

RESEARCH REPORT 2020



RESEARCH AND SCHOLARSHIP ACTIVITIES

January - December 2020

Awards



Staff/Educators

Presentations

17

Staff



7

Educators

Publications

54

Staff

21

Educators



Non-peer reviewed publications, technical reports and e-learning modules

3

Staff/Educators

External funding



\$1,904,885

Staff (principal investigator, co-investigator or collaborator)

Educational events



6

Events

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Message from the associate director, Research



Let's be honest — 2020 was a year like no other, and many of our plans and methods of working didn't unfold in the way we expected or intended.

Despite the many changes we've seen over the past year, I am proud of how the Royal College of Physicians and Surgeons of Canada has innovated and seized opportunities to enable and support investigator-driven research in medical education during such a difficult time.

Highlights in this report include:

- our new Indigenous Research Grant, which focuses on Indigenous-led partnerships between communities;
- the breadth of topics explored in our monthly Research Forums, from the role of artificial intelligence in specialty practice to medical education simulation in the time of COVID-19;
- interviews with past recipients of our Robert Maudsley Fellowship for Studies in Medical Education on how the grant has impacted their careers; and
- how we are diversifying our research offerings and thinking deeply about the voices represented in research. Who are we listening to? Who needs to be heard?

We hope you are inspired by the incredible work undertaken by the researchers featured in this report. Their focus on topics related to equity, diversity and inclusion in health care draws critical attention to these important areas, and their research has contributed meaningfully to our collective knowledge. We are committed to continuing to advance research in this space, including working in partnership with our Indigenous colleagues on initiatives to support Indigenous health. It's an honour to support these significant and valuable projects.

"We are committed to listening to our communities and are open to your feedback on any potential gaps and opportunities to serve you better."

Royal College research grants

Dr. Karen Mann Catalyst Grant in Medical Education Research



Kayla Nelson, MD, FRCSC
Pediatric and Adolescent
Gynecology Fellow, Department
of Obstetrics and Gynecology,
University of Calgary

Residents as supervisors: A cognitive lens on how senior residents make entrustment decisions

How this work will inform research in medical education

“In many programs, senior residents spend a significant amount of time supervising junior residents in the clinical context. Given there are numerous social and psychological factors that differ in the supervisor-trainee relationship between senior residents and faculty supervisors, it is possible that the entrustment decision-making process varies widely between these two groups. For example, senior residents may be influenced by their own performance uncertainties or by the fact that they must justify their entrustment decisions to the staff who is providing ultimate oversight. Although it is likely that social, contextual and psychological nuances such as this are relevant to the entrustment decision-making process, the nature and extent of their impact remains very unclear. More exploration in this area is critical if programs intend to continue incorporating documentation of senior resident entrustment decisions to help competency committees determine high-stakes decisions for junior residents.”

Royal College/Associated Medical Services CanMEDS Research Grant



Teresa Chan, MD, FRCPC, DRCPC, MHPE
Associate professor, Division of
Emergency Medicine and Division of
Education & Innovation, Department of
Medicine, Faculty of Health Sciences,
McMaster University; adjunct scientist,
McMaster Education Research,
Innovation and Theory (MERIT) Program;
assistant dean, Program for Faculty
Development, Faculty of Health
Sciences, McMaster University

Canvassing for CanMEDS: How are the intrinsic CanMEDS roles integrated into EPAs?

How this work will inform research in medical education

“CanMEDS has become the defining framework for Canada, and in the transition to our latest paradigm of competency-based medical education (CBME), we must ensure that we understand how this framework is being perceived by trainees and frontline faculty. Our team is looking forward to completing this study as we feel it will be of great importance to our field as we move ahead on Competence by Design (the [Royal College’s] implementation of CBME). Our study aims to discern how the CanMEDS roles integrate within entrustable professional activities [EPAs], and how the CanMEDS framework ultimately is found within the assessment data that is generated by front-line faculty about trainee performance in the workplace. We hope to generate a new set of metrics that can help to guide program evaluation and improvement — especially on the trainee and faculty fronts so as to ensure that CanMEDS remains a focal point for future postgraduate training in Canada.”



Jacqueline Lovatt Stern, MBBS (Hons)

Resident physician, Division of Physical Medicine and Rehabilitation, University of Ottawa

What you wish you knew: Exploring readiness to advocate after transition to specialty practice

How this work will inform research in medical education

“The transition-to-practice literature suggests that new-in-practice physicians feel under-prepared to enact skills like health advocacy that receive less curricular attention during postgraduate training. The purpose of our research is to understand how current training models translate to early career physicians’ perceived preparedness to advocate. Exploring the challenges they face in applying the Health Advocate Role, and the training experiences that shaped their competence, will allow us to identify gaps in postgraduate training and opportunities for continuing professional development. We anticipate that our research will lay the groundwork for a program of research innovating curricula, assessment, coaching and continuing professional development initiatives for the Health Advocate Role. Ultimately, our aim is to make advocacy training more transparent and rigorous, and make assessment of learners’ advocacy more authentic.”

Medical Education Research Grant



Gisèle Bourgeois-Law, MD, FRCSC, MEd

Clinical professor, Department of Obstetrics and Gynecology, University of British Columbia; Centre for Health Education Scholarship (CHES)-Island Medical Program (IMP) liaison, The University of British Columbia

Remediation as experience by practising physicians

How this work will inform research in medical education

“As an increasing number of Canadian provinces implement physician practice improvement (PPI) initiatives, the number of physicians who will be identified as needing some form of remediation will likely increase. While remediation in practice shares similarities with remediation in postgraduate training, one might also expect qualitative differences when an external agent removes an individual’s professional autonomy to a lesser or greater degree. We know that remediation in practice can entail significant logistical challenges. What we don’t know is how remediation, meant to be a positive process to support a physician in bringing their practice up to the expected standard, is actually experienced by those physicians undergoing remediation. Understanding the remediation process from the remediatee point of view might lead to better ways to support physicians, increased individual buy-in, and higher rates of both short-term achievement of learning/remediation objectives and long-term sustained practice change.”

“Ultimately, our aim is to make advocacy training more transparent and rigorous, and make assessment of learners’ advocacy more authentic.” Jacqueline Lovatt Stern, MBBS

- Royal College research grants -



Paula Rowland, PhD

Scientist, Wilson Centre and Post MD Education, Faculty of Medicine, University of Toronto and University Health Network; assistant professor, Department of Occupational Science and Occupational Therapy, Faculty of Medicine, University of Toronto

Exploring tensions in the clinical learning environment: A qualitative study of policies and practices related to trainees involved in safety events in academic teaching hospitals

How this work will inform research in medical education

“Clinical learning environments (CLEs) have a dual mandate: provide safe patient care and provide health professions education. Developing an understanding of the organization of CLEs will provide much-needed insight into how CLEs might be positively influenced towards both better care and better learning. We argue that negotiations around “when things go wrong” reveal organizational dynamics that impact the CLE. In this study, we focus on how organizations negotiate policies around errors, accidents and unexpected events. This will be a qualitative research project, exploring how policies and practices related to students and/or trainees involved in care events are negotiated, sustained, and/or resisted by (a) hospital-based stakeholders and (b) university-based stakeholders. Our objective is to develop a conceptual framework to help educators understand, assess and negotiate these organizational dynamics. This framework will be relevant for all medical educators concerned with the CLE, including postgraduate medical education and continuing professional development.”



Jonathan Sherbino, MD, FRCPC, DRCPSC(CE), FAcadMed, MEd, BSc

Professor, Department of Medicine, McMaster University; assistant dean, McMaster Education Research, Innovation and Theory (MERIT) Program

Consultation or crowd sourcing?: Exploring the diagnostic accuracy of individual and group diagnosis

How this work will inform research in medical education

“How can clinicians reduce diagnostic error? This study is important because it will test the influence of collective intelligence (the wisdom of crowds) to improve diagnostic accuracy.”

“Developing an understanding of the organization of Clinical Learning Environments (CLEs) will provide much-needed insight into how CLEs might be positively influenced towards both better care and better learning.”

Paula Rowland, PhD



Sophie Soklaridis, PhD
Senior scientist, Centre for Addiction and Mental Health; associate professor, Department of Psychiatry and Family and Community Medicine, University of Toronto; scientist, Wilson Centre, University of Toronto, Faculty of Medicine and University Health Network

Beyond “mini-me” and #MeToo: Building physician’s leadership capacity to support the success of people with diverse needs and experiences

How this work will inform research in medical education

“This work is important to medical education because mentorship is an essential component of career development. However, most individuals tend to mentor and advocate for the development of mentees who are most like them. As a result, women and other minority physicians have a difficult time entering the white-male-dominated ranks of top hospital management and continue to occupy only a small portion of executive positions with the greatest power and authority. Physician leaders are not necessarily trained to consider approaches to gender and diversity to redress health inequities. The objectives of this research are to explore physicians’ perceived connections among leadership, mentorship and diversity; transform these experiences and what is known in the academic literature into an educational curriculum that engages physicians in complicated conversations that lead to transformative learning; and ensure an optimal learning experience for increasing physicians’ capacity to lead diverse health care teams.”



Anneke van Enk, PhD
Scientist, Centre for Health Education Scholarship, Faculty of Medicine, The University of British Columbia

The use of previously undocumented data in competence committees of competency-based medical education training programs

How this work will inform research in medical education

“Previously undocumented data (PUD) plays a potentially significant role in competence committee (CC) decision-making, but we know little about its forms, uses and management in deliberations. While CCs in some countries appear to permit the use of PUD, other countries discourage its use, perhaps on assumptions that PUD will distort assessment, and that the increased documentation called for by CBME will ultimately eliminate any need for it. Yet, documentation of clinical performance is limited, and we may not be able to rely on it exclusively. Moreover, there is evidence that PUD contributes to richer assessments. It appears worthwhile, then, to revisit its place in assessment, even as we acknowledge concerns about fairness, coherence and transparency. Our analysis will help CCs to better understand the value and potential risks of PUD in defensible decision-making and to craft sounder guidelines for whether, when and how it might best be used.”

“As a result, women and other minority physicians have a difficult time entering the white-male-dominated ranks of top hospital management and continue to occupy only a small portion of executive positions with the greatest power and authority.” Sophie Soklaridis, PhD

Robert Maudsley Fellowship for Studies in Medical Education



Quinten Paterson, MD
Emergency Medicine PGY-4,
University of Saskatchewan

Utilization of the theoretical domains framework to improve EPA acquisition for emergency medicine residents

How this work will inform research in medical education

“This work is important to medical education because within the new Competence by Design paradigm, the coaching and feedback interaction between the teacher and student is paramount to learner success; therefore, barriers and facilitators to this interaction must be uncovered and identified to ensure residents and teachers are experiencing the full benefits of these crucial interactions. As these encounters are enhanced by promoting enabling strategies and addressing barriers, learners can progress and excel in their residency education.”



Catherine Patocka, MDCM, MHPE, FRCPC
Clinical assistant professor,
Department of Emergency
Medicine, Cumming School of
Medicine, University of Calgary;
doctoral student, Department of
Community Health Sciences,
Cumming School of Medicine,
University of Calgary

Outlining the transition to precision performance feedback

How this work will inform research in medical education

“Although physicians are receiving more and more feedback on their clinical performance through audit and feedback interventions, our understanding of the use of feedback to support growth and facilitate learning in the context of continuing professional development remains limited. In particular, our current conceptualization of feedback as a generic and well-defined entity that can be prescriptively enacted as a precise set of universal best practices irrespective of context may be problematic and misguided. This research is exploring how conceptualizations of feedback vary and how these variations alter the practices of feedback, with the goal of identifying key features of feedback that can be used to appraise and guide performance feedback systems for physicians across the continuum.”

“...barriers and facilitators to this [coaching and feedback] interaction must be uncovered and identified to ensure residents and teachers are experiencing the full benefits of these crucial interactions.” Quinten Paterson, MD

Strategic Initiative Grant



Pamela Roach, PhD, BSc
Assistant professor, departments of Family Medicine and Community Health Sciences, Cumming School of Medicine, University of Calgary

Professionalism and accountability redefined: Theorizing anti-racism from key stakeholder engagement (PARTAKE) study

How this work will inform research in medical education

“This work is important to medical education to enhance health equity through the training of health professionals. There is heightened awareness of endemic social injustices and racial inequities pervasive in our health care and educational institutions. Specifically, the professional CanMEDS role must underscore a physician’s commitment and accountability to themselves, their profession and society, yet our current definition of professionalism does not fully address racial injustice and impacts on health. Medical education that incorporates a focus on colonization and racism as significant determinants of health can work to mitigate health care harms experienced as a result of systemic and structural issues across systems and institutions. Given the strong evidence of systemic and interpersonal racism in medicine and broader society, addressing racial inequity and supporting anti-racist action must be a medical education priority.”



Caley Shukalek, MD, FRCPC, MSc, MPH
Clinical assistant professor, departments of Medicine, Community Health Sciences and O’Brien Institute for Public Health, University of Calgary; Alberta Health Services

Queer eye on medicine: Assessing the lived experience of queer physicians and physician in the healthcare environment

How this work will inform research in medical education

“The lived experience of sexual and gender diverse or ‘queer’ minorities in medicine is not well characterized in Canada but, from limited data, we know they continue to face stigma and discrimination that affect their wellness and, ultimately, patient care. Our multi-institutional team (Irene Ma, Allison Brown, Tonya Callaghan and Ranjani Somayaji, University of Calgary; George Farjou, McMaster University; and David Brennan, University of Toronto) is guided by queer pedagogy, through which we will qualitatively assess the lived experience of queer physicians and trainees. This work is important to medical education because it will improve understanding and acknowledge the experience of queer physicians and medical trainees so they, and others, can transform the traditional, normative culture of medical training and practice through increasing equity, diversity and inclusion.”

“The lived experience of sexual and gender diverse or ‘queer’ minorities in medicine is not well characterized in Canada but, from limited data, we know they continue to face stigma and discrimination that affect their wellness and, ultimately, patient care.” Caley Shukalek, MD, FRCPC, MSc, MPH

- Royal College research grants -



Matt Sibbald, MD, FRCPC, PhD, MSc, MHPE
Associate professor and director, Centre for Simulation-Based Learning, Faculty of Health Sciences, Department of Medicine, McMaster University

Exploring the development of standardized patient educational experiences to support equity, diversity, and inclusivity mandates of healthcare training programs

How this work will inform research in medical education

“Health professions training programs have curricular mandates to integrate equity, diversity and inclusivity in order to optimally prepare trainees to serve and care for broad and diverse populations. Standardized patient programs are frequently recruited to serve these curricular mandates, yet many struggle to deliver on them. How should programs recruit, train and maintain quality in the delivery of these educational opportunities? What level of fidelity is required to portray a diversity characteristic? Do standardized patients have to be members of the marginalized group they portray? No systematic knowledge synthesis exists to guide educators, administrators and curricular leads. This work will develop a framework for standardized patient support of equity, diversity and inclusivity curricular mandates; elaborate assumptions, threats and implicit biases; and identify best practices.”



Sony Sukhbir Singh, MD, FRCSC
Professor, University of Ottawa; associate scientist, Ottawa Hospital Research Institute, Department of Obstetrics, Gynecology and Newborn Care, The Ottawa Hospital

The efficacy of 3D motion capture as a reflective aid during self-directed practice for laparoscopic surgical trainees

How this work will inform research in medical education

“Training surgeons to perform laparoscopic surgery is not easy and there is a need for a reliable and valid assessment system. Established models offer feedback relating to the quality of movement, but this is limited by its observational nature resulting in moderate reliability. In other words, the “moves” made during surgery are difficult to measure and therefore not currently being used effectively to improve training. The goal of this study is to evaluate the use of 3D motion analysis as a reflective aid during self-directed practice for laparoscopic surgical trainees. Every participant will receive verbal feedback (standard) and engage in self-directed practice. Participants will be randomized to receive either no extra “aids” or a video of their performance or a video and 3D motion capture data. Ultimately, we hope to find out if motion capture will help improve surgical education assessment and resident competency.”

“This work will develop a framework for standardized patient support of equity, diversity and inclusivity curricular mandates; elaborate assumptions, threats and implicit biases; and identify best practices.” Matt Sibbald, MD, FRCPC, PhD, MSc, MHPE

- Royal College research grants -



Javeed Sukhera, MD, FRCPC, PhD
Associate professor,
departments of
Psychiatry/Paediatrics and
Scientist, Centre for Education
Research and Innovation,
Schulich School of Medicine and
Dentistry, Western University

Feedback and facilitation: Exploring and supporting sensitive conversations about bias in specialty education

How this work will inform research in medical education

“This work is important to medical education because more robust and rigorous research is needed to advance equity, diversity and inclusion (EDI). Although EDI has become a strategic priority in medical education, efforts to advance justice through educational interventions face several barriers. For example, our previous research found that EDI-related discussions can provoke emotional and defensive reactions. Effectively processing and reconciling complex emotions therefore appears critical to subsequent behaviour change. Our current project seeks to gain a deeper understanding of how professional context influences the cycle of feedback, facilitation and behaviour change. We hope that this research will help inform future educational and policy interventions in continuing professional and specialty education.”



Nadiya Sunderji, MD, FRCPC, MPH
Psychiatrist in chief, Waypoint
Centre for Mental Health Care;
Associate Professor, Department
of Psychiatry, University of
Toronto (cross appointment to
Institute of Health Policy,
Management and Evaluation,
Dalla Lana School of Public
Health)

Reducing traumatic and coercive experiences of mental health care for Black, Indigenous and people of colour: A continuing professional development intervention

How this work will inform research in medical education

“It leverages continuing professional development (CPD) to advance a transformative agenda in mental health care addressing the impacts of systemic racism. We are focusing efforts on a highly disadvantaged population — Black, Indigenous and people of colour with severe mental illness and criminal justice system involvement who are forensic mental health inpatients. We will elicit and amplify their experiences of the use of restraint and seclusion, which are last-resort behavioural control measures for imminent safety concerns, but which can also be traumatic. We will engage physicians and interprofessional care teams in critical reflection, dialogue and transformative learning by sharing patient narratives, exploring factors leading to the use of restraint and seclusion and learning needs, and developing team-based CPD and quality improvement/patient safety interventions. Ultimately, this project will foster health care provider and team reflexivity to advance anti-racism, equity and inclusion in mental health care.”

“[This research] leverages continuing professional development (CPD) to advance a transformative agenda in mental health care addressing the impacts of systemic racism.”

Nadiya Sunderji, MD, FRCPC, MPH

The impact of the Robert Maudsley Fellowship for Studies in Medical Education

Over the past 16 years, the Robert Maudsley Fellowship for Studies in Medical Education has supported 115 outstanding specialists in pursuing advanced training in medical education research and practice.

Maudsley Fellows have significantly advanced the science of medical education. They re-shape our educational practice through cutting-edge research on diverse topics and contribute evidence-informed educational leadership at medical education institutions in Canada and around the world.

We're pleased to feature the contributions of three of our past Maudsley Fellowship recipients.



Taryn Taylor, MD, FRCSC, is a clinician and assistant professor in Obstetrics and Gynecology in the Schulich School of Medicine and Dentistry at Western University. She was awarded the fellowship in 2015, which enabled her to pursue her PhD while completing her residency. Her work challenges debates around restricting resident duty hours to understand fatigue as a complex social construct.

The fellowship gave Dr. Taylor the protected time she needed to “authentically engage” and develop the methodological expertise she brings to her own research and shares with colleagues and learners. Today, she is a leader in medical education research at her institution and across the country. Dr. Taylor continues to work toward shifting the conversation about fatigue in medicine, with the ultimate goal of enhancing physician wellness and patient safety.



Alison Walzak, MD, FRCPC, is clinical assistant professor in Community Internal Medicine at the University of British Columbia, clinical skills site director of the Island Medical Program, and director of the Clinical Teaching Unit at the Royal Jubilee Hospital. She was awarded the fellowship in 2015 to explore the impact of a night-on-call simulation on learner preparedness when transitioning to residency.

Through this work, Dr. Walzak gained the foundational research skills to pursue her ongoing research on the call and post-call experience, and its implications for resident wellness and patient safety.

Dr. Walzak says that, looking back, the research and networking she engaged in through the fellowship and her masters program offered a “stepping stone that opened a lot of doors to administration of education.” She now holds several leadership positions and contributes to shaping evidence-based educational policy and practice for learners.



When **Rene Wong, MD, FRCPC**, received the fellowship in 2015, he was already a faculty member in the Department of Medicine at the University of Toronto. The PhD research he conducted through the fellowship examined discourses and intraprofessional hierarchies in continuing medical education, and how those discourses can be both counter-productive to educational goals and damaging to specialists’ relationships with family physicians.

The fellowship allowed Dr. Wong to “take an interest I developed from my hands-on clinical and educational practice to stimulate a very true form of questioning and scholarship. I was allowed to pursue that in a more formal way by doing a graduate degree that there’s no way I would have been able to do without that funding opportunity.” Today, Dr. Wong examines how continuing medical education can be used to facilitate intraprofessional relationships and bi-directional learning. The methodological tools he developed through his fellowship help him interrogate problematic discourses that dominate teaching about patients and patient-centered care.

The methodological tools Dr. Wong developed through his fellowship help him interrogate problematic discourses that dominate teaching about patients and patient-centered care.

Major initiatives and activities

Facilitated Acute Critical Event Simulation (FACES) platform

Medical educators around the world adapted their teaching and assessment strategies in 2020 to comply with social distancing and other guidelines resulting from the COVID-19 pandemic. In response to these shifts, the Royal College and our Fellowship network developed a new online learning environment: the Facilitated Acute Critical Event Simulation (FACES) platform. We offered 16 virtual simulations through the FACES platform to physician learners in Canada and piloted the platform to participants in South America.



100
sessions

The platform allows attendees to participate in live, yet distanced, group learning in accredited virtual simulations with an expert instructor. It also provides personalized feedback from the training sessions to both physician learners and instructors — an important feature to help guide professional practice development.



590
participants

Early evaluation metrics are promising. Since the launch of the FACES platform in April 2020, 36 instructors have delivered over 100 sessions to 590 participants. These sessions have been attended by physician learners at 14 of 17 medical schools across the country, including both multi-specialty residents and licensed specialists. We plan to build on our initial successes in Canada and expand our FACES offerings in South America.

Competence by Design program evaluation

The Royal College's Competence by Design (CBD) program aims to transform the way medical specialists are trained in Canada. The program is designed to ensure physicians graduate with the competencies necessary to meet local health needs and to enhance patient care by improving learning and assessment in residency.

A multi-year initiative to evaluate the CBD program is underway. Given the complexity of the program and its many interacting components, the evaluation requires a

- Major initiatives and activities -

systematic, longitudinal approach. The evaluation is based on Dr. Elaine Van Melle's program evaluation framework (Van Melle et al, 2017, *Competency by Design — Residency Education: A Framework for Program Evaluation*). This framework assesses the program's performance against three pillars: readiness to implement, fidelity and integrity of implementation, and outcomes.

A team composed of clinician educators from across the country, with the support of Royal College staff, is leading the evaluation work related to the three pillars. In 2020, the team conducted two pulse check evaluations. These pulse checks gathered feedback on CBD programs through surveys and interviews with program directors. One pulse check assessed the progress of the disciplines that launched the CBD model in 2019, six months after launch. The other assessed the progress of the disciplines that launched the model in 2019, 2018 and 2017, one, two and three years after launch, respectively. The second annual Readiness to Implement Checklist was also administered to the disciplines that launched the CBD model in 2020.

Through the pulse checks and Readiness to Implement Checklist, the team collected information on how medical education programs were preparing to implement the CBD model; how CBD was being put into practice; and the benefits, challenges and early outcomes of its implementation. As these initiatives are ongoing, changes in how CBD is implemented can be monitored over time, both within and between cohorts.

The team also collected data for a study that monitored the structure and function of competence committees; this study was supported by a Royal College Research on Competency-based Medical Education grant. The team is currently collecting data for a rapid evaluation of the implementation of CBD, another study supported by a Royal College Intramural Grant.

Program evaluation is also informed by insights from other organizations, local institutions and programs. For example, the team is integrating feedback from the CBD Program Evaluation Steering Committee, which includes stakeholders from across the system of specialty medicine in Canada, and from discussions with representatives from provincial resident organizations.

The Royal College, together with other stakeholders, hosted the second annual Competency-based Medical Education (CBME) Program Evaluation Summit. Over 120 participants attended the virtual summit and 19 program evaluation projects were presented.

A series of CBME program evaluation forums was also launched in 2020. These forums showcase program evaluation projects and enable attendees to network and collaborate. Three forums were held in 2020 and more forums are scheduled for 2021.

Corporate programs

Professor-in-Residence Program

This prestigious program aims to foster innovation and knowledge exchange at the Royal College. Each year, a renowned expert leader in health care is invited to join the Royal College leadership team to examine health education and health policy with the goal of improving Royal College programs.

Our 2020 professor-in-residence was Jeffrey Turnbull, CM, MD, FRCPC. Dr. Turnbull is an internationally recognized expert in the field of addiction medicine and an eminent humanitarian. He is the first recipient of the AFMC-Gold Humanism Award presented by the Association of Faculties of Medicine of Canada (AFMC) and the Arnold P. Gold Foundation for Humanistic Healthcare.

Dr. Turnbull is a general internist with a deep commitment to those experiencing addiction and homelessness. His decision to leave his role as physician-in-chief at The Ottawa Hospital to return to providing direct care to those suffering from housing instability made national headlines. He has been a vocal advocate for evidence-based treatments, such as safe injection sites, and other progressive ways of supporting those living with addiction.

Due to the COVID-19 pandemic, Dr. Turnbull will deliver his Royal College lecture in 2021.



Dr. Jeffrey Turnbull: Photo Credit The Ottawa Hospital

Visiting Scholar Program

Through its Visiting Scholar Program, the Royal College aims to advance scholarship and research in medical education or health policy. The program supports scholars and researchers from across Canada and around the world to connect with Royal College researchers and programs, build a network of experts working on complementary research, and leverage relevant knowledge and information to advance research that will benefit medical education in Canada.

Although COVID-19 affected the number of in-person visits to the Royal College in 2020 and is expected to do so for the foreseeable future, we welcome virtual opportunities to promote networking and information exchange. For more information or to submit an application to become a visiting scholar, please visit:

<https://www.royalcollege.ca/visiting-scholar>

Visiting Scholar
Program 



Photo: Royal College of Physicians and Surgeons of Canada Building

Royal College Research Forum

The Royal College Research Forum is a place for Fellows and staff to come together and exchange ideas, collaborate, learn and share information about topics relating to scholarship and research.

Events may feature staff or invited guests, including visitors from another institution, experts on a technological innovation or community leaders on a topic of interest.

Until 2020, these events were held in person. Due to travel and other restrictions affecting face-to-face meetings in 2020, however, the following events were offered virtually.

JANUARY

The future of systems of continuing professional development: What the research literature is signalling

Craig Campbell, MD, FRCPC, FSACME
Principal senior advisor, competency-based continuing professional development, Office of Specialty Education, Royal College; associate professor of medicine and director, curriculum, Undergraduate Medical Education Program, University of Ottawa

APRIL

Improving quality outcomes: A tale of resilience and grit

Susan D. Moffatt-Bruce, MD, FRCSC, PhD, MBA, FACS
CEO, Royal College

MAY

Simulation in a time of COVID-19: Lessons learned from the use of simulation to support system-level preparation for pandemic responses

Vicki LeBlanc, PhD
Director, University of Ottawa Skills and Simulation Centre; chair and professor, Department of Innovation in Medical Education, University of Ottawa

JUNE

The intersection of medicine and AI

Richard K. Reznick, MD, FRCSC, MEd, FACS, FRCS(Ed) (hon), FRCSI (hon), FRCS (hon)
Dean, Faculty of Health Sciences, Queen's University; CEO, Southeastern Ontario Academic Medical Organization

Brian D. Hodges, MD, FRCPC, PhD
Executive vice-president, education, and chief medical officer, University Health Network; professor, Faculty of Medicine, University of Toronto

Daniel Hashimoto, MD, MS
General surgery resident and associate director of Research, Surgical Artificial Intelligence and Innovation Laboratory, Massachusetts General Hospital

JUNE CONTINUED

Alison Paprica, PhD
Assistant professor, Institute for Health Policy, Management and Evaluation, University of Toronto; executive advisor and affiliate, Scientist Institute for Clinical Evaluative Sciences

Jonathan Kanevsky, MD, FRCSC
Head of clinical innovation, Imagia Cybernetic

Tanya Horsley, PhD, MBA
Associate director, Research, Royal College
(recording available at:
www.royalcollege.ca/rcsite/research/research-events-e)

OCTOBER

Adaptive leadership for turbulent times

Rhonda St. Croix, MBA, PCC, CMA
Director, Continuing Professional Development, Royal College

Stephanie Burgetz, MEd, CTDP
HR specialist, Learning and Leadership Development, Royal College

NOVEMBER

Why include patients "at the table"? Fundamentals for how the Royal College can become a patient engagement and partnership-capable organization

Julie Drury
Strategic lead, Patient Partnership, Canadian Foundation for Healthcare Improvement (now Healthcare Excellence Canada)

Carol Fancott, PhD
Director, Patient and Citizen Engagement, Canadian Foundation for Healthcare Improvement (now Healthcare Excellence Canada)

- Corporate programs -



Research Forum presenters: [Top row, from left] Susan D. Moffatt-Bruce, MD, FRCS(C), PhD, MBA, FACS; Richard Reznick, MD, MEd, FRCS(C), FACS, FRCS(Ed) (hon), FRCSI (hon), FRCS (hon); Dan Hashimoto, MD, MS; [Second row, from left] Julie Drury, Brian Hodges, MD, PhD, FRCPC; Vicki LeBlanc, PhD; Third row, from left] Craig Campbell, MD, FRCPC, FSACME; Carol Fancott, PhD; Rhonda St. Croix, MBA, PCC, CMA; [Bottom row, from left] Stephanie Burgetz, MEd, CTDP; Jonathan Kanevsky, MD, FRCS(C); Alison Paprica, PhD.

International Conference on Residency Education

ROYAL COLLEGE/JOURNAL OF GRADUATE MEDICAL EDUCATION TOP RESEARCH PAPER



Discordance between competency-based assessment using a global versus reductionist approach for medical students

Presented by: Holly Caretta-Weyer, MD
Stanford University School of Medicine

“The advent of competency-based education has led to a rigorous debate amongst front-line assessors around whether the frequently utilized, often fractionated approach using the assessment of isolated competencies to build a complete picture of a trainee's clinical competence is equivalent to the more global, holistic approach to the assessment of the various activities of a physician using entrustable professional activities (EPAs).

We designed a simulation-based workshop during our medical school's Transitions to Residency course to address this question. Each student was assessed using individual competencies mapped to the core EPAs, a modified supervision scale, and a global statement regarding entrustment and readiness for residency.

Assessment data obtained during the Transitions to Residency course using the individual competencies mapped to each EPA did not correlate with holistic, EPA-based global supervision scale ratings, ad hoc entrustment decisions, or perceived readiness for residency.

The global assessment of EPAs and the granting of ad hoc entrustment appear to be a separate process from aggregating the assessment of individual competencies for raters. This may reflect variations in the approach to global assessment when compared to the more granular assessment of individual competencies as well as the need to additionally consider the construct of trustworthiness when assessing EPAs.”

ROYAL COLLEGE/ JOURNAL OF GRADUATE MEDICAL EDUCATION TOP RESIDENT RESEARCH PAPER



Dressing the part: Gender differences in perceptions of feedback in internal medicine

Presented by: Maxime Billick, MDCM
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“Assessment of residents is reported to differ by gender, yet little is known about how these differences are experienced by women and men. We sought to understand if and how male and female Internal Medicine (IM) residents perceive and respond to differences in their experiences of being assessed and receiving feedback.

We conducted resident focus groups and used a constructivist grounded theory approach to data collection and interpretation.

We found a profound difference in the experience of receiving feedback between men and women, both within and outside of traditional “assessment moments.” Themes of authority, power and clothing/appearance diverged. In contrast to men, women relied on symbols such as a white coat, stethoscope, and demure clothing to establish and justify their physicianship. Women also encountered conflicting feedback from supervisors regarding confidence and assertiveness (e.g. told to be more or less assertive), often resulting in self-censorship. Similar feedback was rarely noted by men. These findings were considered through the lens of gender theory.

Gendered differences in the experiences of working and being assessed on IM wards are not easily captured by standard measures. Both gender and medicine can be considered performative, and our findings demonstrate that female IM residents integrate multiple forms of feedback to create the persona of the “female physician.” This research highlights that the socialization that occurs to become a female physician is influenced by formal and informal assessment moments.”

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Dr. Jeffrey Turnbull with client: Photo Credit The Ottawa Hospital