10J Short Communication: Behavioural & Social Sciences

Location: MR 166 – Pi

10J1 (15048)
First year medical students’ thoughts on the relationships of LGBT individuals with health care system: The power of students’ stereotypes versus new knowledge at FMUL

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Background: Several difficulties are experienced by doctors in dealing with people from minority social groups. At FMUL a first year module, ‘Clinical Medicine: the doctor, the patient and the person’, was introduced to discuss health issues of LGBT (lesbian/gay/bisexual/transgender) individuals namely their exclusion by society, attitudes and vulnerability when contacting the health care system.

Summary of Work: The head of ILGA Portugal (an association working towards equality and human rights for LGBT) was invited to present his experiences at one of the nine three- hour seminars offered by this module. The aim was to discuss LGBT main health problems when contacting the health-care system namely ‘greater contact avoidance and difficulty to reveal their sexual orientation when medically relevant’. The objective of this study was to identify students’ knowledge on those LGBT issues during their final written exam. Content analysis was applied to 344 answers.

Summary of Results: Students reported the LGBT group as having higher number of sexual partners with consequent larger number of sexually transmitted diseases (58%); Abuse of tobacco, alcohol and other drugs (44%); Tendency to anxiety-depressive disorders (19%); Difficulty for revealing sexual orientation when pertinent (29%); Avoidance of health care contacts (12%).

Discussion: Despite the free debate on the two main health problems of the LGBT community when compared with the heterosexual population the majority of students couldn’t identify them.

Conclusion: Students repeated the stereotypes widespread in family/society which are (usually) hazardous, tending to stigmatize LGBT people.

Take Home Messages: We recognize the importance of teaching health issues of different social sub-groups to avoid future problems in doctors’ contact with all individuals regardless their life-style choices. Therefore the programme of this specific seminar needs to be revisited assuring that students become aware of the main differentiating LGBT issues facing the health care system.

10J2 (133228)
Designing Social Medicine for Year 1 Medical Students: New Medicine?

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Background: Social Medicine owes a great debt to German physician Rudolf Virchow (1848). He postulated that there exist many correlates to disease: disease is related to the biological, behavioral and social characteristics of the patient as well the surrounding habitat in which both disease and patient exist. Despite a long tradition, social medicine is not well integrated into existing undergraduate curricula.

Summary of Work: For the past eight years, Western University’s undergraduate medical curriculum has offered individual courses focusing on the social determinants of health: Ethics, Population Health and Epidemiology. Student feedback has consistently indicated that they fail to see the inter-relatedness or relevance of content in any meaningful way.

Summary of Results: Based upon this consistent feedback, we have designed a new integrative course built upon a structural competency framework that includes components of these individual courses but will be presented as one integrative course of study.

Discussion: This course will focus on culture and social roots of disease; social inequalities such as gender, class, environment and ethnicity; factors affecting treatment outcomes; ethical challenges such as new political, legal, social and economic realities; and synthesizing coherent narratives which may illuminate the care provided to future patients.

Conclusion: The planning for this integrative social medicine course began two years ago; the basis for this course will be to provide an exploration of structural competency so that students can begin to develop a language around interventions which may reduce health inequality at the level of neighborhoods, institutions and policies.

Take Home Messages: The notion of social medicine is not new; but, in some cases, the invisible structural level determinants of health are inadequately covered within the undergraduate curriculum. We are taking a well-established theory and designing an interactive course to bring these sometimes invisible structural determinants to the forefront for our medical students.
Translating curriculum materials from stage to screen: impact of learning medium and environment on learner engagement

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Background: Translation of curriculum material onto digital recording can generate learner disengagement. Medical humanities represent a unique means by which to study this phenomenon. Our aim was to better understand the factors that contribute to learner engagement when translating curriculum from stage to screen. Our model employed, “Ed’s Story: the Dragon Chronicles,” a verbatim play, based on the journal of a 16 year-old with cancer, and posthumous interviews conducted with his family and health care team.

Summary of Work: Concepts of autonomy, interprofessionalism, end-of-life, and moral distress were introduced to second year medical students using the play, with objectives mapped onto existing curricula. Live viewing in curricular and extra-curricular settings generated positive feedback. Subsequent annual sessions used a DVD, both in lecture theatre viewings and small group viewings. Post-viewing feedback was collected for five years (n=262, response rate 57.0%).

Summary of Results: A majority agreed the play was a good learning experience and imparted useful lessons. Trainees reported new insights into patient experiences. Fewer trainees agreed it should be shown universally or as part of core curriculum when seen on DVD (p<0.05), citing “poor video and sound quality.”

Discussion: The majority (75-80%) of trainees felt safe/comfortable during the DVD sessions regardless of learning environment, however only trainees in the large lecture theatre viewings reported unexpected “embarrassing” emotional reactions among themselves and peers. Changing the learning environment to less familiar settings (smaller groups, outside the classroom) mitigated negative, “embarrassing” emotional reactions amongst trainees in front of peers.

Conclusion: Trainees reported less positive reactions to the session when shown on DVD, regardless of group size or learning environment.

Take Home Messages: Feedback from our five-year medical humanities curriculum initiative suggests that using recordings of prior live sessions may generate disengagement, findings which have larger implications for efforts to transition live curricular sessions into digitized content.

Development and Evaluation of a Program to Introduce Medical Humanities to Teachers of Clinical Medicine

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Background: Within the Faculty of Medicine, University of Ottawa, as well as elsewhere in North America and internationally, the medical humanities has been identified as an area of curriculum enrichment in medical education. Despite the purported value of introducing the humanities, reports in the literature evaluating faculty development sessions for instructors who wish to engage with this material are scarce.

Summary of Work: The present workshop series was designed to infuse more medical humanities content into our medical education by enabling the abilities and skills of our medical teachers. Faculty development workshops were provided on four key areas within the medical humanities – Narrative Medicine, History of Medicine, Visual Thinking Strategies, and Theatre and Medicine. In a mixed methods evaluation, 3-6 month brief surveys and semi-structured interviews were conducted to determine the impact of the workshops on the teaching practices of participants.

Summary of Results: Findings included a positive response to the four workshops as well as newly inspired teaching goals. Participants valued an interprofessional approach to teaching and the opportunity to reflect on humanities material with their colleagues. Some participants expressed difficulty recalling specific teaching tools and described a lack of space for such teaching within the current curriculum.

Discussion: Workshop feedback showed a receptiveness to medical humanities among participants and a related interest in incorporating humanities-based techniques into medical teaching. More focused follow-up faculty development sessions might improve educators’ ability to effectively incorporate this material.

Conclusion: These four faculty development sessions inspired participants to use humanities material in their teaching. Further sessions should engage greater numbers of faculty, reinforce the value of humanities in medical education, and promote its inclusion by strengthening related teaching tools.
Take Home Messages: Faculty development sessions in the medical humanities can inspire participants, enrich their teaching, and promote a broader view of medicine. Practice is required by faculty who wish to incorporate related ideas and skills.

#10J5 (134124)
Narrative methods and medical education: a systematic approach in Oncology

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Background: The educational model of our Oncology Research Hospital is founded upon a narrative approach involving health caregivers and patients and aiming to cope with dehumanization in medicine. Since giving and receiving accounts in healthcare is a cornerstone, health caregivers’ educational trainings are promoted to cultivate narrative competences “to recognize, absorb, metabolize, interpret and be moved by the stories of illness” (Charon, 2001, JAMA).

Summary of Work: A particular training focused on Columbia University Narrative Medicine methodology has been promoted for health caregivers since 2011. It occurs through the three movements of the narrative method: attention, representation, affiliation (Charon, 2015, Ac Med). Medical Humanities (literature, fairy tales, arts, movies) are used in interactive workshops to develop skills such as listening, close reading, reflective writing, collaborative learning. As for patients, we started an educational program focused on therapeutic writing, considered a rehabilitation tool in oncology. Writing about the self is a way towards self-consciousness: inner resources are elicited to cope with distress and suffering (Carlick, Biley, 2004).

Summary of Results: Two qualitative research projects are underway to assess learning outcomes and study the connection between narrative practices and self-awareness, self-care, resilience. Data have been collected through focus groups and prompted written texts, which will undergo a narrative thematic analysis (Riessman, 2008).

Discussion: The integration of narrative into medical education reinforces clinical practice on multiple levels: it supports team-building and trust amongst colleagues; it sharpens one’s perception of patients’ condition through the representation of patients themselves in narrative; it nurtures human capacities of empathy, humility and imagination and helps to prevent burn-out.

Conclusion: The integration of Narrative Methods into Health Education requires a systematic approach.

Take Home Messages: Our program ultimate goal is to improve healthcare outcomes by bridging the gap between biology and biography, disease and illness, science and stories.