

Abstract ID: 5

**Perceptions of older women with breast cancer on new Breast Cancer Geriatric Preassessment Clinic at the Sunnybrook Breast Cancer Centre**

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**Introduction:**

Breast cancer prevalence increases as women age. Our previous studies identified that older women diagnosed with breast cancer have specific needs and require special support during their cancer journey. This study explored expectations of this group regarding the new interprofessional Breast Cancer Geriatric Preassessment Clinic (BCGPC) that has been initiated at the Sunnybrook Breast Cancer Centre.

**Purpose:**

To identify the needs and expectations of older women with breast cancer regarding new BCGPC.

**Methods:**

Qualitative methodology consisted of one-on-one patients interviews.

**Results:**

Twelve breast cancer patients aged 68 years or older participated in the study, one excluded due to recording defect. Eleven interviews were recorded, transcribed verbatim, and qualitative thematic analysis methods were performed to identify major themes within transcripts. Interview questions were generated based on discussion with cancer experts, the literature, discussions with patients, and previous needs assessments conducted at Sunnybrook.

Nine major themes were identified: (1) transportation issues, (2) service, (3) communication between patient and healthcare professionals, (4) communication between healthcare professionals, (5) support during treatment, (6) support after treatment, (7) informational resources, (8) patient suggestions, and (9) others. Enhancing access to transportation service, higher involvement of family physician during cancer care, and provisions of psychiatric counseling were deemed important.

**Discussion:**

Specialized BCGPC was well supported by patients, and may be able to cater to this population better in the future. There was no clear consensus regarding the need for incorporating physiotherapist, pharmacist, and social worker to BCGPC; referral for these services based on need might be appropriate.

**Conclusions:**

Patients were satisfied with current level of care they received in SOCC, but there are still many gaps between available services and older patient needs. These gaps should be addressed in specialized BCGPC. A detailed analysis of the study themes will be presented at the conference.

Abstract ID: 11

**Breast Cancer Patients' Preferences for Adjuvant Radiotherapy Post-Lumpectomy: Whole Breast Irradiation versus Partial Breast Irradiation - Single Institutional Study**

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### Background

The standard regimen of radiotherapy following lumpectomy consists of whole breast irradiation (WBI). Recently, there has been increased interest in partial breast irradiation (PBI) as an alternative. However, the type of radiotherapy regimen post lumpectomy that patients with early breast cancer would prefer and why is unclear in the literature. This study was conducted to determine whether patients with early breast cancer would prefer PBI or WBI and to identify important factors for patients when making their treatment decision.

### Methods

Based on the relevant literature and ASTRO consensus statement guidelines, an educational tool and questionnaire was developed. Women  $\geq 40$  years of age with a new histological diagnosis of ductal carcinoma in-situ or invasive breast carcinoma treated with breast conserving surgery showing clear margins for non-invasive and invasive disease and negative axillary nodes were asked to read the manual and complete the questionnaire.

### Results

Of the 90 patients who completed the study, 30% preferred PBI, 62% preferred WBI, 4% required more information to choose, and 3% had no preferences. From patients who choose WBI, 58% preferred hypofractionated RT, whereas 25% preferred conventional RT regimen. The top factors rated as important by patients in making their decision included recurrence rate [PBI=26/26(100%), WBI=55/55(100%)], survival [PBI=26/26(100%), WBI=54/55(98%)], and effectiveness [PBI=25/26(96%), WBI=54/54(100%)]. Financial factors [PBI=14/26(53%), WBI=21/55(38%)], convenience [PBI=18/26(69%), WBI=36/54(67%)], and invasiveness [PBI=18/26(69%), WBI=43/53(81%)] were considered least important in choosing adjuvant RT. The importance of standard method of treatment was significantly different between patients who chose WBI or PBI [PBI=16/26(61%), WBI=52/54(96%),  $p=0.001$ ].

### Conclusion

Our study shows that patients with early breast cancer prefer WBI as an adjuvant treatment post lumpectomy. Patients preferring WBRT were more likely to consider standard treatment as more important than those preferring PBI. These results can help medical professionals best treat patients according to patient values.

Abstract ID: 12

**Development of an education resource for post-prostatectomy prostate cancer patients who require radiotherapy**

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**Background:** Radiotherapy (RT) after radical prostatectomy is indicated to prevent local recurrence, achieve biochemical control, and improve disease-free survival. Most prostate cancer patients do not receive adequate information about post-prostatectomy RT to make informed treatment decisions. In an effort to improve patient care, we developed an education resource.

**Objectives:** Development and presentation of an online education resource about post-prostatectomy RT for patients and healthcare providers.

**Method:** A needs assessment survey and one-on-one interviews with patients and health-care providers were conducted. The resource was developed in collaboration with mdBriefCase and will be hosted onMEDSchoolForYou.ca. The project was supported by the Sunnybrook peer reviewed GU Trust Fund.

**Results:** Forty genitourinary RT healthcare experts across Canada (urologists, radiation oncologists, radiation therapists, and nurses) and 35 prostate cancer patients participated in the needs assessment to better understand their perspectives surrounding postoperative RT. Seventy-three essential questions and answers were developed covering a broad range of topics including diagnosis and staging, treatment options, potential benefit and risks, side effects, psychological issues, health promotion, and sexual domain. Content was evaluated by seven patients and ten healthcare providers using the purpose-based information assessment (PIA) prior to finalizing the online format. Most (6/7) pts would recommend this material and (4/7) believed this material should be available before seeing their doctor. 'Helping understand prostate cancer and its treatment' was indicated to be most important and 'Helping pts discuss their situation with others' was least important. All pts agreed that 'the material used common, everyday language', and (6/7) agreed that the material was 'usually a good size'.

**Conclusion:** Next steps include implementing the online version, and ongoing evaluation. This resource has the potential to educate patients, thus helping them feel less anxious and better prepared for post-operative RT. Impact of the tool on patient decisions regarding postoperative RT will be evaluated.

Abstract ID: 14

**Piloting an Innovative Care Delivery Model Utilizing an Unregulated Healthcare Worker to Support the Nurse Providing Care**

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#### Introduction

Despite the increasing responsibilities and demands on the nurse, their support is being depleted mainly due to budgetary constraints. Patient surveys conducted on a unit identified gaps in care. We believe gaps are a result of minimal assistance for nurses.

**Purpose** To collect information to understand how an unregulated healthcare worker (UHW) could support the nurse. To understand the impact to nursing practice having UHW support. To understand if UHW support of the nurses will improve nursing assessment, coordination of care and teaching.

#### Method

A 6 month study was conducted on a 36-bed surgical oncology unit. Evaluation data were gathered using a 6-item pre-survey, a 7-item post survey, chart audits, and focus groups with nurses. Responses from the pre-survey guided the development of the UHW role profile. Full-time and part-time nurses on the unit were invited to participate. Data was analyzed using descriptive analysis.

#### Results

Findings reveal that nurses overwhelmingly appreciate the work of the UHW. Nurses felt they had more time to spend with patients and to complete other activities for patients. They also expressed feeling less stress.

#### Discussion

The study highlighted tasks a UHW can perform safely within a busy clinical setting. Individual in the role must be carefully selected and trained. Nurses need to be oriented for the new role. Nurses value the help provided by the UHW as they were able to spend more time with patients.

#### Conclusion

Having a qualified UHW is important to support the inter-professional team. Nurses overwhelmingly supported the role as having a positive impact for patients and nursing practice. Chart audits showed 40% increase in documentation of patients' perspective. However, assessment, teaching and coordination of care showed minimal improvement.

Abstract ID: 15

**Empowering patients through education – evaluating an education resource for prostate cancer patients who require post-prostatectomy radiotherapy**

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**Introduction/Purpose:**

Radiotherapy after radical prostatectomy is indicated to prevent local recurrence and improve survival, however many patients do not receive adequate information about treatment options to make informed decisions. In an effort to improve patient care and empower patients with knowledge, we developed an online education resource based on input from forty genitourinary radiotherapy healthcare experts and 35 prostate cancer patients.

**Methods:**

The educational resource consists of 73 essential questions and answers covering a range of topics including diagnosis and staging, treatment options, potential benefit and risks, side effects, psychological issues, health promotion, and sexual domain. In this pilot evaluation study, 15 prostate cancer patients were approached to review the education material and offer feedback in the form of a qualitative interview and quantitative survey. 12/15 patients have completed the evaluation to date (with one evaluation pending).

**Results:**

Overall, patients found the material helpful, organized, and easy to understand. 9/12 patients found the material very clear, and all patients reported learning new information. The material was most beneficial in helping patients organize their thoughts, understand their situation, and reduce anxiety. The main recommendations from patients were i) to include more information on PSA, other treatment options, and sexual function, ii) to make the material available through various mediums including the Internet and brochures, and iii) translate the material into other languages.

**Discussion/Conclusion:**

It is hoped that this education material will empower patients to become more active participants in their treatment decisions, help facilitate communication between patients and their healthcare team, and improve patient satisfaction.

Abstract ID: 19

**Surgical residents' adherence to post-call duty hour limits: what are the challenges for education and patient care?**

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**Background:** Surgical residents' adherence to duty hour regulations is strongly encouraged by academic and hospital administrations. Yet, known challenges arise in implementing duty hour limits in surgical training programs, and varied perspectives exist among surgical trainees and faculty on the benefits of duty hour limits relating to education and patient care. Previous research indicates a number of complex, interconnected cultural factors (e.g. surgical hierarchy, surgical tradition) and structural factors (e.g. workload, coverage) influence residents' decisions to adhere to duty hour rules. Surgical residents at the University of Toronto are permitted to stay in the hospital when they are post-call to participate in unique educational opportunities. This aim of this study is to understand the influences on surgical residents' decisions to leave or stay in the hospital following their call.

**Methods:** This qualitative study was conducted using semi-structured interviews with general surgery residents and faculty at the University of Toronto. Twenty-two interviews were completed with 10 residents and 12 faculty. Data were collected and analyzed iteratively and inductively following from the interpretivist paradigm and grounded theory methodology.

**Results:** Three major themes emerged highlighting the cultural influences on residents' decisions to stay or leave post-call. (1) Residents' decisions to stay or leave post-call are part of an impression management strategy deployed with faculty and their peers; (2) Residents and faculty are often left to interpret each other's silence on the issue of staying or leaving; (3) View of residents as autonomous adult learners among faculty conflicts with residents' experiences as learners on hierarchical surgical teaching teams.

**Conclusion:** When given allowance to remain in the hospital for more learning, surgical residents must negotiate choice within a complex web of evolving social and cultural expectations, embedded in a dynamic patient care and training environment. Responsibility, expectation, autonomy, hierarchy and power must be considered.

Abstract ID: 20

**Practice Makes Perfect: Defining the learning curve for emergency physicians undertaking point-of-care ultrasound for confirming endotracheal tube placement**

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**Introduction:** Unrecognized esophageal intubations are associated with significant patient morbidity and mortality. No single confirmatory device has been shown to be 100% accurate at ruling out esophageal intubations in the emergency department. Recent studies have demonstrated that point-of-care ultrasound (POCUS) may be a useful adjunct for confirming endotracheal tube placement. The purpose of this study is to determine the amount of practice required by emergency physicians to become proficient at identifying endotracheal tube location using POCUS.

**Methods:** All emergency physicians and residents from a single academic institution were invited to participate in the study. Participants completed a baseline POCUS interpretation exam followed by a 10 minute web-based tutorial. They were then required to interpret randomly selected POCUS clips of esophageal and endotracheal intubations. If an incorrect response was provided, the participant completed another practice attempt with feedback. This process continued until they correctly interpreted 10 consecutive clips.

**Results:** Of the 87 eligible physicians, 66 (75.9%) completed the study. The majority of the participants (54/66, 81.8%) had no prior experience with POCUS for intubation. The mean score on the pretest was 42.9% (SD 32.7%). After the tutorial, 90.9% (60/66) achieved proficiency after one practice attempt and 100% achieved proficiency after two practice attempts. There were six misinterpretations made (6/684, 0.9%), and all six errors were due to tracheal intubations being misidentified as esophageal placements. Overall, participants' interpretations resulted in a sensitivity of 98.3% (95% CI 96.3-99.4%) and specificity of 100% (95% CI 98.9-100%). Scans were interpreted within an average of 4 seconds (SD 2.9 seconds) of the intubation.

**Conclusion:** After a brief online tutorial and only two practice attempts, all emergency physicians were able to quickly and accurately interpret ultrasound intubation clips to determine endotracheal tube location. Future studies are needed to validate these findings during real-time intubations.

Abstract ID: 22

**Use of an iPad application improves patient perceived resident competency in performing minor procedures in family medicine**

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Competency is defined as the ability to successfully perform a given task. To be competent in family medicine procedures, one must possess not only surgical but also communication skills to discuss the risks, benefits, and side effects of a given procedure and what the procedure involves. We developed an iPad app which residents use to help them master minor procedures, and we wanted to see the effect on their perceived competency. While direct observation of the patient-resident interaction is an excellent method of evaluating competency, we wanted to investigate resident competency from the patient's perspective. Residents were randomized to either a control or intervention group prior to attending a procedures clinic. While both groups received standard clinical training and supervision during the clinic, the intervention group was given access to our iPad app. Patients were blinded as to the type of learning the resident received, and after a procedure was performed, were asked to fill out an evaluation of the resident's performance. Use of an iPad app improved the overall patient perceived resident competency regardless of which faculty member supervised the clinic. Detailed review of specific procedures individually showed no difference in perceived competence between control and intervention groups. The integration of an iPad app is a simple way to improve resident competency in family medicine procedures. The app is becoming an integral part of our family medicine resident training.

Abstract ID: 25

**Doctor of Pharmacy Students Acquire Skills in Curriculum Design and Project Management Through Participation in an Education Project with Coaching Support**

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**Background:**

Project management and curriculum design concepts are not explicitly taught in the Pharmacy curriculum. Experience in these areas may serve to cultivate leadership capacity and career development. The project requirement for final year Pharmacy students during experiential training provided an opportunity to evaluate the students' acquisition of skills from exposure to these concepts and the impact of coaching support.

**Description:**

Students were introduced to the Project Management Institute's framework and a curriculum design framework. Coaching support was provided by five staff pharmacists. The project involved an education session for nurses caring for nephrology patients. The co-primary outcomes of students' perception of the impact that the project had on their acquisition of skills and the impact of coaching support were measured through use of a feedback form and a wrap-up session. Subjective evaluation tools were created based on the project management and curriculum design components. Scoring ranged from 1 (no change) to 4 (significant improvement).

**Action:**

Students took responsibility for tasks and the timeline. Tasks included developing the needs assessment tool, drug monitoring monographs for anemia and hyperphosphatemia, a brief oral presentation, pre- and post-tests, and nursing feedback forms.

**Evaluation:**

Overall, students rated the extent of skills acquisition as 2.75/4 and the impact of coaching as 3.4/4. Students rated 'confidence to manage a project' and the 'administrative leadership' aspect of coaching highest. Students felt that involvement in the project helped to develop leadership skills and will be helpful for their integration into teams in future.

**Implications:**

Pharmacists often lead or participate in clinical practice initiatives promoting optimal patient care or process improvement, which invariably involves project work and education of stakeholders. Acquiring project management and curriculum design skills early in a pharmacist's career can be beneficial to their future success. Students placed a high value on the coaching they received.

Abstract ID: 26

**,Innovation – Using Twitter to Increase Interactivity in the Classroom**

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**Introduction** We were tasked with delivering six hours of didactic lectures to second year medical students on the topics of mood and anxiety disorders. Currently there are 259 second year students enrolled at UofT. In order to ask questions in the current format, students have to press a button and speak on camera in front of 259 of their peers, which can limit interactivity.

**Purpose** To determine if the use of a live Twitter account during and after six hours of didactic lectures on mood and anxiety disorders would allow for increased interactivity among second year medical students at the University of Toronto.

**Methods** We created a new Twitter account (@PsychiatryMMMD) for the six hours of mood and anxiety lectures given to second year medical students. One facilitator was delivering a lecture in the standard didactic format, and the other facilitator was on Twitter and actively responded to student's questions, facilitated discussion, and clarified salient lecture topics in real time.

**Results** Feedback so far from students on Twitter and course evaluations have been extremely positive. Since Twitter account creation in December 2013 we have sent out over 226 tweets and had 125 followers for the weekly annual course which ran in December 2013 and 2014.

**Discussion** Limitations were that this was not a formal randomized study, and this model requires two facilitators in lecture (one person to give the talk and the other to live tweet out answers to student's questions).

**Conclusion** Twitter can be an effective tool to engage students and increase interactivity in the classroom.

Abstract ID: 27

**Peer-coaching to teach faculty surgeons an advanced laparoscopic skill: a randomized controlled trial**

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**Objective:**

The purpose of this study was to assess the efficacy of a peer-coaching program to teach laparoscopic suturing to faculty surgeons.

**Background:**

There is preliminary evidence that coaching is an effective adjunct in resident training. The learning needs of faculty, however, are different than that of trainees. Assessing the effectiveness of peer-coaching to improve the technical proficiency of practicing surgeons remains largely unexplored.

**Methods:**

Surgeons inexperienced in laparoscopic suturing were randomized to either conventional training (CT) or peer-coaching (PC). Both groups performed a pre-test on a laparoscopic box-trainer. The CT group then received a web-link to a tutorial for teaching laparoscopic suturing, and a box-trainer for independent practice. In addition to the web-link and the box-trainer, the PC group received two ½ hour peer-coaching sessions. Both groups then performed a stitch on the laparoscopic box-trainer that was video-recorded. The primary outcome measure was technical performance, which was assessed by a global rating scale.

**Results:**

Eighteen faculty were randomized (CT n=9; PC n=9). Initially there was no difference in technical skills between the groups (CT median score 10 (interquartile range 8.5-15); PC 13(10.5-14) p=0.64). After the intervention, the PC group had significantly improved technical performance (CT 11 (8.5-12.5); PC (18(17-19) p<0.01). Comparing the pre- and post-intervention scores within both groups, there was an improvement in technical proficiency in the PC group, yet none in the CT group (CT pre: 10(8.5-15), post 11(8.5-12.5) p=0.56; PC pre 13(10.5-14), post 18 (17-19) p<0.01).

**Conclusions:**

This trial demonstrates that a structured peer-coaching program can facilitate faculty surgeons learning a novel procedure.

Abstract ID: 28

**Getting Started: A Monthly Information Group for the Frederick W. Thompson Anxiety Disorders Centre**

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**Background:** Waitlists for treatment are common and the decision to seek treatment for mental health problems is difficult. This series of public information forums came out of an awareness of these challenges. It is a unique approach to easing the burden for those who are waiting to receive treatment for Obsessive Compulsive and Related Disorders, and for the people who love them. We are not aware of any other healthcare service that offers this type of patient and family education.

**Process:** To facilitate learning and preparation for treatment, our team offers five educational forums, coordinated with information on the website. For continuity, the forum meets at the same time and place each month. It is open to the public but people on the wait list and their loved ones are encouraged to attend. There are five repeating topics: 1) Overview of Obsessive-Compulsive Disorder (OCD); 2) Overview of OC Related Disorders; 3) Cognitive-Behaviour Therapy; 4) Patient Experience; 5) Strategies for Self-care and Self-help Resources.

**Benefits/Challenges:** Our administrative staff member has been included in the planning, which ensures that everyone phoning the Centre is given accurate information about the group. People can attend all sessions as many times as they would like and services of the Centre are reviewed at each session. Attendance was small at first but has seen a steady increase over the months. Because attendance is difficult to predict, one challenge is in knowing how many print materials to make available.

**Impact on Practice/Patient Care/Quality of Care:** This group makes two important advancements for people on the waitlist. They learn about treatments and the importance that the Centre places on their involvement in their own recovery. It is empowering for them to learn that they are an essential part of the team for improving their health.

Abstract ID: 29

**Augment Reality a Tool to Engage the Students of the Future**

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Augmented reality is a technology that allows the overlaid display of digital and virtual information, such as videos, photos, music, online resources, 3D objects, on top of what you see and read in the real world, i.e. newspapers, magazines, brochures, signs, catalogues etc.

In order to bring the additional "invisible" information to life, a trigger, or portal is needed to allow the interaction between the print and digital contents, thus merging the two worlds together in one platform. Such medium is Layar – a global leader in Augmented Reality and Interactive Print, helping to bridge the gap between the print and digital worlds, giving life to static print as a result.

Process

The Layar app must be installed on iOS or Android devices, such as smart phones, and tablets. The viewer can download the free Layar app from the App Store – for iOS devices – or Google Play – for Android devices – then scan the content where a Layar logo or call to action appears on brochures, posters, booklets or magazines.

Abstract ID: 34

## **Reinforcement for Implementation of Hands- off Communication among Nursing Staff**

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### Introduction

Hands-off communication is the process of transferring pertinent patients' information from one caregiver to another. It includes accurate information about patient's care, treatment, services, current condition, and any recent or anticipated changes. The purpose is to ensure continuity and safety of patients' care. (Joint Commission International Patient Safety Goal 2). Failure in proper communication of patients' information results in diverse gaps in nursing care and treatment.

### Objective

To reinforce implementation of Hands- off Communication among Nursing Staff.

### Method

Unstructured interview was conducted from 30 staff working in morning, evening and night shift in Coronary Care Unit, AKUH Pakistan. The interview was conducted in month of March and April 2015.

### Results

For analysis, fish bone diagram was used to document the possible causes of the problem. The potential causes included excessive workload on nursing staff, high nurse-patient ratio, insufficient knowledge about documentation sheet, absenteeism from duties, unplanned duties, lack of supervision, ineffective time-management and unavailability of resources. In addition, it was observed that several practices were continuously followed including lack of implementation of hands-off communication policies, copying previous shift documentation, taking verbal over, not checking red files and medication bins on timely basis. Challenging working environment, conflicts between team members and patients turn over compromised the quality of care.

### Discussion

Problem-Solving Process was used to identify recurring problems and performing immediate actions. It included educational sessions for reinforcement of the implementation of hands-off communication, verbal and visual reminders by displaying flyers along with providing pocket-sized reminder cards to each staff to maintain sustainability. The focus was on the AKU hands-off communication policy. Moreover, the data gaps were identified in the sheet and were reported to the preceptor to be revised in the hands-off communication documentation sheet.

### Conclusion

The project will be the contribution towards effective hands-off communication among staff.

Abstract ID: 36

## **Improving Hand-Hygiene Practices among Health-Care-Workers in Endoscopy Suite**

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### Introduction

Endoscopy suite is the unit where multiple invasive procedures are performed. Considering the risk of nosocomial infections, the issue of ineffective Hand-Hygiene Practices (HHPs) amongst Health Care Workers (HCWs) was prioritized. Despite having knowledge about hand-hygiene, HCWs did not comply with it frequently. Moreover, resort to hand sanitizers were preferred than hand washing after various procedures. AKUH Joint Commission International Patient Safety Goal 5 Hand-Hygiene Guidelines affirms that hand-hygiene is the cost effective way of preventing the transmission of infection, therefore, it should be considered as an integral part of patient care.

### Objective

To improve the HHPs among HCWs.

### Method

Unstructured interviews were conducted from HCWs for their HHPs using 5W-1H questions working in Endoscopy Suite, AKUH Pakistan in March and April, 2015.

### Results

For analysis, fish bone diagram was used to identify possible causes of this problem. The most important cause identified was lack of time due to workload. Additionally, few HCWs demonstrated lack of knowledge in performance of proper hand washing technique. It was a common perception that hand sanitizers work equivalent to hand washing and therefore, use of hand sanitizer after procedure and removal of gloves was enough to practice. It was assumed that if gloves are worn during procedure, then hands are clean and not require hand washing. It was also perceived that hand sanitizers create skin irritation and dryness thereby should be least used. Furthermore, there was no education material that could sensitize HCWs to comply with hand-hygiene on ongoing basis.

### Discussion

The action plan was developed on the multimodal-interventional strategy that included educational reinforcement sessions, verbal and visual reminders by display of hand-hygiene flyers and pocket-sized reminder cards.

### Conclusion

The project contributed towards improving HHPs in Endoscopy Suite with shared responsibility of management and HCWs.

Abstract ID: 37

**Virtual Longitudinal Mentorship – a feasibility clinical research capacity building project for radiation oncology trainees in Ghana**

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Canada

**Introduction:** Teaching clinical research methods is important for continuous improvement but can be challenging for smaller programs, especially in developing countries.

**Purpose:** The objective of our project is to evaluate the feasibility and efficacy of a virtual longitudinal clinical research capacity building mentorship program in radiation oncology.

**Methods:** After a focus group in Accra, Ghana, five Ghanaian Radiation Oncology trainees (National Centre for Radiotherapy and Nuclear Medicine, Korle Bu Teaching Hospital) were invited to submit research concepts. Two were assigned a methodology mentor (Toronto faculty) and a clinical supervisor (Ghana faculty). Toronto mentors provided design expertise while the Ghanaian supervisors provided direction in adapting the solutions locally. An introductory methods course (12 session) led by Toronto faculty used a problem based approach to facilitate knowledge transfer online. The primary outcome is the number of abstracts accepted for presentation at international conferences. Intermediate outcomes include online feedback questionnaires and a critical appraisal skill assessment (Berlin Questionnaire).

**Results:** Five trainees and 13 faculty (including 2 Ghanaians) participated in this project. The introductory course was successfully delivered. Participants strongly agreed that they would recommend the sessions to another resident (75%), that the objectives were clear (71%), the topics were useful for their training (73%), and the discussions were helpful to understand the topics (70%). Audio visual connection functionality scored the lowest (32% strongly agreed). Qualitative feedback from Toronto faculty highlighted technology, team work and participant engagement as areas that worked well. They reported dealing with complex issues and "unconventional research method topics" (e.g. quality assurance) as areas requiring additional preparation. The research projects are ongoing.

**Discussion and Conclusion:** A virtual longitudinal mentorship program between Ghana and Toronto has the potential to build research capacity by utilizing research excellence at geographically remote academic institutions. The program plans to expand to other developing countries.

Abstract ID: 39

**Retraining and Recertifying Clinical Staff to Improve Data Quality for National Rehabilitation System (NRS): A Pilot Project at St John's Rehab (Inpatient Rehabilitation Program – Sunnybrook Health Sciences Centre)**

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Retraining and Recertifying Clinical Staff to Improve Data Quality for National Rehabilitation System (NRS): A Pilot Project at St John's Rehab (Inpatient Rehabilitation Program – Sunnybrook Health Sciences Centre)

**Background:**

At St. John's Rehab Programme, Sunnybrook Health Science Centre, a pilot project was initiated on the Inpatient Rehabilitation Program to improve the data quality for National Rehabilitation Reporting System (NRS). The clinical NRS data is completed by >150 clinicians (Nurses, Occupational Therapists, Physiotherapists, Speech-Language Pathologists, and Team Coordinators). It is important to ensure the NRS data submitted to the Canadian Institute for Health Information (CIHI) is accurate, particularly since it is used to calculate Rehab Patient Grouping (RPG) or case-mix for inpatient rehabilitation.

**Process:**

From November-December 2014, seven case studies were reviewed for retraining and recertification using the CIHI standards. Also, face-to-face workshops were developed and planned for each clinical discipline. From January-March 2015, thirty-five Clinical staff (16 Nurses, 7 Occupational Therapists, 6 Physiotherapists, 3 Speech-Language Pathologists, and 3 Team Coordinators) were retrained and recertified in completing the NRS according to the CIHI standards.

**Benefits/Challenges:**

Participants were asked to complete an online Pre-test Survey prior to the retraining, and the average pre-test score was 71.3% (n=28, completion rate=80%). The clinicians were then provided with a 1.5 hour retraining on discipline-specific NRS education with case studies. Subsequently, a paper-based Post-test Recertification was administered after the retraining session and the target score for re-certification score was set at minimal 80% for all disciplines. The results of the average post-test score was 87.0% (n=35, completion rate=100%).

**Impact on Data Quality and Patient Care:**

Through this retraining and recertification, the clinicians are more aware of the importance of completing the NRS accurately according to the CIHI standards. The clinicians are more aware of data quality and impact on RPG and patient care. The project was successfully piloted on one unit. The Project Team Leads are currently reviewing the evaluation, and may consider rolling out similar retraining and recertification to the other units.

Abstract ID: 41

**Can surgical 'warm-up' with instructor feedback improve operative performance of surgical trainees?**

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**Study Objective:** To determine if pre-operative warm-up by surgical trainees, with instructor feedback, compared to warm-up or feedback alone, improves surgical efficiency, precision and quality.

**Design:** Randomized controlled trial with three arms.

**Setting:** Academic tertiary care hospital.

**Participants:** Obstetrics and Gynecology trainees were randomized using stratified block randomization based on surgical skill assessed by use of a laparoscopic virtual reality simulator (scored as percent ranging from 0-100).

**Interventions:** Participants were randomized to either warm-up on the virtual reality simulator with instructor feedback (WF), warm-up alone (W), or feedback alone (F). Trainees then completed a laparoscopic salpingectomy in the operating room.

**Measurements and Main Results:** Two blinded independent assessors evaluated video recordings of the surgeries using a validated assessment tool and the average score was used (maximum score 45). Eighteen trainees completed the study, six in each arm. The mean baseline score on the simulator was similar in each group (67.7% for W, 69.8% for F and 66.7% for WF). The mean score in the WF group was the highest (28.9 (SD 8.9)) compared to the W group (19.7 (SD 11.1)) and the F group (22.17 (SD 8.2)). After four participants who received intra-operative feedback were excluded to minimize bias, a non-parametric regression analysis was used to compare the primary outcome (the average score on the assessment tool) between groups. The WF group (n = 5) was compared to the W and F groups combined (n = 9). Controlling for baseline score, participants in the WF group scored significantly higher compared to W or F alone (p = 0.048). The inter-rater correlation between the video reviewers was 0.87 (95% CI 0.70-0.95) using the Intraclass correlation coefficient.

**Conclusion:** This study suggests that a pre-operative surgical warm-up with instructor feedback can improve operative performance compared to either a warm-up or feedback alone.

Abstract ID: 43

**Supporting the Role of Nursing Educators: A Pilot Project to Integrate Technology into Hospital-Based Competency Assessment**

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Title: Supporting the Role of Nursing Educators: A Pilot Project to Integrate Technology into Hospital-Based Competency Assessment

Problem: Our Advanced Practice Nurses (APN) and Clinical Educators (CE) are responsible for nursing orientation and competency assessments. An opportunity arose to improve the management of competency assessments, to mitigate issues such as: tracking process variation (individual files/spreadsheets); poor transportability of records; workload (time marking quizzes); variation with educational standards adherence; and limited use of the Learning Management System (LMS) beyond legislative eLearning. Concerns were magnified by turnover and the varied experience level of the educators.

Description: A partnership between Nursing Education & the LMS Office was established to optimize use of the LMS to manage nursing competencies and, enhance the educational quality and consistency of competency assessments. Following core LMS back-end training for the APN & CE group, we chose a decentralized development model to integrate high quality nursing competency courses/assessments into the LMS. The Women & Babies program took the lead as our pilot group, receiving training and coaching in Instructional Design and electronic authoring tools. Each educator led the revision and e-authoring of several advanced competencies, applying educational design principles (e.g. assessments were congruent with learner centred objectives etc.).

Findings: This method resulted in a large volume of courses being successfully integrated into the LMS in a relatively short period of time, facilitated competency tracking/portability, enhanced the expertise of our nursing educators, and the quality of nursing competency assessments. Feedback from the educators was very positive and has resulted in the application of new knowledge to other education projects. Despite a significant up-front time commitment, other programs are seeing the benefits and asking to be included.

Abstract ID: 44

## **Nurse Leader Development through Simulation**

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Our hospital responded to a gap identified in the preparation of front line staff nurses to assume unit-based leadership roles. Nursing Education and Organizational Development and Leadership departments partnered to design a curriculum utilizing the Canadian Society for Training and Development framework to support the professional development of these new and emerging nurse leaders. The program incorporates various components including coaching, development of an individualized learning plan, workshops, reflection, job shadowing and simulation.

Simulation sessions were scheduled in the latter half of the program to provide the opportunity for learners to apply and practice newly acquired leadership skills to complex relevant situations, thus supporting knowledge transfer. Simulation also provided a safe environment where all participants had the opportunity to apply, practice, self-reflect and debrief the various scenarios. The scenarios are facilitated by Nursing Education and Organizational Development and Leadership staff members who have facilitated topic specific workshops throughout the program.

Participants rotated through three scenarios, and in each scenario a participant was designated as the Nurse Leader while the other group members acted as patients, patient families, and colleagues. These are low fidelity simulations, relying on role cards, and supporting tools (e.g. mock assignment board, policy manual etc.). Each scenario required the nurse leader to manage an operational issue as well as simultaneously addressing situations requiring decision making & effective communication skills.

Evaluation of the program by participants has been extremely positive and rating of the simulation session 5/6 overall related to content relevance. Simulation was also identified as the second most important factor that contributed to the participants learning transfer and retention. Managers identified graduates as having greater confidence and were able to prioritize and communicate more effectively. Program faculty also observed a positive change in the participant's confidence, communication and problem solving ability.

Abstract ID: 45

**An Interprofessional Collaboration in the Decentralization of IV Insertion at a Large Urban Academic Hospital**

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At Sunnybrook Health Sciences Centre, the skill of IV insertion has traditionally utilized a centralized model of education and training that was only available to nurses. Upon interprofessional collaborative review, it was determined that a wide variety of health care professionals were engaged in the process of IV insertion training; however, there were inconsistencies in learning materials, teaching practices, and access to the current centralized model utilizing the vascular access team as the expert. It was also recognized that with increased acuity at St. Johns Rehab, staff at this site would require access to learning IV insertion.

It has been a corporate initiative to have 30 per cent of staff nurses certified for IV insertion; however, due to rotation schedules, patient acuity, high IV insertion needs on specific patient care units, and availability of the vascular access team to train; it was determined a new process was required.

Our goals as a sub-committee of the Vascular Access Steering committee were:

1. to streamline the learner process and include the interprofessional team to have consistency in IV education and competency across the organization
2. to decentralize the education and training of IV insertion for the interprofessional team and across Sunnybrook campuses
3. to utilize adult learning principles by developing an e-learning module on the in-house Learning Management System (LMS)
4. to allow certification of any regulated health care professional whose college permits IV insertion as part of their scope of practice

An e-learning module entitled "IV insertion" has been developed utilizing best practice guidelines with an interprofessional lens as the first stage in the decentralization process. The module is scheduled to be piloted in September 2015.

Abstract ID: 46

## **Treatment outcomes of an interdisciplinary program for injured workers**

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Introduction: Injuries to working age adults add a major cost to the health care system.

Purpose: 1) to examine the efficacy of an outpatient-based interdisciplinary rehabilitation program based on patient education and rehabilitating of the injured shoulder muscles and 2) to explore factors that might affect recovery and return to work.

Methods: This was a prospective longitudinal study of injured workers with shoulder injuries referred to the Holland Centre. The outcomes were the subjective report of pain, a disability score measured by the Disabilities of the Arm, Shoulder and Hand (DASH), and the work status.

Results: Thirty six patients (28 males, mean age=51, SD=10, range 27-63) participated in the study. Thirty four had undergone a surgical procedure. The average initial DASH score improved from 47 to 31 at the time of discharge ( $p<0.0001$ ). Pain score improved from 5 to 4 ( $p=0.002$ ). Eighteen patients had returned to full time work at the final visit vs. 8 at the initial assessment ( $p=0.01$ ).

The final DASH was affected by the side of shoulder injury. Age, sex, duration of treatment, and type of surgical procedure did not affect the level of disability. Similarly, a successful return to work was affected by the final DASH score ( $p=0.046$ ) and the side of shoulder injury with 63% of patients who were unable to RTW having an injury to their left shoulder vs. 8% of the patients with injury to their right shoulder ( $p=0.008$ ). Age, sex, type of surgical procedure, and treatment duration did not affect a successful RTW.

Conclusion: Our study shows that an interdisciplinary rehabilitation program consisting of physiotherapy, occupational therapy and an educational component is associated with improving pain and disability and RTW. Improving accessibility to such programs will provide an opportunity to alleviate the financial and social burden associated with work disability.

Abstract ID: 48

**'Welcome to your new reality! You have diabetes this week!'**

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The Diabetes Education Team at the Sunnybrook Academic Family Health Team believed that exposing professionals to the tasks involved in the day-to-day management of the diabetes would increase their understanding of the complexity and time associated with self-management. This poster will describe a program developed and offered to the interprofessional team including family medicine residents, faculty physicians, nurses, pharmacists, social worker, OT, and support staff to provide them with the opportunity to live with diabetes for a week.

Learning objectives were developed and the nurse educator and dietitian provided the participants with a health history and scenario entitled 'Welcome to Your New Reality'. Through the course of the week, they progressed through ~ 8 years of living with diabetes. Self glucose monitoring, insulin 'dry' injections, paging the participant informing them they were experiencing low blood sugar, medication changes and dietary reviews were all part of the program. The team met every morning to debrief experiences, consider how they would counsel patients in a similar situation and to provide new scenarios and challenges.

By going through the program team members learned about the patient experience of living with diabetes (i.e. how to fit diabetes into one's life) and about each other's roles and perspectives around caring for patients with chronic conditions.

Participant feedback included: 'helped me understand what patients live with on a daily basis', 'entire program was an eye opener', 'liked how real it was'.

A video produced by Sunnybrook's Communication Department includes interviews with participants:

<http://health.sunnybrook.ca/sunnyview/pretend-diabetes/>

The program is now offered every 2 months.

Abstract ID: 50

**How One Individual Can Improve Communication on AD HOC Teams in ANY Setting**

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Many interprofessional medical teams are 'AD HOC'. Such groups of healthcare providers come together for a given function in a setting that is not usually their 'home turf'. The setting is unfamiliar - staff, location, resources and specifics of the local culture are unknown.

Performance is a function of the individual's skill (competence) and the setting. It follows that when the setting is unfamiliar it is harder to perform at your best.

The I START-END tool was developed to improve communication in such AD HOC groups. It is a framework that embeds Crisis Resource Management principles and operationalizes the key concepts of leadership, closed loop communication, shared mental models, situational awareness and adaptive behavior.

After ethics approval, 17 anesthesia residents (PG 1-5) were consented and participated in this study from July to October 2014. Residents filled out a PRE-tool questionnaire about their experience in AD HOC settings. Each resident, served as their own control, and participated in two simulated AD HOC scenarios - one PRE-tool training and one POST-tool training.

A POST-tool training questionnaire was administered.

Preliminary results showed that training individual residents in I START-END improved their subjective ability to perform on AD HOC teams. Furthermore the residents unanimously stated that they would continue to use this tool in their practice.

This study is ongoing and further validation by videoanalysis of simulations and bedside assessment of Code Blue performance is planned.

The I START-END tool sets up the expectation that 'teams need to talk' and provides a standardized framework to facilitate this so everyone 'gets on the same page'. This moves a team from performing not ONLY as a group of competent individuals but as a collectively competent team. The patient ultimately benefits from this enhanced collaboration because their care becomes better coordinated and seamless.

Abstract ID: 51

**Building Community: Promoting Resident Decision Making and Involvement in Life in the Facility**

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**Background/rationale:** On two nursing home units (LFSE, LFSW) for 68 Canadian War Veterans, a Resident Satisfaction Survey recorded 60% satisfaction with resident involvement in health care decisions. A unit Inter-professional Quality Improvement Team (IPQIT) was struck, consisting of Nursing, Social Work, Recreation Therapy, and Spiritual Care to explore ways to increase resident involvement in health care decisions and life in the facility.

**Methods/Methodology:** The IPQIT developed a survey asking residents in what decisions they would like to be more involved. The survey findings were shared with a Resident Focus Group. Monthly Community Meetings were chosen as a way to increase their involvement in decisions and life in the facility. IP team members collaborated to present on health-related topics, such as pain control, fall prevention, and memory loss. Facility-wide support staff were invited to present on topics of interest, such as volunteer services, infection control, and patient transport.

**Results/Outcomes:** The community meetings have continued monthly for two years with approximately 20 residents and 1-2 family members/POAs attending each month. A year-end follow-up survey showed a general inability for residents to retain the information received. However, residents expressed an increased sense of community and stressed the importance of being informed. This initiative also increased IP communication and shared decision-making among team members related to developing and conducting surveys and deciding on topics and speakers.

**Conclusions:** Although we were not able to increase the score on resident involvement in health care decision in the last Resident satisfaction survey, initiating and maintaining community meetings has been enhanced by bringing clinical and support service roles together to learn about, from, and with each other in an initiative that residents find meaningful and informative in terms of building community.

Abstract ID: 52

**Culturally Sensitive Teaching: A WASP Loses His Sting**

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As a genuine WASP (White Anglo Saxon Protestant) I have been a nurse educator in both classroom and clinical environments for over a decade. During that time I have encountered many incidents where my cultural expectations did not align with those of my students. Using a variety of real scenarios to illustrate how these cultural differences can both enhance and adversely affect the teaching experience. This lecture is designed to challenge all of us to become more culturally sensitive towards our students.

Some of the situations discussed are having a Niqab wearing student in a clinical area, time frames (ours or theirs?), collaboration or plagiarism?, dealing with culturally based requests related to learning, and many more.

As educators our best resources are our own students. When we become culturally responsible they are our best resource. Many students have helped me over the years to understand both them and how I should be teaching. My journey along this road is far from complete but I have started to shed my WASP's sting from my educative practice.

All of us are unique and all of us are from distinct cultures. Yet educational practice in Toronto remains firmly entrenched in Northern European cultural methodology while the majority of our students are no longer from that specific cultural background. Are we genuinely allowing our students unique cultures to enhance their learning or are we at best politely ignoring it?

Abstract ID: 53

**Assessment & implementation of a simulated "entrustable professional act" in orthopaedic surgery - a pilot study**

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**Purpose:** Entrustable Professional Acts (EPAs) are defined as "units of professional practice, tasks or responsibilities to be entrusted to a trainee once sufficient specific competence is reached to allow for unsupervised practice" (ten Cate, 2013, p. 157). With the transition towards competency-based medical education, educators require a repertoire of tools for formative assessment of residents' competency levels within the workplace. The purpose of this study was to determine how one EPA (managing an ankle fracture) may be used as a tool for formative assessment of competency of orthopaedic surgery residents. **Method:** Seven residents were assessed on their ability to manage an ankle fracture at the end of their first year of residency (T1), and reassessed for retention three months later (T2), with a second reassessment for longterm retention of skills completed five months later (T3). Outcome measures included a structured oral examination assessing the ability to manage the pre- and post-operative care of a patient with an ankle fracture, an observed structured assessment of technical skills (OSATs) using a simulated saw bones model, and qualitative data from individual interviews and focus groups. **Results:** While a significant improvement from T1 to T2 was found for OSAT scores, no difference was found on comparison scores from T2 to T3. There were no differences in pre- and postoperative care scores in either timeline. Within the focus groups, residents provided feedback towards restructuring outcome measures to better suit their learning needs. Furthermore, all residents favoured immediate feedback from assessors. **Conclusion:** This study suggested that a simulated EPA can effectively assess for improvement in the ability of residents to perform surgical fixation of an ankle fracture. Furthermore, with regards to residency training curriculum design, residents require repeated practice to maintain competence throughout training and value the immediate feedback from assessors within a competency based curriculum.

Abstract ID: 55

**I-SEE-U - A newly developed framework to supporting caregivers of people with dementia in the community**

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Family caregivers are vital in ensuring the health and quality of life of a patient with dementia, but caregiving comes with risks of declining health and wellbeing for the caregiver themselves. Health care providers are challenged to balance the needs of both members of the dyad in providing care to the identified patient. The new framework called "I-SEE-U" guides practitioners to include the caregiver as part of the care team and bring them out of the role of the shadow patient. Although initially developed for primary care (PC) it is applicable in multiple sectors. I-SEE-U stands for "Include, Screen, Educate, Extra Support, and Understand." It is an innovative collaboration between the Psychogeriatric Resource Consultant to Primary Care and the High Risk Caregiver Program at the Reitman Centre at Mt. Sinai Hospital.

In this presentation we will Explore the relationship between clinicians and caregivers; Review elements contributing to caregiver burden and Introduce the I-SEE-U framework and review resources to meet their needs.

Abstract ID: 56

**Dementia in the Waiting Room - Training Primary Care receptionists in identifying and responding to early signs of cognitive decline**

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Primary Care receptionists can play an important role in the provision of dementia care and often have a high level of interaction with the patients and their families. According to the OCFP and PIECES Canada (2009) only 50% of cases of dementia are specifically diagnosed mostly at the moderate-severe stage of the disease despite many red flags that can be identified in the clinical settings such as missing appointments, showing up on the wrong day, etc. In many cases it is the receptionist that witnesses these types of behaviours and unless he/she reports them, the physician may not be aware that these behaviours are occurring. In addition receptionists often find themselves caught in conflict situations that they have no formal training or support to manage. In this presentation we will discuss a newly developed training and a service that was designed to train receptionists in identifying early signs of cognitive decline as well as how to better respond to behavioural and psychological symptoms of dementia as they welcome patients into the clinic.

Abstract ID: 61

## **The Patients' Voice in Discharge Planning Completes the Loop**

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### Background

To decrease occupancy and increase efficiency, our organization initiated early discharge. Consequently, there is a need to ensure that discharge planning results in patients being prepared and educated. In order to obtain the patients' perspective regarding discharge, a continuous quality improvement (CQI) initiative was conducted by the interprofessional team.

### Process

Three CQI projects were conducted on a 36-bed oncology unit. 86 patients responded to a written survey in the first project 48 hours prior to discharge. Questions focused on the patients' understanding of expected date of discharge. The second project involved 20 telephone interviews 7-10 days post discharge, concentrating on education prior to discharge and problems encountered at home. The third project involved telephone interviews 7-10 days post discharge, centering on the patients' knowledge of discharge date, time and barriers to timely discharge.

### Benefits

The studies provided insight into patients' knowledge, experience and concerns about their discharge including who provided information, where and when information was given. Studies also identified informational needs and problems encountered at home following discharge. Also identified in the studies was patients' awareness of discharge planning, date and time of discharge and barriers to discharge by 1100. Gaps in care identified provided directions for improvement in discharge planning.

### Challenges

Challenges encountered in conducting the studies were time required in the development and preparation for patient interviews, language barrier and availability of patients including their hesitation to share their experience.

### Impact on practice and patient care

Obtaining the patients' perspective is imperative in understanding the effectiveness, challenges and gaps in discharge planning. The planning for discharge should start on admission and include the expected date and time of discharge. By engaging the interprofessional team and patients / families early in discharge planning, the outcome is enhanced.

Abstract ID: 62

**Sharing Resources: Sunnybrook's Path to Developing Educators Using a Virtual Resource Portal**

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**Background:** The Sunnybrook Educator Development Committee, a subcommittee of Sunnybrook Education Advisory Council, had among its goals, the creation of a virtual library of resources to support all educators at Sunnybrook Health Sciences Centre.

**Process:** A working group was formed from the Educator Development Committee, drawing on expertise from various services in the hospital including Organizational Development, Information Services, Patient Education, Nursing Education, Education Technology, and Pharmacy Education. An electronic portal titled Learn to Teach, hosted on the Sunnybrook intranet (Sunnynet) was created. Content was contributed by members of the working group and vetted to ensure usefulness. The resources on the portal were sorted into the five competencies required of a successful Sunnybrook educator - assessing performance needs, designing learning, facilitating learning, supporting transfer of learning, and program evaluation and assessing learners. An additional category titled web links was also created. Beta testing of the portal was completed and revisions to enhance the user's experience were made based on feedback. The "Learn to Teach" portal was launched to Sunnybrook staff, physicians and students in April 2015.

**Benefits:** Through this innovative project, "Learn to Teach, Educator Resource Portal" has been developed to support anyone in the Sunnybrook community who is involved in teaching - in the classroom, on rotation or on-the-job. The "Learn to Teach" portal provides downloadable resources, both practical and theoretical, to support those who are new to teaching or those who are working to further develop or maintain educator competencies. Materials to support those pursuing Canadian Society for Training and Development certification can also be found.

**Future Implications:** In future, staff will be able to contribute resources to the virtual library to expand the wealth of material available. In addition, embellishments to portal features such as search functions and interactivity are planned.

Abstract ID: 63

**Getting Started Monthly Information Group for the Frederick W. Thompson Anxiety Disorders Centre**

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**Background:** Waitlists for treatment are common and the decision to seek treatment for mental health problems is difficult. This series of public information forums came out of an awareness of these challenges. It is a unique approach to easing the burden for those who are waiting to receive treatment for Obsessive Compulsive and Related Disorders, and for the people who love them.

**Process:** In order to facilitate learning and preparation for treatment, our team offers five educational forums, coordinated with information on the website. For continuity the forum meets at the same time and place each month. It is open to the public but people on the wait list and their loved ones are encouraged to attend. There are five repeating topics: 1) Overview of Obsessive-Compulsive Disorder (OCD); 2) Overview of OC Related Disorders; 3) Cognitive-Behaviour Therapy; 4) Patient Experience; 5) Strategies for Self-care and Self-help Resources.

**Benefits/Challenges:** The administrative staff member who provides that service has been included in the planning and this ensures that everyone phoning the Centre is given accurate information about the group. People can attend all sessions as many times as they would like and services of the Centre are reviewed at each session. Attendance was small at first but, with getting the information out, there has been a steady increase over the months. Because it is difficult to know how many people will attend each month, one challenge is in knowing how many print materials to make available.

**Impact on Practice/Patient Care/Quality of Care:** This group makes two important advancements for people on the waitlist. They learn about treatments and the importance that the Centre places on their involvement in their own recovery. It is empowering for them to learn that they are an essential part of the team for improving their health.

Abstract ID: 65

**The Meaning of Space and Time in Nurse-Resident Communication in Surgery**

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**Introduction:** Optimal interprofessional communication is broadly viewed as a prerequisite to providing quality patient care and enhancing provider satisfaction. Poor interprofessional communication has been associated with medical error and patient harm.

**Purpose:** To explore the enablers and barriers to interprofessional communication between surgical residents and ward nurses.

**Methods:** We conducted a qualitative, ethnographic study of interprofessional communication between general surgery residents and nurses in surgical wards of two Toronto academic hospitals, Centres A and B, totaling 126 hours of observations. Additional data were derived from semi-structured interviews (n= 33) with residents and nurses.

**Results and Discussion:** Communication between residents and nurses at the two centres was constrained by contested meanings of space and time. Residents experienced the contested spatial boundaries of the surgical ward when they perceived nurses to project a sense of territoriality. Residents were thus found to engage in ward avoidance behaviours and they perceived ward work to be devoid of collaborative interprofessional work or educational opportunity. Nurses expressed difficulty getting residents to respond and attend to pages from the ward, and to have a poor understanding of the nurses' role. Contestations over time spent in training and patient care were found in resident-nurse interactions, wherein residents perceived seasoned nurses to devalue their extensive years in training and clinical knowledge on the ward. Nurses viewed the limited time that residents' spent in clinical rotation on the ward as adversely affecting communication.

**Conclusion:** Our study underscores that improvement efforts must (a) identify and target the many social and cultural dimensions of healthcare team member relations; (b) recognize how power is deployed and experienced in ways that negatively impact interprofessional communication; and (c) enhance an understanding and appreciation of each others' professional attributes and be delivered within a framework that incorporates the temporal and spatial dimensions of interprofessional care.

Abstract ID: 66

**Using Point of Care Animated Modules with Family Medicine Residents to increase confidence in performing minor procedures:  
A Pilot Study.**

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## BACKGROUND

Surgical skills are one of the many competencies required for Family Medicine (FM) residency. To that end, competency requires both manual and cognitive skills including both preparedness and confidence to perform the skill. Most residents feel they need more exposure to procedures during residency in order to increase their confidence. We developed a mobile educational app for FM minor procedures to increase our residents' indirect exposure and test if it enhances their preparedness and confidence.

## METHODS

A pilot study of 48 FM residents using a randomized design allocated them to either intervention or control. The intervention was standard teaching plus use of the app (which demonstrates procedures using animations combined with indications, step-by-step guides, equipment and risks of procedures). The control group received standard teaching from the staff. Residents completed pre and post procedure questionnaires regarding self perceived levels of skill, preparedness and confidence to perform the procedure.

## RESULTS

Overall, using the random effects model, the interaction between groups and pre/ post scores for both preparedness and confidence did not show any statistical differences. A subgroup analysis was completed only for the punch biopsy procedure (n=13) using an ANOVA on Differences between post and pre scores; it demonstrated a statistical difference (p=0.032) between groups' Level of Confidence (LOC). The Control (n=7) had an LOC = 1.43 (0.79) and the Intervention (n=6) had an LOC = 2.67 (1.03).

## LIMITATIONS

Small sample size.

Could not control for potential confounders such as previous experience.

## DISCUSSION

Using point of care animated modules increased our residents confidence to perform a punch biopsy. Point of care videos of minor procedures in family medicine were well received by residents and further research is required to determine 1) the impact and need on a larger scale and 2) the best way to integrate the technology into the existing curriculum.

Abstract ID: 67

## **Using Virtual Interactive Cases to Promote Cost-Conscious Healthcare Delivery**

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Cost-conscious clinical decision-making allocates appropriate resources to those who would truly benefit, and protects patients from unnecessary tests and procedures. The CanMEDS 2015 learning milestones emphasizes stewardship of health care resources under the Leader and Professional roles of a physician.<sup>1</sup> Furthermore, the Choosing Wisely Canada campaign aims to eliminate ineffective practices by recognizing their impact on patient care, costs and resources.<sup>2</sup>

In a needs-assessment survey of internal medicine and rheumatology residents, 100% agreed all physicians should be familiar with and receive training on appropriate costs-of-care.<sup>3</sup> Online Virtual Interactive Cases (VIC) in the field of rheumatology offer trainees the opportunity to diagnose and manage a presenting patient by carrying out a history, physical exam, diagnostic tests, imaging and consultations. At the end of each module, students are evaluated on their effectiveness and efficiency through the time, value and cost of their work-up, with feedback provided on each action.

To evaluate the effectiveness of these modules, trainee responses will be tracked anonymously for actions including diagnosis accuracy, essential actions performed and missed, and non-essential actions performed and correctly avoided. Feedback from students will also be used to evaluate the impact and effectiveness of the modules and develop new cases. Each VIC has been designed to teach and reinforce specific learning objectives promoting high value clinical decision-making. These interactive and fun learning cases have been designed with the hopes of emphasizing the appropriate ordering of tests in a clinical context, and reinforce cost-conscious healthcare delivery.

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Abstract ID: 68

**Developing a Mobile App using a Person-Centred Approach: The Sunnybrook Holland Centre Experience**

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Following hip / knee replacement surgery, patients are discharged home in 3 days with limited engagement until their 4-8 week follow-up visit. During this period, patients may seek inappropriate health care services or leave concerns unaddressed potentially interfering with recovery. Based on patient feedback, our team recognized the opportunity to explore innovative technology to deliver person and family centred care, using a mobile app. Our goal was to improve patient education, engagement and self management through interactive educational modules accessible on smartphones and tablets.

Partnering with our patients and Seamless MD, we co-designed an interactive mobile app in which a daily health questionnaire provides personalized feedback that helps track recovery and addresses common concerns and questions. Initial discussions focused on technology design and content development. Once established, a project outline was developed detailing stakeholder representation, project scope, key metrics and an overall timeline. As part of the implementation plan, the team mapped the patient journey and determined key touch points for technology introduction. Feedback was sought from patients throughout all these phases using different evaluation metrics.

Important feedback has been obtained from patients regarding our current educational materials and their interest in mobile technology. The project has helped our team consolidate key points of contact for patient questions/concerns. Engaging experts in legal, privacy and corporate relations early to address legal, corporate and regulatory requirements is a critical step to avoid project delays. Another challenge to address is access for the patients without a device.

Based on the pilot phase, we believe that the recovery modules will ensure that patients receive focused education at the right time in their recovery through timely reminders; provide a variety of formats to encourage engagement (videos, images, text) and enable patients to better self-monitor early signs of complications and be prompted with appropriate recommendations.

Abstract ID: 69

**Integrating Team Preceptorship Within the Undergraduate Radiation Therapy Clinical Practicum, A Strategy Acknowledging Multiple Priorities Designed to Enhance Clinical Learning: A Pilot Study**

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## Background

Preceptorship is an established method for enhancing student learning and is recognized by the Canadian Association of Medical Radiation Technology as best practice. Clinical teachers facilitate the competency development of future professionals while managing multiple priorities required for excellent patient care.

Student feedback identifies the complexity of radiation therapy planning involving physicians' consults, patient teaching and CT scanning, as challenging to navigate and demonstrate performance. "There are therapists in the room, then you turn around and they are all gone and you are by yourself".

## Process

A proposal approved by administration was implemented September 2014. A call for participants was sent to all radiation therapists (planners), 9 volunteers were recruited. Each volunteer preceptor completed a needs assessment, self assessment of their skills, characteristics and attributes. A workshop for the preceptors explored the roles, responsibilities of precepting and a review of feedback principles.

Students were introduced to the concept of precepting and met their assigned preceptors during their orientation for their planning rotation. Upon the conclusion of their rotation, students completed evaluations of their preceptors. Students were assigned to a team of 2-3 preceptors.

## Benefits and Challenges

Preliminary student feedback indicates a positive experience. "Provided a great environment to learn in." Clinical Coordinator observations noted an increase in students' involvement in planning and their utilization of preceptors for maximizing their experiences.

Findings include acknowledging the dual priorities of the preceptors by responding with flexibility in timing for workshops, preceptor student meetings, and respecting their commitment to excellent care.

## Impact

Early indicators support continuing the project. The pilot enhanced the learning experience by providing a safe, engaging environment, facilitating coaching while providing excellent care.

Team preceptors provide expertise and monitor student performance thus facilitating their management of multiple priorities.

Team preceptorship is a collaboration benefiting both the student and preceptor.

Abstract ID: 70

**Top Chef Dysphagia – a cross-organization IPE experience**

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Background: Swallowing disorders and nutritional issues are common in the elderly who have a neurological injury, disorder or disease. Even normal aging changes can result in persons requiring texture modifications in order to eat/drink safely. Culinary training programs do not focus on this and graduating students don't necessarily have an appreciation of why foods/liquids may need to be modified while still allowing people to enjoy their meal. Speech-Language Pathologists and Registered Dietitians often recommend modified food/liquid textures without understanding how those foods can be presented in an appetizing way. The balance between clinical needs and food preferences is extremely important in enhancing quality of life in the elderly.

This collaboration between a University-affiliated teaching hospital and Community College incorporated IPE techniques to enhance clinical knowledge, inform practice and foster scholarship to optimise best practice in geriatric care. Innovative and varied educational strategies were used to teach Culinary Management-Nutrition students about swallowing and nutritional issues and to teach clinicians about food preparation/presentation to enhance quality of life.

Process: This descriptive exploratory pilot project had 4 stages of Interprofessional learning: Didactic/interactive learning about swallowing and swallowing-related nutritional disorders  
Observation of clinical swallowing assessments  
Small group case study and development of modified texture/nutrition meal plan  
"Top Chef Cook-off" competition by the groups

Benefits/Challenges: Students and clinicians both gained knowledge on how to improve their practice. This activity became part of the college curriculum and has expanded to include other student groups. Challenges included difficulty getting together for meetings based on schedules and location of the two participating organizations.

Impact on Practice/Patient Care/Quality of Care: This initiative has already contributed to curriculum development at the College and will expand to include other student groups. Recipes developed by the groups will be trialed in the LTC home.

Abstract ID: 71

**What is the role of comorbidity, frailty and functional status in the decision-making process for older adults with cancer and their family members, cancer specialist, and family physician?**

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**Introduction:** Little is known about the treatment decision making process (TDMP) in older adults (OA) with cancer, particularly the older old and how this TDMP is influenced by level of frailty, comorbidities and functional status. Furthermore, almost all studies conducted have been cross-sectional studies, and less is known about changes in TDMP over time in older adults with cancer.

**Objective:** To examine the factors influencing the TDMP, particularly the role of frailty, functional status, and comorbidity from the perspectives of OAs, their family members (FMs), cancer specialists, and family physicians.

**Methods:** This is a mixed methods multi-perspective longitudinal study.

OAs aged > 70 years (with advanced prostate, breast, colorectal, or lung cancer), their FMs, their cancer specialists and family physicians are invited to participate in individual, semi-structured interviews. Each OA also completes a short survey to characterize their health, functional status, decision-making preferences, and satisfaction with the TDMP.

Sampling method is purposive sampling. The number of participants will be guided by data saturation. All interviews will be analyzed using the grounded-theory approach. Descriptive statistics will be used to summarize and describe the socio-demographic and health characteristics of patients. Whether TDMP is different for OAs who are frail versus non-frail, with good functional status versus with limitations, and with significant comorbidities versus without will be examined.

To date, 33 OAs have been included in the first and second interview. **Results:** This study-in-progress is the first study examining the TDMP from four different perspectives. Results will be presented at the conference.

Abstract ID: 72

**Co-creating beyond the expert: Lessons learned from the development of an e(electronic)-Learning Series through an intentional partnership of technology and clinical practice**

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### Background

Radiation Medicine is inherently dynamic due to technical innovations that drive clinical practice. Continuing education and clinician training is crucial to support the evolution of treatment techniques. Stereotactic Body Radiation Therapy (SBRT) is a novel radiation therapy technique that precisely delivers high doses in a few treatments. Vendor designed curriculum supports the implementation; often enhanced through in-house learning to link with clinical applications. To facilitate this connection, a unique partnership between the vendor and clinical experts ensued with the aim of co-creating an education program applicable to all interprofessional (IP) team members.

### Process

Four interactive eLearning modules were designed to provide foundational knowledge on: the clinical use of SBRT, the requirements of a successful program, and technical considerations for planning and treatment. The IP development team included clinical, education and distributed learning experts. Development began with creation and consensus of learning objectives. Content was validated by subject matter experts through continuous feedback cycles. The final product was created using Articulate® software with engaging narrative, check in activities and clinical case application. Analytics have been embedded to provide demographics and insight into learner activities.

### Benefits/Challenges

The eLearning series provides: increased accessibility; personalized learning; key messaging to link technical concepts to clinical application; multi-media formats to enhance learning and greater dissemination for sustainability and capacity building.

Challenges included: limiting information as per adult learning principles; editing and logistic constraints of branding; and facilitating continued virtual communication between clinical and technical team members.

### Practice Impact

This unique partnership provided an opportunity for a mutual learning and produced an educational series that links technology with clinical practice. The eLearning platform allows for unlimited access and facilitated learning that embraces adult learning principles. The module series will be used as a stand-alone product, as well as a primer to a more formalized intensive training program.

Abstract ID: 73

**Incorporating Reflective Writing for Medical Learners in a Palliative Care Rotation**

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Reflective practice has become an integral part of education across health care programs. Through reflection, a deeper awareness and understanding of the self and the situations one encounters, is possible. This understanding can then inform and enhance future encounters of similar situations. Literature shows that while to some, reflection may seem intuitive, it is in fact not. In our experience, learners do not adopt reflective learning habits spontaneously, so we must help them.

Reflection is an important component of a palliative care rotation in order to process and make meaning of the suffering that learners encounter. For many of the learners on our Palliative Care Consult Team, this may be their first experience working with patients whose suffering is not "fixable". The experience for novice health care professionals in bearing witness and actively receiving patients' stories is often overwhelming.

Reflective writing is one tool used to formalize reflective practice. This poster will outline an interprofessional facilitated education module for medical learners on a palliative care rotation that focuses on reflective writing. Elements of the module as well as learner and facilitator feedback are provided.

Abstract ID: 74

**Fall Predictors in Older Adults with Cancer: A Systematic Review**

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**Background:** Falls are common among older adults (OA) with cancer and can often lead to serious consequences. Since cancer is age-associated, with the aging of the population, the concerns for falls in this vulnerable population will continue to increase.

The aetiology of falls is multifactorial. However, little is known about the fall risk factors in the geriatric oncology context. A systematic review published on this topic failed to examine pertinent areas such as circumstances surrounding the falls, recurrent versus single falls, type of cancer treatment given, and outcomes of falls.

**Objective:** To conduct a systematic review on fall risk factors in older cancer patients with the aim to identify fall predictors so as to inform development of targeted strategies to mitigate falls, especially those that may be preventable, as well as to inform development of better services and care-coordination to support cancer fallers and their families.

**Method:** We will conduct a systematic review of the available medical literature to examine current evidence on fall risk factors in OA with cancer. Standardized terms for cancer/oncology, falls/accidental falls, and people 60 and over will be utilized for searches in Medline, Medline in Process, Embase, CINAHL, Cochrane database of Systematic Reviews, and DARE. Eligible studies will include clinical trials, and cohort, cross-sectional, and case-controlled studies in which the entire sample or a subgroup of the sample had a cancer diagnosis and in which falls were primary outcome.

**Results:** This review is currently in progress and results will be presented at the conference

Abstract ID: 75

**Teaching Health Professionals Complexity, the Science for the 21st Century: a 25 year Toronto experience of innovation in teaching and learning.**

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Introduction/Purpose:

Roberta Bondar was the Keynote speaker at a trans-disciplinary "Chaos in Medicine and Medicine out of this World" Conference at Sunnybrook in 1993, which helped launch an innovation in medicine, science and society. Complexity, the science for the 21<sup>st</sup> century according to Stephen Hawking, emerged from chaos and systems science as a rethinking since Newton of how the world works. It is increasingly widely used, only recently reaching medicine, health and medical education. It describes unique features in the complex dynamic net-like interactions leading to health and disease, providing an innovative approach to learning, teaching, change and practice, as adaptive, dynamic, co-evolving and co-learning. We report a 25 year Toronto experience using, teaching and advocating for complexity as a new science for medicine, health and society.

Methodology

Review of the literature and authors' experience.

Results

This 25 year experience with complexity in medicine, health, medical education and nursing included: advocacy, CME, lectures, publications, book-writing, global networking, use to reduce excess and premature diabetes and heart disease among South Asians (a "wicked" or complex problem requiring new approaches), and proposals for "thinking complexity," a complexity theory of medicine and health, and as a science for Creating a Pandemic of Health (Dalla Lana School of Public Health innovation 2014). Innovative medical education at McMaster was seen as complexity: nonhierarchical, non-expert-tutor facilitated, self-directed, small group, interdisciplinary, learner-centered learning, with feedback, adaptation and emergence. A complexity based medicine and practice was proposed, to update evidence based medicine from its 17th century roots to an Age of Complexity future.

Discussion/Conclusions

Complexity, an innovation in teaching and learning, can be the new science for medicine, health and society, and the 21<sup>st</sup> century scientific rethinking and transformation called for by the Lancet Commission on Educating Health Professionals for the 21<sup>st</sup> Century.

Abstract ID: 77

**An evaluation of the Sunnybrook Hospitalist Fellowship Program using Staff and Fellow Interviews**

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**Background:** The Sunnybrook Hospitalist Fellowship Program (Orange Team) has been in existence since 2005 and has grown significantly since its inception. It has had approximately 40 trainees in the program, including, US, family medicine and IMG trained individuals who have gone on to successfully find residency positions and careers in medicine. Few training programs exist that provide the opportunity to learn the skills required to care for acutely ill hospitalized patients. The fellowship includes clinical duties in critical care, emergency medical care, elective opportunities, and research training. The program originated with Dr. William John Sibbald, the founder of critical care medicine in North America who pioneered a team-based approach to treat medically fragile patients.

**Process:** A series of 30-minute interviews were conducted with current Sunnybrook fellows (n=8), staff (n=9) and alumni fellows to get their perspective on the program.

**Benefits:** The program offers a unique opportunity for fellows to learn how to care for acutely ill hospitalized patients (inpatient care) and successfully prepares them for a future career. This program also has broader implications for the healthcare system. Hospitalists are able to take on more complex patients, alleviating strain on the healthcare system and the time of specialized doctors.

**Impact on Practice:** The program continues to evolve and expand with an emphasis on quality improvement and is shifting towards competency-based teaching. There is ample room for national expansion and a broadening of the scope of the program to include residents and medical students. With that said, there is room for the program to improve. Allowing fellows to take on a greater breadth of cases (especially acute cases), offering more informal (bedside) teaching and improving the subjective experience of fellows have been identified as core areas of improvement.

Abstract ID: 79

**Future Trends and Issues in Workplace Performance and Learning**

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The only constant today is the rapid pace of change. As professionals who enable individuals and organizations to perform at their best, regardless of setting, we find ourselves at the very nexus of this change. Technology is breaking down traditional power structures transforming the relationships between managers and employees, sellers and consumers, teachers and students, and doctors and patients. Neuroscience is revealing a very different understanding of how we learn and what motivates us as humans. And the knowledge economy is redefining how we organize ourselves to work, collaborate and create value. Drawing on research and insights from a number of different fields this session will explore the latest trends in workplace learning with a special focus on application within healthcare.

Abstract ID: 80

## **Teaching with an Ear to the Ground: Using Daily Feedback to Address Learners' Emergent Needs in Real-Time**

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### Introduction

The Knowledge Translation Professional Certificate™ is a 5-day, evidence-based course for knowledge translation (KT) practitioners seeking to develop core competencies in KT practice. We employ a multi-dimensional, utilization-focused program evaluation.

### Purpose

The evaluation includes a real-time assessment of learners' emergent needs. Here we report on engaging 192 participants (12 cohorts), in a responsive process grounded in developmental evaluation.

### Methods

Participants completed daily paper-based forms capturing i) how the course was supporting their learning and ii) emergent questions, suggested improvements.

Feedback was summarized, discussed at a nightly faculty debriefing session, and shared electronically with the full faculty and course administration. Planned changes and relevant clarifications were reported to participants the following morning.

### Results

Both participants and faculty value the daily feedback/debriefing process. Participant feedback changes throughout the week and has evolved throughout the life of the course.

Facilitators to learning generally relate to course facilitation, applicability, learning environment, and collaboration. Emergent needs include further orientation and scaffolding, fidelity to course materials, and changes to the physical environment. Emergent needs were acknowledged, and wherever possible, adaptations were made to address suggestions. Participants articulate that providing feedback and hearing the feedback summaries supports their learning.

In a survey of course faculty, all respondents (n=6) reported reviewing some or all of the nightly debriefing notes and adapting their teaching (current and/or future sessions) based on the feedback.

### Discussion

Learners looked favourably upon the opportunity to influence their own learning experience. Though time-intensive, this transparent approach to improvement proved to be engaging and made learners feel heard. This methodology, though focused on the present cohort, also benefits future learners and provides a model of innovative evaluation practices.

### Conclusion

Stakeholders valued the use of a developmental evaluation approach within the broader program evaluation framework. We encourage further exploration of this methodology in continuing education.

Abstract ID: 82

**Knowing How and Knowing Why: Integration of Conceptual and Procedural Knowledge Facilitates Transfer of Simulation-Based Procedural Skills**

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Educators can help novices integrate different areas of knowledge such as basic science and clinical presentations by using causal ‘why’ explanations, which have been shown to improve learning and transfer of diagnostic reasoning skill. Conceptual ‘why’ knowledge may affect the acquisition of clinical procedural skills differently than it does for cognitive skills, like reasoning. We examined the effect of integrated ‘why’ explanations on learning and transfer of lumbar puncture (LP) skills during simulation-based education and training (SBET).

Pre-clerkship medical students ( $n = 30$ ) were randomized into a two groups that received different instructional videos during a 1-hour self-regulated training session in LP. One video demonstrated how to successfully complete an LP (How group), and the other video provided the same demonstration with the addition of integrated why explanations, e.g., needle is angled to slide through the angled spinal processes (Why Group). Two blinded, independent raters scored immediate post-test performances and one-week delayed retention and transfer test performances using a checklist (CL) and global rating scale (GRS). Additionally, participants completed a written procedural knowledge test (sorted a list 13 of LP steps in the appropriate order) and a conceptual knowledge test (short answer explanations to 5 why questions).

The Why group demonstrated superior performance on GRS measures at transfer ( $F(1,23)=4.358$ ;  $p=0.048$ ) but not at post-test or retention ( $F(1,24)=0.797$ ;  $p=0.381$ ). However, correlational analyses revealed a positive relationship between conceptual knowledge test scores and both retention GRS ( $R=0.476$ ,  $p=0.012$ ) and transfer GRS scores ( $R=0.432$ ,  $p=0.0024$ )

Integrated instruction appears to facilitate transfer more than retention of LP skill; however, our results demonstrate that regardless of group assignment, participants with better conceptual knowledge had better retention and transfer performance. Our findings suggest that participants’ ability to integrate procedural and conceptual knowledge that seems to mediate the benefits to learning and transfer.

Abstract ID: 83

**Developing a cognitive task analysis-based instructional video for subcuticular suturing**

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**Introduction:** Automation of procedural skills by expert surgeons may impede knowledge transfer to trainees. Cognitive task analysis (CTA) allows experts to articulate the steps and decision points of a procedure, enabling trainees to access unintentionally automated knowledge.

**Purpose:** To create an educational video of a basic surgical skill using CTA and identify steps that may have been automated.

**Methods:** Three plastic surgeons were videotaped performing the subcuticular suturing skill, and were asked to describe the procedure before reviewing their video and participating in a short interview. Transcripts were reviewed to create a cognitive demands table listing all identified action steps, decision points, and check points categorized by stage of the procedure (preparation, start, middle, end). The total number of steps identified, steps shared, and steps omitted (not identified) by each expert were determined. Review of the master table is currently being conducted to determine the key teaching points prior to developing an instructional video.

**Results:** In total, 50 steps were identified (37 actions, 9 decisions, 4 checks). Of these, 12.5% were shared by all surgeons (5 actions, 1 decision), most of which occurred during the middle portion of the procedure. On average, the surgeons did not identify 50% of the steps that the other surgeons identified.

**Discussion:** Experts agreed more frequently on action steps than decision points, suggesting that articulation of decision points is more complex and varies greatly between surgeons. Examining this variability may improve the surgeon educator's ability to identify key teaching points and emphasize procedural decision-making skills in the education of trainees.

**Conclusion:** The development of a CTA-based instructional video for subcuticular suturing is currently underway. The final video-based training module will benefit medical students and residents by providing a standardized resource that emphasizes key learning points identified using expert consensus.

**Program:** CREMS program

Abstract ID: 84

**Obstetrical Transfusion Medicine Knowledge Using a Validated Assessment Tool**

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**Introduction:** Transfusion-related issues are common in Obstetrics and include appropriate use of blood products, management of anemia, alloimmunization and massive transfusion for severe postpartum hemorrhage. Despite having a pivotal role in Obstetrics, there is a paucity of formal transfusion medicine (TM) training in residency and a lack of knowledge about transfusion issues. **Purpose:** The goal of this study was to determine the current state of TM knowledge in Obstetricians using a validated assessment tool. **Methods:** A validated assessment tool was developed using a modified Delphi method. Exam topics were identified by ten experts in Obstetrics, Hematology, and TM. Topics were ranked and those with highest content validity index were chosen for multiple choice question development. The pilot assessment tool of 15 questions yielded a Cronbach's alpha coefficient of 0.75 for reliability (acceptable > 0.70). This validated tool was then administered to members of the Society of Obstetricians of Canada. **Results:** A total of 192 respondents completed the survey: 121 staff Obstetricians and 71 residents. The majority of staff respondents (80.2%) had more than 5 years of practice and only 3.3% reported formal TM training in their careers. Of all respondents, 93.8% felt additional training in TM would be "moderately" to "extremely helpful". The average exam score was 65.8% (SD: 15.5). Exam scores for staff Obstetricians were higher than residents ( $68.9 \pm 13.5$  vs.  $60.6 \pm 17.2$ ;  $p < 0.001$ ). There was a statistically significant correlation between self-rated knowledge and exam score ( $p=0.007$ ). **Discussion:** Although staff performed better than residents, the difference was only by 1.2 questions. The scores were still on average below 70% confirming that there is room for improvement. **Conclusion:** The data indicates the need and desire for formal TM training in Obstetrics. This could take place both in residency training programs and as CME programs for Obstetricians.

Abstract ID: 86

**Senior voices guiding future health professionals**

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Working with Seniors is an interprofessional primer for health care providers developed in 2014 in partnership with Baycrest (Centre for Education, Research and Practice in the Care of the Elderly) and The Michener Institute (for Applied Health Sciences). A key success factor in the design and ongoing delivery of the program has been the extensive and direct engagement of seniors themselves.

Based on a model of `Nothing About Me without Me`, seniors were involved in all components and stages of this hybrid program, from initial design to delivery. They continue to be a part of ongoing enhancements and delivery as the program extends its reach.

From the beginning, seniors guided curriculum development, partnered in the design and production of video content, contributed to scenario design and participated as patient actors for integrative simulation. They also participated as members of an opening panel discussion and joined in our final launch celebrations. Feedback from students highlighted the value and influence of the patient voice throughout the program. Through personal introductions to each unit, patient feedback provided in simulation, and opinions and experiences shared in the panel discussion, students came to know and appreciate this important segment of the patient population.

This workshop offers details of this engagement as well as samples of materials produced. Challenges encountered in representing the diversity of seniors, lessons learned throughout this collaboration, and positive reactions from both seniors and students will be discussed. Participants will be invited to share other ideas for integrating senior voices into educating future health professionals.