longitudinal development of skills by both the mentor and mentee. Application of AT showed that in the interactions between themes tensions or supportive factors could emerge for activities in the mentoring process.

Conclusion: The mentors' perspective on coaching and development of reflection and SDL of medical students yielded important insights into factors that can hinder or support students' SDL, during a longitudinal mentor–student interaction. Coaching skills of the mentor, the interaction with a portfolio and the context of a mentor community are important factors in a longitudinal mentor–student interaction that can translate to students' SDL skills.

To read more:

<http://www.tandfonline-com.ezproxy.library.uvic.ca/doi/full/10.1080/0142159X.2017.1286308>

<http://www.tandfonline-com.ezproxy.library.ubc.ca/doi/full/10.1080/0142159X.2017.1286308>

4. Describing medical student curiosity across a four year curriculum: An exploratory study

Robert Sternszus, Alenoush Saroyan & Yvonne Steinert

Medical Teacher 39 (4) 377-382 April 2017

Abstract

Background: Intellectual curiosity can be defined as a desire for knowledge that leads to exploratory behavior and consists of an inherent and stable trait (i.e. trait curiosity) and a variable context-dependent state (i.e. state curiosity). Although intellectual curiosity has been considered an important aspect of medical education and practice, its relationship to medical education has not been empirically investigated. The purpose of this exploratory study was to describe medical students' intellectual curiosity across a four-year undergraduate program.

Methods: We employed a cross-sectional design in which medical students, across a four-year undergraduate program at McGill University, completed the Melbourne Curiosity Inventory as a measure of their state and trait intellectual curiosity. A Mixed Models ANOVA was used to compare students across year of training.

Results: Four hundred and two out of 751 students completed the inventory (53.5%). Trait curiosity was significantly higher than state curiosity ($M = 64.5$, $SD = 8.5$ versus $M = 58.5$, $SD = 11.6$) overall, and within each year of training.

Conclusions: This study is the first to describe state and trait intellectual curiosity in undergraduate medical education. Findings suggest that medical students' state curiosity may not be optimally supported and highlight avenues for further research.

To read more:

<http://www-tandfonline-com.ezproxy.library.uvic.ca/doi/full/10.1080/0142159X.2017.1290793>

<http://www-tandfonline-com.ezproxy.library.ubc.ca/doi/full/10.1080/0142159X.2017.1290793>

5. Canadian Conference on Medical Education, 29 April 2017, Winnipeg, Manitoba, Canada

Workshop and oral abstracts

Medical Education April 2017 Volume 51, Issue Supplement S1 Pages 1–117

A special edition of Medical Education with all the workshops and oral abstracts from this year's conference.

<http://onlinelibrary.wiley.com.ezproxy.library.uvic.ca/doi/10.1111/medu.2017.51.issue-S1/issuetoc>

<http://onlinelibrary.wiley.com.ezproxy.library.ubc.ca/doi/10.1111/medu.2017.51.issue-S1/issuetoc>

6.Future directions in personality, occupational and medical selection: myths, misunderstandings, measurement, and suggestions

Eamonn Ferguson, Filip Lievens

Advances in Health Sciences Education Theory and Practice

May 2017, Volume 22, Issue 2, pp.387-399

(This is a special issue on admissions, with several very interesting articles)

Abstract:

This paper has two objectives: (1) presenting recent advances in personality theory whereby personality traits are conceptualized within a framework that focuses on the dynamic interactions of behaviour, biology, context, and states, and (2) discussing the implications of these developments for measurement and medical selection. We start by presenting evidence that traits are no longer regarded as stable deterministic predictors of behaviour. Instead, traits are found to change across generations, the life span, and in response to environmental contingencies. Thus, there is an urgent need to explore how traits change as function of medical education. Second, drawing on recent theory and research (behavioural reaction norms and the density distribution model) we highlight evidence to show how the expression of trait relevant behaviour is dependent on context, and is distributed with an average (typical behaviour or personality) and a variance (plasticity or adaptability), with traditional personality measure associated with typical responding. Third, we demystify that some traits are better than others showing that so-called “good” traits have a dark-side. Fourth, we show how these developments impact on how personality might be assessed, thereby presenting recent evidence on the use of contextualized personality measures, situational judgment tests, other reports, and implicit measures. Throughout the paper, we outline the key implications of these developments for medical selection practices.

To read more:

<https://link-springer-com.ezproxy.library.uvic.ca/article/10.1007/s10459-016-9751-0>

<https://link-springer-com.ezproxy.library.ubc.ca/article/10.1007/s10459-016-9751-0>

How was it for you? The Interview Society and the irresistible rise of the (poorly analyzed) interview

David Silverman

Qualitative Research Vol 17, Issue 2, pp. 144 - 158

Abstract:

Atkinson and Silverman’s (1997) depiction of the Interview Society analysed the dominance of interview studies that seek to elicit respondents’ ‘experiences’ and ‘perceptions’. Their article showed that this vocabulary is deeply problematic, assuming an over-rationalistic account of behaviour and a direct link between the language of people’s accounts and their past and present psychic states. In this article, using a Constructionist approach, I develop these ideas, by asking what sort of data are we trying to retrieve through interviews, i.e. what do interviews reveal? I go on to examine and discount the claimed intellectual auspices for most interview studies and the way in which interview data are usually analysed. I conclude by showing how the reliability of interview transcripts can be improved and the analysis of interview data made more robust.

To read more:

<http://journals.sagepub.com.ezproxy.library.uvic.ca/doi/full/10.1177/1468794116668231>

<http://journals.sagepub.com.ezproxy.library.ubc.ca/doi/full/10.1177/1468794116668231>

8. Developing Team Cognition: A Role for Simulation

Fernandez, Rosemarie; Shah, Sachita; Rosenman, Elizabeth D., et al

Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare 12(2), April 2017, p 96–103

Abstract:

Summary Statement: Simulation has had a major impact in the advancement of healthcare team training and assessment. To date, most simulation-based training and assessments focus on the teamwork behaviors that impact team performance, often ignoring critical cognitive, motivational, and affective team processes. Evidence from team science research demonstrates a strong relationship between team cognition and team performance and suggests a role for simulation in the development of this team-level construct. In this article, we synthesize research from the broader team science literature to provide foundational knowledge regarding team cognition and highlight best practices for using simulation to target team cognition.

To read more:

http://ovidsp.tx.ovid.com.ezproxy.library.uvic.ca/sp-3.24.1b/ovidweb.cgi?&S=NOIIFPNAIDDDABPNNCHKJGIBJIJKAA00&Link+Set=S.sh.22.23.26%7c6%7csl_10

http://ovidsp.tx.ovid.com.ezproxy.library.ubc.ca/sp-3.24.1b/ovidweb.cgi?&S=NOIIFPNAIDDDABPNNCHKJGIBJIJKAA00&Link+Set=S.sh.22.23.26%7c6%7csl_10

9. Applying occupational and organizational psychology theory to entrustment decision-making about trainees in health care: a conceptual model

Holzhausen, Asja Maaz, Anna T. Cianciolo, Olle ten Cate. Harm Peters

Perspectives in Medical Education April 2017, Volume 6, 2, pp 119-126

Abstract:

Applying occupational and organizational psychology theory to entrustment decision-making about trainees in health care: a conceptual model In medical contexts around the world, supervising physicians continuously decide what degree of supervision to apply as trainees carry out professional activities. Although the implications for patients can be far-reaching, little is known about how these entrustment decisions are formed. The concept of ‘Entrustable Professional Activities’ has initiated interest and valuable research on factors that may influence the entrustment decision process.

The aim of the current article is to link models of entrustment developed in the fields of occupational and organizational psychology and military psychology to medical education studies that have explored the factors influencing physicians' entrustment decisions. We provide a conceptual framework of the entrustment decision-making process, which we suggest will contribute to the understanding of how supervising physicians arrive at the decision to entrust a medical trainee with a professional activity.

To read more:

<https://link-springer-com.ezproxy.library.uvic.ca/article/10.1007/s40037-017-0336-2>

<https://link-springer-com.ezproxy.library.ubc.ca/article/10.1007/s40037-017-0336-2>

10. When I say... praxis

Stella NG and Sarah Wright

Medical Education epub ahead of print DOI: 10.1111/medu.13250

No abstract; this is a short article discussing the term.

<http://onlinelibrary.wiley.com.ezproxy.library.uvic.ca/doi/10.1111/medu.13250/full>

<http://onlinelibrary.wiley.com.ezproxy.library.ubc.ca/doi/10.1111/medu.13250/full>