

Will tomorrow's doctors have what it takes to provide compassionate care? A textual analysis of accreditation standards

By Amanda Chen, University of Toronto, Med Class 2018

With support from the Ontario Medical Students Association (OMSA) and Associated Medical Services (AMS) Medical Student Education Research Grant, I was fortunate to be able to engage in a medical education research project in the summer between my second and third year of medical school. This experience allowed me to pursue a research topic that is important to me and relevant to many medical students across Canada.

Compassion has long been a central value in medicine, but what is less clearly articulated in the literature is whether medical students should learn such values and attitudes during their undergraduate medical education.

Understanding that accreditation standards drive educational objectives, my project aimed to delineate the extent to which formal accreditation standards promote or limit the inclusion of compassionate care training in current Canadian educational curricula.

My supervisors helped me to conduct a critical discourse analysis in order to delineate the construct of compassionate care in formal



Photo: Usman Khan

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Canadian undergraduate medical education accreditation documents.

This type of research requires one to critically question the use of words, phrases, and language in the text over time. As I did not have prior experience in textual analysis, engaging in this research challenged me from the start.

I am very grateful to have had Dr. Ayelet Kuper and Dr. Cynthia Whitehead at The Wilson Centre in Toronto as my supervisors and mentors. Their continued patience and guidance played an

integral role in helping me overcome my fears and challenges during the research process.

This research experience provided me with the opportunity to expand my knowledge of — and confirm my passion for — the field of medical education research.

I hope to continue to cultivate my curiosity and engage in such forms of inquiry during each step of my learning.

I am grateful that, in the time I spent at The Wilson Centre, I was able to learn from other researchers within the field of medical education research, and to have meaningful conversations in which everyone shares their perspectives.

Moving forward into residency, I hope to continue to pursue issues that spark my curiosity while gaining further experience in medical education research. ■

Acknowledgement

This research was financially supported by the 2016 Ontario Medical Student Association (OMSA), Associated Medical Services (AMS) Medical Student Education Research Grant, and the MAA-CREMS Research in the Humanities and Social Sciences Program.

Do you have an exciting medical research initiative to share with your peers?

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Research Report: identity conflict and identity merger — when medical students are patients too

By *Erene Stergiopoulos, University of Toronto, Med Class 2019*

Medical students with disabilities or chronic illness constitute an under-reported and under-supported proportion of the medical student population.¹

While these students experience significant barriers at both the individual and systemic levels, their first-hand knowledge of the patient role gives them a unique understanding of compassionate care.²

Our team — which included Dr. Maria Athina Martimianakis and Dr. Oshan Fernando — conducted this study to provide much-needed perspective on how medical students experience their dual roles as patients and trainees in the medical curriculum.

Using qualitative interview-based design to assess the social experiences of University of Toronto medical students with disabilities or chronic illness, the analysis drew from socio-cultural theories of professional identity formation and the theoretical concept of the hidden curriculum.

Drawing from interviews with nine participants with a range of physical and mental health conditions, three discourses emerged about the perceived “good doctor,” “good patient” and “good student.” These roles reflected influences of both the formal and hidden curriculum, and revealed contrasting demands that struggled to reconcile.

Based on this discursive positioning, two themes emerged to capture students’ phenomenological experiences navigating these roles: “identity conflict” and “identity merger.”

In moments of identity conflict, participants’ patient identities impeded on both their academic performance and well-being. However, in moments of identity merger, students experienced their dual roles as a benefit to their training and to their own medical care. Their experiences of “being on both sides” gave participants a sense of improved communication, advocacy, and compassion toward their patients.

When Students Are Patients — Transposing The Medical Experience

Medical education traditionally teaches students about recognizing diseases, but very little about what it’s like to live with those diseases. By re-positioning students’ experiences with illness as sources of strength and expertise, this research points to the need for greater openness about illness in medical school, where vulnerability is not seen as a weakness, but as a source of knowledge for developing critical competencies in compassionate care. ■

Thanks to the support of OMSA and Associated Medical Services (AMS), this research was presented at the Medical Student Research Day at the University of Toronto, and will be presented as an oral podium presentation at 2017 Canadian Conference on Medical Education in Winnipeg.

References

1. Meeks LM, Bisagno J, Jain N, Herzer K. Support students with disabilities in medicine and health care programs. *Disabil Compliance High Educ.* 2015 Oct;21(3):1-5.
2. Miller S, Ross S, Cleland J. Medical students’ attitudes towards disability and support for disability in medicine. *Med Teach.* 2009 Jun;31(6):e272-7. Available at: <http://www.tandfonline.com/doi/pdf/10.1080/01421590802516814>. Accessed: 2017 Apr 6.



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Medical Student Education Research Grant — final report: projects highlight need for more student training to better serve marginalized, vulnerable populations

By Tina Hu, University of Toronto, Med Class 2017

Poverty is a key determinant of health that leads to worse health outcomes. Although most health care providers will work with patients experiencing poverty, surveys among medical and other health profession students have reported a gap in the curriculum in this area.

In response to feedback from health profession students indicating the need for more directed training when working with marginalized and vulnerable populations, we conducted two projects that were funded by the Ontario Medical Student Association (OMSA) Medical Student Education Research Grant.

The first project involved creating and evaluating the impact of a novel student-run interprofessional inner-city health educational program on medical and health profession students' knowledge of poverty intervention resources and comfort working with marginalized populations.

This program involved workshops on refugee health and non-medical interventions for poverty, shadowing at an interprofessional clinic serving marginalized populations, and attending a facilitated reflection session.

Data analysis indicated that student knowledge about resources for



Tina Hu

underserved populations significantly increased after program participation, and student comfort working with underserved populations also significantly increased.

Interprofessional inner-city health educational programs are beneficial for students to learn about poverty intervention and resources, and may represent a strategy to address a gap in the health care professional curriculum.

The second project involved assessing the impact that volunteering at IMAGINE — a student-run free clinic

(SRFC) serving marginalized populations — has on medical and health profession students' skill competencies and understanding of interprofessionalism. Numerous skill competencies derived from learning objectives common to many health care professions were addressed while participating at an SRFC.

Valued program elements included working with, and learning about, inner-city populations in an interprofessional care model.

Interprofessional SRFCs encourage student learning about resources for inner-city populations and interprofessional collaboration, while providing an opportunity to develop skill competencies related to the formal curriculum.

Manuscripts Submitted

1. Hu T, Cox KA, & Nyhof-Young J. (2017). IMAGINE-ing interprofessional education: Program evaluation of a novel inner city health educational experience. *Canadian Medical Education Journal*, 8, 67-75.
2. Hu T, Cox KA, & Nyhof-Young J. Towards improved social accountability in health professions education: Investigating skill competencies gained at an interprofessional student-run free clinic (under review).

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