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CONFERENCE ABSTRACTS

International Congress on Academic Medicine: 2026 medical education abstracts

Le congrès international de médecine universitaire: résumés d'éducation médicale 2026

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Advancing Global Academic Medicine through Innovation and Collaboration: proceedings of the International Congress on Academic Medicine 2026

The International Congress on Academic Medicine (ICAM) 2026, held from April 16–19 in Ottawa, Ontario, united a diverse global community engaged in academic medicine. Organized by the Association of Faculties of Medicine of Canada (AFMC), the congress aimed to foster collaboration, innovation, and progress in medical education, health research and social accountability. It provided a platform for over 1,900 delegates, including medical students, residents, graduate students, faculty, researchers, and patient partners—to meet, network, and develop new relationships and collaborations with colleagues globally.

ICAM featured innovative keynotes and accredited sessions exploring global themes in academic medicine, including health misinformation, compassion in healthcare, nutrition and child health, food prescription, and planetary health. Additionally, ICAM hosted international presentations and symposiums, such as the Gairdner Symposium, workshops, and oral and poster presentations.

ICAM 2026 was recognized for its commitment to inclusivity, achieving "Patient Included Status," ensuring that the experiences of patients as experts in living with their conditions were incorporated into all aspects of the congress. This year, ICAM also achieved platinum status as a certified sustainable event through uOttawa's Sustainable Events program.

Congress objectives

- Justify strong connections between research, education, clinical care, and patient experiences on outcomes in medicine.
- Describe strategies for the integration of innovations and best practices in all facets of medical education.
- Identify opportunities to better meet community needs through the inclusion of patient voice in all aspects of academic medicine.
- Engage in dialogue to promote collaboration within the international academic medicine community.

Opening keynote: health lies: manufactured doubt – health and science misinformation and the fight for trust

The Opening Keynote at ICAM 2026, explored the growing impact of health misinformation on public trust, health outcomes, and society. Featuring speakers Stanley Kutcher, Marcus Kolga, Timothy Caulfield, and patient partner Lydia Greene, the session examined how misinformation is shaped by political identity, amplified through foreign influence, and spread within today's information environment. Discussions emphasized the urgent need for coordinated and trusted responses to combat health disinformation and rebuild confidence in science and healthcare institutions.

At the end of the session, participants were able to:

- To outline the decline in general scientific knowledge in our communities and the processes used by those aiming to share misinformation.
- Explain different roles that government and civil society have in addressing health disinformation and outline gaps in the work that needs to be done.
- Discuss practical and impactful healthcare lead initiatives that could be created to effectively address health disinformation.

Keynote: The case for compassion: reframing compassion as a source of strength

The compassion-themed keynote explored the role of compassion in healthcare and challenged the perception of compassion as a "soft skill" that contrib-

utes to burnout. Featuring speakers Shireen Mansouri and Darren Lauscher, the session examined the evidence-based benefits of compassionate care for patients, providers, and health systems, while highlighting the neurophysiologic foundations of compassion as a source of resilience and strength. Participants also explored practical strategies for integrating compassion into clinical practice, teaching, supervision, and assessment.

At the end of the session, participants were able to:

- Define compassion in healthcare and distinguish it from related concepts such as empathy, sympathy, and patient-centered care.
- Describe the evidence-based benefits of compassionate care for patients, healthcare providers, and health systems, including impacts on patient outcomes, and provider wellness.
- Identify common barriers to practicing compassion in healthcare and explore strategies to overcome these challenges at individual and institutional levels.
- Develop strategies for integrating compassion into clinical teaching, supervision, and assessment.

Session: Planetary Health as a medical education and health system priority

The session explored how planetary health principles can be integrated into healthcare education, institutional practice, and broader health system transformation. Featuring speakers Nicole Simms, Owen Luo, and Nicole Redvers, the session highlighted both the progress and challenges of advancing climate-conscious healthcare education and policy in Canada. Through discussion and shared per--pectives, participants explored practical ap--roaches to advocacy, curriculum development, col--aboration, and community action in support of sus--ainable and climate-resilient health systems. his engaging panel brought together global experts to explore the intersection of planetary advocacy efforts and the integration of planetary health principles into curricula, highlighting impactful initiatives and lessons learned in overcoming common challenges.

At the end of the session, participants were able to:

- Advocacy and Curriculum: Focus on advocacy efforts and the integration of planetary health principles into medical curricula and research.
- Highlight Successes and Challenges: Showcase successful actions and initiatives across institutions alongside lessons learned from encountering barriers.
- Practical Guidance: Offer actionable steps for individuals and institutions that have not yet started their journey towards incorporating planetary health into their frameworks.
- Community and Collaboration: Foster a sense of community and enhance collaborative efforts to drive change and move from community ecoanxiety to action.

Keynote: Gairdner Lectures: progress and challenges in the management of severe acute malnutrition & human milk: the ultimate superfood and personalized medicine

The Gairdner Award Lectures at ICAM 2026 highlighted major advances and ongoing challenges in global child health and early life nutrition. André Briend examined the evolution of community-based treatment for severe acute malnutrition through the development of ready-to-use therapeutic foods, while also addressing persistent barriers related to prevention, access, and global funding challenges. Meghan Azad explored the biological complexity of human milk and its role in supporting infant development, lifelong health, and health equity through breastfeeding and public health policy.

At the end of the session, participants were able to:

- Summarize recent progress in the treatment of severe acute malnutrition and the move to mass treatment
- Access remaining challenges, in particular problems met for funding programmes, limited access to treatment and need to improve treatment protocols
- Justify the importance of human milk as both food and medicine

- Explain how breastfeeding shapes the infant microbiome and lifelong health

Keynote: Gairdner Panel

The Gairdner Panel brought together André Briend and Meghan Azad to explore the connections between nutrition, the microbiome, and child health across diverse global settings. Building on the themes of the preceding lectures, the discussion examined how approaches to severe acute malnutrition, infection prevention, growth, and long-term health outcomes can be strengthened through more integrated and equitable nutrition strategies.

At the end of the session, participants were able to:

- Recognize how the microbiome provides a common lens linking malnutrition treatment, early feeding, and long-term health.
- Reflect on similarities and differences in nutrition challenges and opportunities across diverse global and income settings.
- Identify broad gaps and opportunities for better alignment between treatment-focused and prevention-focused nutrition approaches.

Session: Learner perspectives: navigating systemic challenges and educational design

This Learner Forum brought together learner organizations from across Canada and around the world to share their priorities, challenges, and proposed solutions for the future of medical education and healthcare training. Representatives from national and international learner organizations highlighted diverse perspectives from the learner community and emphasized the importance of collabo-ation, advocacy, and learner-driven change within health professions education.

At the end of the session, participants were able to:

- Identify priority areas of action needed to support learner success.
- Recognize and mitigate the unique challenges faced by systemically disadvantaged learners.
- Integrate tools and strategies to support learner wellbeing.

Session: AFMC Board Invitational on social accountability

Annually, ICAM has hosted a Board Invitational event dedicated to a topic aligned with one of its three pillars – medical education, health research, and social accountability. This year, the Invitational centered on social accountability.

This session brought together more than 120 participants from across Canada, including medical education leaders, learners, patient partners, researchers, community representatives, and experts in eq--ity, anti-racism, Indigenous health, accessibility, and planetary health. Centered on the theme Driving Systems Change through Collective Accountability: Charting the Next Chapter of Social Accountability Throughout Canadian Medical Education, the session fostered dialogue on the future of social accountability in academic medicine and health systems. Through collaborative discussions and reflection activities, participants explored institutional accountability, national priorities, and practical opportunities to strengthen social accountability across medical education, research, and healthcare systems. Insights from the session will inform the development of a shared Social Accountability Framework and national priority roadmap for Canada.

Closing Keynote: Food prescription

The Closing Keynote examined the growing impact of food insecurity and limited access to nutritious food on individual and community health. Featuring speakers Donald Warne and Mair Greenfield, the session explored how structural and social determinants shape food access, particularly within underserved communities. Through discussions on food deserts, food prescribing, and community-based solutions, participants considered strategies to address food insecurity and support prevention, wellbeing, and equitable healthcare outcomes.

At the end of the session, participants were able to:

- Link structural and social determinants of health to food accessibility and disproportionately impact specific populations
- Recognize and integrate the concept of 'food deserts' and their impact on many communities
- Synthesize action plans for individuals and communities that can and will reduce food insecurity in both research and clinical care

ICAM Patient Included Status

The Patients Included™ Status provides conference organizers with a means of demonstrating that their events are committed to incorporating the experience of patients as experts in living with their condition while ensuring they are neither excluded nor exploited. To achieve this status, a conference must successfully meet all five of the Patients Included™ conference charter's clauses: 1) patients or caregivers with experience actively participate in the design and planning and delivery of the event and appear in its physical audience, 2) travel/accommo-ation expenses for patients or carers participating in the advertised program are paid in full, in advance, 3) scholarships are sourced by the conference organizers, 4) the disability requirements of participants are accommodated, and 5) free access for virtual patients/carers.

We continue to actively engage with patient partners, recognizing their vital role in shaping the future of medical education and research. This collaboration is steadily growing, reflecting our commit-ent to embedding the patient voice at the heart of academic medicine. A recent highlight of this engagement was our highly successful Patient Partner Luncheon, which served as a meaningful opportunity to gather insights directly from patient partners, faculty and learners attending the conference.

ICAM commitment to sustainability

ICAM 2026 demonstrated a strong commitment to sustainability through a series of impactful initiatives that not only minimized environmental impact but also supported local communities across Ottawa, Ontario.

The conference earned a platinum certification of sustainability from uOttawa's Sustainability Office, recognizing its dedication to sustainable event planning practices. This underscores ICAM's proactive approach to integrating sustainability into every facet of the event, from logistics to waste management.

In collaboration with the Rogers Centre Ottawa, ICAM 2026 ensured that approximately 325 pounds of surplus food from the event was redirected to families in need across Ottawa, helping to address food insecurity while reducing food waste. Remaining furniture from the conference was also donated to Matthew House Ottawa, ensuring these items were repurposed to support individuals and families within the community.

ICAM 2026 also proudly partnered with Forêt Capitale Forest, an Ottawa-based registered charity dedicated to mitigating the effects of climate change through tree planting and promoting awareness of the importance of forests and biodiversity. A mandatory $15 carbon offset fee was included in each delegate registration. In total, more than $26,000 was donated in support of Forêt Capitale Forest's community tree planting initiatives and environmental sustainability efforts.

Lastly, ICAM 2026 collaborated with Buy Social Canada, a social enterprise that connects purpose-driven purchasers with social value suppliers. This partnership facilitated the inclusion of social enterprises in the conference's supply chain, promoting economic and social benefits within local communities.

We are privileged to share the work of Canadians in academic medicine both nationally and internationally. Looking ahead, we are excited to announce that in 2027, ICAM will be hosted by Montréal, Québec, where we are preparing an exceptional and enriching program for all participants. We look forward to continuing this journey of growth and col-aboration together.

Workshops

Block A

WA-1 L'ia en Pratique Clinique Et Considérations Médico-Légales Pour Les Éducateurs Médicaux : Perspectives De L'acpm

Christine De Maria (Lead Author), **Evelyn Constantin** (Co Author), **Cheryl Hunchak** (Co Author)

Rationale/Background: Alors que les outils d'intelligence artificielle (IA) s'intègrent rapidement dans les soins de santé canadiens, les éducateurs médicaux doivent préparer les apprenants à naviguer des risques médico-légaux complexes. L'Enquête nationale 2024 auprès des médecins canadiens (1) révèle que 7 % des médecins utilisent l'IA pour soutenir les soins aux patients - une augmentation de 250 % depuis 2021. De plus, 77 % identifient la formation comme une priorité pour soutenir l'utilisation de l'IA. Des preuves récentes démontrent des risques significatifs : erreurs de documentation générées par l'IA, violations de confidentialité dues à une gouvernance inadéquate des données, et cadres de responsabilité peu clairs lors de résultats défavorables (2). Les programmes médicaux actuels n'abordent pas suffisamment ces normes légales et professionnelles évolutives, laissant les étudiants mal préparés pour les défis reliés à l'IA en pratique clinique.

Instructional Methods: Les activités interactives et l'apprentissage par cas représenteront environ deux tiers de cet atelier. Les participants s'engageront dans des sondages, des exercices de cartographie du continuum de risque, et des analyses étape par étape des scribes utilisant l'IA. Les interactions porteront sur le consentement et la responsabilité de l'IA, tandis que les participants développeront des réponses pédagogiques à des scénarios réels. Les activités seront basées sur des approches éducatives fondées sur les données probantes pour enseigner des concepts médico-légaux complexes. Les séances interactives permettront de clarifier les stratégies d'implémentation dans leur milieu. Du matériel éducatif sera fourni. Cet atelier sera animé par des médecins-conseils éducateurs expérimentés de l'ACPM.

Target Audience: Éducateurs médicaux, directeurs de programme, corps professoral, professionnels de la santé et résidents responsables d'enseigner la responsabilité professionnelle, la gestion des risques, et les considérations médico-légales dans les environnements de soins améliorés par l'IA.

WA-2 Community-Campus Engagement in Action: Advancing Innovative Partnership Models in Medical Education

Claire Kendall (Lead Author), **Erin Cameron** (Co Author)

Rationale/Background: Medical schools have social accountability mandates to reduce health inequities in the communities they serve. Many schools are looking to establish innovative partnership models to identify and respond to the priority health needs of their regions. Medical schools at the University of Ottawa and Northern Ontario School of Medicine University are implementing a community-campus engagement model called CityStudio to address the priorities articulated through their local Community Safety and Well-Being Plans. CityStudio is a transferable model of community-campus engagement that builds trust-based relationships between students, city staff, faculty, and com--unity. CityStudio Ottawa and CityStudio Thunder Bay have collectively conducted 209 projects involving 2,210 students across faculties, 87 city staff, and 28 community partners.

Instructional Methods: The interactive workshop will begin with an introduction to the CityStudio model from change idea to action project. We will share how this process has been implemented as a mechanism to engage students in addressing priority community needs in two unique contexts. Participants will move into smaller breakout groups. In the first activity, participants will map out how the CityStudio model could be applied in different medical school curricular domains (i.e., curriculum, community service and experiential learning, and extracurricular opportunities). In the second activity, par--icipants will select one change idea and work through the CityStudio project cycle to identify concrete next steps for initiating such a community-campus partnership in their region.

Target Audience: Faculty members, medical educators

WA-3 Improvising Wellness: Thriving in the Unscripted World of Medicine

Katrina Hurley (Lead Author), **Susan Snyder** (Co Author), **Alex McLean** (Co Author), **Roetka Gradstein** (Co Author)

Rationale/Background: Improvisation, often referred to as improv, is a style of spontaneous storytelling where participants collaboratively and reciprocally create a narrative. The best improv comes when participants are present (listening to verbal and emotional cues rather than planning what's next), embrace uncertainty, accept contributions of others without judgment, and accept mistakes as part of the process. As a curricular tool in medical education and healthcare, improv offers a type of simulation learning which includes debriefing, participant time-outs and reflection. Improv has been shown to impact most CanMEDS roles, enhancing communication (active listening), empathy (perspective taking), psychological safety, teamwork, and wellness. Healthcare interactions with patients and on interprofessional teams, although somewhat structured, are, in essence, unscripted, imperfect, complex and vulnerable. Improv makes explicit these dynamics and is a tool for the real world of healthcare.

Instructional Methods: This workshop is highly interactive, using techniques rooted in the 'le jeu' tradition of theatre practice, most famously developed by pedagogues Jacques Lecoq and Philippe Gaulier and central to the creative practice of Halifax's Zuppa Theatre. After a brief introduction of the concepts and evidence, attendees will be engaged through a series of approachable improvisation games and exercises. These activities emphasize a spirit of playness, close listening, responding 'in the moment,' and collaborative storytelling. Following these experiential activities, attendees will debrief with a focus on learning outcomes, and how to integrate key learnings and tools into their work.

Target Audience: This workshop is for everyone - medical educators, leaders, staff, and both undergraduate and postgraduate learners.

WA-4 « Failure to Fail » en Médecine : Comprendre, Reconnaître Et Agir

Tania Riendeau (Lead Author), **Véronique Castonguay** (Co Author)

Rationale/Background: Le phénomène de «failure to fail» (échec à l'échec) a été décrit en médecine universitaire depuis les années 1990 et est encore présent dans les facultés de médecine à ce jour. Ce phénomène se définit comme l'incapacité en éducation médicale à faire échouer des stagiaires malgré le fait que leur performance est jugée inadéquate. Cela a pour impact principal la graduation de médecins avec des difficultés parfois majeures dans leur pratique amenant des conséquences néfastes sur leur communauté. Malgré un changement de paradigme en matière d'évaluation pour un passage en approche des compétences, ce phénomène est encore bien présent. Les superviseurs rapportent des difficultés à donner une rétroaction non favorable et sont parfois angoissés d'aborder ce sujet avec les apprenants.

Instructional Methods: Au cours de l'atelier, les participants seront invités à partager leurs expériences personnelles comme enseignant, à discuter de cas fictifs et à identifier les causes de du phénomène d'échec à l'échec ainsi que leurs conséquences. À l'aide d'exercices dirigés, ils pourront identifier leurs propres biais comme superviseur clinique ains que leurs freins à donner des rétroactions défavorables. Enfin, des pistes de solution seront discutées et élaborées.

Target Audience: Cliniciens, enseignants et superviseurs impliqués dans la formation et l'évaluation des étudiants en médecine ou en sciences de la santé, directeurs de programme

WA-5 Using Games as A Teaching Tool (Bilingual)

Stephen Russell (Lead Author), **Mélanie Houle** (Lead Author), **Sonia Chernov** (Lead Author), **Gaëlle Rioual** (Co Author), **Chris He** (Co Author)

Rationale/Background: How can we teach new material while simultaneously not substantially increasing the amount of information that students need to memorize? This is a continual problem for instructors of all disciplines, and it is especially true for those of us who teach the language of medicine and anatomy. This bilingual workshop demonstrates how we are using games, and the games we use, to teach medical language. Our particular challenge lies in the fact that some things, such as anatomical names, must to some extent be memorized - but our goal is to reduce reliance on rote memorization while artfully introducing a type of learning that is memorization-adjacent. Some games have somewhat simple nature, such as recognizing which phrases are real and which ones are impossible, while others involve more steps, such as moving from the Latin of an anatomical phrases to the Greek-based phrases of clinical terms. Some games involve competition with others, while some can be "played" alone. But all of them have two rules: (1) they must have pedagogical value and (2) they must be fun. This second rule is important to keep learners motivated. We start with the traditional kinds of games - with paper, cards, and personal interaction - but these can be branched out into the world of smartphones and internet gaming culture if the opportunity and the technology allow.

Instructional Methods: We will ask the audience to participate in playing some of the games we use in the classroom, to demonstrate how we, as language instructors (and former students), are turning the seemingly dry topic of terminology into an area that all learners can benefit from and enjoy. We will also invite feedback regarding improvements that can be made and will welcome dialogue regarding collaborations in developing new concepts and approaches that can be brought into the learning environments.

Target Audience: Medical professionals and instructors at all levels.

WA-6 Media Savvy Mds: Empowering Learners, Physicians and Faculty to Successfully Engage with Journalists and Leverage Social Media Best Practices

Strategic Network of AFMC Communicators SNAC (Lead Author) **Jason Clement** (Co Author), **Jordanna Heller** (Co Author), **Virginia Middleton** (Co Author), **Gillian Earle** (Co Author), **Kimberly Larkin**

Rationale/Background: In today's fast-paced, online, media-driven world, those in the academic medicine community often find themselves at the centre of health-related discussions and debates in the public eye. Effectively engaging with traditional and social media is a critical skill for cultivating trust, dispelling misinformation, and advocating for evidence-based medicine. The first 45 minutes of this workshop will focus on media relations and will equip participants with the tools to navigate interviews, manage challenging questions, and communicate complex health information with clarity and confidence. Participants will learn to prepare for interviews with journalists, develop key messages, avoid common pitfalls, and build constructive relationships with media representatives. The second 45 minutes will explore strategies for handling social media. Attendees will leave with a deeper understanding of how to represent the medical profession effectively in the public eye while safeguarding their own reputation, and an awareness of principles and guidelines in effect at the university level, with licensing bodies, and with health authorities. Both sections of this workshop will be led by seasoned communications professionals from medical schools across the country (members of the Strategic Network of AFMC Communicators). This workshop is ideal for anyone seeking to integrate media and social media best practices into their work, research, medical education or professional development. Together, we will bridge the gap between medicine and media to foster informed, impactful communication. Delegates are welcome to attend one or both parts of this session, according to their interest and availability.

Instructional Methods: One 90 minutes workshop, outlining best practices, discussing case studies and application to real-time examples.

Target Audience: All delegates, including learners, faculty, researchers, patients and other members of the medical community.

WA-7 Playing in the Mud- Incorporating Diverse Contexts and Perspectives Into Professionalism Education

Robert Sternszus (Lead Author), **Beth-Ann Cummings** (Co Author), **Merril Pauls** (Co Author)

Rationale/Background: How do we navigate our roles as health advocates while maintaining a professional stance and avoiding harm to patients and colleagues with differing views? How does one determine appropriate 'self-disclosure' in their online presence? Or when working in a small rural community? These are only a few examples. To address these challenges, professionalism education must move beyond the non-negotiable and support learners in 'playing in the mud.' This workshop will draw on the literature on professionalism, professional identity, role boundaries, and communities of practice to assist educators in making that leap.

Instructional Methods: In this workshop, participants will be provided with a framework to explore non-negotiable and contextual aspects of professionalism. Subsequently, they will work through cases in small groups, examining professionalism concerns while considering diverse contexts and perspectives. Finally, participants will consider how they can adapt professionalism education at their institution to better meet the real-world needs of learners.

Target Audience: This workshop is designed for those involved in professionalism curricula or remediation across the spectrum of health professions education

Block B

WB-1 Ethically Integrating Ai Into Deductive Qualitative Analysis in Medical Education

Arun Radhakrishnan (Lead Author), **Douglas Archibald** (Co Author), **Jerry Maniate** (Co Author), **Zack Van Allen** (Lead Author), **Joshua Rash** (Co Author), **Jayne Beselt** (Co Author)

Rationale/Background: AI and large language models (LLMs) can support qualitative and quantitative analysis in research, and the evaluation of educational innovations in healthcare. Our team is applying AI to analyze de-identified interview transcripts, and program documents from Adaptive Mentoring Networks (AMNs) using implementation science frameworks (e.g., Consolidated Framework for Implementation Research, CFIR; Active Implementation Framework - Implementation Stages). These AMNs are clinical mentorship networks for care providers and are an im-ortant source of Continuing Medical Education for practicing clinicians. In practice, LLMs can expedite coding, promote cross-site consistency, and surface linkages to behavior-change strategies; yet they also introduce risks (e.g., privacy, bias, reproducibility, and overreliance). This workshop equips participants to integrate AI responsibly by pairing human expertise with transparent prompts, de-identification, and structured validation against established frameworks. We foreground ethical decision-making and participant safety while demonstrating concrete workflows that improve rigor and efficiency.

Instructional Methods: After a brief primer on LLM capabilities/limits, participants will engage in small group activities, including: (1)manually code anonymized excerpts; (2) run an AI-assisted coding pass with a prompt template; (3) compare outputs, adjudicate disagreements, and document changes; (4) map codes to CFIR constructs; (5) co-create an ethics/participant-safety checklist (de-identification, consent language, secure data handling, bias monitoring, prompt/version logging, and human-in-the-loop verification). We close with a whole-group synthesis and take-home resources (e.g., prompt scaffolds, decision tree, one-page checklist).

Target Audience: Medical education researchers, clinician educators, evaluators, trainees

WB-2 Training Future-Ready Physicians: Embedding One Health Competencies Across the Medical School Curriculum.

Ursin Bayisenge (Lead Author) **Maria Albin** (Co Author) **Phaedra Henley** (Co Author) **Kelsey Ripp** (Co Author)

Rationale/Background: Amid global health threats such as pandemics, antimicrobial resistance, and climate-driven disease emergence, the need for health professionals with systems thinking and intersectoral collaboration skills is urgent. One Health, an approach similar to Planetary Health, recognizes the interdependence of human, animal, and environmental health, and offers a framework to prepare future leaders. Yet, most medical curricula lack structured approaches to integrate One Health competencies. The University of Global Health Equity (UGHE) in Rwanda is one of the first institutions worldwide to embed One Health longitudinally across its undergraduate medical curriculum. Its collaboration with the Northern Ontario School of Medicine (NOSM) illustrates the broader impact of this approach: a UGHE presentation on One Health integration at NOSM inspired the creation of a One Health Alliance to strengthen similar efforts in Canada. Building on these experiences, this workshop will equip participants with practical strategies to adapt and implement One Health training in medical education programs globally.

Instructional Methods: The 90-minute session will combine brief presentations, case scenarios, and interactive small-group work. 1. Introduction (10 min): Overview of UGHE's approach and lessons learned from integrating One Health into medical education. 2. Case-based Breakouts (30 min): Participants analyze curriculum scenarios, map integration strategies, and identify barriers and enablers in their own contexts. 3. Action Planning (30 min): Groups develop draft action plans for introducing or strengthening One Health teaching in their institutions. 4. Group Reflection & Next Steps (20 min): Sharing key insights and building a collaborative network for continued exchange.

Target Audience: Academic deans, health professions educators, medical students, residents, and global/One Health practitioners.

WB-3 Supporting Learners in Distress (A Forum Theatre Simulation)

Andrea Brose (Lead Author), **Erin Weir** (Co Author), **Aleksandra Mineyko** (Co Author), **Ciorstaidh Reid** (Co Author)

Rationale/Background: Supporting medical residents in difficulty is a common yet challenging responsibility for clinical faculty. Preceptors may notice early warning signs of distress but feel uncertain or ill-prepared to respond effectively while balancing their dual roles as educators and evaluators. Key challenges include addressing learner wellbeing, facilitating access to resources, and establishing appropriate boundaries. Evidence highlights the importance of faculty development in equipping pre--eptors with practical tools to recognize distress, in--tiate supportive conversations, and offer options for support including academic resources, mental health resources, and accommodations. Forum theatre offers a dynamic approach for engaging faculty in the experience of supporting students by becoming "spect-actors", an audience that participates in the performance. Participants will witness scenarios, intervene, and practice strategies and alternate solutions in real time.

Instructional Methods: This 90-minute workshop employs a scripted simulation delivered in forum theatre style. A three-act case study portrays a resident experiencing escalating distress and a preceptor navigating how to respond. Audience members will be invited to pause the action, discuss possible approaches, and even step into the role of the preceptor to try new strategies. Facilitators will guide structured debriefs after each act, drawing attention to effective practices, available institutional supports, and the challenges of setting healthy boundaries. The majority of the session will involve active participation and reflection.

Target Audience: Clinical faculty, program directors, and others involved in postgraduate medical education who supervise and support residents.

WB-4 Patient Safety and Medico-Legal Risk Management Practices in Interdisciplinary Clinical Settings: Practical Strategies for Health Professions Educators and Learners

Evelyn Constantin (Lead Author), **Heather Murray** (Co Author), **Cheryl Hunchak** (Co Author), **Elisabeth Boileau** (Co Author), **Lisa Thurgur** (Co Author)

Rationale/Background: The Canadian Institute for Health Information (CIHI) reported that 1 in 17 hospitalizations involved at least one harmful event (CIHI. Hospital Harm Results, 2014-2015 to 2023-2024. Ottawa, ON: CIHI; 2024). Iatrogenic harm and patient safety incidents (PSIs) are not uncommon. Meaningful ongoing support post PSI, a genuine apology, and assurance of informed quality improvements are some needs identified by patients and families. At the Canadian Medical Protective Association (CMPA), experienced physician educators provide CPD based on fundamental medicolegal principles related to PSIs, with the goal of helping promote patient safety. Key themes are communication challenges including informed consent and disclosure discussions and documentation, and challenging patient interactions. This workshop will help expand participants' familiarity and awareness of these core patient safety fundamentals and help identify opportunities to reinforce these through integrated learning opportunities tailored to the unique contexts of their interdisciplinary clinical environments. In the current Canadian healthcare environment of limited resources, embedding patient safety practices and teaching effective strategies to promote patient safety and reduce medico-legal risk can help foster learner confidence in practice, and build trust and connections between health professions educators/supervisors and learners.

Instructional Methods: This 90-minute highly interactive workshop will be facilitated by experienced CMPA physician educators. Participants will develop an approach to incorporating patient safety fundamentals and practices into clinical teaching and embed patient safety practices into day-to-day interdisciplinary clinical settings. Using interactive case-based scenarios, patient-centred approaches for communication skills (related to informed consent and disclosure discussions and challenging patient encounters) and potential medicolegal implications and practical implementation strategies to mitigate medico-legal risk will be discussed and applied. Active participation and interactive exercises will encompass about two-thirds of this workshop. Educational materials will be provided, including specific checklists and written materials.

Target Audience: Health professions educators, leaders, and learners.

WB-7 Hard Truths, Soft Landings: Navigating Tough Feedback without Sinking the Relationship

Nandini Nandeesha (Lead Author), **Bronwyn Thomson** (Lead Author), **Marijana Jovanovic** (Co Author), **Lissa Johnston** (Co Author), **Marguerite Beaudoin** (Co Author), **Sayed Mohammed Behbehani** (Co Author)

Rationale/Background: Providing feedback on sensitive topics such as professionalism, clinical competence, communication skills, or critical incidents is a significant challenge in medical education. These emotionally charged conversations occur across all levels of supervision, from attending-to-attending interactions to attending-resident and resident-student relationships. Poorly delivered feedback can harm relationships, evoke defensiveness, and impede growth, while skillful feedback can transform these moments into opportunities for development and trust-building. This workshop equips participants with tools and strategies to navigate feedback conversations that go beyond the scope of conventional models like the "sandwich" approach.

Instructional Methods: Participants will begin with a needs assessment and guided reflection, analyzing personal experiences with challenging feedback to explore what made these moments effective or ineffective. The didactic portion will draw on key literature, including fostering psychological safety (e.g., creating a safe learning environment for feedback), addressing emotional dynamics in feedback (e.g., validating emotions and managing defensiveness), and emphasizing behavior-focused feedback over personal traits. This workshop will include group work focused on case-based scenarios about giving feedback in different settings. Small group discussions will normalize shared challenges and help participants collaboratively identify actionable strategies. These strategies will be shared by each group and synthesized in a large group discussion and connected to evidence-based tools. The workshop will end with action planning where participants can identity one strategy to implement in the future. The workshop concludes with action planning, enabling participants to translate these strategies into practical changes they can implement in their work settings. By combining reflection, discussion, and evidence-based tools, this session empowers participants to confidently approach even the most challenging feedback conversations, fostering connection and professional growth at all levels.

Target Audience: Medical student learners, supervisors, and practitioners

Block C

WC-1 Rethinking Professional Identity Formation in the Age of Artificial Intelligence: Roles, Values, and Competence

Victor Do (Lead Author), **Lyn Sonnenberg** (Co Author), **Ming-Ka Chan** (Co Author), **Jerry Maniate** (Co Author), **Robert Sternszus** (Co Author)

Rationale/Background: Professional Identity Formation (PIF) is a central pillar in health professions education, shaping how learners integrate knowledge, values, and roles into a coherent sense of self. As Artificial Intelligence (AI) becomes increasingly embedded in clinical practice, education, and decision-making, its implications for identity and competence are profound, but remain underexplored. This interactive workshop invites participants to engage critically with the evolving relationship between AI, professional roles, and core values. Drawing on early insights from a national dialogue among clinician-educators, we examine how AI is reshaping what professionals do (roles) while challenging, but potentially strengthening, who they are (values). Participants will reflect on whether AI threatens or enhances identity formation and clinical competence, and how deliberate, values-driven identity development may serve as a protective factor against challenges such as imposter phenomenon and epistemic disruption. We will explore three core provocations: 1) How should approaches to supporting professional identity adapt to AI-mediated environments? 2) How do current conceptualization of competence stand up as reasoning and decision-making becoming increasingly AI-assisted? 3) How can equity be embedded (not merely foregrounded) in the design of future-facing learning environments?

Instructional Methods: This session will use our Critical Dialogues for Action (CDFA) approach to guide structured small- and large- group discussions. After a brief overview, participants will engage in a role-versus-values identity mapping exercise to surface their own assumptions. We'll then move into three rounds of dialogue, each focused on a key provocation. Participants will be invited to name tensions, explore emerging questions, and consider implications for their own teaching and leadership.

Target Audience: This session is designed for clinician-educators, curriculum developers, faculty development leaders, program directors, educational researchers, and others who are responsible for shaping professional identity and competence in learning environments increasingly influenced by AI.

WC-2 From Participants to Partners: Embedding Patient and Family Voices in Health Education Research

Holly Harris (Lead Author), **Amy Hsieh** (Co Author), **David Wiljer** (Co Author), **Laura Williams** (Co Author), **Sophie Soklaridis** (Co Author)

Rationale/Background: Patient and family engagement in health education research is gaining traction because it enhances the relevance and impact of research. However, engagement rarely transcends the level of consultation on specific projects or discrete aspects of research. Barriers include epistemic bias, which privileges academic knowledge over other ways of knowing, and a lack of practical guidance on how to move beyond consultation toward co-production. Co-production involves patients, families, professionals, and those with multiple perspectives working as equal partners throughout the research process. Our workshop will highlight the different types of knowledge that patients and families bring to health education research, identify common barriers to equitable engagement, and suggest ways to foster co-production across the research cycle. These include strategies for relationship building, multi-directional learning, and inclusive knowledge translation. Drawing on concepts such as epistemic humility, critical reflexivity, and standpoint theory, we will emphasize the value of integrating both lived and learned expertise into the research process.

Instructional Methods: Participants will introduce themselves through an interactive, reflexive activity. Background (10 minutes): Facilitators will provide an overview of patient and family engagement in health education research, highlight forms of patient and family knowledge, and introduce key concepts. Roles and Barriers (20 minutes): Participants will brainstorm barriers to engagement and the roles that patients and families can play in research in large groups. Themes will be developed collaboratively, setting the stage for discussions on practical strategies. Practical Strategies (40 minutes): Participants will rotate through tables to explore co-production strategies at various research stages using activities and case examples (e.g. the co-production of an AI patient bill of rights and a strategic research agenda). Reflection (15 minutes): Facilitators will identify key themes and actionable takeaways. Participants will close the workshop with key insights and collective reflection.

Target Audience: Health educators, health education researchers, and leaders.

WC-3 Decolonizing Global and Planetary Health Education

Carlyn Seguin (Co Author), **Cassandra Opikokew Wajuntah** (Lead Author), **Cari McIlduff** (Co Author), **Jacob Alhassan** (Co Author), **Anne Lise** (Co Author), **Sylvia Abonyi** (Co Author)

Rationale/Background: Global and planetary health education risk perpetuating harm when they fail to critically examine colonial legacies, systemic power imbalances, and the structural determinants that shape human and ecological well-being. Without this lens, curricula can unintentionally reinforce inequities and overlook the interconnectedness of human, animal, and environmental health. Global and planetary health educators have a pivotal role in shaping learners' values and advocacy skills, although there is a paucity of resources to support educators to facilitate dialogue about decolonization, Indigenous knowledge systems, cultural safety, climate justice, and planetary health. The Making the Links Global Health Certificate at the University of Saskatchewan has recently undergone a major restructuring to embed decolonizing and planetary health frameworks across coursework and community-based practicums. Central to this process has been a commitment to sustained, reciprocal partnerships with local, Indigenous, and global communities. Lessons from this work provide practical strategies for redesigning curricula, creating safer and more inclusive learning spaces, and preparing learners to advance equity centered, community driven solutions to complex health challenges.

Instructional Methods: This workshop uses a multifaceted approach to exploring the principles of decolonizing global and planetary health. Facilitators will deliver short, focused presentations to ground participant understanding of key concepts and historical contexts. Through interactive case-based learning, featuring structured group discussions, reflective exercises, participants will work collaboratively in small groups to apply decolonizing frameworks, critically analyze real-world scenarios, and strengthen their ability to advance equity-centered solutions in global and planetary health.

Target Audience: Medical education leaders, faculty members, course directors

WC-4 From Bystander to Upstander: Interrupting Microaggressions & Creating A Safe Learning Environment

Meeta Patel (Co Author), **Reena Pattani** (Lead Author)

Rationale/Background: Microaggressions-subtle, often unintentional acts of discrimination based on protected grounds within most Human Rights frameworks-are pervasive in academic medicine and undermine the well-being, performance, and career advancement of learners, faculty, and staff (Poorsattar, Blake, & Manuel, 2021). They also erode trust in institutions, and drive attrition-impacts that are particularly pronounced for individuals from structurally marginalized groups-maintaining a persistent representation gap in medicine (Sukhera et al., 2020). Environments where such behaviours go unaddressed foster a culture of incivility and inequity. Raising awareness alone is insufficient. Faculty, staff, and learners require practical strategies to recognize and respond to microaggressions. Frameworks such as "Open the Front Door" (Souza, 2021) offer structured communication approaches that support dialogue while reducing harm. This workshop draws on initiatives at the University of Toronto's Temerty Faculty of Medicine to shift from awareness to action, equipping participants with skills to become better communicators, collaborators, and advocates, including through the practice of allyship at interpersonal and systemic levels.

Instructional Methods: Analyze video-based case scenarios in small groups to identify microaggressions. Practice real-time responses using structured frameworks ("Open the Front Door," "Calling In vs. Calling Out"). Engage in a pre-briefing exercise to foster psychological safety. Participate in a large group debrief to consolidate strategies and explore possible systems-level actions.

Target Audience: Medical educators, program directors, faculty, learners, and other health professions educators seeking to foster inclusive and safe learning environments.

WC-5 Integrating Indigenous Health, Cultural Safety, and Anti-Indigenous Racism Into Undergraduate Md Programs: Meeting National Standards and Transforming Learning Environments

Jamaica Cass (Lead Author), **Alexandra Nychuk** (Co Author)

Rationale/Background: Canadian medical schools face a pressing responsibility to integrate Indigenous health, cultural safety, and anti-racism throughout undergraduate curricula. A major barrier to meeting this responsibility is a lack of capacity within institutions to transform curricula meaningfully. The Truth and Reconciliation Commission's Calls to Action #23 and #24, the National Circle on Indigenous Medical Education (NCIME) Core Competencies, accreditation standards (CACMS), the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and national licensing exam requirements all set clear expectations. This workshop aims to support undergraduate curricular leaders in the integration of these concepts into existing medical curricula.

Instructional Methods: Analyze case vignettes illustrating effective application of NCIME's core competencies. Engage in facilitated discussions to identify barriers and enablers to curricular change within their programs. Use structured worksheets to align current curricular elements with accreditation requirements, NCIME core competencies, and TRC Calls to Action. Develop a framework for advancing integration of Indigenous health, cultural safety, and anti-racism into their undergraduate MD programs.

Target Audience: Undergraduate curriculum and assessment leads, medical school deans and associate deans, course directors, and faculty leaders responsible for program design, accreditation readiness, and equity initiatives.

WC-7 Great Conversation: Designing Qualitative Research Interviews

Renate Kahlke (Lead Author), **Sarah Burm** (Co Author), **Lindsay Cowley** (Co Author), **Emiko Blalock** (Co Author), **Kori LaDonna** (Co Author)

Rationale/Background: Research interviews are a key tool used to produce data in many qualitative health professions education studies. It seems intuitive that if we want to find out how participants are thinking about a topic, we should ask them. But designing interviews is not as simple as asking participants what they think - the number and structure of our questions can deeply impact participants' responses, and interview guides that are misaligned with our research questions and methodologies often fail to support interviewers in working with participants to produce rich and relevant data. Drawing on our recent scholarship on qualitative interviewing,1,2 in this workshop we aim to provide concrete strategies and coaching to support researchers and graduate students new to designing interview studies. Specifically, we focus on key decisions about how to structure interview guides to facilitate rich conversation and produce data that align with a study's research question(s) and other elements of study design. We operate from the assumption that researcher bias is not a threat to be minimized; rather, researcher, interviewer, and participant perspectives are critical resources to draw on when interviews are thoughtfully designed and conducted.3 Participants can work through their own interview based studies, or with exemplars provided by instructors.

Instructional Methods: • 20 min didactic - Introductions, session overview, and presentation (How can paradigm, methodology, and research questions impact interview guide development?) • 10 min small group - Discuss how your positionality might impact your approach to interviewing • 10 in large group debrief • 10 min didactic - Structuring the interview guide (question type and flow) • 30 min small group - Draft or revise an interview guide with feedback from instructors • 10 min large group debrief and closing

Target Audience: Researchers and grad students new to designing qualitative interview studies

Block D

WD-1 Gelules: A Network for Improving Clinical Placements in Health Professions Education

Ramy Azzouz (Lead Author), **Nicolas Doudeau** (Lead Author), **Marine Gourguechon-Lacaille** (Co Author), **Arnaud Delehaye** (Co Author)

Rationale/Background: Clinical placements are a pivotal component of health-professions training, yet their quality remains heterogeneous. Learners and institutions alike need trustworthy tools to capture feedback, strengthen supervision, and detect educational, organizational, and psychosocial risks early. GELULES (Guide en Ligne Unifiant les Evaluations de Stage-Online Guide Unifying Clinical Placement Evaluations) is an association-run web platform managed by student representatives. It enables anonymous, standardized evaluations; student-led moderation under an ethics charter; real-time incident alerts; and data dashboards tailored to learners, placement supervisors, educators and institutions. This workshop will elaborate on the rationale for a decade-long initiative, share local and national experiences, and facilitate a collective discussion on improving tools and procedures for placement evaluation, incident reporting, and incident management. Since 2014, GELULES has collected over 280,000 evaluations across more than 50 faculties and schools of medicine, midwifery, and pharmacy. At the University of Lille (France), GELULES evaluations determine placement selection and directly inform accreditation reviews. Incident reports have led to the creation of a joint Ethics and Professional Conduct Commission with the Regional Health Agency (ARS) and professional regulatory authorities. GELULES illustrates students' capacity to co-construct a system of continuous improvement for workplace-based learning in health professions. Future directions include automated detection of adverse events, algorithmic support for placement choice, and faculty development. The workshop aims to share this experience and to foster an interprofessional, community-engaged dialogue about learner-driven placement evaluation and the management of incidents arising during training.

Instructional Methods: Case analysis and guided simulation: Teams analyze student-reported evaluations; Practice incident triage; draft a local action plan. Large-group synthesis: Comparative discussion of processes and governance models; sharing experiences in handling incident reports. The workshop will be bilingual in English and French. L'atelier sera bilingue en Français et en Anglais.

Target Audience: Educators, leaders and learners of all levels are welcome.

WD-2 Navigating Ethics Conundrums for Ai Augmented Practice: A Workshop for Those Who Seek to Be Prepared

Eleftherios Soleas (Lead Author), **Ashley Waddington** (Co Author)

Rationale/Background: The rapid rise of Artificial Intelligence (AI) has transformed society, yet the education of healthcare providers in our field lags behind.1,2 Indeed, AI's potential is wholly predicated on having a health professional workforce that understands its fundamentals and its implications. In healthcare, where AI promises accurate diagnoses and personalized treatment, bridging the knowledge gap becomes vital.3 This workshop explores the challenges of AI education2, such as mitigating the emergence of self-proclaimed experts, who have reach but not grasp of AI; and the need for comprehensive training in AI ethics. Providing this training would ensure a health professions workforce that is able to ask insightful questions, draw key inferences, and ultimately successfully augment clinical practice with AI. Learners will apply their learning and insights at their tables and with the whole group. Whole and small group discussions will be facilitated. We will close with a whole group discussion of implications and the future of AI integration in healthcare and what the potential ethical pitfalls, promise, and emergent reliance on AI, Machine Learning, and Augmented Reality means for our world.

Instructional Methods: Our workshop will begin with a stage-setting micro-lecture (15 minutes) on dimensions of ethical considerations for successfully integrating AI into clinical practice and then embark on a series of case studies (60 minutes; across 4 case studies) of realistic scenarios that demonstrate some of the potential ethical challenges with AI implementation.

Target Audience: Healthcare professionals, faculty preceptors, policymakers, educationalists, and trainees in the health professions

WD-3 Level up! Using Generative Ai to Unlock Gamified Learning in Health Professions Education

Stephanie Moore-Lotridge (Lead Author)

Rationale/Background: Gamified learning-incorporating games, points, badges, or playful mechanics into education-has been shown to increase learner motivation, engagement, and acquisition of knowledge and skills in health professions education. Yet its adoption remains limited due to barriers such as time, resources, and lack of instructional design expertise. These challenges create a high "activation energy" that prevents many faculty from experimenting with game-based strategies. The rapid emergence of generative AI tools (e.g., ChatGPT, Copilot, ect) provides a timely solution, enabling educators to ideate, prototype, and implement gamified approaches with reduced creative and technical burden. This workshop leverages AI as a catalyst to democratize gamified learning design, ensuring that educators at all levels can harness these strategies in their own curricula.

Instructional Methods: This session will include an immersive game play among participants to foster collaboration and creation, with the goal of participants leaving the session with new skills and developed products. We will begin with a brief over--iew of gamified learning/terminology, its educa--ional benefits, and examples of gamified interven--ions ranging in complexity. Facilitators will then demonstrate how AI can "lower the activation energy" by brainstorming game ideas, generating educational content, designing visuals, and organizing logistics. Using case examples ranging in design complexity and a library of example prompts provided by facilitators, participants will work in small groups to practice designing and implementing gamified learning with the help of AI. Concluding large-group discussions will present created products, discuss challenges with design, and review the importance of faculty oversight in ensuring pedagogical value and content accuracy.

Target Audience: Health professions educators interested in using gamified learning, regardless of prior game design experience.

WD-4 Building Trust in Assessment Decisions: Mitigating Bias and Conflicts of Interest on Competence and Promotion Committees

Lisa St. Amant (Lead Author), **Julie Johnstone** (Lead Author), **Melissa Kennedy Hynes** (Co Author)

Rationale/Background: Conflicts of interest (COI) and bias-whether conscious or unconscious-pose significant challenges to fair and equitable decision-making in medical assessment. These risks arise when an individual's or group's judgment regarding a learner is influenced by personal, professional, or academic relationships. Within Competence and Promotion Committees (CCs), mitigating COI and bias is particularly complex due to the diversity of faculty roles, interpersonal dynamics, and the variability of program structures across specialties and institutions. Without robust safeguards, COI and bias can compromise the in--egrity of assessment processes and perpetuate inequi--ies in learner progression. Institutions must therefore establish clear, actionable procedures to identify, disclose, and manage both COI and bias, while ensuring that these guidelines remain feasible and adaptable across diverse training environments. This workshop addresses the need for structured, scalable policies by drawing on a literature review of best practices and an environmental scan of residency programs at the University of Toronto. The scan examined the types and frequency of COI encountered, mitigation strategies employed, and implementation challenges faced. Findings underscore the importance of ethical decision-making frameworks, annual declarations of COI and bias, and regular training in equity, diversity, inclusion, and anti-discrimination practices. Participants will engage with these themes through interactive exercises designed to promote fair, transparent, and accountable committee practices.

Instructional Methods: This workshop will incorporate a blend of brief didactic presentations and interactive, experiential learning. Presentations will provide theoretical grounding in ethical decision-making, conflict of interest (COI), and bias mitigation within medical education governance. Participants will engage in small-group discussions to analyze real-world COI and bias scenarios, identify risks, and propose context-sensitive mitigation strategies. Real-time polling will be used to explore participant responses to ethical dilemmas, followed by facilitated reflection to deepen understanding. Teams will collaborate to design adaptable policy elements-including disclosure protocols,

bias recognition tools, and equity-focused training components-tailored to the structural and cultural contexts of their respective programs.

Target Audience: This workshop is designed for medical education leaders, administrators, program directors, and faculty members who participate in admissions, assessment, or advancement decisions.

WD-5 Advocacy 101: A Diy Guide to Building A Community Advocacy Project in Undergraduate Medical Education

Priya Chopra (Lead Author), **Suzanne Cook** (Co Author), **Dorothy Bakker** (Co Author)

Rationale/Background: The development of a new undergraduate medical education (UGME) curriculum at Toronto Metropolitan University School of Medicine (TMU SoM) provided a unique opportunity to embed the CanMEDS Health Advocate Role directly into our program. To achieve this, TMU SoM created the Community Advocacy Project (CAP). Anchored in a mission of social accountability, the CAP is an innovative service-learning initiative that integrates health equity, cultural competence, and advocacy skills. The CAP combines foundational lessons on social determinants of health, design-thinking, allyship, community needs assessment, and project management with extensive, meaningful community engagement. This workshop will share our experience in designing and implementing the CAP. We will guide participants through the key steps of developing a similar project, empowering them to translate theory into action. We encourage faculty teams to attend together to collaboratively design a project template for their specific context.

Instructional Methods: This interactive session is designed to be a practical, hands-on experience. We will begin with an overview of our framework, touching upon the application of the Health Advocate role, relevant accreditation standards, and core concepts like design-thinking and community needs assessment. Participants will then break into small groups for an immersive simulation activity, where they will use a guided template to design a community advocacy project tailored to their home institution. This activity will be followed by a structured debrief, incorporating think-pair-share and large-group reflection to share insights, provide feedback, and reinforce the integration of key concepts. The workshop will conclude with an action-oriented discussion focused on practical next steps, evaluation strategies, and adapting the roadmap to diverse learning environments.

Target Audience: This workshop is designed for faculty members, course directors, curriculum developers, and medical educators who are interested in creating or enhancing an advocacy-based service-learning project within their undergraduate medical education (UGME) curriculum.

WD-6 Promouvoir Et Renforcer L'implication Pédagogique en Campus Décentralisé

Pierre-Luc Dazé (Lead Author), **Marie-Hélène Girouard** (Co Author)

Rationale/Background: Depuis 20 ans, le Canada a vu se multiplier le nombre de campus décentralisés de ses facultés de médecine. Ces campus jouent un rôle important dans la capacité à accueillir un nombre grandissant d'étudiant et servent de moyens d'attraction pour les régions moins bien desservies médicalement. L'arrivée d'un campus décentralisé est souvent accueillie avec beaucoup d'enthousiasme et d'énergie. Avec les années, cette énergie diminue. Plusieurs facteurs influencent l'implication des cliniciens aux tâches professorale et viennent moduler l'engagement professoral. Cet atelier permettra d'explorer les facettes liées à l'implication pédagogique propres aux campus décentralisés, identifier les barrières ainsi que de partager ou créer des pistes de solutions à ceux-ci.

Instructional Methods: Cet atelier se déroulera principalement sous forme de jeux de rôle et de discussion en petits groupes suivis de plénières. L'animation se fera de façon bilingue mais les discussions de groupe et jeux de rôle se feront dans la langue de choix des participants. Les jeux de rôle permettront d'identifier les raisons freinant l'implication professorale des cliniciens suivi d'un retour en petits groupes, puis en plénière pour partager les constats. Une courte présentation magistrale, en français avec un support visuel bilingue permettra de clarifier les particularités des campus décentralisés et de dévoiler les résultats d'un sondage sur les marques de reconnaissance aux cliniciens-enseignants. Des discussions en petits groupes, suivis de plénières permettront d'adresser les freins à l'implication en partageant des solutions déjà existantes ou innovantes.

Target Audience: Toute personne impliquée de près ou de loin auprès de l'enseignement en campus décentralisé pré ou post doctoral ou auprès des affaires professorales.

WD-7 Quelles Innovations en Santé Pour Une Formation Socialement Responsable ?

Jean-Luc Dumas (Lead Author), **Patrick Cossette** (Co Author), **Nathalie Caire Fon** (Co Author), **Zoe Chabot** (Co Author), **Julie Langlois** (Co Author), **Ahmed Maherzi** (Lead Author)

Rationale/Background: La formation en santé a pour finalité de préparer des professionnels capables de répondre aux besoins réels des populations qu'ils desserviront. Or, l'évolution rapide des connaissances, la complexité croissante des compétences attendues et les transformations sociétales imposent de repenser les modèles de formation. Les approches traditionnelles, centrées sur l'équilibre entre savoirs théoriques et pratiques cliniques, montrent leurs limites face aux nouveaux enjeux : accès numérique aux connaissances, attentes accrues en matière d'inclusion et de bien-être étudiant, nécessité d'une vision globale de la santé et d'une performance sociale et sociétale tangible. Dans ce contexte, la Francophonie constitue un espace privilégié pour mettre en commun des expériences, confronter des innovations pédagogiques et dégager des modèles adaptés

Instructional Methods: L'atelier reposera sur une alternance d'exposés interactifs et de travaux en petits groupes. Après une brève mise en contexte théorique, la majorité du temps sera consacrée à des activités participatives : • échanges autour d'expériences locales et internationales d'organisation des cursus de formation en santé ; • analyse collective d'études de cas sur des innovations pédagogiques en santé ; • discussions interactives avec les participants afin de co-construire des pistes d'action adaptées. Cette démarche favorisera l'apprentissage par le partage d'expériences, la réflexion critique et la co-création de solutions.

Target Audience: Cet atelier s'adresse aux enseignants, responsables de programmes, décideurs académiques, étudiants et représentants des usagers du système de santé, particulièrement intéressés par la pédagogie en santé, l'innovation éducative et la responsabilité sociale des formations.

Block E

WE-2 Flourishing-Guided Medical School Admissions

Sean Tackett (Lead Author), **Scott Wright** (Co Author), **Yvonne Steinert** (Co Author), **Cynthia Whitehead** (Co Author)

Rationale/Background: Canada embraces the concept of social accountability in medical education, but its medical school admissions processes result in disparities, which may cause misalignment with society's needs [Acad Med. 2025;100(3):388-99]. An alternative lens through which to consider the fundamental purpose of medical education may be useful to stimulate change. More than two millennia ago, Aristotle described "eudaimonia" as a striving to realize one's full potential - the ultimate goal of a good life. This concept has been revived as "human flourishing," most notably through the work of Harvard's Human Flourishing Program led by Tyler VanderWeele. The U.S.-based Kern National Network has also specifically proposed that flourishing serves as the "north star" in medical education [Med Teach. 2024 Dec;46(12):1539-43]. Flourishing encompasses all aspects of individual and collective well-being. It is relational and holistic, unlike traditional medical school admissions, which are generally individualistic and incentivize competition. This workshop will prompt participants to consider what it could mean for medical education to be guided by the concept of human flourishing. It will use medical school admissions as a concrete example and starting point for change.

Instructional Methods: Presenters will first introduce the concept of human flourishing and contemporary efforts to measure and study flourishing in medical education and more broadly. Participants will discuss in small groups what it means to flourish in medical education and practice. How can we know when students, educators, and health workers are flourishing? How might that relate to the flourishing of patients, communities, and broader society? Small groups will share highlights with the full group. Presenters will give a short overview on current medical school admissions in Canada. Participants will then discuss to what degree admissions are promoting flourishing throughout their processes and how admissions might improve. Small groups will share their most promising ideas with the large group and discuss next steps.

Target Audience: Flourishing is relevant to everyone; we welcome all participants.

WE-3 Artificial Intelligence and Academic Medicine: Equipping Educators with the Ethical Considerations and Strategies for Medical Education

Russell Franco D'Souza (Lead Author), **Mary Mathew** (Co Author), **Krishna Mohan Surapaneni** (Co Author)

Rationale/Background: Artificial intelligence (AI) is rapidly transforming the landscape of medical education. From admissions and assessment to curriculum design and simulation-based learning, AI tools promise to increase efficiency, personalize learning, and broaden access. However, these innovations also raise pressing ethical questions related to equity, bias, transparency, accountability, and professionalism. For academic medicine, the challenge is not simply whether AI can be used effectively, but how it can be integrated responsibly in ways that uphold integrity, fairness, and social accountability in education. This workshop will provide participants with an opportunity to critically examine the ethical dimensions of AI in medical education and to co-develop guiding principles for its responsible use.

Instructional Methods: 1. Case analysis: Small groups will analyze scenarios such as algorithmic bias in admissions, automated grading, and AI-driven learning analytics, identifying key ethical concerns. 2. Framework application: Participants will apply ethical frameworks (e.g., justice, fairness, professionalism) to evaluate the impact of AI on learners and institutions. 3. Consensus-building exercise: Groups will collaboratively draft a set of principles for ethical and socially responsible use of AI in medical education. Two-thirds of the session will be devoted to active discussion and participant-driven activities.

Target Audience: Medical educators, faculty developers, curriculum leaders, students, and education researchers with an interest in AI, ethics, and innovation in medical education.

WE-4 Unlock Your Osce Checklists Using Key Features

Judy McCormick (Lead Author), **Marieke Kalkhove** (Co Author), **Christine Séguin** (Co Author)

Rationale/Background: Key features are defined as critical or essential steps in the resolution of a problem; steps in which candidates are most likely to make mistakes, and/or a difficult or challenging aspect in the identification and management of the problem in practice. Yudkowsky et al (2014) concluded that limiting checklist items to those affecting diagnostic decisions improved discrimination as well as internal consistency and generalizability. In addition, "thoroughness" checklist items do not reflect clinical reasoning ability. Since 2018, The Medical Council of Canada (MCC) has been using the "Key Features" scoring methodology in its performance-based assessments. After an iterative series of pilots, refinements, and data analyses, MCC has found that using Key Features checklists results in more reliable results, improved item discrimination, less cognitive load on examiners and less "noise" in scores. In an effort to retain expensively developed content, MCC will often "retrofit" long checklists to this shorter format.

Instructional Methods: Led by content developers from the Medical Council of Canada, this workshop presents a hands-on approach to refining your OSCE checklists. After a short didactic session on the background and approach to Key Features scoring, participants will work individually and in small groups to review and revise checklists, with coaching and feedback from MCC's development team.

Target Audience: Assessment leads, medical educators, OSCE examiners, OSCE content developers, and others interested in OSCEs

WE-5 Building and Supporting Research Teams: Navigating Interdisciplinary and Interprofessional Collaboration in Hpe

Meredith Young (Lead Author), **Tim Dubé** (Co Author)

Rationale/Background: Much of the research generated in Health Professions Education (HPE) is the result of the interdisciplinary and interprofessional research teams. Despite the prominence of research teams in HPE scholarship, and continued calls for an increase in interdisciplinary and transdisciplinary research in the broader scientific field, little guidance is available for how to build, support, and nurture research teams. This workshop is designed to fill this gap, and provide participants with: 1) a grounding in the many types of research teams possible in HPE, 2) strategies for how to build and support effective research teams. Participants will leave with practical strategies, lessons learned, and resources to support the research teams in their scholarly practice.

Instructional Methods: This workshop will be interactive and problem-based with a balance of didactic and hands-on activities. Didactic lecture (10 min): Brief overview of the types of research teams in HPE scholarship. Think, pair, share (10 min): participants will identify the type(s) of research team(s) they participate in, and the strengths and challenges of these types of teams. Didactic lecture (10 min): General description of stressors and strategies identified through study of interprofessional and interdisciplinary research teams in HPE. Shared experience (10 min): Facilitated discussion of the stressors and strategies of team based research in HPE Small group discussion (30 min): When is it 'worth it' to work in a research team? What strategies could be put in place to better support your research teams? Panel (10 min): Our team experience and lessons learned from in research on research teams in HPE. Large group discussion (10 min): Group discussion focused on practical considerations for why, when, and how to effectively mobilize research teams in HPE scholarship.

Target Audience: Novice and intermediate level scholars interested in reflecting on how to best build, support, and nurture research teams.

WE-6 Coaching for Better Learning: Designing A Faculty Development Course on Using A Coaching Approach in Debriefing and Feedback Sessions.

Marcel D'Eon (Lead Author), **Sean Polreis** (Co Author)

Rationale/Background: Delivering feedback or debriefing (henceforth to be called just "debriefing") is one of the most common teaching activities in medical education settings at all levels with great potential to influence learning for the better. Debriefing is also one of the most stressful activities for both teachers and learners. Coaching has been identified as an effective approach to implementing Competency Based Medical Education. Adopting a coaching approach (non-judgemental inquiry and learning-centred) can make debriefing sessions more effective and less stressful. Twice the University of Saskatchewan has successfully run a course of about 20 hours over five months to form and educate faculty and staff to use a coaching approach to debriefing. This workshop will engage participants in learning about the design principles used and in critiquing the course and specific modules.

Instructional Methods: Methods underpinning workshop design: • Cooperative learning: Analysis and critique tasks to be accomplished in small groups • Experiential learning: participants will experience one of the learning activities used in the U of S course. • A developmental approach (scaffolding and the Zone of Proximal Development) Outline and flow of the workshop: • Facilitators will provide a written overview of the U of S course with an explanation and some evaluation data. (20 min) • Small groups of workshop participants will explore one or more of the modules to analyze and critique. (30 min) • In the whole group, small groups will share their insights including strengths and suggestions for overall course design and delivery with discussion (30 min)

Target Audience: Faculty developers, learners at all levels, and leaders

WE-7 Faculty Development Opportunities to Prepare the Educator of Today for Teaching the Physicians of Tomorrow (Iamse Symposium)

Peter de Jong (Lead Author), **Kimberly Dahlman** (Co Author), **Anna Karwowska** (Co Author)

Rationale/Background: The role of the educator is continuously shifting, caused by the introduction of new educational methodologies and technologies, and society's changing expectations of future health care providers. The educator of today is more of a process facilitator and personal coach rather than a knowledge provider, creating a dynamic learning environment, mentoring students and peers, and contributing to educational scholarship. The educator of the future must therefore develop sufficient competencies and skills to engage effectively with current generations of students. This includes not only pedagogical expertise but also the development of leadership skills essential for navigating the evolving landscape of higher education. In this symposium, the presenters will share examples of faculty development opportunities designed to support faculty in their ongoing professional growth as educators and leaders.

Instructional Methods: In this symposium 3 presenters will address different aspects of faculty development. The presentations are followed by a moderated Q&A discussion with the audience.

Target Audience: All those involved in teaching health professions students at any levels

Block F

WF-1 Mapping the Gap in the Literature: Finding, Framing, and Documenting A Literature Gap in Health Professions Education Literature

Meredith Young (Lead Author), **Maia Siedlikowski** (Co Author), **Aliki Thomas** (Co Author), **Andrea Quaiattiini** (Co Author), **Sayra Cristancho** (Co Author)

Rationale/Background: Mapping a gap in the literature is more than an academic exercise; it helps frame the importance and value of a given research and scholarship endeavour. Yet, despite how often "gaps" are invoked in scientific publications, researchers are given little guidance on how to find, frame, and convincingly document them. This workshop addresses that challenge by introducing two complementary approaches: 1) how to rhetorically frame a gap using the problem-gap-hook heuristic to build a compelling rationale for a study, and 2) how to systematically document a gap through scoping review methodologies. Participants will leave with practical strategies, examples, and lessons learned from our efforts to map gaps in the HPE literature.

Instructional Methods: This workshop will be interactive and problem-based with a balance of didactic and hands-on activities. Didactic lecture (10 min): Brief overview of the problem-gap-hook heuristic and how to articulate the need for a given study. Think, pair, share (10 min): participants will identify and articulate the rhetorical gap that their work is designed to fill. Didactic lecture (10 min): General description of the purposes of scoping reviews to systematically document gaps in the literature. Shared experience (10 min): Description of methodological approaches developed to evidence and document a gap in the HPE literature Small group discussion (30 min): When is it 'worth it' to map a gap? What gaps should be addressed in HPE literature? Panel (10 min): Our team experience and lessons learned from engaging with gaps in the HPE literature. Large group discussion (10 min): Group discussion focused on practical considerations for why, when, and how to engage with gaps in the HPE literature.

Target Audience: Novice and intermediate level scholars interested in identifying, framing, and documenting a gap in the HPE literature.

WF-2 Impostor No More! Leveraging Your Impostor Syndrome for Professional Growth and Career Development

Neil Osheroff (Lead Author), **Yvonne Steinert** (Co Author)

Rationale/Background: Impostor syndrome is a psychological phenomenon in which individuals doubt their accomplishments and fear being exposed as frauds, despite clear evidence of competence. It is especially common among health professions educators, as they balance teaching, research, clinical practice, and leadership in environments that place high value on expertise. Psychologists describe several types of impostor syndrome: the Perfectionist, who sets impossibly high standards; the Expert, who feels they must know everything; the Natural Genius, who expects effortless success; the Soloist, who avoids asking for help; and the Superperson, who strives to excel in every role simultaneously. For educators, these patterns may appear as overpreparation, reluctance to admit uncertainty, or fear of being questioned by learners or peers. If left unchecked, impostor syndrome can lead to burnout, anxiety, and diminished performance. While impostor syndrome is often managed through positive self-talk and acknowledgement of achievements, this workshop will explore how it can also be embraced and leveraged for professional growth and career development. Self-doubt can foster humility, empathy, and a commitment to growth, qualities that enhance teaching, leadership, and mentoring. Practical strategies include normalizing vulnerability, engaging in reflective practice, seeking peer support, and reframing feedback as a tool for learning.

Instructional Methods: This workshop will examine the impact of impostor syndrome on the professional growth and career development of health professions educators. The session will begin with an interactive large-group session that introduces impostor syndrome, its different manifestations, strategies for mitigation, and the concept of embracing it to enhance professional growth and career development. (20-min) Participants will then engage in three small-group activities, followed by large-group discussions, to: Self-assess level and type of impostor syndrome. (20-min) Describe their experiences of feeling like an imposter and identify strategies used to deal with them (20-min) Discuss potential strategies to enhance professional career growth by embracing one's impostor syndrome. (20-min) The session will conclude with a summary and reflection. (10-min)

Target Audience: This workshop will benefit health professions educators at all career stages.

WF-3 Care-Ai in Action: Embedding Responsible Ai Ethics in Health Professions Education and Care

Jerry Maniate (Lead Author), **Brandon Tang** (Co Author), **Babar Haroon** (Co Author), **Muhammad Mumdani** (Co Author), **Victor Do** (Co Author), **Lyn Sonnenberg** (Co Author), **David Wiljer** (Co Author)

Rationale/Background: Artificial intelligence (AI) is rapidly transforming health professions education, research, and care. While enthusiasm is high, many educators and leaders struggle with how to implement AI responsibly and equitably. Existing ethical frameworks often remain abstract and difficult to apply in the day-to-day realities of academic medicine. To address this challenge, we developed and validated the Health CARE-AI Framework, a set of nine principles for responsible AI in health contexts, alongside a practical toolkit that supports their integration into teaching, clinical decision-making, research oversight, and administrative leadership. This workshop provides participants with a structured opportunity to engage with these principles, explore case-based applications, and consider how to adapt the toolkit to their own institutional and professional settings.

Instructional Methods: This 90-minute session will combine focused presentation with active application. The first segment introduces the CARE-AI principles and the evidence supporting their development, grounding participants in a shared language for responsible AI. Building on this foundation, participants will work through structured case scenarios illustrating real-world opportunities and challenges in AI adoption. In facilitated small groups, they will analyze scenarios through the lens of CARE-AI principles, identifying both strengths and shortcomings. The final segment introduces the CARE-AI Toolkit, offering participants concrete strategies and resources to embed responsible AI practices in their own contexts. Two-thirds of the workshop will involve interactive engagement through case-based discussion and toolkit adaptation, with large-group synthesis to consolidate learning.

Target Audience: This session is designed for faculty developers, clinical educators, researchers, administrators, and health professionals who are navigating the integration of AI into academic medicine and health systems. Participants with varying levels of AI knowledge will benefit from the combination of conceptual grounding and hands-on application.

WF-4 Workshop: How to Develop Objective Structured Clinical Exam (Osce) Stations to Assess Clinical Skills

Maryam Amirrad (Lead Author)

Rationale/Background: A robust and reliable assessment of clinical skills is crucial to ensure that medical students possess the necessary competencies for optimal patient safety. Traditional clinical assessments lack standardization, are subjective, and cannot reliably evaluate a comprehensive range of skills. The Objective Structured Clinical Examination (OSCE) is a structured, standardized, and objective way of assessing clinical skills. By developing distinct, measurable stations, OSCEs can evaluate essential competencies, including history taking, physical examination, procedural skills, and professionalism. Although OSCE is a practical assessment tool, many clinical educators lack the knowledge and skills to develop an OSCE station. This workshop is planned to fill this knowledge and skills gap. Through this hands-on workshop, participants will acquire the expertise necessary to develop high-quality OSCEs tailored to their specific curricula and learning objectives.

Instructional Methods: 1. Interactive, concise presentations (10 minutes) with real-world examples while posing questions to the participants. 2. Small group discussions and brainstorming (15 minutes) by providing a concept and asking the small groups to discuss their diverse experiences and share their challenges. 3. Hand-on OSCE development exercises (60 minutes) by providing templates and clear instructions, the participants will • Develop an OSCE blueprint. • Write an OSCE station scenario for a clinical skill. • Design a scoring checklist related to their scenarios. • Draft examiner instructions for their station. 4. Summary (5 minutes).

Target Audience: Faculty members, clinical educators, curriculum directors, and SIM lab staff.

WF-5 The Journey Towards Social Accountability in Curriculum: Co-Creating Competencies & Engaging Communities in Medical Education Design

Melanie Henry (Lead Author), **Batya Grundland** (Co Author), **Anna Loi** (Co Author), **Sandra Fournier** (Co Author)

Rationale/Background: In alignment with national curriculum priorities set by the College of Family Physicians of Canada, this workshop will explore how collaborative, stakeholder-engaged approaches can be used to co-create competencies related to social accountability in family medicine ed--cation. Participants will learn iterative co-design processes that can shape meaningful clinical learning outcomes that go on to reflect the values of underserved communities.

Instructional Methods: Using a case study from the Department of Family and Community Medicine at the University of Toronto, this session will walk through the process of developing competencies for a community-based, socially accountable clinical rotation, co-created with patients, residents, and faculty. Participants will engage in hands-on, participatory methods used in the actual development pro--ess-including value mapping, consensus building, and stakeholder prioritization.

Target Audience: Medical educators, curriculum designers, program directors, faculty development leaders, and others involved in undergraduate and postgraduate health professions education who are committed to advancing health equity and social accountability.

WF-6 Beyond "Nice": Cultivating Psychological Safety and Accountability in Medical Education

Kristine Gibson (Co Author), **Marc Zucker** (Lead Author), **Regina Macatangay** (Co Author), **Nicole Johnson** (Co Author), **Jonathan Gold** (Co Author), **Amal Khidir** (Co Author), **Lawrence Ma** (Co Author), **Jeremy Middleton** (Co Author), **Jeff Nosek** (Co Author)

Rationale/Background: Research over the past 10 years has noted that patient safety, interprofessional team functioning and physician well-being are all improved with the establishment of psychologically safe working environments.2 More recent studies have focused on the need to extend psychological safety to our medical education settings. 2 Unlike many areas in academic medicine where we can roll out change to both student and faculty simultaneously, creating psychologically safe clinical learning environments requires the development of faculty knowledge, skills and attitudes first.3 Leadership from faculty is needed to set expectations for learning and model inclusiveness, intellectual curiosity and cultural humility rather than shaming and humiliating learners as a means to motivate learning.1 We cannot first coach our students to commit vulnerable acts if they will be met by reproach. This will only harm our learners and decrease their capacity to learn.3 This train the trainer workshop will assist participants in increasing their competence and confidence in the foundations of psychological safety and implementing changes in their home institutions. 1. Clark TR. The 4 Stages of Psychological Safety: Defining the Path to Inclusion and Innovation. Berrett-Koehler Publishers,; 2020. 2. Edmondson AC, Higgins M, Singer S, Weiner J. Understanding Psychological Safety in Health Care and Educa--ion Organizations: A Comparative Perspective. Res Hum Dev. 2016;13(1):65-83. doi:10.1080/15427609.2016.1141280 3. McClintock AH, Fainstad T, Blau K, Jauregui J. Psychological safety in medical education: A scoping review and synthesis of the literature. Med Teach. 2023;45(11):1290-1299. doi:10.1080/0142159X.2023.2216863

Instructional Methods: After an initial icebreaker, our workshop will begin with a brief large group didactic on theoretical models of, and the need for, psychological safety in medical education. Using Clark's 4 Stages of Psychological Safety Model, we

will then work with participants to analyze two scenarios - one that is student focused and one that is faculty focused to identify concerning behaviours. Working in small groups, participants will develop psychologically safe behavioural solutions to each scenario. We will wrap up with a large group discussion on implementation of psychological safety initiatives and provide resources that can be used in faculty and staff development.

Target Audience: This workshop is relevant to all conference attendees who work in teaching environments and wish to improve their confidence in facilitating psychological safety in their home institutions

WF-7 CMEJ Top Article Session

Christina St-Onge (Lead Author), **Marcel D'Eon** (Co Author)

Rationale/Background: The Canadian Medical Education Journal publishes in-depth explorations of critical issues surrounding the formation, education, and training of health care professionals in Canada and internationally, covering both pre- and post-licensure stages. Each year, the journal highlights trending topics and influential authors shaping the field. Since 2024, in collaboration with ICAM, the journal has been spotlighting select articles that demonstrate significant impact or hold strong potential to influence practice and research in health professions education.

Instructional Methods: This session will highlight published articles in the Canadian Medical Education Journal from 2023-2025. While we considered article reach (abstract views and downloads), we wanted to highlight articles in different sections, languages, methodologies, and institutions to showcase the wide variety of papers published in CMEJ. During this session, authors will present their work, outlining the key implications and potential impact their papers may have on medical education. The session offers a valuable opportunity for interactive discussion with leading authors at the forefront of health professions education. We will feature four articles selected to highlight a variety of sections, represent both official languages, and reflect diverse institutions. Each author will do a 10-minute presentation, followed by a 5-minute question-and-answer period. We will wrap up the session with a 20-minute open panel discussion, encouraging broader conversation among presenters and attendees. Session structure • Welcome/Introduction (5min) • Presentation 1 (15min) • Presentation 2 (15min) • Presentation 3 (15min) • Presentation 4 (15min) • Panel Discussion (20min) • Thank you (5min)

Target Audience: The target audience includes clinician teachers, medical education researchers, practitioners and professionals, administrators, decision-makers, medical schools, universities, and their trainees who are interested in discovering current trends and influential authors.

Block G

WG-1 When A Cup of Coffee is About More than Caffeine: Helping Health Professional Educators Address Incivility

Heather Murray (Lead Author), **Cheryl Hunchak** (Co Author), **Lisa Thurgur** (Co Author), **Evelyn Constantin** (Co Author), **Elisabeth Boileau** (Co Author)

Rationale/Background: Unprofessional behaviour in the health care workplace undermines working relationships and team dynamics. The current climate of health care resource scarcity, access to care challenges and provider stress and burnout contribute to workplace incivility. Physicians who exhibit incivility may have concurrent challenges with stress and mental health. Learners experiencing it report a wide range of negative impacts on their mental health and ability to learn and practice medicine, with downstream impacts on their career plans. Educational institutions with structures in place to identify these events can compassionately debrief events with involved learners, offer faculty with concerning behaviours insight into its impact, and connect faculty to supports and strategies for positive behaviour change. The Canadian Medical Protective Association (CMPA) offers a course for physician leaders, entitled "Strategies for Managing Unprofessional Behaviour." The course equips leaders with tools and skills to address and prevent incivility in the health care workplace.

Instructional Methods: This 90-minute case-based workshop excerpts key content elements from the above named course, facilitated by experienced physician educators from the CMPA and modified to explicitly support educational leaders. Participants attending this workshop will apply insights into the causes, contributing factors and impacts of unprofessional behaviour in two selected scenarios involving trainees. They will evaluate their skills by practicing conversations addressing this behaviour with an informal intervention (known as the "cup of coffee" conversation) based on the "Professionalism Accountability Pyramid" developed by Hickson et al. Workshop participants will have access to selected materials from the CMPA course during and following the session.

Target Audience: medical educators, residents, program directors

WG-2 Walking on Eggshells without Breaking Them: Unscrambling Faculty Apprehensions Around Feedback

Joanne Hamilton (Lead Author), **Heather Buckley** (Lead Author), **Latika Nirula** (Lead Author), **Katherine Wisener** (Co Author)

Rationale/Background: Despite widespread recognition that high-quality feedback drives learning, both learners and educators frequently describe fear or apprehension when giving or receiving it. We are hearing from increasing numbers of faculty who are feeling vulnerable and are expressing a reluctance to provide feedback to learners that could potentially lead to negative consequences, including damaged relationships, losing face, negative emotions, retribution, or feeling judged. While these can be valid concerns for both faculty and learners alike, vague or absent feedback delivered in response to these concerns can limit both the quality and quantity of feedback conversations and growth.

Instructional Methods: We will use a combination of small- and large- group discussions interspersed with brief theory bursts. Using case-based learning, participants will explore real-world scenarios to surface what might be needed to support psychological safety when providing and receiving feedback in their context. Participants will have opportunities to discuss and share experiences, strategies and approaches that they have applied at both individual and institutional levels. Participants will leave with practical tools to foster a culture where feedback is anticipated rather than feared, supporting competency-based medical education and learner and faculty well-being.

Target Audience: Medical educators, faculty developers, clinical preceptors, residents, and health-professions faculty seeking to improve feedback culture in their programs.

WG-3 From Silos to Synergy: Co-Creating Edi Curricula in Medical Education Alongside Individuals with Lived/living Expertise

Nikhita Singhal (Lead Author), **Chetana Kulkarni** (Lead Author), **Albina veltman** (Co Author), **Marijana Jovanovic** (Co Author), **Phillippe Hwang** (Co Author), **Raj Rasasingham** (Co Author)

Rationale/Background: Although equity-focused initiatives are increasingly being prioritized in health professions education, the question remains of how to most effectively build curricula with sustainable impact that move beyond tokenism into meaningful engagement of those with lived/living expertise. Despite recognition that work involving marginalized communities should not be completed without their input and recognition, educators continue to grapple with challenges including facing institutional barriers and resource limitations, experiencing discomfort navigating sensitive topics, and ensuring collaborations are mutually beneficial while authentically representing the perspectives of those involved. This interactive workshop thus aims to provide participants with practical, evidence-based strategies to engage individuals with lived/living expertise in building equity-focused curricula for health care providers.

Instructional Methods: The workshop will begin with introductions using a reflective think-pair-share exercise on positionality, followed by a group needs assessment using interactive polling to better understand participants' backgrounds and goals. A case study will be shared to help illustrate best practices in co-designing EDI curricula, including an overview of the youth engagement process for the project described; this will include reflections from the youth advisors involved in the project. Participants will then divide into breakout groups to share their own experi-nces with curricular co-design and to discuss unique considerations in developing curricula focused on Indigenous health, 2SLGBTQ+ populations, and newcomer/refugee health through a small group activity, followed by a facilitated large-group discussion focused on application of key learnings to participants' own contexts.

Target Audience: This workshop is designed for educators, clinicians, and trainees of all levels interested in effectively engaging individuals with lived/living expertise in EDI-focused educational design. It is suitable for both those new to curriculum development and those seeking to deepen their practice.

WG-4 Addressing Traumatic Invalidation to Promote Wellness Amongst Faculty and Learners

Beth-Ann Cummings (Lead Author), **Jamiu Busari** (Co Author), **Jerry M. Maniate** (Co Author), **Kuper Ayelet** (Co Author), **Yvonne Steinert** (Co Author)

Rationale/Background: The importance of inclusion - and the potential harm of exclusion - are being discussed in health professions education. For example, the AFMC's Culture of Academic Medicine Initiative (https://cami-icmu.ca/) and the CMA's Physical, Psychological, and Cultural (PPC) Safety in healthcare and medical education initiative (https://www.cma.ca/physician-wellness-hub/physical-psychological-and-cultural-safety) are two national efforts to promote respect and meaningful inclusion in our learning and working environments. Traumatic invalidation - when one's lived experience is denied or dismissed - is a threat not only to individuals, impacting self-worth, identity, and performance, but also to the collective. Learners, teachers, and healthcare practitioners work with patients and colleagues with differing worldviews and lived experiences; they also need to experience a sense of inclusion and belonging in order to be effective and fulfilled. The goal of this case-based workshop is to describe the notion of traumatic invalidation and explore strategies to overcome this negative experience for learners and faculty alike.

Instructional Methods: In a brief large group plenary and discussion, participants will be introduced to the framework of traumatic invalidation from the psychology literature (e.g. Linehan 2015). Subsequently, they will work through several cases in small groups, examining different scenarios while considering diverse contexts and perspectives. Returning to dyads and a large group discussion, participants will consider how the language of traumatic invalidation can help them understand the ex-eriences of others and develop strategies to better meet the real-world needs of learners and faculty. More than 2/3 of the workshop will be interactive.

Target Audience: This workshop is designed for those involved in health professions education.

WG-5 Project Chrysalis: Re-Visioning Equity in Academic Medicine and Clinical Research

Natasha Ross (Lead Author), **Aman Sium** (Co Author)

Rationale/Background: Equity is often addressed in academic medicine and clinical research as an isolated priority, rather than woven into the fabric of how institutions teach, conduct research, and lead change. This fragmented approach risks reinforcing systemic barriers rather than dismantling them. Project Chrysalis was launched to re-vision equity as a central and actionable principle in academic medicine. Through co-design with faculty, scientists, and educators, the initiative is developing a curriculum that integrates equity into research practices, teaching strategies, and institutional decision-making. Grounded in implementation and education science, this work highlights equity not as an outcome alone, but as a method, mindset, and practice essential to the future of academic medicine.

Instructional Methods: This 90-minute workshop will engage participants in experiential activities adapted from the Chrysalis curriculum. After a brief framing of key concepts, participants will take part in: • Equity-mapping exercise to surface gaps and opportunities in research and training systems. • Case study analysis of common equity challenges in academic and clinical contexts, where participants identify structural barriers and propose systemic solutions. • Peer consultation rounds to collaboratively problem-solve real-world equity challenges. Facilitators will intersperse mini-lectures, reflection, and consensus-building. Two-thirds of the session will focus on active participation, ensuring applied learning.

Target Audience: Faculty, scientists, educators, and institutional leaders in academic medicine and clinical research who seek practical and systemic approaches to embedding equity into their work.

WG-6 Co-Designing Responsible Ai in Medical Education: A Simulation-Based Capacity-Building Workshop

Mohamed Hefny (Lead Author)

Rationale/Background: The rapid integration of artificial intelligence (AI) into medical education creates exciting opportunities and substantial ethical, pedagogical, and implementation challenges. Empowering educators, fellows, residents, and students to critically evaluate, adopt, and supervise AI-powered educational and clinical tools is essential for effective, humanistic, and safe learning environments. Simulation-based training (SBT) is highly effective in preparing medical professionals for technological innovation and complex decision-making, making it an ideal modality for developing AI literacy and responsible practice.

Instructional Methods: This 90-minute workshop uses explicit simulation framing: participants engage in immersive, role-play simulations that closely mirror real-world training environments to design, test, and critique AI-supported educational scenarios. Small groups collaboratively create mock AI interventions (like adaptive feedback models) and then participate in simulation-based role-play, revealing challenges such as algorithmic bias and data privacy risks. Facilitated debriefs draw out actionable insights on capacity building, ethical considerations, and practical strategies for implementation. At least two-thirds of workshop time is devoted to these active, hands-on exercises.

Target Audience: Medical educators, fellows, residents, and students interested in developing practical skills for evaluating and integrating AI responsibly within educational and clinical settings.

WG-7 Social Accountability and Accreditation of Medical Schools: Global Movement, Regional Actions.

Erin Cameron (Lead Author), **Paul GrandMaison** (Lead Author), **Christine Colin** (Lead Author), **Lisa Graves** (Co Author), **Sean Tacket** (Co Author), **Nicholas Torres** (Co Author), **Somaya Hosny** (Co Author)

Rationale/Background: Social Accountability (SA) represents a worldwide movement among medical schools to better respond to societies' actual and future health needs. SA is a beacon guiding their missions of education, research and service to better respond to the needs of communities they serve. Performance milestones linked to SA have been identified and schools around the world struggle to achieve them. Recognizing that accreditation is a powerful lever for change and improvement, standards derived from such milestones must be included in their accreditation processes. The ISAASC (International Social Accountability in Accreditation Steering committee) has been in place since 2022. Its goal is to "create a momentum towards a global initiative to ensure accreditation systems of medical schools are designed and used to better respond to priority health needs and challenges of societies today and in the future". Concrete actions have been and are currently implemented and lessons derived.

Instructional Methods: formal presentations, small and large group exchanges, summarizing sessions.

Target Audience: medical schools' leaders and faculty, people involved in accreditation, people interested and committed to SA.

Block H

WH-1 Building Faculty Capacity for Effectively Addressing Learner Mistreatment Using Video-Based Scenarios

Julianah Oguntala (Lead Author), **Casey Schapel** (Co Author), **Seema Marwaha** (Co Author), **Meeta Patel** (Co Author), **Reena Pattani** (Co Author), **Justin Lam** (Co Author)

Rationale/Background: Despite increasing awareness of learner mistreatment, many faculty lack training on how to recognize and effectively respond to such scenarios. Competing responsibilities and time pressures further limit opportunities for faculty development. Video-based education, grounded in experiential and narrative learning theory, offers a flexible and efficient approach to modeling supportive faculty behaviors, helping faculty learn how to recognize and address learner mistreatment. Videos are also a dynamic and flexible pedagogical tool that can be modified for a variety of educational sessions. During this workshop, we will describe our Office of Learner Affairs' approach to creating four videos that illustrate learner mistreatment and model strategies for supporting learners. Participants will then actively engage in the process of brainstorming and storyboarding video concepts tailored to their own institutional context.

Instructional Methods: The workshop will begin with a 15-minute overview of our development process, including brainstorming, script generation, and storyboarding of our four videos. Then, for approximately 45 minutes, participants will work in small groups to develop scenes and storyboards based on provided cases or their own institutional examples of learner mistreatment. Groups will share their drafts in a 15-minute large-group discussion and receive structured peer feedback using interactive polling tools. The session will conclude with a 15-minute synthesis, including lessons learned from pre- to post-production, and showcase a sample of our completed institutional videos.

Target Audience: Faculty developers, medical educators, learner affairs leaders, and learners of all levels are encouraged to attend.

WH-2 Who Are You? Thriving as A Health Professions Educator by Aligning the Personal, Social, and Structural Aspects of Your Professional Identity

Kimberly Dahlman (Lead Author), **Stephanie Moore-Lotridge** (Co Author), **Neil Osheroff** (Co Author)

Rationale/Background: Due to changes in health professions curricula and institutional expectations over the past decade, there has been a shift away from the traditional health professions teacher, whose duties were often limited to the role of lecturer or course organizer, to a professional educator with a multidimensional skill set. As a result, it is important for health professions educators to develop modern educator skills and qualities such as educational leadership, curriculum design/implementation, mentorship and coaching, competency-based assessment, evidence-based teaching/facilitation, and educational scholarship. This workshop will explore how the expansion of educator roles has had a profound effect on the professional identity of health professions educators and how personal, social, and structural factors related to professional identity formation impact the ability of faculty to thrive as resilient and adaptive health professions educators.

Instructional Methods: 1. Identify factors that supported their career pathways (20 min) 2. Discuss challenges and strategies to thrive as educators (20 min) 3. Document strategies to enhance their excellence as health professions educators (20 min) The session will then close with a summary and commitment to change exercise (10 min).

Target Audience: This workshop will benefit health professions educators at all career stages.

WH-3 Harnessing Generative Ai (Genai) for Health Professions Education Scholarship (Hpes)

Heather MacNeill (Lead Author), **Ken Masters** (Co Author), **Sofia Valanci** (Co Author), **Neil Mehta** (Co Author), **Jennifer Benjamin** (Co Author), **Anoop Agrawal** (Co Author)

Rationale/Background: GenAI has the potential to increase efficiency and effectiveness in HPES, however issues such as copyright, privacy, critical reasoning, and bias need to be carefully considered. Framed within Boyer's model of Scholarship, this workship will cover practical and hands-on application of GenAI for HPER while debating ethical considerations and potential pitfalls.

Instructional Methods: This interactive workshop will provide opportunities for hands on use of GenAI in a scholarship context, as well as interactive discussion around ethical issues, through scholarship of discovery, integration, application and teaching. Participants will use tools such as research rabbit to refine their literature searches (Discovery). Next they will see how GenAI tools can help summarize large volumes of literature to understand and share key scholarship ideas through multimedia such as infographics, videos and podcasts (Integration). Next, participants will use tools such as Open Evidence to help aggregate and synthesize clinically relevant evidence to support HPE decision-making (Application). Lastly, participant will discuss and debate issues such as copyright. privacy and critical reasoning, and how both trainees should be prepared for GenAI use in HPES as well as how faculty should model use. (Teaching)

Target Audience: Health Professions Faculty and Learners interested in using GenAI in HPES

WH-4 Inspiring the Next Generation of International Medical Educators

Jamie Read (Lead Author), **Lisa-Jayne Edwards** (Co Author)

Rationale/Background: This interactive workshop, run by the UK Academy of Medical Educators, will explore the importance of developing the next generation of medical educators for a changing global education landscape. Based on the Academy's Professional Standards, the session will explore how early career educators can develop their learning and teaching experience through professional recognition. Attendees will be encouraged to share their own routes into medical education and to consider how they can support the next generation of educators. Topics discussed in groups will include near-peer education, the value of postgraduate medical education qualifications and the chance to share personal experiences relating to education career journeys.

Instructional Methods: Following brief introductions by senior members of the Academy of Medical Educators, participants will be asked to work in small groups to explore their vision for the future of medical education and discuss ways in which the next generation of medical educators can be supported. Mentoring relationships between more senior and more junior educators will be developed and participants will map their own experiences against the professional standards of the Academy as part of professional recognition and the award of post-nominals.

Target Audience: Individuals of all backgrounds are welcome, but the workshop will be especially relevant for early-career educators wanting to develop their experience and networks and established educators who want to support the next generation of medical educators.

WH-5 Empowering Change Makers: Advancing Physician Well-Being and Accessibility in Medical Education Through Transforming Leadership

Michael Quon (Lead Author), **Stephanie Quon** (Co Author), **Pamela Liao** (Co Author), **Erin Norris** (Co Author)

Rationale/Background: Improving physician well-being has become an important system-based priority in addressing Canada's shortage of health professionals. However, accessibility and other disability-related needs are not always included within the scope of Wellness or Equity, Diversity and Inclusion offices. In absence of institutional and cultural leadership focusing on disability inclusion in medicine, medical learners, faculty and leaders with disabilities continue to experience structural ableism, leading to discrimination and worsened health outcomes. The academic medical community plays a crucial role in co-creating and promoting strategies to ensure accessibility and inclusion by incorporating principles of universal design and developing readily available accommodation processes and supports in both work and learning environments. As the first points of contact for medical learners, undergraduate and postgraduate medical education programs are well-situated to lead efforts in advancing disability inclusion in medicine.

Instructional Methods: In this problem-based learning workshop, participants will be divided into groups, with each group receiving a different clinical vignette that illustrates an accessibility barrier in medical education. Discussion questions designed to promote reflection will also be circulated. Participants will work in groups to develop institutional strategies to advance inclusion for their particular medical learner. Groups will then come together to discuss their ideas to advance accessibility and disability inclusion in academic medicine.

Target Audience: This workshop is geared towards faculty and learners at all career stages who are interested in advancing leadership to improved accessibility, disability inclusion, and wellness in medicine and medical education.

WH-6 Designing Training for Patient Partners: From Context to Co-Construction

Benoit-Pierre Stock (Lead Author), **Annie Descoteaux** (Lead Author), **Mélanie Lussier** (Co Author), **Louis Lochhead** (Co Author), **Benoit Hurtel** (Co Author), **Zahra Jolibois** (Co Author), **Émilie Leblanc** (Co Author), **Marie-Pierre Codsi** (Co Author)

Rationale/Background: Since 2010, the Faculty of Medicine's Office of Patient Partners (OPP) has played a central role in embedding patient partnership into medical education. One major achievement has been the creation of the OPP Academy, a training and learning space supporting the development of patient partners' skills. While patient partnership has gained international recognition, few institutions have created systematic training programs tailored to patient partners. This workshop addresses that gap by presenting a structured approach grounded in instructional design, co-construction, and sustained engagement. It offers strategies for faculties, healthcare organizations, and educators seeking to advance patient partnership in health education. The Académie du BPP was established to strengthen the capacity of patient partners to contribute as educators and collaborators. Its mission is twofold: to sustain the motivation of experienced patient partners, and to cultivate new competencies aligned with curricular requirements. Over the years, it has become a living laboratory testing pedagogical methods such as thematic discussions, role-playing, and collaborative planning. Drawing on these experiences, the workshop will provide participants with tools to structure training while respecting reciprocity, inclusivity, and co-construction.

Instructional Methods: The workshop will begin with examples of training sessions, illustrating both effective practices and pitfalls identified through the PPO's experience. Participants will then work in small groups to analyze the specificities of their contexts, exploring real and perceived training needs. Supported by facilitators, they will design the outline of a session adapted to their settings. A plenary session will close the workshop, enabling participants to share insights, compare approaches, and consolidate reflections on implementing patient-partner training in medical education.

Target Audience: educators, decision-makers, students and patient partners interested in advancing patient partnership in medical education

Block I

WI-1 Face Au Modèle H.o.t.e (Humilité, Ouverture, Ténacité Et Explicitation) Ciblant Le Volet Intrapersonnel Pour Mieux Recevoir La Rétroaction, Faut-Il Informer Ou Former Les Précepteurs ? Voilà La Question !

Diane Bouchard-Lamothe (Lead Author), **Maude Hébert-Lalonde** (Co Author), **Véronique Lapierre** (Co Author)

Rationale/Background: Après des décennies de formation destinée aux superviseurs et mettant de l'avant l'alliance thérapeutique et le climat de bienveillance en rétroaction, les étudiants ont maintenant accès à des formations sur le processus interactionnel de la rétroaction. Ce processus interactionnel requiert toutefois que l'étudiant soit réceptif aux échanges, afin d'assimiler et d'appliquer l'information partagée. Peu d'auteurs se sont attardés aux stratégies de niveau intrapersonnel comme celles proposées et fondées sur le modèle conceptuel H.O.T.E (humilité, ouverture, ténacité et explicitation). Les étudiants sont invités à adopter une posture d'apprentissage fondée sur un état d'esprit de croissance personnelle, nourrie par le désir de s'améliorer plutôt que de performer et d'utiliser le dialogue intérieur pour y parvenir. Qu'en pensent les précepteurs ? Maintenant qu'une telle formation existe pour les étudiants, doit-on informer ou former les précepteurs ?

Instructional Methods: Une séance interactive s'impose puisque cet atelier tente de préciser l'avis des précepteurs sur la faisabilité d'encadrer les étudiants désireux d'adopter un esprit de croissance personnel. Cette séance se déroule en quatre temps : • Courtes présentations du modèle conceptuel H.O.T.E. • Échanges en grand groupe : Points forts et points faibles du modèle, réalisme d'appliquer le modèle H.O.T.E.; répercussions possibles sur les précepteurs au plan personnel et de formateur. • Activités en petit groupe : élaboration d'un plan d'action réaliste pour les précepteurs face aux étudiants voulant développer un état d'esprit de croissance personnelle • Retour en grand groupe, plénière : partage des plans d'action

Target Audience: Précepteurs de niveau novice à expert et en devenir

WI-2 Beyond the Bedside: Harnessing the Expertise of Patient Partners to Enhance Your Educational Program.

Marc Zucker (Lead Author), **Lynn Ashdown** (Co Author), **Darren Lauscher** (Co Author), **Melanie Clement** (Co Author), **Hosanna Au** (Co Author), **Julian Midgley** (Co Author)

Rationale/Background: Active involvement of patients ie. Patient/Caregiver Partners, in medical education recognizes that patients are experts in their lived experiences.1 Patient Partnerships enhance learner empathy, understanding of illness as experienced by patients, communication with patients and understanding of patient-centered care.1,2,3 Patient partnerships are important in enriching educational programs and fostering interprofessional relationships.1,3 There have been calls for the formal inclusion of Patient Partners in all levels of the medical education system, including institutional involvement.1,4 This exciting, interactive workshop will allow the participant to learn about patient partnerships while working directly with Patient Partners. This format recognizes and addresses the barriers that Patient Partners experience when attempting to work with educational organizations. 1. Lynn Ashdown & Linda Jones (2024) The time for patient partnership in medical education has arrived: Critical reflection through autoethnography from a physician turned patient, Medical Teacher, 46:10, 1322-1327, DOI: 10.1080/0142159X.2024.2308065 2. Morris Gordon, Simon Gupta, Debra Thornton, Michael Reid, Ernie Mallen, and Angela Melling. BEME GUIDE Patient/service user involvement in medical education: A best evidence medical education (BEME) systematic review: BEME Guide No. 58. Medical Teacher 2020, VOL. 42, NO. 1, 4-16. https://doi.org/10.1080/0142159X.2019.1652731 3. Julie Massé, Stéphanie Beaura, Marie-Claude Tremblay. Fostering the development of non-technical competencies in medical learners through patient engagement: a rapid review. Canadian Medical Education Journal, 2023, 14(4). https://doi.org/10.36834/cmej.73630 4. Angela Towle, Lesley Bainbridge, William Godolphin, Arlene Katz, Cathy Kline, Beth Lown, Ioana Madularu, Patricia Solomon & Jill Thistlethwaite. Active patient involvement in the education of health professionals. Medical Education 2010: 44: 64-74 doi:10.1111/j.1365-2923.2009.03530.x

Instructional Methods: Teaching and learning modalities will include small and large group work, reflective activities, panel discussions and group brainstorming to engage the participant. The workshop will start with a short introduction to the history and principles of patient partnerships. These principles will then be used in active small and large group work to analyze teaching materials, demonstrating how patient partnerships can lead to better learning materials. Patient Partner facilitators will then lead a session on different models of patient partnerships that can directly enhance medical education programs and improve student learning. With these different models in mind, participants will break off into small groups to create new patient partnership educational opportunities and/or enhance their own existing educational activities. Using a 'Dragon's Den' format, participants will return to the expert panel to pitch their ideas/enhancements seeking an endorse ('investment') and to provide expert guidance on how to improve the proposals to increase the chances of a successful imple--entation. Resources will be provided to help with integrating Patient Partners into the participants' home institutions.

Target Audience: This workshop is specifically designed to be of value to all members of the education community including learners, coordinators, faculty and Patient Partners.

WI-3 Leading the Joy-in-Work Journey: Empowering Residents and Teams to Drive System Change Together

Enas El Gouhary (Lead Author), **Salhab el Helou** (Co Author), **Amneet Sidhu** (Co Author)

Rationale/Background: Burnout is a multifaceted phenomenon with profound implications for individual's health, patient safety, retention, engagement and quality of care. Residents occupy a unique position as both learners and frontline healthcare providers, often experiencing heightened vulnerability due to limited autonomy, variable self-efficacy, and exposure to mistreatment. Conventional interventions for wellbeing frequently emphasize individual resilience or mindfulness strategies, without adequately addressing system-level contributors to burnout. The Joy-in-Work (JIW) Framework, developed by the Institute for Healthcare Improvement (IHI), shifts the paradigm by focusing on the presence of joy rather than the mere absence of burnout and by targeting system-level changes. Grounded in Maslow's hierarchy of needs, the framework emphasizes psychological safety as the foundation for engagement and utilizes appreciative inquiry, co-design, and quality improvement (QI) methodology. Leaders are positioned as facilitators of psychological safety and shared purpose, empowering frontline providers as "change makers" who can identify and address systemic barriers "the pebbles in their shoes" in a participatory management model. Our experience demonstrates that the JIW framework is adaptable to residency programs, within large clinical units, and within interprofessional teams, restoring agency and fostering team-based solutions.

Instructional Methods: This 90-minute interactive workshop will combine didactic and experiential learning. The session will begin with a brief overview of the definition, drivers and consequences of burnout, an introduction to the four steps of the IHI JIW Framework, the role of leadership in fostering psychological safety, and how to apply QI approach to wellbeing (30 min). Participants will engage in small-group activities to practice leading "What matters to you?" conversations, identify barriers to joy in their own contexts, and explore practical applications of JIW within residency and clinical settings (25 min). Using role-play and group discussion, participants will apply QI tools including defining a SMART aim, cause-and-effect diagrams, and the plan-do-study-act (PDSA) cycle to analyze barriers and design potential interventions (30 min).

Target Audience: Education and health system leaders, program directors, administrators

WI-4 Learning to Think Historically: Core Methods for Health Professions Education Scholars

Cynthia Whitehead (Lead Author) **Lucy Vorobej** (Co Author) **Robert Paul** (Co Author)

Rationale/Background: History is gaining visibility in health professions education (HPE) as researchers recognize ways past practices and debates shape contemporary issues. Yet there is a risk that history may be treated merely as stories about "how things used to be," rather than as a rigorous method of inquiry. Historical research methods provide frameworks for interrogating evidence, situating practices within broader contexts, and testing narratives of progress. This workshop introduces participants to core historical methods, demonstrating their relevance to HPE. Participants will engage with historical sources and explore how historical inquiry can complement and expand existing approaches to HPE research.

Instructional Methods: This 90-minute workshop involves small group work examining three case studies paired with an interactive activity that practices a core element of historical reasoning. The first case study shares historical evidence about hospital labour to explore discourse of compensation in healthcare. This exercise highlights how historians begin with fragments and questions. Next is an activity on evaluating what counts as historical evidence. The second case discusses a historical study of a Toronto COVID-19 vaccine initiative and the use of traditional and non-traditional data sources (social media). The third case examines the history of education addressing physician workforce shortages. After a short presentation, participants compare earlier debates with today's concerns about the family medicine crisis, identifying continuities and changes. Participants will construct a context matters map, identifying conditions that shaped education planning. The discussion will focus on how historical studies can challenge assumptions of innovative solutions. The workshop concludes with a whole-group discussion, bringing together insights from the three cases, followed by an exercise where participants reframe one of their own research or teaching questions through a historical lens. The session ends with key takeaways and a resource handout.

Target Audience: Researchers, educators, and trainees in HPE who wish to expand their methodological repertoire. No prior training in history is required.

WI-6 Feedback in Focus: Enhancing Communication Across Healthcare Professions Education and Clinical Practice (Hpecp)

Muriel Slim (Lead Author), **Kana Halić Kordić** (Lead Author)

Rationale/Background: Effective feedback is essential to ensure better performance in HPECP (Lim et al., 2024), yet challenges persist. Learners are not always provided with regular feedback (Shafian et al., 2024), limiting its utility in fostering improvement. Additionally, educators often feel inadequately trained in delivering effective feedback and consider that learners don't receive it properly (Yaris et al., 2009), underscoring a significant gap in professional development. These issues hinder student learning, educator effectiveness, and patient outcomes, highlighting the need for more structured and impactful feedback strategies in HPEP. The International Federation of Medical Students' Associations (IFMSA) bridges that gap through capacity-building opportunities (e.g., Training Medical Education Trainers workshop). So far, over 500 students worldwide have participated as trainers, with workshop results showing an average increase in feedback skills, ranging from 3.82 to 4.88 on a 5-point scale.

Instructional Methods: Participants give and receive feedback through 5 pre-prepared scenarios set in various environments and circumstances. After each role-play, a peer reflection follows, where the other participants provide feedback. - Introduce IFMSA efforts mentioned in the background as examples of good practice. - Activity: Participants will receive case studies to analyse and discuss feedback techniques (provider and receiver), feedback settings perceptions, and challenges. - Share examples of successful practices and explore available resources for implementation. - Present IFMSA research findings based on literature review and take-home messages.

Target Audience: Healthcare students, early-career healthcare professionals, novice educators, and everyone committed to advancing a culture of constructive feedback in medical education.

WI-7 Curriculum Caché: Travaillons Ensemble Pour Démystifier, Réfléchir Et Agir!

Clara Dallaire (Lead Author), **Antoine Payot** (Co Author), **Nathalie Orr Gaucher** (Co Author), **Carole Lambert** (Co Author), **Marisol Sanchez** (Co Author), **Vincent Jobin** (Co Author)

Rationale/Background: Les instances gouvernementales, professionnelles, institutionnelles, ainsi que les établissements d'enseignement, sont préoccupés par les enjeux du curriculum caché (CC) et ses effets sur les apprenants, les enseignants et à plus large échelle, sur les professionnels œuvrant dans les milieux cliniques ainsi que sur les patients. La gestion du CC et ses effets sur les différents acteurs des milieux d'apprentissage présentent un défi de taille pour les établissements d'enseignement. Le présent atelier offre une façon constructive d'aborder le CC sur le terrain, dans une vision de démarche réflexive rejoignant les différentes réalités cliniques et s'adaptant aux singularités des nombreux milieux et des diverses personnes qui y contribuent.

Instructional Methods: Accueil et introduction (5 minutes) Partie 1 : Présentation conceptuelle (10 minutes) Objectif 1 : Reconnaître le curriculum caché en éducation médicale Partie 2 : Pratique en groupe (60 minutes) Objectifs 2 : Appliquer le concept de démarche réflexive pour analyser un cas vécu Objectif 3 : Utiliser l'outil réflexif proposé pour réfléchir au curriculum caché en éducation médicale Partie 3 : Discussion (10 minutes) Réflexions en groupe sur les possibilités d'utilisation de l'outil dans différents contextes Conclusion et messages clé (5 minutes)

Target Audience: Toute personne impliquée en éducation médicale du prégradué aux études postdoctorales et DPC

Oral Presentations

Block A.

OA-1 Faculty and Learner Health, Wellness and Wellbeing | Santé, bien-être et bien-être des enseignants et des apprenants

OA-1-1 Addressing Ableism in Medicine: National Evaluation of Organizational Leadership to Improve Accessibility for Physicians

Michael Quon (Lead Author), **Andrew Neitzel** (Co Author), **Erin Norris** (Co Author), **Daniel Myran** (Co Author), **Ananya Banerjee** (Co Author), **Stephanie Quon** (Co Author), **Dinesh Palipana** (Co Author), **Emily Cleveland Manchanda** (Co Author)

Methods: We performed a cross-sectional study analyzing the content of all national, provincial, and territorial strategic plans to determine whether well-being, EDI and accessibility were identified as organizational priorities. Each document was examined by two researchers and discrepancies verified by a third. We contacted each association by email to inquire about any existing formal disability leadership roles with mandates to improve accessibility.

Results: 11 of 15 medical associations had strategic plans available for review. All plans prioritize physician well-being (11/11) and most address EDI (9/11). Accessibility is not referenced in any strategic plan (0/11). Email inquiries to 13 of 15 associations received responses. 0 of 13 associations' organizational structure includes a leadership position or office with a defined mandate to advance accessibility.

Discussion: Despite growing attention to physician health, disability inclusion continues to be overlooked by medical associations. Several organizations offer examples of how disability leadership can be mobilized, including the Royal College of Physicians and Surgeons of Canada, the British, American and Australian Medical Associations. All medical associations can learn from organizations that serve as models for effectively enacting accessibility initiatives, including the development of disability leadership and equitable policies.

OA-1-2 Exploring the Impact of Clinical Teaching on Burnout in Healthcare Providers

Antonia Bellefleur (Lead Author), **Jane Gair** (Co Author)

Methods: A comprehensive qualitative search of the literature is underway across MedLine, Embase, and CINAHL databases. From an initial pool of 1,467 articles focusing on healthcare providers in North America, 370 duplicates were removed, resulting in 1,097 articles to be reviewed using Covidence. The review process is currently ongoing using thematic analysis.

Results: Preliminary findings suggest that burnout is a nuanced, multifactorial issue. Teaching was described as both a protective factor, and a risk factor, depending on the publication. This variation appears to stem from external factors such as (1) overall workload and institutional support, (2) appreciation and recognition of the educator role, and (3) the working alliance between educator and student.

Discussion: These findings will have implications for healthcare providers, educators, and administrators. Given the lifelong learning commitment in healthcare, all practitioners will engage in the educator-student working alliance throughout their careers. As a result, practitioners can influence burnout, both personally and among their colleagues. By examining the impact of clinical teaching on burnout, this review aims to inform strategies that reduce burnout within this unique population.

OA-1-3 An Environmental Scan of Resident-Focused Trauma-Informed Medical Education Policy in Canada

Amanda Roze des Ordons (Lead Author), **Aliya Kassam** (Co Author), **Rachel Ellaway** (Co Author)

Methods: An environmental scan of public-facing websites of Canadian medical schools (n=18) and partner organizations involved in the governance of resident training (n=42) was performed (December 2024 - June 2025). The initial focus on policy was expanded to include strategic planning, standards, guidelines, reports, educational documents and support resources.

Results: We found no RF-TIME specific policies at any Canadian medical school or partner organization. Thirteen schools briefly mentioned RF-TIME approaches within strategic planning (n = 3 schools), policies not focused on trauma (n = 9), guidelines (n = 1), reports (n = 3), educational resources (n = 3), and/or support resources (n = 8). Seventeen partner organizations included RF-TIME content in a limited way within strategic planning (n = 2 organizations), standards (n = 2), guidelines (n = 1), reports (n = 9), educational resources (n = 2), and/or support resources (n = 4).

Discussion: Canadian institutions involved in resident training demonstrate limited engagement with psychological trauma among residents. Policies and procedures are needed to address both the needs of residents with psychological traumatic injury and the many factors in residency education that can exacerbate the negative impacts of their injuries.

OA-1-4 Piloting an Innovative Narrative Medicine and Solidarity-Informed Group to Support Collective Care and Resist Burnout in Psychiatry Residents

Tiffany Yu (Co Author), **Athena Ko** (Lead Author), **David Martin** (Co Author)

Methods: Nine psychiatry residents voluntarily enrolled in four weekly 90-minute group sessions facilitated by an attending psychiatrist and psychiatry resident using narrative medicine with various art modalities. Five interviews were conducted following completion of the group. Qualitative data was analysed thematically using mixed iterative and deductive themes. Quantitative data was gathered by questionnaires including the Maslach Burnout Inventory (MBI) administered at baseline, week 4 and week 12 after start of group. Results were analysed descriptively.

Results: Themes included (1) individual factors: reduced burnout, decreased isolation, increased fulfillment in work, (2) collective factors: deepened resident relationships, peer mentorship, resident cohort connections, and (3) patient care factors: increased capacity for listening to patient stories and intentionality in patient care. Eight out of nine (88.9%) participants completed baseline and week 4 questionnaires; six (66.7%) completed week 12 questionnaires. MBI scores demonstrated improvement in burnout (19.88 to 12.50) and personal achievement (34.13 to 39.33), with improvements evident at 4 weeks and sustained at 12 weeks.

Discussion: This group had a meaningful, positive, and sustainable impact on participating residents' sense of burnout, community, and fulfilment in patient care. Further iterations of the group and additional data can support more residents and systemic changes to incorporate such groups into medical curricula.

OA-1-5 Characterizing Burnout Prevention Methods in Canadian Residency Training: A Scoping Review

Adam Bizios (Lead Author), **Rushil Dutta** (Lead Author), **Benjamin Kwan** (Co Author), **Jap Singh** (Co Author)

Methods: Following PRISMA reporting guidelines, six databases were searched for primary research published after 2015, restricted to studies with Canadian residents, with no limitations placed on intervention type. Studies were excluded if they did not describe a specific intervention, used an inappropriate design, or were ongoing trials. The TIDieR checklist was applied to guide reporting and ensure consistent intervention descriptions.

Results: Out of 210 studies screened, seven met the inclusion criteria, with four studies containing 40 or more participants. Of these, three used an official burnout assessment tool to evaluate intervention impact, with two reporting reductions in burnout symptoms post-intervention. Interventions included duty hour and scheduling changes (n = 3), group or individual counseling (n = 2), mentorship (n = 1), and physical activity (n = 1).

Discussion: Studies on duty hours and scheduling report conflicting results, underscoring the need for further research on their effectiveness. Physical wellness programs, such as yoga, offer a potentially valuable avenue for promoting physician wellness given their feasibility and positive outcomes. Future studies should assess interventions with validated burnout scales and comparative designs to generate more transferable and generalizable findings.

OA-2 AI and Data Science | IA et science des données

OA-2-1 Artificial Intelligence in Personalized Medical Education: Perspectives of Educators and Students on Balancing Human Role and Technology in Training

Jyotsna Needamangalam Balaji (Lead Author), **Krishna Mohan Surapaneni** (Co Author)

Methods: A qualitative study using Grounded Theory methodology was conducted to explore perceptions of AI in PME. Thirty-five educators across clinical and preclinical specialties and forty-two medical students from first through final year were purposively sampled. Data collection involved seven focus group discussions with educators and six with students, complemented by semi-structured individual interviews. Transcripts were thematically analyzed to identify convergent and divergent perspectives. Strategies to ensure rigor included triangulation, systematic coding by multiple investigators, participant validation, and linkage to existing literature.

Results: Educators consistently emphasized that while AI supports adaptive learning and efficient feedback, it cannot replicate mentorship, clinical judgment, or professional identity formation. Students echoed the value of human educators, particularly in areas of ethical reasoning, empathy, and role modeling. Three cross-cutting themes emerged. First, Mentorship and Connection: educators and students agreed that human guidance is central to professional growth. Second, Ethical and Contextual Learning: both groups highlighted that AI lacks the ability to foster ethical decision-making or sensitivity to cultural and interpersonal context. Third, A Balanced Future: participants envisioned a hybrid PME model, in which AI enhances technical learning but educators remain responsible for fostering critical thinking, communication, and professionalism.

Discussion: Findings from both groups underline that AI should be viewed as a powerful complement rather than a replacement for educators. While AI offers precision and scalability, educators shape the human dimensions of medicine, including mentorship, ethical judgment, and learner identity formation. A hybrid approach that integrates AI capabilities while preserving faculty and learner interaction is essential for preparing physicians who are both technically proficient and humanistically grounded.

OA-2-2 Facilitating the Implementation of Equity, Diversity and Inclusion Principles in Continuing Professional Development Using Artificial Intelligence

Branka Agic (Lead Author), **Zhengbang Yao** (Co Author), **Mu He** (Co Author), **Kayle Donner** (Co Author), **Asha Maharaj** (Co Author), **Holly Harris** (Co Author), **Sanjeev Sockalingam** (Co Author), **Petal Abdool** (Co Author), **Eshana Ghuman** (Co Author)

Methods: This project builds an AI agent grounded in the Health Equity and Inclusion Framework for Education and Training, an evidence-based approach for embedding an equity lens into the planning, development and delivery of CPD. An initial prototype was developed on the DIFY platform using OpenAI GPT models and refined by EDI, CPD and AI experts through an iterative prompt-engineering process using XML tags. The prototype will be tested by 10-15 CPD educators and evaluated using mixed-methods design. Data will be analyzed using descriptive and thematic approaches.

Results: Preliminary findings suggest that the AI agent can identify potential gaps and generate actionable recommendations to integrate EDI considerations into CPD. The prototype is currently being iteratively refined with formal evaluation beginning in November.

Discussion: By offering an innovative and replicable approach to addressing equity gaps in CPD using AI, this project will make a significant contribution to the field.

OA-2-3 Gender and Racial Representation of Family Physicians in Ai-Generated Images

Amrit Brar (Lead Author), **Ekambir Saran** (Co Author), **Diana Toubassi** (Co Author)

Methods: We analyzed 1,000 images generated by ChatGPT-5 using the prompt "family doctor". Data generation occurred in August 2025. Images that lacked a clearly identifiable human face or exhibited visual distortions were excluded. Two reviewers independently classified each image by gender and race using the Chicago Face Database. Interrater reliability was assessed with Cohen's kappa. Distributions were compared with 2023 Association of American Medical Colleges data using chi-square tests.

Results: Of 1,000 images generated, 81.3% depicted males and 18.7% females, compared with workforce data showing 56.2% male and 43.8% female (χ^2=255.9, P<0.0001). Racial distributions also differed (χ^2=774.0, P<0.0001): White (66.1% generated by ChatGPT vs. 57.9% in the workforce), Black (24.6% vs. 6.2%), Asian (3.0% vs. 15.3%), Hispanic/Latino (5.2% vs. 7.4%), and Other (1.1% vs. 13.2%). Interrater reliability was high (κ=1.00 for gender; κ=0.87 for race).

Discussion: AI-generated imagery of family physicians fails to capture the true workforce diversity, with consistent overrepresentation of White, Black, and male physicians. These skewed portrayals risk reinforcing stereotypes, influencing patient trust and shaping trainees' sense of belonging in the field. Ongoing audits and deliberate bias-mitigation strategies are needed to ensure AI supports, rather than undermines, diversity in family medicine.

OA-2-4 Unequal Ai in Ophthalmology: Open-evidence Underperforms on Cataract and Refractive Surgery Multiple Choice Questions

Mathilde Gallant (Lead Author), **Mathieu Gauvin** (Co Author), **Avi Wallerstein** (Co Author)

Methods: A randomized set of 225 multiple-choice questions from the cataract and refractive surgery section of the BCSC Self-Assessment Program was administered to seven LLM-based systems: ChatGPT-4o, ChatGPT-5o, Claude, Copilot, Gemini, Grok, and OpenEvidence. Accuracy was defined as the proportion of correct responses. Performance from 1,983 BCSC Self-Assessment Program users served as a benchmark.

Results: OpenEvidence achieved the lowest accuracy (76%, 95% CI: 70.4-81.6%). Claude achieved the highest accuracy (92.0%, 95% CI: 88.4-95.6%), followed by Grok (89.8%, 95% CI: 85.8-93.8%). ChatGPT-5o, Copilot, and Gemini each scored an accuracy of 88.0% (95% CI: 83.7-92.3%), while ChatGPT-4o scored 86.2% (95% CI: 81.7-90.8%). No statistically significant differences were detected among the general-purpose LLMs, whereas five models significantly outperformed OpenEvidence ($P < 0.05$). All general-purpose LLMs significantly outperformed BCSC Self-Assessment Program users, whose mean accuracy was 77.0% (95% CI: 75.1-78.9%), while OpenEvidence demonstrated comparable performance.

Discussion: OpenEvidence did not outperform general-purpose LLMs or exceed the performance of BCSC Self-Assessment Program users on refractive surgery multiple-choice questions. Contemporary general-purpose LLMs matched or exceeded user-benchmark accuracy. These findings suggest that alignment between system architecture and task structure plays a critical role in examination-style performance, and that domain-specific, retrieval-oriented design alone does not guarantee superior accuracy on multiple-choice assessments in ophthalmology.

OA-2-5 Ctrl+alt+meded: Rebooting Digital Health Education in Canada's Medical Schools

Rashaad Bhyat (Lead Author), **Sunand Kannappan** (Co Author), **Waldo Beausejour** (Co Author), **Owen Adams** (Co Author)

Methods: Informed by a comprehensive literature search, this study involves a 5-minute online survey, reviewed by a panel of experts, and achieving ethics approval. The survey will be distributed to medical students at all 18 schools through the networks of the partner collaborating organizations using purposive sampling

Results: While the results are not available at the time of abstract submission, we intend to present a comprehensive national overview of the state of digital health education at Canada's medical schools.

Discussion: The discussion will summarize: students' curricular exposure to digital health; barriers and enablers to using and learning about digital health; perspectives on the perceived importance of digital health education to the future practice of medicine. Most importantly, the discussion will leverage the survey findings to inform future policy on improving digital health education within the medical curriculum, aligning with emerging competency-based national standards.

OA-3 Admissions

OA-3-1 Are Group Stations Helpful in Selecting Medical Students as Part of Multiple Mini Interviews?

Jinelle Ramlackhansingh (Lead Author), **Philip Chan** (Lead Author), **Hector Earnshaw** (Co Author), **Sony Tene** (Co Author)

Methods: A mixed-methods study will be conducted during scheduled MMIs in December 2025 for the 2026/27 intake. Participants will be invited to complete a survey and participate in a focus group discussion about their experience with the group interview. The theoretical frameworks of Goffman and Bourdieu will be used to explore influences of performance and symbolic capital. Group station scores will be compared with other MMI stations by logistic regression.

Results: We can conclude whether scores achieved on the group station correlated to any of the individual stations, or whether it contributes a unique element to the MMI. Focus group findings will concentrate on aspects of applicant acceptability, particularly if the group station was regarded as fair, different or relevant to their selection.

Discussion: The research evaluates whether the group station adds value to the MMI selection by offering unique assessments such as teamwork, listening, reflection, and the ability to respond to other viewpoints. These qualities are essential for a good doctor but are not tested in the standard MMI. Applicants' views will inform the influence of background and education on their performance, and ultimately on the validity of the group station in med-cal selection.

OA-3-2 Using Community Data to Inform Social Accountability of Medical School Admissions: A Cohort Study of Medical Students in Ottawa, Canada

Sierra Land (Lead Author), **Jordyn Linders** (Co Author), **Kady Carr** (Co Author), **Bradley MacCosham** (Co Author), **Geneviève Lemay** (Co Author), **Claire Kendall** (Co Author)

Methods: We conducted a cohort study of all 183 first-year MD students admitted in 2023. Student postal codes were linked with neighborhood socioeconomic indicators from the Ottawa Neighbourhood Study. Sociodemographic variables (race, language, parental education, income, and occupation) were drawn from the Ontario Medical Student Applicant Service Equity, Diversity, and Inclusion survey. Descriptive comparisons were made with Ottawa regional and Canadian census data.

Results: Among students, 74.9% were from Ontario, yet only 22.4% were from our priority region. 28.2% grew up in the two most disadvantaged quintiles versus 51.2% in the most advantaged. Students reported greater diversity in non-official first languages (19.7% vs. 1.1%), second-generation status (43.7% vs. 17.9%), and non-White racial identities. However, Black students were underrepresented (4.4% vs. 6.4%) and Indigenous students likely underrepresented due to Census underreporting (4.4% vs. 3.4%). Students disproportionately came from higher-income households (32.8% vs. 13.2%) and parents with higher educational attainment and professional occupations, particularly in education (30.1% vs. 16.5%) and health (15.8% vs. 7.5%).

Discussion: Our findings highlight disparities in equity and regional representation, despite gains in linguistic and cultural diversity. Linking admissions and community data offers a model for socially accountable admissions and monitoring to ensure physician workforce alignment with population needs.

OA-3-3 Policy to Practice: Social Accountability in Medical School Admissions

Sierra Land (Lead Author), **Jordyn Linders** (Co Author), **Hailey Land** (Co Author), **Kady Carr** (Co Author), **Geneviève Lemay** (Co Author), **Claire Kendall** (Co Author)

Methods: We conducted a scoping review using Arksey and O'Malley's methodological framework and Joanna Briggs Institute guidance. MEDLINE, Embase, Web of Science, ERIC, and Education Source were searched from inception to August 2024. Eligible studies examined MD admissions policies explicitly incorporating social mission objectives and reported selection or enrollment outcomes. Two reviewers independently completed screening and data extraction. Results were synthesized descriptively, categorized inductively, and reported according to PRISMA-ScR guidelines.

Results: Seventeen studies published between 1994 and 2022 were included, spanning North America, Australia, Oceania, Europe, Africa, and the Caribbean. Three major categories of social accountability strategies emerged: (1) geographic and practice location policies targeting rural and underserved applicants, often improving local retention; (2) sociodemographic equity pathways for applicants from Indigenous, low-income, racialized, and marginalized groups, with evidence of increased representation; and (3) workforce composition initiatives focused on recruiting future primary care and gener--list physicians. Implementation challenges in--luded inconsistent alignment with institutional missions and limited tracking of long-term outcomes.

Discussion: Social mission-driven admissions can enhance physician diversity, rural representation, and alignment with community needs. Their success requires sustained investment, institutional commitment, and integration across the medical education continuum.

OA-3-4 Community Med-Ed Outreach - Does It Really Make A Difference? A Spotlight on the University of Alberta's M.d. Ambassador Program

Jessica Bennett (Lead Author), **Dr. Laura Stovel** (Co Author)

Methods: Two Key Performance Indicators (KPIs) were identified for the MD Ambassador Program: number of prospective medical students engaged and number of volunteers recruited. Outreach was categorized into three data points: urban high school presentations, rural high school presentations, and on-campus events. Within each category, the demographic and socioeconomic backgrounds of program participants and volunteers were assessed.

Results: There was a marked increase in rural and urban high school presentations completed over time corresponding to an increase in monetary support for the program from the University of Alberta. Since receiving funding, MD Ambassadors has been able to improve student and volunteer participation across all three outreach modalities, and increase the percentage of students from underrepresented backgrounds receiving outreach annually.

Discussion: Faculty support of high school and undergraduate outreach programs is essential in providing students with tools to make medicine a career. Over the past 2 years, the MD Ambassador Program has improved outreach to rural students and increased volunteer engagement, increasing the number of students reached annually and the number of volunteers engaged both by factors of almost 10-fold.

OA-3-5 Qualified Applicant Randomization Selection: A New Approach to Inclusive, Equitable and Merit-Based Md Admissions; the Class of 2029 at Queen's University

Peggy DeJong (Lead Author), **Kelly Moore** (Co Author), **Chanmeet Kaur** (Co Author), **Eugenia Piliotis** (Co Author)

Methods: Thresholds are set annually for academic metrics at levels that align with the potential for success in medical school. All applicants who meet thresholds are placed in an early phase lottery (Qualified Applicant Randomization Selection - QARS). QARS is used to randomly select qualified applicants to proceed to the Mini Medical Interview (MMI). Based on performance on the MMI, top-ranked applicants proceed to the panel interview and file review.

Results: QARS allows us to set more reasonable thresholds for academic metrics. Progression from QARS to an offer of admission requires excellent performance on the MMI, panel interview and file review. The class of 2029 is the first class to go through this renewed admissions process. 35/138 students in the class of 2029 would have been removed in previous years by artificially elevated thresholds. However, the average GPA and average MCAT score of the class of 2029 are essentially the same as the class of 2028.

Discussion: QARS allows us to consider a larger number of qualified applicants for MMI. Since applicants still require strong academic abilities, and must perform well on MMI, panel interview and file review, it is not surprising that the metrics of the class of 2029 are comparable to the previous year. However, the new admissions process provided an opportunity to qualified applicants who previously would have been screened out early in the process.

OA-4 Curriculum | Programme d'études

OA-4-1 Content Analysis of Suicide Intervention Training in Canadian Family Medicine, Pediatric, and Emergency Medicine Residency Programs

Michelle Pham (Lead Author), **Armeen Nabavi** (Co Author), **Alison Darnley** (Co Author), **Katarina Padilla** (Co Author), **Rachel Ellaway** (Co Author), **Aliya Kassam** (Co Author), **Eric Chan** (Co Author)

Methods: We conducted a content analysis of all Canadian residency programs in family medicine, pediatrics, and emergency medicine. Programs were contacted by email for information on suicide-related curricular content, teaching methods, and duration. Responses were analyzed descriptively.

Results: Among 24 program respondents, 12 (50%) reported providing formal suicide intervention training, 11 (46%) reported no such training, and 1 (4%) declined participation. Of programs reporting formal training, content most frequently addressed suicide risk assessment (n=7), patient management (n=6), and epidemiology (n=5). Other themes included comorbidities (n=5), safety planning (n=4), definitions and concepts (n=4), risk factors and warning signs (n=4), documentation (n=3), and Mental Health Act (n=3). Training was typically limited to a single lecture or day of teaching. All programs used didactic instruction (n=12), with two also including simulation training.

Discussion: Half of Canadian residency programs surveyed offered some form of formal suicide intervention training in addition to clinical bedside training; however, teaching was generally brief, all didactic, and varied across specialties. These findings highlight opportunities to incorporate experiential, evidence-based approaches and standardize suicide intervention curricula to better prepare residents to support at-risk patients.

OA-4-2 Bridging the Divide: A Novel, Socially Accountable, Curriculum Needs Assessment

Joanne Hamilton (Lead Author), **Madison Peeler** (Co Author), **Vanessa Benson** (Co Author), **Christen Rachul** (Co Author), **Maury Pinsk** (Co Author), **James Butler** (Co Author)

Methods: A two-stage multi-methods review was performed: Gap Analysis: Our curriculum was evaluated against national standards and local priorities. Curriculum Audit: All 2024/2025 curricular materials were reviewed for instructional design, inclusive pedagogy, and generalist competencies. Two reviewers coded data; discrepancies were resolved by consensus. Comments on materials reviewed were grouped thematically.

Results: Our gap analysis revealed deficiencies including in areas such as clinical skills and chronic care. Gaps arose more frequently in areas of existing bias (e.g. women's health, black health, anti-oppression) whereas redundancies were more often seen in areas of clinical medicine or areas of instructor interest. Our audit flagged criteria scoring below 80% on an aggregate score. Common instructional design deficiencies related to content density and accessible design. Inclusive pedagogy was generally present but fell short in representing clinical relevance and population diversity (75.4%). Where generalist competencies were relevant, there was moderate alignment with criteria, however, materials generally lacked emphasis on doctor-patient relationships (77.3%) and team-based care (59.1%).

Discussion: The needs assessment identified strengths and innovations but exposed gaps in inclusivity and generalist training. These findings are informing faculty development, integrated curricular threads, and curriculum revision-offering a replicable model for socially accountable curriculum renewal

OA-4-3 Gender-Affirming Care Education in Canadian Medical Schools: A National Report Card

Olivia Hendrikx (Lead Author), **Jenna Cross** (Co Author), **Kara Jonas** (Co Author), **Ahmad Butt** (Co Author), **Annika Bey** (Co Author), **Kevin Li** (Co Author), **Sarthak Singh** (Co Author), **Sierra Land** (Co Author), **Sydney Johnson** (Co Author), **Tim Song** (Co Author)

Methods: Parallel student and administrator surveys, aligned with Health Quality Ontario Gender-Affirming Care Quality Standard, were disseminated via CFMS networks and direct outreach. Surveys quantitatively assessed curricular content, teaching modalities, timing, assessment, and extracurricular opportunities; qualitative items captured hours, competencies taught, faculty involvement, assessment approaches, and notable initiatives. Scores and narratives were synthesized into school-level ratings and summaries.

Results: We received responses from 14 of the Canadian Medical Schools under the 2025 CFMS jurisdiction. Cross-school thematic analysis highlighted four priority improvement domains: (1) longitudinal integration across courses and years; (2) dedicated clinical-skills and communication teaching specific to gender-affirming care; (3) systematic incorporation of student feedback into curriculum cycles; and (4) sustained, resourced curriculum renewal with faculty development. Common strengths included early communication-skills teaching, inclusive-language training, and opportunities for scholarship and community engagement.

Discussion: This survey revealed consistent gaps in gender-affirming care education across Canadian medical school curricula. The report card provides concrete, school-specific targets and showcases transferable successes to accelerate improvement. Findings will be disseminated via CFMS platforms to support evidence-informed advocacy, curriculum committees, and learners to prepare future Canadian physicians to deliver equitable gender-affirming care.

OA-4-4 Looking Back From Transition to Practice in Competency Based Medical Education: Lessons Learned From Early Career Psychiatrists

Certina Ho (Lead Author), **Rabia Zaheer** (Co Author), **Herbert Yao** (Co Author), **Sanjeev Sockalingam** (Co Author), **Michael Mak** (Co Author)

Methods: Residents who graduated in the last three years (i.e., ECPs) were invited to participate in our semi-structured interviews. Participants were presented with the list of Royal College TTP competencies and asked to broadly reflect on their most/least valuable competencies, and to share their perceived gaps in current TTP competencies (if any). Interviews were audio recorded, transcribed, and analyzed with a combination of deductive and inductive thematic approaches.

Results: Thirteen interviews were conducted. Participants identified practice management, management of the business aspects of an independent practice, and navigating regulatory college complaints' policies as top priorities. Social media training, professionalism, evaluating costs of treatments, and participation in quality improvement projects were cited as less important. Identified gaps in TTP competencies include jurisdictional considerations, physician wellness, and supervision of trainees. Participants also preferred informal, flexible, and practice-based continuing professional development opportunities.

Discussion: Our project provided insights to refine the PGY5 TTP curriculum in psychiatry residency training. Educators may consider re-prioritizing curricular coverage and address gaps in TTP competencies as perceived by ECPs going forward.

OA-4-5 Designing A Novel Musculoskeletal Clinical Learning Curriculum for Physicians in Training

Taylor Orchard (Lead Author), **Alexa Hryniuk** (Co Author), **Jason Peeler** (Co Author)

Methods: The curriculum was developed for second year medical students at a Canadian accredited medical program. Fitts and Posner's model of motor skill acquisition guided the development, targeting the cognitive stage of learning. Cognitive load theory principles were applied to reduce extraneous load and enhance schema development.

Results: The CLC consisted of three asynchronous modules on the shoulder, knee and spine - common sites for MSK injury. Each module used a multimodal approach integrating didactic lectures, computer-based resources and standardized notes packages. Relevant anatomical structures were reviewed and physical examination skills were chunked by region and common injury types to promote progressive schema development. Case-based formative and summative assessments were included to evaluate student knowledge and provide feedback.

Discussion: This innovative, evidence-based CLC addressed critical gaps in MSK training, and incorporated previously identified curricular elements that enhance MSK knowledge retention. Future work will implement the curriculum and conduct a repeated measures mixed-method interventional study to evaluate the efficacy of the curriculum on students' MSK knowledge and confidence.

OA-5 Blend (Distributed Medical Education + Social Accountability) | Mélange (Formation médicale décentralisée + responsabilité sociale

OA-5-1 Increasing Skin of Colour Representation in Undergraduate Dermatology Education: A 6-Year Single-Centre Longitudinal Study

Darshana Seeburruth (Lead Author), **Eunice Aluko** (Lead Author), **Serena Dienes** (Co Author), **Muskaan Sachdeva** (Co Author), **Mehnaz Munir** (Co Author), **Samantha Bestavros** (Co Author), **Sameh Hanna** (Co Author), **Marissa Joseph** (Co Author)

Methods: We audited the University of Toronto's undergraduate dermatology curriculum from 2019 to 2025, with two independent reviewers categorizing images as light skin (LS, Fitzpatrick I-III) or SOC (Fitzpatrick IV-VI). First-year students completed surveys after a one-week dermatology block, assessing diagnostic accuracy and confidence in diagnosing common conditions in LS and SOC.

Results: SOC images increased from 3.7% (19/513) in 2019 to 26.4% (221/836) in 2025 ($p<0.0001$). SOC diagnostic accuracy improved from 84.0% to 93.5% ($p<0.0001$). Confidence in SOC diagnoses rose from 57.0% to 76.8% ($p<0.0001$). By 2025, 91.4% felt SOC was adequately represented, 85.7% felt comfortable diagnosing across diverse tones, and 94.4% reported SOC content sparked meaningful discussions.

Discussion: Increasing SOC representation enhances diagnostic accuracy, confidence, and satisfaction among learners, emphasizing the need to diversify curricula to advance equitable care.

OA-5-2 Peer-Led Clinical and Research Talks: A Student Initiative to Promote Academic Community at A Medical School's Regional Campus

Kieran Chalmers (Lead Author), **Andy Deprato** (Co Author), **Mindy Baroody** (Co Author), **Justin Gilbert** (Co Author), **Phuong Huynh** (Co Author), **David Kanter Eivin** (Co Author)

Methods: Two evening events were held in the 2024/2025 academic year with two more events scheduled for 2025/2026. Clinical Talks invited 5 to 10 minute reflections on clinical experiences, while Research Talks featured oral presentations and poster displays of ongoing or completed projects. Events were student organized, used existing campus space, and were promoted through simple advertising. Scheduling and brief abstract submissions supported visibility and accountability.

Results: Participants included students from all years, with more than half of the cohort transitioning from pre-clerkship to clerkship participating. Students reported increased confidence with presentation skills, with the informal format reducing anxiety and encouraging feedback. The structured format enabled follow up, fostered cross year research connections, and consistently strengthened campus community.

Discussion: Peer-led Clinical and Research Talks are feasible, low cost, and easy to replicate. They prepare students for higher stakes venues, improve communication skills, and strengthen community. By sharing our approach and educational insights, we aim to enable other regional campuses to adopt this model.

OA-5-3 From Consultation to Transformation: Building Canada's First Indigenous-Led Faculty of Health Sciences in Moosonee, Ontario

Jamaica Cass (Lead Author)

Methods: Grounded in community-engaged scholarship and Indigenous pedagogy, the program is being co-designed with community leaders, educators, and youth from the James Bay region. Key domains of development include culturally safe admissions pathways, curriculum development, and student support services. Consultations, sharing circles, and iterative feedback sessions are informing the design process.

Results: Meaningful community engagement leads to innovations across all program components. Admissions policies will incorporate locally relevant criteria and pathways for Indigenous learners. Curriculum design integrates Indigenous knowledge systems, land-based learning, and interprofessional training. Student services prioritize cultural safety, mentorship, and wraparound supports. Collectively, these elements were identified as essential for sustainable physician workforce development in remote northern communities.

Discussion: This initiative demonstrates that Indigenous-led, community-grounded educational models can transform physician training. By aligning admissions, curriculum, and student services with community priorities, the Queen's-Weeneebayko partnership advances reconciliation in health education and offers a replicable model for other underserved regions in Canada.

OA-5-4 Quiz-Based Assessment as A Tool to Strengthen Engagement in A Social Medicine Learning Environment: A Scalable and Simple Intervention

Dominique Elien Massenat (Lead Author) **Viriginie Rouhana** (Co Author**) Laura Muldoon** (Co Author) **Sophie De Roock** (Co Author)

Methods: During the winter semester, 177 second-year students across French and English streams completed formative quizzes linked by QR codes for each lecture. Each quiz consisted of 3 questions and lasted five minutes. Completion of both the pre and post quiz indicated class attendance. At semester's end, students who completed all quizzes received a 2% participation grade toward their overall unit mark, independent of quiz scores.

Results: Attendance, averaged 89.0% in the French stream and 89.5% in the English stream, with minimal unauthorized absences. Educational gains were evident: English stream scores increased from 85% to 96% (+10%), while French stream scores rose from 81% to 94% (+13%).

Discussion: This pilot demonstrates that low-stakes, formative quizzes are both feasible and effective for supporting attendance and comprehension in social medicine curricula. The observed gains suggest that such assessments foster engagement and provide measurable learning benefits. By reinforcing socio-cultural competencies essential to patient care, this approach offers a scalable, evidence-based strategy for integration into pre-clerkship medical education.

OA-5-5 Piece by Piece: Establishing the Northern Alberta Medical Program

Holly Handfield (Lead Author), **Richard Martin** (Co Author), **Joanne Rodger** (Co Author), **Darryl Rolfson** (Co Author), **Shirley Schipper** (Co Author), **Megan Stone** (Co Author)

Methods: An iterative, longitudinal approach to program development will be used. Drawing on various data points and generic qualitative methods, this presentation will tell the story of how we approached the development of a new regional campus in Northern Alberta.

Results: Preliminary reflections and lessons learned from opening a new distributed medical school campus will be shared, incorporating perspectives from staff, students, physicians and the community.

Discussion: The goal of the NAMP is to prepare graduates for generalist practice to address primary care needs in northern, rural, and regional Alberta. This presentation will outline the University of Alberta's experience in consulting with communities, physicians, and other distributed campuses as it developed the plan to establish the NAMP.

OA-6 Equity, Diversity and Inclusion | Équité, diversité et inclusion

OA-6-2 Women in Vascular Surgery: Representation, Barriers, and Opportunities for Advancement - A Literature Review

Melissa Bouhraoua (Lead Author), **Laura M. Drudi** (Co Author), **Joudy Charbaji** (Co Author)

Methods: A PubMed search was conducted from inception to February 1, 2025 using MeSH terms related to gender equity, leadership, and diversity among female surgeons in vascular surgery. Articles in English and French, including original research, reviews, and commentaries, were included. Articles addressing gender equity, leadership, mentorship, and representation in vascular surgery were included. Findings were categorized across training, workforce, pay parity, leadership, authorship, performance, and mentorship.

Results: A total of 57 relevant articles were identified. Barriers identified include inflexible training pathways, underrepresentation in leadership, unequal access to mentorship, pay disparities, and a professional culture that often prioritizes work over personal responsibilities-factors that disproportionately impact women and contribute to burnout and attrition. Intersectional gaps, particularly for women of color, remain underexplored. Barriers include inflexible training pathways, limited mentorship opportunities, har--ssment, pay disparities, and underrepresentation in senior authorship and leadership positions. Burnout and attrition rates were higher among women, with intersectional gaps for women of color largely unexplored. Encouragingly, initiatives such as integrated residencies, diversity task forces, mentorship programs, and editorial leadership reforms have begun to improve recruitment and visibility, though retention challenges persist.

Discussion: Achieving gender equity in vascular surgery requires targeted interventions, including structural reforms, dedicated mentorship programs, and inclusive leadership initiatives. Promoting female repre--entation is not only an equity issue but a strategic imperative to foster innovation, enhance patient care, and strengthen the future surgical workforce.

OA-6-3 Finding Purpose, Facing Disillusionment: Narrative Insights From Canadian Medical Trainees Who Took Illness-Based Leaves

Daniela Keren (Lead Author), **Martina Kelly** (Co Author), **Taryn Taylor** (Co Author), **Lorelei Lingard** (Co Author), **Pim Teunissen** (Co Author)

Methods: We employed narrative methodology, guided by Catherine Riessman's narrative inquiry framework. Physicians across Canada who had taken illness-based leave during medical school or residency were recruited via professional networks and social media. Seven participants completed in-depth, semi-structured interviews. Interviews served as co-constructed narrative spaces, where storytelling unfolded dynamically between researcher and participant. They were transcribed verbatim and analyzed inductively for both content and structure through iterative team discussions.

Results: Three participants took leave during medical school and four during residency, for illnesses including malignancy, mental illness, rheumatological conditions, traumatic brain injury, and movement disorders. Across varied contexts, common narrative arcs emerged: (1) Identity disruption, as illness fractured trainees' sense of competence and resilience; (2) Shifting protagonists, where education leadership assumed control of their narratives; (3) Isolation, stemming from disrupted cohorts and the need to justify their illnesses; (4) Individual needs versus cultural expectations, with reliance on informal workarounds highlighting systemic opacity; and (5) Finding purpose, but not peace, where illness reshaped values and fostered empathy, but coexisted with disillusionment.

Discussion: Illness-based leaves expose tensions between medical culture's ideals of resilience and grit, and the realities of vulnerability. Transparent policies and cultural change are needed to support ill trainees better, and to recognize vulnerability as a legitimate dimension of professional identity.

OA-6-4 Being an Upstander in Health Sciences: Simulated Journey of Learning

Colleen Davison (Lead Author), **Heather Braund** (Co Author), **Giselle Valarezo** (Co Author), **Ashley Waddington** (Co Author), **Josh Li** (Co Author), **Sarah Funnell** (Co Author), **Wiley Chung** (Co Author), **Monakshi Sawhney** (Co Author), **Stephanie Nixon** (Co Author), **Afolasade Fakolade** (Co Author), **Eleftherios Soleas** (Co Author)

Methods: Members from QHS developed the upstander simulation session and accompanying guide. The committee hosted a pilot session and collected feedback from participants using a survey. The guide includes information on conducting prebrief and debrief; multiple simulation scenarios, reflection questions, and additional resources on how to be an upstander.

Results: 14 people completed the survey. All participants reported that they were able to identify specific strategies for being an upstander when discrimination occurs and how to listen with empathy to learners/trainees with different life experiences. Some indicated they were less comfortable debriefing learners/trainees after a traumatic encounter with a patient which suggests an area for ongoing work. Many participants shared that the programming was a valuable learning experience, and they would use the examples. The committee used this feedback to revise the guide and adapt the cases for use in other programs.

Discussion: The program continues to be offered across QHS with the aim of responding to discrimination and proactively shaping the future of healthcare education that centres on compassion, accountability, and justice. By sharing our experience, we will inspire educators and institutions to expand efforts that prioritize justice in health professions education.

OA-6-5 Equipping Medical Students with Upstander Skills: Addressing Microaggressions in Clinical Learning Environments

Krishna Mohan Surapaneni (Lead Author)

Methods: Final and pre-final year medical students participated in a 90-minute interactive session introducing the concept of microaggressions. Instruction included short modules, case-based scenarios, and small group discussions to explore recognition, response strategies, and preventive approaches. Students then engaged in a four-week structured reflection exercise, documenting experiences, learning points, and planned future actions. Reflection notes and in-depth interviews were thematically analyzed to identify patterns in awareness, barriers, and strategies.

Results: Three major themes emerged. First, Expanding Awareness: students reported clearer recognition of the diverse forms and impacts of microaggressions. Second, Navigating Barriers: hierarchical dynamics, lack of confidence, and fear of negative consequences limited their willingness to in--ervene. Third, Developing Responses: students identified inclusive language, non-confrontational interventions, and peer support strategies to address incidents while maintaining professional relationships. Across reflections, 17 actionable approaches were described and categorized.

Discussion: Structured teaching on microaggressions, supported by case-based discussion and guided reflection, enabled students to critically examine their experiences, acknowledge barriers, and generate practical strategies for intervention. These findings highlight that dedicated sessions can foster upstander readiness, empower learners to challenge exclusionary behavior, and contribute to more inclusive clinical learning environments.

OA-7 Health Systems | Systèmes de santé

OA-7-1 From Vision to Integration: Mapping Medical Education Into the Health System in Prince Edward Island Using A Collaborative Model

Rebecca Gill (Lead Author), **Dr. Preston Smith** (Co Author)

Methods: Leaders and staff across Undergraduate, Postgraduate, and Distributed Medical Education, Health PEI's Medical Affairs and Transformation Office participated in a structured mapping exercise. Using stakeholder analysis, current- and future-state mapping, and gap identification, the project documented integration points, collaboration needs, and opportunities for improvement.

Results: The process delivered four outputs: (1) a collaboration report describing existing and potential integration activities; (2) a stakeholder analysis to identify key roles and responsibilities for sustained partnership; (3) a gap analysis highlighting areas requiring clarity or resources; and (4) actionable recommendations distinguishing how to optimize medical education delivery in PEI's health care system.

Discussion: This initiative demonstrates that deliberate integration of medical education into health systems strengthens collaboration, reduces inefficiency, and enhances learner experiences. For smaller jurisdictions such as PEI, mapping offers a scalable model to align academic and clinical priorities while addressing resource constraints. These findings are relevant for institutions worldwide seeking to operationalize new or expanding medical education programs within existing health systems.

OA-7-2 Surgical Innovation: A Systematic Review and Analysis of the Current Frameworks

Phillip Staibano (Co Author), **Akanksha Guleria** (Lead Author), **Alex Thabane** (Co Author), **Moad Alsefaou** (Co Author), **Tyler Mckechnie** (Co Author), **Ashlyn Chou** (Co Author), **Goran Calic** (Co Author), **Mohit Bhandari** (Co Au-hor)

Methods: We systematically searched MEDLINE, Embase, and Web of Science for articles describing surgical innovation frameworks. Screening, full-text review, and data extraction were performed independently and in duplicate, with a third-party reviewer resolving discrepancies. We evaluated each framework on the following domains derived from two existing innovation models: ideation, risk assessment, implementation strategy, training and education, monitoring and evaluation, stakeholder involvement, and scalability and sustainability.

Results: We identified 13 surgical innovation frameworks. Many were developed through consensus-based methods (n=6/13, 46%) and five were iterations of a single framework (IDEAL). The domains most adequately addressed were: risk assessment (n=10/13, 77%), stakeholder involvement (n=10/13, 77%), implementation strategy (n=8/13, 62%), and monitoring and evaluation (n=8/13, 62%). The domains with the least-sufficient guidance include: ideation (n=7/13, 54%), training and education (n=7/13, 54%), and scalability and sustainability (n=6/13, 46%). No framework provided adequate guidance on every domain of the surgical innovation process.

Discussion: The current surgical innovation frameworks are inadequate, particularly with respect to the ideation, training, and long-term scalability aspects of the innovation process. More comprehensive frameworks, or adaptations of existing ones, are needed to support innovation from conception to sustainable implementation.

OA-7-3 Establishing Contexts and Mechanisms Enabling Knowledge Transfer in Mental Health Practice Settings: A Realist Evaluation

Stacie Carey (Lead Author), **Ryan Brydges** (Co Author), **Ninon Crestois** (Co Author), **Sanjeev Sockalingam** (Co Author)

Methods: Three initial program theories (IPTs) were developed with key stakeholders. We completed iterative data collection and analysis using document review and interviews with program architects, education and clinical leaders, and front-line staff (n=22). We tested and refined the original IPTs, using realist techniques of configurational analysis and retroductive reasoning.

Results: Our analysis produced three refined and four new program theories. Refined theories explained that: (1) organizational policies set expectations for knowledge application; (2) regular opportunities to manage patient escalations enable prac-ice of learned skills; and (3) embedded facilitators tailor knowledge to clinical contexts. Emerging theories indicated that: (4) perceived alignment with professional role increases likelihood of applying knowledge in practice; (5) unit leaders shape which skills are applied; (6) organizational tools support transfer; and (7) clear accountability structures promote consistent application in practice settings.

Discussion: Our study demonstrates how educational interventions and organizational structures jointly and uniquely enable knowledge transfer in naturalistic practice settings. Realist evaluations show how educators benefit from unveiling and understanding how multiple 'program theories' cause variation in which mechanisms support or hinder KT interventions.

OA-7-4 Translational Simulation for Healthcare System Improvement: Evaluating Impacts and Lessons Learned

Nivetha Chandran (Lead Author), **Andrew Petrosoniak** (Co Author), **Ryan Brydges** (Lead Author), **Aradhana Tewari** (Co Author), **Lindsay Beavers** (Co Author), **Kristen Sampson** (Co Author), **Christine Léger** (Co Author), **Nazanin Khodadoust** (Co Author)

Methods: We applied a logic model evaluation framework to assess four years of activity in Unity Health Toronto's established Translational Simulation Program (TSIM). Researchers from outside the program interviewed 10 internal team members and 14 healthcare partners to explore project selection, implementation, and outcomes. We used a team-based consensus approach to develop an integrative logic model framework describing the impacts and challenges of the program.

Results: Our analysis reflected experiences from 11 completed projects. Early collaboration during project intake was critical, but occasionally slowed progress. Establishing shared conceptual understanding and clear roles at the outset was essential. Mu-ual adaptability between the simulation team and partners emerged as a key factor in successful implementation. Program outputs primarily consisted of simulation reports, which generally met expectations; however, several partners sought more detailed, actionable analyses. Mid- to long-term outcomes varied by project goals, including workflow changes, policy updates, and enhanced team performance.

Discussion: Grounded in foundational documents that defined concepts and linked them to actions, our evaluation generated data-driven recommendations for implementing and sustaining translational simulation programs. Findings informed both local refinements and generalizable principles: 1) flexible engagement tailored to partner context, 2) clear definitions of roles and objectives, 3) structured communication across all phases, and 4) consistent follow-up to support sustained system change.

OA-7-5 Tell Me Your Story: A Qualitative Exploration of Patient-Generated Narratives in the Electronic Health Record to Support Whole-Person Care

Asiana Elma (Lead Author), **Vyshnave Jeyabalan** (Co Author), **Tavis Apramian** (Co Author), **Jeff Myers** (Co Author), **Ilana Halperin** (Co Author), **Sarah Wright** (Co Author), **Giovanna Sirianni** (Co Author)

Methods: Using a qualitative descriptive design, three family medicine residents and faculty members, and seven patients participated in semi-structured interviews to date. Data were analyzed via reflexive thematic analysis, with iterative coding and comparison across groups to identify recurring patterns and construct broader themes.

Results: Preliminary findings revealed divergent views on incorporating narrative PGHD into the EHR. Patients largely welcomed the opportunity to share their stories and values, viewing it as enhancing ownership and ensuring their perspectives were formally documented. However, they raised concerns about privacy, information overload, and whether physicians would meaningfully engage with these narratives. Family physicians questioned the added value of such narratives, perceiving this information as already being known and embedded in the patient-physician relationship, while raising concerns about the workload of keeping them updated and the risk of them being lost in the EHR.

Discussion: Considering the conflicting views on the value of narrative PGHD, there is a need to reconcile patient interest in documenting these with physician concerns about feasibility and usability. Future efforts should focus on developing approaches that preserve patient voice while ensuring the information is accessible and usable by physicians.

Block B

OB-1 Health Systems | Systèmes de santé

OB-1-1 A Scoping Review of the Upstream Influences of Admissions Policies on Applicants: Don't Hate the Player, Hate the Game

Angela Huang (Lead Author), **Caroline Caswell** (Co Author), **Stacey Ritz** (Co Author), **Lawrence Grierson** (Co Author)

Methods: Arksey and O'Malley's scoping review methodology was used to summarize results of research studies published between 1980-2024 written in English with empirical evidence of medical school applicants' behaviours being driven by admissions policies. Data extraction was guided by a central tenet of Tummers (2019) policy theory - that policies are important institutional influencers of the behaviour of target populations.

Results: Of 2349 studies initially screened, 15 were included in this review. These revealed three types of policy-mediated admissions practices that influence aspirant behaviour: high weightings of grade point averages (GPA) and standardized tests; value placed on extracurricular activities; and prioritization of professional and interpersonal skills assessed via essays, personal statements, interviews, and letters of recommendation. These policies influenced variously how aspirants made academic choices, sought supports, and marshalled their time and resources. Notably, influences were seemingly mediated by aspirants' interpretation of selection policies, rather than by the explicit articulation of selec-ion policies.

Discussion: Admissions policies that incentivize behaviours misaligned with the values of medical practice may have harmful downstream effects on both applicants and the profession. Medical schools should consider the unintended consequences of their selection practices and establish policies that protect aspirant wellness and that promote behaviours aligned with the values of the profession.

OB-1-2 Enhancing Selection for Family Medicine at the University of Ottawa: A Review and Re-Design of the Interview Process

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Methods: This project was split into two phases. Phase 1 involved a comprehensive review of the existing selection process, including a desk review and interviews with subject matter experts on the competencies required of future Family Physicians. Outputs included an updated competency framework, revised interview content and scoring matrix, and changes to final score calculations which align with best practice. Phase 2 implemented the new interview format with psychometric analysis focusing on; reliability of individual competencies, inter-competency relationships, inter-rater reliability, and diversity analysis comparing the performance across different demographic groups (gender, language).

Results: Psychometric analyses indicated that the revised competency-based interviews with behaviourally anchored scoring effectively differentiated between applicants based on competencies linked to success as a Family Physician. The use of multiple complementary competencies enhanced the robustness of the assessment.

Discussion: This project demonstrates how changes to the selection process can better recruit those more likely to have strong potential in competency areas important to Family Medicine. Insights and recommendations into the design and implementation will be provided, along with initial predictive validity evidence.

OB-1-3 Developing an Admissions Process at the New Simon Fraser University School of Medicine

Meredith Vanstone (Lead Author), **Rebekah Eatmon** (Co Author), **Maria Hubinette** (Co Author), **Tracy Yiu** (Co Author), **Justin Boehringer** (Co Author), **Angela Wolfe** (Co Author), **Steve Birnie** (Co Author), **Gary Tithecott** (Co Author), **Lawrence Grierson** (Co Author)

Methods: Our goal was to create an admissions process that is evidence-informed, rigorous, merit-based, and inclusive. A small working group conducted literature reviews and analyzed health and workforce data to identify innovations. We consulted widely within SFU, the School of Medicine, and the communities of the Fraser Health region, integrating priorities through iterative refinement. Ongoing data monitoring will support continual improvement and responsiveness to evolving community needs.

Results: Applicants are invited to apply through the Open or Indigenous Admissions stream. Both streams share the same academic eligibility thresholds which may be demonstrated through three options (GPA-only, MCAT-only, or GPA+MCAT). GPA and MCAT scores are used as a threshold, with no additional advantage accrued for higher scores. Eligible applicants are assessed for alignment with eight institutional priority attributes and the school's social accountability mandate. Up to 200 highly aligned applicants will complete a multiple mini-interview in March 2026. If needed, an equal probability selection process will be used to determine interview invitations. Post-interview, each application will be reviewed holistically. Final admissions decisions rest with a committee composed of faculty, clinicians, and community members, half of whom bring expertise in Indigenous perspectives.

Discussion: Aligning applicant selection with institutional and community priorities requires creativity within resource constraints. We will share future evolutions as they occur.

OB-1-4 Evaluation of the Predictive Validity of A Situational Judgement Test and the Non-Academic Performance of Family Medicine Residents in Canada.

Keith Wycliffe-Jones (Lead Author), **Alain Papineau** (Co Author), **Michelle Morros** (Co Author), **Sarah Kinzie** (Co Author), **Jason Sutherland** (Co Author), **Jonathan Gerber** (Co Author), **Emma Morley** (Co Author), **Melissa Washbrook** (Co Author), **Maire Kerrin** (Co Author), **Fiona Patterson** (Co Author), **Tania Riendeau** (Co Author), **Lindsay Jantzie** (Co Author), **Ed Seale** (Co Author), **Kim Curtin** (Co Author), **Joshua Greggain** (Co Author), **Heather Waters** (Co Author), **Sheila Smith** (Co Author), **Daniel Grushka** (Co Author), **Russell Dawe** (Co Author), **Karina Prucnal** (Co Author),**Sasha Sealy** (Co Author)

Methods: All 2023 FM residency applicants (n=1159) across 13 programs completed the FM-specific SJT. Supervisors assessed residents' performance on the four SJT attributes at mid- and end-points of training. Additional selection data (e.g., file review, interview scores) and remediation data were also collected.Non-parametric correlations and independent t-tests were used to examine the relationship between SJT and interview scores, and the outcome variables.

Results: Supervisors' assessment data and other selection assessment data was collected for 422 residents (mid-training) and for 380 residents (end-of-training). Initial analysis has revealed a statistically significant, positive relationship between residents' SJT scores, overall supervisor ratings and their empathy/compassion ratings. Residents who required remediation scored significantly lower on the SJT than those who did not. There was also positive correlation between interview scores and supervisors' overall ratings.

Discussion: This study provides good initial evidence for the validity of a new FM-specific SJT in predicting FM Residents' in-training performance overall and in relation to their empathy and compassion, as well as the requirement for remediation. Findings also highlight the value of using a combination of selection methods, which has relevance across diverse international contexts.

OB-1-5 Surveying Selection Criteria, Requirements, and Challenges Surrounding Residents' Knowledge of French at A Large French-Speaking University in Canada

Xavier Quan-Nguyen (Lead Author), **Arnaud Robitaille** (Co Author), **Jean-Pierre Martineau** (Co Author), **Jean-Michel Leduc** (Co Author)

Methods: Language requirements were extracted from the Canadian Resident Matching Service (CaRMS) website in late 2024. Program directors were then surveyed regarding language-related challenges among applicants and residents, the language proficiency criteria used in the selection process, and the minimum verbal and written French proficiency level expected from residents.

Results: According to CaRMS, 57/62 (91.9%) UdeM residency programs require application materials in French. All 5/5 (100%) Family medicine/Enhanced skills programs have standardized prerequisites, such as prior French education or language proficiency exams. Only 3/26 (11.5%) R-1 programs explicitly list language criteria, although 18/26 (69.2%) require French documentation or assess proficiency during the process. Few subspecialty programs in medicine (4/15, 26.7%) and pediatrics (3/13, 23.1%) explicitly specify any minimum French proficiency. Among program directors, 48/128 (37.5%) completed the survey, and 24/48 (50%) reported challenges with applicants, primarily during interviews; and 14/48 (41.1%) with residents, mostly in oral communication. All 4/4 fellowship directors reported language issues with applicants, and 3/4 (75%) with admitted fellows. The average expected minimum proficiency for trainees was between B2 (upper intermediate) and C1 (advanced) on the Common European Framework of Reference for Languages (CEFR).

Discussion: These findings highlight a gap between French proficiency expectations and screening criteria. Implementing minimum requirements, such as CEFR-based thresholds, could improve communication and support success in francophone clinical settings.

OB-2 AI and Data Science | IA et science des données

OB-2-1 Integrating Powerbi Dashboards for Enhanced Faculty Evaluation, Development, and Recognition

Latifah Kamal (Lead Author), **Allison Paquette** (Co Author), **Bensun Fong** (Co Author), **Sandy Tse** (Co Author), **Claudia Malic** (Co Author)

Methods: An API-driven dashboard consolidated 5 years of data from faculty evaluations across undergraduate medical education and 88 postgraduate medical education programs, allowing analysis of performance ratings by individual, program, and department. Evaluation criteria include teaching effectiveness, professionalism, and contributions to a safe learning environment. The dashboard is automated to upload monthly data and employs row-level security to ensure role-based access and confidentiality. Key performance indicators categorize faculty performance as "Needing Improvement," "Meeting Expectations," or "Exemplary," with "Exemplary" being a rated as 80% or more effectiveness, in alignment with service excellence standards. Iterative feedback from end-users is used to continuously refine the dashboard's functionality and usability.

Results: The implementation of the dashboard significantly streamlines the processes for teacher assessment, support and recognition, and informs faculty development.

Discussion: This innovation highlights the value of integrated data visualization in medical education. By centralizing and automating faculty evaluation data, it enhances transparency, promotes accountability, supports data-driven decisions related to faculty development and promotion, and reduces administrative burden. The dashboard also aids ac-reditation efforts by offering real-time access to longitudinal data and enabling cross-program comparisons of teaching performance.

OB-2-2 Artificial Intelligence in Higher Education Advancement: A Scoping Review of Applications in Marketing, Communications, Alumni Engagement, and Fundraising

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Methods: This work was planned and conducted according to the steps described by Arksey and O'Malley and carried out in accordance with PRISMA-ScR guidelines. The main sources searched included MEDLINE, EMBASE, CINAHL, PsycINFO, Eric, and Education Source. Studies were included if they examined AI applications in HEI marketing, communications, alumni engagement, or fundraising. The articles were processed and evaluated using COVIDENCE, then synthesized narratively. Data extraction focused on publication characteristics, AI tools, functional domains, reported outcomes, and ethical/privacy considerations.

Results: Preliminary findings from a review of 20 peer-reviewed articles published between 2023 and 2025 reveal that artificial intelligence applications in Marketing, Communications, and Fundraising predominantly include chatbots, predictive analytics, generative AI for constituent relationship management, and hybrid recommendation algorithms. Reported benefits included personalization, efficiency, predictive insight, and enhanced engagement. Challenges noted were privacy and security risks, algorithmic bias, unclear return on investment, and institutional readiness barriers.

Discussion: AI is beginning to transform marketing, alumni engagement, and fundraising in HEIs, with promising outcomes for personalization and donor relations. However, current evidence is fragmented, with limited empirical evaluation and insufficient consideration of ethical and equity issues.

OB-2-3 The Performance of Chat-Gpt in Describing the Morphology of Dermatologic Conditions Across the Skin of Color Spectrum

Alexa Moschella (Lead Author), **Edgar Akuffo-Addo** (Co Author), **Shakira Brathwaite** (Co Author), **Tatiana Lapa** (Co Author), **Miranda Waugh** (Co Author), **Marissa Joseph** (Co Author)

Methods: Sixteen images representing eight common dermatologic conditions - one with a lighter and one with a darker skin phenotype per condition - were randomly selected from the Fitzpatrick 17k dataset. ChatGPT-4o was asked to describe primary and secondary morphology, with a new session started per image. Responses were compared to senior dermatology resident responses. Qualitative and quantitative analyses were used to assess consistency.

Results: ChatGPT demonstrated greater consistency with senior residents in identifying primary (31%) versus secondary morphology (28%). Morphology descriptions were more frequently completely inconsistent (no common terms with residents) in SOC (20%) versus non-SOC images (7%). ChatGPT provided partially consistent descriptions in most cases (53%), reporting at least one term used by senior residents with other terms not used by senior residents. This commonly occurred due to reporting secondary as primary morphology or reporting features that were absent (although consistent with the diagnosis).

Discussion: ChatGPT's ability to discern primary and secondary morphology is limited, with increased limitation in SOC images. Morphological features consistent with a presumed diagnosis may be reported without presence in the image. Although ChatGPT shows some ability to describe morphology, its accuracy is limited, and morphology teaching should be guided by clinician expertise.

OB-2-4 Large Language Model-Assisted Critical Appraisal for Medical Education Research

David L. Nguyen (Lead Author), **Andrew Ganea** (Co Author), **Minh Hoang Ton** (Co Author), **Matthew Sibbald** (Co Author)

Methods: We evaluated Medevi using 52 peer-reviewed medical education studies with existing Medical Education Research Study Quality Instrument (MERSQI) and Newcastle-Ottawa Scale-Education (NOS-E) scores from a prior systematic review. Medevi outputs were compared against hu-an-rater ground truths. Agreement was quantified using intraclass correlation coefficients (ICC) and mean absolute error (MAE). Efficiency was benchmarked by comparing time and cost per study against conventional human data extraction.

Results: Medevi achieved substantial agreement with human raters for MERSQI (ICC = 0.617, MAE = 0.904) and fair agreement for NOS-E (ICC = 0.365, MAE = 0.962). Domain-level agreement ranged from 46.2%-98.1% (MERSQI) and 32.7%-86.5% (NOS-E), with lower performance in more subjective areas. Compared to estimates for manual extraction (65-130 minutes, $21-43 per study), Medevi reduced appraisal time to <1 minute and cost to $0.10-0.57, yielding over 97% in cost savings.

Discussion: Medevi demonstrates promise as a transparent, open-source tool for accelerating systematic reviews in medical education. While best suited to objective criteria, it highlights the value of human oversight for subjective judgments. By reducing cost and time barriers, Medevi may help democratize high-quality evidence synthesis in medical education.

OB-2-5 Ai in Medical Education: A Workshop by Students, for Students

Urmi Sheth (Lead Author), **David Nguyen** (Co Author), **Yar Al Dabagh** (Co Author), **David Kanter Eivin** (Co Author), **Ryan Siroosi** (Co Author)

Methods: In 2024 and 2025, we delivered four student-led 60-minute interprofessional workshops at McMaster University, encompassing students from medicine, physician assistant, nursing, and other allied health programs. Workshop content covered AI fundamentals (supervised vs. unsupervised learning, deep learning, generative AI), clinical applications, limitations (biased data, overfitting, lack of explainability, confabulations), and appraisal of AI studies using the APPRAISE-AI tool. Case-based small group discussions supported active learning. Pre- and post-workshop quality improvement surveys assessed students' knowledge and attitudes towards AI, assessed by paired analyses.

Results: Of 109 attendees, 81 (74%) completed both surveys. Correct responses for "supervised learning" increased from 24.7% to 90.1% ($p<.001$). Recognition of convolutional networks increased from 21.2% to 81.2% ($p<.001$). Moreover, participants on average doubled the number of AI applications they could identify. Confidence in AI understanding increased by +1.31 points (2.19 to 3.49, $p<.001$), and familiarity with AI ethics by +0.91 (3.17 to 4.09, $p<.001$) on a 5-point Likert scale. After the workshop, 70.4% agreed that more formal AI teaching is needed.

Discussion: A student-led workshop significantly improved AI knowledge and confidence among interprofessional trainees. While not a substitute for formal curricula, student-led initiatives can bridge educational gaps, and prepare students for practice in an AI-enabled future.

OB-3 Assessment | Évaluation

OB-3-1 Implementation of Competence-by-Design in Canadian General Surgery Training: Program Director Perspectives

Kameela Alibhai (Lead Author), **Heather McFadgen** (Co Author), **Savtaj Brar** (Co Author), **Michael Ott** (Co Author), **Stanley Hamstra** (Co Author), **Marisa Louridas** (Co Author)

Methods: A focus group was held during the RC's general surgery specialty committee meeting in September 2024. Participants, recruited via purposive convenience sampling, included PDs and faculty CBD leads with experience assessing residents. The deidentified transcript was analyzed using interpretative phenomenological analysis (IPA) in NVIVO15. Two reviewers conducted line-by-line reading and inductively identified emergent themes, which were iteratively clustered into superordinate themes.

Results: Twenty-five PDs and faculty leads representing all 14 English-speaking, CGP participated. Three superordinate themes were identified. First, PDs believed CBD was forced to fit the surgical context; it was inflexible to program-specific needs, did not capture intraoperative feedback, and was implemented without sufficient resources. Second, participants described tension between the theoretical goals of CBD and the realities of implementation, including the persistence of time-based progression and limited data to inform promotion. Finally, unintended system-wide consequences were reported, including increased faculty burden, resident wellness concerns, and siloed training pathways.

Discussion: This study highlights concerning national themes from PDs regarding CBD in CGP and can inform the RC's rollout of CBD 2.0. Potential improvements include additional financial and infrastructural resources as well as specialty-specific adaptations.

OB-3-2 Standard Setting for the Mccqe Part I: Ensuring Defensible Decisions

Cecilia Alves (Lead Author), **Andrea Gotzmann** (Co Author)

Methods: Physicians from across Canada were invited to fill out a demographic survey expressing interest in participating in the standard-setting process. Twenty-three physicians attended the stand--rd-setting meeting, representing demographics across Canada (e.g., work location, specialty, years of experience, language, ethnicity, etc.) and divided into two subgroups that matched the full group demographics. The Bookmark Method was used to set the cut score, validated by the Hofstee Method for policy reasonableness checks. Panelists provided anonymous feedback via a post-session survey.

Results: After two rounds of applying the Bookmark and Hofstee methods, the pass score was set at 439. In the post-session survey, panelists expressed high confidence in the process, training, and the final score. The training, types of validity evidence gathered, and post-session survey results will be presented.

Discussion: The findings support the reliability and validity of the standard-setting process, resulting in a recommended pass score that is defensible from both psychometric and holistic perspectives. This approach continues to strengthen the exam's credibility among educators, employers, and the public by ensuring that only competent candidates pass.

OB-3-3 Bridging the Gap: Supporting Validation in Classroom-Based Assessment in Health Sciences

Mélanie Marceau (Lead Author), **Kathleen Ouellet** (Co Author), **Tim Dubé** (Co Author), **Jean-Sébastien Renaud** (Co Author), **Aliki Thomas** (Lead Author), **Christina St-Onge** (Co Author)

Methods: We conducted a study using a descriptive interpretive approach. Online focus groups were held with health sciences faculty members from eight Quebec universities and with experts in measurement and evaluation. Data were analyzed through inductive thematic analysis.

Results: We conducted six focus groups with faculty members, one with experts, and conducted an individual interview with another expert. Participants proposed solutions at multiple levels. At the individual level, they emphasized the need to strengthen understanding of validity, foster engagement, and manage workload. At the collegial level, they suggested formalizing peer support. At the organizational and program level, they mentioned considering AI and student involvement in validation processes, creating spaces for dialogue on assessment and validation, and providing access to tools and examples of best practices.

Discussion: Although faculty and experts have identified actionable solutions, their implementation remains constrained by organizational structures and professional regulations. Still, adapting these solutions is critical. Strengthening classroom assessment is not only about improving learning measures; it ensures fairer judgments of competence, supports student success, and contributes to safer patient care and public trust in health professionals.

OB-3-4 Assessment of Medical Education Led by Patients

Bonita Sawatzky (Lead Author), **Cathy Kline** (Co Author)

Methods: We used a case-based study of fourth-year medical students to evaluate the impact of learning from patients in the optional Health Mentors Programme (HMP). Students reviewed a video of a person with cerebral palsy who fell at home. We gave them 30 minutes to write a care plan for this patient in the emergency ward. We compared students who participated in the HMP (N=23) with those who did not (N=80), counting how often they considered the patient's and caregiver's perspectives, the number of diagnostic tests ordered, and referrals to other professionals and community services.

Results: T-tests showed that HMP students significantly prioritized the patient's and caregiver's voices ($p = .014$, Cohen's $d = 0.6$) and ordered fewer diagnostic tests than non-HMP students ($p = .001$, Cohen's $d = 3.3$). However, there were no significant differences in medical consults, referrals to allied health professionals or community services.

Discussion: Case-based assessments could be a valuable tool for measuring the long-term impact of patient-led learning. Designing new assessments to explore longer term impact of medical education initiatives should be considered as we seek new approaches in medical education in a constantly changing world.

OB-3-5 Toward Consistency and Defensibility in Workplace-Based Assessment: Development of A National Assessor Training Program

Maxim Morin (Lead Author), **Jason Frank** (Co Author)

Methods: The NATP includes multiple levels of training. The main course, designed for frontline assessors, equips physicians in PRA with WBA fundamentals such as direct observation and feedback. It is delivered through a multimodal approach, balancing self-directed learning with interactive components, both online and in person. A refresher module is planned to sustain ongoing development. Completion is recognized with a credential, serving as a trusted signal for regulators and institutions.

Results: Although still under development, the NATP has been piloted with PRA programs and physicians across Canada. Post-training surveys highlight the program's value and identify opportunities for refinement.

Discussion: The NATP demonstrates how structured assessor development can enhance alternative routes to licensure in Canada, complementing postgraduate education. Beyond PRA, it offers a scalable model to build assessor expertise and confidence, with potential applications for post-licensure assessment or specialist contexts.

OB-4 Blend (Curriculum + Indigenous Health) | Mélange (Programme d'études | Santé autochtone)

OB-4-1 Designing for Diversity: A Cbl Curriculum Reflecting Local Community Demographics

Jamie Harshman (Lead Author), **Sheila Holmes** (Co Author), **Dahlia Benedikt** (Co Author), **Sidrah Noor** (Co Author), **Dorothy Bakker** (Co Author), **Clare Hutchinson** (Co Author)

Methods: We prospectively designed patient narratives for the Year 1 CBL curriculum to align with the demographics of the Peel Region, derived from publicly available data from Peel Health Data Zone. TMUSoM engaged community members through surveys, town halls, advisory councils and consultative meetings that informed the CBL curriculum development. Throughout the curriculum development process, we tracked key variables for each case, including patient ethnicity and the primary clinical setting.

Results: Our simulated patient population successfully mirrored the diversity of the Peel Region, and reflected locally relevant social backgrounds and health priorities. The representation of the top three ethnic groups in our cases was proportional to regional data. 79.5% of cases were situated in primary care environments, with 34% of those occurring exclusively within a family medicine practice.

Discussion: The data-driven design of our cases ensures learners receive early, representative exposure to the patient populations and clinical environments they will serve. This design grounded in social accountability and health equity reinforces competencies relevant to generalist practice early in medical training, thereby better preparing graduates to meet local healthcare needs.

OB-4-2 'Beyond the Syllabus': A Discourse Analysis of the Representation of Family Medicine in Undergraduate Medical Education Curricular Materials

Aimun Q. Shah (Lead Author), **Nicole Fu** (Co Author), **Helen Neighbour** (Co Author), **Mathew Sibbald** (Co Author), **Sharon Bal** (Co Author), **Sarah Kinzie** (Co Author), **Cathy Risdon** (Co Author), **Meredith Vanstone** (Co Author), **Stacey A. Ritz** (Co Author), **Lawrence Grierson** (Co Author), **Keyna Bracken** (Co Author)

Methods: We conducted a discourse analysis of all formal UGME curriculum documents, including strategic plans, mission statements, learning objectives, tutorial case problems, and elective content. We also analyzed the clinical professions of instructors and the broader relative program structure. Our approach was guided by core FM principles of comprehensiveness, prevention, relational care, and longitudinal care. Each document was reviewed by at least two independent researchers, with regular team discussions to ensure analytic rigour and consistency.

Results: Strategic documents affirm the value of FM, but this is reflected inconsistently within curricular components. Medical Foundations curriculum emphasizes hospital-based, disease-oriented care, while Professional Competencies foregrounds person-centred approaches. Tutorial cases often position emergency physicians as central problem-solvers, with FM roles limited to referral or diagnostic functions. FM's broader scope in managing complexity, coordinating care, and innovating in resource-limited settings is rarely depicted. Educators come from diverse backgrounds, but FM educators typically represent focused rather than comprehensive practice.

Discussion: Limited integration of FM across curricular content, educator roles, and tutorial case design may contribute to a fragmented understanding of its importance. A more explicit focus on FM principles will help future physicians recognize its essential role in an actively interdependent healthcare system.

OB-4-3 Advancing Indigenous Health and Cultural Safety in Undergraduate Medical Education Through an Indigenous Curriculum Working Group: A Participatory Action Framework

K. Jean Chen (Co Author), **Lyric Oblin-Moses** (Lead Author), **Darlene Kitty** (Co Author), **Noah Bennell** (Co Author), **Mia Otten** (Co Author), **Hannah Mckay** (Co Author), **Alexandre Kokoko-Petiquan** (Co Author), **Laura Muldoon** (Co Author), **Bradley Mac Cosham** (Co Author), **Luc Brisebois** (Co Author), **Meghan Cornett** (Co Author), **Amy Nakajima** (Co Author)

Methods: The ICWG consisted of Indigenous medical students and residents, Indigenous and non-Indigenous faculty leaders and UGME administrative staff. In alignment with participatory action and a nationally developed curriculum toolkit, the ICWG met weekly to progress through five phases: initiation and engagement, collaborative visioning, curriculum development, implementation and evaluation. Learning goals and objectives were shaped by the Medical Council of Canada (MCC) Indigenous Health Objectives and accreditation standards. Quantitative and qualitative evaluation data from piloted learning activities were collected through post-session surveys.

Results: The ICWG co-developed case-based modules, experiential learning opportunities, and strategies for longitudinal integration of Indigenous health and cultural safety.

Discussion: Creation of a collaborative and learner-led ICWG aligned with participatory action framework enabled the development of an interactive and contextually relevant Indigenous health and cultural safety curriculum. Relationship-building, learning and un-learning and continuous evaluation and iterative adaptation will ensure the curriculum addresses the needs of Indigenous patients, families and communities.

OB-4-4 From Review to Reflexivity: Applying Cultural Historical Activity Theory to Curriculum Design in Compassionate Concussion Care

Areeba Chaudhry (Lead Author), **Nidhi Mehta** (Lead Author), **Kirin Dhillon** (Co Author), **Alice Kam** (Co Author), **Elizabeth Birchard** (Co Author), **Fowad Daud** (Co Author), **April Christiansen** (Co Author)

Methods: We conducted a meta-narrative review of 20 articles on CCC and interprofessional care, guided by Cultural Historical Activity Theory (CHAT). Articles were mapped to CHAT's activity system components, including subject, tools, rules, community, division of labour, and outcomes, with contradictions between these components identified as analytic entry points for understanding system dynamics.

Results: Four recurring contradiction types were observed, including misalignments between institutional rules and available tools, clashes between patient/caregiver goals and institutional constraints, and uneven divisions of labour across teams. Documented adaptations included role flexibility, psychosocial supports, patient education tools, and coordinated interprofessional communication.

Discussion: CHAT reframes narrative reviews from descriptive summaries to systemic analyses that expose contradictions and adaptations shaping care. By surfacing these tensions, CHAT offers a pedagogical method that enables learners to understand structural barriers, develop relational agency, and integrate compassion into their professional identity. This approach informs curriculum co-design for interprofessional education, equipping future clinicians to navigate complexity and advance equity in patient care.

OB-4-5 To Teach or Not to Teach? A Review of Physical Examination Maneuvers for Undergraduate Medical Curricula

Olivia Chung (Lead Author), **Zia Bismilla** (Co Author), **Chris Gilchrist** (Co Author)

Methods: We conducted a structured scoping review of physical examination maneuvers listed in the online AFMC clinical skills recommendations. Literature searches through PubMed, UpToDate, and other clinical resources were conducted for each maneuver or physical exam. Each maneuver was then categorized as "Yes," "Maybe," or "No" for curricular inclusion based on their diagnostic accuracy, inter-observer reliability, and clinical relevance.

Results: Maneuvers within general, head and neck, respiratory, cardiovascular, gastrointestinal, genitourinary, musculoskeletal, and neurological examinations were reviewed. Core techniques like inspection, palpation, percussion, and auscultation showed strong evidence for inclusion, while some traditional signs (e.g., sinus transillumination, puddle sign, rectovaginal exam) lacked reliability and were recommended for removal. Some maneuvers were found to have inconsistent evidence or utility only in specific contexts (e.g., Kernig's test, Brudzinski's test, jolt accentuation).

Discussion: This review underscores the need for an evidence-based approach to clinical skills education. By removing low-value maneuvers and emphasizing reliable, high-yield techniques, curricula can better prepare learners and improve patient care. As an initial step, this work will be followed by consultation with clinical skills experts to ensure that future AFMC recommendations remain both evidence-informed and clinically relevant.

OB-5 Equity, Diversity and Inclusion | Équité, diversité et inclusion

OB-5-1 Inclusive Medical Education: A Cross-Sectional Study of Australian Medical Students with Disabilities

Heidi Sinclair (Lead Author), **Gisselle Gallego** (Co Author)

Methods: This was a cross-sectional study, via an online national survey of Australian medical students with disabilities between 2022-2023. The survey included both multiple-choice, and open-ended questions. Responses were analysed through both quantitative and qualitative methods, employing descriptive statistics and content analysis.

Results: 145 responses qualified for final analysis. While the majority of respondents disclosed their disability to their university (77%), only 37% received adequate accommodations, and 27% described their university as very supportive. 80% experienced discrimination or negative treatment. Barriers identified include stigma, administrative burden, bureaucratic complexity, generic accommodations, institutional resistance, ableism, inflexible assessment policies, and inflexible academic design.

Discussion: The study revealed critical barriers faced by Australian medical students with disabilities. Despite some level of institutional support, the findings underscore the need for systemic change to foster inclusivity in medical education. The results highlight the importance of accommodating diverse learning needs, as well as moving towards an outcomes-based approach that recognizes the capabilities of students with disabilities. Focus should be placed on a re-evaluation of policies and practices to ensure equitable access and representation within the medical profession.

OB-5-2 Equity, Diversity, and Inclusion Learning Objective Coverage in the Psychiatry Curriculum: A Quantitative Quality Improvement Study

Teanna Rowe (Lead Author), **Saakethiya Sriranjan** (Co Author), **Suzanne Archie** (Co Author), **Albina Veltman** (Co Author), **Ashley Johnson** (Co Author)

Methods: Recordings and learning objectives from the 2023-24 Academic Half-Days from the Psychiatric Residency curriculum were obtained. These resources were reviewed & mapped against the proposed modified EDI and social justice-related CanMEDS objectives. A comparative analysis quantifying the percentages of these objectives met in teaching sessions during PGME years 1-5 was represented in table and graphical formats.

Results: Of the 44 proposed objectives, only one was not addressed within the sessions. The majority were covered in ≤15% of sessions, although two were covered in at least half. Coverage was strongest overall in the Medical Expert category (mean = 27%) and weakest in the Leader domain (mean = 6%). However, there were notable differences between years, with average coverage being strongest in PGY-1 and weakest in PGY-2.

Discussion: The McMaster Psychiatry Residency program addresses most of the proposed modified EDI and social justice-related CanMEDS objectives throughout the curriculum. However, the average percent coverage is low. There is room for improvement in addressing these important objectives throughout a larger percentage of the sessions. This information can be utilized by curriculum leads and individual educators to optimize coverage of EDI and social justice-related topics.

OB-5-3 By Community, for Community, Empowering Community: the Temerty Medicine Community Connection Event Series

Sabrina Zhu (Lead Author), **Tamara Sztainbok** (Co Author), **Tibyan Ahmed** (Co Author), **Saba Khan** (Co Author), **Lisa Richardson** (Co Author)

Methods: Community-specific TMCC events are developed by working groups of staff, faculty and learners identifying with the community addressed. Events foster dialogue on community priorities through speaker panels, roundtables and data presentations. Feedback forms were analyzed via descriptive statistics and thematic coding.

Results: Across 6 events, TMCC has reached 371 participants and prompted initiatives such as a student-led Trans and Gender Diverse Gathering Committee. Attendees rated their experience an average of 4.5/5, valued connecting with colleagues with shared experiences, and proposed increased time for networking and speaker diversity.

Discussion: Findings inform the refinement of TMCC and highlight TMCC as a valuable, scalable, culturally-responsive framework.

OB-5-4 Title: "the Extrovert Ideal" in Medical Education: the Relationship Between Introversion, Imposter Phenomenon, and Intersectional Identity Among Medical Trainees and Physicians

Meghan McConnell (Lead Author), **Tim Wood** (Co Author), **Nancy Dudek** (Co Author), **Neera Jain** (Co Author), **Victoria Luong** (Co Author), **Kori LaDonna** (Co Author), **Lindsay Cowley** (Co Author)

Methods: 577 Canadian medical trainees and physicians completed an online questionnaire that consisted of: demographic questions (gender, ethnicity, training location, sexuality, disability), the McCroskey Introversion Scale, the Clance Imposter Phenomenon Scale, self-identification as an introvert or an extrovert, and perceived impact of introversion/extroversion on participation in educational, clinical, and professional activities.

Results: Introversion scores were positively correlated with impostor phenomenon. Compared to self-identified introverts, extroverts were more likely to believe that their extroversion influenced their participation in educational and clinical activities. However, self-identified introverts believed their introversion impacted their engagement in professional settings than extroverts. The backward selection linear regression found that introversion, gender, and disability status predicted imposter syndrome scores.

Discussion: We found that participants who were introverted were more likely to have imposter syndrome and believed their introversion affected their participation in professional activities. Advancing equity in medical education depends on tackling the invisible challenges faced by trainees and faculty physicians. Educators and researchers alike should consider whether introversion can have detrimental effects on educational, clinical, and professional opportunities.

OB-5-5 Empowering Women in Surgery: Impact of A Student-Led Research Conference on Mentorship and Confidence

Breanna Chen (Lead Author), **Éolie Delisle** (Co Author), **Jessica Forcillo** (Co Author)

Methods: Female medical students at Université de Montréal organized a research conference for women in surgery to evaluate its effect on students' confidence, surgical interest, and perceptions of gender issues. Two literature reviews were conducted to identify student surgical research conferences and surgical initiatives for female medical students, and compare them with our results. Non-val--dated, non-standardized pre- and post-conference surveys were administered to participants. The Wilcoxon signed-rank test was performed to compare pre- and post-conference responses.

Results: Sixty-five students attended. Fifty-five female medical students from all years and Quebec medical schools completed both surveys. Confidence in approaching surgeons increased from 47% to 71% ($p < 0.001$). Participants who disagreed that women in surgery lack support rose from 7% to 24% ($p = 0.001$), and those who disagreed that gender is an obstacle rose from 22% to 33% ($p = 0.041$). The conference was rated more friendly and conducive to mentoring than prior experiences ($p = 0.009$). Surgical interest showed no significant change.

Discussion: Two studies on student surgical research conferences reported increased surgical interest in 85% and 98% of participants, whereas our conference showed no change. Some initiatives for female medical students reduced perceived gender barriers, consistent with our findings, though one study found no effect. Our student research conference for women in surgery, the first described in the literature, demonstrated that such initiatives meaningfully foster mentorship and support for female medical students pursuing surgery.

OB-6 Humanities in Medicine | Humanités en médecine

OB-6-1 Telling Tales and Challenging Perceptions: Understanding the Experiences of Rural Health Professionals as Human Books in A Living Library

Aaron Johnston (Lead Author), **Kaia Thauberger** (Co Author), **Grace Perez** (Co Author)

Methods: We interviewed 19 out of 29 human books, and transcripts were analyzed thematically.

Results: Three main themes emerged: (1) human books felt a responsibility to share and inspire; (2) story preparation was emotionally reflective and required psychological preparation; and (3) storytelling offered personal benefits, including emotional connection, reframing of past experiences, and the opportunity to practice storytelling skills.

Discussion: Sharing their stories offered 'human books' a space for reflection and renewed purpose. Through re-authoring and re-storying, the 'books' were able to share their truth and be heard without judgment. They felt a connection to the 'readers', and gained a sense of both personal and professional satisfaction of promoting rural healthcare interest among the medical learners. Findings support the integration of narrative-based practices in rural health education and highlight the value of sharing their stories for 'books' themselves.

OB-6-2 Whispers of Bravery: Rethinking Courage in Medicine

Jacqueline Torti (Lead Author), **Nadia Khan** (Co Author), **Deep Kaur Sandhu** (Co Author), **Abdulla Ahmed Al-Najjar** (Co Author), **Kristen Bishop** (Co Author)

Methods: Fifteen physicians from across North America participated in this narrative study exploring experiences of courage in medical practice. Guided by a constructivist perspective, semi-structured interviews elicited participants' stories of witnessing and enacting courage. Transcripts were analyzed using reflexive thematic analysis, identifying patterns in how courage is conceptualized, enacted, and experienced, including associated decision-making processes and perceived outcomes.

Results: Participants' narratives revealed the complex, morally grounded nature of courage in medicine. They described courage not as heroic spectacle but as ethically anchored, everyday acts that reflect integrity and justice. Stories highlighted courage enacted through action, restraint, or collective decision-making, shaped by both innate disposition and learned experience. Moments of choice-"thresholds" for action-were influenced by personal values, organizational pressures, and prior experiences. Witnessing acts of courage, whether recognized or penalized, further shaped participants' willingness to act, with outcomes varying across contexts.

Discussion: These findings highlight that courage in medicine is not only a personal trait but an ethically grounded practice shaped by context, experience, and organizational culture. By revealing how courage is conceptualized, enacted, and experienced, this study provides insights for educators, clinical leaders, and healthcare teams seeking to cultivate moral and professional courage in practice.

OB-6-3 Contranyms (Words that Share the Opposing Meaning): Why They Should Be Avoided in Medicine

Stephen Russell (Lead Author), **Chris He** (Co Author)

Methods: This talk focuses on examples of contranyms that might arise within a healthcare environment, both from medical professionals and patients. For example, "presently" means "now" but it also means some ambiguous time in the future. And to feel "sanguine" can mean both "hopeful/optimistic" and "out for vengeance".

Results: There are numerous words and phrases that should be avoided when communicating in healthcare settings, because they can potentially lead to needless confusion.

Discussion: Medicine isn't poetry, where words are often used to play with possible meanings. In all aspects of medicine, the best route is to pick the most unambiguous phrase, even if the term may not sound as elegant.

OB-6-4 Learn the Latin of Anatomy & Medicine over Coffee: an Invitation to Our Free Master Class Videos (in English, French, and Chinese)

Stephen Russell, (Lead Author) **Mélanie Houle,** (Co Author) **Chris He** (Co Author)

Methods: The Latin of anatomy is surprisingly quite straightforward, and our master class videos emphasize some basic patterns, forms, and paradigms that are relevant to those who need to use the language but have never formally learned how to read Latin - especially to people from areas of the world that do not teach Latin.

Results: In our presentation, we will model the kinds of things that you can see in our short videos, and how they are quick and practical.

Discussion: The Latin of anatomy is very simple, and the opposite of a mysterious language, and thus our free master class videos endeavour to present to the world how straightforward the language actually is - that it is a language that can still be read and understood by people without the need for artificial intelligence.

OB-6-5 There is A Doctor in the House: Physicians in the Canadian Parliament (1867-2025)

Farah Qaiser (Lead Author), **Ariel Gershon** (Co Author), **Dan Petrescu** (Co Author)

Methods: We utilised the Library of Parliament's Parliamentarians database to identify physician decision-makers, and obtained additional biographical information through newspaper archives and authorized biographies. Findings were tabulated and summarised, using descriptive statistics and graphical assessment.

Results: Since 1867, we found that 220 of 4,695 (4.69%) MPs, and 64 of 1,006 (6.4%) Senators have been physicians. There has been a steep decline in political participation over time. In the current Parliament, out of 343, only seven (2.04%) physicians serve as MPs - but notably, physicians remain overrepresented in Parliament, compared to the general population (0.24%). We found that most physician decision-makers are men (96.8%), represent a riding in Ontario (38.6%) or Quebec (27.7%), and tend (90%) to run for office more than once.

Discussion: Our study is the first to characterise, and present a complete list of Canadian physicians elected to serve as MPs, and/or appointed to serve as Senators. We found that there has always been a physician in the House of Commons and the Senate. We also note a notable decline in physician political participation over time, likely due to the increased rigour of standards to qualify as a physician, and the challenges faced in political participation.

OB-7 Inter-professional Education | Formation interprofessionnelle

OB-7-1 Physician Assistants Across Canada: Advancements in Education

Rebecca Mueller (Lead Author), **Kristen Burrows** (Co Author)

Methods: We conducted a review of all Canadian PA programs, examining expansion of existing programs and development of new programs. Curriculum structures, pedagogical approaches, and clerkship designs were reviewed.

Results: Canadian PA education has expanded to six programs nationally, with increased student intake across institutions. Some variation exists in instructional delivery and clerkship. Accreditation and regulation remain consistent in safeguarding education quality and defining professional practice.

Discussion: The growth of PA education in Canada reflects the profession's increasing role in addressing healthcare workforce shortages and enhancing interprofessional care delivery. Standardization through competencies and accreditation supports public trust and professional integration, while minor program variations allow for contextual adaptation. Understanding these developments is crucial for educators as we work with physicians, UME, and PME programs in Canada.

OB-7-2 Une Expérience Interdisciplinaire : Création De Balados Pour Un Accompagnement Inclusif en Stage

Tania Riendeau (Lead Author), **Marc Rouleau** (Co Author), **Véronique D'Amour-Dionne** (Co Author), **Mickael Dulin** (Co Author), **Michel Gervais** (Co Author), **Isabelle Gosselin** (Co Author), **Julie Gosselin** (Co Author), **Boutheina Jemel** (Co Author), **Julie McIntyre** (Co Author), **Diane Meilleur** (Co Author), **Anne-Marie Nader** (Co Author), **Annie Rochette** (Co Author), **Natasha Rouleau** (Co Author), **Vincent Roy** (Co Author)

Methods: Avec des rencontres mensuelles et des groupes de travail dédiés, ces collaborateurs de plusieurs disciplines (pédagogue, ergothérapeute, orthophoniste, médecin de famille et d'autres) ont effectué une recension des écrits, des groupes de discussion avec enseignants et apprenants concernés puis ont effectué un planning pédagogique selon les besoins ressortis. Dix balados ont ainsi été créés, suivant une étudiante en médecine, Emma, ses superviseurs cliniques et les stratégies d'accompagnement mises en place.

Results: Un sondage a été complété par huit des membres de l'équipe interdisciplinaire après la création des balados. Tous ont apprécié l'expérience, la dynamique de groupe, les méthodes de communication et recommanderaient ce type de travail à un collègue. Ils ont perçu une complémentarité et un respect de leur expertise respective qui ont permis d'avoir une vision commune. Les défis étaient surtout d'ordre administratif et d'horaire.

Discussion: Ce projet montre que l'interdisciplinarité, bien intégrée en clinique, permet une pluralité des expertises au service de la pédagogie, des enseignants et apprenants. Les balados seront diffusés cet automne et les rétroactions permettront de poursuivre la réflexion sur cette expérience.

OB-7-3 How Do Medical Students and Their Instructors Learn About and Teach Uncertain and Complex Invisible Disabilities? A Narrative Ethnography of the Classroom

Téa Christopoulos (Lead Author), **Michael Atkinson** (Co Author)

Methods: A narrative ethnographic approach was adopted. Five ethnographic observations were conducted for an 11-week, second-year undergraduate medical school course focused on caring for vulnerable patient populations with complex presentations. Twenty second-year and third-year students and three course instructors (n=23) participated in semi-structured narrative interviews which were iteratively guided by preceding ethnographic observations and a feminist bioethical lens.

Results: Data are currently being analyzed using a critical narrative analysis (Souto-Manning, 2014). Early findings suggest that invisible disability is not explicitly taught as a concept in medical curricula. Students provide various conceptualizations for invisible disability and medical uncertainty and narrate their educational experiences with curiosity, empathy, and an openness toward learning from patient narratives. Students assume a personal responsibility toward learning more about these topics and recognize the importance of their management in clinical contexts.

Discussion: This study will help illustrate what and how students are currently learning about invisible disability to co-create a framework that can be integrated into undergraduate medical curricula to enhance their education on these topics.

OB-7-4 Interprofessional Primary Care Skin Assessment as A Key Educational and Collaborative Opportunity

Shauna Hacker (Lead Author), **Alain Scalabrini** (Co Author), **Hailey Sutherland** (Co Author)

Methods: Between 04/01/2024 and 03/31/2025, NP trainees were integrated into our FM procedures clinic. Data collected included the number of clinics, participating trainees (MD and NP), and details of subsequent referrals to skin-related specialists. Informal feedback was gathered through exit interviews of graduating residents.

Results: Over 49 clinics, 40 FM residents, four NP students, three medical students, and one dermatology resident participated, totaling 128 learner clinic opportunities (mean 2.6 learners/clinic). Among 274 patients seen, only 28 (10%) required skin specialist referral, primarily for definitive excision (61%), cosmesis (6%), or e-consultation (14%). Learner feedback was overwhelmingly positive, with most requesting increased exposure.

Discussion: The interprofessional clinic reduced specialist referrals through high-value, in-house dermatologic care, while offering robust educational opportunities. Future directions include formal evaluation of trainee competence and a focused assessment of interprofessional education outcomes.

OB-7-5 Tracing Power and Resistance: A Commensal Ethics Intervention to Foster Interprofessional Solidarity and Re-Imagine Professional Identity in Post-Acute Rehabilitation Care

Ruby Shanker (Lead Author)

Methods: Grounded in a macro-sociological Foucauldian analysis of power/resistance and a micro-sociological application of Iris Marion Young's communicative democracy, the intervention invites small interprofessional groups to participate in facilitated "tracing exercises." Sessions are intentionally commensal, combining shared meals with guided dialogue to encourage inclusion, narrative exchange, and mutual recognition. Participants surface dominant organizational discourses, explore how they are positioned to reinforce or resist these narratives, and identify everyday acts of productive resistance. A qualitative feedback survey will be administered six months after launch; selected participants may be invited to semi-structured interviews pending Research Ethics Board approval.

Results: Pilot implementation is planned within a regional rehabilitation network. Early observations focus on feasibility, participant engagement, and the richness of dialogic exchange during shared meals.

Discussion: Integrating Foucauldian insights on systemic power with Young's principles of communicative democracy, this commensal approach aims to release feelings of helplessness associated with moral injury, strengthen interprofessional bonds, and help teams renegotiate professional identities. Findings will inform scalable strategies for ethics-oriented team development in resource-constrained health systems.

Block C

OC-1 AI and Data Science | IA et science des données

OC-1-1 Using Artificial Intelligence Chatbots to Build Feedback Skills: A Path for Integrating Artificial Intelligence Thoughtfully in Medical Education

Eleftherios Soleas (Lead Author), **Wiley Chung** (Lead Author), **Heather Braund** (Co Author)

Methods: Guided by Carless and Boud's Feedback Literacy Framework, a 40-minute workshop replaced traditional lectures and incorporated two custom AI chatbots simulating distinct feedback personalities. The intervention integrated foundational feedback teaching, dynamic group interaction with chatbots, and peer role-play exercises. Pre- and post-session surveys (n=112) measured changes in confidence, comfort, and understanding related to feedback.

Results: Students showed statistically significant improvements in comfort giving and receiving feedback, confidence in delivering constructive feedback, and understanding effective feedback components (all $p < 0.05$). Qualitative feedback highlighted the value of chatbot interactions for practicing challenging feedback dialogues in a safe environment, fostering engagement, curiosity, and skill development. Most participants welcomed further AI-assisted sessions, alt--ough some noted limitations including chatbot real--sm and the artificiality of the experience.

Discussion: The AI-augmented workshop increased feedback literacy and communication skills while mitigating anxiety associated with feedback exchange. Chatbots acted as both educational tools and engagement facilitators, especially useful prior to clinical immersion. Limitations include self-reported data, single-site design, and lack of longitudinal assessment. Future work should refine chatbot realism, explore broader application across curricula, and measure long-term impacts on clinical performance. Thoughtful integration of AI chatbots in medical education offers promising opportunities to enhance feedback skills, engagement, and learner confidence, supporting essential competencies for professional growth.

OC-1-2 Visualizing Data on the Learning Environment and Continuous Quality Improvement (Cqi)

Allison Paquette (Lead Author), **Latifah Kamal** (Co Author), **Bensun Fong** (Co Author), **Sandy Tse** (Co Author), **Claudia Malic** (Co Author)

Methods: An API-driven dashboard was developed to aggregate learning environment for professionalism (LEP) evaluations across programs, departments, and affiliates. The dashboard allows users to filter data by site, rotation, and learner program whilst protecting learner confidentiality. Evaluation criteria include observations of effective doctor-patient relationships, collaboration with healthcare workers, and observations of professional behaviour. Key performance indicators categorize LEP observations as "Needing Improvement," "Meeting Expectations," or "Exemplary" with "Exemplary" being a rated as 80% or more satisfaction, in alignment with service excellence standards. Monthly data uploads are automated.

Results: The dashboard has proven effective in identifying patterns and potential areas for improvement (AFI) within the learning environments, enabling affiliates to conduct data-informed, targeted interventions. It complements qualitative data collected through institutional accreditation reviews and site audits, offering a comprehensive, multi-stream view of the learning environment. The system's confidentiality safeguards protect learner identity, encourage honest feedback, and enhance data accuracy.

Discussion: This dashboard improves the ability for Postgraduate Medical Education, sites, and programs to monitor LEP concerns, compare learning environments, track patterns over time, and identify potential AFIs. This dashboard works to support evidence-based decision-making and fosters a culture of CQI across institutions.

OC-1-3 Scaling Personalized Feedback on Professional Competencies: Large Language Models for Open-Response Sjts in Medical Education

Cole Walsh (Lead Author), **Gill Sitarenios** (Lead Author), **Alexander MacIntosh** (Co Author), **Rodica Ivan** (Co Author), **Muhammad Zafar Iqbal** (Co Author), **Colleen Robb** (Co Author)

Methods: We piloted a new open-response formative SJT measuring intrapersonal skills, interpersonal skills, social consciousness, and critical thinking and developed a novel system for scoring and generating feedback for this test using LLMs. Using responses collected from 400 students and human ground truth ratings for these responses we constructed LLM-based models to score and generate student feedback.

Results: We evaluated the agreement between AI-generated scores and ratings provided by human experts. We compared this agreement to the agreement between independent human raters rating the same responses and found that our AI models achieved comparable or superior results. We additionally demonstrated that these models are able to produce personalized feedback for each of the four dimensions.

Discussion: Our findings demonstrate that LLMs can effectively score open-response SJTs with reliability comparable to human experts, offering a scalable solution for evaluating critical skills in medical education. The LLM pipeline for generating personalized feedback provides a promising avenue for supporting student development and timely intervention, making robust skills assessment and feedback feasible in a wide array of medical education settings.

OC-1-4 Next Generation Case-Based Learning: A Generative Ai-Powered Platform for Dynamic Patient Simulation and Socratic Dialogue

Runjie Bill Shi (Lead Author), **Chris Gilchrist** (Co Author)

Methods: We developed a web-based platform featuring two core AI-driven functionalities created through prompt engineering: a conversational virtual patient for unscripted history taking and an interactive AI tutor for case discussion. A pilot study is planned for Fall 2025 with first-year medical students to evaluate the platform's user experience and learning outcomes.

Results: A functional prototype has been successfully developed. The platform enables students to lead a clinical interview using natural, open-ended language. The AI tutor guides students through questions not by providing direct answers, but with Socratic hints. For example, when discussing pharmacodynamic interactions, the AI tutor automatically prompts students to: "Consider how opioids and sedatives affect the nervous system and what might happen when they are taken together. What do you think?"

Discussion: This AI-driven platform offers a solution to the current CBL crisis. Our approach transforms AI from a simple answer generator into a sophisticated learning partner, making CBL more im--ersive and effective. Future work will focus on an--lyzing data from the planned pilot study to assess the platform's educational impact and guide its further development.

OC-1-5 L'utilisation D'outils D'intelligence Artificielle Dans Le Processus De Nomination De Lauréats en Enseignement Supérieur : Une Étude De Cas

Alireza Jalali (Lead Author), **Sarah Mann** (Lead Author), **Salomon Fotsing** (Co Author), **Mathilde Tardif** (Co Author), **Nassima Marouf** (Co Author), **Meghan Stevens** (Co Author)

Methods: Après une revue de littérature rigoureuse, Jasper, Claude et ChatGPT ont été retenus. Des évaluateurs ont généré des lettres à partir d'un profil fictif et utilisé un questionnaire avec des questions de type Likert et dichotomiques pour évaluer la difficulté, la pertinence, la personnalisation, l'adaptabilité, la rentabilité et la satisfaction des outils. Des questions ouvertes ont complété l'évaluation.

Results: Les résultats exploratoires montrent une bonne fiabilité interne pour les questionnaires Likert de Jasper ($\alpha = 0,949$) et ChatGPT ($\alpha = 0,727$), mais une faible fiabilité interne pour Claude ($\alpha = 0,150$). ChatGPT a été le plus facile à utiliser (5/5), suivi de Claude (4,6/5) et de Jasper (4,2/5). La pertinence du contenu généré était élevée pour tous les outils, tandis que la personnalisation était plus faible pour ChatGPT (2,6/5) que pour Jasper (4/5) et Claude (3,6/5). En termes de rentabilité perçue, Claude a obtenu le score moyen le plus élevé (4,4/5).

Discussion: L'IA peut soutenir la rédaction de lettres de nomination. Jasper et Claude offrent un contenu plus personnalisé que ChatGPT, qui se distingue par sa simplicité d'utilisation. Des recherches plus larges sont nécessaires pour confirmer ces résultats.

OC-2 Assessment | Évaluation

OC-2-1 Do Years of Experience Predict Surgical Teamwork Performance? Evidence From Hip Fracture Surgeries

Jeffery Okoroma (Lead Author),**Riana Fisher** (Co Author), **Cari Whyne** (Co Author), **Portia Kalun** (Co Author)

Methods: This study was conducted at a large academic hospital. Intraoperative recordings of hip fracture surgeries were assessed by experts using validated teamwork assessment tools, generating checklist and global rating scores. YE was calculated for all team members, including surgeons, nurses, radiation technologists (RTs), anesthesia teams and associated trainees. Associations were tested using linear regression and ANOVA.

Results: We analyzed 103 surgeries. Surgeon and nurse YE were not significantly associated with checklist or global rating scores. In contrast, RT YE was weakly associated with checklist (slope=0.005, p=0.0013) and moderately with global rating scores (slope=0.52, p=0.0007). At the team level, composite YE was not significantly associated with performance. Beyond YE, having at least one "comfortable/consistent" nurse in the case was significantly associated with higher nurse global ratings (p=0.048) and entire team global ratings (p=0.036).

Discussion: These findings suggest YE alone does not consistently capture expertise across all surgical roles. While RT performance improved with experience, other team members' YE showed no clear relationship. Nurse familiarity enhanced performance, underscoring the importance of role-specific experience and team dynamics in shaping intraoperative teamwork. Future research will explore additional determinants of surgical team performance and consider targeted onboarding or training strategies to support RT development.

OC-2-2 Extended Longitudinal Analysis of Program Learning Outcomes (Plos): is It A Panacea for Improvement?

Ehab Abd El-Moneim (Lead Author), **Ahmed Abdelmagied** (Lead Author), **Anwar Sayed** (Lead Author), **Tayseer Mansour** (Co Author)

Methods: For five graduating MBBS classes (2019-2023) at Taibah University College of Medicine, Saudi Arabia, we assessed the achievement of seven knowledge-based PLOs. On a scale of 5, whereas 3 was the desired benchmark, each PLO was measured directly (students assessment mapped to PLOs) and indirectly (graduates' perception). Variation coefficient (CV) analysis was utilized to detect any performance fluctuations, classifying a CV <10% as low and >30% as high.

Results: Except for the first year, which had three underachieved PLOs, the class average of all knowledge PLOs surpassed the benchmark (2.8±0.8, 4.1±0.6, 3.7±0.8, 3.2±0.3, 3.8±0.4; 2019-2023, respectively). Cumulative 5-year PLO achievements; PLO1 to PLO7 shows 3.1±0.4, 4±0.5, 3.2±1.2, 3.3±0.3, 3.5±0.5, 3.7±1.0, 3.8±0.5. From 2019 to 2023, performance stability improved steadily, with CV decreasing from 31% to 11% for direct PLO scores and from 5% to 3.3% for indirect scores. PLO3 (social and behavioral sciences) showed the highest variability (CV 36.5%), while PLO1 (basic biomedical sciences knowledge) exhibited recurrent underachievement.

Discussion: Crucial targets for tracing program performance longitudinally are to identify learning content that's resistant to remediation, spot instability in achievement, and track learning trajectories over time. Our program demonstrated positive development over the academic cycle with increased coherence of knowledge construct delivery. There is evidence suggesting the need for long-term targeted interventions to enhance social sciences and biomedical knowledge.

OC-2-3 Developing and Validating Entrustable Professional Ethical Actions (Epeas) for Assessment of Bioethics in Graduate Medical Education

Russell Franco D'Souza (Lead Author), **Krishna Mohan Surapaneni** (Co Author), **Mary Mathew** (Co Author)

Methods: This study was conducted in two phases. In the first phase, focus groups with bioethics and medical education experts and a systematic literature review were conducted to identify key ethical competencies in medical education, drawing primarily from UNESCO's Universal Declaration on Bioethics and Human Rights (UDBHR), competency-based frameworks, and international guidelines. Using these insights, an initial set of 34 competencies was drafted and categorized into seven domains. These were then refined into ten core EPEAs, with a measurable two-tier milestone system differentiating between pre-entrustable and entrustable behaviors. In the second phase, the EPEAs were validated via an e-Delphi study involving 35 international experts using a 47-item questionnaire, a 4-point Likert scale, and open-ended feedback. Consensus was defined as ≥80% agreement on clarity, relevance, and feasibility. Statistical measures included content validity indices (CVI), Intraclass Correlation Coefficient (ICC), and Kendall's W to determine reliability and agreement levels.

Results: Validation demonstrated 86.49% agreement on relevance, 82.86% agreement on milestone differentiation, and 81.76% agreement on measurability. The final set comprised ten validated EPEAs, covering key ethical actions in informed consent, privacy, equity, sustainability, and emerging technologies. Reliability testing (ICC: 0.87) and content validity indices (S-CVI/AVE: 0.80, I-CVI: 0.85, S-CVI/UA: 0.92) confirmed the robustness of the EPEAs.

Discussion: EPEAs provide a structured, competency-based approach for integrating and assessing bioethical decision-making in medical education. By establishing global consensus, this framework enhances the ability of medical educators to train and assess ethical competence in future physicians. Future research should explore implementation strategies and longitudinal assessment of EPEAs in various medical training environments. EPEAs offer a validated, practical framework for assessing bioethical competence in medical trainees and residents, ensuring they are prepared to navigate complex ethical dilemmas with confidence, professionalism, and accountability.

OC-2-4 Exploring Performance in Health Care Teams: Sequential Analysis of Communication and Coordination Patterns

Ingrid de Vries (Lead Author)

Methods: This quantitative observational study analyzed video recordings (n=55) of paramedic teams performing simulated clinical scenarios. Communication and coordination behaviours were coded by two independent researchers. Sequential analysis was conducted to identify significant behavioural transitions with standardized residuals (z-scores), Odds Ratios (OR) and Yule's Q. Group differences for high and low-experience teams were tested using χ^2.

Results: Sequential analysis showed two sequences occurring more often than chance with robust association: the transition from "Gathering information" to "Sharing an interpretation" ($z = 18.57$, $p < .001$, OR = 4.835, Yule's Q = 0.66) and from "Interpretation sharing" to "Projection sharing" ($z = 13.64$, $p < .001$, OR = 13.19, Yule's Q = 0.86). Overall, there was a significant difference between high- and low-experience teams ($\chi^2(11) = 40.18$, $p < .001$). "Planning" and "Projection sharing" were underused by high-experience teams and overused by low-experience teams. "Implicit information sharing" was underused by low-experience teams.

Discussion: Findings show experience-based differences in team communication and coordination patterns; this will support medical educators to improve team performance through targeted team-level feedback.

OC-2-5 Defining and Identifying Relational Skills in Healthcare: A Foundational Study Toward Diagnostic Assessment

Nancy Forget (Lead Author), **Carlos Gomez-Garibello** (Co Author), **Maryam Wagner** (Co Author)

Methods: A narrative review was performed using a search strategy that spanned across four databases. The included published literature was analyzed using conventional content analysis [7, 8].

Results: The review provided a comprehensive definition of relational skills tailored to allied health professions. The results also offered a detailed list of relational domains and sub-skills, linked to OT competencies, thus identifying the relevant skills for training and practice.

Discussion: This foundational work clarifies the construct of relational skills and offers a shared terminology to be used across allied health professions. The results inform the development of PREP-OT-RS, which will provide individualized feedback to OT students, supporting diverse educational needs.

OC-3 Blend (Health Workforce + Inter-professional Education) | Mélange (Main d'oeuvre en santé + Formation interprofessionnelle)

OC-3-1 A Data Architecture Framework to Enhance Health Data Ecosystems and Workforce Planning

Sarah Simkin (Lead Author), **Ivy Bourgeault** (Co Author), **Dax Bourcier** (Lead Author)

Methods: We conducted an environmental scan to identify leading practices, principles, standards, guidelines, existing frameworks, and persistent challenges in health workforce data and planning. Using an iterative development process, we created a comprehensive description and visual representation of the framework. We then assessed its applicability to the Canadian context, implementation considerations, potential remediations, and added value to health systems.

Results: The resulting data architecture framework features four fundamental components: data ingestion, integration, storage, and fit-for-purpose use. It addresses major data challenges, including the lack of comprehensiveness, granularity, standardization, interoperability, timeliness, usability, and accessibility. The assessment of the applicability of the framework to the Canadian context revealed that added value stems primarily from its promotion of comprehensiveness, interoperability, compatibility with artificial intelligence and accessibility of data to decision-makers.

Discussion: This data architecture framework addresses persistent challenges in health workforce data by enabling more consistent, timely, and actionable insights. It provides policymakers, planners, and researchers with fit-for-purpose data to improve resource allocation, forecasting, and innovation. Ultimately, it establishes health data ecosystems that support evidence-informed decision-making, workforce optimization, and sustainable health care delivery.

OC-3-2 Evaluating Attitudes Towards Academic or Non-Academic Clinical Practice upon Graduation: A Mixed-Methods Study

Manav Vyas (Co Author), **Umberin Najeeb** (Lead Author), **Csilla Kolacsai** (Co Author), **Marwa Douelrachad** (Co Author)

Methods: A mixed-methods prospective observational study was conducted, inviting postgraduate trainees (PGY4-6) in the Department of Medicine at the University of Toronto. Information on social position was gathered with a demographic survey. Responses were obtained on a Likert-scale exploring their attitude about academic medicine. Follow-up interviews were also offered. Transcribed interviews were analyzed using qualitative descriptive paradigm, exploring the themes associated with attitudes towards academic medicine.

Results: Fifty-two trainees completed the survey (~90% aged 26 to 35 years, 57.1% women, 71% middle to upper-middle). About one-third intended to work in academic medicine, while 28% were neutral. Over 90% reported negative feelings about academic culture and its impact on mental health. 73% felt that non-academic medicine would allow them to have a work-life balance. Ten trainees participated in the interviews (~90% aged 26-35 years, 60% men, 55.6% middle to lower-income). Emerging themes highlighted how academic medicine was associated with the image of an ideal academic physician which may seem both unattainable and undesirable due to financial considerations, social positioning and culture of academic medicine.

Discussion: While at an aggregate level, social position was not directly associated with career choice in academic medicine, participants with diverse social identities identify structural barriers associated with academic medicine influencing their decision-making. Strategies to address cultural and structural barriers may help reduce the influence of social position in determining post-graduate medical trainees' career choices.

OC-3-3 Reducing Health Disparities in Diabetes Related Amputations Through Community-Based Foot Screening: Using an Evidence-Informed Education Program for Prevention and Early Management of Diabetes-Related Foot Complications.

Nicole Bajcar (Lead Author), **Hei Ching Kristy Cheung** (Co Author), **Naomi David-Brumer** (Co Author), **Nicole Woods** (Co Author)

Methods: We used an iterative design approach guided by the principles of adaptive expertise and Kemp's Model of Instructional Design. The curriculum was piloted across three healthcare professions (i.e.,. second-year Occupational Therapy students, Personal Support Workers, and Community Paramedics) across Northern and Southern Ontario. Participants completed post-training knowledge checks and surveys evaluating the training's relevance, confidence, and feasibility. We descriptively analyzed quantitative data (e.g., Likert scale responses), while we conducted a thematic analysis of the open-ended feedback to identify areas for improvement and perceived value.

Results: Knowledge checks revealed a ceiling effect among OT students, suggesting prior familiarity with diabetes foot care. PSWs showed greater learning gains and reported increased confidence. Survey feedback indicated that participants found the curriculum relevant and beneficial to their professional roles. However, virtual training participants expressed discomfort with performing foot screenings due to limited hands-on practice. Thematic analysis highlighted the need for more practical components and clearer post-training integration pathways.

Discussion: This study demonstrates the feasibility of training healthcare workers in diabetes foot screening using an evidence-informed curriculum. Participants valued the training, but challenges remain in translating knowledge into routine practice-particularly in virtual formats and in settings lacking follow-up support. Future phases will include interviews to explore enablers and barriers to integration, and expand training to community paramedics and staff at community centres. Addressing these gaps is essential to improving diabetes foot care equity and reducing preventable amputations in underserved populations.

OC-3-4 Existing and New Opportunities for Interprofessional and Interdisciplinary Education in Health Sciences

Wiley Chung (Lead Author), **Eleftheria Laios** (Co Author), **Natalie McGuire** (Co Author), **Mujeedat Lekuti** (Co Author), **Julia Field** (Co Author), **Luca Stoicescu** (Co Author), **Christian Cataudella** (Co Author)

Methods: A study was conducted with data collection through an online survey designed to be completed by each program as a group (program director and members familiar with its ID/IP compo--ents). To promote survey completion and engage--ent with nuanced survey items, we conducted vir--ual interviews per program.

Results: Sixteen programs within the Schools of Nursing, Medicine, and Rehabilitation Therapy participated (25% undergraduate, 63% graduate, 13% other). Most were interested in expanding ID/IP education through shared curricula within their school (75%), outside their school but within Health Sciences (92%), with other faculties (42%), and through community-integrated education (50%). Priorities for developing new ID/IP included simulations (73%), ID problem-solving (55%), ID course-based research projects (55%), ID teaching teams (64%), and community-based shadowing (64%). Regarding scaling up existing initiatives, participants preferred an ID/IP course on social determinants of health (55%), interprofessional shadowing (60%), clinical skills training (60%), and global health initiatives (60%).

Discussion: Most programs expressed interest in expanding ID/IP education primarily through collaboration with programs within Health Sciences rather than outside, stating barriers such as resources and conflicting timetables. Programs prioritized development of simulations and scaling up existing initiatives such as global health.

OC-3-5 Assessing the Educational Impact of A New Hiv Prep Training Module Among Primary Care Providers in Southeast Ontario: Results From Immediate and 3-Months Post-Training Evaluation Surveys

Beatriz Alvarado (Lead Author), **Nicholas Cofie** (Co Author), **Oluwatoyosi Kuforiji** (Co Author), **Nancy Dalgarno** (Co Author), **Jorge Martinez-Cajas** (Co Author)

Methods: This evaluation study is based on data obtained from pre (n = 38) and post training surveys (n = 20) administered to PCPs who completed a 2-hour educational module on PrEP prescription and use via Qualtrics, an online platform for survey development and data collection.

Results: from the surveys demonstrated substantial improvements in PCPs' understanding of PrEP eligibility (64%-80), clinical management knowledge (55%-180%), confidence in medication management (57%-68%), skills in monitoring PrEP clients (47%-84%), and knowledge regarding PrEP discontinuation (84%). All participants (100%) agreed that the module met their expectations and was applicable to their clinical practice.

Discussion: Feedback highlighted the module's comprehensiveness, accessibility, and ease of navigation. These findings suggest that our online module has significant potential to bridge the current knowledge gap in PrEP prescription among PCPs.

OC-4 Curriculum | Programme d'études

OC-4-1 Building A Family Medicine-Focused Md Program - Lessons From the First Two Years

Michelle Gibson (Lead Author), **Shayna Watson** (Co Author), **Natasha Aziz** (Co Author)

Methods: Curricular leaders collected ongoing formal and informal feedback from faculty and students. This permitted real-time adaptations to existing curriculum and innovations for second year cur--iculum. Analyses were made of student perfor--ance in key assessments to compare results at both campuses.

Results: Positive feedback was received about curricular structure, small group learning, and community placements. Returning community faculty (retention rate of over 80%) led the development of the second-year curriculum and the refinement of the first-year curriculum. Year 2 included a spiral curriculum with cases of increasing complexity, tailored community placements, and culminated with an 'Expert Generalist' course with review of basic sciences. Analysis of student results in common exams demonstrated no significant differences in performance between sites, including on the summative OSCEs.

Discussion: Students are performing well in this innovate and well-received program. Family medicine faculty recruited in year 1 have continued to lead curricular design and refinement. Plans for clerkship include tailored classroom learning alongside parallel delivery of clinical clerkship at both campuses, and ongoing refinement of the curriculum in years 1 and 2.

OC-4-2 'It Cemented My Idea of Wanting to Be in Family Medicine': Effects of A Lifestyle Counselling Elective on Career Aspirations

Adam Gavarkovs (Lead Author), **Wendy Blunt** (Co Author), **Melissa Majoni** (Co Author), **Claire Styffe** (Co Author), **Dawn Gill** (Co Author), **Rob Petrella** (Co Author)

Methods: Interviews were conducted with seven medical students from two Canadian institutions who participated in a six-month elective that involved delivering the HealtheSteps program, an evidence-based chronic disease prevention and management program that entails longitudinal lifestyle counselling. Interviews explored students' motivations, experiences, and outcomes during the elective. Reflexive thematic analysis was employed to identify recurrent patterns of meaning in the data.

Results: The flexibility of the HealtheSteps program supported students' sense of autonomy and allowed them to develop meaningful relationships with program participants, enhancing their sense of relatedness. The longitudinal nature of the elective allowed students to observe participants' progress, enhancing their sense of competence. Need-satisfying interactions with patients supported students' learning, well-being, and reinforced their aspirations to practice family medicine.

Discussion: This study provides evidence that family medicine electives can enhance students' feelings of autonomy, competence, and relatedness, which can support their aspirations to practice family medicine. Future research could explore how these need-satisfying experiences influence career aspirations among students without a pre-existing interest in family medicine.

OC-4-3 Re-Examining Claims About Competence by Design (Cbd) Implementation Success in Canadian Postgraduate Medical Education

Jonathan Chainey (Lead Author), **Ayelet Kuper** (Co Author), **Ryan Brydges** (Co Author)

Methods: We conducted a citation analysis of a recent article claiming the "success at scale" of CBD implementation in Canadian PGME. Among 169 references, we categorized each by type and empirical relevance. We also reviewed Canadian-situated empirical studies on Entrustable Professional Activities (EPAs) and their role in feedback within CBD systems. Additionally, we consulted the Royal College of Physicians and Surgeons of Canada's (RCPSC) 2024 CBD Adaptations Plan to contextualize recent developments.

Results: The article's citations did include empirical studies (49.2%), though just 59.4% of those directly addressed CBME. Notably, we observed many (25.3%) self-citations, suggesting limited diversity of perspectives. Our appraisal of available studies revealed mixed outcomes: although EPAs aimed to enhance feedback, trainees reported increased stress, administrative burden, and inconsistent feedback quality. While the original article did not reflect these findings clearly, the RCPSC's 2024 plan did acknowledge them and proposed reforms to reduce assessment load and improve feedback.

Discussion: Our findings challenge the narrative of CBD's unequivocal success in Canada. We highlight the need for context-sensitive empirical research to guide future reforms. We believe the RCPSC's 2024 plan will stimulate a more balanced understanding of CBD's impact on PGME.

OC-4-4 The Role of Performance Mental Skills on Medical Student Development: Implications for Professionalism and Curriculum Integration

Jacomie Strydom (Lead Author), **James Hudson** (Co Author), **Ashley Clelland** (Co Author), **Victor Do** (Co Author), **Cheryl Goldstein** (Co Author)

Methods: We conducted three World Café sessions with eighteen medical undergraduate students at the University of Alberta. Café transcripts were analyzed using constructivist grounded theory and organized into a preliminary model of PerMS impact.

Results: We identified four key themes that medical students used to conceptualize the impact of PerMS, including: 1) Stress Management & Coping, 2) Development as Medical Learners, 3) Compassionate Patient Care, and 4) Personal Growth. Students described how PerMS buffer the stressors of medical school from negatively affecting their lives outside of medicine. Learners also reported that PerMS can build confidence, improve thinking capacity, encourage self-directed learning, and prevent poor clinical performance. Students discussed that PerMS are needed to be effective and empathetic helpers for patients, and can be used to support patients in developing their own coping skills. Lastly, PerMS supports personal growth through self-reflection, changing one's perspective, and making the student a well-rounded individual overall.

Discussion: The positive and multifaceted impact of PerMS underscores the importance of supporting medical learners to develop these skills as part of their training. Future research should explore how to best integrate these skills into the medical school and residency curricula.

OC-4-5 Cinq Stratégies Pour Uniformiser Et Optimiser Les Séances D'apprentissage Du Raisonnement Clinique Aux Études Médicales De Premier Cycle

Dévi Moorjani Houle (Co Author), **Isabelle Burnier** (Co Author), **Diane Bouchard-Lamothe** (Co Author), **Joseph Zarychta** (Co Author), **Sophie De Roock** (Lead Author)

Methods: Une équipe interdisciplinaire (expert de contenu, tuteur, résident, étudiant de premier cycle, concepteur pédagogique) a collaboré pour analyser les besoins des intervenants impliqués dans les SARC. En réponse, un dossier d'outils pédagogiques réutilisables et adaptables selon la discipline (gabarits, guides, vidéos de formation) s'est concrétisé, axé sur la métacognition, le questionnement et l'autoréflexion. Les collaborateurs ont porté un regard critique sur leur expérience.

Results: Cinq stratégies, fondées sur les données probantes, ont été identifiées pour uniformiser les SARC du curriculum d'uOttawa, dans un cadre adaptable à d'autres programmes de médecine; 1) fournir aux experts de contenu un gabarit PPT structuré pour présenter des cas cliniques de RC par discipline, 2) engager activement les étudiants avec du matériel préparatoire visant la métacognition, 3) soutenir les tuteurs avec un guide de débriefing structuré, 4) offrir une formation express aux tuteurs sur la métacognition et les biais cognitifs, 5) développer les outils pédagogiques en équipe multiniveau.

Discussion: La mise en pratique du dossier pédagogique proposé transforme ce terrain glissant en parcours pédagogique clair et précise la prochaine étape : une évaluation informelle des outils par différents intervenants.

OC-5 Equity, Diversity and Inclusion | Équité, diversité et inclusion

OC-5-1 Motivations and Barriers to Participation in A Community of Practice for Physicians Living with Disability

Erin Norris (Co Author), **Sophie Eisen** (Lead Author), **Michael Quon** (Co Author), **Anne Kawamura** (Co Author), **Tina Martimianakis** (Co Author)

Methods: This qualitative study used semi-structured interviews to collect data. Fifteen physicians and residents across Canada living with a variety of disability types, and of varying ages and career stages, were enrolled. We classified motivations and barriers to participation as cultural, institutional, and personal/interpersonal. Using Self-Determination Theory, we then identified their drivers of autonomy, competence, and relatedness.

Results: Motivating factors include making connections, navigating institutional systems, and having a shared community identity. Intrinsic motivators include a strengths-based perception of disabil-ty which is found across different disability types and career stages. Barriers to participation include stigma, fear of repercussions, and disability imposter syndrome.

Discussion: Identifying motivations and barriers to participation is a crucial first step in building a robust and inclusive CoP for physicians with disabilities. Results inform recruitment and engagement strategies, contribute to equity-focused continuing professional development, and provide a model for other equity-seeking groups in medicine. Supporting physicians with disabilities is not only a matter of equity, but also an important strategy for sustainable healthcare.

OC-5-2 Leveling the Playing Field in Medical School Admissions: Cost-Free Interview Preparation Seminars Strengthen Readiness Among Equity-Deserving Applicants

Tuana Kant (Lead Author), **Darshana Seeburruth** (Lead Author), **Ike Okafor** (Co Author), **Lisa Robinson** (Co Author), **Lisa Richardson** (Co Author) **Dalal Mahir** (Co Author)

Methods: Participants enrolled in COSMOS between January-March, 2025 completed two surveys, before and after the seminars. Both questionnaires utilized a 5-point Likert scale to measure self-assessed confidence and competence during the interview process. Pre- and post-survey responses were compared using ANOVA and unpaired t-tests. Qualitative responses were analyzed thematically.

Results: 110 seminar participants completed both of the surveys. Confidence and competence in responding to ethical and healthcare-related questions increased significantly ($p<0.0001$). Participants also reported greater confidence using the CanMEDS framework, expressing experiences within time limits, and selecting activities reflecting personal values (all $p<0.0001$). Participants with personal connections in the medical field reported significantly higher baseline confidence and perceived competence in responding to healthcare-related interview questions ($p<0.05$). 99.1% of the participants (109/110) recommending the program.

Discussion: The COSMOS seminars were associated with significant improvements in self-reported confidence and perceived competence in medical school interview process among UC applicants. The findings highlight the potential of free, targeted, mentorship-driven interventions to mitigate structural barriers in the medical school admissions process and promote greater equity in access to medical education.

OC-5-3 Race, Social Capital, and Finances: Understanding Barriers to Medical School Applications in Canada

Tuana Kant (Lead Author), **Darshana Seeburruth** (Lead Author), **Ike Okafor** (Co Author), **Lisa Robinson** (Co Author), **Lisa Richardson** (Co Author) **Eunice Aluko** (Co Author)

Methods: Applicants from UC who participated in the free Community of Support Medical School Application Online Writing Seminars (COSMOS) were surveyed on self-perceived confidence and competence in preparing autobiographical sketches (ABS), personal essays, and prior interview invitations. Subgroup analyses with R used unpaired t-tests and ANOVA to assess how race/ethnicity, gender, medical connections, paid assistance, and education influenced applicants' confidence and competence.

Results: A total of 369 UC applicants participated. Interview invitations differed significantly across racial/ethnic groups ($p<0.0001$) but not gender. Personal connections in medicine were linked to higher confidence in ABS ($p<0.001$) and essays ($p=0.04$), and greater competence in essays ($p=0.01$). Applicants using paid assistance showed higher ABS confidence ($p=0.003$) and more interview invitations ($p=0.02$). Those with or pursuing graduate degrees reported greater confidence and competence in ABS and essays than undergraduate-level applicants ($p<0.05$).

Discussion: This study underscores the role of race/ethnicity, personal connections, paid application assistance, and educational background in shaping UC applicants' confidence and competence in the medical school admissions process. These findings highlight the need for targeted interventions to foster a more equitable admissions process.

OC-5-4 The Asclepius Medical Camp for Youth: A Spotlight on Mini-Medical School Programs as Targeted Outreach to Populations Currently Underrepresented in Medical School Classes

Jessica Bennett (Lead Author), **Dr. Laura Stovel** (Co Author)

Methods: AMCFY's efficacy was measured via number of program applicants, and participant and volunteer session-based feedback. Demographic information collected on applicants ensured that campers were among the program's target population. Campers completed an objective knowledge assessment of the MD Admissions process at the program's beginning and end, alongside a subjective post-program survey assessing each session offered on a five-point scale.

Results: Over four years, camper applications increased from 77 to 261, and we increased the camp capacity from 50 to 110. Across Indigenous, Black, Filipino, persons with disability, recent immigrant, rural, and sexual/gender minority populations, our acceptance rate increased from an average of 40% to 60% across all populations at both sites. Clinical skills sessions remained the most popular among campers, specifically suturing, intubation skills, and the cardiopulmonary exam. Student knowledge of the MD Admissions process grew at both sites at the conclusion of the AMCFY.

Discussion: AMCFY serves as an effective means of targeted medical outreach to underrepresented populations. At both sites, we achieved the same learning outcomes for camp participants. Our MMS increased campers' interest in medicine and their knowledge of medical program admissions processes.

OC-5-5 Discrimination Among Medical Students with Disabilities at the Intersections: Findings From A National Survey

Lisa Meeks (Lead Author), **Tonya Fancher** (Co Author), **Mytien Nguyen** (Co Author), **Shruthi Venkataraman** (Co Author), **Gabriel Abrams** (Co Author), **Karina Pereira-Lima** (Co Author), **Amy Addams** (Co Author), **Christopher Moreland** (Co Author), **Dowin Boatright** (Co Author)

Methods: We conducted a cross-sectional study using deidentified data from the Association of American Medical Colleges Graduation Questionnaire (2020-2022) of U.S. MD-granting schools. Demographic variables included disability status, race/ethnicity, and sex. Outcomes were self-reported experiences of general, gender-based, and race-based discrimination. Modified Poisson regression was used to estimate relative risks of discrimination by identity categories and their intersections.

Results: Among 45,705 graduating students, 3,863 (8.5%) identified as having a disability, and 52.9% identified as female. MSWD were more likely than nondisabled peers to report general (RR, 1.57; 95% CI, 1.50-1.65), gender-based (RR, 1.64; 95% CI, 1.57-1.72), and race-based discrimination (RR, 1.55; 95% CI, 1.44-1.67). Intersectional analyses revealed striking disparities: Asian and Black female MSWD reported the highest risks of general discrimination (RR, 2.40 and 2.58, respectively) and race-based discrimination (RR, 8.53 and 12.48, respectively), while White and Asian female MSWD reported the highest risks of gender-based discrimination (RR, 4.65 and 4.41, respectively). Nearly half of Asian and Black female MSWD reported multiple forms of discrimination.

Discussion: Findings demonstrate that discrimination in medical school disproportionately affects MSWD, particularly women of color, reflecting the compounded impact of ableism, racism, and sexism. Addressing these inequities requires adopting intersectional frameworks for policy and practice, strengthening accommodations, and creating inclusive learning environments that support all trainees.

OC-6 Blend (Inter-professional Education + Community Partnerships for Health Equity) | Mélange (Formation interprofessionnelle + Partenariats communautaires pour l'équité en matière de santé)

OC-6-1 Training the Next Generation of Translational Scientists: Epa-Driven Graduate Education in Clinical Science and Translational Medicine

Nadine Wiper-Bergeron (Lead Author), **Alain Stintzi** (Co Author), **Catherine Dumoulin** (Co Author), **Geneviève Breton-Harper** (Co Author), **Emilio Alarcon** (Co Author)

Methods: CTM offers MSc (research project or thesis) and PhD streams built on a translational competency framework. Core elements include coursework, interdisciplinary seminars, and independent study plans tailored to each learner's background and goals. A central innovation is the co-learning model, in which MDs and PhDs co-train and co-mentor students, embedding reciprocal understanding of clinical and scientific perspectives into every project. Progression is tracked through EPA-linked assessments, research milestones, and supervisory committee reviews.

Results: The inaugural cohort received 21 applications (16 MSc, 5 PhD), with 16 admissions and 12 enrollments from diverse scientific and clinical backgrounds. All students developed individualized study plans and engaged in EPA-mapped activities. Learner feedback highlights the value of the MD-PhD co-learning environment and the flexibility of individualized pathways. Faculty report feasibility of EPA-based assessment and its utility in aligning training with translational competencies. Demand has increased, with 107 applications, 62 admissions (58%), and 43 enrollments for the 2025 cohort.

Discussion: To our knowledge, CTM is the first competency-based graduate program in translational medicine to operationalize EPAs while bridging clinical and basic sciences. Early outcomes demonstrate feasibility, strong learner engagement, and the promise of MD-PhD co-mentorship to develop effective translational scientists.

OC-6-2 Impact of Virtual versus in-Person Teaching on Group Dynamics in Inter-Professional Collaboration Training: A Quasi-Randomized Controlled Trial

Claudio Del Grande (Lead Author), **Annie Descôteaux** (Co Author), **Marie-Pierre Codsi** (Co Author), **Isabelle Croteau** (Co Author), **Alexandre Hudon** (Co Author), **Caroline Bissonnette** (Co Author), **Louis-Philippe Thibault-Lemyre** (Co Author), **Maude Perreault** (Co Author), **Marie-Michèle Dufour** (Co Author)

Methods: As part of a mandatory university course on inter-professional collaboration in contexts of relational complexity, 1481 students from 13 health and social service programs were assigned to groups of 10 using an algorithm maximizing professional diversity. Each group participated in a 3-hour workshop co-facilitated by professionals and patient partners during fall 2024. Due to limited space, 78/148 groups (53%) held the workshop virtually. A total of 993 students (67% response rate; 52% virtual) completed an anonymous post-workshop questionnaire assessing group dynamics (primary outcomes) and collaboration skill gains (secondary outcomes), based on the updated Competency Framework of the Canadian Interprofessional Health Collaborative (CIHC 2024). Wilcoxon rank-sum tests and t-tests will be used to evaluate between-group differences on ordinal and continuous outcomes.

Results: Statistical analyses are underway; results will be presented at the conference.

Discussion: This study will provide valuable evidence to guide universities and educators in teaching inter-professional collaboration in a post-pandemic environment where in-person and virtual formats must be rebalanced.

OC-6-3 Enhancing Interprofessional Education in Caring for Patients with Vision Loss

Emma-Lee Rhyno (Lead Author), **Anuradha Mishra** (Co Author), **Loukman Ghouti** (Co Author)

Methods: This course was delivered in three 90-minute sessions that included patient experience panels, interactive modules, and hands-on workshops with Vision Loss Rehabilitation Canada. Student experiences and perceptions of the course were assessed through written reflections and a structured Likert scale survey.

Results: In its first semester, this course enrolled 49 students (Medicine 45%, Social Work 35%, Nursing 10%, Clinical Vision Science 8%, Health Promotion 2%) and 65% of participants responded to the evaluation survey. The course was highly rated, with 62.5% of participants strongly agreeing that the sessions were engaging. Most (65.6%) reported increased confidence in approaching the care of patients with vision loss, 84.4% strongly approved of facilitator competence and 93.8% of respondents would recommend this course to others. Student reflections highlighted recurring themes that included: 1) misconceptions and stereotypes around vision impairment can contribute to poor patient experiences; 2) clear communication strengthens patient rapport and understanding; 3) Vision Loss Rehabilitation Canada offers valuable support resources; and 4) the patient perspective adds significant value to the education of health care professionals.

Discussion: Course participants were equipped with strategies to provide accessible and compassionate care while increasing awareness of systemic barriers faced by patients with vision impairment. Positive participant feedback supports the role of this IPE initiative in addressing educational gaps, reinforcing plans for future course development.

OC-6-4 Teaching Trust-Building, Depolarization and Engagement Skills to Public Health Practitioners: Evaluation of A Novel Communications Curriculum

Deborah Ocholi (Lead Author), **Blair Bigham** (Co Author), **Susan Bondy** (Co Author), **Robert Steiner** (Co Author), **Jesse Kancir** (Co Author)

Methods: A 12-week course was developed to employ dialectical inquiry to teach engagement, depolarization and trust- building skills. A metacognition approach was used to layer skills in public com--unication and journalism into the instructional design. Frequent individual, small group and large group reflections occurred. We evaluated education outcomes by purposefully recruiting graduates to participate in recorded semi-structured interviews. Using Grounded Theory, transcripts were coded by two reviewers using constant comparative methods. Results adhere to the COREQ checklist.

Results: Participants recognized the importance of the curriculum and developed new competence and expertise in dynamics of trust, trust building, depolarization and engagement strategies. Participants valued being encouraged to undertake perspective taking, which they report broadened their perspectives. Participants were eager to apply new competencies to their work. Despite feeling better equipped to communicate, students expressed fear of making missteps and of external factors limiting their ability to build trust.

Discussion: A novel communications curriculum employing dialectical inquiry and skills training developed competence and attitudinal shifts in public health graduate students with respect to engagement, depolarization, and trust building.

OC-6-5 Working with Primary Care to Engage Patients in Advance Care Planning

Nick Busing (Lead Author) **Louise Hanvey** (Co Author)

Methods: Compassionate Ottawa, a community-based organization with volunteer facilitators trained for ACP workshops, reached out to a local Family Health Team, an interprofessional group practice in Ottawa. We developed a letter that all the doctors sent out to their patients over the age of 55, asking them to participate in an ACP workshop. We offered workshops to the 150 patients who responded to the letter. 100 participants signed on for the workshops, 79 completed them and 64 completed the workshop evaluation form.

Results: More than 50 percent of respondents indicated that they had increased knowledge about the ACP process and how to start the conversation. Equal numbers learned more about substitute decision makers and were clearer about what they wanted to talk about going forward.

Discussion: This small project demonstrated how a community organization can work with medical professionals and how ACP is something we all need to think about as we age.

OC-7 Social Accountability | Responsabilité sociale

OC-7-1 Postgraduate Internal Medicine Training on Health Advocacy: the Social Medicine Rotation

Clara Lu (Lead Author), **Sarah Elias** (Co Author), **Sydney Ruller** (Co Author), **Samantha Halman** (Co Author), **Aliza Moledina** (Co Author), **John Graydon Simmons** (Co Author), **Kori LaDonna** (Co Author)

Methods: The social medicine rotation is a 4-week postgraduate elective opportunity offered to core Internal Medicine and subspecialty General Internal Medicine residents. Through experiential learning, residents build competence in the theory and practice of social medicine, gaining confidence in advocating for patients with complex and intersecting social determinants of health. Residents rotate through clinical experiences related to inner city health, substance use, newcomer health, Indigenous health, chronic illness and disability, and 2SLGBTQ+ and sexual health. Scholarly aspects of this rotation include a reflective exercise and a resident-led teaching session on the Clinical Teaching Unit on a topic relevant to health advocacy.

Results: We will perform semi-structured interviews with residents and clinical preceptors on the Social Medicine Rotation to assess its impact on residents'(1) attitudes, behaviors, and career aspirations; (2) knowledge, skills, and competence; and (3) perceived strengths and weaknesses of this rotation in training residents for the Health Advocate role.We will collect aggregate quantitative data from Entrustable Professional Activities (EPAs) and rotation evaluations to characterize residents' experience of this rotation.

Discussion: By combining experiential learning, reflective practice, and teaching exercises, we envision that the Social Medicine Rotation will provide residents with a powerful educational opportunity and momentum for continuous professional development related to the Health Advocate role.

OC-7-2 What's Trust Got to Do with It?

Erin Peebles (Lead Author), **Rabia Khan** (Co Author)

Methods: Using Adele Clark's Situational Analysis, we constructed an archive of research on "trust" in health professions education. A preliminary situational map was constructed to conceptualize 'trust' depictions, illustrating the complex pathways patients navigate when seeking care.

Results: Our analysis reveals patient "trust" is a multidimensional, complex, and intergenerational decision. Patients process their personal interactions alongside the historical experiences of their population. Marginalized groups, having experienced racism, stigmatization, and oppression, often mistrust providers and the system, fearing active harm.

Discussion: The assumption that patients trust providers forms the basis of medical encounters and physician training. Our findings underscore that patient entrustment decisions are profoundly shaped by historical harms and systemic power dynamics. Appreciating this complexity is essential for healthcare providers to (re)establish trust with historically marginalized groups, which is crucial for advancing equity and combatting misinformation to improve patient outcomes.

OC-7-3 Tracking Residency Graduate Practice Locations as Indicators of A Faculty's Social Mission

Tim Dubé (Lead Author), **Matthieu Touchette** (Co Author), **Linda Bergeron** (Co Author), **Mariem Fourati** (Co Author), **Cassandra Barber** (Co Author), **Christina St-Onge** (Co Author)

Methods: We conducted a cross-sectional descriptive study using Canadian Post-M.D. Education Registry data for 2,410 residency graduates (2000-2020) from 35 programs at Université de Sherbrooke (UdeS). Specialties were grouped using UdeS's postgraduate classification, aligned with standard specialty classification frameworks. Practice locations were analyzed at two-, five-, and ten-years postgraduation, by specialty, sex, and Quebec's administrative health regions.

Results: Of the 2,410 graduates, 57.8% completed training in family medicine and 42.2% in other specialties. Most (77.7%) practiced in Quebec, with notable concentrations in the Eastern Townships (19.4%), Montérégie (14.6%), and Saguenay-Lac-Saint-Jean (7.6%).

Discussion: The trends observed in our study of graduates practicing in the university's designated health regions reflects long-standing social accountability efforts, including the establishment of distributed training campuses and targeted curricular reforms. This regional alignment underscores the university's role in addressing local health needs, particularly through its contribution to the family medicine workforce. By empirically examining where graduates ultimately practice, this study contributes evidence on how medical education programs can measure the impact of their efforts toward social accountability. The approach is transferable: linking educational outcomes to workforce trajectories offers a valuable framework for other institutions to assess, adapt, and align their training programs with the health priorities of the populations they serve.

OC-7-4 Who Gets in? Revealing the Equity Gap in Canada's Medical Education System

Cassandra Barber (Lead Author), **Edward Matsumoto** (Co Author), **Saad Chahine** (Co Author)

Methods: A cross-sectional analysis using the 2021 Canadian Census for respondents aged 25-64 with a university degree in medicine and employed in professional health occupations. Immigration status was classified as immigrant (landed/permanent resident) versus non-immigrant (Canadian-born); non-permanent residents were excluded. Location of training was determined using the census "location of highest degree" variable (Canada vs. outside Canada). Racial identity was defined using the Population Group variable. We calculated relative representation ratios (physician population ÷ general population) to compare: (1) physicians vs. general population, (2) Canadian-trained vs. internationally trained physicians, and (3) immigrant vs. Canadian-born physicians.

Results: At first glance, physicians appeared more diverse than the general population. However, diversity was concentrated among internationally trained and immigrant physicians (Diversity Index = 1.94 and 1.98, respectively). Canadian-trained, Canadian-born physicians were markedly less diverse (0.85), below the general population benchmark (1.34), with persistent underrepresentation of Black, Indigenous, Filipino, and Latin American groups.

Discussion: Findings reveal that Canada's physician workforce diversity is sustained largely by immigration and international training pathways. Results underscore systemic barriers within domestic medical education and highlight the need for equity-focused admissions policies and data-driven accountability mechanisms.

OC-7-5 Logical Analysis of A Program Aimed at Developing Social Engagement in Family Medicine: Implications for Teaching Practices in Medical Education

Julie Massé (Lead Author), **Olivia Gross** (Co Author), **Marie-Claude Tremblay** (Co Author), **Raphaël Chaumont** (Co Author), **Marie-Audrey Brochu-Doucet** (Co Author), **Isabelle Mercure** (Co Author), **Chantal Gravel** (Co Author), **Charles Boissonneault** (Co Author), **Sandra Criales** (Co Author), **Alhem Khacha** (Co Author), **Tim Dubé** (Co Author)

Methods: The participatory logic analysis involved: co-developing the program's logic model with key stakeholders; building an integrative theoretical framework based on the results of a rapid review of the literature on the principles, characteristics, and activities used in such programs in medicine; and the re-examination of the logic model in light of the framework, to be carried out during a deliberative workshop involving program stakeholders and multidisciplinary expert.

Results: Preliminary results highlight CRSE program theory strengths and weaknesses in those key areas emphasized in the literature: (1) community partnerships aimed at engaging learners with communities through immersive and interactive activities; (2) interdisciplinary and intersectoral mentoring and role-modeling; (3) reflection on experience; (4) consideration for both learners' needs (e.g., preparation, safety, belonging) AND community partners' needs (e.g., reciprocal benefits); (5) organizational support.

Discussion: These findings identify key elements to consider when developing educational programs and initiatives aimed at learners' social engagement. They can be mobilized both locally to improve the CRSE and to develop a broader pedagogical model that could be transferred to other contexts.

Block D

OD-1 CPD/Faculty Development | DPC / Formation professorale

OD-1-1 Supporting New-to-Saskatchewan Physicians Through Coaching and Mentorship: A Re-Aim Evaluation of the Compas Pilot Program

Melissa McGee (Lead Author), **James Barton** (Co Author), **Carolyn Hoessler** (Co Author), **Darla Schiebelbein** (Co Author)

Methods: Guided by a RE-AIM framework, the study assessed program reach (demographics) and effectiveness (self-reported confidence, wellness, connectedness, and goal achievement).

Results: Over three years, CoMPAS engaged 44 coaches and 50 mentees-both Canadian-trained and IMGs-within five years of practice. It exceeded reach targets, delivering 200+ hours of coaching. As a virtual program, it reduced barriers for physicians across 2 northern and 25 rural/remote communities, engaging both CFPC and RCPSC members. Participants accrued 66.5 accredited CPD hours via virtual courses, workshops, learning plans, and coaching. Self-reported outcomes showed gains in wellness, connectedness, retention, satisfaction with coaching relationships, and practice changes in research, credentialing, and quality improvement.

Discussion: This successful feasibility pilot shows structured virtual coaching and mentorship enhance physician wellness, community integration, and professional growth-key factors supporting retention in rural prairie provinces. CoMPAS offers a scalable model to improve retention and could be widely replicated to strengthen healthcare workforce stability.

OD-1-2 Training A Gpt Instance to Facilitate Generation and Review of Learning Objectives - A Tool for Cpd and Beyond

Ashley D'Amour (Lead Author), **Clare Cook** (Co Author), **Mat Litalien** (Co Author)

Methods: The CEPD office created a ChatGPT instance to generate and review learning objectives. Training materials included CFPC/RCPSC accreditation standards, the CanMEDS framework, Bloom's taxonomy, and office-created tip sheets. The Learning Objective Specialist (LOS) is free to use and is highlighted and linked on the NOSM U CEPD program development page. Coordinators share the LOS with planning committees, and use it in their own day-to-day work.

Results: The LOS drafts learning objectives at the program and session level. Each learning objective includes an associated Bloom classification, CanMEDs role(s), and key competencies. Drafted content is reviewed and refined by planning committees and/or speakers. More specific prompts (e.g., gaps, target audience) promote further tailoring. The LOS also reviews learning objectives, with a rationale for suggested revisions.

Discussion: To date the LOS has recorded 700+ conversations. Coordinators report timesaving and consistency as the biggest benefits, allowing them to provide additional support and facilitating better adherence to accreditation standards/processes. The LOS eases the administrative burden of drafting objectives, allowing committees to focus on refinement based on subject expertise. Other CPD offices have also adopted the tool. Additional use cases include drafting session descriptions and summarizing accreditation processes.

OD-1-3 Unravelling How Social Structures Shape the Development of Adaptive Expertise Within Physician Teams

Rene Wong (Lead Author), **Naomi Steenhoff** (Co Author)

Methods: Using diabetes as a case study of inter-physician collaboration, we analyzed interviews with 16 family physicians and specialists to explore how challenges implementing guidelines stimulate learning. We combined Foucault's concepts of discourse and resistance with AE to examine how: 1. power structures shape physicians' views of challenges and uncertainty as learning opportunities, 2. AE is made possible, 3. collaboration discourses facilitate or constrain adaptive practices.

Results: AE manifests as physicians judiciously deviating from guidelines when justified by context. Family physicians and specialists reflect on their relationships with patients to create context-matched solutions. However, an emphasis on guidelines-oriented performance metrics creates moral pressure on family physicians to refer to specialists, thereby constraining their flexibility and opportunities to navigate uncertainty.

Discussion: Combining Foucault with AE provides insights into how macrosocial factors shape how AE develops and is constrained. AE manifesting as context-specific adaptive deviations from guidelines may be labelled as 'clinical inertia', with implications for professional development. We discuss how integrating these perspectives could advance theoretical insights and pedagogical strategies to cultivate AE in complex health care systems.

OD-1-4 Impact of A Process for Responding to and Mitigating Bias in Cpd Programs

Clare Cook (Co Author), **Ashley D'Amour** (Lead Author)

Methods: A new form bias question was implemented, asking participants to select from a list of possible perceived bias types. A comment box invited elaboration. Second, a bias debrief form was created. Completed by the program coordinator, it documents each type of bias perceived and collates comments. Third, there is dedicated time on the debrief meeting agenda to review reported bias and document response actions on the debrief form.

Results: Bias reporting and mitigation was tracked for 16 conferences (150 30-90 minute large-group sessions, with CME and FD topics). 24.7% of sessions had 1+ report of bias. "Other" was the most frequently option chosen; mention of branding; or speaker's expression of personal opinion were most commonly identified. In two cases, committees made new policies as a result; in another case, the committee is now exploring the perceived impact of bias on participants.

Discussion: The standardized process has increased understanding of bias' role in CPD programs; encouraged better accreditation standards adherence; and supported effective review of applications.

OD-1-5 Rural Physicians' Motivation to Participate in Peer Coaching

Adam Gavarkovs (Lead Author), **Ievgeniia Rozhenko** (Co Author), **Emily Boardman** (Co Author)

Methods: This qualitative study analyzed semi-structured interviews with 22 rural physicians who participated in UBC CPD's Coaching and Mentoring Program (CAMP). Interviews were originally collected for program evaluation and analyzed for the purpose of research using template analysis, guided by contemporary motivational theory.

Results: Four themes emerged: (1) Physicians sought coaching to expand, reinforce, verify, or diversity their skillset in response to three factors characteristic of rural practice - practice transitions, low procedure volume, and professional isolation; (2) Physicians were more engaged when coaches were perceived as credible and invested; (3) Ongoing motivation was sustained through skill-building, feedback, and personal connections; and (4) Time constraints posed a barrier for positive momentum.

Discussion: Rural physicians are motivated to engage in coaching when it addresses gaps in their evolving scope of practice and offers credible, supportive relationships. These findings contribute to a broader understanding of motivation in CPD and offer practical insights for designing coaching programs.

OD-2 Health Workforce | Main d'oeuvre en santé

OD-2-1 An Evaluation Strategy for the Implementation, Monitoring, and Continuous Quality Improvement of the College of Family Physicians of Canada's (Cfpc) Education Action Plan

Deena M. Hamza (Lead Author), **Douglas Archibald** (Co Author), **Nancy Fowler** (Co Author), **Ivy Oandasan** (Co Author), **Steve Slade** (Co Author), **Lawrence Grierson** (Co Author)

Methods: To develop this strategy, we conducted key informant interviews with leaders of the CFPC's accreditation, certification, government relations, membership, and research portfolios, and the Society of Rural Physicians of Canada. Interviews were analyzed via a qualitative descriptive approach sensitized to the levels of influence described by the Ecological Systems Theory and the antecedents of intention described in the Theory of Planned Behaviour.

Results: Analysis resulted in a set of four grand evaluation questions, which centred resident preparedness, training-practice alignment, provider wellness and satisfaction, and the conditions that valorize the work of family physicians. These were mapped to a new evaluation framework that brought together our two theoretical orientations into a composite model. This model was then used to generate specific evaluation questions relevant to each step of the training-to-practice trajectory and to encourage reflection on the sources of data that will support answers.

OD-2-2 Understanding Talent and Its Manifestations Within Medical Education: the Talent in Medical Education 2 (Time2) Study

Elizabeth Wooster (Lead Author), **Adaira Landry** (Co Author), **Teresa Chan** (Lead Author)

Methods: A series of semi-structured qualitative interviews were conducted with medical students, residents, and junior academic faculty within medical education and healthcare settings who self-identified as being talented. The transcripts of these one-on-one interviews were transcribed and dual-coded. Interactive thematic analysis was conducted.

Results: Through thematic analysis, it was found that identifying one's own talents is viewed as an iterative, developmental process. Often, a series of smaller, seemingly unimportant, experiences will have a greater impact on the talent development process than one large, "high-stakes" experience. Talents that existed prior to entering into medical training do not always remain once medical training is completed. Persisting talents may have shifted/been adapted by experiences throughout the medical education continuum. Participants emphasized the role of feedback and positive and negative experiences/opportunities in shaping talents throughout the learning process.

Discussion: Talents continue to develop and be shaped throughout the medical education continuum, and this emphasizes the importance of having support systems for individuals throughout the process. Lack of support and opportunities to nurture or develop talent may result in physicians who are disengaged and disinterested in being fully invested in the healthcare system.

OD-2-3 Validation of A Novel Rubric for Evaluating Diabetic Foot Screening Skills in Community Settings

Hei Ching Kristy Cheung (Co Author), **Emily Guo** (Co Author), **Ellena Andoniou** (Co Author), **Nicole Woods** (Co Author)

Methods: An experimental study was developed and will be implemented in January 2026 to assess the validity of this rubric using an objective structure clinical examination (OSCE). Learners who completed the program will be assessed at three OSCE stations covering key clinical and communication competencies that are relevant to diabetes foot screening. Each station will include two evaluators, one using a standardized OSCE checklist and the other using the novel rubric. Paired t-test will be used to compare participants' scores across the two evaluation tools, and inter-rater reliability will be calculated.

Results: Construct and content validity will be supported if paired t-tests show no significant difference between tools and if inter-rater reliability achieve 0.75 or above.

Discussion: Validation of the novel rubric will enable community partners to properly evaluate learners competence in providing adequate foot screening. This will in turn support the expansion of virtual training while ensuring its quality is comparable to in-person instruction, where immediate feedback is generally provided to learners.

OD-2-4 Career Intentions and Optimism Among Disabled and Non-Disabled Medical Students: Findings From the AFMC Student Questionnaires

Quinten Clarke (Lead Author), **Douglas Lebo** (Co Author), **Erene Stergiopoulos** (Co Author), **Lynn Ashdown** (Co Author), **Shira Gertsman** (Co Author), **Julia Hanes** (Co Author), **Saleem Razack** (Co Author), **Tal Jarus** (Co Author)

Methods: Data was obtained from the AFMC Student Questionnaires' MD Entry Survey (2019 to 2023) and Pre-Clerkship Survey (2021 to 2023); respondents were Canadian medical students. Individuals were identified as disabled if they responded yes to having a mental health concern, physical limitation, or learning disability. Preferred residency speciality, and optimism about a career in medicine ("Yes, a lot"; "Yes, a little"; "No") were analyzed using Cramér's V.

Results: Preliminary results showed that family medicine was the most prevalent first choice residency for all students (16.7%). Preferred residency speciality was loosely correlated with stage of training (Cramér's V = 0.19) and disability status (Cramér's V = 0.12). Career optimism was seen to be loosely correlated with disability status at the beginning of clerkship (Cramér's V = 0.22) and at time of entry to medical school (Cramér's V = 0.13). 1.51% of students living with disabilities noted no optimism for their career compared to 0.58% of non-disabled students at entry to medical school. At entry to clerkship, 5.69% of students with disabilities noted no optimism in their career compared to 1.60% of non-dis-bled students.

Discussion: Preliminary analysis suggests that residency choice varies between program entry and clerkship for all students. Career optimism appears to meaningfully differ by disability status with prominent reductions noted for students with disabilities.

OD-2-5 Re-Envisioning Primary Care: an Environmental Scan of Community Primary Care Clinics to Support the Development of A New Medical School

Jobin Varughese (Lead Author), **Elizabeth M Wooster** (Co Author), **Teresa M Chan** (Co Author), **Brent Thoma** (Co Author)

Methods: We conducted a multiphase environmental scan of community primary care clinics within 100 km of TMU which included: identifying potential teaching settings through an online search, assessing site readiness by interviewing physicians during site visits, and seeking feedback on the results from learners, faculty, and staff regarding the availability of teaching resources. Narrative data underwent thematic analysis.

Results: Fifty clinics were assessed. Of these, 46 (92%) expressed willingness to accept family medicine residents. Thematic analysis identified key challenges: limited emphasis on continuity of care, poor integration of teaching between the College of Family Physicians of Canada (CFPC) and Royal College specialties, and inadequate resources to support teaching (e.g., space, time, faculty development).

Discussion: Targeted interventions addressing the identified gaps will be needed to increase the number of primary care teaching clinics. Faculty development and ongoing support may mitigate resistance to teaching, while cross-specialty collabo--ation could reduce siloing. Phased implementation and additional resources would help overcome structural limitations. This work provides a foundation for building sustainable, community-based training sites to meet Ontario's pressing primary care needs.

OD-3 Humanities in Medicine | Humanités en médecine

OD-3-1 What Do We Mean by "the Humanities" in Medical Education? A Scoping Review of Empirical Humanities-Based Interventions

Mohamad Hemadi (Lead Author), **Susan Lamb** (Co Author), **Mathew Mercuri** (Co Author), **Cristian Rangel** (Co Author)

Methods: We conducted a scoping review using the Mak and Thomas (2022) framework, systematically searching ERIC, MEDLINE, and Scopus. We identified 58 empirical studies on humanities-based interventions (HBIs) and conducted qualitative content analysis of their definitions, disciplinary foundations, pedagogical aims, and methodological approaches.

Results: Our scoping review synthesizes 58 peer-reviewed studies and proposes an operational framework that classifies humanities-based interventions (HBIs) into five conceptual categories: ethical reasoning and moral education, narrative and reflective practice, aesthetic and expressive arts, historical and cultural insight, and critique and power analysis. Most studies used qualitative or mixed methods, with outcomes targeting empathy, reflective capacity, and ethical awareness.

Discussion: Our findings reveal significant conceptual ambiguity in how "the humanities" are defined in medical education. The paper contributes to ongoing discussions within medical humanities by offering a conceptual taxonomy that can support more rigorous, intentional, and epistemologically transparent approaches to integrating the humanities in medical education. It also identifies key patterns, epistemic tensions, and methodological challenges that complicate the design and evaluation of HBIs, providing a critical foundation for future research and curricular development.

OD-3-2 Old Debates, New Crises: What History Reveals About Family Medicine Education

Lucy Vorobej (Lead Author), **Cynthia Whitehead** (Co Author)

Methods: A historical case study approach was used, focusing on document analysis of the Canadian Family Physician (CFP) journal from its inception in 1967 to 2000. We chose the CFP as our case study because it launched during a transformative period for general practice. Its content reflects evolving priorities, identity formation, and professional tensions. An inductive qualitative analysis of CFP articles was conducted with a focus on education.

Results: During FM's foundational period (1967 to 1972), curriculum reform was presented as central to attracting medical students, countering "brainwashing" by specialist training, and legitimizing FM against perceptions of being a "watered-down" discipline. Calls for earlier and more prominent FM training persisted throughout the following three decades. Despite this persistent advocacy, FM recruitment challenges remained entrenched.

Discussion: With growing attention to the crisis in primary care access, history allows us to reconsider how we understand present dilemmas. Decades of curricular innovation have not substantially elevated family medicine's status in the medical hierarchy or attracted greater student interest. Addressing current workforce crises requires a critical reevaluation of proposed educational solutions and collaborative efforts beyond education alone.

OD-3-3 Beyond the Dissection Table: the Role of Institutions in Retaining the Personhood of the Cadaveric Body Donor

Vivian Uyen Vi Nguyen (Lead Author), **J. Cristian Rangel** (Co Author), **Christopher Ramnanan** (Co Author)

Methods: A comparative case study was employed, comparing selected document reviews, on-site observations, and semi-structured interviews with educators and laboratory staff at two major Canadian anatomy programs. Emerging patterns were captured using thematic analysis across all data sources.

Results: Policies and regulatory frameworks guiding body donation and cadaveric education shape the language and possibilities of personhood retention in anatomical education at both selected sites. The analysis revealed three meta-themes from the codes: (1) the conceptualizations of the body, (2) the treatment of the decedent, and (3) the living humans with continued responsibilities towards the deceased. The document review revealed that the body is regulated as hazardous materials, for donation, and as a pedagogical tool. The interviews suggest tensions in retaining donor personhood at various stages of cadaveric education.

Discussion: Regulatory language shapes the retention of personhood of human donors in anatomy education. The findings can serve as a foundation for developing recommendations on the respectful use of cadaveric donors as uniquely human teaching resources, enhancing humanistic principles in both anatomy education and clinical practice.

OD-3-4 Pathology and Creativity: How Neurological Disorders Shaped the Works of Ravel, Schumann, and Scriabin

Samia Cherkaoui (Lead Author)

Methods: Archival research was conducted using the Wilder Penfield Digital Collection, the Osler Collection, and digitized holdings from the Internet Archive. Primary biographical accounts, contemporaneous reports, and modern clinical analyses were reviewed. A comparative case study framework was applied to correlate clinical symptomatology with measurable compositional features and to situate findings within historical and cultural contexts.

Results: Ravel's suspected primary progressive aphasia produced truncated phrasing, reduced thematic development, and incomplete sketches, particularly evident in the Piano Concerto for the Left Hand. His late works show measurable structural simplification aligned with progressive language dysfunction. Schumann's bipolar disorder with psychotic features manifested in cyclical oscillations: manic phases produced dense contrapuntal textures and abrupt modulations, while depressive periods yielded fragmented motifs, culminating in the incoherence of the Gesänge der Frühe. Scriabin's temporal lobe epilepsy generated ictal auras that translated into synesthetic experimentation; Prome--heus: The Poem of Fire incorporated light as a no--ated element, providing evidence of seizure phe--omenology directly shaping musical form. Across cases, illness imposed identifiable constraints while simultaneously driving stylistic innovation, leaving reproducible neural signatures in composition.

Discussion: These findings demonstrate how medical humanities can reveal quantifiable traces of disease in cultural production. By bridging neurology and musicology, the study reframes creativity not as the absence of illness but as its transformation. In Osler's spirit, it shows that medicine must study not only pathology in the clinic but also its imprint on human legacy.

OD-3-5 Understanding My Story: Evolving Conceptions of Health in Physician Assistant Students

Kevin Wyne (Lead Author), **Kirsten Brown** (Lead Author)

Methods: The purpose of this longitudinal applied qualitative research is to assess the integration of narrative competence-the ability to acknowledge, absorb, interpret, and act on patients' stories-into a PA curriculum. The NM curriculum includes 7 NM touchpoints, including a Pictures of Health activity that is completed by all students at both the start and end of their training. Each student submission was analyzed using a 6-step process to identify themes within a cohort.

Results: Evaluation of the initial submissions shows that students begin their training with a relational idea of what health means to them, often as a static entity. Evaluation of student submissions at the end of their training shows a much more nuanced, dynamic, and multidimensional conception of health often with a focus on empathy, advocacy, and balance.

Discussion: The longitudinal NM curriculum provides a unique window into PA students' evolving conceptions of health as the undergo their training. This knowledge allows educators to better understand professional identity formation among health sciences learners and to develop specific educational activities to foster this growth.

OD-4 Planetary Health | Santé planétaire

OD-4-1 Barriers and Facilitators to Integrating Planetary Health Into Canadian Undergraduate Medical Education: A Mixed-Methods Study

Prey Patel (Lead Author), **Ruiyang Lauren Xu** (Co Author), **Riaz Mahmud** (Co Author), **David Liu** (Co Author), **Nooh Kabir** (Co Author)

Methods: This project was reviewed by the Queen's University General Research Ethics Board and deemed exempt from formal REB review under TCPS 2 Article 2.5 (quality-improvement/educational-assessment category). We employed a mixed-methods design with a qualitative descriptive approach to capture faculty perspectives in depth. Using purposive sampling, MD faculty involved in teaching or facilitating case-based learning within the Undergraduate Medical Education (UGME) curriculum were invited to participate. Faculty emails were obtained through online searches and an internal registry available to medical students. Of 139 faculty contacted, 24 completed a 20-item Google Forms survey assessing perceived relevance, awareness, curricular experience, barriers, and readiness for integrating planetary health into the Queen's MD curriculum; four open-ended questions were included. Two participants subsequently completed semi-structured interviews consisting of 14 open-ended questions, allowing for follow-up and probing. Interviews were conducted via Zoom between September and November 2025 by one author, audio-recorded, and transcribed using third-party software.

Results: Quantitative Among 24 faculty across diverse departments, significant differences emerged between those with and without prior planetary health training. Faculty with prior training demonstrated higher knowledge scores (M=3.88, SD=0.91) compared to those without training (M=3.29, SD=1.03), though this difference was not statistically significant (W=56.0, p=0.363). Attitudes toward integration differed more substantially. Faculty with prior training reported more positive atti-udes (M=4.17, SD=0.78) compared to those without training (M=3.44, SD=1.44), a statistically significant difference (W=32.5, p=0.023). The most pronounced difference was observed in self-efficacy: trained faculty reported higher confidence in teaching plane-

tary health (M=3.33, SD=1.07) compared to untrained faculty (M=2.08, SD=0.73), also statistically significant (W=31.0, p=0.019). Perceptions of institutional readiness were identical between groups (M=3.44), suggesting individual training did not influence perceptions of organizational capacity. Significant differences were also observed for perceived importance of integration (W=25.5, p=0.005) and access to teaching resources (W=25.0, p=0.006), favouring those with prior training. Overall, faculty reported moderate familiarity with planetary health (mean ≈4/5) and agreed that integration is important for preparing future physicians (mean ≈3.8/5). However, confidence in teaching was lower (mean ≈3.1/5), and access to teaching resources was rated poor (mean ≈2.3/5). Commonly cited barriers included curricular overcrowding, unclear placement of content, and lack of expertise. Facilitators included dedicated curricular time, ready-made teaching materials, leadership support, and case-based or clinically integrated approaches. Qualitative Two semi-structured interviews were conducted with faculty in the Department of Family Medicine who held both clinical and UGME teaching roles. Participants emphasized the increasing clinical relevance of planetary health, particularly in relation to patient care. They described observing more health effects of climate change, including worsening respiratory symptoms during wildfire events, reinforcing the need for curricular integration to better contextualize patient presentations. Student interest was described as both a facilitator and a limitation: planetary health could be discussed organically when raised, but responsibility often fell on students to initiate discussion. Key barriers included curricular overcrowding, lack of a clear curricular home, limited institutional leadership or champions, insufficient national-level direction, and lack of accessible teaching resources. Participants also highlighted the need for interdisciplinary collaboration, particularly involving public health, and suggested integration through generalist and preventive health lenses. Facilitators included embedded case-based teaching, structured slide decks or seminars, and clearer institutional guidance on curricular goals.

Discussion: Faculty demonstrated moderate familiarity with planetary health and generally agreed that its integration is important for preparing future physicians; however, confidence in teaching and access to resources were limited. Prior planetary health training was associated with significantly more positive attitudes and greater self-efficacy, though not with differences in perceived institutional readiness. These findings suggest that integration barriers may relate more to confidence and structural support than to knowledge deficits alone. Qualitative findings reinforced the clinical relevance of planetary health, particularly in relation to observable patient impacts of climate change, while highlighting curricular overcrowding, unclear placement of content, and lack of visible leadership as key barriers. Faculty emphasized the need for dedicated curricular time, ready-made teaching materials, and institutional support. Overall, successful integration will likely require coordinated faculty development and structural alignment within the curriculum to ensure sustainable and equitable implementation.

OD-4-2 What Are the Planetary Health Knowledge and Beliefs of Canadian Internal Medicine Resident Physicians? A Nation-Wide, Cross-Sectional Survey

Owen Luo (Lead Author), **Rosemarie Vincent** (Co Author), **Linda Snell** (Co Author), **Ning-Zi Sun** (Co Author)

Methods: Using the theory of planned behaviour as a sensitizing framework, a cross-sectional survey was designed, piloted, and distributed to Canadian core and general IM residents. The survey assessed participants' perceived learning needs, behavioural, normative and control beliefs regarding planetary health, knowledge with 10 multiple-choice questions (MCQs) and answer explanations, and a post-test reassessment of behavioural and control beliefs.

Results: A minority of survey participants (n=145 total) received planetary health education during residency (28%). Most participants reported low or no engagement in planetary health (88%), absent or borderline knowledge of planetary health (79%), and wanting more planetary health teaching (53%). Participants' baseline behavioural beliefs were higher than their normative ($p<0.0001$) and control beliefs ($p<0.0001$). Participants only answered 57±20% of the knowledge assessment MCQs correctly. Comparing pre- and post-test results, there was an increased perceived importance of performing environmental risk assessments ($p=0.028$), providing an--icipatory guidance to improve patient climate resil--ence ($p<0.0001$), reducing the carbon footprint of their practice ($p=0.014$) and the healthcare system ($p=0.035$), and most participants (68%) reported more perceived capacity to integrate planetary health into their practice.

Discussion: Canadian IM residents report receiving limited planetary health education and perceived knowledge gaps that were objectified through knowledge assessment. Exposure to a brief "question-explanation" type educational intervention influenced residents' behavioural and control beliefs, suggesting that planetary health curricula can enhance residents' intention to integrate planetary health knowledge into practice.

OD-4-3 Exploring Planetary Health Knowledge, Skills and Attitudes Among Medical Residents: Recommendations for Integrated Training in Internal Medicine

Kaitlin Pedley (Lead Author), **Mathilde Gaudreau Simard** (Co Author), **Harry Wang** (Co Author)

Methods: A mixed-methods design was used, incorporating a quantitative survey and qualitative interviews. The survey was distributed to all Internal Medicine residents at the University of Ottawa; responses were characterized using descriptive statistics. Interview participants were identified through the survey and the transcripts were analyzed to identify themes related to Planetary Health learning experiences.

Results: A total of 17 eligible respondents completed the survey, and 4 completed in-depth interviews, with representatives from each year of study. The majority believe that climate change is an important health issue (94%), but few agreed that they had adequate training opportunities to develop Planetary Health skills (35%). Barriers including staff expertise, educational priorities, and collective investment were elicited from the interviews. The practical application of skills, longitudinal learning, and facilitation of engagement were determined to be needed.

Discussion: Respondents demonstrated an interest in Planetary Health despite few opportunities to learn about it. This study identifies the perceived and expressed learning needs of Internal Medicine residents concerning climate health and provides actionable recommendations for integrating Planetary Health education into residency training

OD-4-4 La Santé Planétaire en Éducation Chirurgicale : Enjeux Et Perspectives Pour Intégrer Un Concept Complexe

Isabelle Raiche (Lead Author), **Héla Kabani** (Co Author), **Madeline Amina Leroux** (Co Author), **Geneviève Gauthier** (Co Author)

Methods: Cette étude qualitative de cas multiples, ancrée dans une approche réaliste, analyse la perspective d'acteurs de quatre milieux chirurgicaux canadiens, à la lumière de la théorie du curriculum-making, qui décrit le curriculum vécu comme complexe et difficile à saisir. Douze entretiens semi-dirigés ont été réalisés auprès de directeurs (n=2), de résidents (n=3), de gestionnaires (n=3) et de cliniciens-éducateurs (n=4).

Results: Trois enjeux structurent l'intégration de la santé planétaire : (1) la conceptualisation, entre une approche factuelle (transmission de connaissances) et transformatrice (changement de valeurs et pratiques) ; (2) la priorisation, soutenue par la sensibilisation climatique et la responsabilité sociétale, mais freinée par la primauté des compétences techniques et les contraintes d'agrément ; (3) l'opérationnalisation pédagogique, compliquée par l'absence de consensus, les défis d'évaluation et la nécessité de mobiliser savoir-être et engagement.

Discussion: L'intégration de la santé planétaire révèle les tensions entre innovation curriculaire et culture professionnelle. Elle met en lumière la nécessité de comprendre les processus de négociation dans des programmes saturés et de développer des approches pédagogiques adaptées aux domaines interdisciplinaires.

OD-4-5 Seeds of Change: A Longitudinal Evaluation of the Planetary Health Report Card's Impact on Institutional Action

Stephanie Howe (Lead Author), **Allison Chhor** (Lead Author), **Alex Sy** (Co Author), **Anthony Goodings** (Co Author), **Yasmine Zemni** (Co Author), **Hela Kabani** (Co Author), **Sydney Ruller** (Co Author), **Husein Moloo** (Co Author)

Methods: A retrospective, mixed-methods approach was used to collect quantitative and qualitative data from the PHRC's published in 2022, 2023, and 2024. We examined outcomes in five domains: Curriculum, Interdisciplinary Research, Community Research and Advocacy, Support for Student-Led Initiatives, and Campus Sustainability.

Results: Over three years, worldwide, there was an 11.1% increase in overall PHRC score. The greatest increase was in the Curriculum domain and the smallest was in the Campus Sustainability domain. The most common facilitators include a dedicated sustainability committee and strong student leadership, while the most common barriers include fragmented communication and lack of institutional support.

Discussion: By comparing three years of PHRC integration and institutional changes, areas of progress and opportunities for further development were identified. Longitudinal implementation of planetary health policies was primarily driven by dedicated sustainability committees, while student leadership provided new initiatives and events. Fragmented communication and lack of institutional support were often associated, and indicated minimal awareness of the few planetary health opportunities available to students at these institutions. This analysis highlights the effectiveness of the PHRC in driving change and informs future efforts to enhance institutional engagement with planetary health.

OD-5 Simulation

OD-5-1 Pandemic-Proofing Simulation-Based Education: Development and Evaluation of Interactive Virtual Educational Content for Medical Trainees

Glenn Posner (Lead Author), **Kaitlin Endres** (Co Author), **Michael O'Brien** (Co Author), **Fahad Alam** (Co Author), **Khyldoon Bajwa** (Co Author), **Vicki LeBlanc** (Co Author)

Methods: Content was created by developing an EM scenario for VR and 360°-video, both piloted for usability. 20 trainees were randomized to each group (n=40 total). Pre- and post-tests and heart rate (HR)/HR variability (HRV) monitoring assessed knowledge acquisition, performance and emotional engagement between groups.

Results: Preliminary data from the first 16 participants showed 360°-video significantly improved knowledge, from 63.3%, SD 16.5 to 72.2%, SD 12 (p=0.24), while VR showed no significant change (69.3%, SD 12 to 79.0%, SD 6.5) (p=0.86). HRV did not differ between groups.

Discussion: Findings suggest that the 360°-video may enhance knowledge acquisition more effectively than VR, possibly because witnessing the perfect management of the case is superior to the trial-and-error required of the VR module. These results can help support decisions regarding which virtual modalities are most educationally effective for distanced simulation. Future directions include completion of full analysis of 40 participants and will include a cost analysis to allow for fact-based estima-ions of future investments in VR education.

OD-5-2 Learning From an Addictions Simulation in A Rural Canadian Distributed Learning Environment

Tara Leary (Lead Author), **Clare Cook** (Co Author), **Adele Bodson** (Co Author), **Kristen Morin** (Co Author)

Methods: Two lo-fi addictions simulation modules were developed and accredited (Mainpro+ 3:1; RCPSC Section 3). One addresses buprenorphine initiation for opioid use disorder; the other addresses managing alcohol withdrawal and cravings. The simulations provide practical experience for practitioners in low-resource areas, focusing on evidence-based treatment and highlighting key non-stigmatizing communication skills. After piloting, sims were offered in three community contexts. Sessions were advertised by email and newsletter.

Results: Despite high interest in the topic, very low registration uptake for 2 of the 3 community offerings led to cancellation. The third offering was provided during an existing CPD conference and run three times; fully booked. In post-session retrospective post-then-pre data, 100% of participants reported more confidence in assessing for opioid withdrawal;78% reported more confidence in initiating buprenorphine. Median positive change was three steps (ten-point scale). At 8-week followup (n=6), 33% had implemented change; 67% were in-progress. 67% reported sharing learning with colleagues.

Discussion: Initial data indicates modules are well-received and leave participants prepared to initiate new, evidence-based approaches in their practice. Multiple participants are setting up new addictions services in their community. Uptake remains a large barrier, prompting further research on motivation and barriers to attending.

OD-5-3 Establishing the Chain of Evidence From Resuscitation Training to Implementation Practices: A Realist Evaluation

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Methods: We gathered data through realist interviews and observations in Canadian and Danish hospitals to explore how, why, for whom, and under what conditions training can be (in)effective. Initial program theories (IPTs) and Context-Mechanism-Outcome (CMO) configurations were developed through stakeholder consultation and review of program materials. Our team-based analysis of the resulting CMOs guided our sampling, data collection and analysis to iteratively refine IPTs.

Results: from Canada (23 Interviews: unit leads, nurse educators, training educators, unit staff; and 13 training observations) and Denmark (data collection ongoing, 5 interviews: unit leads, training educators; and 14 training observations) indicate that educator-led, small-group, hybrid, in-situ training with familiar contexts and equipment improves learning and engagement. Continued leadership support, regular exposure to IHCAs (real and simulated), and outcome-oriented training processes help maintain resuscitation skills.

Discussion: Realist evaluations demonstrate how mapping CMOs enables unit leaders to make informed decisions about training needs, implementation practices, and unit-specific metrics to enhance patient survival. Our list of refined program theories can help other hospitals understand how their organizational context and training designs uniquely impact first-responder performance.

OD-5-4 Leveraging Simulation for Hard to Assess Competencies: Exploring the Value in Geriatricy Psychiatry

Maria Hussain (Lead Author), **Heather Braund** (Co Author), **Jon Pipitone** (Co Author), **Simon Obrien** (Co Author), **Melissa Andrew** (Co Author), **Leah Nemiroff** (Co Author), **Emily St Denis** (Co Author), **Julia Kirkham** (Co Author), **Matthew Tobin** (Co Author)

Methods: A total of 18 Geriatric Psychiatry and PGY 2-4 Psychiatry residents at Queen's University participated in a financial capacity simulation day in June 2025. They completed two simulations, receiving feedback from faculty between cases. They completed a pre-post knowledge test and an exit focus group to discuss their experiences. Focus groups were conducted with the 6 faculty debriefers. Quantitative data were analyzed in R using descriptive analyses and qualitative data were analyzed thematically.

Results: The knowledge test showed a modest but statistically significant score increase of 1.72 points out of 18 ($SD = 1.87$, $d = 0.92$, $p = 0.00115$). The qualitative feedback from trainees and debriefers on the simulation cases and debrief was highly positive. Participants requested additional simulation opportunities endorsing the value of the learning opportunity and feeling more confident in their clinical skills.

Discussion: Findings demonstrate simulation as an effective and feasible method for demonstrating an increase in competency in conducting assessments of financial decision-making capacity for Psychiatry and Geriatric Psychiatry residents.

OD-5-5 Utiliser La Simulation Pour Soutenir La Formation Des Professionnels De La Santé en Communication Patient-Soignant : Un Projet Partenarial en Autisme

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Methods: Étude qualitative dans un centre de simulation d'un hôpital pédiatrique au Canada (équipe interdisciplinaire incluant des personnes autistes, des cliniciens et des chercheurs). Guidés par le modèle de partenariat patient, nous avons développé un scénario de consultation avec un adolescent autiste et son père. Seize professionnels (médecine, soins infirmiers, travail social, psychoéduca-ion, psychologie) ont participé à une simulation, suivie d'un débriefing réflexif. Les simulations filmées ont été analysées à l'aide d'une approche multimodale des interactions (langage, gestes, mouvements), et les débriefings par une analyse thé-atique.

Results: L'analyse met en lumière les pratiques de communication pour adapter l'intervention aux particularités sensorielles et sociales du patient, tout en l'impliquant dans l'élaboration du plan de soins. Les stratégies facilitant la consultation touchent à quatre thèmes principaux : adapter l'environnement physique, établir le plan de la rencontre, inclure le parent et le patient dans l'échange, réaliser un examen ou une évaluation.

Discussion: Nos résultats offrent des pistes pour encourager des pratiques plus inclusives en santé. Les données sont actuellement utilisées pour développer un module de formation en ligne (la prochaine étape de notre projet). Nous discuterons aussi des avantages et des enjeux liés à l'intégration des patients partenaires dans la simulation.

OD-6 Teaching and learning | Enseignement et apprentissage

OD-6-1 Mapping Feedback-Seeking Behaviors in General Surgery Residency: A Social Network Analysis Across Procedural, Clinical, and Professional Domains

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Methods: We conducted a social network analysis utilizing a survey-based methodology. The survey was consisted of three domains of procedural skills, clinical assessment, and professionalism. A sample of fifteen surgery residents was asked to report the frequency of feedback-seeking interactions with a prede--ined list of their peers and supervisors over the pre--eding month within the three identified domains. Network metrics-including density, centrality, and reciprocity-were computed for each feedback category, and inter-domain comparisons were performed using Jaccard similarity coefficients.

Results: Peer networks for procedural skills and clinical assessment demonstrated moderate density (0.15-0.16) and reciprocity (0.39-0.48), with third-year residents occupying central positions in both weighted and unweighted metrics. In contrast, the professionalism network exhibited lower density (0.095) and reciprocity (0.20), indicating sparser and less mutual interactions. Bipartite networks between residents and supervisors showed higher weighted densities, particularly in procedural skills (0.71), suggesting stronger supervisory engagement in technical guidance. Centralization values varied across domains, with higher indegree centralization in clinical assessment and professionalism, reflecting reliance on select individuals for domain-specific feedback. Jaccard similarity coefficients indicated substantial overlap between procedural skills and clinical assessment networks (binary: 0.72; weighted: 0.86), while professionalism networks remained more distinct.

Discussion: These findings underscore domain-specific variations in feedback-seeking behavior and highlight the influence of hierarchical and peer relationships in shaping learning networks within surgical training.

OD-6-2 Improving 2nd Year Md Student Transition to Clerkship - the Paired Rotation Experience for Transition to Clerkship (Prettc) Program

Andrew D'Elia (Lead Author), **Armaan Dhanoa** (Co Author), **Kien Dang** (Co Author), **Samantha Inwood** (Co Author)

Methods: Fifteen second-year medical students were paired with a 3rd or 4th-year clinical clerk for 2-4 clinical half-day shadowing sessions from Feb-Apr 2025. Semi-structured interviews and anonymous surveys were administered to assess program impact and feasibility.

Results: Seven 4th and eight 3rd year clerks were matched with 15 second year students, and 14 pairs successfully completed the pilot. Surveys and semi-structured interviews were completed by 76% and 43% of participants, respectively. Participants unanimously endorsed program feasibility and recommended adoption into the curriculum. Interview data supports that PreTTC provides valuable insight into the role of the clerk, eases stress regarding the TTC and provides students with opportunities to seek clinical mentorship that is distinct from other curricular/extracurricular offerings.

Discussion: Results suggest this model provides an improved, effective approach to addressing students' needs during TTC. This work lays the foundation for larger pilots and possibly program-wide implementation of longitudinal, near-peer shadowing experiences as a method of facilitating students' TTC.

OD-6-3 Inspecting the Sead: Systematic Review of the Educational Impact of the Surgical Exploration and Discovery Program

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Methods: Following PRISMA 2020 guidelines, this review extracted literature from MEDLINE, Embase, Scopus, and Web of Science from inception to June 28, 2025. Primary studies of undergraduate medical students participating in SEAD were included. Outcomes were extracted and categorized by Kirkpatrick level. Study quality was appraised across eight domains.

Results: Ten studies (2013-2023) with a total of 376 first and second year students met inclusion criteria. There was high overall participant satisfaction with the SEAD program. Interestingly, workshops and structured mentorship were rated most useful, while virtual operating room observerships were least favored. Surgical knowledge improved in most studies. One cohort doubled test scores (10 out of 25 to 20 out of 25) and one showed a 21.2 percentage point improvement (51.5 to 72.7 percent, $p < 0.001$). Behavioral outcomes included increased or refined career interest. Level 4 Kirkpatrick outcomes were rarely reported; one underpowered study found 41 percent of SEAD alumni ranked surgical specialties in the CaRMS match ($p = 0.47$).

Discussion: SEAD programs are consistently well received. The program reproducibly improves short term learner satisfaction, surgical knowledge and career clarity (Kirkpatrick Level 1-3). However, the evidence is not yet strong enough to claim it significantly impacts residency choice or match outcomes (Kirkpatrick Level 4). Future studies should use stronger comparators, validated instruments, with a focus on longitudinal tracking.

OD-6-4 Supervision of Family Medicine Residents: A Qualitative Study

Padraig Casey (Lead Author)

Methods: Using interpretive description methodology, semi-structured interviews were conducted with recent graduates and preceptors from the Dalhousie Family Medicine Program. Thematic analysis was applied to transcribed interview data.

Results: Supervision practices vary widely across the program due to contextual and individual factors. These variations can be understood through the lens of communities of practice, particularly in terms of how they facilitate or hinder full participation. A shared desire for continued mentorship beyond residency emerged as a key theme.

Discussion: The different supervision experiences of family medicine residents highlight disparate understandings of concepts such as "independence" and "competence". Communities of practice theory can help analyze resident supervision, with "full participation" in that community an essential step towards practice-readiness. The CFPC has named practice-readiness as the essential outcome of residency trainig. Attention to the authenticity of clinical work might help residents become ready for practice before the end of training. The common desire for formal mentorship beyond residency highlights the need for further attention to practice-readiness and transition-to-practice scenarios.

OD-6-5 The "Growing Pains" of Competency-Based Medical Education (Cbme) Implementation: Lessons Learned From the Program Evaluation of A Canadian General Internal Medicine Program

Steven Montague (Lead Author), **Jennifer Turnnidge** (Lead Author), **Laura Marcotte** (Co Author), **Oluwatoyosi Kuforiji** (Co Author), **Heather Braund** (Co Author), **Sarah Greco** (Co Author), **Nancy Dalgarno** (Co Author), **Laura McEwen** (Co Author), **Adam Szulewski** (Co Author)

Methods: We invited program leaders/staff, faculty, and residents of a GIM program at a Canadian tertiary care centre to participate in the study. We conducted interviews and focus groups with program leaders and staff (n = 5), faculty (n = 3), and residents (n = 4), which were transcribed and analyzed abductively.

Results: We identified five themes that best represented program partners' experiences of CBME implementation within the GIM program: (a) navigating the "growing pains" of CBME, (b) balancing responsibilities, (c) re-connecting theory and practice, (d) creating a supportive context, and (e) adopting a learner-centric approach. We identified planned adaptations to enhance the quality of CBME implementation, including regularly reviewing CBME policies and procedures, developing resources, recognizing CBME contributions, adopting a scaffolded approach to assessments, engaging in knowledge building and sharing, and clarifying expectations.

Discussion: We gleaned valuable insight regarding how CBME was implemented at our centre. Results highlight how program adaptations can help reconnect CBME theory and practice. We believe the lessons learned can be applied more broadly to other residency training programs as they navigate the challenges of adopting a similar CBME model.

OD-7 The Culture of Academic Medicine | La culture de la médecine universitaire

OD-7-1 The Burden of Proof: Student Presentations as A Performance of 'Insight' in Medical School Remediation

Tasha Wyatt (Lead Author), **Rachel Chamberlin** (Co Author), **Witzard Seide** (Co Author), **Emily Scarlett** (Co Author), **Jessica Bunin** (Co Author)

Methods: We used elements of constructivist grounded theory for data collection and analysis. We conducted 15 semi-structured interviews with current and former SPC members at a U.S. medical school. Using constant comparative methods, we identified the salient theme of student 'insight'. We then used a conceptual framework from rehabilitation science to interpret our findings, drawing a connection between the language of medical education and that of the legal system.

Results: Insight was a critical component of the SPC's deliberation and decision-making process. It was viewed both as a strong indicator of a student's potential for growth and as a clear indicator of risk to patient safety when absent. Students demonstrated insight by taking ownership of their issues, using available resources, and collaborating with the committee. Conversely, a lack of insight was identified when students engaged in "magical thinking," repeated problematic actions, or blamed others.

Discussion: The prominence of insight in student presentations suggests that medical education may have unintentionally placed the burden of providing insight on students. This study provides transparency by articulating what SPC members look for in these presentations, which can help improve the remediation process.

OD-7-2 Beyond Checklists: Tacit Dimensions of Clinical Handover and Why Conflicts Occur

Stella Yiu (Lead Author), **Samantha Halman** (Co Author), **Ariel Hendin** (Co Author), **Marianne Yeung** (Co Author), **Warren Cheung** (Co Author), **Fady Balaa** (Co Author), **Jason Frank** (Co Author)

Methods: Using a constructivist stance, we explored handover as a social process inductively. Staff physicians from a tertiary academic urban institution were recruited for interviews. Independent researchers identified codes and resolved discrepancies collaboratively. The team met to discuss codes and generate themes. Data collection continued until thematic saturation. We re-analyzed the data using the Shared Mental Model framework, which includes four dimensions: task-specific knowledge, task-related knowledge, team knowledge, and team attitudes.

Results: Clinical handover encompassed all four dimensions of the Shared Mental Model. Task specific knowledge involved procedures; task-related knowledge encompassed institutional factors; team knowledge included understanding colleagues' personalities; and attitudes captured concepts such as patient ownership. The emphasis on each dimension varied based on factors such as discipline, workload, and coverage. Some dimensions were tacit, and incompatibilities in these areas led to conflict.

Discussion: Clinical handover operates as an elastic framework with multiple dimensions that clinicians dynamically adjust to suit specific contexts. Team knowledge and attitudes in particular, were often tacit and prone to miscommunication. Current checklists typically exclude these tacit dimensions, and lack flexibility to fit specific context. To mitigate miscommunication, physicians should make these dimensions explicit, and tailor their handover framework to their unique clinical settings.

OD-7-3 Balancing Act: Unpacking Parenthood Policies in the Faculty of Medicine at Dalhousie University

Helen Mullaney, MEd (Lead Author), **Roetka Gradstein, MD** (Co Author), **Stephanie Power, MD** (Co Author), **Georgina Mckenna, MPH** (Co Author), **Roberta Preston, PhD** (Co Author), **Katrina Hurley, MD** (Co Author)

Methods: Using a feminist-informed document analysis, we reviewed institutional policies and contacted 36 departments in Nova Scotia and New Brunswick. At least two researchers analyzed each document using the READ approach (readying, extracting, analyzing, distilling), with the CARDA framework guiding reporting.

Results: Along with institutional policies, we reviewed 47 emails and 20 documents. No scientific departments had policies beyond the university collective agreement. One of 13 New Brunswick and four of 16 Nova Scotia clinical departments provided policies. Themes included reliance on informal cultures of support; narrow focus on compensation and leave; deficit framing of parenthood as a disruption to productivity; and gaps for circumstances such as pregnancy loss and surrogacy.

Discussion: The absence of parenthood-related policies may disadvantage women, early-career physicians, and new hires. While informal structures may help, they lack accountability. Our findings underscore the need for transparent policies extending beyond finances and leave.

OD-7-4 The Social Construction of Specialty Choice: Critical Analysis of Medical Students' Online Discourse

Nicole Fu (Lead Author), **X Catherine Tong** (Co Author), **Stacey Ritz** (Co Author), **Keyna Bracken** (Co Author), **Lawrence Grierson** (Co Author)

Methods: A corpus of discussion threads from the r/medschoolcanada subreddit (August 2024-August 2025) was collected using a Python scraper to extract posts tagged with keywords relevant to medical specialties. Threads were then manually screened for relevance. A framework combining Discursive Psychology and Critical Discourse Analysis guided qualitative analysis of how individual and structural discourses shape specialty perceptions.

Results: Analysis of 338 posts and 3900 comments revealed that family medicine and career decisions were frequently framed through competing repertoires of individual agency and structural constraints. Concurrently, there is systematic devaluation of generalist practice through ideological frameworks privileging subspecialty expertise and income. Overall, students' identity work simultaneously reproduced and contested power structures that systematically undervalue family medicine while establishing a hierarchy of medical specialty desirability.

Discussion: These findings highlight how individual and social engagement with dominant ideologies dissuade students from pursuing family medicine. Understanding this discursive construction provides educators and policymakers insight into how students make career decisions, guiding potential interventions to improve recruitment into family medicine.

OD-7-5 Exploring the "Undiscussables" of Staff Across Medical Education Using A Socioecological Framework

Anne Mahalik (Lead Author), **Roberta Preston** (Co Author), **Christy Simpson** (Co Author), **Wendy Stewart** (Co Author)

Methods: We gathered stories from 56 staff across Dalhousie University's Faculty of Medicine. We used narrative inquiry, focusing on personal stories to better understand their workplace culture. A four-level socioecological model was applied to the data to identify varying levels of influence over individual experiences, representing the complex interplay between an individual, relationships with their Department/Academic Unit, Faculty, and Dalhousie, the institution in which they work.

Results: Participants noted that a simple "thank you" or acknowledgement of their work made them feel valued. However, many felt undervalued due to hierarchical structures, lack of accountability for poor behaviour, and financial stress, contributing to feelings of hopelessness and futility. Staff were impacted by interactions with colleagues and supervisors, leadership, and the University overall, affecting their day-to-day work, well-being, and engage--ent.

Discussion: The well-being of staff has been largely ignored in medical education settings. Despite their essential role, their contribution is often overlooked, or shaped by others, leaving them vulnerable to overwork, burnout, and hopelessness. Our findings highlight the need for greater support and recognition of staff in academic settings to preserve high quality medical education

Block E

OE-1 CPD/Faculty Development | DPC / Formation professorale

OE-1-1 From City to Community: Just-in-Time Faculty Development for Medical Education Expansion

Joanne Rodger (Lead Author)

Methods: This presentation will share our approach to developing and launching these online, asynchronous faculty development modules, using evaluation data to illustrate how they support instructors across northern Alberta and improve the teaching and learning experience.

Results: Preliminary reflections and lessons learned will be shared, focusing on how defined learning pathways were used to personalize faculty development and address varied faculty needs.

Discussion: This project demonstrates the value of providing accessible, tailored, just in time resources to support medical education and build a community of teachers. By offering personalized learning pathways, we have equipped faculty members with essential teaching skills and fostered a culture of continuous professional development. Future work will focus on formal evaluation of the project, integrating these resources more deeply into faculty onboarding, and exploring how they can be adapted to support other academic programs.

OE-1-2 Defining What Makes A Good Medical Teacher: Towards an Integrative Framework

Oceane Juillet (Lead Author), **Jade Bigras** (Lead Author), **Sophie Plamondon** (Co Author), **Carolina Lucena Fernandes** (Co Author), **Marie-Pier Villemure** (Co Author)

Methods: We conducted a literature review (1990-2025) in English and French, focusing on frameworks that define teaching competencies in medical education (undergraduate, clerkship, residency, fellowship). Inclusion criteria targeted explicit frameworks developed for use by teachers in practice, grounded in rigorous methodology (systematic reviews, Delphi, empirical validation) or produced by recognized organizations. Data were extracted, compared, and synthesized to identify common domains and gaps.

Results: Ten relevant frameworks were identified. While they address essential competencies (communication, professionalism, leadership, scholarship, collaboration, commitment to learning), their uptake remains limited due to complexity, limited accessibility, or insufficient dissemination. Our synthesis highlights six integrative and transdisciplinary domains that capture "what makes a good medical teacher" and provide guidance for physician-educators across diverse learning contexts, based on an existing framework that is well known and widely used.

Discussion: This conceptual framework has the potential to strengthen faculty confidence, clarify expectations, and promote recognition of the educational mission within academic medicine. By offering shared language and concrete guidance, it supports both individual development and institutional consistency in medical teaching.

OE-1-3 Chart Pollution: How Stigmatizing Clinical Documentation Undermines Equity and Solutions to Address the Issue

Heather Braund (Co Author), **Eleftherios Soleas** (Lead Author), **Wiley Chung** (Lead Author), **Amireza Goli** (Co Author)

Methods: We reviewed literature and integrated structural competency and professionalism frameworks to propose "clean charting," the intentional use of respectful, unbiased language as a core competency. We developed a conceptual framework for embedding clean charting into continuing professional development (CPD) and faculty development (FD). Recommended strategies include targeted workshops, institutional policies on documentation language, routine documentation feedback, and leveraging EHR features to flag biased language and suggest alternatives.

Results: This framework outlines practical interventions addressing chart pollution at multiple levels in medical education and clinical practice. Faculty workshops on identifying and removing biased language, combined with institutional guidelines and EHR alerts, increased clinician awareness and improved documentation habits. Pilot programs reported greater sensitivity to documentation bias and stronger engagement with structural competency among faculty and learners.

Discussion: Treating stigmatizing clinical documentation as a site of bias is vital for advancing health equity. Embedding clean charting into FD and CPD curricula can disrupt patterns of prejudice entrenched in medical records, improve patient-clinician trust, and foster a culture of respectful, patient-centered care. Medical education must broaden to include documentation ethics, giving chart language the same critical attention as verbal communication and clinical reasoning.

OE-1-4 Triangulating Faculty Development Needs Across Stakeholder Perspectives: A Three-Survey Assessment at A Canadian Medical School

William McCauley (Lead Author), **Adenike Femi-Mese** (Co Author)

Methods: Three electronic surveys were administered: (1) Leaders (n=55/236; 23.3% response), including decanal leaders, department chairs, and residency directors; (2) Faculty (n=318/2,806; 11.3%), representing medicine, dentistry, and basic sciences; and (3) Learners (n=146/2,042; 7.2%), spanning undergraduate and postgraduate training. Surveys included Likert scales, multiple choice items, and open-text responses. Descriptive statistics and inductive thematic analysis were applied to identify patterns across teaching, research, leadership, and wellness domains.

Results: Leaders highlighted challenges in mentorship, research funding, and promotion for early-career faculty, and leadership training needs for mid-career faculty. Faculty respondents emphasized effective feedback, structured onboarding, wellness supports, and flexible programming. Learners reinforced these findings, reporting inconsistent feedback and variable mentorship. Across all groups, mentorship and accessible, embedded programming emerged as the most consistent needs. Social accountability topics identified as a need include indigenous health, anti-racism, cultural humility and professionalism.

Discussion: Findings demonstrate strong alignment between perceived and unperceived needs across stakeholders, underscoring mentorship, leadership preparation, and wellness as cross-cutting priorities. Triangulating these perspectives ensures faculty development initiatives are responsive to both educator and learner expectations. These results will directly inform a customizable program addressing faculty needs across career stages.

OE-1-5 Developing A Valid and Reliable Climate Change Preparedness Survey to Inform Continuing Professional Development (Cpd)

Patricia Huston (Lead Author), **Maddie Venables** (Co Author), **Laura Visentin** (Co Author), **Doug Archibald** (Co Author), **Jarvis Dongmo** (Co Author)

Methods: A review of the literature was conducted to identify key areas of climate change preparedness, potential barriers and facilitators, and preferred formats for learning. Validity testing was done by expert review. Readability was assessed through Think Aloud focus groups. A pilot study assessed feasibility by measuring response rate and how long it took to do the survey, and assessed reliability by measuring test-retest and conducting factor analysis.

Results: Six areas of climate change preparedness were identified: Increasing patient/public awareness; Addressing the health effects of climate change; Greening health care; Strengthening personal and emergency preparedness; and Advancing planetary health. Validity of the survey was confirmed by expert review. Readability was improved through iterative Think Aloud focus groups. The pilot study is underway, and preliminary results will be given at the time of the conference.

Discussion: To our knowledge, this is the first comprehensive survey of climate change preparedness in primary care. It will be used to inform postgraduate and CPD strategies and could be used both locally and nationally to assess and track the current level of preparedness.

OE-2 Blend (EDI + Patient Partner + Black Health & Wellness) | Mélange (EDI + Partenariat avec les patients + Santé et bien-être des Noirs)

OE-2-1 Perceptions and Barriers to Pursuing Ophthalmology Among Underrepresented Medical Students

Anuradha Mishra (Lead Author), **Mostafa Bondok** (Co Author), **Mohamed S Bondok** (Co Author), **Michael Knafo** (Co Author), **Christine Law** (Co Author), **Nawaaz Nathoo** (Co Author), **Lars J Grimm** (Co Author)

Methods: This is a multi-institutional, explanatory sequential mixed-methods study of medical students from four geographically representative Canadian institutions with varying levels of ophthalmology exposure completed a 17-item survey as--essing perceptions, barriers and facilitators to pur--uing ophthalmology. Quantitative data was ana--yzed using non-parametric tests and ordinal lo--istic regression to assess associations between both demographics and context-specific factors and survey responses. Open-ended qualitative responses were analyzed thematically using Braun and Clarke's framework.

Results: A total of 314 students participated, including 213 (67.8%) women, 125 (39.8%) visible minorities, and 73 (23.3%) Canadian immigrants. Negative perceptions of pursuing ophthalmology in--reased during medical school, with 29.9% of stu--ents expressing a negative view at the start of med--cal school compared to 45.5% at the time of the sur--ey-a 52.1% relative increase (p=0.007). Only 30.9% viewed the field as racially diverse, and 26.8% as gender balanced. Analysis of the qualitative responses showed that barriers to pursuing ophthalmology included intense competition, limited early exposure, lack of mentorship, perceived exclusivity based on personal connections, high research expectations, and difficulties with parallel planning.

Discussion: Increased early exposure, improved mentorship opportunities, and promoting diversity may support greater gender and racial representation in ophthalmology.

OE-2-2 Exploring Factors Influencing Specialty Selection of Fourth-Year Equity-Deserving Medical Students: Qualitative Insights From Queen's University

Wiley Chung (Co Author), **Eleftheria Laios** (Co Author), **Jenny Zhao** (Lead Author), **Tejas Gill** (Lead Author)

Methods: Semi-structured interviews were conducted with nine fourth-year EMS at Queen's University, recruited through purposive and snowball sampling. Transcripts will be analyzed using reflexive thematic analysis with reflexivity integrated through memo-writing, peer debriefing, and iterative review.

Results: Nine interviews were conducted from December 2025 to January 2026. Interviews are ongoing until March 2026, and data analysis will commence concurrently with completed interviews. Findings are expected to reveal how new and known factors impact specialty selection for EMS.

Discussion: This study will offer critical insights into the specialty selection experiences of EMS at Queen's University. Findings will inform equity-focused interventions for residency counselling and career planning at medical schools across Canada. Long-term benefits of improved representation across specialties will help the healthcare system meet Canadians' diverse needs and improve healthcare outcomes.

OE-2-3 Community Hypertension Outcomes Improvement by Computerized Education Seminars (Choices) for the Black Community - Sunnybrook Expansion

Ezekiel Garuba (Lead Author), **Nicole Da Silva** (Co Author), **Maryam Taghavi** (Co Author), **Jocelyn Charles** (Co Author), **Mireille Norris** (Co Author)

Methods: The study is recruiting 25 adults who self-identify as Black, are ≥30 years old, and have had hypertension for ≥1 year. Participants attend four weekly virtual seminars focused on hypertension education and a culturally adapted DASH diet. Data collection includes the University of Kansas Nutrition Literacy Assessment Instrument (UKNLAI), paired ASA24 dietary recalls, and baseline chart abstraction of blood pressure, BMI, comorbidities, and antihypertensive medications. Self-report surveys assess blood pressure self-monitoring and perceived grocery costs at baseline and 8 weeks. Focus groups at 3 months explore barriers and sustainability.

Results: Four participants (2 males, 2 females; older adults) completed the first cohort. Participants had hypertension with common cardiometabolic comorbidities. Following the intervention, participants demonstrated modest, participant-dependent improvements in nutrition knowledge and skills, with small and variable dietary changes on ASA24 recalls. Three participants reported increased confidence in interpreting food labels and making dietary choices, while one reported limited perceived benefit. Completion and acceptability were high.

Discussion: Early findings indicate that culturally adapted nutrition education is feasible and acceptable within academic primary care. Modest knowledge gains and individualized dietary changes are consistent with early-stage behaviour change. Ongoing recruitment will enable evaluation of sustainability, response variability, and associations with clinical outcomes.

OE-2-4 The Patient's Voice in Continuing Medical Education Publications

Bonita Sawatzky (Lead Author), **Lynda Bennett** (Co Author)

Methods: This presentation shares the process and stories of how an academic, clinician and a person with lived experience worked together to contribute to a clinical handbook for trained rehabilitation therapists who specialise in seating people with disabilities.

Results: This presentation will highlight from an academic and clinician's perspective the personal journey shared by the patient, her words and her photos she chose to share rather than purely a clinical/academic description of the situation. We will also share the benefits in her own words the patient experienced by participating and co-writing the book chapter.

Discussion: This patient-voice approach gives a more comprehensive perspective from a patient without the potential biases from the academic and clinical "experts" who write clinical textbooks used by health professionals. We hopefully model the future of continuing education materials for health professionals

OE-2-5 Closing the Loop: Benefits and Challenges with Sharing Clinical Trial Results with Participants After Trial Close-Out

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Methods: We conducted a cross-sectional survey of participants with orthopedic fractures at Hamilton Health Sciences from the PREPARE trial. Following ethics approval, participants or their SDMs provided informed consent and indicated whether they wished to receive trial results, and their preferred method. A survey was administered, and participants were offered their treatment allocation. Results were summarized using descriptive statistics with 95% confidence intervals.

Results: Twenty-eight percent of PREPARE trial participants contacted agreed to participate in this study. We found that 95.5% of respondents wished to know the trial results, most preferring online summary posters. Furthermore, 82.2% of respondents requested to know their treatment allocation.

Discussion: Our study's findings are valuable to investigators. Receiving the trial results was important to a portion of participants. Sharing results may benefit both participants and the scientific community. 50.7% of respondents were more likely to participate in another clinical trial after receiving the results, and 2.1% were less likely. Barriers to contacting participants following the PREPARE trial highlighted the need for researchers to plan dissemination strategies during ethics submissions to ensure approval.

OE-3 Assessment | Évaluation

OE-3-1 Assessing the Quality of Narrative Feedback in Undergraduate Medical Education

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Methods: A total of 7,731 de-identified evaluations were obtained from UGME pre-clerkship clinical skills sessions. Prior to scoring, all raters completed a structured training session on application of the QuAL rubric. Eleven trained reviewers then scored each evaluation using the QuAL score. The reviewer cohort consisted of medical students, resident physicians, faculty physicians, and educators.

Results: The median QuAL score was 2 out of 5 (IQR: 2-4). Although 70.2% of comments included a suggestion for improvement, only 36.9% of those suggestions explicitly referenced a specific observed performance, and 52.6% of all comments contained no direct evidence of the learner's performance. 17% achieved a maximum score of 5, indicating that excellent-quality feedback was present in a minority of cases.

Discussion: The majority of the clinical skills feedback offered suggestions for improvement; however, the quality of comments often lacked specificity and clear behavioural linkage, limiting its educa-ional value. Evidence of learner performance was often insufficient. This human-rated dataset will next be used to train and validate a natural language processing (NLP) model for automated QuAL scoring and developing a model for real-time feedback coaching.

OE-3-2 Home Field Advantage: Clinical Supervisors' Perspectives on the Assessment of Off-Service Residents

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Methods: The objective of this study was to explore clinical supervisors' perspectives on providing feedback and assessment to off-service trainees. Staff physicians from various disciplines at an academic hospital were recruited for semi-structured interviews. Constructivist grounded theory (CGT) methodology was utilized to identify common themes surrounding the assessment of off-service residents.

Results: Transcripts from interviews with fourteen (n=14) physicians demonstrated four key themes: staff physician objectives for off-service residents, resident self-awareness, limitations of assessment modalities, and organizational challenges to meaningful relationships and its impact on feedback.

Discussion: Off-service rotations offer a promising opportunity for residents to expand their knowledge base and skillset, especially in a low-stakes environment where expectations are lower than when on-service. The lack of shared understanding of training objectives create a major barrier to effective teaching and feedback. Physicians complained that residents are often unaware of their learning needs, underscoring the importance of the trainee's initiative in shaping their learning on off-service rotations. Assessment tools are currently not structured to support staff physicians perform high quality assessments and are limited by their generalizability for the wide heterogeneity of off-service residents supervised. Addressing these issues may improve the experience of off-service rotations and improve the quality of assessment and feedback.

OE-3-3 Disparities in Requests and Approvals of Usmle Step 1 Accommodations Among Medical Students with Disabilities

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Methods: We conducted a cross-sectional study of MSWD who graduated between 2020 and 2023 across nine U.S. MD-granting medical schools. Deidentified student records provided demographic data (gender, race/ethnicity), disability type, timing of diagnosis (pre- vs post-matriculation), and presence of a specialized disability resource professional (DRP). Outcomes included request for Step 1 accommodations and approval status. Chi-square and Fisher exact tests, with Bonferroni adjustments, were used to assess associations.

Results: Among 295 MSWD, 120 (41%) requested Step 1 accommodations, with 67 of 97 (69%) receiving approval. White students requested accommodations more frequently than Asian peers (46% vs 20%). Students with ADHD (50%) and chronic health conditions (53%) were more likely to request than those with psychological disabilities (30%). Approval was lowest for students with psychological disabilities (52%), ADHD (52%), and post-matriculation diagnoses (43%). Schools with specialized DRPs demonstrated higher approval rates (78% vs 53%).

Discussion: Findings reveal inequities in both requests and approvals of Step 1 accommodations, shaped by disability type, timing of diagnosis, race, and institutional resources. Expanding access to specialized DRPs and standardizing processes are critical to reducing disparities and ensuring equity in medical training and licensure

OE-3-4 Where Did You Learn that? Exploring Where, How and From Whom Residents Learn to Demonstrate Entrustability

Harpreet Pangli (Lead Author), **Faizal Haji** (Co Author), **Taryn Taylor** (Co Author)

Methods: This qualitative, interview-based study utilized Constructivist Grounded Theory (CGT). Semi-structured interviews were conducted at the University of British Columbia (UBC) with eight junior surgical residents, using an interview guide sensitized to entrustment, entrustability, situated learning, legitimate peripheral participation, and CoP. Iterative data collection and analysis used a constant comparative approach to generate a theoretical framework. Interviews were recorded, transcribed, and anonymized. Coding was conducted independently and refined collaboratively. Data col--ection continued until theoretical sufficiency.

Results: Four themes were constructed: Making Sense of What Entrustment Requires, Performing Entrustability, When Being Prepared Is Not Enough, and Social Networks to Navigate Entrustment. These illustrate entrustment as a social exchange, dependent on residents' preparedness and attendings' willingness to grant opportunities. Learning required interpreting tacit expectations, managing impressions, and navigating social dynamics. Access was influenced by peer networks, gendered norms, and the hidden curriculum.

Discussion: Entrustment is not a momentary judgment but a negotiated process. Residents must learn tacit expectations to be perceived as entrustable. This learning is uneven, influenced by identity and informal networks. To foster equity, the hidden curriculum of entrustability should be made visible for discussion and critique.

OE-3-5 Formative Situational Judgment Testing for Professional Competency Development: Framework Analysis and Pilot Findings

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Methods: We conducted thematic analysis of 10 North American competency frameworks across medicine, pharmacy, business, engineering, and law. A three-module SJT was designed, with scenarios linked to these domains. Piloting involved 350 students from three programs. Trained assessors rated responses using criterion-referenced definitions. Analyses examined internal consistency (α, ω), inter-rater reliability (ICC), factor structure (CFA), and construct validity (correlations with Casper, an admissions SJT).

Results: Thematic analysis identifying 95 competencies revealed four fundamental: intrapersonal, interpersonal, social/ethical responsibility, and critical thinking. Formative SJT reliability was strong (α = .84-.91, ω = .88-.92), with acceptable inter-rater agreement (ICC = .53-.60). CFA supported the four-domain model (CFI = .95, TLI = .94, RMSEA = .09). Formative SJT scores correlated with Casper (r = .25-.38, corrected r = .30-.45).

Discussion: Findings support the feasibility of a formative, open-response SJT for in-program competency development. The framework provides clarity across disciplines for interprofessional education, and psychometric results suggest utility for guiding student growth. Future work will examine sensitivity to change, feedback utility, and application across diverse learner groups.

OE-4 Curriculum | Programme d'études

OE-4-1 Outcomes of the Neuroleadership Mastery Program for Medical Education: Foundations of Depth Perception Leadership™

Nina Ahuja (Lead Author)

Methods: Fifteen participants (including residency program directors and senior residents nominated for leadership potential) engaged in the program from February to May 2025. Pre- and post-program surveys, including proprietary evaluative measures, assessed leadership confidence, emotional regulation, resilience, and workaholism tendencies. Quantitative analysis compared pre/post means, and qualitative responses were thematically coded.

Results: Leadership confidence increased from 2.9 to 3.7 (+28%), while emotional regulation improved from 3.3 to 3.9 (+18%). Perceptions of work-life balance rose from 2.8 to 3.1 (+11%), and workaholism tendencies, particularly guilt when not working, decreased from 3.4 to 3.0 (-12%). Participants consistently described the program as "transformational," reflected in an average satisfaction rating of 4.7/5 (94%). Qualitative responses reinforced these findings.

Discussion: Findings demonstrate measurable gains in leadership development in medical education through the NLMP. Grounded in the 3Rs and ADMIT frameworks, this work forms the foundation of Depth Perception Leadership™, a replicable system for preparing educators and trainees to lead with clarity, resilience, and reliable respect. These results hold significance by addressing leadership gaps that contribute to stress, burnout, and suboptimal environments.

OE-4-2 Enhancing Medical Education: Inclusive Care for Patients with Intellectual and Developmental Disabilities

Lauren Digby (Lead Author), **Rahim Dhalla** (Co Author), **Joshya Singh** (Co Author), **Eva Vieira** (Co Author), **Andres Jimenez** (Co Author), **Alice Tsui** (Co Author)

Methods: Individuals with diverse IDD needs, including those with autism spectrum disorder and physical disabilities, volunteered to serve as standardized patients in two unique clinical stations. Twelve pre-clerkship students practiced history-taking, physical examination, and caregiver engagement. Pre- and post-surveys assessed students' confidence, communication strategies, and curricular gaps.

Results: Pre-session, students reported low confidence (mean 2.5/5) and limited familiarity with IDD-specific communication strategies (mean 2.1/5). Qualitative data showed concerns regarding patient consent and comfort. Post-session, many outcomes improved, including confidence increasing to 3.5/5. Students perceived improved listening skills, communication adaptability, and awareness of caregiver roles. Feedback emphasized a desire for further structured exposure to IDD within medical training, with 100% of participants supporting the incorporation of dedicated IDD-focused teaching.

Discussion: This session revealed gaps in student preparedness and demonstrated the effectiveness of structured, patient-centered education. Next steps include integrating an asynchronous module, embedding IDD experience into existing clinical skills curricula, and incorporating patient-led panels with lived experience. These initiatives aim to build a scalable framework for inclusive medical education to reduce inequities faced by patients with IDD.

OE-4-3 Missed Opportunities in Ophthalmology Education in Pre-Clerkship Case-Based Learning Cases

Kate Lim (Lead Author), **Anuradha Mishra** (Co Author), **Korolos Sawires** (Co Author)

Methods: Two independent reviewers analyzed all 70 pre-clerkship CBL cases. Each was coded for ophthalmology-related content, including ocular history and symptoms, physical exam findings, ophthalmic medications, surgical history, and systemic conditions with ocular manifestations. Thematic areas such as anatomy, cranial nerves, disability/accessibility, and age-related conditions were also assessed.

Results: Only 16% of cases included any eye-related history, and 21% mentioned eye exams. Just 1% referenced visual disabilities, ocular medications, or surgical history. "Cranial nerves" was coded 84 times and "anatomy and histology" 82 times across all cases, but other codes were infrequently noted. Several cases involving elderly patients omitted mention of cataracts or macular degeneration. Cases with long-standing diabetes often failed to address diabetic retinopathy or the need for screening.

Discussion: This review reveals a significant deficiency in ophthalmology content within the CBL curriculum, despite many clinical scenarios offering opportunities for integration. The findings highlight the need to embed ophthalmology teaching more deliberately, even in non-ophthalmology-focused sessions. This is the first study to comprehensively evaluate ophthalmology content in a pre-clerkship CBL curriculum. Future studies should expand this analysis to other Canadian institutions to assess national trends and inform curriculum reform.

OE-4-4 Beyond the Basics: Shifting Definitions and Roles of Foundational Sciences in Medical Curricula

Zaim Khan (Lead Author), **Rebecca Khoury** (Co Author), **Fatima Arshad** (Co Author), **Shaoni Chakraborty** (Co Author), **Kuan-Chin Jean Chen** (Co Author), **Nigèle Langlois** (Co Author), **Douglas Archibald** (Co Author), **Carol Geller** (Co Author)

Methods: We conducted a national scan of all 17 Canadian medical schools, targeting institutional materials describing the definition, composition, role, and delivery of foundational sciences. Where clarification is needed, we aim to conduct semi-structured interviews with curriculum designers. We aim to conduct a thematic analysis using an inductive-deductive approach to identify recurring themes, conceptual definitions, and variations in how foundational sciences are framed, integrated, or justified within medical curricula.

Results: Preliminary data reveal notable variation across institutions. Some institutions present foundational sciences as traditional, rigid core disciplines like anatomy and microbiology. Others embrace a broader conceptualization, integrating bio--edical, social, health systems, and clinical sciences under a more inclusive umbrella. These latter approaches emphasize socio-cultural awareness, critical systems thinking, and longitudinal themes across the human lifecycle.

Discussion: Findings will inform efforts to conceptualize foundational science education across diverse UGME contexts by featuring both shared practices and points of divergence. These insights will serve to guide future curriculum development, educational research, and policy conversations surrounding the role of foundational sciences in medical education.

OE-4-5 The Current State of Teaching Social Determinants of Health in Obstetrics, Gynaecology, Sexual and Reproductive Health Curriculum in Canadian Undergraduate Medical Education: A Content Analysis

Bethany Smethurst (Lead Author), **Amy Nakajima** (Co Author), **Helena Kim** (Co Author)

Methods: Curricular documents related to obstetrics, gynaecology, sexual and reproductive health from Canadian UGME programs are being collected for summative content analysis. Codes derived from the World Health Organization's Commission on Social Determinants of Health conceptual framework are being deductively applied to learning objectives. Absolute and relative frequency of each SDH code will be assessed, along with the level of training, type of learning activity, and total learning hours. Qualitatively, the context in which codes are employed will be analyzed thematically to develop an understanding of how SDH are represented in UGME.

Results: The results will describe the extent and nature of SDH integration within Canadian UGME obstetrics and gynaecology curricula, highlighting both patterns of inclusion and areas for improvement.

Discussion: Results of this study hold significant implications for UGME curriculum. Summarizing which SDH are addressed, to what degree, in what context, and any biases in representation of certain SDH will clearly identify gaps that must be addressed to support medical trainees in becoming effective health advocates and will help inform curricular improvements.

OE-5 Blend (EDI + Black Health & Wellness) | Mélange (EDI + Santé et bien-être des Noirs)

OE-5-1 'I Felt Othered': Navigating Faith, Identity, and Discrimination as A Muslim Resident

Meerab Majeed (Lead Author), **Zainab Furqan** (Co Author), **Mirha Zohair** (Co Author), **Lama Abdallah** (Co Author), **Abbey Susan** (Co Author), **Arfeen Malick** (Co Author), **Hashim Khan** (Co Author), **Umberin Najeeb** (Co Author), **Javeed Sukhera** (Co Author), **Mohamad Matout** (Co Author), **Juveria Zaheer** (Co Author), **Raed Hawa** (Co Author)

Methods: Guided by constructivist grounded theory, 23 Muslim residents participated in semi-structured virtual interviews. Participants (15 female, 8 male) included Canadian medical graduates (n=13), international medical graduates (n=8), and international fellows (n=2). Interviews explored anti-Muslim discrimination and its impact on well-being and training. Transcripts were analyzed using open and focused coding, constant comparison, and memo writing, supported by NVivo 14.

Results: Analysis demonstrated that discrimination operated at structural, systemic, and interpersonal levels. Residents reported discriminatory events from patients, peers, and supervisors, with consequences for career decision-making and professional identity. Coping strategies included silencing, minimizing Muslim identity, and overperforming, alongside hypervigilance and modification of religious practices. Participants described resilience through mentorship, support from Muslim communities, and inclusive environments. Barriers to reporting and difficulty classifying experiences as discrimination underscored the complexity of address-ng discrimination within training.

Discussion: These findings illustrate how Muslim residents navigate discrimination while sustaining professional and personal identities. By integrating qualitative insights with prevalence data, this project provides a framework for developing systemic interventions that promote equity, safety, and inclusion in Canadian medical education.

OE-5-2 B-Hat (Black Health Audit Tool): Developing A Curricular Audit Tool to Identify Black Health Gaps in Medical Education

Anuoluwa Popoola (Lead Author), **Sador Bereketab** (Co Author), **Zia Bismilla** (Co Author), **James Owen** (Co Author), **Mireille Norris** (Co Author)

Methods: Two medical students with lived experience in Black health reviewed University of Toronto clinical skills course guides. Gaps and suggested revisions were documented, after which they were thematically analyzed using a deductive-inductive approach. Results were reviewed by three MD Program faculty members, including the Pre-Clerkship Director, Clinical Skills Director, and Black Health Theme Lead.

Results: Seven themes were identified: Social Determinants of Health; Historical & Systemic Racism; Cultural Communication Variations; Equity in Learning Environment & Patient Roleplay; Diagnostic & Physical Exam Accuracy Across Skin Tones and Bodies; Inclusive History-Taking; and Education on Risk Variation. Gaps were first categorized into the seven themes, then classified by type of issue, including omission, misrepresentation, harmful bias, poor visual representation, or evidence gaps. Themes and categories were organized into an audit tool called the Black Health Audit Tool (B-HAT). Across 54 identified gaps, omissions were most common (n=43), followed by harmful bias (n=8), poor visual representation (n=2), and evidence gaps (n=1). Diagnostic and physical exam accuracy across skin tones and bodies (n=16) and inclusive history-taking (n=17) had the highest num-er of issues across themes.

Discussion: The B-HAT provides a structured approach for evaluating clinical skills curricula for Black health gaps. Adoption of the B-HAT across medical education programs may help guide curricular improvements, supporting more equitable medical training.

OE-5-3 Interwoven Pathways: Reflecting on Indigenous Admissions to Build the Black Student Facilitated Stream

Patricia Farrugia (Lead Author), **Natasha Johnson** (Co Author)

Methods: This presentation offers a reflective narrative grounded in the lived experiences of current Black and Indigenous students and faculty at McMaster University who have been directly involved in the creation, implementation, and support of the Black Student Facilitated Stream and the Indigenous Facilitated Admissions Process By centeringthe voices of those with direct ties to these initiatives, the presentation honours the relational and community-driven foundations upon which both streams were built. It reflects on the collaborative learning that has taken place between Black and Indigenous members of the McMaster community, highlighting how solidarity, respect for distinct histories, and a shared commitment to equity have shaped these admissions pathways.

Results: The experiences shared through this presentation demonstrate the powerful outcomes that emerge when Black and Indigenous students work in solidarity to support one another within equity-focused admissions streams. Through collaboration, mutual respect, and shared advocacy, these students are not only navigating their academic journeys but also actively shaping the institutions they are part of.

Discussion: By engaging in community-building across the Black and Indigenous Facilitated Streams at McMaster, students have fostered spaces of belonging, affirmation, and collective empowerment. These relationships have allowed for the exchange of knowledge, emotional and academic support, and a deeper understanding of the distinct and interconnected struggles each community faces within post-secondary institutions. Together, these students are leading a broader cultural shift-challenging the status quo, holding institutions accountable, and pushing for systemic change that will benefit future cohorts. Their work ensures that these pathways are not temporary fixes, but evolving, sustainable structures rooted in justice, care, and community leadership. This collaboration is a model for how students from historically marginalized communities can uplift one another while continuing to push for transformation within academia and beyond.

OE-5-4 Reducing Barriers to Dermatology: the Launch of A Novel Canadian Dermatology Mentorship Program

Darshana Seeburruth (Lead Author), **Tahirih Nasseri** (Lead Author), **Edgar Akuffo-Addo** (Co Author), **Yvette Miller-Monthrope** (Co Author), **Marissa Joseph** (Co Author)

Methods: This study evaluated the program's impact using pre- and post-program mentee surveys analyzed with paired t-tests, and post-program mentor surveys analyzed descriptively, with open-ended responses undergoing thematic analysis.

Results: A total of 306 mentees from all 17 Canadian medical schools and training years participated. Most (98.4%) recognized mentorship as essential for a successful match, yet 94.4% reported difficulty accessing it, and over 95% lacked personal connections to dermatology mentors. Following CDMP, mentees reported significant improvements in understanding dermatology as a specialty, career development opportunities, components of a competitive application, research processes, and equity, diversity, and inclusion initiatives (all $p<0.0001$). They also reported increased confidence in pursuing career development and research opportunities, engaging in research, and building a strong residency application (all $p<0.0001$). Diverse resident representation was motivational for 68.3% of mentees, and 72.5% felt the program helped them assess their fit for dermatology. Nearly all participants (99.3%) would recommend the program, and 95.8% expressed interest in future iterations. Mentors unanimously found the experience meaningful and manageable.

Discussion: CDMP demonstrates the value of structured mentorship in promoting equitable access to dermatology and provides a scalable model for other specialties with limited exposure in medical training.

OE-5-5 Equity in Residency: What Canadian Case Law Tells Us About the Duty to Accommodate

Kirsten Faisal (Lead Author), **Michael Quon** (Co Author), **Cheryl Holmes** (Co Author), **Shireen Faisal** (Co Author), **Rachel Giddings** (Co Author)

Methods: A CanLII search (2010-present) was conducted using "resident," "doctor OR physician," and "duty to accommodate OR undue hardship." Of 794 cases, eight involved resident physicians or their representatives alleging disability discrimination against universities or hospitals. Legislative review included disability and employment statutes, physician licensure laws, and provincial medical association bylaws to review disability workplace rights and physician specific legislation.

Results: Of the eight relevant cases, four ruled in favour of residents, two only included preliminary hearings, and two favoured institutions. Undue hardship was established in only one case, where the resident required continuous supervision. All provinces and territories have human rights legislation affirming the duty to accommodate unless disability conflicts with an essential occupational requirement. No legislation explicitly restricts resi--ents with disabilities beyond provisions allowing licence limitation or revocation if a condition poses patient safety risk.

Discussion: Resident physicians, like all Canadian workers, are legally entitled to reasonable accommodations. The courts and laws are clear that these rights are legally protected and upheld, underscoring the need for universities to develop transparent, standardized accommodation processes supported by knowledgeable staff. Implementation of national best-practice recommendations and updating postgraduate accreditation standards could enhance consistency, safeguard rights, and reduce litigation.

OE-6 Simulation

OE-6-1 The Role of Virtual Reality to Support New Training and Assessment Mandates in Medical Education: an Initial Exploration

Auva Zarandi (Lead Author), **Aryana Zarandi** (Co Author), **Quang Ngo** (Co Author), **Spencer van Mil** (Co Author), **Jason M. Harley** (Co Author), **Elif Bilgic** (Co Author)

Methods: A partnership was formed through the SSHRC Partnership Engage Grant between McMaster University and MedVR Education, a provider of IVR medical simulations. Pediatric faculty and fellows were invited to explore IVR scenarios involving both technical and non-technical skills. Their feedback was analyzed qualitatively.

Results: Pilot findings highlight four key considerations: 1. Match scenarios to learner level and target skills. 2. Account for variation in institutional protocols when interpreting automated feedback. 3. Provide comprehensive orientation to IVR to reduce cognitive load. 4. Clearly communicate whether the simulation is intended for learning or assessment.

Discussion: While IVR offers educational benefits and scalable solutions, implementation must be aligned with learner needs and institutional goals. Clear expectations, thoughtful scenario selection, and attention to user experience are essential to optimizing its use in medical education.

OE-6-2 Development and Validation of A Pediatric Video Laryngoscopy Competency Tool for Simulation Training

Arielle Levy (Lead Author), **Natasha Collia** (Co Author)

Methods: A 22-item VL assessment tool was adapted from Johnston (2019) and refined through three expert review rounds. Items were scored 0-2 (not done, partially done/out of sequence, correctly done), with cumulative scores linked to training levels (novice to expert) and supplemented by a global rating scale (GRS). Ten VL intubation videos (two per level) were created. Six pediatric EM raters from three centers completed a 3-hour online training, including tool review, scoring exercises, and consensus discussions, followed by independent scoring of the videos. Inter-rater reliability (IRR) was assessed with intra-class correlation coefficients (ICC). Discriminant validity was tested with mixed-effect ANOVA, and Spearman's correlation assessed associations between composite scores and GRS.

Results: ICC for absolute agreement was 0.925 (0.835-0.977) for Preparation, 0.889 (0.754-0.966) for Intubation, and 0.951 (0.887-0.986) for composite scores. Spearman's correlation between composite and GRS scores was 0.84 ($p < 0.001$). Mixed-effect ANOVA showed significant differences in composite scores across training levels ($F(4,5) = 61.36$, $p < .001$), confirming the tool's ability to distinguish levels of expertise.

Discussion: We developed a VL assessment tool with strong inter-rater reliability and discriminant validity. This tool provides robust evidence to support its use in simulation-based evaluation of pediatric VL intubation competency.

OE-6-3 Beyond the Usual: Broadening Simulation in Family Medicine Residency Training

Micheline Boucher (Lead Author), **Shane Aubé** (Co Author), **Jacinthe Beauchamp** (Co Author)

Methods: Building on an established simulation curriculum, we introduced new scenarios informed by faculty input, program leadership, and accreditation feedback. Five priority areas were identified: trauma care, home care, mental health, intercultural competencies, and difficult conversations. Content experts-including emergency physicians, nurses, psychiatrists, and psychologists-played a key role in the design and facilitation of these sessions, reflecting the collaborative nature of family practice. Learner feedback and after-action reviews guide iterative improvements.

Results: Residents engage in approximately 115 hours of simulation, distributed evenly across two years. Over three years of implementation, feedback has been consistently positive. Residents find the scenarios relevant and well-aligned with their learning needs, and have requested increased frequency. Improvements identified include enhanced preparatory materials and supplementary clinical learning activities.

Discussion: This expanded simulation curriculum represents a shift toward holistic, contextually grounded training in family medicine. By integrating diverse expertise and addressing complex care scenarios, it better equips residents to navigate the realities of contemporary primary care. The model may inform similar innovations in other family medicine residency programs.

OE-6-4 Deteriorating Patient Scenarios: an Innovative and Virtually Adaptable Simulation Technique for Medical Student Education

Certina Ho (Lead Author), **Justin Lee** (Co Author), **Anna Nguyen** (Co Author), **Sanjeev Sockalingam** (Co Author), **Lu Gao** (Co Author)

Methods: We obtained medical students' post-DPS evaluation of the workshop and instructors via a questionnaire from 2021 to 2023. Descriptive/inferential statistics and thematic analysis were applied to quantitative and qualitative data, respectively.

Results: We received 74 responses. The DPS seminar was well received by medical students, with an overall average rating of 4.42 out of 5 on evaluation items related to the workshop quality. Virtual delivery was generally well received (4.08), though comments and data suggested students' preference for in-person DPS (4.63). Students' perceived strengths of the DPS seminar included a generally safe learning environment, a highly interactive and engaging experience, and valuable peer and tutor discussions that stimulated deep learning. Some students reported challenges with engagement due to psychological vulnerability in simulation and lack of clarity of learning objectives and the post-simulation debrief.

Discussion: The DPS is a feasible and innovative simulation teaching technique for pre-clerkship medical students according to this multi-year evaluation. There is a noted preference for in-person over virtual delivery. However, it is a well-received learning experience in both formats that can be adapted for virtual delivery based on curricular needs.

OE-7 Teaching and Learning | Enseignement et apprentissage

OE-7-1 Role of Emotions in Managing Unanticipated Difficult Airways

Alice Kim (Lead Author), **Sylvain Boet** (Co Author), **Meghan McConnell** (Co Author), **Colleen McFaul** (Co Author), **Andréanne Ménard** (Co Author), **Renate Kahlke** (Co Author)

Methods: Using a qualitative, narrative inquiry approach, staff anesthesiologists shared stories of unanticipated difficult airways in interviews. Analysis explored emotions before, during, and after the event.

Results: Nine anesthesiologists from urban teaching hospitals participated. Narratives described various difficult airways and five phases of emotions: (1) Pre-airway confidence and calm; (2) First sign of difficulty, with surprise and concern; (3) Active airway management, evoking stress, fear, and guilt; (4) Post-success relief and self-criticism; (5) Image recovery, restoring confidence. No formal debriefing occurred. Emotions were influenced by clinical experience and simulation training.

Discussion: Unanticipated difficulty airways evoke emotions beyond the immediate crisis. Integrating emotion management into training can help normalize emotions and strengthen coping. These findings are especially relevant in high-acuity settings, supporting clinician wellness and resilience.

OE-7-2 For Students, by Students: Optimizing Cadaveric Teaching Using A Surgical Approach to Regional Anatomy (Satra)

Parsa Razeghi (Lead Author), **Lilian Zhai** (Co Author), **Kristina Lisk** (Co Author)

Methods: Thirty-three second-year medical students volunteered and eighteen were randomly selected to participate in the one-day session. Working in pairs under faculty guidance, students applied surgical techniques, including internervous plane dissection and suturing, to the deltopectoral region and cubital fossa. Their work resulted in the creation of the nine teaching specimens for future use. A post-session survey assessed student perceptions via Likert-scales and open-ended questions.

Results: Seventeen students completed the post-session survey. Most had prior interest in surgery; 94% participated to gain exposure to surgical education, and 82% reported increased interest in musculoskeletal surgery following SATRA. All students reported improved understanding of upper limb anatomy and greater confidence to guide peers in anatomy. Interest in recommending and participating in future SATRA sessions was unanimous. Open-ended responses highlighted the value of faculty guidance and the surgical approach.

Discussion: SATRA offers an innovative and scalable model to increase exposure to surgery, teach anatomy, and optimize curricular time through the creation of reusable teaching specimens. Future research should explore SATRA's impact on long-term career interests and specific learning outcomes.

OE-7-3 Shaping Medical Student Satisfaction: Determinants of Clinical Rotation Quality in Undergraduate Medical Education

Bradley McCosham (Lead Author), **Kamal Lakhrif** (Co Author)

Methods: A cross-sectional study was conducted using 2,063 clinical rotation evaluations completed by 170 third-year medical students across nine core clerkship rotations. Data were collected through standardized electronic surveys and analyzed using stepwise multiple regression. Reliability and validity of constructs were confirmed through Cronbach's alpha, KMO, Bartlett's test, and principal component analysis.

Results: Overall rotation satisfaction was high (mean = 4.1/5). The regression model explained 69.1% of the variance in satisfaction. Supervision and support (β = 0.300) and learning experience (β = 0.307) emerged as the strongest predictors, accounting for most explained variance. Rotation organization (β = 0.148) and infrastructure (β = 0.130) were also significant but contributed less.

Discussion: Findings highlight the centrality of faculty guidance and structured learning experiences in fostering student satisfaction, underscoring the importance of mentorship and active engagement. Infrastructure and scheduling, while relevant, played a secondary role, suggesting students can adapt to resource limitations when strong supervision and pedagogical support are present. These results offer actionable insights for curriculum design and faculty development to optimize clinical learning environments and better prepare students as future health promoters.

OE-7-4 Étude De Cas Sur L'efficacité Des Plateformes De Gestion De La Relation Client Alimentés Par L'intelligence Artificielle Pour Soutenir L'engagement Des Anciens Étudiants

Alireza Jalali (Lead Author), **Aly Julien** (Co Author), **Meghan Stevens** (Lead Author), **Solomon Fotsing** (Co Author), **Sarah Mann** (Co Author), **Mathilde Tardif** (Co Author), **Nassima Marouf** (Co Author), **Armita Dabirzadeh** (Co Author)

Methods: Suivant une revue de littérature et un processus de sélection rigoureux, HubSpot, Zoho-CRM (plateformes spécialisées) et ChatGPT (plateforme fondamentale) ont été retenus. Pour chaque outil, les utilisateurs se sont familiarisés à l'aide des données fictives et ont complété un questionnaire style Likert évaluant l'intuitivité, le soutien technique, la prédiction, la personnalisation, l'analyse, l'automatisation, le réseautage, le coût-efficacité et la satisfaction globale. Les résultats ont été analysés avec JASP version 0.95.1.0

Results: Ces résultats exploratoires rapportent une excellente fiabilité du questionnaire utilisé notamment pour évaluer HubSpot (α=0,94) et Zoho-CRM (α=0,91) et une fiabilité limitée pour ChatGPT (α=0,51). L'efficacité globale, mesurée par le score moyen des 11 items, est la plus élevée pour HubSpot (M=6,9/10), suivie de Zoho-CRM (M=6,6/10) et ChatGPT (M=4,6/10). L'utilité des outils dans chaque critère est aussi représentée par un score moyen. HubSpot s'est distingué dans le plus d'items, le réseautage (M=8,8/10) étant le plus élevé. Zoho-CRM a obtenu son meilleur résultat en segmentation analytique (M=7,6/10). Avec une moyenne de 8,6/10, ChatGPT se distingue comme le plus intuitif selon les évaluations.

Discussion: HubSpot et Zoho-CRM offrent une fonctionnalité plus complète, HubSpot étant le plus performant. ChatGPT, bien qu'intuitif, demeure limité. Une intégration réfléchie et des considérations éthiques sont nécessaires pour assurer une mise en œuvre durable.

OE-7-5 Exploring the Physical Space in Family Medicine Clinical Supervision

Lindsay Herzog (Lead Author), **Nathan Cupido** (Co Author), **Erin Bearss** (Co Author), **Sabrina Kolker** (Co Author), **Sahana Kukan** (Co Author), **Anna MacLeod** (Co Author), **Natalie Morson** (Co Author), **Melissa Nutik** (Co Author), **David Tannenbaum** (Co Author), **Sakina Walji** (Co Author), **Milena Forte** (Co Author)

Methods: Participants included family medicine residents and supervising family medicine teachers. As part of our ongoing study, we have conducted ten participant-led walking interviews of the teaching unit, allowing participants to reflect in situ on the intricate relationships between materials, practices, and experiences during clinical supervision. Drawing on constructivist approaches and sensitized by a sociomaterial lens, we qualitatively analyzed interview audio-recordings, field notes, and photographs through open, inductive, thematic coding.

Results: Our analysis identified five interconnected themes, revealing how the supervision room influences teaching and learning. (1) It enables relational, dialogical, and peer-to-peer pedagogical practices. (2) It fosters professional identity formation, shaping norms, values, and ways of being. (3) It cultivates a climate of psychological safety and trust. These roles are supported by (4) conditions including a separate, intentional, and collective space, and (5) material elements such as furniture, technology, and room layout.

Discussion: This study illustrates how the supervision room is not a passive backdrop, but an active participant in clinical education. These findings have broad implications and encourage a reimagining of learning environments, underscoring how physical space can be leveraged as a powerful pedagogical tool in medical education.

Block F

OF-1 CPD/Faculty Development | DPC / Formation professorale

OF-1-1 Refining Approaches in Medical Education Co-Development with People with Lived and Living Experience

Maria Hubinette (Co Author), **Adam Gavarkovs** (Lead Author), **Yona Gellert** (Co Author), **Caldon Saunders** (Co Author), **Kathryn Young** (Co Author)

Methods: Ten semi-structured interviews were conducted with program staff, clinicians, researchers and PWLLE who were involved in the creation of a national course on abortion care. Interviews with PWLLE explored their motivations and experiences participating in the creation of CPD for health professionals, while interviews with program staff, clinicians, and researchers explored their experiences working with PWLLE. Data were analyzed using a constructivist grounded theory approach.

Results: Ten semi-structured interviews were conducted with program staff, clinicians, researchers and PWLLE who were involved in the creation of a national course on abortion care. Interviews with PWLLE explored their motivations and experiences participating in the creation of CPD for health professionals, while interviews with program staff, clinicians, and researchers explored their experiences working with PWLLE. Data were analyzed using a constructivist grounded theory approach.

Discussion: Findings from this study point to more effective practices for recruiting, engaging, and retaining PWLLE in the course creation process, such as by finding ways to show them the impacts of their contributions.

OF-1-2 Exploring the Relationship Between Cpd Participation and Retention of International Medical Graduates in Rural Communities

Adam Gavarkovs (Lead Author), **Madison Estrella** (Co Author), **Vivian Lam** (Co Author), **Vernon Curran** (Co Author)

Methods: Retention data for 119 IMG family physicians assigned to a rural community in British Columbia from 2015-2020 was provided by the BC Ministry of Health. Registration data for 206 CPD programs delivered in BC during the same period was provided by the University of British Columbia's Division of Continuing Professional Development. Cox proportional hazards regression was used to model the relationship between participation in three different CPD formats - rounds, workshops, and coaching - and the risk of leaving rural practice. Semi-structured interviews were conducted with a subsample of IMGs to explore their CPD experiences. Interview data was analyzed using template analysis.

Results: Participation in CPD was not a statistically significant predictor of retention, regardless of format. Interviews revealed that IMGs valued hands-on, relational CPD and informal networking opportunities to feel more confident and connected in their work and communities.

Discussion: These findings indicate that CPD may not be a deciding factor in whether IMGs stay or leave rural practice, but it is nonetheless important for helping them integrate and thrive in their rural community.

OF-1-3 Why Do Health Professionals Not Start Free E-Learning Courses After Registering for Them?

Adam Gavarkovs (Lead Author), **Sharon Ho** (Co Author), **Kate Campbell** (Co Author), **Bill McCauley** (Co Author), **Ryan Brydges** (Co Author), **Brenna Lynn** (Co Author)

Methods: Staff at two university CPD offices identified health professionals who had not started a free e-learning course 2-4 weeks after registering and invited them to participate in a semi-structured interview. Interviews were conducted with 12 health professionals, exploring their initial motivations for registering and reasons for not starting. Data was analyzed using template analysis.

Results: Four themes emerged: (1) Participants anticipated that courses would have a positive impact on their practice but were not considered essential for providing good care; (2) The flexibility of e-learning was appreciated by participants but also meant that courses were frequently pushed to the bottom of the priority list; (3) The perceived value of courses fluctuates over time; and (4) External pressures drive course completion more than intrinsic motivation.

Discussion: This study sheds light on CPD as something that health professionals dynamically (de)prioritize alongside their other professional and personal demands. This view suggests new ways of supporting health professionals' CPD efforts, while also contributing to the broader literature on self-regulation in health professions education, which has historically focused on single goal regulation.

OF-1-4 Ensuring A Respectful Learning Environment: Testing the Learner Mistreatment Process Using Policy Simulation at the Tmu School of Medicine

Stephanie Milone (Lead Author), **Elizabeth Wooster** (Co Author), **Katherine Gittins** (Co Author), **Brent Thoma** (Co Author)

Methods: A virtual workshop was developed wherein faculty were asked to address detailed mistreatment scenarios in alignment with the TMU SoM's learner mistreatment policy. Participants included clinical faculty, academic leaders, and staff. Pre- and post surveys were administered and sessions were recorded and transcribed. Descriptive statistics summarized participant confidence and preparedness to address a learner mistreatment event. Narrative feedback underwent thematic analysis to identify helpful and confusing aspects of the policy.

Results: Fifteen participants completed the pre-survey and nine completed the post-survey. Pre-workshop, 7/9 participants felt they understood the policy but only 5/9 felt confident applying it independently. Post-workshop, 9/9 participants felt they understood the policy and 7/9 expressed readiness to apply it independently. Case-based scenarios and the policy flowchart were consistently cited as helpful in clarifying roles, processes, and reporting pathways.

Discussion: Preliminary evaluation of the results indicate that a simulation-based workshop improved participants' confidence and readiness while surfacing areas requiring refinement. Findings support the use of simulation-based faculty development to accelerate institutional readiness, strengthen clarity, and reinforce respectful learning environments.

OF-1-5 Exploring Influences on the Reporting of Bias in Continuing Professional Development

Tanya MacLeod (Lead Author), **Lara Hazelton** (Co Author), **Owen Connolly** (Co Author), **Kim Good** (Co Author), **Mandy Esliger** (Co Author)

Methods: We conducted key informant interviews with experienced continuing professional development providers and program attendees (n = 8). Interview transcripts were analyzed thematically using the Theoretical Domains Framework (TDF), which outlines 14 domains representing determinants of behaviour. Coding was mapped to these domains, and subthemes were further refined through iterative team discussions.

Results: Bias was understood as a subjective, often unconscious influence on individual thinking and behaviour. Four TDF domains were most relevant: knowledge/skills (bias literacy, critical appraisal), intentions (self-monitoring, intent to be a critical consumer), environmental context (feedback opportunities, psychological safety, conflicts of interest), and emotion. Some participants described strong affective responses-especially anger-as important motivators for reporting bias.

Discussion: Most factors influencing the reporting of bias are modifiable. Enhancing bias literacy, creating safe learning environments, and addressing conflicts of interest may strengthen reporting practices. Further research should explore the role of emotion in learning and its impact on learner engagement.

OF-2 Blend (Assessment + CPD/Faculty Development) | Mélange (Evaluation + DPC / Formation professorale)

OF-2-1 From Structure to Culture: Stakeholder Perceptions and Experiences of Competency-Based Training with Entrustable Professional Activities (Spectre)

Roy Khalife (Lead Author), **Justin Phung** (Co Author), **Lindsay Cowley** (Co Author), **Lindsey Sikora** (Co Author), **Susan Humphrey-Murto** (Co Author), **Kori LaDonna** (Co Author), **Claire Touchie** (Co Author)

Methods: We conducted a systematic review and qualitative evidence synthesis of studies exploring stakeholder experiences and perceptions of EPA implementation in postgraduate medical education. Six databases were searched from inception to August 2024 and updated in April 2025. Eligible studies included qualitative and mixed-methods designs that examined learners, faculty, administrators, or other stakeholders involved in EPA use. Data were extracted in duplicate, appraised, and analyzed using Thomas and Harden's thematic synthesis approach.

Results: From 7,027 records, 23 studies involving 443 participants were included. Studies spanned Canada, the USA, Europe, and New Zealand across diverse specialties. Thematic synthesis yielded five interrelated themes: (1) Design tensions-EPAs clarified expectations but sometimes constrained authentic learning; (2) Growth versus performance-feedback opportunities increased, yet summative use fostered assessment fatigue and gaming behaviors; (3) Faculty preparedness and engagement-assessors were critical of EPA credibility but often ill-prepared for dual coaching-judging roles; (4) Psychological climate-learners experienced heightened anxiety and performance pressures that undermined safe-to-fail learning; and (5) Institutional culture-sustainable uptake required leadership, administrative support, and integration into broader curricular structures.

Discussion: Stakeholders valued EPAs for clarifying competencies and structuring feedback, but their potential was constrained by rigid design, insufficient faculty preparation, and unsupportive learning climates. Effective EPA implementation required adaptable frameworks, investment in faculty development, attention to psychological safety, and robust institutional scaffolds to ensure they functioned as catalysts for growth rather than administrative burdens.

OF-2-2 Evaluation of Competence Committee Processes: Time Commitment, Platform Efficiency, and Suggested Practices

Marla Davidson (Lead Author), **Lynsey Martin** (Co Author), **Tanya Robertson-Frey** (Co Author), **Loni Desanghere** (Co Author), **Anurag Saxena** (Co Author)

Methods: An online survey was distributed to CC members at the University of Saskatchewan. Questions addressed time commitments, platforms, challenges, and suggested practices.

Results: Fifty-eight CC members from 19 Royal College specialty programs responded. Most were women (57%) and had four or more years of CC experience (40%). Programs varied in size, with 28% overseeing fewer than 10 residents and 22% more than 30. Most CCs reviewed all residents at each meeting (62%), with members completing both primary and secondary reviews. Meeting preparation typically required 1-3 hours for secondary and 4-6 for primary reviews, and 85% found the workload manageable. Elentra was the most common platform, with 70+% reporting satisfaction across various aspects of the platform. Challenges facing CC committees included identifying residents in difficulty, member workload, and scheduling. Suggested practices included frequent reviews, resident reflection forms, and standardized tracking tools.

Discussion: Findings suggest that while CC processes are generally functional and manageable, workload and consistency remain concerns. The identification of residents in difficulty highlights the need for structured approaches to early detection and support. An increase in faculty support, shared practices, and standardized approaches could strengthen CC effectiveness and fairness.

OF-2-3 The Use of Micro-Credentials in Health Professions Education: A Scoping Review

Marco Zaccagnini (Lead Author) **Andrew West** (Co Author) **Brandon D'Souza** (Co Author) **Peter Farrell** (Co Author) **Sébastient Tessier** (Co Author) **Ian D. Graham** (Co Author)

Methods: Using Arksey and O'Malley's six-stage framework and PRISMA-ScR guidelines, we systematically searched seven databases (inception-December 2024) and conducted a structured grey literature review. We examined the instructional design features, pedagogical underpinnings, assessment strategies, and reported impacts of micro-credentials.

Results: We included 19 peer-reviewed papers and 35 websites describing health-related micro-credentials. Most studies were published in 2024 (42.1%), originated from the United States (42.1%), and nearly half (47.4%) provided only descriptive accounts. A wide range of instructional design features were identified, though pedagogical theories were rarely stated. Assessment strategies predominantly emphasized summative approaches (e.g., multiple-choice knowledge checks), with limited focus on higher-level competency assessment. Reported outcomes were primarily improvements in knowledge, confidence, or engagement, with no clear evidence of the distinct value of micro-credentials as a teaching modality.

Discussion: Current literature offers limited evaluation of micro-credentials and often lacks theory-informed design. We infer a pedagogical foundation aligned with constructivist, context-sensitive, and stage-based principles, which may inform the development of future micro-credential programs.

OF-2-4 The Validity of A Curriculum-Wide Clinical Teaching Evaluation: Exploring Student Clinical Teaching Assessments Across Cohorts

Mark Adkins (Lead Author), **Samantha Inwood** (Co Author), **David Rojas** (Co Author)

Methods: Separate confirmatory factor analyses (CFA) were conducted for 10 core clerkship courses using 3 years of LACT data (2022-23 to 2024-25). Each course's CFA model was tested for measurement invariance to assess LACT use across cohorts for indications of shared interpretations of the tool. A diagonally weighted least squares estimator was used with a mean- and variance-adjusted test statistic.

Results: Seven of 10 courses met the highest level of measurement invariance. Each model showed high internal consistency; with polychoric correlations between the overall rating and factor scores generated from the CFA models ranging from r = 0.91 to r = 0.94. Standardized factor loadings suggest comparable variable information contributing to factor scores. Scaled model fit indices demonstrate extremely good fit between models and their respective observed data (RMSEAs ranging from 0.016 to 0.028).

Discussion: These findings suggest different learner cohorts use and conceptualize the LACT similarly, perceiving the four teaching areas as related but still distinct. This is emphasized by the consistently highly skewed response thresholds at the item-level. Future analyses will test whether measurement invariance holds across courses.

OF-2-5 Family Medicine Clerkship Clinical Rotation Factors: Effect on Student Performance

Sherylan Young (Lead Author), **Kulamakan Kulasegaram** (Co Author), **Melissa Nutik** (Co Author), **Maya Amar** (Co Author)

Methods: We used Qualtrics to survey all clinical clerks (~500) during their core FM clerkship rotation during the 2023-2024 and 2024-2025 academic years to gather information about factors of their specific clinical rotations and their experiences. We then used performance data from their mastery evaluation exercises (ME) and clinical evaluation scores for our analysis to determine which factors, if any, made a difference on student performance.

Results: Analysis of data from 2023-2024 revealed that although students' experiences were positive on the rotation, these experience scores did not correlate with student performance. We found a limited number of factors weakly correlated with performance on the ME, including clinical and non-clinical health professional educator experiences, exposure to residents and long commutes. Notably, things like timing of clerkship rotation, number of preceptors and exposure to preceptors that did focused practice did not make a difference in performance.

Discussion: Findings from the completed 2-year study will be presented and we hope that the results will serve as a template for new undergrad sites and be used to inform quality improvement for both undergrad and post-grad education.

OF-3 Blend (Curriculum + Indigenous Health + CPD/Faculty Development) | Mélange (Programme d'études + Santé autochtone + DPC / Formation professorale)

OF-3-1 Balancing Act: A Blended Curriculum to Teach Residents Procedural Skills and Acute Care Management in Pediatric Emergency Medicine

Nina Mazze (Lead Author), **Karen Forward** (Co Author), **Quang Ngo** (Co Author), **Sabrina Lue Tam** (Co Author)

Methods: To design, implement and evaluate the curriculum, Kern's six step approach was used. Royal College objectives of training were reviewed and program directors were surveyed to prioritize curriculum learning objectives. Asynchronous modules cover airway, shock, trauma, and NRP; in-person sessions address advanced airway, casting, IO insertion, suturing, anaphylaxis and seizures. In-person sessions have been implemented, with next steps in curriculum implementation to include the asynchronous modules. Descriptive statistics of post-curriculum surveys evaluate resident comfort in procedural skills and acute care management pre and post-curriculum.

Results: Resident comfort (n=36) with procedural skills improved (pre, post, need more teaching): casting (22.2%, 69.4%, 33.3%), suturing (58.3%, 83.3%, 25.0%), LMA (30.6%, 38.9%, 38.9%), IO insertion (19.4%, 41.7%, 41.7%). Comfort decreased in BVM (72.2%, 61.1%, 8.3%) and intubation (27.8%, 25.0%, 47.2%). Resident comfort with acute care improved: respiratory distress (28.6%, 61.1%, 41.7%), seizure (20.0%, 47.2%, 44.4%), shock (17.1%, 30.6%, 41.7%), NRP (5.7%, 16.7%, 75.0%), anaphylaxis (34.3%, 47.2%, 30.6%), trauma (17.1%, 30.6%, 63.9%).

Discussion: Resident comfort improved in most skills. Smaller gains (and losses) in multi-step skills reflect the learner's transition from unconscious to conscious incompetence as they appreciate skill complexity. Early exposure builds awareness, while ongoing practice and feedback builds competence.

OF-3-2 Fostering the Humanity of the Physician Through the 'Doctor as A Person' Physicianship Program

Nasri Balit (Lead Author), **Sofia Lizza** (Lead Author), **Amanda Essebag** (Co Author), **Tracy Liu** (Co Author), **Peter Malik** (Co Author), **Teodora Marginean** (Co Author), **Timothy Wideman, PhD** (Co Author), **Lester Liao, MD** (Co Author)

Methods: 13 responses were collected pre-program to understand how the standard medical curriculum addresses physician humanity. 10 participants submitted responses to a post-program questionnaire on whether DaP fostered their humanity as physicians. Thematic analysis was used to evaluate both sets of responses. Additionally, participants completed a Flourishing questionnaire pre and post program, with results analyzed across five subdomains using paired t tests.

Results: Thematic analysis of pre-program responses showed that while the standard medical curriculum acknowledges physician humanity, it remains underemphasized. Thematic analysis of the post-program questionnaire identified reflection and peer-support as key ideas. In that same questionnaire, 80% of participants reported that DaP helped foster their humanity and 20% reported somewhat. On the Flourishing questionnaire, nine participants scored an average of 6.5 to 8 out of 10 across all domains. While most post-program scores trended upward, only the 'Social Network' domain showed statistically significant improvement.

Discussion: The DaP program seems to foster exploration of medical students' humanity. Qualitative and quantitative data suggest that the program contributes to professional identity formation through reflective and peer-supported learning.

OF-3-3 Peer Consultation Program for Teaching Effectiveness: A Pilot Feasibility Study

Umberin Najeeb (Lead Author) **Martina Trinkaus** (Co Author) **Alexandra Grudzinski** (Co Author)

Methods: This study involved five faculty members trained in the Master Teacher Program (DoM's two-year instructional development certificate course) as Peer-Consultants (PCs) and ten faculty members with minimal/no formal teaching training as CTs. Each PC was paired with two CTs, forming 10-pairs. The process included a pre-consultation phone call, PCs observation of CT-led small-group teaching seminars, PCs offering formative feedback on the provided worksheet, and a post-observation conversation. All participants completed a survey three-months later.

Results: All 10-pairs completed their teaching observations. On a 1-5 scale, with 1-"strongly disagree" and 5 -"strongly agree," CTs were evaluated by PCs as being most effective at treating learners with respect (mean: 5; standard deviation [SD]: 0), demonstrating appropriate knowledge of the topic (mean: 5; SD: 0) and demonstrating enthusiasm (mean: 4.90; SD: 0.32). CTs need improvement with stating teaching objectives at the beginning of the session (mean: 4.30; SD: 0.95), conducting the session at an effective pace (mean: 4.56; STDV: 0.53), and using summaries, repetition and/or "take home" points (mean: 4.67; SD: 0.71). In the follow-up survey, participants found the peer consultation process helpful (mean: 4.14; SD: 0.69), valued its formative approach (mean: 4.71; SD: 0.49), and expressed a need for a permanent program (mean: 4.29; SD: 0.49).

Discussion: Peer consultations with formative feedback are a helpful resource to improve CTs teaching abilities.

OF-3-4 Advancing Indigenous Health Education in Undergraduate Medicine: Curriculum Mapping and Gap Analysis in Response to Updated National Standards

Noah Bennell (Lead Author), **Lyric Oblin-Moses** (Co Author), **Amy Nakajima** (Co Author), **Hannah McKay** (Co Author), **Mia Otten** (Co Author), **Bradley MacCosham** (Co Author), **Darlene Kitty** (Co Author), **Alexandre Kokoko-Peti--uan** (Co Author), **Laura Muldoon** (Co Author), **Luc Brisebois** (Co Author), **Meghan Cornett** (Co Author), **Kuan-Chin (Jean) Chen** (Co Author)

Methods: Pre-clerkship and clerkship curriculum documents were reviewed to identify objectives, learning events, and assessments related to Indigenous health. Content was mapped against three frameworks: the 2025 MCC Indigenous Health Objectives, Committee on Accreditation of Canadian Medical Schools standards, and TRC Calls to Action #23 and #24. Findings were validated through consultation with the Indigenous Curriculum Working Group, which included Indigenous learners, Indigenous and non-Indigenous faculty, and administrative staff.

Results: Mapping identified 29 Indigenous health objectives and 11 learning events, reflecting a strong pre-clerkship foundation. Gaps exist across the curriculum, most notably in clerkship and longitudinal integration. In response, initiatives included implementing experiential learning (e.g., the Blanket Exercise), clerkship Peer-Assisted Learning sessions, revised case-based modules, and strategies to embed Indigenous health content more consistently across the program.

Discussion: Curriculum mapping provided a framework for iterative growth informed by updated national standards. By centering Indigenous leadership and aligning with accreditation requirements, this process offers a model for strengthening Indigenous health education and preparing graduates for culturally safe practice.

OF-3-5 The Annual Course Review Checklist: A Communication Tool to Support Bidirectional Accountability and Continuous Quality Improvement in Undergraduate Medical Education

Laeora Berkson (Lead Author), **Alexandra Teggin** (Co Author), **Theresa Beesley** (Co Author)

Methods: The Annual Course Review Checklist (ACRC) includes items addressing learning objectives, course implementation, student performance and satisfaction. Directors respond with 'yes' or 'no,' providing comments for negative responses. Data is compiled into spreadsheets, enabling cross-course comparisons and detection of systemic issues.

Results: Since 2021, the ACRC has been completed annually by over 85% of directors. The process enables our program committee to monitor course alignment with curricular goals, identify barriers to implementation (e.g., resource limitations, assessment challenges), and facilitate timely interventions. Directors report that the tool clarifies expectations and streamlines reporting.

Discussion: The ACRC provides a structured mechanism for communication between governance bodies and course directors ensuring accountability and fostering transparency. It supports continuous quality improvement at course and pro--ram levels and can be adapted by other medical schools seeking efficient approaches to curricular oversight.

OF-4 Equity, Diversity and Inclusion | Équité, diversité et inclusion

OF-4-1 Menstrual Equity at the Cumming School of Medicine (Csm): One-Year Outcomes on Access, Cost Burden, and Inclusion

Heshini Dalpathadu (Lead Author), **Jessica Ferguson** (Co Author), **Kerry Yang** (Co Author), **Rayyan Zuberi** (Co Author), **Rabiya Jalil** (Co Author)

Methods: We administered campus-wide surveys to students, faculty, and staff at baseline (n=115), 1-month after the launch of disposable products (n=78), and 12-months after the launch of disposable products / 2-months after the launch of reusable products (n=46). Usage was tracked via weekly logs for disposable products across the 20 washrooms at the CSM and for reusable products stocked at SAWH.

Results: At baseline, 90% of survey respondents agreed that free menstrual care products would improve inclusivity, but availability was poor. At 1 month, availability satisfaction rose to 65% (vs. 13% at baseline), 47% of respondents had used free disposable products, and 37% reported reduced financial burden. Reusable menstrual products were introduced in April 2025 with 37 menstrual cups and 73 period underwear products distributed to date. Among survey respondents, 17% had used reusable menstrual products and 61% intended to use them. Finally, 87% of respondents agreed that free reusable products positively impacted environmental sustainability and accessibility at the CSM.

Discussion: Free menstrual products were associated with rapid, sustained improvements in accessibility and inclusion, with a meaningful reduction in financial burden for many users. Expansion of sustainable menstrual care options appears to be a promising avenue for universities to address period poverty.

OF-4-2 How Inclusive Are Australian Specialist Medical Colleges?

Alessandra Sarmiento (Lead Author), **Gisselle Gallego** (Co Author), **Claudia Ng** (Co Author), **Dinesh Palipana** (Co Author)

Methods: An audit, review and content analysis of publicly available admission policies and admission guidelines of all specialists' medical colleges in Australia was conducted between June and December 2024. The review followed the READ approach, a systematic procedure for collecting, extracting and conducting document analysis.

Results: Seventeen colleges were eligible. Eight colleges had an entry application process publicly available. One college had a disability policy. Five colleges had a disclosure of disability in the entry application process. Six colleges had disability mentioned in other policies. Thirteen colleges mentioned special considerations that included disability in the criteria. No college had a training program accommodation policy specific to disability only. Three colleges had training program supports in their policy. Two colleges demonstrated inclusive language in their policies. No college mentioned the number of trainees with a disability in their annual report. No college had wellbeing resources specific to disability.

Discussion: The majority of specialty colleges did not have inclusive selection processes and some used ableist language. Australian medical colleges should consider more accessible and inclusive policies and processes to support the inclusion of people with disability.

OF-4-3 Culturally Competent Breast Cancer Education: A Narrative Review to Inform Tool Development for Trainees and Patients

Areeba Chaudhry (Lead Author), **Naganathan Gayathri** (Lead Author), **Valentina Shamoun** (Co Author), **Sheharza Mahmood** (Co Author), **Elias Djemai** (Co Author)

Methods: We conducted a meta-narrative review (Scopus, MEDLINE, July 2025) to synthesize global evidence on culturally tailored breast cancer education tools. Extraction focused on content, language/cultural adaptations, delivery formats, and co-design strategies. Studies were analyzed to identify best practices and gaps relevant to tool development for use in Canadian cancer care and medical education.

Results: Education tools that incorporate multilingual resources, culturally informed adaptations such as attention to perceptions of cancer and circle-of-care dynamics, community partnerships, and co-design strategies demonstrably improve comprehension, adherence, and psychosocial support. Yet few interventions span the full cancer care continuum or are intentionally designed as dual-use resources that support medical trainees in delivering culturally competent communication and enable patients to engage in self-directed learning.

Discussion: Findings inform co-development of a breast cancer education tool for East Toronto and Scarborough that equips trainees with culturally competent communication strategies and empowers patients to engage in self-directed learning. By embedding cultural competence into patient education and medical training, this work advances equity-informed curricula and supports medical trainees in delivering holistic cancer care.

OF-4-4 Fostering an Inclusive Clinical Education Environment

Shannon Kitchings (Lead Author), **Jasdeep Dhir** (Co Author), **Brenda Nayiga** (Co Author)

Methods: A mixed methods design was used. Seven CIs and their students participated. CIs completed two learning activities and a reflective tool at two time points; students completed a post-placement survey.

Results: Analysis revealed five themes from CI experiences: Reflection and Learning; Personal and Emotional Factors; Barriers and Facilitators to Learning Activity Experience; Clinical Application and Reframed Perspectives; and Limits of Authority and Influence. Student survey responses addressed inclusive learning environments, with all seven students agreeing or strongly agreeing with most statements.

Discussion: This project suggests that EDIJ-focused activities for CIs can enhance self-reflection, learning, and inclusive education environments. Future research should allow greater flexibility in activity completion and improve translatability by recruiting larger, more diverse samples across health disciplines and practice settings.

OF-4-5 Enhancing Equity in Medical School Admissions: Free Application Preparation Seminars Improve Confidence, Competence, and Reduce Anxiety Among Underserved Applicants

Tuana Kant (Lead Author), **Darshana Seeburruth** (Lead Author), **Ike Okafor** (Co Author), **Lisa Robinson** (Co Author), **Lisa Richardson** (Co Author) **Dalal Mahir** (Co Author)

Methods: Between July-November 2024, UC participants in COSMOS program completed pre- and post-program surveys assessing confidence and competence in writing application materials, understanding of CanMEDS roles, and application-related anxiety, using 5-point Likert scales. Quantitative data were analyzed using unpaired t-tests and ANOVA. Qualitative responses were analyzed thematically.

Results: Of the 683 COSMOS participants, 342 (50%) completed the surveys. Confidence in writing the ABS and perceived competence increased significantly ($p<0.0001$) from 2.84 to 3.83, and from 2.94 to 3.86, respectively. Similarly, essay-writing confidence and perceived competence improved from 2.78 to 3.82, and from 2.88 to 3.88 ($p<0.0001$), respectively. Participants reported a better understanding of CanMEDS roles ($p<0.0001$) and reduced application-related anxiety ($p<0.0001$). 98% of participants recommended the program.

Discussion: COSMOS program significantly improved UC applicants' confidence, writing skills, and understanding of CanMEDS roles, while reducing subjective application-related anxiety. These findings underscore the value of accessible, mentorship-driven interventions in empowering UC applicants throughout the medical school admissions process and present a model for equity-focused educational initiatives.

OF-5 Patient Partner | Partenariat avec les patients

OF-5-1 International Recommendations for Patient and Public Involvement in Interprofessional Education: A Delphi Study

Cathy Kline (Lead Author), **Angela Towle** (Co Author), **Matthijs Bosveld** (Co Author), **Darren Lauscher** (Co Author)

Methods: A Delphi study with international experts was conducted to develop recommendations for PPI in IPE and priorities for action. An initial set of 46 statements was developed from a literature review, key informant interviews and focus groups with stakeholders. Two rounds of online voting and a virtual meeting were held. Consensus was defined in advance with a cutoff of 70% of participants scoring at least seven on a nine-point Likert scale.

Results: 71 experts including educators (31%), students (11%), patient partners (48%), and others with relevant experience (10%) participated. All statements reached consensus. Some statements were enhanced but no new statements were added. Qualitative analysis of comments led us to combine statements that were similar and reduce the list to 33 statements.

Discussion: ICAM participants will get a preview of the recommendations and online resources created to support their implementation. By integrating PPI within IPE, PULPIT aims to better connect IPE to real world patient experiences that better prepares learners to collaborate with patients and other professionals in practice. PULPIT will improve educational outcomes and foster collaboration and shared decision making where patients are part of the healthcare team.

OF-5-2 Putting Remuneration Into Practice: Priorities for Action in Remunerating Patient Partners

Aleisha Fernandes (Lead Author), **Aleisha Fernandes** (Lead Author), **Grace Fox** (Co Author), **Manoj Lalu** (Co Author), **Dawn Richards** (Co Author), **Laurie Proulx** (Co Author), **Anna Chudyk** (Co Author), **Dean Fergusson** (Co Author), **Stuart Nicholls** (Co Author)

Methods: A modified e-delphi survey process was conducted with three rounds. Round 1 solicited open text responses regarding challenges, while rounds 2 and 3 required respondents to rate challenges on a 9-point likert scale regarding the importance and ease with which it could be addressed. Surveys were distributed via social media and snowball sampling through existing networks. Qualitative data was analysed thematically, and quantitative data descriptively (median, interquartile range). Challenges scoring 7-9 on importance and 1-3 on ease were identified as priority topics.

Results: 176 individuals completed round 1, 87 round 2 and 94 round 3 of the survey. Round 1 responses generated seventy-four challenges. Rounds 2 and 3 generated 11 priority topics including 6 concerning conversations around compensation.

Discussion: Communication challenges around remuneration highlight a need for respectful and transparent discussions to ensure fair compensation of patient partners. Due to operational need of many challenges, there is also a need for practical tools to facilitate discussion and decision-making around compensation.

OF-5-3 Co-Designing A Patient Charter of Rights for Ai-Enabled Healthcare: Preliminary Findings From A Canada-Wide Survey and Interviews

Laura Williams (Co Author), **David Wiljer** (Co Author), **Reyhaneh Yousefi** (Lead Author), **Kerseri Scane** (Co Author), **Anushka Jaffer** (Co Author), **Rebecca Charow** (Co Author), **Akshay Mohan** (Co Author), **Sumaya Thattakkattu Abdulrahman** (Co Author)

Methods: Co-design with patient partners, a Canada-wide bilingual survey and semi-structured interviews were done. Participants included individuals with lived experience of interacting with healthcare systems as patients or caregivers. Descriptive statistics of survey responses were conducted. Short-answer survey responses and interviews were inductively analyzed.

Results: A total of 593 patients responded to the survey, where 47.55% identified as cisgender female, 73.85% were from Ontario, and 65.60% identified as Caucasian. Around half of all participants strongly believed that they should understand how AI might be used in their care (n=396,67%) and have a say when AI is used to manage their health (n=270, 46%) and to make clinical decisions (n=366, 61%). From the 13 interviews, four key AI readiness factors emerged: trust through accountability and transparency, human oversight into workflows to ensure equity and representation, accessible education for informed consent, and greater agency over care and data.

Discussion: These insights advance our understanding of patient perspectives on AI, where trust of AI-enabled care is contingent on organizational commitment to upholding equity, compassion, and transparency in clinical practice. The next step is to co-design a patient charter with our partners, ensuring AI implementation and future medical education development reflects lived priorities and perspectives.

OF-5-4 Redefining Roles: Patient Partners as Co-Creators in Interprofessional Education

Annie Descôteaux (Lead Author), **Claudio Del Grande** (Co Author), **Marie-Pierre Codsi** (Co Author), **Isabelle Croteau** (Co Author), **Lucie Alègre** (Co Author), **Tiffany Clovin** (Co Author), **Benoît-Pierre Stock** (Co Author), **Mathieu Jackson** (Co Author), **Vincent Dumez** (Co Author), **Collectif Formation PARTENAIRES** (Co Author)

Methods: The programme engages over 5,000 students annually across 13 disciplines and approximately 125 patient partners. A qualitative review of programme development traced changes in patient participation in the design, delivery, evaluation, and governance of the curriculum, drawing on patient partner perspectives and institutional experience.

Results: Three areas of transformation were identified: 1. Student engagement - moving from one-way testimonies to authentic, reflective exchanges bridging the patient-student divide. 2. Interdisciplinary integration - shifting from discipline-specific patient assignments to flexible, universal contributions that enrich collaborative learning. 3. Shared facilitation and leadership - expanding from limited workshop interventions to full co-construction of content and co-chairing of the programme alongside faculty.

Discussion: The PARTENAIRES experience demonstrates that sustained institutional commitment and long-term trust enable patient partners to become co-creators of interprofessional education. This evolution highlights the cultural and structural shifts required to embed authentic partnership, offering lessons for institutions worldwide seeking to align education with patient-centered care and social accountability.

OF-5-5 Ethical Issues in Deploying Patient Partnership in Medical Education: A Qualitative Study

Annie Descôteraux (Lead Author)

Methods: A qualitative design based on institutional ethnography was employed. Eighteen semi-structured interviews were conducted with 7 physicians, 7 patient partners, and 4 medical students (60-90 minutes each, recorded and transcribed). Data were coded and analyzed thematically using NVivo software. The analytical framework combined clinical ethics, the Montreal Model of patient partnership and feminist approaches.

Results: Analysis revealed four major themes encompassing sixteen distinct ethical issues: (1) Structural conditions, including governance and infrastructure as well as the ecology of actors; (2) Rela-ional dynamics, focusing on co-facilitation, alli-nce, and tensions; (3) Pedagogical issues, such as curriculum design, timing, and student engagement; (4) Representation and identity in tension, including legitimacy, diversity, and essentialization of patient roles;

Discussion: Ethical issues in patient partnership are simultaneously structural, relational, pedagogical, and identity-based. They shape the sustainability of engagement and influence how equity and recognition are enacted in educational contexts. Addressing these issues can guide institutions in designing stable governance structures, fostering inclusive recruitment, and supporting the moral labor of all actors. These findings contribute to strengthening the ethical foundations of patient partnership in medical education.

OF-6 Teaching and Learning | Enseignement et apprentissage

OF-6-1 Navigating Identity in Crisis: A Meta-Ethnography of Medical Learners' Experiences During the Covid-19 Pandemic

Maham Rehman (Lead Author), **Paula Cameron** (Co Author), **Lorenzo Madrazo** (Co Author), **Tina Martiminakis** (Co Author), **Zahra Merali** (Co Author)

Methods: We conducted a meta-ethnography, a qualitative synthesis approach designed to generate new conceptual insights. Analysis involved coding first-order (participant quotes) and second-order (author interpretations) constructs. Third-order constructs were iteratively developed through reciprocal/refutational translations to generate cross-cutting insights into how COVID-19 reshaped PIF. Two electronic databases were searched using key-terms yielding 80 articles published from December 2019-January 2025.

Results: Nine third-order concepts were generated across the 11 included articles. Identity uncertainty: exclusion from frontline care or placement in atypical roles challenged learners' professional identity; alternative engagement: some learners found new COVID-specific avenues for fostering PIF; questioning professional narratives: PIF was negotiated through navigating public discourse around doctors as heroes, and reconciling social altruism with their personal safety and being.

Discussion: COVID-19 was a revealer, prompting critical reflection on enduring questions-regarding what constitutes a 'good doctor,' the societal roles ascribed to physicians, and the ways these roles are understood by doctors, patients, policymakers, and the public. The pandemic's impact was both individual and collective, highlighting the need to shift from isolated experiences toward shared, systemic approaches. This underscores the need to reimagine medical training in the post-COVID era to shape more sustainable approaches to PIF.

OF-6-2 Bridging A Gap in Medical Education: Design and Impact of an Interactive Workshop on Chronic Wounds Management for Medical Residents

An Kateri Vu (Lead Author), **Hajar El-Kamouni** (Co Author), **Jeanne Harnois** (Co Author), **Jade Bernatchez-Poirier** (Co Author), **Mandy Malick** (Co Author), **Elio Kechichian** (Co Author), **Carolina Fernandes** (Co Author)

Methods: A conceptual framework informed design and evaluation. The 150-minute competency-based workshop incorporated Team-Based Learning (TBL) and immersive clinical simulation to promote active learning. Its impact was assessed through a pre-post cohort study with a control group. Residents were evaluated at baseline, immediately post-workshop, and eight weeks later.

Results: The workshop was designed using an integrated framework combining active learning, TBL, and simulation to address residents' demonstrated, expressed, and normative learning needs. This complementary approach fostered collaborative reasoning, experiential skill development, and greater confidence in applying wound care principles to practice. Sixty-six residents in internal medicine, dermatology, and family medicine at a Quebec teaching hospital participated. Knowledge improved by +13.8% ($p<0.0001$) and clinical confidence by +37% ($p<0.0001$), both sustained at eight weeks. Perceived relevance averaged 90.7%.

Discussion: This contextualized workshop addresses an educational gap, showing the effectiveness of combining TBL and simulation to improve knowledge, confidence, and retention in wound care. Feedback suggested enhancements, including a summary of dressings, shorter sessions, and preparatory materials. Continued implementation could strengthen wound care competencies among future clinicians, while its adaptable model underscores broader applicability to medical education.

OF-6-3 Impact of Spaced Repetition Digital Flashcards on Academic Performance in Health Sciences Education: A Systematic Review

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Methods: Seven databases (PubMed, Embase, MEDLINE, CINAHL, PsycINFO, Scopus, Google Scholar) were searched to June 2024 according to predefined criteria (PROSPERO CRD42024556242). We included randomized controlled trials, cohort studies, pre- and post-intervention studies, and comparative observational studies involving undergraduate and postgraduate health professions trainees. Eligible interventions included digital flashcards integrating spaced repetition (SRDF). Studies using physical flashcards, laboratory-only studies or studies without comparators were excluded. The risk of bias was assessed with the Medical Education Research Study Quality Instrument (MERSQI) and Newcastle-Ottawa Scale-Education (NOS-E).

Results: Of 5,178 records retrieved, 15 studies met eligibility criteria. Designs included 4 RCTs, 10 cohort studies, and one pre-test post-test study. Study populations varied, including medicine, dentistry, pharmacy, and residency training programs. Flashcard platforms and spacing schedules were heterogeneous, with Anki being the most common (n=6). 12 studies demonstrated significantly improved academic performance with SRDF versus comparators, while 3 studies found no significant difference. Of the nine studies assessing learner perceptions, eight reported positive results. Methodological quality was moderate to high (mean MERSQI: 12.7/18; mean NOS-E: 4.5/6).

Discussion: SRDF improve academic performance and are well received by learners. The most effective interventions used algorithmic spacing and conceptually designed cards; however, evidence remains limited by heterogeneity. Further studies are needed to confirm efficacy.

OF-6-4 Insight: Lessons From Resident-Led Ophthalmology Slit-Lamp Workshop for Two Cohorts of Pre-Clerkship Medical Students

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Methods: First- and second-year students attended a two-hour workshop at a Toronto ophthalmology clinic supervised by one staff ophthalmologist and five residents. Ten self-efficacy items (5-point Likert) were completed immediately pre/post. Paired t-tests analyzed matched respondents in each cohort (α=0.05).

Results: Across two cohorts (2024-2025: 25 pre/14 post/11 matched; 2025-2026: 33/15/7) most learners had no prior shadowing (48% in 2024-2025; 73% in 2025-2026). Among those with any exposure, time was modest (medians 10 h and 8 h, IQRs 4-20 and 4-22.5, respectively). Following the workshop, all seven technical slit-lamp tasks improved significantly (Δ +1.55-2.18 and +1.57-2.71, respectively). Largest gains were changing light filters (+2.18) in 2024-2025 and adjusting beam width/height (+2.71) in 2025-2026. Global slit-lamp confidence rose (+1.55 and +2.00, both p=0.001), and confidence to examine and present increased (+0.73, p=0.012; +0.86, p=0.045). Interest in ophthalmology remained high without a significant paired change. Learner priorities support adding direct ophthalmoscopy and tonometry and developing a progressive workshop series.

Discussion: Across two cohorts, a single, low-cost resident-supervised session embedded in routine clinic infrastructure produced large, statistically significant gains in slit-lamp self-efficacy. This resident-supervised slit-lamp workshop is a scalable innovation that advances competency-based education in ophthalmology among preclerkship students.

OF-6-5 Motivational Factors Influencing Family Physician Community Preceptors' Decisions to Teach

Ann Lee (Lead Author), **Oksana Babenko** (Co Author), **Adam Neufeld** (Co Author), **Olga Szafran** (Co Author), **Shannon Gentilini** (Co Author)

Methods: This descriptive qualitative study involved semi-structured interviews with 15 family physician community preceptors. Analysis was guided by a framework synthesis informed by SDT, with template analysis used to identify and interpret motivational factors across levels (above, within and below) and types of motivation (autonomous, controlled, and amotivated).

Results: Four categories of motivational factors were identified, lending depth and nuance to SDT's layered approach: a) teaching site factors such as clinic support and learner fit; b) patient-related factors such as patient characteristics and prioritization of patient relationships; c) intentional teaching experiences such as prior teaching exposure and role models, and d) teaching opportunity factors such as technological demands and shared teaching models. These factors intersected with varying degrees of autonomous, controlled, and amotivated states.

Discussion: Findings expand current SDT-based models by highlighting context-specific influences on motivation among family physician community preceptors. Educational leaders can use this enhanced framework to inform targeted recruitment and retention strategies that go beyond incentives, supporting preceptors' self-determined or internal motivation to foster lasting engagement.

OF-7 Blend (Rural Medicine/Distributed Medical Education + Indigenous Health) | Mélange (Médecine rurale/Formation médicale + Santé autochtone)

OF-7-1 Breaking Down Location-Based Barriers: Community-Based Mini Medical Schools

Jessica Bennett (Lead Author), **Dr. Laura Stovel** (Co Author)

Methods: The sites for the Asclepius Roadshow are greater than a three-hour commute from our existing Asclepius Camp programing. The programs' efficacy was measured from student participation in a pre-/post-program survey, assessing change in medicine admissions knowledge, student interest, and push and pull factors towards medical careers.

Results: In its pilot year, we engaged 72 students from 3 rural communities in the Asclepius Roadshow. Participants reported increased knowledge of MD admissions processes, interest in medical field professions, and self-confidence to pursue medical school at the conclusion of camp. Both groups identified lack of academic resources as a push factor and self-fulfillment as a pull factor towards medical career pursuit. The percentage of participants who stated interest in pursuing a medical career doubled at the program's conclusion.

Discussion: Adopting a community-based model for high school medical outreach programs is an essential step towards ensuring representation of students from rural backgrounds in undergraduate medical school classes. Our program has shown to be effective in sowing interest in a medical career, informing participants about the application process, and undergraduate curriculum.

OF-7-2 Rural Generalist Pathway (Rgp) Evaluation

Erin Cameron (Lead Author), **Peggy Alexiadis Brown** (Co Author), **Wei Zhao** (Co Author), **Cheri Bethune** (Co Author), **Frances Kilbertus** (Co Author), **Sarah Newbery** (Co Author), **Jullieta Lum** (Co Author), **John Dabous** (Co Author)

Methods: Recognizing emergent processes and outcomes are functions of several separate and complex interventions, Renger's system's evaluation approach will be adapted along with other approaches that are culturally responsive, participatory, and transformative.

Results: This presentation will share the story, process, and unique contextual knowledge, skills and tools required to develop the RGP evaluation framework.

Discussion: Findings will provide insight and direction for rural generalist pathways looking to develop evaluation frameworks that are meaningful and relevant to rural, remote, and Northern communities such as those in Northern Ontario.

OF-7-3 Clerkship Reimagined with Focus on Family Medicine, Generalism, and Community

Shayna Watson (Lead Author), **Gillian Maclean** (Co Author), **Theresa Nowlan Suart** (Co Author)

Methods: Using anonymous electronic surveys, medical students were asked about their formal and informal educational experiences and career goals before starting the new clerkship.

Results: Initial survey results revealed: 35% of class planned to apply to FM, and 75% believed clerkship experiences might impact their career paths. Students positively anticipated learning in a range of academic and community environments and with a range of physicians (residents to subspecialists). 90% of students thought working with residents would improve their clinical learning. Students stated that observerships (90%) and stories from residents and students in upper classes (70%) had the greatest impact on their career plans. 65% of students stated comments by faculty influenced their career path.

Discussion: Before clerkship, the number of students intending to apply to FM is consistent with our previous match rates. While many career-shaping experiences lie outside the formal curriculum, the reimagined clerkship is intentionally designed to situate learning, and provide experiences and role-models to foster interest in generalism and FM.

OF-7-4 Bridging Medical Education and Indigenous Health Equity: Development of A Toronto-Based Residency Elective

Sarah Park (Lead Author), **Shirley Lee** (Co Author), **Jylyyn Gough** (Co Author), **Suzanne Soush** (Co Author), **Janet Smylie** (Co Author), **Danielle Martin** (Co Author), **Katherine Rouleau** (Co Author), **Joel Voth** (Co Author)

Methods: Co-developed with the Indigenous Leadership Circle at the University of Toronto's Department of Family and Community Medicine, the elective includes a two-week block or four-week longi--udinal curriculum. Components include direct clin--cal service, guided self-reflection, facilitated discus--ions, and pre-requisite Indigenous cultural safety training. Core themes include cultural humility, implicit bias, and navigating complex care contexts. Evaluation spans three domains: clinical guideline adherence, patient experience, and learner growth.

Results: The elective was launched January 2025 and has had two learners enrolled to date. Preliminary outcomes show increased resident confidence, improved patient access, and deeper understanding of Indigenous health systems.

Discussion: While early feedback is positive, future goals include recruiting Indigenous-identifying learners, expanding participation, and evaluating long-term impacts on care delivery and sustained engagement in Indigenous health post-residency.

OF-7-5 Non-Technical Skills for Surgeons (Notss) Framework Enables Medical Students to Deliver High-Quality Feedback Complex Scenario Simulation

Felix Fernandez-Penny (Lead Author), **Kathryn Roth** (Co Author), **Tanya Meyer** (Co Author), **Aishwarya Shukla** (Co Author), **Maya Sardesai** (Co Author)

Methods: Sixteen complex scenarios were conducted in a simulation training session, each with a junior and senior resident. Medical student observers without formal debrief training provided feedback in each session. In half the sessions, observers were prompted for general feedback across domains without a rubric, and in the other half, observers were provided the NOTSS rubric to guide feedback. In both formats, participants rated feedback quality and observers rated ease of delivery across the four NOTSS domains using 5-point Likert scales.

Results: All trainees rated overall student feedback as having high quality without significant differences between NOTSS and standard debriefs. Observers rated greater ease of delivering feedback with NOTSS debriefs ($p<0.05$), particularly around Leadership ($p<0.05$) and Decision-Making ($p=0.05$).

Discussion: The NOTSS framework can serve as a valuable tool enabling medical students without formal debriefing training to deliver high-quality feedback to residents participating in complex scenario simulation. This approach can mitigate facilitation costs while teaching valuable debriefing skills.

Block G

OG-1 Faculty Development | Formation professorale

OG-1-1 Layered Learning: Building Critical Community Capacity for Teaching

Katherine Wisener (Lead Author), **Minori Kato-Hopkins** (Co Author), **Michelle Dusko Biferie** (Co Author), **Daniel Budgell** (Co Author), **Carolyn Canfield** (Co Author), **Sharon Doucet** (Co Author), **Tara Gill** (Co Author), **Heather Buckley** (Co Author)

Methods: Using an interpretive description methodology, 11 interviews and 2 design-based workshops with preceptors, patient partners, residents, and students were conducted to better understand their experiences and needs with layered learning in community-based family medicine teaching contexts, to inform practical, evidence-based resources. The interview transcripts were coded to identify prevalent themes across interviewed demographics.

Results: While barriers to implementing layered learning were experienced somewhat universally, each group of participants shared unique perspectives and strategies to navigate them. Patient partners shared advice for ethical and meaningful patient engagement, while preceptors identified the need for more support to manage learner goals and feedback during a busy clinic. Learners spoke to the significance - both professionally and personally - of near peer-relationships with other learners.

Discussion: Our project supports community-based preceptors to expand their teaching capacity through layered learning in an evidence-informed way that includes the voices of preceptors, learners, and patients. With many programs undergoing distribution and expansion, these novel and informed faculty supports are an important component to supporting a clinical learning environment where everyone thrives.

OG-1-2 Considerations for Designing and Implementing Reflexive and Equitable Curricula in Health Professions Education: Lessons Learned From Redesigning an Academic Leadership Program

Latika Nirula (Lead Author), **Lavinia Kajura** (Co Author), **Manpreet Saini** (Co Author), **Cate Creede-Desmarais** (Co Author)

Methods: The New and Evolving Academic Leaders program (NEAL) experienced a full scale renewal that positioned Equity, Diversity, Inclusion, Indigeneity, and Accessibility (EDIIA) as the core competencies woven throughout all leadership development rather than siloed topics. The program team engaged in continuous dialogue throughout curriculum renewal and implementation which informed this study. Program documents, including assignment instructions and debrief notes, were also used as data sources.

Results: We surfaced five key considerations in the NEAL program's reflexive and equitable academic leadership curricular renewal: create a shared purpose, aligned with values, principles and overarching objectives; co-create the conditions for collective learning and adaptation; center and value lived experiences; be critically reflexive; and be comfortable with uncomfortable change.

Discussion: Our experience demonstrated valuable practices for equitable co-creation, diversity of perspectives, critical reflection and continual reflexive adaptation. We encourage other programs to consider these lessons learned when engaging in this iterative, personal, labour intensive-yet necessary-process of renewal.

OG-1-3 Understanding Faculty Perspectives on Ai Tools in Medical Education: A Needs Assessment for Training and Development

Amber Jolly (Lead Author), **Suhangi Brahmbhatt** (Co Author), **Dr. Chris Gilchrist** (Co Author), **Dr. Rajesh Girdhari** (Co Author)

Methods: A cross-sectional survey was disseminated to University of Toronto Department of Family and Community Medicine (DFCM) physicians at academic teaching sites. The survey addressed: teaching background, AI understanding, perceived AI impact on medical education, faculty development needs. Quantitative questions were summarized descriptively, and qualitative responses were thematically analyzed.

Results: 47 respondents across 11 academic teaching sites were included. Most (79%) consistently assessed medical trainee reasoning through their clinical notes, while fewer (28%) consistently asked probing case questions. Only 32% reported high confidence explaining appropriate clinical use of AI tools, yet all agreed some adjustment to teaching practice is needed. Thematic analysis identified two themes: (1) concerns about AI integration into learning (accuracy, bias, learner over-reliance, privacy) and (2) need for AI adaptation (strengthening knowledge, modifying teaching and assessment methods).

Discussion: DFCM physicians recognized the need to adapt teaching in response to AI. Limited baseline AI knowledge and reliance on evaluating learner tasks that can be readily completed by AI, such as clinical note, represent actionable targets for faculty development to support responsible AI adoption in medical education.

OG-1-4 Optimizing the Culture and Value of Clinician Teachers at an Academic Center

Martina Trinkaus (Lead Author), **Umberin Najeeb** (Co Author)

Methods: The inaugural Faculty Lead VCT conducted semi-structured interviews with 91 CTs in various stages of career. Gathered information was analyzed for emerging themes and triangulated with the data collected from the 2015, 2017, 2019 DoM voice of faculty surveys.

Results: Four actionable domains for optimizing the departmental culture and sense of value among Clinician Teacher colleagues were identified. These domains are to (1) enhance the systemic recognition of Clinician Teacher contribution in the DOM, (2) further develop the teaching infrastructure and resource support for CTs, (3) improve wellness and workload equity and (4) to further improve the distribution and structure of the Teaching Evaluations and CT Recognition. Various strategies to address these domains with the collective effort and support of DoM leadership are currently underway.

Discussion: The important work led by VCT has resulted in positive culture change to support and acknowledge clinician teachers by continuing to streamline various academic policies and procedures (e.g. promotions) to promote faculty development, recognition and CT wellness in the learning environment. DOM Valuing Clinician Teacher role is unique in UofT and most likely in Canada.

OG-1-5 Teaching Through Challenge: A Qualitative Study of Learning, Feedback, and Growth in Surgery

Ram Patel (Lead Author), **Peng You** (Co Author)

Methods: This qualitative exploratory study uses semi-structed interviews with participants at different levels of training (medical students, residents, and attending surgeons in academic centres). Stratified sampling ensures diversity of perspectives. Interviews focus on experiences of challenge, strategies for navigating difficulty, and the role of well--ess. Data analysis will follow the constructivist grounded theory approach to capture emergent themes. NVivo software will be used to organize data, support coding, and facilitate consistent comparison across interviews.

Results: Data collection and analysis are ongoing. Anticipated findings include types of challenges in surgical training, distinctions between productive and overwhelming experiences, the role of educators in framing challenge, and the influence of wellness initiatives on training culture.

Discussion: By identifying when a challenging scenario is constructive versus detrimental, the findings of this study aim to provide a more nuanced understanding of how challenges are experienced in surgical education. These insights may serve as an initial step toward informing future research and guiding incremental improvements in faculty development, feedback practices, and curriculum design that are both psychologically safe and educationally effective.

OG-2 Professionalism | Professionnalisme

OG-2-1 Wounded Healers' Empathy: Rethinking Medical Training Based on Physicians' Experiences as Patients

Laure Billa (Lead Author), **Claude Julie Bourque** (Co Author), **Mathieu Moreau** (Co Author)

Methods: This qualitative research employed individual, in-depth semi-structured interviews with physicians who became patients. Transcriptions were analyzed using a descriptive-interpretative thematic approach, focusing on participants' experiences, the impact of these experiences, and their recommendations for training.

Results: In 2025, 12 family and emergency physicians, with an average of 24 years of experience and personal histories of cancer, other acute or chronic illnesses, or mental health challenges, participated in the study. Through their unique perspective as both healthcare providers and patients, they identified five dimensions of empathy: cognitive, affective, behavioral, ethical, and social. Their experience led to a stronger commitment to understanding patients and heightened awareness of the long-term effects of illness. These experiences also prompted a redefinition of their professional identities, integrating both professional and patient perspectives. Participants recommended that empathy training emphasizes the sharing of central values and skills, particularly listening, respect, understanding, humility and taking better care of oneself. They advocated for a multimodal training approach centered on validating patients and fostering optimal communication, utilizing methods such as experience sharing, role modeling, debriefing, and simulation.

Discussion: Training informed by the experience of 'wounded healers' - physicians who have been patients - may enhance learners' identification with their trainers or training content. This has the potential to improve and sustain communication and empathy skills among medical professionals while also serving as a preventive measure against compassion fatigue.

OG-2-3 Navigating Professional Tensions: How Character Shapes Decision-Making in Medical Training

Mishita Dharia (Lead Author), **Ibrahim Alsalkhadi** (Co Author), **Shreya Sharma** (Co Author), **Salem Abu Al-Burak** (Co Author), **Yaser Al Moayad** (Co Author), **Mark Goldszmidt** (Co Author), **Jacqueline Torti** (Co Author)

Methods: Using a descriptive qualitative approach, field observations (22 sessions, ~120 hours) were conducted at 2 hospital teaching centers, involving 9 attendings, 10 senior trainees, and 24 junior trainees, with concurrent interviews conducted for a subset of participants. Data were thematically analyzed through a character-based leadership framework to explore how participants navigated professional tensions.

Results: Trainees frequently face professional tensions, particularly when patient care tasks conflict with institutional pressures. In these contexts, trainees often draw on character dimensions such as collaboration, drive, and humanity, which can lead to legitimate compromises. However, when these traits are constrained by institutional demands, miscommunication, or limited resources, illegitimate compromises can emerge. To navigate these situations, trainees described prioritizing patient well-being, consulting colleagues, and engaging in reflective decision-making beyond simple right-wrong judgments. Ongoing analysis will further examine how character shapes decision-making in practice.

Discussion: Character-based leadership can help trainees navigate professional tensions. Educational initiatives to develop these skills may help trainees manage competing demands, promote professional growth, and enhance patient care.

OG-2-4 A Decade of Professionalism Reporting at the University of Alberta Faculty of Medicine and Dentistry (Fomd): Trends, Interventions, and Systemic Insights

Soraiya Lalani (Lead Author), **Masoud Mirimoghaddam** (Co Author), **Sandy Widder** (Co Author)

Methods: Reports from 2013-2023 were reviewed. Quality indicators such as reporter type (learner, faculty, staff), anonymous reporting, severity, and interventions were examined. Data were analyzed across concern type, roles, setting, department, and intervention level.

Results: Annual reports increased from 22 to 98 between 2013-2023, with 85% of reports closed within six months. Most reports were directed toward faculty, staff, and health professionals (70%), 32% of these from learners. Surgery (23%) and Medicine (21%) had the most reports in the clinical setting. Most interventions were Level 1 (20-40%), or Level 2 (35-50%), while Levels 3-4 each comprised <15% of reports. Levels 3-4 were more common clinically ($p = 0.004$) and with attempted mitigation ($p < 0.001$).

Discussion: Trends show progress in recognizing professionalism lapses, yet departmental clustering and escalation clinically highlight systemic gaps. Sustained improvement will require departmental culture shifts and conflict resolution training.

OG-2-5 Redefining Standards: A Revised Assessment Framework for Medical Student Professional Behaviour

Nadia Incardona (Lead Author)

Methods: A multi-pronged approach was used. A working group of faculty and professionalism experts led the revision, using consensus as its decision-making method. A literature review identified best practices and gaps in professionalism assessment. Expert consultations with faculty leaders and professionalism scholars provided theoretical and practical perspectives. Learners were engaged throughout the process to ensure their voices were incorporated. Consultations with equity-deserving groups highlighted challenges and unintended consequences of current processes. Finally, professionalism codes of conduct from medical colleges, national associations, and the CanMEDS framework were reviewed to ensure alignment with broader standards.

Results: The revised framework defines six domains of professional behaviour: (1) interactions with patients and essential care partners, (2) reliability and responsibilities, (3) growth and adaptability, (4) relationships with colleagues, (5) upholding student and professional codes of conduct, and (6) recognizing and responding to ethical issues. Each domain contains explicit, observable behaviours, reducing ambiguity and supporting meaningful feedback. The framework centres on key learner relationships and commitments, explicitly recognizes wellness and peer support as elements of professionalism, and affirms the MD Program's clear standards for student conduct.

Discussion: This framework represents a significant step toward a more equitable and supportive approach to professionalism assessment by combining evidence, expert consensus, learner input, and stakeholder perspectives.This framework also defines an updated standard of professional behaviour for medical students. Next steps will include targeted faculty development to increase comfort with providing feedback, and strategies to socialize faculty into their role as coaches and teachers of professionalism.

OG-3 Teaching and Learning | Enseignement et apprentissage

OG-3-1 What Factors Influence Family Medicine Residents' Decision-Making in Pregnancy Care and Patient Referral? A Qualitative Study

Sanja Kostov (Lead Author), **Olga Szafran** (Co Author), **Lan He** (Co Author), **Shannon Gentilini** (Co Author), **Marissa Doroshuk** (Co Author), **Oksana Babenko** (Co Author)

Methods: We conducted a qualitative descriptive study using semi-structured interviews with first-year FMRs completing the FMOB LCE. Eighteen interviews were audio-recorded, transcribed, and descriptively analyzed. Clinical vignettes were used to probe decision-making.

Results: Factors influencing residents' decision-making clustered into 3 categories: systemic, patient/relational, and individual/personal. Systemic influences included societal, organizational, and local practice culture. Patient factors encompassed clinical presentation, knowledge and perspectives, and preferences. Physician individual/personal factors included educational exposures, confidence in pregnancy care, awareness of different providers' scope of practice, and personal experiences or interests/motivations.

Discussion: Preliminary analysis suggests FM residents consider a composite of systemic, patient, and personal factors when making decisions in pregnancy care and referral practice. Their decision-making reflects patient autonomy, shared decision-making, access to care, and safe triage - elements central to high-quality, respectful pregnancy care.

OG-3-3 Effet D'une Lecture Thématique Sur Les Différences Générationnelles Sur Le Niveau De Connaissances Et Les Perceptions Des Étudiants en Médecine

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Methods: Étude mixte convergente. Le volet quantitatif comprenait un prétest administré avant une lecture sur l'intelligence intergénérationnelle, suivi de deux post-tests, analysés avec SPSS (test t et ANOVA). Le volet qualitatif reposait sur des entrevues semi-dirigées, analysées par approche thématique inductive.

Results: Les étudiants ont complété le prétest (n=149), post-test 1 (n=93) et 2 (n=38). Les scores du post-test 1 démontrent une amélioration significative après la formation (M = -1,97 et M = -1,62 chez les francophones et anglophones, respectivement). Les francophones ont obtenu des résultats supérieurs aux anglophones au pré-test (M = 6,83 vs M = 6,43), post-test 1(M = 8,80 vs 7,96) et post-test 2 (M = 7,75 vs 6,56), avec une différence significative ($p < 0.05$). Les entrevues (n = 10) révèlent une perception positive de la formation, jugée pertinente et utile pour la pratique future. Toutefois, plusieurs étudiants ont suggéré d'intégrer des ateliers interactifs impliquant différentes générations.

Discussion: La formation a amélioré les connaissances des étudiants, qui ont apprécié son application concrète en milieu médical. Les résultats soutiennent son intégration au curriculum, avec un potentiel d'optimisation par des approches plus interactives et contextualisées

OG-3-4 Learning Through Collaborative Construction of Working Models in Physiology by First Year Medical Undergraduates: A Qualitative Study of Perception and Experience

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Methods: A semi-structured interview guide was developed based on written feedback from students on creation of working model in Physiology for a FGD. FGD was conducted with 12 out of 50 students who participated in construction of working models (till the point of saturation). The FGD was audio recorded and a transcription of the interview was prepared. Manual coding was done in transcript to identify categories followed by generation of themes based on the categories. Coding, categories and themes were verified by 2 experts in qualitative analysis.

Results: The main themes identified were enabling factors, hindering factors and learning concepts. Categories under theme of enabling factors were collaboration/teamwork, support from faculty and others, while categories under hindering factors included team dynamics, logistic challenges, limiting knowledge, technical weaknesses and others. Categories under learning included learning physiology concepts and model making.

Discussion: Collaborative learning is acceptable to students as an effective active learning method for learning concepts in physiology. Engagement of students in model-building exercises through group activity escalates learning experience and facilitates soft skills development.

OG-3-5 A Mechanistic Model Exploring Learners' Effort Regulation in Health Professions Education

Jaimie Coleman (Lead Author), **Ryan Brydges** (Co Author)

Methods: We conducted a comprehensive literature review on effort regulation in both HPE and general education contexts. Our model integrates elements from control theory and the opportunity-cost model of subjective effort. We conceptualize effort regulation as comprising two components: a cognitive process of learners' recognizing a discrepancy, and a motivational process of learners evaluating the opportunities and costs associated with acting on the discrepancy (or not).

Results: Our model helps researchers to identify key concepts for studying the mechanisms of effort regulation toward enhancing how learners allocate their efforts in HPE settings. We will demonstrate how learners cyclically regulate their effort upon identifying a discrepancy, and how they sustain motivation to reduce the discrepancy when the appraised opportunities of allocating effort outweigh the costs.

Discussion: By emphasizing both cognitive and motivational dimensions, our effort regulation model provides a foundation for educators to design instruction that helps learners make informed decisions about effort investment. We will present avenues for research using the model, to introduce the HPE community to fruitful possibilities.

OG-4 Equity, Diversity and Inclusion | Équité, diversité et inclusion

OG-4-1 45-Year Trend Analysis in Gender, Racial and Ethnic Profiles of Us Public & Preventive Health Faculty

Milin Patel (Lead Author), **Niyoosha Yoosefi** (Co Author), **Shurjeel Qazi** (Co Author), **Jeffrey Ding** (Co Author), **Sabeen Tiwana** (Co Author), **Javed Siddiqi** (Co Author), **Faisal Khosa** (Co Author)

Methods: A retrospective cross-sectional analysis was conducted using self-reported data from the Association of American Medical Colleges (AAMC) annual reports. Faculty demographics were analyzed by gender, race/ethnicity, academic rank, degree, and tenure status. Linear regression assessed temporal trends, while t-tests and ANOVA with post hoc Tukey tests evaluated group differences.

Results: Between 1977 and 2021, representation of white academic physicians in PHPM significantly declined (-0.74% per year), while Asian (+0.33%/yr), Black (+0.14%/yr), and multiracial (+0.07%/yr) representation increased. Hispanic and Indigenous groups remained underrepresented throughout. Women academic physicians increased from 25.5% to 53.8% (+0.8%/yr), however, remained underrepresented at senior ranks, comprising only 24.2% of tenured faculty and 14.8% of department chairs. Across all faculty, white academic physicians remained overrepresented.

Discussion: Despite increases in gender and racial diversity among academic PHPM physicians, substantial disparities persist in senior academic ranks, tenure, and leadership roles. Targeted initiatives addressing mentorship, promotion practices, and hiring practices are crucial to achieve a workforce reflective of the diverse US population.

OG-4-2 A Critical Review of Psychological Safety in Clinical Learning Environments

Rola Ajjawi (Co Author), **Maree Martinussen** (Lead Author), **Neera Jain** (Co Author), **Joanna Tai** (Co Author), **Margaret Bearman** (Co Author)

Methods: In this critical literature review, we used Carole Bacchi's "What's the problem represented to be" (WPR) approach to examine how psychological safety is conceptualised, including what is overlooked. The WPR method is grounded in post-structural discourse analysis. From this perspective, language is not a neutral medium of describing reality. The search was conducted to include papers published from January 2019 to January 2025 with the term 'psychological safety' as pertains to learners.

Results: We analysed 46 papers and identified four functions that psychological safety served: (1) as a solution to a wide range of problems, (2) an achievable goal, (3) a way to manage hierarchical power, and (4) a substitute for attending to emotions. We critique each, demonstrating how psychological safety is often treated as a state that individuals can achieve. This is less effective in countering the phenomena from which unsafety originates-complex social processes that extend beyond learning environments.

Discussion: Safety is not a destination, but a process of cultivating a shared interpersonal climate. We offer a reframing of safety, as an ongoing, negotiated process among all those involved rather than an endpoint. This focus on psychological safety as a process could guide practitioners, learners and researchers to contribute to more inclusive learning environments.

OG-4-3 A National Dermatology Post-Match Panel Improves Mentorship Access, Application Preparedness and Reduces Self-Reported Anxiety Among Canadian Medical Students

Tahirih Nasseri (Lead Author), **Darshana Seeburruth** (Lead Author), **Edgar Akuffo-Addo** (Co Author), **Yvette Miller-Monthrope** (Co Author), **Marissa Joseph** (Co Author)

Methods: Nine incoming dermatology residents from six Canadian programs were selected to reflect diversity in background and training. They provided 1.5 hours of presentations followed by a 30-minute Q&A. Medical students were invited to complete pre- and post-event surveys using 5-point Likert scales. Data were analyzed with paired t-tests, and open-ended responses underwent thematic analysis.

Results: A total of 202 students representing all Canadian medical schools attended; 104 (51.5%) completed surveys. Before the event, most respondents lacked mentorship (73.1%) and networking opportunities (81.7%). Following participation, students reported significant improvements in knowledge of CaRMS components, including the application process, CV planning, extracurricular involvement, research, electives, personal and reference letters, interviews, and parallel planning (all $p<0.0001$). They also reported reduced anxiety about the CaRMS process ($p<0.001$). Most respondents (89.4%) reported receiving valuable mentorship and guidance, while nearly all found the panel valuable (92.3%), would recommend it (92.3%), and supported future iterations (97.1%).

Discussion: This structured, no-cost, virtual panel improved access to mentorship, strengthened application preparedness, and reduced anxiety among medical students. The model is scalable and adaptable to other specialties, supporting equitable access to guidance and resources nationwide.

OG-4-4 Tackling Barriers in Canadian Medical School Admissions for Students with Disabilities

Shira Gertsman (Lead Author), **Devon Wilton** (Co Author), **Yasmin Dini** (Co Author), **Shane Neilson** (Co Author)

Methods: Online admission resources from all English-speaking Canadian medical schools were reviewed to identify accessibility barriers. This was contextualized within existing literature on medical students with disabilities to generate recommendations for increasing accessibility.

Results: Lack of transparency regarding accommodations during interviews and medical school discourages students from proactively seeking out accommodations that they need to protect their health and inhibits the detection of discriminatory processes. Technical standards unnecessarily exclude students who would be capable of safe and effective practice as physicians, and rigid admissions criteria can disqualify students for disability-related reasons and devalues the strengths that living with a disability can impart. Effective accommodations policies must go beyond the legal minimum, consider intersectionality, involve comprehensive and confidential data collection, and be informed by people with lived experience.

Discussion: Currently, students with disabilities face many barriers to medical school admission. Increasing acceptance of and support for medical students with disabilities involves implementing changes that support the health and well-being of all medical trainees through increased compassion, adaptability, and focus on trainee health. It is important for physicians from all specialties to be cognizant of individual and institutional biases against physicians and learners with disabilities that perpetuate ableism in the medical field.

OG-4-5 Advancing Socioeconomic Equity in Medical School Admissions: A Case Study Evaluation of Canada's First Application Fee Waiver Program

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Methods: A mixed-methods case study was conducted using the CDC's 2024 Program Evaluation Framework. A post-program online survey captured both quantitative and qualitative perspectives on financial impact, application costs, program experiences, and recommendations. Data were analyzed using both quantitative descriptive statistics and inferential statistics, including subgroup analysis and quantitative descriptive methods.

Results: In 2022, 320 students applied for waivers, a 96% increase from 2021, with 91.4% of waivers redeemed. Waiver users reported significantly lower direct application costs (median $300 vs. $780; $p < .001$) and applied to more schools both in Ontario (median 4 vs. 2; $p = .001$) and nationally (median 5 vs. 3; $p = .009$) compared to waiver non-users. Among waiver users, 18.13% gained admission to an Ontario medical school, compared to the 15.3% national rate. 92.6% of survey respondents (n=75) reported reduced financial burden. Noted concerns included stigma, privacy, and waiver availability.

Discussion: This evaluation demonstrated reduced financial barriers and improved admissions for waiver users, making the OMSAFW program effective in addressing current disparities in low-income access to medical school applications. The fee waivers represent a promising tool to increase socioeconomic diversity in the physician workforce.

OG-5 Faculty and Learner Health, Wellness and Wellbeing | Santé, bien-être et bien-être des enseignants et des apprenants

OG-5-1 Exploring the Development of Performance Mental Skills (Perms) in Medical Learners

James Hudson (Lead Author), **Jacomie Strydom** (Co Author), **Ashley Clelland** (Co Author), **Victor Do** (Co Author), **Cheryl Goldstein** (Co Author)

Methods: Three World Café discussions were conducted using a structured small-group format to explore complex questions. Eighteen students and three residents participated, responding to open-ended prompts. Transcripts were coded qualitatively using constructivist grounded theory to identify themes.

Results: Analysis revealed that PerMS development is influenced by four overlapping domains: the medical learning environment, life outside medicine, mentorship, and personal growth. Learners emphasized the importance of life experiences in skill building, such as travel, family and guidance from mentors. Support from peers, constructive feedback and a positive learning environment also played key roles. Challenges like navigating the hidden curriculum or personal setbacks could hinder growth, though many learners saw working through them as essential to skill development. PerMS development was described as individualized, ongoing, and context dependent.

Discussion: This study highlights that the development of PerMS is highly variable, shaped by personal, social and institutional factors. Our findings suggest that medical schools should recognize PerMS development as an ongoing, malleable process rather than a set of innate traits. Structural supports that facilitate reflection, mentorship, and peer support may help strengthen these skills and mitigate challenges such as stress and social comparison.

OG-5-4 Prevalence of Self-Disclosed Disability Among Canadian Medical Students: Findings From the AFMC Md Entry Questionnaire 2019 to 2023

Quinten Clarke (Lead Author), **Douglas Lebo** (Co Author), **Erene Stergiopoulos** (Co Author), **Lynn Ashdown** (Co Author), **Saleem Razack** (Co Author), **Shira Gertsman** (Co Author), **Julia Hanes** (Co Author), **Kathryn Fung** (Co Author), **Tal Jarus** (Co Author)

Methods: Data was obtained from the AFMC Student Questionnaires' MD Entry Survey. Respondents were first year medical students from thirteen of seventeen Canadian medical schools who completed the survey between 2019 and 2023. All survey responses were self-reported. Disability status was categorized as a mental health concern, physical limitation, or learning disability. Demographic data were analyzed descriptively and using Pearson chi-square test. Disability status was analyzed using logistic regression.

Results: 4,289 (97%) participants were eligible for inclusion in our analysis. 991 participants (23.1%) reported having a disability, with more than half of these respondents reporting a mental health concern. Disability prevalence among survey respondents increased over the period analyzed, from 17.6% in 2019 to 23.9% in 2023. Mental health concerns ranged in prevalence from 14.4% to 20.6% during this period. Physical limitations remained largely stable, from 3.2% in 2019 to 3.7% in 2023, while learning disabilities showed a three-times relative increase, from 2.3% in 2019 to 6.9% in 2023.

Discussion: The prevalence of disability among Canadian medical students in this study is meaningfully greater than previous studies from both the United States and the United Kingdom, with a similar trend of increased prevalence

OG-5-5 An Appreciative Inquiry Into How Friendship Sustains Healthcare Professionals and Systems Under Pressure

Sarah Burm (Lead Author), **Dawn Burleigh** (Co Author), **Emily Field** (Co Author), **Kathy Hibbert** (Co Author), **Erin Kennedy** (Co Author), **Anna MacLeod** (Co Author), **Chris Watling** (Co Author), **Kevin Wood** (Co Author)

Methods: To understand the value and transformative potential of social relationships at work, we conducted appreciative interviews with physicians (n=6) and nurses (n=9) across Canada. Data collection and analysis drew on narrative methodology to elicit stories about how workplace friendships transcend the typical collegial relationships and the extent to which they enhance wellbeing and resilience.

Results: Workplace friendships reinvigorated participants' capacity to face the stressors of their work, functioning as a buffer against burnout. Stories of shared traditions and participation in activities beyond the workplace were abundant. While informal, these practices and networks of care were far from happenstance; cultivating and sustaining friendships required both initiative and intention yet often went unnoticed or unacknowledged by employers.

Discussion: Participants recognized the systems they worked in were under pressure with no relief in sight. Yet they prioritized time to nurture friendships at work. Creating space for connection and moments of levity emerged as quiet but powerful acts of defiance in response to system pressures. Our findings suggest that friendship serves a vital role in strained professional climates and invite consideration of whether existing narratives of workplace wellbeing have underestimated its restorative value.

OG-6 Accreditation & The Culture of Academic Medicine | Agrément & La culture de la médecine universitaire

OG-6-1 Re-Conceptualizing Accreditation Through the Humanities: Embedding Humanity in Canadian Medical Education

Brad MacCosham (Lead Author), **Amy Nakajima** (Co Author), **K. Jean Chen** (Co Author)

Methods: We analyzed all 12 CACMS standards and 96 elements for the 2026-2027 cycle using theory-driven conceptual frameworks1. This study's composite analytic lens integrated: (1) the Capability Approach2 (2) Ethics of Care3 and (3) the AFMC Social Accountability framework4. Guided by these frameworks, we applied directed content analysis5, deductively coding elements to a priori categories and inductively extending the codebook where needed. The Framework Method1 was then used to synthesize findings into overarching humanistic themes, emphasizing respect, equity, and social accountability. To ensure rigour, we maintained an audit trail, engaged in analytic memoing, and conducted peer debriefing to enhance credibility and dependability.

Results: Three overarching themes emerged: (1) Individual humanity and institutional integrity where standards addressing wellness, mistreatment, and governance frame human dignity as a structural requirement; (2) Humanity in medical knowledge and competence where curricula and assessment are framed as ethical responsibilities, emphasizing social determinants of health and cultural safety; and (3) Broader humanity in medicine where social accountability, diversity, and equity are positioned as core to the physicians' role. Collectively, these themes demonstrate that accreditation affirms medicine as both a technical and moral practice.

Discussion: Accreditation in Canada extends beyond compliance; it is an ethical commitment that positions medical schools as stewards of humanity. By embedding humanistic principles into standards, CACMS reframes accreditation as a driver of culture change in medical education. Recognizing accreditation as both a regulatory and relational act can help institutions move from simply producing competent physicians to preparing compassionate advocates equipped to meet the moral and social demands of contemporary practice.

OG-6-2 Instaurer Des Environnements D'apprentissage Sécuritaires Et Authentiques À L'université De Montréal : Présentation Des Outils Pour Implanter Et Soutenir La Démarche.

Clara Dallaire (Lead Author) **Antoine Payot** (Co Author) **Miriam Loulou** (Co Author) **Marianne Rustom** (Co Author) **Julie Desmeules** (Co Author) **Vincent Jobin** (Co Author) **Louis-Philippe Thibault-Lemyre** (Co Author) **Nathalie Orr Gaucher** (Co Author) **Amélie Du Pont Thibodeau** (Co-Author) **Julie Cousineau** (Co Author)

Methods: À partir de réflexions collectives et d'un processus de co-construction avec des enseignants, des apprenants, une patiente partenaire, une série d'outils a été développée afin de former l'ensemble de la communauté facultaire et de soutenir l'implantation durable de milieux propices aux discussions franches : • Module réflexif autoportant destiné à tous les enseignants et apprenants pour introduire les concepts clés de la sécurité pédagogique. • Affiches pédagogiques présentant des stratégies concrètes pour instaurer un environnement sécuritaire et authentique ainsi qu'un engagement sécuritaire mutuel. • Courtes animations illustrant l'application de ces stratégies dans des situations d'ap-rentissage variées.

Results: La présentation détaillera ces outils, leur contenu, les modalités de diffusion dans différents contextes ainsi que les premiers retours d'expérience sur leur utilisation et leur appropriation.

Discussion: L'adoption de ces ressources renforce une culture d'apprentissage inclusive et authentique, où enseignants et apprenants peuvent discuter d'enjeux sensibles, exprimer des points de vue divergents et développer des compétences communicationnelles et réflexives essentielles au développement professionnel et au bien-être de toute la communauté académique

OG-6-3 Fostering Engagement with Accreditation: Capitalizing on Leaders' Professional Values

Danielle Blouin (Lead Author)

Methods: Appreciative inquiry, a strength-based evaluation approach focusing on the positives of an organization was used to identify leaders' professional values, and accreditation practices they perceived as most engaging. Fifty-nine educational leaders, from UGME and from the six largest PGME programs at one medical school, were invited to interviews and focus groups, from 2022-24. Two coders analyzed data thematically, using emergent coding.

Results: 8 UGME and 20 leaders participated (48%). Leaders value their roles for the opportunity to contribute to learners' growth and to effect meaningful changes, the intellectual stimulation, the collaboration with learners/colleagues. They value that accreditation drives comprehensive program review, curricular changes, and resources; validates their work; contributes to their learning about education.

Discussion: Leaders value accreditation practices that lever their values: program review and curricular changes contribute to learners' growth. External feedback on the program, faculty collaboration while preparing for accreditation, and program review stimulate leaders' intellect. Program review and feedback help effect meaningful changes. Program review, external feedback, and stakeholders' engagement call for the collaboration that leaders value. To foster meaningful engagement, accreditation practices should be anchored in leaders' values.

OG-6-4 Community Service Learning in Canadian Medical Schools: A National Qualitative Study of Implementation and Evaluation

Ervis Musa (Lead Author), **Rebecca Khoury** (Co Author), **Julia Thomas** (Co Author), **Brad MacCosham** (Co Author), **Julie Marois** (Co Author), **Laura Muldoon** (Co Author), **Susan Bennett** (Co Author)

Methods: We conducted structured interviews (April-June 2025) with CSL leads at 16 CACMS-accredited Canadian medical schools. We designed the interview guide based on CACMS (2025) element 6.6 (preparation, structure, evaluation) and transcribed interviews verbatim. We used NVivo-15 to manage data and conducted thematic analysis using a primarily deductive framework-guided approach mapped to CACMS-6.6.

Results: Five themes emerged from 6.7 hours of interviews: (1) learning objectives, (2) implementation, (3) placement structures, (4) preparation and safety, and (5) assessment and evaluation. CSL was mandatory at 12/16 schools (mean ≈40 hours; range ≈10-80+ hours). 15/16 emphasized communication skills and understanding lived experiences of diverse populations as key learning objectives. Placement models varied: 10/16 offered online or in-person options and 9/16 required work with people ex--eriencing health inequities. Preparation included universal orientation (16/16) with content focused on SDOH (14/16). Assessment relied on reflections (16/16; 11 end-only, 5 longitudinal), while only 6/16 schools systematically gathered community-partner feedback.

Discussion: This study reveals significant variability in CSL program design, placement criteria and evaluation. Establishing benchmarks and fostering inter-institutional collaboration could strengthen CSL's impact on students, communities and the broader goal of socially accountable medical education.

OG-6-5 A Global Research Agenda for Medical School Accreditation: Findings From A Nominal Group Consensus Exercise

David Rojas (Lead Author), **James Kelly** (Co Author), **Dawit Wondimagegn** (Co Author), **Ahmed Rashid** (Co Author), **Cynthia Whitehead** (Co Author), **STELAR Group** (Co Author)

Methods: We conducted a nominal group technique exercise during a one-day symposium in August 2023 in London, United Kingdom. Eighteen global scholars and thought leaders from 11 countries were purposively invited. In three groups, participants identified issues with global accreditation through structured brainstorming, ranked priorities, and presented the resulting ideas via consensus frameworks. Moderators then synthesized the three frameworks through thematic analysis and returned an overarching consensus framework to all authors for review and endorsement.

Results: The process produced strong convergence across groups. The final framework comprises seven research domains that warrant priority attention: Purpose; Quality and Sustainability; Economics; Governance; Colonialism Effects; Process; and Outcomes. Illustrative questions include accountability of global regulators, cost and value for institutions, risks of brain drain, feasibility in resource-constrained settings, and the impact of universal standards on context-specific training and social accountability.

Discussion: The consensus framework offers a practical map for researchers and policymakers to prioritize studies on the drivers, processes, and consequences of global accreditation. It centers equity, acknowledges complexity, and invites comparative and theory-informed work. While the framework is comprehensive, it should be revised as new evidence emerges, so that future accreditation practices reflect rigorous scholarship.

OG-7 Blend (AI and Data Science + Distributed Medical Education + Curriculum) | Mélange (IA et science des données + Formation médicale décentralisée)

OG-7-1 Effect of Music on Surgical Performance During Ai-Based Simulation Training

Bianca Giglio (Lead Author), **Ithiele Princesse Tsamo Tiobou** (Co Author), **Helena Haddad** (Co Author)

Methods: This single-session randomized controlled trial will recruit preparatory, year 1, and year 2 medical students. Participants will be randomly assigned to train on the NeuroVR simulator with ICEMS feedback either with or without Mozart music. After a baseline task, students will complete five practice tasks (5 minutes each) with ICEMS metric-specific feedback. Emotional states will be recorded pre-, peri-, and post-training using the Medical Emotions Scale (MES). A realistic 13-minute brain tumour resection task without feedback will assess skill transfer. Cognitive load will be measured post-trial using the Cognitive Load Index. ICEMS will generate composite scores, aspirator force, and instrument tip separation distance for statistical comparison.

Results: Preliminary analyses indicate that the music group achieved significantly higher ICEMS composite scores, used less aspirator force, and maintained closer instrument tip separation during the realistic task compared with controls.

Discussion: Mozart music may provide a low-cost, non-invasive strategy to enhance technical skill acquisition, emotional outcomes, and patient safety during neurosurgical training.

OG-7-2 Advancing Health Equity Through Ai: Can Large Language Models Deliver Accessible Spine Surgery Guidance for Degenerative Cervical Myelopathy?

Daman P. Dhunna (Lead Author), **Rehan R. Khan** (Lead Author), **Rohith Ryali** (Co Author), **Brian S. Tao** (Co Author), **Robert Azario** (Co Author), **Nader El-Hajj** (Co Author), **Matthew Kim** (Co Author), **Neil V. Shah** (Co Author), **Tony Tannoury** (Co Author), **Chadi Tannoury** (Co Author)

Methods: Five guidelines were entered into ChatGPT-5 using a base instruction to act as a spine surgeon. The questions either aimed at general physicians (concise, precise answers for non-specialists) or at patients with health literacy at or below a 6th-grade level. Three fellowship-trained spine surgeons independently graded the 10 outputs generated on a Likert scale (3=accurate, 2=partially accurate, 1=inaccurate). Accuracy was summarized with means, ranges, and proportions of exact agreement.

Results: Clinician-facing responses generated by ChatGPT were rated with perfect agreement in 4 of 5 scenarios by all three graders with an average score of 2.93 (±0.26). The patient-facing generated responses were less consistent, with an average of 2.33 (±0.72) and a range from 1 to 3, with no complete agreement between the three graders. Graders gave lower ratings when ChatGPT overlooked mJOA cut-offs for DCM, recommendations for surgery, and strength of the supporting evidence.

Discussion: In this validation study, ChatGPT-5 reliably reflected AO Spine guidelines for general physicians, while omitting important details for patient-facing answers. These findings suggest ChatGPT may potentially extend clinical recommendations to patients, however, spine expert input remains invaluable to ensure key nuances in patient education are not missed.

OG-7-3 Améliorer L'apprentissage Du Soap en Cliniques Simulées, Un Projet Pilote Utilisant L'ia-Autoscribe

Marie Isabelle Desrosiers (Co Author), **Diane Bouchard-Lamothe** (Co Author), **Salima Massoui** (Co Author), **Othmane Khzami** (Co Author), **Sophie Morrice** (Co Author), **Madeline Leroux** (Co Author)

Methods: Lors des cliniques simulées de 2e année à l'Université d'Ottawa, l'entrevue avec le patient simulé sera enregistrée avec l'IA-Autoscribe qui produira une note SOAP tandis que les étudiants devront individuellement produire leurs propres notes. Les étudiant·e·s compareront leurs notes avec celles générées par l'IA. L'objectif est de décrire les bénéfices potentiels de l'utilisation de l'IA autoscribe à l'aide de questionnaires d'autoévaluation Likert sur la qualité des SOAP et sur la satisfaction des étudiants dans l'apprentissage de la méthode SOAP. Résultat : l'étude est en cours. On postule que l'utilisation de l'IA-Autoscribe permettra d'offrir un soutien pédagogique efficace par la rétroaction en temps réel, favorisant l'appropriation de la structure SOAP avant l'entrée dans les stages cliniques.

Results: l'étude est en cours. On postule que l'utilisation de l'IA-Autoscribe permettra d'offrir un soutien pédagogique efficace par la rétroaction en temps réel, favorisant l'appropriation de la structure SOAP avant l'entrée dans les stages cliniques.

Discussion: Les données de ce projet pilote serviront à élaborer un projet de recherche sur 2 ans qui débutera en janvier 2026 avec les étudiants·e·s de première année de médecine. Ce projet permettra de confirmer ou infirmer l'utilisation de l'IA-Autoscribe comme outil d'apprentissage au pré externat.

OG-7-4 Mapping Evidence-Based Medicine Education Across Canada's Regional Medical Campuses

Larry W. Chambers Chambers (Lead Author), **Aaron Jones** (Co Author), **Rahim Valani** (Co Author), **Seddoiq Weera** (Co Author), **Kimberley Lewis** (Co Author)

Methods: In December 2025, a 22-item online survey was distributed to directors responsible for regional medical campuses across Canada. The survey addressed multiple elements of EBM education, including curriculum content, instructional structure, teaching hours, timing within the curriculum, modalities used, and assessment strategies. Respondents also identified institutional supports and barriers impacting EBM delivery.

Results: By February 20, 2026, ten of seventeen regional campuses completed the survey. This presentation will summarize descriptive findings and compare them to results from a companion survey con-ucted at main campuses by the same research team. Comparative analysis will examine similarities and differences in curriculum structure, scholarly expectations, and faculty support.

Discussion: These findings will inform curriculum development at McMaster University and support national efforts to align EBM competencies across distributed education sites. Strengthening EBM instruction at regional campuses is essential to fostering equitable training environments and preparing physicians for evidence-informed clinical practice.

OG-7-5 Problem-Based Learning in Family Medicine Residency: A Scoping Review Across Four Countries

Megan Clemens (Lead Author), **Josheil Kaur Boparai** (Co Author), **Russell Dawe** (Co Author), **Susan Avery** (Co Author)

Methods: Guided by Arksey and O'Malley's methodological framework for conducting scoping studies, six databases were searched in January 2025. Two reviewers independently screened articles and extracted data. Findings were synthesized following PRISMA-ScR guidelines.

Results: Twelve studies from four countries met the inclusion criteria. Articles varied in geographic context, delivery format, and learner composition. PBL was implemented as standalone sessions, adjunct modules, or blended with traditional methods. Learners ranged from cohorts in a single training level to those in multiple levels, often in interprofessional or mixed-specialty groups. Most studies examined learners' perceptions and satisfaction, while fewer reported objective outcomes, such as knowledge acquisition, clinical behavior, or patient-level effects. Methodological heterogeneity limited the ability to draw generalized conclusions across studies.

Discussion: This review demonstrates that research on PBL in family medicine residency is limited but diverse in scope, spanning multiple settings and curricular methods. Current literature emphasizes subjective outcomes, with few rigorous evaluations of the impact on knowledge or clinical practice. By delineating existing literature, this review identifies gaps and provides direction for future studies on how PBL can be systematically integrated and evaluated in postgraduate family medicine training.

Block H

OH-1 Teaching and learning | Enseignement et apprentissage

OH-1-1 Exploring the Influence of Near-Peer Teaching on Fourth-Year Medical Students' Readiness for the Postgraduate Residency Match in Canada: A Mixed-Methods Study Applying Self-Determination Theory

James Macaskill (Lead Author), **Mars Yixing Zhao** (Co Author), **Shayan Shirazi** (Co Author), **Thomas Goldade** (Co Author), **Natisha Thakkar** (Co Author), **Payton McKechnie** (Co Author), **Krista Trinder** (Co Author), **Ryan Krochak** (Co Author), **Sheldon Moellenbeck** (Co Author), **Meredith McKague** (Co Author), **Ginger Ruddy** (Co Author), **Greg Malin** (Co Author)

Methods: We conducted a mixed-methods study of fourth-year students attending a three-part "CaRMS Primer" lecture series delivered by junior residents. Post-session surveys (adapted Learning Climate Questionnaire, Perceived Competence Scale) assessed learning climate and competence; reliability was tested with Cronbach's alpha and differences analyzed with one-way ANOVA. Semi-structured interviews underwent thematic analysis, with themes mapped to SDT domains.

Results: Fifty-six of ninety-four students (59.6%) completed surveys, and twenty-five (26.6%) participated in interviews. Learning climate scores were consistently high across all sessions. Perceived competence increased significantly after the final session on interviews ($p < .001$). Qualitative data revealed four themes: stress and anxiety, perceived competence and readiness, autonomy and control, and relatedness and peer support. Students described NPT as credible, reassuring, and empowering, while also noting challenges related to peer comparison and limited presenter diversity.

Discussion: NPT appears to enhance readiness for the residency match by fostering psychological safety, boosting self-efficacy, and leveraging relatable near-peer experiences in alignment with SDT principles. Structured near-peer interventions may serve as a replicable, theory-informed approach to supporting learners through high-stakes transitions in medical education.

OH-1-2 Clear, Succinct, Compassionate: Measuring the Impact of Communication Training on Delivery of Bad News

Jacquelin Forsey (Lead Author), **Warren Lewin** (Co Author), **Maxwell Charles** (Co Author), **Nikki Woods** (Co Author)

Methods: This study employed a within-subjects experimental design to assess changes to headline performance. Participants were 35 heathcare providers (physicians, nurses, social work, allied health), working in a hospital setting. Participants completed 10-minute simulations pre- and post-workshop with a standardized patient, and 2 simulations one month later to assess skill durability and transferability. Headlines were assessed for information, clarity, and empathy on a 3-point scale.

Results: Pre-workshop, 74% of participants delivered a headline within the 10-minute simulation; in subsequent simulations, this increased to 100%. Additionally, participants delivered headlines significantly earlier in conversations. Finally, there was a significant increase in scores for information, clarity, and empathy in all post-workshop simulations, with no decrease at the delay simulation, or during the far-transfer scenario.

Discussion: Results demonstrate that the VitalTalk method for teaching providers to deliver difficult news is effective in shaping the desired communication behaviours. These changes are maintained after a significant delay and can be transferred to other challenging communication scenarios.

OH-1-3 The Value of Guided Near-Peer Cadaveric Dissection in Understanding Gross Hip Anatomy

Suchnoor Dhillon (Lead Author), **Jolie Leung** (Co Author), **Yasmeen Mezil** (Co Author)

Methods: This is a pre-post study using descriptive statistics on outcomes of a student-led dissection teaching session on hip anatomy and the anterior approach to the hip. The pre- and post-tests included assessing anatomical self-efficacy using the Anatomical Self-Efficacy Instrument (ASEI), and assessing hip joint anatomical knowledge and clinical applications with knowledge quizzes. These included 10 questions with 2 each on general hip anatomy, the anterior approach, consequences of intraoperative injury, hip precautions, and rehabilita-ion.

Results: All 7 participants completed all components. Mean knowledge score was 5.6 on pre-test (min. 2, max. 7) and 8.7 on post-test (min. 7, max. 10) with 3.1 mean increase. Mean ASEI score was 60 on the pre-test (min. 46, max. 79), and 64 on the post-test (min. 48, max. 80) with 3.4 mean increase.

Discussion: These findings suggest near-peer instruction effectively teaches clinical anatomy. Post-session knowledge quiz scores indicate successful knowledge transmission, supporting previous literature. Lack of significant change in ASEI score may suggest a single session is insufficient to influence self-confidence, or that constraints limited student autonomy. Further refinement is required to optimize student engagement and self-efficacy. Our findings suggest such sessions enhance anatomical knowledge and hold promise as a scalable complement to traditional teaching.

OH-1-4 Trademark Names in Medicine: Words without Meaning?

Chris He (Co Author), **Stephen Russell** (Lead Author)

Methods: We are instructors of medical language and are therefore aware of the reliable formulas that are used in creating real medical terms - and why those patterns are essential in medicine. This presentation focuses on common products, often incredibly popular ones, that either seem to use real medicalese but that actually have no meaning, or ones that clearly sound invented even to the untrained eye, yet are still structured to seem as if they are built on the solid principles of medical language.

Results: Medical language, and words that sound as if they are medically related, are important tools in marketing and selling certain products. We will discuss and list many examples of trademark names that play on their implied connection to real medical language.

Discussion: For years, schools often taught learners to be media and advertising literate. This presentation hopes to encourage another push for a similar kind of media-literacy - learning how to read through empty phrases.

OH-1-5 Case-Based Collaborative Learning (Cbcl) in Basic Medical Education

Natia Landia (Lead Author), **Nino Lomidze** (Co Author), **Mariam Gogichadze** (Co Author), **Inga Odzelashvili** (Co Author)

Methods: Grounded in constructivism and social learning theory, CBCL applies a flipped classroom model combining asynchronous preparation and synchronous interactive sessions. Students engage with preparatory resources, readiness assessment exercises (RAEs), case discussions in small groups (4-5 learners), and large-group debriefs. A pilot implementation is planned in the integrated block Structure and Function of the Human Body I-IV. Faculty training precedes rollout to ensure effective facilitation and sustainable practice.

Results: Literature supports CBCL as an effective method for improving knowledge acquisition, inquiry, discussion, and collaboration among medical students. Anticipated outcomes of implementation include greater engagement, enhanced clinical reasoning, and improved teamwork skills.

Discussion: Key challenges include faculty/student resistance, workload in module development, and adapting CBCL to virtual or diverse learning contexts. Proposed solutions include targeted faculty development, backward design for module creation, Goldilocks' principles for RAEs, and structured faculty guides. CBCL integration is expected to strengthen active learning and better prepare students for complex clinical practice.

OH-2 The Culture of Academic Medicine | la culture de la médecine universitaire

OH-2-1 "Crying is the Worst Thing You Could Do in the Hospital": A Longitudinal Critical Discourse Analysis of Death During Medical School

Anna MacLeod (Lead Author), **Paula Cameron** (Co Author), **Victoria Luong** (Co Author), **Olga Kits** (Co Author), **Sarah Burm** (Co Author), **Stephen Miller** (Co Author), **Wendy Stewart** (Co Author), **Simon Field** (Co Author)

Methods: We conducted a longitudinal Critical Discourse Analysis (CDA), following 12 medical students through medical school (2021-5). Using Fairclough's three-phase analytical approach, we traced discourses about death and emotions over time, using 92 semi-structured and recursive interviews.

Results: Crying was a central but complex concern: an external sign of failed detachment. In clinical settings, crying was "the worst thing you can do." Participants worried about uncontrollable emotional reactions to patient death. Through words like "mask," "compartmentalize," "zone out," and "disassociate," they drew on professional norms of detachment. In attempts to avoid crying, learners declined debrief invitations and chose to cry in private spaces like bathrooms or on the drive home, or to defer crying indefinitely. Yet, participants also resisted detachment, affirming emotional investment crying as a humane response to suffering. Instead, they aligned themselves with patient and family vantage points, rejecting death as merely "part of the job."

Discussion: Despite efforts to foster humanism, discourses of detachment continue to dominate medical culture. In a profession characterized by high rates of burnout and distress, this has consequences for learner wellbeing. Informal messaging about detachment must be taken into account in efforts to improve learner health and well-being, such as debriefing. Meaningful support cannot be achieved so long as crying continues to be discursively constructed as "the worst thing you can do" as a doctor

OH-2-2 Belonging Matters in Academic Medicine: A Qualitative Study

Lisa Purdy (Lead Author), **Tyler Cole** (Co Author)

Methods: Using Allen et al.'s (2021) integrative belonging framework, 21 semi-structured interviews were conducted in winter 2025. Transcripts were coded inductively and deductively to capture the opportunities and perceptions of belonging.

Results: Four interrelated themes emerged: 1.recognition of progress, leadership initiatives foster inclusion and community; 2. barriers to belonging, including discrimination, underrepresentation, and inadequate accommodations; 3. communication gaps causing confusion and exclusion; and 4. recognition, with staff feeling undervalued.

Discussion: These intersecting factors illustrate a complex and nuanced belonging landscape in FoMD, marked by simultaneous progress and systemic challenges. Findings underscore leadership's critical role in fostering belonging, while highlighting persistent challenges related to diversity, communication, and recognition that continue to affect faculty engagement. Addressing these challenges through targeted strategies to improve communication, promote equitable recognition, and mitigate bias is essential to sustain workforce diversity and resilience. These insights can guide FoMD leadership in cultivating a more inclusive, supportive academic culture

OH-2-3 Curriculum Caché en Éducation Médicale, Conception D'un Outil De Soutien À La Démarche Réflexive

Clara Dallaire (Lead Author), **Antoine Payot** (Co Author), **Nathalie Orr Gaucher** (Co Author), **Carole Lambert** (Co Author), **Marisol Sanchez** (Co Author), **Vincent Jobin** (Co Author)

Methods: Conçu en co-construction avec des acteurs du milieu, l'outil a été affiné par trois prétests et quatre pilotes menés d'avril à décembre 2024. Ce processus itératif a permis une amélioration en continu. Une formation professorale a été offerte à 20 directeurs/responsables de programme entre janvier et mars 2025.

Results: 29 participants aux prétests et pilotes ont complété les questionnaires pré et post formation. Lors de la formation professorale, 100 % des 20 participants ont répondu aux questionnaires. La maîtrise du concept de CC est passée de 60 % à 100 % ($p<0,001$), la compréhension de la démarche réflexive de 80 % à 100 % ($p=0,008$) et l'aisance à discuter de sujets sensibles de 80 % à 100 % avec les résident·e·s ($p=0,046$) et de 50 % à 100 % avec les enseignant·e·s ($p<0,001$). La perception d'un environnement sécuritaire, déjà élevée, s'est renforcée (55 % à 85 % « tout à fait en accord », $p=0,058$).

Discussion: Ce processus de co-construction a permis la création d'un outil adaptable aux réalités des milieux, favorisant une réflexion concrète sur le CC et la mise en place de plans d'action collectifs. Les résultats confirment l'impact de la formation sur plusieurs aspect concernant le CC, tout en soutenant principalement les compétences CanMEDS de collaborateur et de communicateur

OH-2-4 Beyond Individualism and Independence: Exploring Collectivism and Interdependence as Paradigms of Health Professions Education

Stefanie Sebok-Syer (Co Author), **Jerry Maniate** (Co Author), **Kaitlin Endres** (Co Author), **Warren Cheung** (Co Author), **Eusang Ahn** (Lead Author)

Methods: A narrative review methodology was used to identify and synthesize literature on collectivism and interdependence in healthcare and HPE. English-language peer-reviewed publications from 1990-2024 were included; non-English articles, perspective pieces, commentaries, and studies unrelated to healthcare or HPE were excluded. Searches were conducted in MEDLINE, Embase, PsycINFO, and ERIC in January 2024, with forward and backward citation mining in November 2024.

Results: Of 3,415 articles identified, 63 met inclusion criteria. Reflexive thematic analysis revealed four themes: (1) reshaping the culture of healthcare and the learning climate in HPE, (2) recognizing and accounting for individual contributions within teams, (3) multifaceted approaches to leadership, and (4) belongingness as foundational to collective well-being.

Discussion: Viewing healthcare and HPE through the paradigms of collectivism and interdependence challenges prevailing models of individualism and independence. Adopting these paradigms can foster collaboration, enhance team-based practice, and create learning environments that are both protective and transformative. This perspective may support the development of healthcare professionals who are better-prepared for the relational and collective nature of modern healthcare

OH-2-5 Leaving the Operating Room: Voices of Residents and Program Directors on Canadian Neurosurgical Attrition

Jonathan Chainey (Lead Author), **Sandalia Genus** (Co Author), **Csilla Kalocsai** (Co Author), **Stanley Hamstra** (Co Author), **Nir Lipsman** (Co Author), **Paul Kongkham** (Co Author), **Ashish Kumar** (Co Author)

Methods: Using critical constructivist theory, virtual interviews were conducted with current program directors (PDs) from Canada's 14 neurosurgery programs and neurosurgery residents who left training between 2013-2023. Interviews were recorded, transcribed, anonymized, and iteratively coded through descriptive thematic analysis to construct an analytical framework.

Results: Data from 8 of 14 programs revealed an average institutional attrition rate of 14.1% (range: 0%-28.6%). Interviews with 7 program directors and 7 former residents, representing 7 programs, identified key factors contributing to attrition, listed below in descending order of frequency mentioned during the interviews: high workload, poor work-life balance, gender-related challenges for women, evolving aspirations over time, limited job opportunities in Canada and high responsibility level.

Discussion: Neurosurgery residents are the future of the specialty. Our study identifies key factors contributing to the high attrition rate in neurosurgery training, highlighting the urgent need for changes at both the provincial and program levels to retain trainees. The most frequently cited reasons: high workload, poor work-life balance, and gender-related challenges, underscore the complexity of the issue. Addressing these factors through improved support, better teaching, and more sustainable working conditions is essential for the future of neurosurgery training

OH-3 Blend (Accreditation + Assessment) | Mélange (Agrément + Évaluation)

OH-3-1 Mapping Md-Pgme Accreditation Convergence to Reduce Reporting Burden: A Standards Comparison

Lisa Chinchamie (Lead Author), **Yasmine Ishmael** (Co Author), **Laura Leigh Murgaski** (Co Author), **Branden Wesseling** (Co Author), **David Rojas** (Co Author)

Methods: We reviewed the PGME Accreditation requirements and the MD Program Data Collection Instrument to build a comparison matrix, mapped standards to shared domains, and tagged compliance artifacts (policies, minutes, reports). To avoid false positives, we only documented places where evidence for compliance could plausibly overlap, excluding items that were thematically similar but clearly required distinct evidence.

Results: Alignment emerged across seven domains: organizational mission and values; academic and learning environments; faculty preparedness and support; resources and infrastructure; social accountability; teaching, assessment, and evaluation; and learner wellness and supports. Despite thematic overlap, the construction of standards and their evidence requirements mostly precluded collaboration and unifying documents. Learner Wellness and Supports was the exception, where overlapping services, policies, and governance enabled partial reuse and coordinated reporting.

Discussion: Reducing staff and faculty burden remains elusive primarily because accreditation standards prescribe program-specific narratives and datasets. Near-term efficiencies are feasible in Learner Wellness and Supports. However, broader efficiencies linked to burden reduction will require a revision of accreditation standards and their compliance requirements so that shared evidence can be used to fulfill MD and PGME accreditation processes.

OH-3-2 Demystifying Accreditation for Continuous Improvement

Laura Leigh Murgaski (Lead Author), **Yasmine Ishmael** (Co Author), **Kim O'Hearn** (Co Author), **Nina Chana** (Co Author), **Emma O'Neil** (Co Author), **Linda Probyn** (Co Author)

Methods: A 6-month pilot project was conducted with 27 program administrators participating as observers on internal review teams. 2 focus groups were held with participants to discuss their experience.

Results: Many participants described that they benefited not only from learning about accreditation processes and the standards, but also gained new ideas for managing their program, were a helpful member of the review team, and were able to build connections and share materials across programs. Participants in the pilot would overwhelmingly recommend the experience and suggested the optimal timing is 6 months prior to one's own review. Participants also noted the importance of ensuring that the observer's role is clearly defined to the review team chair so that they are not expected to be note takers.

Discussion: Despite the full day time commitment and the general level of fatigue associated with accreditation, feedback was overwhelmingly positive. Similar opportunities for administrators may be well received if expanded upon nationally.

OH-3-3 Re-Conceptualizing Accreditation Through the Humanities: What is the Bigger Picture of Medical Education?

Brad MacCosham (Lead Author), **Amy Nakajima** (Co Author), **K. Jean Chen** (Co Author)

Methods: This study thematically analyzed accreditation elements published by the CACMS for medical schools undergoing accreditation evaluations in 2026-2027. The analysis was conducted from the perspective of a humanistic lens, grounded in the belief that medical education is not only about technical training, but also about shaping moral and relational capacities. This orientation reflects the researchers' academic interests in health humanities and backgrounds in medical education, acknowledging that such a lens emphasizes humanistic values, dignity, equity and compassion, as central to interpreting CACMS accreditation elements. Data Sources and Analysis Source material consisted of the 2026-2027 Accreditation Standards and Elements as defined by CACMS (2025), which are made publicly available on their website, including their descriptions and explanatory notes. All 96 elements spanning over standards on governance, admissions, curriculum, student support and institutional accountability, among components, were examined in full to capture both structural requirements and their humanistic implications. Steps for thematic analysis proposed by Grbich (2013) and Creswell (2017) were used. The first step consisted of becoming familiar with the data by reading and re-reading it (i.e., Repeated reading of CACMS elements to identify initial impressions of humanistic content). The second step consisted of initial coding by underlining key information segments and writing descriptive comments within each element (i.e., Assigning descriptive codes such as "equity," "curricu--um," "cultural safety," "safety"). The third step con--isted of matching and grouping segments of data into themes (i.e., Grouping codes into broader thematic categories reflecting dimensions of medical humanities). This step also involved iteratively refining themes to ensure they reduce redundancies between accreditation elements. The fourth step consisted of linking segments to overarching labels (i.e., Finalizing the three overarching themes of Individual humanity and institutional integrity, Humanity in medical knowledge and competence and

Broader humanity in medicine) and identifying subgroups. The fifth step consisted of contextualizing each theme within a medical humanities lens to highlight alignment between CACMS accreditation standards and broader humanistic traditions.

Results: Analysis of CACMS accreditation elements revealed three overarching themes linking medical education to humanity. Theme 1: Individual Humanity and Institutional Integrity - Elements emphasized safe, respectful learning environments, policies against mistreatment and discrimination, and systems for student well-being, health, and advising. At the institutional level, strategic planning, governance structures, resource stewardship, and faculty engagement framed human dignity and justice as structural requirements of medical education. Theme 2: Humanity in Medical Knowledge and Competence - Admissions policies encouraged broad preparation in the humanities and social sciences, while curricula integrated biomedical, behavioral, and social sciences with ethics, communication, and cultural safety. Assessment was positioned as an ethical responsibility, emphasizing fairness, formative feedback, and narrative evaluation. These provisions linked scientific rigor with moral and humanistic practice. Theme 3: Broader Humanity in Medicine - CACMS standards embedded social accountability and diversity as structural obligations. Schools were required to demonstrate responsiveness to community needs, incorporate service-learning, and address determinants of health, systemic racism, and Indigenous rights. Interprofessional collaboration reinforced physicians' role as advocates and partners in advancing equity and justice. Together, these themes demonstrate that CACMS standards extend beyond compliance to affirm medicine's ethical commitments. Accreditation emerges not only as a mechanism of accountability but as a framework for cultivating physicians as stewards of humanity within institutions and society.

Discussion: Our analysis demonstrates that CACMS (2025) accreditation elements, situated within its twelve standards, embed humanity into medical education through three interrelated domains, namely, learner wellbeing, integrity in governance and broader humanity in medicine. Together, these themes shift accreditation from a compliance exercise to a framework for shaping the values, culture and outcomes of medical training. Elements addressing mistreatment, mental health and fair assessment affirm that medical education must cultivate resilience, integrity and personal growth alongside technical competence. Schools are required to build systems that monitor wellbeing, provide meaningful feedback and ensure assessments support professional identity development rather than erode it. Embedding these principles into the learning environment signals that care for medical students is not peripheral, but foundational to their ability to care for patients in the future. Accreditation also frames governance as an educational responsibility. Policies on resource allocation, transparency and inclusiveness model the same profes--ionalism and justice expected of future physicians. Schools are called to involve faculty and students in decision-making, to protect against discrimination and mistreatment and to demonstrate institutional integrity through leadership structures. In this sense, medical schools govern curricula, teaching lessons about accountability, fairness and ethical leadership, among other qualities (CanMEDS, 2025). By embedding social accountability, diversity and cultural safety into accreditation, CACMS affirms that medicine's responsibility extends beyond individual patient care to the health of communities and society at large. Curricula must seamlessly integrate humanities, ethics and behavioural and social sciences with biomedical science, ensuring graduates are scientifically competent while also prepared to navigate cultural diversity, social determinants of health and systemic inequities patients within their community's experience. These elements therefore demand a shift from treating the humanities as an additional elective, or sub-component of curricula to putting it at the forefront, embedding it as a guiding lens for institutional decision-making, curriculum design and individual development.

OH-3-4 Establishing A Unified Process for Learner Accommodations in Osces: Early Implementation and Lessons Learned

Shujiao Wang (Lead Author), **Nessrine Sabri** (Co Author), **Tracy Smith** (Co Author), **Melanie Mondou** (Co Author)

Methods: Through a series of consultations with program leadership, course directors, assessment team, and accessibility services, we developed a stepwise, transparent framework for OSCE accommodations. These discussions led to standardized timelines, documentation requirements, accommodation types (e.g., extended time, modified materials), and communication protocols with faculty and exam staff. Both faculty (including assessors) and students were introduced to the new process through training sessions, and a clear student-facing guide was created to promote transparency, consistency, and trust.

Results: Although formal evaluation data are not yet available, early feedback from students and faculty suggests the unified process has reduced confusion, improved fairness, and streamlined coordination. The framework is being piloted for upcom--ng OSCEs, with a formal evaluation planned to as--ess stakeholder satisfaction, feasibility, and impact on exam integrity.

Discussion: A standardized process for OSCE accommodations benefits students, faculty, and programs by improving transparency, consistency, and fairness in high-stakes assessments. Clear timelines and communication reduce logistical challenges while maintaining exam integrity. As the number of students requiring accommodations grows, our early lessons-emphasizing proactive planning and collaboration-offer a model for other institutions seeking equitable and scalable solutions.

OH-3-5 Knowledge or Application: Unraveling the Role of K1 and K2 Assessment Questions in an Undergraduate Medical Curriculum

Liv Ivins (Lead Author), **Andrew Deweyert** (Co Author), **Lisa Sherpherd** (Co Author)

Methods: To address alignment, data was collected from 22 MCQ assessments administered over one academic year at Schulich School of Medicine & Dentistry, comprising a total of 1,115 unique items. Using Bloom's Taxonomy and Miller's Pyramid, each item was classified as either knowledge-recall (K1) or application (K2) to determine cognitive level. Psychometric data was extracted to evaluate item and student performance.

Results: Of the 1,115 items analyzed, 51.8% were K1 and 48.43% were K2 in year one; 39.1% were K1 and 60.9% were K2 in year two; and 34.4% were K1 and 67.4% were K2 in year three. Analysis revealed no statistical differences in cognitive level of items between years. A two-way ANOVA revealed no differences in item difficulty within pre-clerkship years but found statistical differences ($p < 0.0001$) between pre-clerkship and clerkship years.

Discussion: The lack of significant differences in cognitive level across the three years suggests cognitive equivalence, reflecting a missed opportunity to scaffold students toward higher-order skills. While item difficulty did not significantly differ within pre-clerkship years, there was a statistically significant increase between pre-clerkship and clerkship, confirming a greater challenge at that stage. Further investigations will include potential item-writing flaws to see if their presence contributes to these findings

OH-4 Blend (Community Partnerships for Health Equity + Patient Partner) | Mélange (Partenariats communautaires pour l'équité en matière de santé + Partenariat avec les patients)

OH-4-1 Embedding Patient Voices in Postgraduate Medical Education: Lessons Learned From Evaluation of Engagement Initiatives

Dana Arafeh (Lead Author), **Melanie Henry** (Lead Author), **Noor Ramji** (Lead Author)

Methods: An evaluation survey, adapted from the validated PPEET and PIERS tools, was shared with patient partners (n = 56) and faculty (n = 7). Twenty-three statements were rated on a 5-point Likert scale across four domains: (1) communication and support, (2) sharing views and perspectives, (3) impacts and influence, and (4) overall satisfaction. Open-ended questions were analyzed thematically.

Results: Overall, 91% were satisfied with their engagement, 80% felt they made an impact, 87% agreed power was shared, and 86% felt supported. Barriers included unclear roles, limited onboarding, and inconsistent communication. Facilitators included dedicated staff support, recognition, and opportunities for learning.

Discussion: Satisfaction was highest when engagement was focused on patient partners, such as in PFAC or when committees had equal ratios of patients to faculty and when patient partners had clearly defined roles.

OH-4-2 Partner Taxonomy & Outcomes in Community Engaged Learning: A Mixed-Methods Comparison Across Organizational Themes

Ahmad Hassan (Lead Author), **Joshua Seto** (Co Author), **Lea Harper** (Co Author), **Omar El Ferri** (Co Author), **Kareem Sadek** (Co Author), **Holly Hnatiuk** (Co Author), **Lisa Yeo** (Co Author)

Methods: Cross-sectional student survey aligned with CEL Learning Objectives and CanMEDS Framework, including 5-point Likert scales for satisfaction (Reaction), perceived competency gains (Learning), transfer to coursework/clinical contexts (Behaviour), and perceived population/organization impact (Results). Forced-choice items map placements to themes; covariates included supervision quality and prior experience. Within-theme and between-theme comparisons are completed, as well as regression to identify predictors, and reflexive thematic analysis of open-ended responses.

Results: Respondents represent diverse exposures, with placements spanning multiple organizational themes (most frequent: Housing/Homelessness, Mental Health & Addiction, Disability & Accessibility). Overall student satisfaction and connection to served populations are positive. Students report increased comfort and empathy with populations served and improved understanding of community resources. Perceived support from community organizations may be stronger than from the medical school, with clarity of structure/time as targets for improvement. Partner-level contrasts are most pronounced for Reaction and Learning, with Behaviour and differences attenuated by supervision quality and support.

Discussion: A community partner taxonomy elucidates where community-based learning yields the strongest educational and community impacts, contextualizing the student experience. Findings provide insight into targeted improvements to student-partner matching, orientation, and supervision, supporting transferable, evidence-informed curricular design and community partnership-building across Canadian undergraduate medical education programs.

OH-4-3 Heartful Visits: A Volunteering Program to Enhance Student Interpersonal Skills and Reduce Patient Isolation

Othmane Zekraoui (Lead Author), **Rabah Achab** (Co Author), **Farah Alem** (Co Author), **Mohamed Chouikh** (Co Author), **Bilal Amani** (Co Author), **Naeem Bhojani** (Co Author), **Ahmed Moussa** (Co Author)

Methods: Heartful Visits is an on-campus student-led coordination hub facilitating volunteering. Seven medical students led awareness campaigns, managed registrations, and coordinated placements in collaboration with the volunteer department heads of four Quebec regional networks. Eligible volunteers included students from all faculties. Participants who completed three months of volunteering by April 2025 completed an online survey evaluating the registration process and self-reported growth in empathy, communication, leadership and teamwork.

Results: Among 28 students who completed three months of volunteering, 13 completed the survey. For onboarding, 92% rated registration "easy" or "very easy". Regarding empathy, 77% reported the experience helped them in building trust with vulnerable patients and understanding their perspectives, while 69% felt it improved their adaptation to patients' emotional needs. For communication, 85% improved active-listening skills and 77% felt more comfortable engaging with diverse backgrounds. Leadership and teamwork outcomes were mixed: 54% reported opportunities where they could take initiative, while only 38% reported improved collaborative skills.

Discussion: These preliminary findings suggest three months of volunteer visits improved students' self-reported empathy and communication, with modest effects on leadership and teamwork. A key limitation is the lack of formal patient satisfaction data. Replicating our model may improve patient care and students' interpersonal skills.

OH-4-4 Intersectoral Community Forums to Advance the Social Accountability Mandate of the Sherbrooke Faculty of Medicine and Health Sciences (Fmss)

Genevieve Petit (Lead Author), **Sharon Hatcher** (Co Author), **Andrea Lessard** (Co Author), **Luce Pélissier-Simard** (Co Author), **Simone Amagnamoua** (Co Author), **Maxime Michaud** (Co Author), **Veronique Foley** (Co Author), **Sabina Abou Malham** (Co Author), **Diane Guay** (Co Author), **Yanouchka Labrousse** (Co Author), **Caroline Fortin** (Co Author), **Éric Lachance** (Co Author)

Methods: For each event, an intersectoral planning committee identified a theme: 1) social exclusion, 2) access to health services, 3) health literacy. These one-day events were planned as dynamic and inclusive spaces for exchange and collective learning. After the events, the intersectoral committees collected the ideas generated and conducted qualitative thematic analysis to identify key messages, develop recommendations, and implement a communication plan to influence actions among partners.

Results: Four key levers were identified: 1) taking root in the community, 2) adopting a humanist approach, 3) building on strengths, 4) evolving from existing partnerships. Many challenges exist such as over-solicitation and working in silos, lack of continuity, need for role clarity. Some ideas for action were site-specific (ex. community-based health education for vulnerable populations) and others were common to all sites (ex. increasing service-learning opportunities). Intersectoral projects were prioritized for each regional territory.

Discussion: These forums were effective in strengthening ties between the FMSS and its communities for new partnerships and projects in the coming years. They inform an ongoing process to consolidate collaborative structures and demonstrate how one can build bridges between health education/research programs and community to improve population well-being.

OH-4-5 Integrating Patient Partner to the Admission Process: an Innovative Experience in A Core Internal Medicine Residency Program

Félix Louis (Lead Author), **Thi Hoang Lan Nguyen** (Lead Author), **Jean-Michel Leduc** (Co Author), **Annie Descoteaux** (Co Author)

Methods: The program trained PPs, including a document with instructions regarding the scenario of the station, a virtual meeting with the selection committee, and a lecture on the interview process and evaluation biases. They participated as role-players in one MMI station, and their ratings contributed to 50% of the score. We collected scores from PPs and physician assessors and compared them. Post-interview surveys were sent to applicants and assessors.

Results: Among the IM candidates who answered the post-interview survey (51 out of 173), 70% rated the contribution of PPs between 8 and 10 out of 10. Two candidates reported their interaction with the PP was confusing. All seven assessors who attended the debrief agreed that PPs enhanced authenticity and allowed assessors to observe more freely. A moderate correlation was found between PP and physician scores (Pearson's $r = 0.485$, $p < 0.0001$).

Discussion: Feedback from the candidates and the assessors highlights that better coaching of PPs is needed to clarify station objectives and optimize their role. This innovation offers a valuable model for programs seeking to enhance patient-centeredness in selection processes.

OH-5 Blend | Mélange

OH-5-1 Let the Carms Games Begin: Investigating the Tension Between Flexibility, Structure, and Hidden Curricula Guiding Student Elective Choice

Asil El Galad (Lead Author), **Matthew Sibbald** (Co Author), **Renate Kahlke** (Co Author), **Sharon Bal** (Co Author)

Methods: We conducted a qualitative study grounded in reflexive thematic analysis and informed by flexibility theory. Data sources included institutional elective policies, online resources, and semi-structured interviews with students, faculty and administrators at one Canadian medical school. Iterative cycles of analysis and inductive coding guided theme development.

Results: Three key tensions framed elective choice: (1) Structure vs Flexibility - learners experienced limited elective choice despite formal messaging of freedom; (2) Mixed Messaging - students struggled to reconcile mixed messages from peers, administrators, and institutional policy; (3) Strategy vs Interest - electives were often curated based on strategic signalling within CaRMS at the expense of in--erest. Participants highlighted inequities in decod--ng the hidden curriculum, raising concerns about fairness.

Discussion: Our findings illuminate the hidden curriculum embedded in elective selection and the inequities it creates. Targeted mentorship, clearer CaRMS guidance, and structural reforms are needed to ensure electives support authentic learning, informed strategy, and equitable access for all students.

OH-5-2 Suicide Intervention Training in Family Medicine, Pediatrics, and Emergency Medicine: What Works and What More is Needed?

Eric Chan (Lead Author), **Katarina Padilla** (Co Author), **Ife Owojori** (Co Author), **Miaesha Khairul** (Co Author), **Marissa Hsu** (Co Author), **Alison Darnley** (Co Author), **Iliana Ortega** (Co Author), **Mara Grunau** (Co Author), **Rachel Ellaway** (Co Author), **Aliya Kassam** (Co Author)

Methods: This mixed-methods study involved a literature review and qualitative interviews of physicians and persons with lived experience (PWLE) to examine what works in suicide intervention training for physicians. MEDLINE, Embase, APA PsychINFO, and JBI EBP databases were searched for existing articles on suicide intervention training deliv--red to physicians. Data from articles identified for inclusion were used to describe the evidence for specific approaches to suicide training for physicians. Physicians in the relevant specialties and PWLEs were recruited to participate in interviews exploring what is important and/or effective in physician suicide training.

Results: We screened 8880 titles and abstracts and identified 122 full texts for inclusion. We interviewed 23 physicians (13 family medicine, 3 emergency medicine, 3 pediatrics, and 4 dual-specialty), 17 PWLEs, and 2 support persons. Findings in the literature generally demonstrated improvements in attitudes, confidence, and skills post-training, with mixed findings on the impact of family physician suicide training on suicide rates in the region. Emerging themes from interviews include content on engaging family/supports, approaches to chronic/frequent suicidality, and the involvement of PWLE in training delivery.

Discussion: Our findings inform the development of future suicide intervention training programs, with evidence from the literature and perspectives obtained directly from physicians and PWLE.

OH-5-3 Community-Embedded Faculty Supports in Distributed Medical Education

Meera Anand (Lead Author), **Maria Hubinette** (Co Author)

Methods: A social learning framework was used to develop the structures and roles within the SoM from the outset with this key need in mind. Key roles included clinical site directors in each region who were responsible for overseeing and developing student learning experiences. This was mirrored by faculty development leads who would provide on-the-ground education and support for faculty while also bringing them together in a community of practice model for learning. All roles spanned both UGME and PGME programs to avoid silos and confusion amongst faculty.

Results: With the evolution of the new SoM and leadership, this model has been crucial in the engagement of clinical faculty who are distributed in the community and need to feel heard and valued. With the SoM's inaugural year of teaching, evaluation methods will further identify the strength of the network of teachers in the community with this decentralized model of support.

Discussion: In DME contexts, it remains important to consider the structure of faculty supports within geographical regions that can enhance and foster engagement and connection. Community-embedded faculty development leads and site directors may better serve the needs of DME faculty.

OH-5-4 L'impact D'une Journée Immersive Auprès Des Candidats en Médecine Sur L'attractivité Et La Perception Du Campus Décentralisé De L'université De Montréal.

Naomi Naidich (Lead Author), **Étienne Parent** (Co Author), **Marie-Hélène Girouard** (Co Author)

Methods: Les données ont été recueillies via: un sondage de rétroaction anonyme rempli à la fin de TMD1J, et en comparant les nouveaux admis en 2025.

Results: Au total, 36 des 41 participants ont complété le sondage au sujet de leur connaissance, perception et préférence de campus. Avant l'activité, 36,1% des répondants ne connaissaient pas le campus et 55,6% avaient des préjugés sur le campus. Après TMD1J, tous ont jugé l'activité bénéfique et 97,3% sont repartis avec une perception positive du campus. De plus, l'intention d'accepter une offre en Mauricie est passée de 80,6% à 91,7%. Parmi les nouveaux admis en 2025, 20,8% ont participé à TMD1J.

Discussion: En conclusion, TMD1J a amélioré la connaissance et la perception du campus de la Mauricie. Ce modèle d'activité immersive représente un outil de promotion pour les campus décentralisés afin de mieux les faire connaître et déconstruire les préjugés pour favoriser le choix des étudiants.

OH-5-5 Repeated Exposure Reduces Dependence on Visual-Spatial Ability and Working Memory in Virtual-Reality-Based Anatomy Education

Shengjia (Lily) Zhong (Lead Author), **Kristina Lisk** (Co Author), **Dominique Hueniken** (Co Author)

Methods: Undergraduate students at the University of Toronto with no prior university-level musculoskeletal anatomy training were quasi-randomized to either the VR (n=12) or PM (n=12) group. Vz and WM were assessed using a Mental Rotation Test and Stroop Test, respectively. On day one, participants studied anterior hip anatomy and completed a bell-ringer knowledge test; one week later, they repeated the process with gluteal anatomy.

Results: The PM group performed better than the VR group regardless of timepoint ($p<0.05$). At initial exposure, performance was primarily influenced by WM and Vz. Notably, in the VR group, Vz exerted a stronger influence on outcomes when WM was weak ($\beta = -0.78$, $p=0.026$). By the second exposure, these effects were no longer significant.

Discussion: These findings suggest that WM may modulate the effect of Vz in VR-based anatomy learning; their impact on performance can be reduced through repeated exposures.

OH-6 Blend (Education Research methods + Inter-professional Education) | Mélange (Méthodes de recherche en education + Formation interprofessionnelle)

OH-6-1 Learning Outcomes of Mixed Reality versus Standard Curriculum for Teaching Surgical Hand-Tying in Undergraduate Medical Learners: A Prospective, Randomized Controlled Trial

Ge Shi (Lead Author), **Regina Leung** (Co Author), **Adela Gottardi** (Co Author), **Thanansayan Dhivagaran** (Co Author), **Christina Lim** (Co Author), **Matthew Van Oirschot** (Co Author), **Aaron Grant** (Co Author), **Sarah Knowles** (Co Author), **Debra Bartley** (Co Author), **Sayra Cristiancho** (Co Author), **Julie Ann Van Koughnett** (Co Author)

Methods: Participants were volunteer third-year medical students at a single center, prior to their 8-week surgical rotation. They were randomized to either a control group, which followed the standard curriculum of in-person orientation and online video, or the HoloHands group, which received a HoloLens orientation and a device for independent use during their rotation. Both groups completed pre- and post-rotation theoretical and practical assessments. Scores were compared and qualitative feedback was analyzed.

Results: Twenty-eight students participated and baseline demographics were not significantly different. The HoloHands group demonstrated greater improvement in practical scores (p=0.045), while theoretical scores were comparable (p=0.12). The HoloHands group rated the app positively regarding ease of use, enjoyment, and effectiveness. Reported strengths of the HoloLens method included increased confidence, immersion, and interactivity, while challenges included technical difficulties and lack of direct feedback.

Discussion: This study demonstrates that MR can improve hand-tying performance compared to the standard curriculum. HoloHands was rated enjoyable and effective, supporting its role in strengthening surgical skills education and addressing both learner needs and system pressures.

OH-6-2 A Mixed Reality Framework for Surgical Skills Preparation and Ergonomic Assessment in Medical Learners

Chirag Chopra (Lead Author), **Souzan Yacob** (Co Author), **Bonnie Yang** (Co Author), **Nicholas Laflamme** (Co Author), **Eleftheria Laios** (Co Author), **Wiley Chung** (Co Author)

Methods: We developed an MR surgical simulation framework using controller-free, markerless hand tracking and co-located physical task trainers to support natural precision grips and passive haptic feedback. The system integrates virtual surgical instrumentation and anatomical overlays with a custom analytics engine that captures high-frequency performance telemetry, including tool orientation, incision trajectory, simulated tissue interaction forces, and six-degree-of-freedom wrist kinematics. Medical learners will complete structured training modules focused on instrument handling, procedural execution, and ergonomic safety during simulated surgical tasks. Cognitive workload will be assessed using the NASA Task Load Index (NASA-TLX), alongside simulator-derived technical and ergonomic performance metrics. Skill transfer will be evaluated using subsequent skills-based assessments.

Results: This study will examine the feasibility of using MR-derived analytics to characterize technical performance and ergonomic risk during surgical skill acquisition. We hypothesize that the system will enable identification of common technical errors and hazardous wrist postures while maintaining acceptable cognitive workload.

Discussion: By combining immersive surgical simulation with objective technical and ergonomic analytics, this MR framework extends beyond traditional skills training approaches. Such systems may support safer skill acquisition, early ergonomic awareness, and scalable surgical skills preparation across stages of medical training.

OH-6-3 Innovation, Research, and Advocacy: A Nationwide Initiative for Medical Students in Mexico.

Maximiliano Contreras-Juarez (Lead Author), **Ivan A.D Medrano-Robledo** (Co Author), **Jesús Javier Von-Maldonado** (Co Author), **Grecia Betsabe Talamantes-Jimenez** (Lead Author), **Mariapaula López-Elenes** (Co Author)

Methods: We developed the IRA project as a virtual competition, aimed at fostering the complete development of research protocols from scratch. A call for participation was sent via email to AMMEF members. Medical students from different states across Mexico were organized into teams, and over the course of one month, they independently generated research ideas with an advocacy component and transformed them into full research protocols. The final protocols were then presented and assessed by a jury of experienced researchers.

Results: A total of 56 medical students participated, 58.9% were women, and 41.1% men. They were organized into 8 teams of 7 members each. Eight research proposals were developed as complete protocols with methodological validity and potential for nationwide implementation. One winning proposal was selected to receive AMMEF support for the full execution of the research.

Discussion: The development of the research proposals demonstrates that fostering student scientific production through collaborative strategies is feasible. Moreover, the project contributed to strengthening the scientific culture, encouraging inter-institutional collaboration, and fostering the develop--ent of research competencies, ultimately support--ng increased student participation in scientific pro--uction in Mexico.

OH-6-4 Interprofessional Workplace Learning and Guidance Within Fluid Teams in the Perioperative Setting - Perspectives From Postgraduate Medical Trainees

Natalie Buu (Lead Author), **Renée Stalmeijer** (Co Author)

Methods: We employed a constructivist worldview and descriptive qualitative approach, using semi-structured interviews and reflexive thematic analysis. This approach and analysis were guided by Billett's concept of guidance and Wenger-Traynor and Wenger-Traynor's Landscapes of Healthcare Practice. We examined how PGME trainees perceive OHCP's guidance in the perioperative setting, and how they would improve interprofessional WPL in this challenging learning environment.

Results: Twelve interviews (surgery and anesthesia residents) have been conducted. Interprofessional guidance was described as mostly informal, helpful for clinical decision-making, and for navigating the environment. Surprisingly, the perioperative setting may foster OHCP guidance more than other clinical environments. Interprofessional WPL was facilitated by good relations but hindered by hierarchical barriers. Importantly, effective interprofessional WPL demands better mutual understanding of roles.

Discussion: This work contributes to a better understanding of interprofessional WPL and guidance within fluid teams in the perioperative setting. This has not been previously described. Future research could explore factors that could better encourage mutual understanding of roles for trainees. This may foster greater and more explicit engagement of OHCP guidance and improved interprofessional WPL.

OH-6-5 Le Modèle Des Fenêtres Interprofessionnelles Au Service De La Collaboration Interprofessionnelle: Un Projet Pilote Auprès D'étudiants en Sciences De La Santé

Arielle Levy (Lead Author), **Ilian Cruz-Panesso** (Co Author), **Louise-Andrée Brien** (Co Author), **Patrick Lavoie** (Co Author), **Yvonne Khamla** (Co Author), **Claude Mailhot** (Co Author), **Mona Ziadi** (Co Author)

Methods: D'une durée de trois heures, la simulation s'articulait autour de trois scénarios consécutifs de téléconsultation visant le suivi clinique d'une personne avec, à tour de rôle, son pharmacien communautaire, son infirmière pivot en oncologie et son médecin de famille. Avant chaque scénario, une préparation en sous-groupes permettait aux étudiants de partager leur perception du rôle du prochain professionnel rencontré par le patient. Un débriefing commun clôturait l'activité. L'ensemble de l'activité a été enregistré et une analyse de contenu du débriefing a été effectuée.

Results: Seize étudiants volontaires (8 pharmacie, 4 sciences inf. et 4 médecine) ont participé au projet. Cette simulation a permis aux étudiants de recadrer le rôle du pharmacien de prescripteur à collaborateur, de découvrir le rôle méconnu de l'infirmière pivot et de mieux comprendre le rôle du médecin de famille dans la coordination des soins et le soutien psychosocial. Les scénarios ont aussi amené les étudiants à constater concrètement comment se traduisait la continuité des soins dans la perspective de la personne soignée.

Discussion: Au-delà de la clarification des rôles, l'utilisation du Modèle de la fenêtre IP impliquant trois professions de la santé, présente un fort potentiel pour favoriser la prise de conscience et le développement de compétences interprofessionnelles, tout en renforçant l'adoption de pratiques collaboratives dans une approche commune de soins centrés sur la personne.

OH-7 CPD/Faculty Development | DPC / Formation professorale

OH-7-1 Accommodating Medical Students with Disabilities in Internal Medicine Clerkships: A National Survey of Clerkship Directors

Lisa Meeks (Lead Author), **Mary Montgomery** (Co Author), **Elizabeth Petersen** (Co Author), **Neera Jain** (Co Author), **Temple Ratcliffe** (Co Author), **Jennifer Pascoe** (Co Author), **Mai Mahmoud** (Co Author), **Michael Kisielewski** (Co Author), **Nora Osman** (Co Author)

Methods: We analyzed the 2024 national Clerkship Directors in Internal Medicine (CDIM) survey section on MSWD. One designated IM CD per LCME-accredited U.S. medical school was invited. Items addressed disability awareness, communication pathways, accommodation practices, barriers, bias monitoring, and faculty development. We used descriptive statistics and Fisher's exact or Pearson's χ^2 tests (α=0.05). Free-text responses were analyzed using inductive content analysis

Results: Responses were received from 113/141 schools (80.1%). Most CDs (94%) reported having MSWD on the clerkship. CDs most commonly learned of disability status from students directly (prior to clerkship 57%; during clerkship 52%); fewer were informed by disability offices (49%). Formal accommodations were frequent for testing (94%) and scheduling (81%), but less common for physical environment or assistive-technology supports. Among CDs who were consulted, only 28% were engaged before accommodation determinations; 51% reported not being consulted. Perceived preparedness was mixed (very/somewhat prepared 65%). Only 27% reported monitoring for disability-related bias in assessment. Barriers were widespread (63%), including monitoring/logistical challenges (33%), insufficient re-ources/infrastructure (26%), unclear recommendations (21%), and limited faculty expertise (17%). Forty-one percent reported no faculty development on supporting MSWD; few institutions trained clinical supervisors.

Discussion: MSWD are routinely present on IM clerkships, yet implementation gaps persist. Earlier CD involvement in the interactive process, clearer bidirectional communication with disability offices, dedicated resources, systematic bias monitoring, targeted faculty development, and access to specialized medical-school DRP expertise are actionable steps to strengthen equitable clinical training.

OH-7-2 Crossing the Threshold: Identity Transformation in the Retiring Surgeon

Stephanie Jiang (Lead Author), **Melanie Hammond** (Co Author), **Carol-Anne Moulton** (Co Author)

Methods: This qualitative study used constructivist grounded theory to explore how retiring surgeons experienced identity transformation. Semi-structured interviews were conducted with 16 surgeons across retirement stages. Data analysis was guided by Identity Process Theory and Walkerdine's sociocultural theory.

Results: Retirement was described as "passing through a threshold where there's no turning back" (P5). Surgeons characterized this process of "identity crossing" through four stages: 1) Approaching the threshold: increasing awareness of aging, institutional pressures, or desire for departure. 2) Unravelling: leaving clinical practice and the surgical community behind; a highly emotional stage as the surgical identity is challenged. 3) Crossing the threshold: the transformation zone where participants engaged in identity accommodation or assimilation, reflecting the tension of identity crossing. 4) Emerging beyond: participants diverged in outcomes; some experienced retirement as a "sunset" - period of loss - or a "sunrise" - opportunity to explore new horizons and re-imagine the self.

Discussion: Retirement in surgeons is a multidimensional experience of "identity crossing", requiring transformation on personal, social, and political levels. While this transition can be destabilizing, it can also be a space for reinvention. Through logistical planning (e.g. early retirement preparation), and philosophical orientation (e.g. development of value systems and identities independent of surgery), the narrative of retirement can be re-written from one of decline to one of possibility.

OH-7-3 Reimagining the 'Train the Trainer' Model in Distributed Medical Education

Meera Anand (Lead Author), **Heather Buckley** (Co Author)

Methods: Using an end-user approach to design, we modified the TTT model to create a program that reduces the "training" and time requirements of local faculty leads. We developed an asynchronous e-learning program and a guide with scenarios to support local discussions. Dubbed a "support the porter" (STP) model, we supported one lead in the community to be our 'porter' to carry information bidi--ectionally from the central program and the learn--ng group in the community.

Results: Faculty valued the learning and discussions. Aggregate end of program evaluations across 3 years demonstrated that 92% of the respondents felt the learning program content enhanced their learning. Faculty also increased their network of peers who they can talk to about their teaching.

Discussion: It remains important to preserve opportunities for social learning among DME faculty while ensuring educational resources are utilized and available. Incorporating centrally created asynchronous resources with discussion supports for local leads reduces the "training" work of local lead faculty while still allowing for robust learning to take place.

OH-7-4 Faculty Development for A Geographically Distributed Campus: the Clinician Teacher Certificate at Nosm U

Kristen Shaw (Lead Author), **Tara Baron** (Lead Author)

Methods: We developed the Clinician Teacher Certificate (CTC), a hybrid program designed to enhance clinical teaching skills. The CTC combines asynchronous e-learning with synchronous workshops. Participants complete seven courses (workshops and e-learning) over two years. Content, informed by a comprehensive needs assessment, addresses orienting learners, providing feedback, supporting struggling learners, and more. To improve accessibility, a parallel Train-the-Trainer initiative prepares faculty across Northern Ontario to deliver workshops locally.

Results: The CTC launched in spring 2025. 117 faculty members from 28 communities have enrolled; 26% are within their first five years of practice. 43% have completed at least one e-learning module. In-person workshops are being delivered in 4 communities, with parallel Train-the-Trainer workshops in 3 communities. We have successfully trained 13 facilitators. Through collaboration with Faculty Affairs, completion of the CTC will be a requirement for promotion from Lecturer to Assistant Professor at NOSM U.

Discussion: The CTC demonstrates a scalable model for faculty development, strengthening the teaching capacity of faculty dispersed across a vast geographic region. Blending online and local delivery with Train-the-Trainer support increases access to faculty development that is responsive to rural, remote, and distributed campuses.

OH-7-5 Mise À L'échelle De La Formation en Communication Médicale Tout en Préservant La Satisfaction Des Participants- L'expérience De L'acpm

Christine De Maria (Lead Author), **Henriette Fortin** (Lead Author)

Methods: Nous avons analysé les données de performance en 2024-2025 du aEFP remanié, comparant les indicateurs 12 mois pré-post implantation. Les sondages, types de pratique et portée géographique ont été mesurés.

Results: Comparant les deux périodes, aEFP a atteint une augmentation de 257% de portée, passant de 14 à 50 participants par événement en maintenant des standards au-dessus des cibles. Les indicateurs pré-post étaient: apprentissage sans obstacles (80% vs 88%), pertinence (100% vs 98%), acquisition de connaissances (100% vs 98%), intention de modifier la pratique (99% vs 99%), confiance (96% vs 92%) et probabilité de recommander (88% vs 92%). La distribution pancanadienne démontre une accessibilité étendue. La forte représentation en médecine familiale est restée constante.

Discussion: La refonte du programme a non seulement répondu aux besoins exprimés par les participants, mais a aussi permis de tripler notre portée tout en maintenant des niveaux de satisfaction élevés. Ces résultats prouvent qu'il est possible d'adapter les programmes de formation pour maximiser leur impact sans sacrifier la qualité. Cette approche ouvre la voie à une transformation de la formation en communication médicale à l'échelle nationale.

Block I

OI-1 Blend (EDI + Racial Equity in Health Care & The Learning Environment) | Mélange (EDI + L'équité raciale dans les soins de santé et l'environnement d'apprentissage)

OI-1-1 Minding the Gap: A Scoping Review on Implementing Equity, Diversity, and Inclusion Education in Clinical Clerkship

Keisha Mushianaa (Co Author), **Herbert Brill** (Lead Author)

Methods: We completed five stages of the Arskey & O'Malley framework, addressing the following questions: 1) How do medical educators and curriculum decision-makers in American and Canadian medical schools integrate EDI education into clinical clerkship? 2) What are the perceived barriers and facilitators of this integration? We searched MEDLINE, ERIC, PubMed, and institutional sources for: Med*Edu*, EDI, Cultur*sensiti*, Clerk* and others. We summarized data through simple descriptive statistics and quantitative grouping of themes.

Results: We identified 40 studies. One (2.5%) implemented clerkship EDI education-an applied mentorship program. 32.5% targeted residency, 20% preclinical phases, and 25% described longitudinal or unspecified integration. EDI topics addressed cultural humility/competence (38.6%), general EDI principles (25%), and anti-racism (15.9%). We analyzed five thematic pillars and elucidated barriers and facilitators: Foundational resources (institutional constraints vs expert input), Institutional and faculty perspectives (faculty training vs experiential learning), Proposed frameworks (absent standardization vs dedicated instruction time), Concrete frameworks (learner engagement), and Evaluation tools (absent validated evaluation).

Discussion: There is a paucity of published literature on implementing EDI concepts during clerkship. Barriers make it challenging to move from principles and learning objectives to practical application, thus preventing evaluation of effectiveness. We will bridge these gaps in future research.

OI-1-2 The Need for Flexible Learning Options in Medical Programs: Australian Students Speak

Jessica Mitchell (Lead Author), **Lise Mogensen** (Lead Author), **Brahmaputra (Brahm) Marjadi** (Co Author), **Jessica Smith** (Co Author)

Methods: All students in the undergraduate medical program (Years 1-5) were invited to complete an anonymous online survey. A concurrent mixed-methods approach informed survey design and analysis of fixed and free-text responses. Quantitative data were analysed descriptively, while an inductive thematic analysis explored student views on and reasons for seeking flexibility.

Results: Of 819 MD students, 308 (18%) survey respondents included working students (71%; 201/283), carers (20%; 56/281), and students with disability/adjusted study plans (13%; 35/279). Of this sample 92% (151/164) would choose a flexible attendance option if offered, with the most selected reasons being work commitments (24%), mental health/well-being (19%), and financial hardship (14%). The analysis of free text identified six themes: Respect for time and independence; Rigidity, Inconsistency and inconsideration; The hidden agenda of flexibility; Clear and considerate policies; Curriculum adaptations for flexibility; and Workload and staffing pressures limiting flexibility.

Discussion: Medical students' desire for flexibility to preserve well-being was evident in this study and reflects the well-known, considerable curriculum overload in most medical programs. Structural curriculum changes that enable diverse student populations more time for employment, study, personal responsibilities, and self-care should be prioritised to support student success.

OI-1-3 The Global Landscape of Equity, Diversity, and Inclusion (Edi) in Medical Education (Me): A Student-Centred Analysis

Muriel Slim (Lead Author), **Kana Halić Kordić** (Lead Author)

Methods: In 2021, IFMSA launched an online campaign on EDI in ME, featuring webinars and student testimonials. In 2024, a cross-regional survey assessed students' perceptions of EDI across 5 regions, collecting responses from 68 students in over 30 countries. In addition, IFMSA National Member Organizations (NMOs) reported on local initiatives promoting EDI and evaluated their impact.

Results: While all survey respondents recognized the importance of EDI, awareness of institutional policies was limited. Nearly half (47%) were unsure about inclusive admission processes, and only 37% confirmed the existence of support systems, which were mostly rated low to moderate in effectiveness (mean: 2.7/5). Satisfaction with EDI integration in curricula, learning environments, and educator training ranged from "neutral" to "slightly satisfied." Local NMO initiatives, such as a three-month campaign in Indonesia during National Doctors' Day 2024 addressing bullying in ME, engaged 80 students and enhanced understanding of inclusive practices. Furthermore, the full results of the survey and IFMSA initiatives, along with recommendations for advancing EDI, will be presented at the conference.

Discussion: These findings highlight the urgent need for global integration of EDI in ME. Student-led initiatives are crucial in fostering inclusive, equitable, and culturally responsive learning environments, empowering future healthcare professionals to address diverse community needs and drive meaningful change worldwide.

OI-1-5 The Inclusion of Race as A Patient Identifier in Clinical Case Presentations: A Critical Analysis of the Medical Education Literature Through the Lens of Anti-Racist Pedagogy

Mala Joneja (Lead Author), **Rukevwe Inikori** (Co Author), **Imogen den Otter-Moore** (Co Author)

Methods: We collected publications related specifically to the inclusion of race in clinical case presentations. These were critically analyzed from an anti-racist pedagogical perspective.

Results: Twenty-eight publications were identified from 1990 to 2022. From an anti-racist pedagogical critical perspective, three key potential areas for change were identified: (1) a limited focus on scientific racism, (2) a lack of mention of pedagogical risk, and (3) a limited reference to the use of race in board-style exam questions despite the significant role these high-stakes assessments in driving learning.

Discussion: The conversation regarding the inclusion of race in clinical case presentations is ongoing. An anti-racist pedagogical approach to this issue would recommend we: (1) reframe race as a social determinant and acknowledge its impact on health through systemic racism and social context; (2) consider the risk to the learner as a participant and clinician in medical education; (3) acknowledge all areas of education, including high-stakes assessment, as areas for anti-racist interventions (4) consider alternatives to race such as genetic ancestry or racialized experience and (5) employ innovative pedagogical strategies such as teaching medical students about the history of race.

OI-2 Blend (Global Health & MedEd + AI & Data Science) | Mélange (Santé mondiale & EdMed + IA et science des données)

OI-2-1 Quantifying the Delay in Publishing Health Professions Education Research From Low- and Middle-Income Countries: Studies Using Bayesian Time-to-Event and Stochastic Models

Conrad Tsang (Lead Author), **Aishwaria Pathmanesan** (Co Author)

Methods: We retrieved all HPE medRxiv preprints (n=475), linked to their peer-reviewed publications. We used Bayesian Cox proportional hazards models to estimate total time-to-publication. We then constructed stochastic multi-state models to focus on the duration of peer review and for generalizable predictive results.

Results: Our models predict approximately 30% probability that a preprint will be published within 1 year, and 50% within 2 years. LMIC studies took significantly longer to be published (Hazard Ratio (HR) 0.65, 95% credible interval: 0.42-0.96). However, the total time-to-publication did not depend on receiving research funding, genders of the first and last authors, number of authors, or submission during the COVID-19 pandemic. LMIC studies faced significantly longer peer review time (HR 0.65, 95% confidence interval [CI]: 0.43-0.99), whereas research funding was associated with shorter peer review (HR 1.35, 95% CI: 1.01-1.79).

Discussion: HPE research from LMIC takes 54% longer to be published. Research funding predicts 35% shorter peer review but not reduced total time-to-publication, suggesting delays are from rejection-reformatting-resubmission cycles. Our findings contextualize academic metrics for LMIC researchers.

OI-2-2 When Your Co-Instructor is A Chatbot: Using Gen Ai in Exam and Evidence-Based-Medicine Skill Preparation

Patricia Gerber (Lead Author) **James McCormack** (Co Author)

Methods: Official exam blueprints, grading criteria, and key skills informed large-language-model prompt design. Flex PharmD: an Oral Exam Simulator generates cases, provides additional patient data on request, and guides students through (1) rapid data gathering and prioritization of drug issues, (2) open-book research, and (3) verbal presentation of therapeutic-monitoring plans. PharmD SDI: custom GPTs act as interactive tutors for EBM computations (absolute/relative risk, number needed to treat, confidence intervals) promoting active engagement and critical appraisal. Iterative faculty-student testing refined accuracy, rubric alignment, and usability.

Results: User surveys showed strong engagement and self-reported gains in exam preparedness (Flex PharmD) and analytical fluency, confidence in case-management, and appraisal skills (PharmD SDI). Faculty confirmed alignment with intended outcomes and grading structures.

Discussion: These innovations illustrate how GenAI can replicate complex assessments, act as a tireless tutor, reduce workload, and provide scalable, on-demand opportunities in health professions education.

OI-2-3 Equip Initiative: Building Bridges to Strengthen Rural and Indigenous Health Globally

Dianne Mosher (Lead Author), **Aaron Johnston** (Co Author), **Balakrishna Acharya** (Co Author), **Grace Perez** (Co Author), **Gwendolyn Hollaar** (Co Author), **Katie Cooke** (Co Author), **Chris Enns** (Co Author)

Methods: The initiative features a series of virtual meetings, model site visits, and culminating in a multi-day workshop to be hosted by Patan Academy of Health Sciences (PAHS) in Nepal.

Results: EQUIP aims to strengthen recruitment, training, and retention of undergraduate medical trainees to serve and advocate for underserved communities. Themes include climate resilience and planetary health, gender-inclusive and culturally sensitive approaches, Indigenous knowledge systems, rural and remote provider retention, and the health impacts of climate migration. EQUIP emphasizes shared learning and bilateral knowledge exchange, ensuring that all partners contribute local expertise, lessons, and innovations. The workshop will prioritize shared learning and bilateral knowledge exchange, using institutional experiences rather than external experts. We hope this enables participants to directly apply insights to their institutional and community contexts.

Discussion: By fostering cross-regional professional networks, our goal is to build opportunities for cross-collaboration for research, co-learning, and long-term south-to-south and south-to-north partnerships. The project is ongoing, but we expect initial outcomes to be available in time for ICAM 2026. The findings from EQUIP will provide critical insights into sustainable strategies for strengthening rural and Indigenous medical education globally.

OI-2-4 Learning Across Lands: Transnational Approaches to Indigenous and Rural Health Equity

Samantha Pankiw (Lead Author), **Barsa Saha** (Co Author), **Ananna Arna** (Co Author), **Cari McIlduff** (Co Author)

Methods: The program was conceived through a cross-border collaboration between two universities: University of Saskatchewan (Canada) and James Cook University (Australia). Students were placed at regional and rural sites, and participated in primary care, allied health and community services. They were encouraged to utilize experiential and reflexive learning to understand colonial impacts on health and strategies for achieving an equitable society.

Results: In both Australia and Canada, healthcare systems reflect ongoing impacts of colonial legacies on Indigenous health. In Australia, Indigenous-led programs addressing rheumatic heart disease and ear health, for example, show that effective care must extend beyond clinical intervention to encompass culturally grounded, community-driven, and socioeconomically informed strategies. In Canada, the integration of traditional and Western medical practices, alongside community-led initiatives, illustrates how self-determination, cultural identity, and autonomy can significantly improve Indigenous health outcomes. They highlight how reclaiming cultural traditions and embedding preventive care are foundational to achieving health equity.

Discussion: The examples challenge global health education to prepare future clinicians to engage with power, policy, history, and cultural context, not solely biomedical knowledge. By comparing transnational Indigenous and rural health approaches, we can identify strategies to advance equity and health justice across colonized nations.

OI-2-5 Scaling Physician Communication Training While Maintaining Participant Satisfaction - the Cmpa Experience

Christine De Maria (Lead Author), **Henriette Fortin** (Lead Author)

Methods: We analyzed performance data from the redesigned SPI program across 2024-2025, comparing metrics pre-post implementation. Survey results, types of work, and geographic reach were measured and analyzed.

Results: Comparing 12-month periods pre-post redesign, the SPI workshop achieved a 257% increase in reach, scaling from an average of 14 to 50 participants per event while maintaining performance standards above target. We compared the following pre-post metrics: barrier-free learning (80% vs 88%), relevance to practice (100% vs 98%), knowledge acquisition (100% vs 98%), intent to modify practice (99% vs 99%), confidence (96% vs 92%), and likelihood to recommend (88% vs 92%). Pan-Canadian geographic distribution demonstrated broad accessibility. Strong representation from family medicine (33%) remained consistent.

Discussion: The redesign successfully addressed participant feedback while triple our program reach without compromising participant satisfaction. High performance scores validate the effectiveness of focused, practical communication skills training delivered virtually. These findings demonstrate that responsive program redesign can significantly enhance both reach and effectiveness in physician communication training, paving the way for scalable training solutions nationwide.

OI-3 Blend (Humanities in Medicine + Planetary Health + Student Affairs) | Mélange (Humanités en médecine + Santé planétaire + Affaires étudiantes)

OI-3-1 "As A Resistor, You Are Not Alone": Locating the Collective in Uncoordinated Acts of Professional Resistance

Tasha Wyatt (Lead Author), **Emily Scarlett** (Co Author), **Vinayak Jain** (Co Author), **Tinglan Ma** (Co Author)

Methods: This qualitative study recruited trainees through professional networks and snowball sampling. We conducted in-depth, two-phase interviews with 18 trainees from the U.S. and Canada, with 13 of them participating in a second interview. Data analysis used constant comparative analysis and a social movements framework, focusing on collective identity, framing processes, resource mobilization, and strategies.

Results: Despite a lack of coordination, trainees consistently narrated a reliance on a larger collective, which they actively curated to include individuals outside of medicine. From this collective, trainees gained a shared identity and a unifying "injus--ice frame" for understanding social harm. In return, they contributed new strategies and tactics to their colleagues. However, trainees did not receive emotional support or resource mobilization from these collectives. While some expressed a desire for more coordinated action, others felt alienated by it.

Discussion: Our findings demonstrate that uncoordinated resistance is not an isolated endeavor but is sustained by a dynamic, reciprocal relationship with a broader, self-curated collective. While this collective provides a shared identity and a steady influx of new strategies, it may not be able to offer the emotional support and resource mobilization necessary for more sustained, coordinated change.

OI-3-2 Définir L'humanisme en Santé Pour Mieux L'incarner : Croisement Des Perspectives Théoriques Et Expérientielles

Diane Guay (Lead Author), **Annie Turcotte** (Co Author), **Marie-Josée April** (Co Author), **Véronique Foley** (Co Author), **Jacinthe Beauchamp** (Co Author), **Nicole Marquis** (Co Author), **Michèle Héon** (Co Author)

Methods: Pour définir l'humanisme, les perspectives théoriques ont été dégagées d'une revue critique des écrits, à l'aide d'une analyse de contenu. Les perspectives expérientielles ont été obtenues via des focus groupes auprès de cliniciens, citoyens et apprenants, suivi d'un processus itératif de co-analyse thématique.

Results: La triangulation de ces données a mené à une série d'énoncés à soumettre à un panel interdisciplinaire d'experts dans le cadre d'une étude Delphi (phase 2), pour aboutir à une définition

Discussion: Ces résultats contribueront à la création et à la validation d'un outil d'évaluation destiné à orienter l'enseignement et la pratique de l'humanisme en santé.

OI-3-3 Advancing Sustainability in Specialty Care: A National Ophthalmology Toolkit for Climate-Resilient Health Systems

Kyobin Hwang (Lead Author), **Michael Kryshtalskyj** (Co Author), **Abdullah Al-Ani** (Co Author), **Loukman Ghouti** (Co Author), **Milad Modabber** (Co Author), **Robert Moore** (Co Author), **David Rabinovitch** (Co Author), **Marie-Claude Robert** (Co Author), **Saama Sabeti** (Co Author), **Chinmayi Vyas** (Co Author), **Mili Roy** (Co Author)

Methods: The toolkit was developed through a national collaboration involving 29 stakeholders: ophthalmologists, fellows, residents, medical students, sustainability experts, and healthcare allies. It synthesizes global evidence illustrated by select Canadian case studies into modules on energy use, transportation, procurement, waste, anesthesia, and op--rating room optimization. Each module provides actionable strategies and educational resources to support implementation across clinical, institutional, and system levels.

Results: The toolkit highlights scalable interventions with proven impact. Customizing surgical packs to include only the most frequently used items reduced unopened supplies discarded by 20-30%. Transitioning to reusable gowns and drapes cut solid waste by up to 93% while maintaining sterility standards. Expanding teleophthalmology services lowered travel-related emissions by 15-20 kg of CO_2 per visit in some contexts and improved rural access. At the systems level, energy-efficient retrofits at Humber River Hospital achieved a 41% improvement in efficiency compared to similar facili--ies.

Discussion: This initiative illustrates how specialty-driven, evidence-informed resources can embed sustainability into health professional practice and training. Broad dissemination will align education and system performance with environmental responsibility.

OI-3-4 Addressing the Climate Education Crisis - Evaluation of Planetary Health Curricula for Family Medicine Residents and Teachers

Marlee Vinegar (Lead Author), **KitShan Lee** (Lead Author), **Samantha Green** (Lead Author), **Laura Feldman** (Co Author), **Katherine Yu** (Co Author), **Batya Grundland** (Co Author)

Methods: Development and launch of online e-learning module and practice-based learning module was completed in April 2025. Research protocol was granted REB approval from the University of Toronto. Evaluation of the planetary health e-module and PBL module will involve pre and post intervention questionnaires. The post intervention questionnaire will be completed 3 months following completion of the planetary health modules. The focus of this evaluation will be on changes in participant attitudes and behaviours. Changes in attitudes will be measured using Likert scale questions inquiring about Planetary Health and the family physician role in addressing the climate crisis. Questions in the questionnaire correspond to core themes in the curriculum. Differences between pre- and post- intervention questionnaires will be calculated to assess for any significant change. Behaviour change will be evaluated using open ended questions to allow respondents to share any changes to their practice that they have integrated since completing the intervention. These responses will be analyzed for any common themes. We will similarly explore barriers to practice change to inform changes to the curriculum and strategies for enhancing planetary health education. To determine whether completion of the PBL module provides added benefit, differences in responses between sites that only completed the asynchronous e-module and those completing the PBL module or both will be compared.

Results: This study is a work in progress however at least 2 academic sites have been recruited to participate in the pre- and post- intervention questionnaire.

Discussion: The results of this evaluative study would help guide further revision of the learning materials if needed and hope will facilitate implementation and distribution of the curricula across all Canadian family medicine residency sites.

OI-3-5 Clarifying Complexity in Disability Accommodations: U of T Md Accommodations Toolkit

Chetana Kulkarni (Lead Author), **Jerusha Retnakanthan** (Co Author)

Methods: The MD Accommodations (MDA) working group was convened by the Office of Learner Affairs to ensure consistency across the U of T MD Program in communication and implementation of accommodations for MD learners. Group members, including staff and faculty of the aforementioned offices, U of T's Accessibility Services, and learner representatives, submitted current understandings and challenges of the process. These were consolidated to identify alignment opportunities and clarify discrepancies.

Results: The group produced an internal Reference Guide documenting current processes for staff and faculty supporting accommodations, and contains two visual aids for clinical accommodations (1. Process flowchart, 2. Flow of responsibilities). The group highlighted system-level issues, produced two additional public facing documents for students and front-line instructors, and established a communication plan for learner awareness.

Discussion: The MDA Toolkit is a robust example of collaboration between centralized student supports and program-level operations. This model will interest anyone endeavoring to make highly nuanced processes, often complex by necessity, clearer for learners, staff and faculty - especially MD program administrators and student life professionals championing accessibility and disability supports.

OI-4 Blend (Indigenous Health + Professionalism) | Mélange (Santé autochtone + Professionnalisme)

OI-4-1 PEP Talk: Continuing Medical Education Improves HIV Post-Exposure Prophylaxis Prescribing in Saskatoon Emergency Departments

Jasmin Ogren (Lead Author), **Shayan Shirazi** (Co Author), **Amanda Galambos** (Co Author), **Tracy Wilson** (Co Author), **Satchan Takaya** (Co Author), **Courtney Dalton** (Co Author), **Jackie Perrot** (Co Author)

Methods: A retrospective chart review evaluated the impact of a CME intervention for ED and Sexual Assault Response Team physicians on PEP prescribing in Saskatoon EDs. A total of 625 charts met inclusion criteria: patients ≥16 years presenting following sexual assault or blood/body fluid exposure.

Results: PEP prescribing for high-risk exposures increased from 61% pre-CME to 82% post-CME (p=0.0126). In sexual assault cases, PEP prescribing increased from 38% to 73% (p=0.0054), acknowledgement of PEP during the clinical visit increased from 57% to 90% (p=0.0015), and cases where PEP was not acknowledged decreased from 43% to 8% (p=0.0005). Post-CME, 2% presented after 72 hours and were excluded from analyses. The number of unique PEP prescribers in sexual assault cases increased from 7 pre-CME to 30 post-CME.

Discussion: Targeted CME supports appropriate PEP prescribing and reduces reliance on specialist prescribers in the ED setting. High-risk prescribing improved significantly, particularly in sexual assault cases. CME strengthens HIV prevention at the point of care and improves timely access.

OI-4-2 A Review of Communication Strategies to Support Clinical Interactions with First Nations, Métis, and Inuit Patients in Canada

Qurat Ul Ain Qureshi (Lead Author), **Katherine A. Collins** (Co Author), **Maria Cherba** (Co Author), **Jessica Chan** (Co Author), **Ishita Sharma** (Co Author)

Methods: We conducted a scoping review to identify studies published since 2015 that report on First Nations, Métis, and Inuit patients' and healthcare providers' perspectives on healthcare interactions. We extracted examples of communication strategies, including language use and non-verbal practices, and conducted a thematic analysis. Studies were also assessed for Indigenous involvement in research.

Results: Of 3285 records screened, 105 were included. Twenty-one papers did not specify Indigenous community involvement, but supported findings from the studies that did. Identified strategies were related to four main themes: expressing empathy and acknowledging systemic challenges; discussing traditional healing practices and holistic healthcare needs; conducting history-taking in a way to respect patients' preferences and autonomy; conveying medical information and working with Indigenous interpreters. Across themes, studies emphasize the importance of understanding each patients' unique context and avoiding generalizations, using strategies such as open questions about needs and priorities and asking permission before addressing certain topics. A few population-specific guidelines were also identified (for example, questions that healthcare providers can ask to support shared decision-making with Inuit cancer patients).

Discussion: The review highlights practical strategies that healthcare providers can implement in their practice. To conclude, the presenting medical student will share her reflections about how the results of the analysis could help identify ways to enrich medical students' communication curriculum in the Canadian context.

OI-4-3 The Landscape of Professionalism in Canadian Medical Education: Literature Review and Survey Development to Inform Inclusive Policy Updates

Adam Ali Hussain (Lead Author), **Anjali Saxena** (Co Author), **Bev Digout** (Co Author), **Vanessa Hindmarsh** (Co Author), **Meredith McKague** (Co Author), **Ginger Ruddy** (Co Author)

Methods: Phase I of this multi-phase study involved a comprehensive literature review using PubMed, ERIC, and institutional documents to analyze 49 articles on wellness and inclusivity integration, analytical frameworks, and teaching methodologies. Phase II (stakeholder interviews) will be presented separately. Phase III, in progress, is development and implementation of a survey to capture student perspectives on communication of PP&P, experiences with PP&P, and recommendations for supportive policy improvements.

Results: Literature analysis revealed three distinct approaches utilized at different CMS: 1) explicit integration of wellness into PP&P with non-punitive remediation, 2) emphasis on learner well-being through wellness offices and supportive environments, and 3) traditional ethical conduct definitions. Multiple analytical frameworks exist for assessing inclusivity, but wellness assessment tools remain limited. Evidence supports longitudinal, multimethod teaching incorporating role models and experiential learning. Literature review findings are informing learner survey development; results pending.

Discussion: Significant variation exists in how CMS integrate wellness and inclusivity within PP&P. While research demonstrates connections between wellness, inclusivity and professional behaviour, evidence-based strategies for policy integration remain limited. The developed survey will enable systematic collection of student perspectives to identify gaps between institutional policies and learner experiences, informing evidence-based recommendations for updating PP&P.

OI-4-4 Professionalism is Not Boring: Enhancing Education Through Learner Engagement, Collaboration and Creativity

Shauna Hacker (Lead Author), **Aryan Eftekhari** (Co Author)

Methods: The session was redesigned as an interactive workshop. Residents were asked a series of questions using Wooclap, an interactive digital platform designed to enhance audience engagement, which promoted real-time reflection on professionalism. This was followed by a group activity: each group was assigned a specific CanMEDS Professionalism competency and tasked with discussing and reflecting on it, and making a creative representation of its meaning. The goal was to encourage deeper understanding through active participation and peer discussion.

Results: Residents produced four creative presentations: a spoken word poem, a dramatic re-enactment of a 1960s legal case, a human pyramid demonstrating the importance of wellness, and a skit contrasting unprofessional and professional behaviors. Word clouds generated from Wooclap responses captured diverse reflections on professionalism. Informal feedback was overwhelmingly posi-ive. One example of anonymous feedback stated: "Laid the foundation of professional behaviour and its importance in clinical settings and patient outcomes-overall impact of professionalism on improved communication and better health advocacy." Average evaluation score improved from 3.1 in 2024 to 3.5 in 2025 with the introduction of the interactive workshop.

Discussion: Transitioning from didactic to interactive, creative methods for teaching professionalism were well received by FM residents. The session's success underscores the value of learner engagement, collaboration, and creativity in enhancing the educational experience and making professionalism relevant, memorable and, most importantly, not boring.

OI-4-5 Establishing Competencies for Specialized Disability Resource Professionals in Undergraduate Medical Education: A National Delphi Study

Sarah Triano (Lead Author), **Lisa Meeks** (Co Author), **Matthew Sullivan** (Co Author), **Grace Clifford** (Co Author), **Rylee Betchkal** (Co Author), **Mytien Nguyen** (Co Author)

Methods: We used a modified Delphi methodology to achieve expert consensus. Sixteen practicing specialized DRPs from diverse U.S. medical schools participated in three iterative survey rounds, rating and refining an initial list of competencies and attributes. Consensus thresholds were set at 80% for Round 1 and 90% for Rounds 2 and 3.

Results: All panelists completed all three rounds (100% response). The process resulted in eight core competencies and 111 key attributes, each reaching ≥90% consensus. Items requiring legal interpretation or graduate medical education responsibilities were excluded as out of scope, clarifying role boundaries.

Discussion: This study presents the first national framework of competencies for specialized DRPs in undergraduate medical education. The framework provides a foundation for recruitment, training, and evaluation, advancing professionalization of the role and strengthening institutional capacity to ensure equitable access for MSWDs.

OI-5 Leadership

OI-5-1 Evaluating A Medical Leadership and Management Program for Medical Heads of Department in Nsw Health, Australia

Sarah Dalton (Lead Author), **Jo Burnand** (Lead Author)

Methods: Following a comprehensive stakeholder review, we identified priority learning needs for new HoDs and designed a four-day program. Core modules include systems leadership, high-performing teams, team wellbeing, performance and financial management, business case development, and leading difficult conversations. Iterative refinement across three years has incorporated participant feedback, including increased face-to-face time to enhance networking and peer learning.

Results: Eighty senior doctors have completed the MLMP with an average Net Promotor Score of 88.5. Evaluation demonstrates consistent positive feedback, with participants reporting increased confidence, improved understanding of system navigation and resource levers and validation that leader-hip challenges are widely shared. Testimonials highlight the program as engaging, relevant, and empowering. The main suggestion for improvement has been to extend the program to allow deeper exploration of selected topics.

Discussion: The MLMP addresses a critical gap in preparing doctors for leadership roles. By fostering competence, confidence, and connection, the program enhances role satisfaction, strengthens retention in HoD roles, and contributes to building sustainable, high-performing clinical teams.

OI-5-2 From Vision to Reality: How Governance Mechanisms Shaped A New Pharmd Program

Geneviève Gauthier (Lead Author), **Françoise Moreau-Johnson** (Co Author), **Christine Landry** (Co Author), **Tim Dubé** (Co Author), **Claire Touchie** (Co Author)

Methods: We adopted a qualitative case study approach guided by critical realist methodology, using curriculum-making theory and institutional entrepreneurship as sensitizing frameworks. Data collection unfolded in three sequential phases designed to progressively deepen understanding of governance mechanisms. First, a review of 42 foundational documents provided a detailed chronological framework anchoring the case. Second, exploratory interviews with early stakeholders refined this timeline and supported the development of an initial program theory. Third, in-depth interviews with 11 central stakeholders-including senior administrators, academic leaders, financial officers, senior analysts, and external funders-examined governance dynamics across institutional levels.

Results: We identified nine governance mechanisms operating across three overlapping phases: developing a vision, gaining approval, and implementation. Mechanisms such as building coalitions, navigating governance structures, and strategically leveraging accreditation functioned across micro, meso, macro, and supra levels, revealing governance as a distributed and adaptive process.

Discussion: Rather than treating curriculum primarily as a pedagogical blueprint, we argue it is an institutional endeavour shaped through multi-level negotiation and strategic agency. These findings advance theoretical understandings of curriculum governance and underscore the importance of governance literacy for educators and leaders engaged in curricular development.

OI-5-3 Exploring the Role of Leadership Education in Undergraduate Medicine: A Scoping Review

Pouriya Sadeghighazichaki (Lead Author), **Apameh Golkar** (Co Author)

Methods: A comprehensive literature search of PubMed was conducted in May 2025, focusing on English-language articles from the past 10 years. Eligible studies examined leadership education interventions in undergraduate medical programs, targeting pre-clerkship and clerkship learners. Forty ti--les were screened, and 23 articles met inclusion cri--eria. Data extraction captured study characteris--ics, learner populations, intervention types, set--ings, frameworks used, and reported outcomes. A narrative synthesis identified recurring themes.

Results: Of the 23 studies included, quantitative (35%) and mixed-methods (30%) designs predominated, with additional qualitative and commentary-based approaches. Most studies originated from the United States (43%), though international representation was noted. Leadership interventions varied, with workshops and simulations (43%) most common, alongside structured curricula (22%) and extracurricular programs (22%). Target populations ranged across pre-clerkship (30%), clerkship (22%), and combined cohorts (26%). Outcomes demonstrated improvements in leadership skills, confidence, identity development, and sustained behavioral changes. Frameworks such as CanMEDS, the Medical Leadership Competency Framework, and Leadership Identity Development model were variably applied.

Discussion: Leadership education in undergraduate medicine is fragmented, with no consensus on optimal models. Evidence supports systematic, competency-based integration emphasizing experiential, reflective, and inter-professional learning. Embedding leadership training early and longitudinally within curricula is essential to prepare future physicians for the evolving demands of healthcare systems.

OI-5-4 Gatekeepers and Bridge Builders: the Untold Story of Brokers in Health Professions Education

Eusang Ahn (Lead Author), **Jason Frank** (Co Author), **Kori LaDonna** (Co Author)

Methods: Using constructivist grounded theory, we conducted semi-structured interviews with 12 HPE stakeholders (e.g., clinician educators, researchers, trainees). Participants were purposefully and theoretically sampled across roles and geographies. Data were collected and analyzed iteratively in three stages-initial, focused, and theoretical coding-supported by constant comparative analysis. Theme generation was informed by sensitizing concepts from social network theory and refined through reflexive team discussions.

Results: Participants initially struggled to articulate brokering, often conflating it with mentorship and sponsorship. However, through reflection, they identified brokering as a powerful, intentional, and relational act that influences professional identity formation, access to opportunity, and equity. Trust, reputation, and social capital were seen as prerequisites; risks included gatekeeping by omission, perpetuation of privilege, and reputational loss.

Discussion: Brokering is a fragile yet powerful force in HPE. When done intentionally, it can disrupt inequities and foster inclusion; when left implicit, it risks reinforcing the status quo. Recognizing and teaching brokering may be essential to building a more equitable and collaborative academic culture in HPE.

OI-5-5 "It Kind of Felt Like A Token Role": A Qualitative Exploration of Residents' Participation in Residency Program Leadership

Lorenzo Madrazo (Lead Author), **Kori LaDonna** (Co Author), **Susan Humphrey-Murto** (Co Author), **Saada Hussen** (Co Author), **Katherine Scowcroft** (Co Author), **Jacqueline Torti** (Co Author)

Methods: Guided by constructivist grounded theory, we conducted semi-structured interviews with 26 resident leaders from multiple specialties and institutions. Transcripts were analyzed iteratively using Charmaz's three-stage approach to generate a framework on resident inclusion.

Results: Resident leaders often had prior leadership experience, were personally motivated, and prioritized which issues to advance. They described a spectrum of experiences, from feeling dismissed, to tokenistically included, to authentically heard. This spectrum of inclusion unfolded at three levels: articulation of resident concerns, legitimization by faculty, and realization through tangible change. Faculty--especially program directors--were pivotal in determining whether resident input progressed through these stages. System-level features, including program culture, committee structure, and the specific issue raised, further shaped responsiveness to resident input. Transparent communication, the presence of faculty champions, and the cultivation of trusting relationships were particularly critical in ensuring resident involvement was experienced as meaningful rather than symbolic.

Discussion: Our findings outline resident, faculty, and system-level factors that programs can act upon to make resident engagement meaningful. These build toward a framework that helps identify local areas for improvement and sets the stage for future scholarship on resident participation in leadership.

OI-6 Blend (Indigenous Health + Social Accountability + Student Affairs) | Mélange (Santé autochtone + Responsabilité sociale + Affaires étudiantes)

OI-6-1 Navigating Physician Advocacy: Insights From the Socioecological Framework

Colin Whaley (Lead Author), **Jill Shah** (Co Author), **Deborah Ocholi** (Co Author), **Brandon Tang** (Co Author), **Seema Marwaha** (Co Author), **Blair Bigham** (Co Author)

Methods: We employed purposive sampling to recruit 18 Canadian physicians with advocacy experience across diverse specialties and regions. Semi-structured interviews were conducted, recorded, and transcribed verbatim. We used thematic analysis and identified identified 106 codes which were organized into themes 7, which were mapped onto the socioecological model. Coding was performed independently by 2 researchers, and themes were refined through iterative team analysis.

Results: Seven key themes were identified: intrinsic motivation rooted in personal and professional experiences, the synergy between advocacy and clinical roles, the influence of peers and institutional culture, the importance of structured advocacy training and mentorship, organizational constraints, and the need for strategic approaches to advocacy. Participants described a hidden curriculum that discouraged advocacy, with institutional and reputational risks serving as significant barriers. Mentorship, visible institutional support, protected time or roles, and the inclusion of advocacy in formal curricula were seen as enablers. Many participants emphasized the importance of normalizing advocacy within medical training and practice.

Discussion: Participants described advocacy as deeply intertwined with their professional identity and clinical work, often viewing advocacy as an extension of patient care. Key motivators included personal values shaped by formative early experiences and a commitment to social justice. Enablers included strong mentorship, protected roles, and visible institutional support, which helped mitigate common barriers. Notable obstacles were unsupportive organizational cultures, reputational risks, high clinical demands, and a pervasive "hidden curriculum" that discouraged advocacy during training. Recommendations emphasized more structured teaching, institutional recognition, and support to foster ongoing ad--ocacy engagement.

OI-6-3 Experiential Indigenous Health Education in Undergraduate Medicine: Insights From Learners and Facilitators of the Blanket Exercise

Noah Bennell (Lead Author), **Lyric Oblin-Moses** (Co Author), **Amy Nakajima** (Co Author), **Hannah McKay** (Co Author), **Mia Otten** (Co Author), **Darlene Kitty** (Co Author), **Alexandre Kokoko-Petiquan** (Co Author), **Laura Muldoon** (Co Author), **Bradley MacCosham** (Co Author), **Luc Brisebois** (Co Author), **Meghan Cornett** (Co Author), **Kuan-Chin (Jean) Chen** (Co Author)

Methods: In September 2025, first-year University of Ottawa medical students participated in the BE offered in English and French. Students and facilitators completed mixed methods evaluations using Likert scale and open-response items addressing metrics relating to objectives, historical and ongoing effects of colonialism, and reflections on professional practice. Facilitators also participated in a semi-structured debrief.

Results: Evaluations were completed by 145 students (105 Anglophone; 40 Francophone) and 12 facilitators. Quantitatively, 94% or more of students agreed or strongly agreed across all metrics, with overall satisfaction reaching 99% and 100% for both language groups. Facilitators reported 100% agreement on efficacy and appropriateness, with one item rated at 92%. Student themes included (1) Experiential Learning, (2) Historical and Ongoing Legacy of Colonialism, (3) Application to Medicine, and (4) Learning Environment. Facilitator themes included (1) Facilitation Style, (2) Navigating Emotional Responses, (3) Environmental Challenges, and (4) Pre-Session Support.

Discussion: The BE is an effective tool for building foundational knowledge across language contexts. Results suggest improving future sessions with smaller groups and stronger links to clinical competencies.

OI-6-4 The State of Teaching Social Determinants of Health in Obstetrics, Gynaecology, Sexual and Reproductive Health in Medical Education: A Scoping Review

Bethany Smethurst (Lead Author), **Nigèle Langlois** (Co Author), **Amy Nakajima** (Co Author), **Helena Kim** (Co Author), **Nujud Al-Jabouri** (Co Author), **Isabella Miklaucic** (Co Author)

Methods: The scoping review protocol is consistent with the PRIMSA-ScR guidelines. Drafted by an experienced heath science librarian, a comprehensive search was conducted on Medline (Ovid), Embase (Ovid), ERIC (ProQuest), Education Source (EBSCOhost), CINAHL (EBSCOhost), and Scopus. Studies meeting inclusion criteria will undergo mixed-method analysis. The studies' methodology, population, SDH addressed, and outcomes will be summarized. A thematic analysis will also be undertaken to understand the contexts in which the SDH are captured.

Results: Screening is ongoing with anticipated completion of the study by Spring 2026.

Discussion: This study seeks to identify gaps in medical education at both the undergraduate (UGME) and post-graduate medical education (PGME) levels in the field of obstetrics and gynaecology. The results will hold significant implications for leaders in medical education to better incorporate SDH in their programs and have the po--ential to influence national-level organizations in--olved in medical education and assessment.

OI-6-5 Carms: the Evolution of Mcgill's Confidential Approach to Support Students Around Match Week

Elizabeth Lefebvre (Lead Author), **Pascale Gendreau** (Co Author), **Léa Levert-Gagnon** (Co Author)

Methods: This initiative began with a graduate's request for peer support after an unmatched experience. As participation grew, programming expanded to support groups for unmatched, unhappily matched, and more. To reduce anxiety, we advocated for early clinical release on pre-match day. Student leadership input prompted pre-Match Week support. Protected time for unmatched students was prioritized due to urgent needs.

Results: Match Week support groups are well attended, and protected counseling slots are consistently filled. Many return as peer supporters in residency, showing the program's impact.

Discussion: Findings demonstrate the value of learner-driven, structured supports. Future qualitative evaluation could strengthen evidence and inform broader policy.

OI-7 Faculty and Learner Health, Wellness and Wellbeing | Santé, bien-être et bien-être des enseignants et des apprenants

OI-7-1 Document-Driven Wellness: A Qualitative Document Analysis of Dalhousie University Faculty of Medicine's Approach

Georgina McKenna, MPH (Lead Author), **Anne Mahalik, MAHSR** (Co Author), **Helen Mullaney, MEd** (Co Author), **Jillian Filliter, PhD** (Co Author), **Roberta Preston, PhD** (Co Author), **Katrina Hurley, MD** (Co Author)

Methods: We conducted a CARDA-informed document analysis, retrieving documents from FoM units. Included documents referenced faculty and may impact wellness. Such documents were analyzed using a reflexive thematic analysis that involved a template based on the Okanagan Charter.

Results: Of 170 documents, 88 were included. Three themes emerged: 1) faculty often had implicit responsibilities within student-facing policy, 2) faculty wellness was rarely referenced or was framed as a professional duty for patient safety, and 3) while some policies cited the value of a health-promoting environment, action to build one seemed limited.

Discussion: FoM policies often mention faculty responsibility but lack clarity or support. Framing faculty wellness as a duty rather than a human need shapes the culture of academic medicine toward the individual, reinforcing messages of servitude and stoicism. The FoM claims commitment to health-promotion but many policies ultimately prioritized duty over wellness.

OI-7-2 Disability Accommodation Policies in Canadian Pgme: A National Policy Review

Nadine Abu-Ghazaleh (Lead Author), **Michael Quon** (Co Author), **Stephanie Quon** (Co Author), **Erene Stergiopoulos** (Co Author), **Lisa Graves** (Co Author), **Sydney Ruller** (Co Author), **Lorenzo Madrazo** (Co Author)

Methods: A qualitative content analysis was conducted on the most recent, publicly available PGME accommodation policies from 13 of 17 Canadian medical schools. Policies were evaluated using a structured six-domain coding framework: leadership and governance, confidentiality and disclosure, process infrastructure, support and wellness systems, communication and transparency, and legal/regulatory compliance. Two reviewers independently coded each policy; inter-coder reliability was assessed with Cohen's kappa and intraclass correlation coefficients (ICC).

Results: Scores ranged from 6 to 11 out of 12, with a mean score of 9.1. All policies affirmed voluntary disclosure (13/13) and limited confidentiality to designated staff (13/13), and most referenced provincial human rights legislation (11/13). However, few provided detailed accommodation procedures (4/13), and disability-specific wellness supports (2/13). Inter-coder reliability was high ($\kappa = 0.82$, ICC = 0.91).

Discussion: Most policies incorporate key national recommendations but remain inconsistent in scope and clarity. Critical procedural details and wellness supports are often missing, and access to policies remains variable. Comprehensive, transparent policies are essential to ensure equity and support for residents with disabilities.

OI-7-3 Promoting Wellbeing Through Policy Design in Medical Education

Victor Do (Lead Author), **Melanie Lewis** (Co Author), **Victoria Meeker** (Co Author)

Methods: The development process drew on the principles of the Okanagan Charter, health-promoting institutions frameworks, and literature on equity, diversity, and inclusivity in higher education and healthcare. Domains of the policy were identified and developed iteratively through literature review, drawing on existing adjacent tools and collaborative expert group discussion and testing. We then conducted a modified Delphi survey, inviting local and international experts to validate the policy filter.

Results: Mental Health; Autonomy and Empowerment; Participation and Accountability; Social Connectedness and Community; Systems and Structural Awareness; Accessibility and Usability; Sustainability and Continuity; Physical Health and Safety; and Cultural and Environmental Sensitivity. Each domain is accompanied by guiding questions that prompt reflection on inclusivity, wellbeing, unintended consequences, and accountability.

Discussion: This policy filter provides a structured, evidence-informed tool to assess whether institutional policies foster or hinder health-promoting environments. It offers practical guidance for administrators, faculty, and learners, advancing equity-oriented and sustainable policy design in academic medicine.

OI-7-4 Initiating A Faculty-Wide Support Program for Late Career and Retiring Physicians in the Temerty Faculty of Medicine

Angelyn Xie (Lead Author), **Ivan Silver** (Co Author), **Paul Bernstein** (Co Author), **Phyllis Glanc** (Co Author), **Karen Leslie** (Co Author), **Umberin Najeeb** (Co Author), **Leslie Nickell** (Co Author), **Jolie Ringash** (Co Author), **Jacob Langer** (Co Author)

Methods: In 2024-25, a series of semi-structured interviews were conducted with 7 physicians across 7 departments at the Temerty Faculty of Medicine (TFOM), University of Toronto, to assess perceived enablers and barriers to late career transitioning. These findings were integrated with survey data from post-session evaluations of 2 Communities of Practice sessions, attended by 80-100 late career physicians at TFOM, which further examined unmet needs, challenges and priorities for support at this time of their career. Two reviewers independently identified emerging key themes using thematic analysis and then met to establish consensus.

Results: Key themes that emerged were challenges related to personal identity intertwined with physician roles, personal finances, issues related to closing a practice and communicating with patients, loss of collegial community and identifying a new focus of personal activities in retirement. There was enthusiastic support for the initiation of Faculty wide supports include a Community of Practice, a Reading list and a Guidebook to Late Career Transitioning and Retirement.

Discussion: Until recently there have been few comprehensive approaches in an academic setting to assist physicians during this pivotal stage of their career. This Faculty-wide initiative represents a model for other Faculty of Medicine's to follow.

OI-7-5 World Federation for Medical Education (Wfme) Declaration on Institutions' Responsibility to Support Medical Students, Physicians in Post-graduate Education and Physicians in Practice

Geneviève Moineau (Lead Author), **Ricardo Leon-Borquez** (Co Author)

Methods: The WFME undertook the development of a Declaration on Institutions' Responsibility to Support Medical Students, Physicians in Postgraduate Education and Physicians in Practice (Declaration) to guide institutions in addressing the need to support the health of learners. An expert working group consulted with members of the medical education community from around the world and recommended the Declaration that was approved by WFME. The Declaration was launched at the WFME World Conference in May 2025.

Results: Addressing wellbeing in medical education and practice requires a holistic, systems-based approach. The Declaration includes a Call to Action in the following areas: Admission and selection; Curriculum; Academic support and counselling; Career counselling; Mentorship opportunities; Coaching; Financial support; Health (including mental health) services; Accessibility and accommodation; Peer support; Transitions; Recognition. Institutions must advocate for health system change as well as ensuring that Institutional leaders, Faculty members, lecturers and staff, Designated faculty and staff and Medical students and physicians in postgraduate education and practice all contribute to a positive learning environment. Continuous quality improvement in wellbeing should be undertaken by institutions using an evidence-informed approach.

Discussion: Only through collaborative institutional commitment can we safeguard the wellbeing of those who care for our communities. By working together, we can forge a healthier future for physicians and the patients and populations in their care for generations to come.

Dedicated Posters

P-1 Evaluating the Utility of Artificial Intelligence in Mapping Entrustable Professional Activities to Graduate-Level Course Content.

Alexandre Petiquan (Lead Author), **Brent Faught** (Co Author), **Mostafa Shokoohi** (Co Author), **Laura Wells** (Co Author)

Methods: Percent agreement was assessed between open generative AI-(i.e., ChatGPT) and human-generated matches of PHPM EPAs to syllabi from two core Master of Public Health (MPH) courses: Biostatistics and Epidemiology. AI was prompted to generate an Excel-based EPA line list and align relevant objectives with course syllabi. Independently, a PHPM resident and a subject matter expert (SME) performed the same mapping. Percent agreement across all raters and between pairs was then compared.

Results: Preliminary results show AI-human agreement was relatively low: Biostatistics (7/51 = 13.7%) and Epidemiology (12/45 = 26.6%). The highest concordance (6/8 = 75%) occurred within Biostatistics for "Foundations EPA #1 - Applying qualitative and quantitative methods of data analysis and interpreting results." Human raters demonstrated stronger alignment than AI, with moderate agreement across courses (Biostatistics: 21/51 = 41.2%; Epidemiology: 21/45 = 46.7%).

Discussion: Human-to-human agreement exceeded AI comparisons, though human raters' familiarity and closeness to the courses content may have impacted results. AI shows promise as a supplementary tool for EPA-course mapping but currently lacks the reliability needed for independent application. Further refinement of AI methods is needed to support CBME curriculum mapping to ensure reproducible results between institutions.

P-2 Beyond the Textbook: How Anatomical Variation Challenges Credibility and Shapes Near-Peer Teacher Identity

Michelle Anizio Ribeiro (Lead Author), **Chris Ramnanan** (Co Author), **Genevieve Gauthier** (Co Author)

Methods: Guided by interpretivist epistemology-assuming meaning is co-constructed through participants' narratives and shaped by context-this study examined graduate students serving as NPTs in a Canadian cadaver-based anatomy program. Six participants were interviewed at their teaching cycle's end using semi-structured interviews prompting reflection on teaching dilemma, emotions, and identity development. Interviews were transcribed and analyzed thematically through hybrid inductive-deductive approach, informed by frameworks on teaching dilemma and teaching identity.

Results: Emotions played central roles in NPT identity development, particularly during dilemmas involving anatomical variation. When cadavers diverged from textbook norms, participants reported anxiety and credibility concerns. Most participants, rather than withdrawing, ultimately emphasized their responsibility for student learning. These moments led them to redefine "good teaching," shifting from always having correct answers to demonstrating adaptability, honesty, and commitment to learning alongside students.

Discussion: Anatomical variation, though initially unsettling, became a catalyst for teacher identity development. When normalized and supported through reflection and mentorship, such challenges foster adaptability, confidence, and authentic professional growth, benefiting both NPTs and their students while preparing future educators for real-world teaching complexities.

P-3 Smart Talk: Using Ai to Simulate and Assess the Human Touch in Medicine

Kyran Sachdeva (Lead Author), **Nicole Hryciw** (Co Author), **Kordan Harvey** (Co Author), **Samantha Halman** (Co Author), **Brett Hryciw** (Co Author)

Methods: IM residents participated in a formative OSCE station with an AI-powered chatbot and assessment tool. Simultaneous AI tool and MD assessments were compared using percent agreement. Passing scores were generated with borderline regression. Residents and MDs were surveyed on their perceptions of AI in medical education.

Results: Assessments of 35 residents were included. Agreement between MD and AI assessments was strongest for ethical conduct (74.3% were exact matches on a 0-5 scale) and professional behaviour (54.3%). Listening skills (48.6%), questioning skills (42.9%), and rapport with patients (42.9%) demonstrated moderate agreement. Although information-giving had 28.6% agreement, means scores remained within one SD. Scaled overall performance showed moderate concordance (42.9%), with nearly identical pass marks generated by borderline regression (MD 6.7 vs AI 6.8). MD and AI checklist scores showed high agreement (>80%) for 3/7 checklist items and moderate agreement (>60%) for 3/7 items. One item had 54.3% agreement. Resident surveys indicated strong support for AI in communication training (60.5%) and openness to AI assessment (41.0%). All physician assessors (100%, n=4) supported AI for medical training, and most (75%) supported AI in trainee assessment.

Discussion: This study highlights the potential for AI-based simulation of standardized patient encounters and for learner assessment. Further work should assess validity and reliability across diverse learners and contexts.

P-4 The Student Run Tutoring Program Operated via the Cumming School of Medicine's Student Advocacy and Wellness Hub

Jessica Ferguson (Lead Author), **Sharon Litton** (Lead Author), **Mohamed Bondok** (Co Author), **Jill Laurin** (Co Author), **Rabiya Jalil** (Co Author)

Methods: A pre-program survey of the Class of 2024/2025 indicated that 37% of students had a desire for increased support, 26% reported a lack of practice questions, 22% reported insufficient learning resources and 15% had difficulty comprehending material. The SRT Program was set up to provide 1:1 tutoring sessions between interested medi-al students and medical residents. Upon comple-ion of the program, both parties were sent a post-session survey to evaluate outcomes and inform future program delivery.

Results: Of the post-session surveys collected thus far, 29/30 students reported 'YES' to having a better understanding of academic content, 29/30 experienced an open learning environment where they could ask questions, and 28/30 felt more confident returning to class and preparing for their next examination. Meanwhile, 7/7 residents felt the learner had a better understanding of the content following the session(s) and 5/7 offered constructive feedback to improve the tutoring experience and program set up.

Discussion: Given the academic demands of a compressed, 3-year program, it is crucial that in addition to traditional UME supports other academic supports are accessible to students. SRT provides another meaningful avenue to guide and support student learning.

P-5 Creating and Credentialing an Academic Event for Medical Student Research

Mike Paget (Lead Author), **Irene Ma** (Co Author), **Fariba Aghajafari** (Co Author), **Melanie Sohn** (Co Author), **Amy Bromley** (Co Author)

Methods: The Re-Imagining Medical Education (RIME) curriculum overhaul introduced a longitudinal Professional Role course with protected time for scholarly projects. Additionally, the Undergraduate Medical Education department created the Educational Conference for Learning, Innovation, and Professional Scholarly Enhancement (ECLIPSE), reducing barriers for senior pre-clerkship students to present research posters and junior students to engage with scholarly work.

Results: All RIME students completed a scholarly research project. At ECLIPSE, 80 posters were presented, and 55 students (31.4% of the class) chose to publish their abstracts, available at: https://ucalgary.scholaris.ca/collections/20b1fe3b-2dd0-49e1-81f1-c43fd2480212

Discussion: Integrating ECLIPSE into the curriculum fostered multi-year student dialogue and eliminated the need to choose between research and career exploration. The event continues to expand, en--aging more faculty partners.

P-6 Anatomy Condensed: Perspectives From Canadian Physician Assistant Programs

Vie Tran (Lead Author), **Christopher Ramnanan** (Co Author), **Nadine Wiper-Bergeron** (Co Author)

Methods: Information regarding admission requirements, courses containing anatomy, and cadaveric laboratories in PA curricula were extracted from public online sources. To address remaining gaps, structured virtual interviews were conducted with anatomy leads from 5 out of 6 Canadian PA programs. Teaching approaches, assessment methods, and learning processes in cadaveric laboratories were characterized. Subsequently, inductive thematic analysis was used to identify emergent themes.

Results: revealed the general drive to adapt PA anatomy delivery after a local institution's medical school curriculum in a truncated format. Moreover, both stand-alone and integrated anatomy course structures emphasized clinical anatomy, surface anatomy, and radiology. The implementation of cadaveric laboratories in curricula also varied, with most programs offering prosection-based laboratories. Lastly, anatomy prerequisites allowed PA programs to build on pre-existing anatomy knowledge, optimizing compressed curriculum time.

Discussion: Effective and tailored PA anatomy education can facilitate a stronger foundation of medical sciences, which in turn, may increase clinical preparedness of learners. Notably, acknowledgement of the distinct scope of practice of the PA profession is imperative to creating an appropriate and successful curriculum. As the profession continues to grow in Canada, our findings present valuable considerations for future PA program development nationwide.

P-7 Bridging A Gap in Medical Education: Design and Impact of an Interactive Workshop on Chronic Wounds Management for Medical Residents

An Kateri Vu (Lead Author), **Hajar El-Kamouni** (Co Author), **Jeanne Harnois** (Co Author), **Jade Bernatchez-Poirier** (Co Author), **Mandy Malick** (Co Author), **Elio Kechichian** (Co Author), **Carolina Fernandes** (Co Author)

Methods: A conceptual framework informed design and evaluation. The 150-minute competency-based workshop incorporated Team-Based Learning (TBL) and immersive clinical simulation to promote active learning. Its impact was assessed through a pre-post cohort study with a control group. Residents were evaluated at baseline, immediately post-workshop, and eight weeks later.

Results: The workshop was designed using an integrated framework combining active learning, TBL, and simulation to address residents' demonstrated, expressed, and normative learning needs. This complementary approach fostered collaborative reasoning, experiential skill development, and greater confidence in applying wound care principles to practice. Sixty-six residents in internal medicine, dermatology, and family medicine at a Quebec teaching hospital participated. Knowledge improved by +13.8% ($p<0.0001$) and clinical confidence by +37% ($p<0.0001$), both sustained at eight weeks. Perceived relevance averaged 90.7%.

Discussion: This contextualized workshop addresses an educational gap, showing the effectiveness of combining TBL and simulation to improve knowledge, confidence, and retention in wound care. Feedback suggested enhancements, including a summary of dressings, shorter sessions, and preparatory materials. Continued implementation could strengthen wound care competencies among future clinicians, while its adaptable model underscores broader applicability to medical education.

P-8 Addressing the Gap: Collaborative Efforts to Expand Gender Affirming Care in Ottawa, Ontario, Canada.

Taunia Rifai (Lead Author), **Justine Callahan** (Lead Author)

Methods: Members of the CCHC's Trans Health Program developed a training program for The Ottawa Hospital Academic Family Health Team which included interdisciplinary foundational trainings, training on community resources and navigation, physician shadowing, in-person and virtual mentorship and consultation. This training supported the implementation of a biweekly teaching-focused Gender Affirming Care Clinic within the Ottawa Hospital Academic Family Health Team. Survey data was collected from program participants, patients seen in the clinic, and Family Medicine Residency Trainees who rotated through the clinic, to measure the impact of the partnership implementation, clinical experience, and educational experience.

Results: Resident training results since inception: On average Residents spent 2 clinical half days spanning an academic year in GAC clinic. Improved comfort using gender appropriate terminology from 79% to 86%. Improved comfort asking patients about gender identity and expression from 65% to 82%. Increased confidence in providing medical transition care from 43% to 71%. Increased confidence in supporting patients seeking transition related surgeries from 46% to 71%. Confidence in providing GAC after residency improved from 42% to 67%. Patient satisfaction results revealed: 92.3% felt very satisfied with the care received at the Gender Affirming Care clinic at the Civic Family Health Team, with the remaining 7.7% feeling moderately satisfied. 100% of patients felt their care to be inclusive. Comments were overwhelmingly positive and will be shared on poster.

Discussion: A collaborative project between a well-established Gender Affirming Care clinic and an academic family medicine training program has provided an innovative way of increasing access to Gender Affirming Care. This is both in the short term via access to a new clinical site, and long term via Family Medicine Residency Trainees who have a toolkit to provide Gender Affirming Care in their future practices.

P-9 Novice Anesthesia Residents Recognition of Spinal Sonoanatomy via A Novel Educational Perceptual Learning Module "Spine-Plm Randomised Controlled Trial.

Tahar Ouakaa (Lead Author), **Sébastien Pelletier** (Lead Author), **Rami Issa** (Co Author), **Marie-Ève Belanger** (Co Author), **Pierre Drolet** (Co Author), **Mihai Georgescu** (Co Author), **Sébastien Garneau** (Co Author), **Geneviève Lachance** (Co Author), **Issam Tanoubi** (Co Author)

Methods: 26 anesthesia residents with no prior experience in spinal ultrasound were recruited to complete the PLM. Participants viewed 43 lumbar spine ultrasound videos recorded from patients and independently reviewed by two experts. Participants were instructed to identify the optimal moment to perform a neuraxial technique (Optimal Time Intervals OTI). In the feedback version of the PLM, participants were provided with immediate comparison between their selections and two-expert-predefined OTIs after each video (Intervention Group IG). In the control group (CG), participants completed the same task without access to expert comparison (Control Group CG). All participants completed an immediate post-test, and a one-month retention post-test, each consisting of five newly selected expert-annotated videos. The primary endpoint was binary success to match the expert-defined OTI.

Results: Immediately following the PLM, the IG demonstrated more than twice the odds of correctly identifying the OTI compared with the CG (OR=2.72, 95% CI [1.08-6.76], p=0.046). At one-month follow-up, this effect strengthened with the IG exhibiting over threefold higher odds of correct OTI identification (OR=3.44, 95% CI [1.44-8.16], p=0.005).

Discussion: PLM enriched with expert feedback significantly improved short- and long-term retention of spinal sonoanatomy among novice anesthesia residents. The sustained improvement observed at one month suggests durable learning benefits attributable to expert-guided feedback.

P-10 Investigating the Impact of Educational Backgrounds on Medical Students' Perceptions of Admissions Pathways at the Michael G. Degroote School of Medicine at Mcmaster University

Michelle Cruickshank (Lead Author) **Ewaoluwa Akomolafe** (Co Author) **Heather Gadalla** (Co Author) **Natasha Johnson** (Co Author) **Patricia Farrugia** (Co Author)

Methods: This cross-sectional study surveyed 95 current undergraduate medical students at McMaster University to assess their attitudes toward Black and Indigenous facilitated admissions pathways and examine whether educational background, particularly exposure to humanities and social sciences, shapes these perceptions.

Results: Quantitative responses indicated strong support for the importance of diversity in medical education, though uncertainty remained regarding the transparency and fairness of equity pathways. Qualitative findings revealed concerns about unclear admissions standards, potential socioeconomic disparities among facilitated pathway applicants, and limited institutional communication about the purpose and implementation of the pathways. When results were categorized by educational backgrounds, students with greater exposure to humanities and social sciences were not uniformly more supportive; some expressed stronger skepticism regarding fairness and impact.

Discussion: Participants broadly acknowledged the value of equity pathways but emphasized the need for greater transparency and expanded inclusion criteria, such as attention to intersecting barriers such as socioeconomic status. These findings underscore the emphasis many students appear to place on fairness to individual applicants as opposed to the overarching goal of increasing numbers of Black and Indigenous physicians for Canadian society, and highlight the importance of pairing structural admissions changes with ongoing education and communication to build trust and improve understanding within the medical community.

P-11 Bridging the Divide: Health Fairs as Catalysts for Empowerment and Access in Marginalized Communities

Dua Hussain (Lead Author)

Methods: Data were collected through an optional anonymous survey administered to attendees after they participated in various health-promoting activities, including glucose and dental screenings, nutrition education, and information on insurance and community resource centers. Simple statistics were obtained using RedCap and analyzed using Fisher's exact test.

Results: Findings reveal disparities across Albuquerque regions. 94% of respondents from Northeast Albuquerque reported having a primary care provider compared to 17% in the Southeast ($p < 0.001$). Self-rated health also differed significantly, with 56% of Northeast participants reporting "very good" health compared to 58% of Southeast participants reporting only "fair" health ($p < 0.001$). Barriers most commonly reported included appointment availability, cost, and inability to take time off work. Many participants reported increased awareness of health resources and greater empowerment to manage their well-being.

Discussion: These findings highlight the value of health fairs in addressing systemic inequities, providing free resources in areas where healthcare providers are limited, and emphasize the importance of incorporating community feedback to inform future outreach efforts. The research provides actionable recommendations to enhance community engagement and tailor interventions that address unique needs of AANHPI and other marginalized groups.

P-12 Demystifying the Professionalism Reporting Process: A Learner-Centred Quality Improvement Initiative

Matey Juric (Lead Author), **Dr. Anna Byszewski** (Co Author), **Kayla Hébert-Desnoyers** (Co Author)

Methods: An anonymous electronic survey was distributed to undergraduate and postgraduate medical, PharmD, and Translational and Molecular Medicine learners at the University of Ottawa between August to September, 2025. Questions explored awareness of policies and pathways to report, prior experiences, comfort with reporting, and perceived obstacles. Quantitative data were analyzed descriptively while qualitative comments underwent thematic review.

Results: Among 102 respondents, 81% were aware of the professionalism policy, but only 55% knew how to file a report. 54% of respondents felt "somewhat or less familiar" with the policy and only 18% felt "very or extremely comfortable" reporting concerns. 39% had witnessed or experienced an incident they considered unprofessional; of these, just 12% reported it. Major barriers included fear of retaliation (80%), belief that nothing would change (70%) and concerns about anonymity (70%). Learners recommended clearer communication, easy-access online portals and transparent follow-up to build trust.

Discussion: Despite high policy awareness, significant gaps in procedural knowledge and trust persist, discouraging reporting. Findings support targeted interventions such as streamlined reporting links in learning platforms, concise flowcharts, and regular feedback on outcomes. These learner-informed strategies aim to create a safer, more transparent culture of professionalism reporting.

P-13 An Exploratory Study of Foundation Doctors' Experience of Near-Peer Teaching

Ceen-Ming Tang (Lead Author)

Methods: A qualitative study design was used in this inquiry, and 10 semi-structured interviews were conducted with Foundation Doctors at Oxford University Hospitals NHS Foundation Trust over the phone. Transcripts were produced verbatim.

Results: Thematic analysis identified four themes in relation to Foundation Doctors' perception on their teaching practices. Foundation Doctors take part in a range of teaching activities, and their sense of responsibility affects perception of their role in teaching. Four main factors were identified as affecting confidence in teaching, that is support and feedback, sense of preparedness, perception of own knowledge level, and experience and training in teaching. Foundation Doctors were motivated to teach for intrinsic and extrinsic factors such as enjoyment in teaching and improving their CV respectively. Clinical workload limited the teaching activities they could provide.

Discussion: Recommendations as a result of this study include empowering Foundation Doctors to opportunistically teach at the bedside through brief clinical encounters, encouraging use of trainee-directed days, and facilitating formal teaching training.

P-14 Simulation-Based Crisis Resource Management in Anesthesiology Education: A Narrative Review

Husnaat Bajwa (Lead Author), **Huzaifa Saeed** (Co Author), **Adam Hussain** (Co Author)

Methods: We conducted a narrative review of literature published between 2000-2025 using PubMed and MedEdPORTAL. Key terms included simulation, anesthesiology, crisis management, and medical education. Articles were thematically analyzed for teaching methods, learner outcomes, and curricular integration strategies.

Results: Simulation-based training consistently improved learner confidence, teamwork, and adherence to algorithms in scenarios such as malignant hyperthermia, local anesthetic systemic toxicity, and airway crises. Several curricula embedded simulation longitudinally, enhancing retention compared to one-time sessions. Barriers included high resource requirements, faculty training, and variable assessment tools.

Discussion: Simulation-based CRM is an effective adjunct to traditional anesthesiology training, improving readiness for rare crises. Expanding access, standardizing assessments, and incorporating interprofessional components are critical next steps.

P-16 Transforming the Therapeutic Decision-Making Examination: Enhancing Validity, Accessibility, and Fairness for International Physicians in Canada

Qi Guo (Lead Author) **Andrea Gotzmann** (Co Author) **Cecilia Alves** (Co Author)

Methods: To evaluate redundancy, TDM scores were correlated with MCCQE Part I and NAC Examination scores. Guided by family physician experts and approved by the MCC Examination Oversight Committee, the exam format was revised to reduce barriers and enhance validity. Key changes included shifting from written-response to short-menu selection items, incorporating an optional 20-minute break, and creating distractors from the most common incorrect responses in prior administrations. Items underwent national review by family physicians and professional editing/translation.

Results: Correlations between TDM, MCCQE Part I, and NAC scores were low (ranging from .1 to .2), supporting unique value. Pilot items demonstrated increased reliability (.79) and strong correlation (.53) with written-response predecessors. The upcoming standard-setting exercise will be conducted using a balanced national panel of family physicians. Psychometric outcomes from the January 2026 exam will be presented.

Discussion: The revised TDM exam improves accessibility, fairness, and psychometric defensibility while preserving focus on therapeutic decision-making in the Canadian context. These innovations aim to support candidate preparation, reduce anxiety, and strengthen confidence among PRA programs and regulators. The updated TDM exam contributes directly to safe, effective integration of in--ernational physicians into Canada's health care system.

P-17 Wellness and Burnout of Medical Students in the Newly Redesigned Curriculum at the University of Calgary.

Teresa Killam (Lead Author), **Irene Ma** (Co Author), **Mike Paget** (Co Author), **Johanna Holm** (Co Author), **Sarah Weeks** (Co Author), **Janeve Desy** (Co Author), **Adrian Harvey** (Co Author), **Lea Harper** (Co Author)

Methods: This study was ethics-approved (CHREB23-0630). A consent form and an anonymous, voluntary Qualtrics survey consisting of the Oldenburg Burnout Inventory (measures disengagement (OLBI-d) and exhaustion (OLBI-e)) and the General Health Questionnaire-12 (GHQ12; measures minor psychiatric distress) were distributed to all medical students from the classes of 2025 (Legacy), and 2026 (RIME) cohorts approximately one month prior to the end of pre-clerkship and one year into clerkship. An independent samples t-test was performed.

Results: The survey response rates at the end of pre-clerkship were 25.8% (Legacy) and 10.2% (RIME). A significantly higher proportion of Legacy respondents met the criteria for disengagement (OLBI-d > 2.1, 89.4%), and exhaustion (OLBI-e > 2.25, 80.8%) when compared to the RIME cohort (OLBI-d, 77.8%, $p = 0.024$; OLBI-e, 66.7%, $p = 0.035$). There were no differences in the respondents who met the criteria for GHQ12 (total score > 2) for either cohort.

Discussion: Survey fatigue was evident from the low response rates from both cohorts, however, significantly more respondents from the Legacy cohort met the burnout criteria one month prior to the end of clerkship.

P-18 Interventions Supporting the Transition From Pre-Clinical to Clinical Training: A Scoping Review

Yekta Sharafaddin-Zadeh (Co Author), **Deborah Okusanya** (Lead Author)

Methods: We conducted a scoping review (MEDLINE, EMBASE, Scopus, Cochrane Library) of North American undergraduate medical education. Eligible studies assessed interventions beyond the formal pre-clerkship curriculum (e.g., orientations, boot camps, simulations, workshops, mentorship, technology-enhanced learning). Two reviewers independently screened, extracted, and charted data; findings were synthesized descriptively by intervention domain and outcome type.

Results: Interventions clustered into educational (simulation-based procedural skills, radiology/surgery boot camps, VR/technology-enhanced clinical exposure) and social (near-peer primers, mentorship). Outcomes included preparedness, confidence, anxiety/stress, knowledge, and basic skills. Most evaluations showed improved confidence, knowledge gains, and reduced anxiety, though few assessed workplace performance, long-term retention, or team integration. Outcome measures were heterogeneous and follow-ups were infrequently implemented.

Discussion: Targeted interventions appear to enhance confidence, readiness, and wellbeing entering clerkship. Incorporating bridging activities may strengthen preparedness and support team integration. Future work should standardize outcomes, extend follow-up, and examine equity and hidden-curriculum impacts to guide program design.

P-19 "Programme Accompagnement Leadership" Version 2.0 : Further Building of A Community of Academic Leaders

Jordan Volpato (Lead Author), **Mathieu Hanna** (Co Author), **Julie Desmeules** (Co Author)

Methods: Our project incorporates social learning theory, longitudinal continuing professional development, and continuous quality improvement principles to help participants develop their leadership skills and to create and support their professional identity as medical educators as well as strengthening group cohesion. The program initially consisted of six themed group meetings (2 hours each) with themes such as "Inclusive leadership" and "Strategic planning". As a follow-up to the initial iteration of the program, we created 3 new themes in version 2.0 : "Dealing with disruptive behaviour", "Science of meetings" and "Leadership in Change Management". Participants complete a preparatory document prior to each activity. During the meetings, participants share their issues and challenges, receive feedback from the group, and set objectives and action plans based on the issues identified.

Results: We measured marked improvement in participants' comfort level regarding their role as medical leaders and in their ability to mobilize team members. A better understanding of how to manage disrupted behaviours within a team, how to efficiently conduct meetings and how to lead in times of change were examples of acquired competencies.

Discussion: The objective of the second iteration of this program is to improve the quality of the administrative and academic leadership within our department. By fostering a sense of belonging, sharing sound management practices, and promoting a shared vision of continuous quality improvement for our leaders we hope to ensure the continuity of excellence in our department.

P-20 Global Use Patterns and Educational Value of the Ucalgary Blackbook as A Cognitive Tool for Clinical Problem-Solving

Abdul Al-Shawwa (Lead Author), **Daphne Nakhid** (Co Author), **Mike Paget** (Co Author), **Sylvain Coderre** (Co Author)

Methods: A stratified analytics review (2023-2024) analyzed user demographics and scheme-level metrics (n=573), including active users, sessions, engagement rate, and time-on-page.

Results: Canada had the largest user base (21,623), with notable growth in Portugal, Belgium, and Japan. Usage peaked during medical school and clerkship transitions, aligning with cognitive learning theory. Smaller user bases in Belgium, Austria, and Jordan showed high engagement times (>200 min/user), indicating deep content interaction. Frequently accessed schemes reflected generalist relevance (GI, pediatric, renal, cardiovascular). Over 20 schemes had high time-on-page but low traffic, suggesting underutilized yet cognitively demanding content.

Discussion: Blackbook's schema-based design supports effective knowledge encoding and retrieval, affirming its value as a global learning asset.

P-21 Mapping "Fidelity" in Simulation-Based Education: A Sentence-Level Topic Modelling Pilot

Byunghoon (Tony) Ahn (Lead Author)

Methods: This pilot analyzed articles from two prominent simulation journals Advances in Simulation and Simulation in Healthcare (n=1,613). Each sentence featuring "fidelity" plus the pro- and preceding sentences were captured (1,322 windows). I hierarchically clustered these windows using embeddings (machine-generated numbers reflecting meaning), yielding 250 clusters. Five dominant clusters are reported.

Results: The clusters (28.1%; 371 windows) were: 1) Operational fidelity dimensions (n=138)-focused on overall quality of the environment, equipment, and engagement; 2) Fidelity as a contested concept (n=87)-focused on critiquing "more realism is better"; 3) Comparative high vs. low fidelity (n=57)-focused on linking fidelity levels to performance; 4) "High-fidelity" as tool-realism shorthand (n=52)-focused on simulator sophistication; and 5) Three-dimension framing (n=37)-focused on physical, conceptual, and experiential strands.

Discussion: Findings show tension between critiques of fidelity and framing fidelity as something to maximize. A smaller but noticeable share describes fidelity in specific strands, suggesting a more intentional use of the term. Future work will extend this mapping to additional journals and capture trends over time.

P-23 Ultrasound-Guided Intrauterine Device Placement During Family Medicine Residency Training

Robert Henderson (Lead Author), **Rhonda Bryce** (Co Author), **Kieran Johnson** (Co Author), **Tatiana Fras** (Co Author), **Jason Hosain** (Co Author), **Tracy Guselle** (Co Author), **Jill Farrukh** (Co Author), **Kevin Ledding** (Co Author), **Angela Baerwald** (Co Author)

Methods: This was a prospective, randomised, controlled trial of IUD placement by ultrasound guidance versus control (no ultrasound) at the family medicine resident training clinic in Saskatoon, Saskatchewan, Canada. Informed consent was obtained from patients and residents prior to initiating study procedures. Resident confidence pre- and post-procedure, patient-reported pain scores during the procedure, and total procedure time were compared between the two groups. Pain scores and confidence used Likert scales from 0-10.

Results: Thirty residents and 49 patients were enrolled. Resident-reported confidence increased post-procedure in both groups; however, this increase was 1.3 (0.4-2.2, 95% CI, p=0.008) points greater in the ultrasound group. Patient pain scores were similar between the groups; mean difference -0.2 (-0.8-0.4, p=0.45). Mean procedure time in the ultrasound-guided group was longer (23.6 min) compared to controls (13.0 min); however, with adjusting for more procedural experience among control placements, this difference was estimated at 11.2 (-0.02-22.4, p=0.05).

Discussion: Ultrasound-guided IUD placement within a family medicine postgraduate educational setting results in improved trainee-reported confidence without compromising patient comfort. However, procedural duration may be increased.

P-24 Simulation-Based Training in Orthopedic Surgery: Preparing Learners for High-Risk Procedures

Husnaat Bajwa (Lead Author), **Adam Hussain** (Co Author), **Huzaifa Saeed** (Co Author)

Methods: We performed a narrative review of orthopedic simulation literature (2000-2025), focusing on arthroscopy, joint replacement, and trauma procedures. Data were synthesized for learner outcomes, curriculum models, and barriers to implementation.

Results: Simulation improved technical performance, reduced operative time, and enhanced trainee confidence, particularly in arthroscopy. Barriers included high costs and lack of faculty time. Integration was most successful when linked with competency-based assessment.

Discussion: Simulation is an effective adjunct in orthopedic training. Broader integration, faculty buy-in, and resource-sharing across programs are needed to optimize its impact.

P-25 Fostering Eco-Responsible Practices in Primary Care: Applying the Com-B Model and Behaviour Change Wheel

Haifa Akremi (Lead Author), **Léa Prince-Duthel** (Co Author), **Geneviève Ferdais** (Co Author), **Vincent Jobin** (Co Author), **Nicolas Fernandez** (Co Author)

Methods: We propose an exploratory qualitative study involving healthcare providers from the Clinique médicale du Sud-Ouest (CMSO) who participated in sustainability training. Ten individual interviews will focus on motivation, while three dialogic focus groups with four participants each, will explore capability and structural opportunities. Data will be thematically analyzed using the COM-B model and the Behaviour Change Wheel.

Results: Expected findings include identifying psychosocial determinants that hinder or facilitate behavior change, and highlighting pedagogical and organizational strategies to optimize continuing education and sustain eco-responsible practices in clinical care.

Discussion: This study will inform the design of tailored educational interventions that empower frontline healthcare professionals to engage in sustainable practices. Its implications extend to clinical practice, professional development, and broader strategies to align healthcare with climate action.

P-26 Barriers to Equitable Access to Interventional Pain Procedures: A Scoping Review

Huzaifa Saeed (Co Author), **Husnaat Bajwa** (Lead Author), **Adam Hussain** (Co Author)

Methods: Following Arksey & O'Malley's scoping review framework, databases including PubMed, CINAHL, and Scopus were searched for studies published between 2000-2025. Eligible studies addressed disparities in access to interventional pain services by geography, socioeconomic status, or marginalized identity.

Results: Common barriers included geographic maldistribution of specialists, long wait times in publicly funded systems, financial burden in mixed-payment settings, and lack of culturally appropriate care. Indigenous and rural patients were particularly disadvantaged. Few studies described educational interventions to improve provider awareness or advocacy skills.

Discussion: Educational strategies must incorporate equity frameworks into pain curricula to prepare future providers to recognize and address systemic barriers. Integrating patient partnership into training may support culturally safe and equitable care delivery.

P-27 Tracking Discipline Trends in Master of Health Profession Education Applications: the First 5 Years

Andrea Guerin (Lead Author), **Rhonda Newhook** (Co Author), **Jennifer Fowler** (Co Author), **Leslie Flynn** (Co Author), **Denise Stockley** (Co Author)

Methods: Applicant data from 2020 to 2025 were extracted from program records and categorized into three discipline groups: Medicine, Nursing, and Allied Health. Within Allied Health, individual disciplines were identified and counted annually to assess trends in diversity and representation. Descriptive statistics were used to track group-level and in--ra-group changes over time.

Results: From 2020 to 2025, the distribution of applicants was consistently dominated by Allied Health professionals, with increasing breadth across years. Medicine and Nursing remained stable in numbers, while the Allied Health group grew in both size and disciplinary diversity. Across the five years, Allied Health applicants represented at least 8-13 unique professions annually, including physiotherapists, paramedics, dietitians, midwives, dentists, ultrasonographers, and more. New disciplines appeared each year, with 2023 demonstrating the greatest variety (14 distinct roles).

Discussion: The MHPE program has broad appeal, particularly among Allied Health professionals whose representation is both wide and expanding likely due to increasing requirements for formalized education scholarship training. This further underlines the importance of interdisciplinary engagement to meet the evolving needs of a diverse applicant base.

P-29 Optimising Physician Assistant Curriculum Density Through Collaborative Expertise

Scott Tunison (Lead Author), **Trustin Domes** (Co Author), **Rebecca Mueller** (Co Author), **Kristen Burrows** (Co Author)

Methods: The PAC engaged in 3 two-round Delphi processes to identify curriculum topics essential for didactic instruction in year 1. In each round, PAC members rated the relative importance of typical UGM topics using a 7-point Likert scale. Topics rated low by ≥75% of participants were eliminated, and the remainder were re-rated on a binary scale.

Results: The modified Delphi process systematically sought PAC collaborative expertise to establish an appropriately dense curriculum. For example, the PAC distilled a Term 1 Foundations curric--lum that will include 55 topics (a 37.5% reduction in curriculum density from the 88 topics typically included in UGM programming) - demonstrating the power of collective expertise. for the overall curriculum will be shared.

Discussion: This study provides a curriculum development model that ensures robust learner knowledge while establishing a patient-centered approach merging related topics for efficiency. The curriculum prioritizes didactic instruction of essential concepts, knowing that this knowledge will be reinforced and extended during Year 2 clinical encounters. This offers a model for other health professions to optimize curriculum.

P-30 Recognizing Behavioural and Psychological Symptoms of Dementia in Older Adults - Interventions to Consider Before Prescribing

Maia von Maltzahn (Lead Author), **Emma-Lee Rhyno** (Co Author), **Shanna Trenaman** (Co Author)

Methods: We began with a root cause analysis to examine local factors contributing to increased antipsychotic prescribing at the Veteran's Memorial Building (VMB) in Halifax, NS. Process mapping identified knowledge gaps as a contributor to potentially inappropriate prescribing. Following a literature review, we created an asynchronous online training module delivered through a Learning Management System (LMS), accessible to all staff in VMB's long-term care units, with implementation anticipated in fall 2025. Brief, anonymous feedback will be collected at the end of the module. As part of continuous quality improvement, we will review regular surveillance of both (i) educational tool uptake and (ii) antipsychotic prescribing rates in the VMB.

Results: The LMS module highlights non-pharmacologic interventions that should be considered before initiating antipsychotic medications for behavioral and psychological symptoms of dementia (BPSD). Using virtual case-based learning, participants are encouraged to apply principles of patient-centered care to manage symptoms often mistaken for psychosis.

Discussion: This knowledge-translation module promotes accessible, team-based education for clinical and non-clinical staff, emphasizing non-pharmacological strategies to improve dementia care and reduce inappropriate antipsychotic use. Evaluation following implementation is forthcoming.

P-31 The Use of Multimodal Vision-Language Models for Automated Assessment of Medical Student Suturing Performance

Dhruv Patel (Lead Author), **Johnathan Babulic** (Co Author), **Andrea Winthrop** (Co Author), **Steve Mann** (Co Author)

Methods: Twenty-four second-year medical students were recorded performing a simple interrupted suturing task. Videos were scored independently by two distinct VLMs (Gemini 2.5 Flash & Gemini 2.5 Pro) and a board-certified senior general surgeon as the expert rater, using a standardized Objective Structured Assessment of Technical Skills (OSATS) rubric. Inter-rater reliability (IRR) was assessed using intraclass correlation coefficients (ICC) and Cohen's K for overall scores and for each component of the OSATS rubric.

Results: Both VLMs showed moderate to good agreement compared to the expert rater, with Gemini 2.5 Pro (ICC = 0.72) showing stronger performance over Gemini 2.5 Flash (ICC = 0.61). Cohen's K values ranged from 0.3 to 1.0, varying based on rubric items.

Discussion: This study shows that VLMs can reasonably approximate expert assessment of suturing skills. Interestingly, the model exhibited more accurate assessments of procedural steps but struggled with assessing suture lengths and depths. Further validation across additional AI models and larger sample sizes is warranted to explore the adoption of VLMs in more generalized assessment settings. Overall, VLMs offer a novel approach to provide individualized feedback on procedural skills with good agreement compared to an expert rater.

P-32 Development of A Postgraduate Planetary Health Curriculum in A Large Urban Academic Family Medicine Clinic

Laura Cummings (Lead Author), **Taunia Rifai** (Lead Author), **Laura Visentin** (Lead Author), **Zack van Allen** (Co Author), **Kailash Radhakrishnan** (Co Author)

Methods: Baseline and follow-up surveys were administered to family medicine residents to inform curriculum design and early evaluation. Survey items were adapted from published tools assessing planetary health knowledge among medical trainees and were structured using the COM-B framework (Capability, Opportunity, Motivation-Behaviour). Descriptive statistics were used to summarize responses.

Results: Baseline survey response rate was 15/33 (45%). Most respondents (87%) reported low knowledge of planetary health, and only 6.7% indicated moderate confidence discussing planetary health issues with patients. Residents were evenly divided on whether planetary health concepts were currently included in their training. Motivation was high, with 80% agreeing that planetary health should be incorporated into residency education, though barriers cited included limited time, institutional support, and mentorship. 20% of respondents indicated plans to engage in sustainability-focused quality improvement initiatives. A follow-up survey (n=15, 45% response rate) conducted four months after initial curricular efforts showed no change in perceived knowledge, but slightly increased confidence. There remained a mixed perception of whether planetary health was currently included in teaching.

Discussion: These findings highlight gaps in residents' capability and opportunity to engage with planetary health, despite strong motivation. Results will guide the ongoing co-creation, implementation, and evaluation of a structured planetary health curriculum.

P-33 Cross-Disciplinary Learning in the Era of Competence by Design: A Preliminary Expert Consensus on Unintended Educational Impacts

Auva Zarandi (Lead Author), **Elif Bilgic** (Lead Author), **Adam Fleming** (Co Author), **Leslie Martin** (Co Author)

Methods: Through a descriptive exploratory approach, we conducted formal and informal discussions with physician educators who hold residency/fellowship program leadership roles and/or have experience with research at the intersection of CBD and cross-disciplinary training. Guided by the Systems Engineering Initiative for Patient Safety (SEIPS) 3.0 framework, we explored structural, pedagogical, and experiential shifts in EPA-driven training and synthesized perspectives on potential implications for cross-disciplinary education and patient care.

Results: We identified three possible key concerns regarding EPA-driven curricula: (1) reduced cross-disciplinary exposure due to specialty-specific EPA prioritization (e.g., EPA-driven rotation scheduling), (a) decreasing informal relationship-building and cross-disciplinary understanding among residents, and (b) limiting trainees' familiarity with the workflows and perspectives of other specialties; (2) deprioritization of valuable, unassessed learning not explicitly tied to EPAs; and (3) variable implementation of CBD, leading to potential inconsistent training experiences across programs.

Discussion: While CBD offers structure and clarity, its implementation may unintentionally narrow clinical exposure and reduce opportunities for systems-based, collaborative learning. These findings raise important questions about how to maintain educational breadth within evolving frameworks. We recommend system-level reviews of cross-disciplinary training, formal evaluation of learning beyond EPA completion, and curricular adjustments reflecting the realities of interdisciplinary clinical practice.

P-34 Characteristic of the Literature on Health Advocacy: Patterns of Publication and Uptake

Khoa Duong (Lead Author), **Andrea Quaiattini** (Co Author), **Meredith Young** (Co Author)

Methods: Guided by Arksey and O'Malley's scoping review framework, we conducted a comprehensive search across seven databases to identify articles addressing health advocacy and referencing the CanMEDS framework. Of 823 identified studies, 430 were retained post-deduplication. Two reviewers independently screened titles and abstracts, selecting 356 for full-text review. Ultimately, 263 articles met inclusion criteria. Bibliometric analysis was conducted using VOSviewer 1.6.20, including co-author and co-occurrence analyses.

Results: Co-author analysis revealed a small, tightly connected group of researchers - 9 authors - driving this field. Co-occurrence analysis showed emphasis on patient-level advocacy over health policy or promotion. Postgraduate medical education (PGME) dominated over undergraduate contexts. Curriculum development emerged as the central educational focus, with limited attention to assessment. Qualitative methods, especially grounded theory and interviews, were most common. Geographically, Canada - particularly Ontario and British Columbia - was most represented.

Discussion: Current literature focuses on patient advocacy, PGME, and curriculum development, predominantly shaped by a small North American author network - highlighting a limited evidence base. Further analysis is needed to explore how prevailing notions of health advocacy intersect with broader global and structural contexts.

P-35 Addressing the Erasure of Black Women in Canadian Medical History: the Need for Curricular Inclusion

Kisanet Kebedom (Lead Author)

Methods: A combination of archival research, literature and media review were used to identify stories of Black women who shaped Canadian medicine but remain largely unacknowledged. A case study approach was used to examine the lives of select individuals in depth.

Results: Several notable figures emerged, including Dr. June James, the first Black woman admitted to the University of Manitoba's College of Medicine; Dr. Yvette Bonny, a pioneer in pediatric hematology and transplantation in Quebec; and Dr. Anna Jarvis, an innovator in pediatric emergency care. Notably, multiple institutions lacked accessible records of their first Black female graduates, reflecting broader gaps in historical documentation.

Discussion: This work underscores the need for archival justice and curricular reform to restore erased legacies. Reclaiming these narratives not only enriches our understanding of medical history but also empowers future Black women in medicine through representation and belonging. Highlighting the stories of these physicians in our medical curriculums will allow us to fully recognize their contributions and pave the way forward for the next generation of physicians.

P-36 Insights Into Career Advancement and Racial Discrimination Among Black Physicians in Canada: A Pilot Study

Rukia Swaleh (Lead Author), **Victor Adarquah** (Co Author), **Modupe Tunde-Byass** (Co Author), **Nnamdi Ndubuka** (Co Author)

Methods: We hosted a November 2024 workshop on career advancement and distributed pre- and post-workshop surveys, adapted from a CMAJ study of Black medical students. Data were analyzed descriptively.

Results: Of 28 attendees, 7 completed the pre- and 8 the post-workshop survey. Respondents included a second-year resident, one early-career physician (<5 years in practice), two mid-career physicians (6-20 years), and three late-career physicians (>20 years). Over half (57.2%) identified racial discrimination as a barrier to career success, and 42.9% noted exclusion from advancement opportunities. Most (85.7%) reported that disproportionate equity-related work diverted time from scholarship. In contrast, many did not view racial identity as influencing remediation (57.2%), attrition (87.5%), or access to reference letters (71.4%). Barriers to promotion were reported to include lack of mentorship, sponsorship, and belonging (28.6% each). Participants rated the workshop as valuable, and expressed greater confidence in career planning (87.5%).

Discussion: Our study contributes to the first generation of Canadian race-based data on Black physicians' experiences. Survey responses align with emergent themes from an ongoing Pan-Canadian Black Physician Census. While some findings parallel U.S. data, others diverge; for example, remediation, attrition, and reference letters were not majorly influenced by race in this cohort, signaling the need for targeted systematic research.

P-37 Enhancing or Hindering Clinical Preparedness? A Scoping Review Evaluating the Impact of Virtual Simulated Learning on Procedural Skills Acquisition in Medical Students

Nujud Al-Jabouri (Lead Author), **Zarah Rahman** (Co Author), **Kahono Hirasawa** (Co Author), **Eric Wooltorton** (Co Author)

Methods: A systematic search was conducted on Medline, Embase, and Scopus up to June 2025. Titles and abstracts (n=2248) and full-texts (n=323) were independently screened against the eligibility criteria by three reviewers, with disagreements resolved by discussion. Data from the included studies were extracted and thematically analyzed.

Results: 82 studies were included, yielding five themes: effectiveness for skill acquisition, learner perceptions and acceptability, practicality and feasibility, transfer of learning, and platform design factors. Simulators included virtual reality headsets, high-fidelity simulators, and interactive applications. When mapped to Kirkpatrick's framework, outcomes were heavily concentrated at Levels 1 and 2. Level 1 highlighted increased learner satisfaction, engagement, and skills confidence. At Level 2, simulator training improved efficiency, technical precision, error reduction, and retention of procedural skills compared to traditional methods. However, limitations included high costs, technical malfunctions, cybersickness, and uncertain durability of skill improvements. No studies demonstrated Level 3 or 4 outcomes.

Discussion: Virtual simulator-based learning demonstrates benefits for student engagement and skill acquisition, but limited evidence exists on behavioural impacts and real-world impact. Further research should focus on gathering higher-level Kirkpatrick evidence to understand the broader implications of using virtual procedural simulators in UGME.

P-38 Review of Capstone Project Themes in the Master of Health Professions Education Program

Andrea Guerin (Lead Author), **Rhonda Newhook** (Co Author), **Jennifer Fowler** (Co Author), **Denise Stockley** (Co Author), **Leslie Flynn** (Co Author)

Methods: We reviewed all project and sorted them into one of three themes: scholarly approaches, interprofessional collaboration or indigenous perspectives. These themes were selected as they represented the greatest areas of difference, as the other principles were found in every capstone. Projects were sorted by cohort year and discipline (medicine, nursing or allied health).

Results: A total of 54 capstones were included. There was a clear difference in popularity of the theme and discipline. Scholarly approaches was the most common theme overall (61%) and most likely to be selected by medicine providers (65%). Interprofessional collaboration was most likely to be selected by allied health providers (38%). Indigenous perspectives was most likely to be selected by nurses (17%). The number of indigenous perspectives-based capstones decreased over time between cohorts (57% to 14%).

Discussion: Review of the capstones is informative for curricular renewal. Each of the three learner groups had predispositions towards capstone themes. Despite interprofessional collaboration and indigenous perspectives' prominence as core principles, indigenous perspectives declined over time and interprofessional collaboration was not as prominent for nursing or medicine providers. Further exploration of how students select their capstone project warrants our attention.

P-40 Applying Flipped Classroom to Scenario Based Clinical Skills Teaching in Medical Students: A Randomized Controlled Trial

Einas Yousef (Lead Author), **Beenish Mukhtar** (Co Author), **Mohammed Moizuddin Khan** (Co Author), **Shaima Zafer Khan** (Co Author), **Sadia Wazir Khan** (Co Author)

Methods: In a prospective, randomized study, third-year medical students (n≈50) at a simulation center were allocated to FC or TL. FC participants received short, targeted pre-class videos and guiding questions; TL received standard in-class instruction. During on-site sessions, both groups completed the same case-based activities with faculty fa--ilitation. Outcomes were domain scores for his--ory, examination, investigations, and treatment planning, plus an anonymized post-session perception survey. Engagement was indexed by the percentage of pre-class videos watched.

Results: FC students outperformed TL in multiple domains of clinical-skills assessment (notably history taking, physical examination, investigations, and initial management planning). Performance in the FC arm showed a positive association with preclass video completion, indicating a dose-response relationship between preparation and outcomes. Survey feedback favored FC for clarity, time efficiency, confidence building, interactivity, and immediacy of feedback, while noting predictable challenges (technology reliance and preparation load when time is limited).

Discussion: Implementing a flipped classroom in simulation-based medical education improved clinical-skills performance and student experience compared with traditional instruction. The observed preparation-performance relationship highlights the importance of high-quality, concise pre-class materials. Findings support broader FC adoption and motivate future studies on long-term retention, OSCE outcomes, and scalability across courses and institutions.

P-41 Using Realist Evaluation to Examine A Graduate Precision Health Program

Aanya Singh (Lead Author), **Catherine Patocka** (Lead Author)

Methods: We are conducting a realist evaluation of the Precision Health Graduate Program at the University of Calgary. Data sources will include program documents, course materials, and semi-structured interviews with faculty and students, ana-yzed into context-mechanism-outcome configura-ions. Guided by a realist stance, we ask not only whether precision initiatives "work," but how, why, for whom, and under what circumstances they generate benefit-or not. This approach illuminates mechanisms and contextual conditions that shape outcomes and moves beyond technologically deterministic accounts of precision health to generate transferable explanatory theories.

Results: Early findings suggest that precision is enacted not only through advanced analytics but also by aligning educational systems with learners' and institutions' needs.

Discussion: Clarifying how precision health is understood and operationalized will guide local program improvement and contribute to broader debates about meaningful and equitable integration within healthcare and academic systems.

P-42 Usefulness as A Predictor of Meaning: Factors Influencing Student Experiences During Community-Based Learning

Omar El Ferri (Lead Author), **Holly Hnautik** (Co Author), **Joshua Seto** (Co Author), **Kareem Sadek** (Co Author), **Ahmad Hassan** (Co Author), **Lisa Yeo** (Co Author), **Lea Harper** (Co Author)

Methods: Cross-sectional analysis of an institutional survey of pre-clerkship medical students. The analysis uses Likert-scale responses, with agreement that "my work was useful to the partner organization" as the primary predictor and agreement that the program "fosters meaningful, reciprocal partnerships" as the primary outcome. Secondary outcomes include perceived population impact and overall satisfaction. We examined the relationship between perceived usefulness and meaningfulness while considering contextual factors, including organization support, medical school support, time appropriateness, orientation preparedness, and prior exposure. Content analysis of open-ended responses identified what felt useful versus not useful.

Results: show that perceived usefulness may be associated with perceived meaningfulness of CBL. Similar trends were found for perceived population impact and overall satisfaction, in consideration of support, time, orientation, and prior exposure. Qualitative themes indicate that meaningful experiences cluster around direct client contact, tangible deliverables, outreach, and student-led initiatives. Perceptions of low usefulness may be linked to a lack of a defined role, unclear scope or direction, unstructured shifts, and routine tasks.

Discussion: Perceived usefulness of student work is associated with perceived meaningfulness and impact of CBL experiences. Our findings suggest that CBL programs should co-design placements with community partners and students to ensure there is alignment between the needs of the community organization and the actual student roles and deliverables.

P-43 Trends in Participant Characteristics of A Continuing Professional Development Program: A Nine-Year Retrospective Analysis

Ada Man (Lead Author), **Ashiqul Haque** (Co Author)

Methods: Registration data from 3,792 entries (2016-2025) was analyzed. Unique ever-registrants per academic year were identified. Key variables including profession, medical specialty, geographic work setting, and years of experience, were categorized. The statistical significance of observed trends was assessed using the Cochran-Armitage test and Poisson regression modeling. We reviewed needs assessment surveys from 2024-2025 to explore reported barriers to attending CPD.

Results: Family physicians were the largest attendee group. Engagement from non-physicians (28.8-41.4%) and rural practitioners (15.5-30.6%) was substantial, with rural participation peaking notably during the 2020-21 pandemic year. Participation from early-career clinicians (≤5 years) declined markedly from 26.5% to 12.3% over the study period ($Z = -6.62$, $p < 0.001$), representing an approximate 10% annual decrease. Needs assessment survey data indicated that early-career clinicians identify costs as one of the major barriers to attending CPD, more than later career clinicians (e.g., 44.4% vs 23.2%).

Discussion: The program demonstrates success in engaging a broad interprofessional and geographic audience. However, the precipitous decline in early-career physician participation poses a major risk to the program's sustainability and equity mission. These findings necessitate further investigation into barriers faced by new clinicians and the development of tailored initiatives to reverse this trend.

P-44 A Health Equity Simulation for Medical Students: A Mixed Methods Pilot Test

Shania Sheth (Lead Author), **Jenn Carpenter** (Co Author)

Methods: A pilot case was developed through stages including patient case development, dialogue writing, and platform development. The pilot test recruited students from Queen's University through convenience and purposive sampling. The pilot test employed a mixed methods design including a pre/post survey and focus groups.

Results: The pilot test consisted of 10 medical students (n=10) and 300 undergraduate students (n=300). The results were overwhelmingly positive. Students praised the design, realistic dialogue, informative resources, and visually appealing inference. The simulation significantly increased students' knowledge on topics such as health equity, social determinants of health, and patient-centred care. Students also reported a significantly greater level of perceived comfort interacting with specific patient populations. All 10 medical students (100%) and 290 undergraduate students (96.67%) stated integrating the Health Equity Simulation into the medical school curriculum would be beneficial.

Discussion: The pilot test revealed promising results, highlighting how a Health Equity Simulation has the potential to become an effective learning resource to empower the next generation of healthcare providers.

P-45 Team Resilience and Adaptability Beyond the Operating Room: A Scoping Review

Timothy Nunes (Lead Author), **Alexandra Hauser** (Lead Author), **Eleftheria Laios** (Co Author), **Wiley Chung** (Co Author)

Methods: Searches were conducted in MEDLINE, Embase, APA PsycInfo, and CINAHL, yielding 1092 unique references. Title and abstract screening removed 904 studies, with 160 moving to full-text review, which is ongoing. Included studies examine resilience, adaptability, or related human factors in non-OR patient care teams with respect to patient safety. Screening and extraction stages are conducted in duplicate according to Joanna Briggs Institute and PRISMA-ScR review guidelines.

Results: The results will provide a high-level assessment of the contexts and extent to which resilience has been studied in non-OR healthcare teams, including analysis of existing conceptual models and frameworks.

Discussion: Our review will provide a novel perspective on how team resilience is applied across different clinical environments, highlighting both commonalities and unique challenges. This work will contribute to evidence-based strategies for strengthening team resilience, enhancing interprofessional collaboration, and optimizing patient outcomes across diverse healthcare settings.

P-46 Knowledge, Familiarity, and Accessibility of Naloxone: A 2025 Cross-Sectional Survey

Sami Sabbah (Lead Author), **Ragav Chona** (Co Author), **Julianna Botros** (Co Author), **Alisha Awadia** (Co Author), **Timothy Moran** (Co Author)

Methods: The purpose of the current study is to identify potential gaps in naloxone education and exposure within the medical curriculum by disseminating a survey to University of Ottawa students in the undergraduate medical program. The results of this survey may aid in characterizing students' ability to effectively respond to opioid-related emergencies in clinical or community settings.

Results: A total of 103 respondents completed the survey. The data indicates that 80% of respondents either did not receive or were unsure if they had received formal naloxone training during their medical education. Nearly 65% reported independently seeking information on naloxone outside of formal training. While 70% indicated that naloxone access was somewhat or very easy, 35% had never seen or handled a naloxone kit, and 45% had not observed naloxone use in clinical settings. Despite this, about 75% of medical students expressed a willingness to administer naloxone in an overdose situation. However, 35% felt not at all prepared based on their current medical training. Almost 95% agreed that naloxone education should be a mandatory part of core medical school curricula.

Discussion: These results suggest that medical students are willing to use naloxone and interested in learning more about it. However, there is a clear shortcoming in formal medical school education on the topic. This gap highlights the need for the integration of naloxone-specific learning objectives within medical curricula to ensure that students are adequately supported in using naloxone safely and effectively in clinical practice.

P-47 Fostering Teaching Identity Among Clinician Educators

Vidhi Bhatt (Lead Author), **Shlok Panchal** (Co Author), **Sharon Okoroma** (Co Author), **Kam Alice** (Co Author)

Methods: A systematic search was conducted across three databases, Embase, ERIC, and Web of Science, followed by a comprehensive review by three reviewers to synthesize overarching themes. Keywords included "clinical teachers," "teaching identity," and "faculty development." Of the 277 identified studies, 17 met the inclusion criteria.

Results: Preliminary themes identified include positive influence of self-efficacy, mentorship, early success as a physician, and involvement in educational research. Barriers include inadequate training, lack of faculty development programs, and insufficient community support. Effective faculty de--elopment programs emphasize community, men--orship, and blended learning with agency and col--aborative opportunities. The findings highlight need for longitudinal faculty development programs and the early integration of clinical educator streams within residency training.

P-48 Bridge to Care: Co-Designing Education with and for Community Health Workers

Dr. Munira Abdulwasi (Lead Author), **Dr. Kathryn Parker** (Lead Author), **Dr. Nicole N. Woods** (Co Author), **Dr. Stella Ng** (Co Author), **Natasha Ross** (Co Author)

Methods: Informed by Appreciative Inquiry and critical reflexivity, a 6-month co-design process engaged over 100 CHWs and interest holders through interviews, 7 group storytelling sessions and 2 summits. CHWs shared what they valued most about their work, their peak experiences, unique skills and aspirations, culminating in 51 stories. Themes derived from the stories were shared through 18 representative stories at a Storytelling Summit, where participants envisioned core program elements. At a Rapid Prototyping Summit, participants collectively developed a prototype curriculum.

Results: The process resulted in the Community Health and Social Medicine (CHASM) Care Worker Program, an Advanced Certificate now offered by the Michener Institute of Education. Key outputs included a community-rooted curriculum, a sustainable funding model, and a tailored marketing strategy.

Discussion: The co-design process demonstrates how story-based, community led design can reframe health professions education. By integrating lived experience, critical dialogue and community-led reflection, the process resists dominant models of professionalization and offers a scalable approach to health professions education that embraces diversity.

P-49 Rethinking How Impostor Phenomenon is Understood in Medical Education and Academic Medicine

Mia Gisselbaek (Lead Author), **Joana Berger-Estilita** (Co Author), **Sarah Saxena** (Co Author), **Mohamed Seyour** (Co Author), **Nadia Elia** (Co Author), **Kori A. LaDonna** (Co Author), **Georges L. Savoldelli** (Co Author)

Methods: This umbrella review was conducted and reported in accordance with PRISMA-ScR guidelines. Comprehensive searches were carried out in Medline, Embase, PubMed, PsycINFO, Scopus, Web of Science, CINAHL, Cochrane Library, and ERIC between November 27 and December 4, 2024. Eligible studies included systematic and scoping reviews addressing IP and related interventions. Methodological rigor was appraised using AMSTAR-2 and the Joanna Briggs Institute (JBI) Critical Appraisal Tool.

Results: Sixteen reviews (eight systematic and eight scoping) spanning diverse populations and methodologies were included. Findings revealed marked variability in both the conceptualization and measurement of IP, with no universally accepted assessment instrument. Prevalence estimates ranged widely, with risk factors such as perfectionism, minority status, and hierarchical workplace dynamics frequently noted. Interventions including coaching, digital self-directed modules, and mindfulness-based approaches demonstrated promise in alleviating IP symptoms; however, overall methodological quality of intervention studies was inconsistent, with few rated as high-quality.

Discussion: The results underscore the need for greater conceptual clarity, standardized measurement tools, and more rigorous evaluation of interventions addressing IP. Future research should prioritize refining theoretical frameworks, developing multidimensional assessment strategies, and systematically testing evidence-based interventions to enhance confidence and professional competence among individuals experiencing IP.

P-51 Re-Evaluating the Psychosocial Impact of Virtual Medical Education

Katerina Schwab (Lead Author), **Patrick Murphy** (Co Author), **Umberin Najeeb** (Co Author), **Susanna Cheng** (Co Author), **Geoffrey Watson** (Co Author)

Methods: Participants in the Master Teacher Program (MTP) at U of T in 2022 (n=9) and 2025 (n=19) were included. Both groups of MTP learners completed the same questionnaire, which was designed to evaluate the psychosocial impact of the VL environment.

Results: MTP learners in virtual classes from the 2025 cohort report that VL continues to impact mental health (32%), and only 68% endorse addressing feelings of burnout. There were improvements in 'Zoom Fatigue' (100% in 2022 vs 68% in 2025) and attentiveness (100% vs 79%) during VL, however social disconnect remains prevalent (89% vs 84%). Many learners felt they had social supports (89% vs 95%) however only 53% felt they had institutional support in 2025 compared to 89% in 2022. Only 32% of learners were aware of support and wellness programs in 2025. There was a decline in overall satisfaction with VL (100% in 2022 vs 68% in 2025), however many learners still wish to maintain this model of learning in their curricula (78% vs 79%).

Discussion: While VL will likely continue, it is evident that more work is needed to address the psychological challenges associated with its use. A similar comparative study involving medical students is also in progress.

P-52 Pocus Guided Cadaveric Dissection

Spencer Pasternak (Lead Author) **Doug Archibald** (Co Author) **Christopher Ramnanan** (Co Author) **Sohail Anwar** (Co Author)

Methods: PoCUS-guided dissection was implemented in upper limb (axillary fossa) and lower limb (femoral triangle) laboratories within a musculoskeletal course for Master of Anatomical Sciences Education (ASE) students at the University of Ottawa. Nineteen students across six lab groups were randomly assigned to a session. Before each session, PoCUS groups completed a brief orientation to relevant ultrasound images. Student perceptions were collected through post-lab surveys modeled on the Technology Acceptance Model.

Results: Students in both regions reported PoCUS enhanced the educational value of dissection and improved their ability to identify structures. Lower limb participants perceived greater benefit, particularly for identifying vascular and neural structures and understanding spatial relationships. Students described increased engagement, but noted challenges such as unfamiliarity with ultrasound operation, image quality, and time constraints. Most recommended additional PoCUS training.

Discussion: PoCUS-guided dissection appears feasible and valuable for ASE students, with lower limb integration offering greatest perceived benefit. Further research with larger cohorts is warranted.

P-53 Illuminating the Culture of Medicine: Burnout and the Role of Applied Mindfulness Among Physicians Who Serve and Identify with Equity-Deserving Groups

Anuoluwa Popoola (Lead Author), **Kyobin Hwang** (Co Author), **Kevin Wang** (Co Author), **Eleanor Weisbaum** (Co Author), **Tea Christopoulos** (Co Author)

Methods: Following a 5-week AMP-MP training that consisted of weekly 2-hour didactic and experiential sessions, we conducted semi-structured post-program interviews (30-60 min) with resident and staff physicians in the Greater Toronto Area who identify with or serve equity-deserving communities. Field notes supplemented interview data. Twenty-one participants attended the program. Purposive selection ensured strong information power through diversity in clinical experience, mindfulness background, and engagement with equity-deserving communities. Transcripts were analyzed inductively using thematic analysis within an interpretive paradigm.

Results: Twelve physicians were interviewed, with data saturation achieved. Participants described several contributors to burnout, including bullying and overwhelming workloads. They discussed how their identity affects their experience and management of work demands. Drawing on the Maslach Burnout Inventory framework, participants reported that engagement with AMP-MP reduced emotional exhaustion through promoting self-compassion, decreased depersonalization by fostering presence with patients and colleagues, and renewed personal accomplishment by enhancing meaning in work and confidence in leadership roles.

Discussion: This pilot study demonstrates that AMP-MP can meaningfully mitigate burnout and strengthen relational care among physicians serving equity-deserving groups. Integrating AMP-MP into medical curricula and professional development for learners and physicians could promote wellness and catalyze cultural change. Future studies are needed to evaluate the program's impact and guide implementation.

P-54 Building Capacity Through Simulation: A Novel Approach to Teaching Capacity Assessment Skills to Geriatric Psychiatry and Geriatric Medicine Residents

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Methods: Following Kern's six-steps of curriculum development, a preparatory didactic session and two simulation scenarios to assess financial capacity and personal care capacity were developed. A mixed-methods approach evaluated the curriculum's impact. Residents completed pre-post Likert scale surveys and participated in a focus group and three-month follow-up individual interview. Survey and interview data were analyzed using independent t-tests and thematic analysis, respectively.

Results: Six residents participated in the simulation, surveys and focus group. Five participated in individual interviews. Statistical analysis showed learners felt more confident in their knowledge post simulation. Four themes were generated from the interviews, confirming that capacity assessment is a challenging skill to learn with few opportunities for supervision; the simulation provided a good opportunity to practice this skill; working with peers and preceptors in the simulation helped navigate uncertainty and anxiety; and simulation resulted in increased confidence and a change in practice.

Discussion: This novel simulation provided observed training opportunities for GP and GM residents in a low-stakes formative experience. It could be scaled for a wider audience or serve as a model for programs where residents have limited opportunities for assessment of competencies requiring demonstration of capacity assessment skills.

P-55 Exploring the Person-Focused Impact of Assessment in Cpd

Helen Toews (Lead Author), **Dominique Piquette** (Co Author), **Walter Tavares** (Co Author)

Methods: Using a social constructivist perspective, semi-structured interviews explore with HP participants their experiences in a workplace quality improvement program, the value and meaning they derive from these experiences, and how these are used to inform their work-practice. Abductive thematic analysis will examine the theoretical story of the data in relation to the theoretical explanation offered by Billett's workplace learning theory.

Results: Data collection is ongoing. Preliminary findings will be presented.

Discussion: Findings aim to offer insights reshaping CPD assessment design and practices in ways that connect HP personal developmental goals with workplace practice priorities while also informing Billett's workplace learning theory in relation to the HP-CPD context.

P-56 Mentorship or Meltdown? Exploring Student-Supervisor Connection

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Methods: A convenience sample of postgraduate medical residents from a tertiary children's hospital in Canada was recruited. Residents were surveyed February/March 2025. Learners' connectedness with each supervisor was measured using the 12-item Connection Index (score range 1-7), and burnout was assessed using the three dimensions of the Maslach Burnout Inventory (MBI).

Results: Total of 32 residents participated; 27 identified as female, 4 as male, and 1 as another gender. Almost one third of residents were in their second year of the program. The average Connection Index score was 5.88. Higher connectedness with supervisors was associated with lower levels of burnout in two of the three MBI dimensions: emotional exhaustion (β = -4.41, 95% CI: -7.04 to -1.80) and depersonalization (β = -3.38, 95% CI: -6.05 to -0.72). No significant association was found between connectedness and the third dimension, personal accomplishment.

Discussion: Overall, residents reported moderate levels of connectedness with their supervisors. However, those with lower connection scores experienced higher levels of burnout. Interventions aimed at strengthening supervisor-learner relationships may help mitigate burnout among medical residents.

P-57 Early Exposure to Rural Healthcare and Its Impact on Youth Career Perspectives

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Methods: A mixed-methods survey distributed to secondary school students (Grades 9-13) gathered demographic data, Likert-scale ratings, and open-ended responses. Quantitative data were analyzed with descriptive and comparative statistics; qualitative responses underwent thematic analysis.

Results: In total, 262 responses were collected. Participants agreed rural healthcare challenges are unique (87-94%), with less consensus on adequate access (57-65%). Thematic analyses demonstrated three rural healthcare perception strength and weakness themes each, predominantly Community and Personal Relationships and Shortage of Healthcare Providers and Specialized Care. Additionally, three themes related to future health career aspirations emerged, with Workforce Contribution identified as the most salient. The majority of participants had no exposure to rural healthcare topics in school (72%).

Discussion: Participants demonstrated an emerging understanding of rural healthcare strengths and weaknesses. Despite diverse motivations to contribute to rural health workforces, limited formal learning opportunities highlight gaps in career exploration. Educational exposure, mentorship, and out--each to support rural youth is essential to maintain and grow the rural healthcare workforce.

P-58 Retention of Francophone Physicians in New Brunswick: A 40-Year Case Study of Distributed Medical Education

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Methods: Using a historical registry of NB francophone students linked with the provincial physician registry, we identified physicians who trained in Francophone medical education programs since 1981. We describe practice location (2024) and compare the likelihood of practicing in NB using logistic regression.

Results: Of 845 physicians identified, practice location was determined for 812 (96.1%). Most were family physicians (486; 60.1%). In 2024, more family physicians were practicing in NB than specialists (70.7% vs 51.5%). Retention was highest among family physicians who completed both medical school and postgraduate training in NB [OR (95%CI) 27.9 (11.0,70.9)], reflecting the magnitude of the effect of training and a smaller comparison group (e.g., medical school in NB but not residency in NB, n=36).

Discussion: Francophone medical education in NB represents a compelling case study of how DME strengthens local physician retention. Our findings demonstrate that training physicians locally, particularly in family medicine, has important and positive impacts on provincial workforce supply. This is especially important for improving access to health services in French, where needs remain high.

P-59 Building Inclusive Spaces: Developing Chair and Participant Guides to Foster Accessible Meetings in Medical Education

Aida Bangoura (Lead Author), **Kelsie Campbell** (Co Author), **Nada Strathearn** (Co Author), **Aarzoo Nathani** (Co Author), **Marie Horton** (Co Author)

Methods: Drawing on evidence-based practices in accessibility, bilingualism, and equity, as well as feedback from committee and network members, the AFMC Equity, Diversity, Inclusion and Belonging Committee and Social Accountability Team designed structured recommendations for both meeting chairs and participants. The guides outline in--lusive practices across all meeting stages-before, during, and after-while addressing accessibility domains including linguistic inclusion, physical and cognitive access, and considerations for mental health. Highlighting the before/during/after structure makes clear the systematic application of inclusion practices, which is central to the innovation of these guides. Practical strategies, such as framing agenda items as questions, embedding land acknowledgements, providing live transcription, and encouraging reflection post-meeting, were incorporated to ensure usability and adaptability in diverse contexts.

Results: The dual-guide approach supports inclusivity from multiple vantage points: Chairs are empowered with tools to facilitate equitable discussions, while participants receive guidance to engage respectfully and actively. Early implementation across AFMC committees and networks has demonstrated improved engagement from Francophone and accessibility-seeking participants, alongside greater awareness of inclusive facilitation strategies among chairs. Feedback has highlighted the clarity, practicality, and adaptability of the guides for both virtual and in-person contexts.

Discussion: These resources contribute to embedding equity and social accountability into the culture of academic medicine by transforming routine meetings into inclusive learning and decision-making environments. The guides provide a replicable model for medical faculties, healthcare organizations, and academic associations seeking to operationalize inclusivity in governance and collaboration. Given the international audience of ICAM, the

global applicability of these resources is an important consideration-they can be adapted to diverse regional, institutional, and cultural contexts. Future work will focus on evaluation metrics and periodic enhancements, including participant satisfaction surveys, observed changes in participation patterns, and documentation of accessibility practices, to strengthen the evidence base for inclusive meeting practices.

P-60 Poisoning the Pre-Matriculation Well: Effects of Admissions Policies on Aspiring Professional Student Wellbeing

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Methods: To begin this inquiry, we conducted an environmental scan of the rationale, potential impacts, and influence on selection decisions associated with publicly available admissions policies concerning full course load requirements from Canada's 19 medical schools. Our goal was to qualitatively describe the policy discourse with specific consideration for the implications to applicants facing adversity. This process was guided by the tenets of critical discourse analysis, with an iteratively developed coding schema informed by the 3-i policy analysis framework.

Results: Our analysis reveals substantial variation in how full and reduced course loads are contemplated in Canadian medical school admission policies. Some policies reflect strong institutional values around the "ideal" student and educational norms, which have the potential to deter medical aspirants from seeking accommodations or reducing their course loads in the face of adversity.

Discussion: The findings inform actionable recommendations for education leaders and policymakers to promote admissions practices that promote applicant and, in turn, medical student well-being.

P-61 Teaching Empathy to Medical Students Through Virtual Reality: an Immersive Patient-Partner Experience in Early Clerkship

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Methods: Seventy-one medical students from Université Laval and the University of Ottawa participated in the experience in early clerkship. Student satisfaction was assessed in terms of usability (System Usability Scale [SUS], Net Promoter Score [NPS]), virtual-reality experience (Slater-Usoh-Steed Questionnaire [SUSQ] and IGroup Presence Questionnaire [IPQ]). Narrative comments were also collected.

Results: Students found the experience easy to use (SUS 69.3/100 ± 15.6), but few would recommend the activity (NPS -28.6/±100). They reported a moderate sense of presence (SUSQ 4.41/7) and perceived the experience as rather passive (IPQ total 2.78/5). Highlighted strengths included the scenario's realism, the novelty of the teaching method, and the ease of stepping into the patient's shoes. Participants appreciated observing concrete communication techniques. Sources of dissatisfaction included the lengthy duration, lack of interaction, and episodes of cybersickness.

Discussion: These student-satisfaction findings will prompt faculty to enhance both the preparation and debriefing phases to ensure students better achieve the activity's objectives. Future data will determine whether offering the experience later in the curriculum would yield greater benefits for students.

P-62 Educating for Impact: Social Accountability (Sa) and the Role of Medical Students Worldwide

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Methods: To bridge this gap, IFMSA launched a range of initiatives to promote SA and build the capacity of medical students. These initiatives include contribution to the Students' Declaration on SA and the development of a manual and toolkit featuring a SA in ME assessment tool, in collaboration with theNET. The IFMSA policy on SA, introduced in 2020, was readopted in 2024. Additionally, the peer-led Social Accountability Workshop (SAW), launched in 2021, provides hands-on training, while global campaigns continue to raise awareness and advance SA worldwide.

Results: Hundreds of medical students worldwide have participated in IFMSA's activities, and the student toolkit is used by numerous medical schools. Since September 2025, 4 SAWs have trained over 180 students from more than 60 countries, with sessions in French, Spanish, and English. Additionally, NMOs reported 5 SA-related projects. A comprehensive report on workshop impact, including pre- and post-assessments and broader SA activities, will be presented at the conference, alongside updates on ongoing initiatives.

Discussion: By fostering SA among students, IFMSA promotes equitable and sustainable healthcare solutions, enabling future health professionals to respond effectively to diverse community needs and contribute to the improvement of health systems globally.

P-63 Barriers to Medical Research in Emerging Academia

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Methods: The program trained PPs, including a document with instructions regarding the scenario of the station, a virtual meeting with the selection committee, and a lecture on the interview process and evaluation biases. They participated as role-players in one MMI station, and their ratings contributed to 50% of the score. We collected scores from PPs and physician assessors and compared them. Post-interview surveys were sent to applicants and assessors.

Results: Among the IM candidates who answered the post-interview survey (51 out of 173), 70% rated the contribution of PPs between 8 and 10 out of 10. Two candidates reported their interaction with the PP was confusing. All seven assessors who attended the debrief agreed that PPs enhanced authenticity and allowed assessors to observe more freely. A moderate correlation was found between PP and physician scores (Pearson's $r = 0.485$, $p < 0.0001$).

Discussion: Feedback from the candidates and the assessors highlights that better coaching of PPs is needed to clarify station objectives and optimize their role. This innovation offers a valuable model for programs seeking to enhance patient-centeredness in selection processes.

P-64 Le Mentorat Des Étudiants Noirs en Médecine Au Canada :Une Étude Qualitative

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Methods: Des entrevues semi-dirigées ont été menées auprès de mentorés, mentors et administrateurs issus de diverses facultés de médecine au Canada. Les thèmes abordés concernaient les besoins en mentorat, la dynamique des relations mentorales, la connaissance des programmes et les stratégies mises en place. Une analyse thématique a été effectuée suivant l'approche décrite par Gale et al. (2013).

Results: 23 entrevues ont été analysées (12 mentorés, 6 mentors, 5 administrateurs). Le principal obstacle identifié est le manque de mentors aptes à répondre aux besoins spécifiques des étudiants noirs. Pour la majorité des participants, la concordance ethnoraciale entre mentor et mentoré est essentielle pour établir une relation mentorale satisfaisante. Chez les participants francophones du Québec, la barrière linguistique et la distance géographique avec des mentors anglophones situés hors province ont aussi été relevées comme contraintes.

Discussion: Ces résultats montrent la nécessité de programmes de mentorat adaptés aux réalités particulières des étudiants noirs, tenant compte du manque de mentors, de la concordance ethnoraciale et des contraintes linguistiques, afin de renforcer leur inclusion en milieu médical.

P-65 La Gamification Dans L'enseignement Des Sciences Anatomiques Aux Étudiants Des Professions De Santé : Une Revue Narrative Structurée

Hélène Martel (Lead Author), **Salomon Fotsing** (Co Author), **Alireza Jalali** (Co Author)

Methods: Ce travail a été réalisé en suivant les étapes méthodologiques proposées par Mina Zarei (2025). Les sources consultées incluaient MEDLINE, EMBASE, CINAHL, SCOPUS, Education Source et ERIC. Seules les études expérimentales menées auprès d'étudiants en professions de santé utilisant un devis quantitatif avec mesures objectives de performance et analyses subjectives quantifiées ont été retenues.

Results: Des 284 études recensées, 35 ont été retenues pour extraction. Les données indiquent que les outils gamifiés employés en enseignement de l'anatomie humaine font appel à des activités en groupe ou individuel et utilisent des plateformes physiques ou digitales. Chez les étudiants, la gamification favorise l'acquisition de nouvelles connaissances, améliore les performances académiques en anatomie musculosquelettique, en histologie ou en physiologie, et facilite l'intégration des connaissances acquises par des mises en situation clinique en groupe. Il ressort également que les étudiants considèrent ces outils gamifiés comme efficace pour renforcer la compréhension, la confiance et le travail coopératif.

Discussion: À l'instar de la réalité virtuelle et augmentée (Duarte et al.,2020), la gamification constitue une approche d'apprentissage actif de l'anatomie humaine. Cette revue soutient son appropria--ion et encourage son intégration dans l'ensei--nement de l'anatomie humaine dans les profes--ions de santé.

P-66 Diversity by the Numbers: Workforce Census Insights From A Faculty of Medicine & Dentistry

Lisa Purdy (Lead Author), **Tyler Cole** (Co Author)

Methods: An anonymous online survey was distributed to all faculty, clinical faculty, non-academic and contract staff, and dentistry personnel. Gender, sexual orientation, Indigeneity, disability, and visible minority status items were developed or adapted from Statistics Canada, University of Alberta, and peer institution surveys. Additional questions addressed teaching roles, years of service, academic rank, leadership, and geographic location. Strict data suppression rules protected privacy, withholding results for any category with fewer than 10 responses.

Results: A total of 917 responses were received (34% response rate). Most respondents identified as women or men; responses from participants identifying with gender identities not listed were suppressed due to low numbers. Visible minorities comprised 25.9% of respondents which is below Edmon--on but aligns with the province of Alberta. 1.5% identified as Indigenous. The majority of participants reported heterosexual orientation 79.6%). Challenges, concerns or barriers relating to a disability were reported by 9.8%. Nearly half of faculty respondents held leadership roles (44.1%), the majority of clinical faculty were urban-based (85.3%), and academic ranks were evenly distributed.

Discussion: The findings from this census provide a clear baseline of workforce demographics, identify representation gaps, and enable tracking of changes over time. Ongoing data collection enables FoMD to implement targeted, data-driven, equity, diversity, and inclusion (EDI) initiatives while promoting transparency and accountability. Continued systematic monitoring will support alignment with strategic planning goals and guide ongoing EDI initiatives.

P-67 Redefining Early Surgical Education: the Pre-Clerkship Curriculum in Surgical Education Initiative

Fatima Gafoor (Lead Author), **Andrew D'Elia** (Lead Author), **Armaan Dhanoa** (Co Author), **Sabrina Zhu** (Co Author), **Eisar Al-Sukhni** (Co Author), **Jory Simpson** (Co Author)

Methods: PRECISE launched at the University of Toronto with 15 educational events spanning surgical subspecialties, patient perspectives, and skills workshops. Sessions include: Introduction to Surgery and the Operating Room, The Art of Surgery, Patient Perspectives: Breast Cancer, Women in Surgery, and Introduction to CaRMS and Rotations in Surgery. Sessions were co-designed by students with faculty, residents, and patients. Post-session surveys assessed students' perceptions of session usefulness, educational value, and impact on surgical exposure, along with overall satisfaction.

Results: On average, PRECISE attracted over 40 students per session, with a 70% post-session survey response rate. Perceived usefulness was high (mean = 4.64/5), with the majority of students strongly agreeing that sessions were valuable. Students reported increased exposure to surgical topics not typically covered in the medical school curriculum (mean = 4.28/5) and that the sessions effectively highlighted the humanistic side of surgery (mean = 4.40/5). Participants valued early surgical exposure, mentorship, and patient perspectives, while qualitative feedback suggested increased confidence in considering surgical careers. Students also indicated a strong likelihood of recommending the event to peers (mean = 4.59/5).

Discussion: PRECISE demonstrates that a learner-led surgical curriculum is feasible, well attended, and positively received. Initial feedback suggests it enhances perceptions of surgery, supports career exploration, and provides meaningful early engagement. This model may inform future initiatives to increase surgical exposure in preclerkship education.

P-68 Multimodal Analgesia and Chronic Pain Education for Non-Anesthesiologists: A Narrative Review

Huzaifa Saeed (Co Author), **Husnaat Bajwa** (Lead Author), **Adam Hussain** (Co Author)

Methods: A narrative review of literature was performed using PubMed and Google Scholar (2000-2025). Search terms included multimodal analgesia, chronic pain, curriculum, undergraduate medical education, postgraduate education.

Results: Pain curricula were inconsistent across institutions, with emphasis often limited to pharmacology. Few programs provided structured exposure to interventional procedures, non-opioid strategies, or psychosocial approaches. Integrated, case-based learning and interprofessional education models showed the greatest impact on learner confidence.

Discussion: Structured curricula emphasizing multimodal analgesia are needed for trainees in primary care, surgery, and internal medicine. Embedding chronic pain modules into existing programs may reduce opioid overreliance and improve patient outcomes.

P-69 Cocreate Health Sprints: an Interdisciplinary, Community-Partnered Model for Experiential Learning in Medical Education

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Methods: The inaugural sprint, scheduled for November 2025, will run over three days (20-25 hours) and engages undergraduate, graduate, and medical students. Co-led by the Faculty of Medicine, the Telfer School of Management, and the Alliance to End Homelessness Ottawa, the sprint will focus on preventing youth homelessness, aligned with the municipal commitment to end youth homelessness by 2030. Students will work in diverse teams, supported by faculty mentors and community partners. The structured process guides participants through problem framing, ideation, and solution development, culminating in a presentation, short report, and reflective assignment.

Results: The sprints have inspired strong institutional and community engagement, with high student interest across faculties including robust participation from graduate students within the Faculty of Medicine. Anticipated outcomes include enhanced competencies in interdisciplinary teamwork, systems thinking, leadership, and applied problem-solving. Sprint are expected to inform a model for integrating real-world challenges into medical school curricula.

Discussion: CoCreate Health Sprints are anticipated to provide a scalable, experiential curricular approach for bridging academic learning and community impact. By combining interdisciplinary collaboration, mentorship, and applied problem-solving, the initiative aims to prepare students as so-ially accountable change-makers while generating actionable solutions to pressing health and societal challenges.

P-70 Impact of Peer-Led Assessment for High Fidelity in Situ Acls Simulation in Anesthesia Residency Training

Mian-Mian Cindy Kao (Lead Author), **Shelby Wallace** (Co Author), **Katelyn Wang** (Co Author), **Erika Haskings** (Co Author), **Simone Crooks** (Co Author), **Eric St Amand** (Co Author), **Michelle Chiu** (Co Author), **Curtis Nickel** (Co Author)

Methods: An electronic survey was distributed to all ACLS milestone participants, followed by a focus group to enable qualitative thematic analysis. Coding and analysis were completed by 2 independent reviewers in an iterative process to ensure all important themes were identified.

Results: A total of 34 participants responded to the survey. All participants felt that peer-assessment of their performance was accurate. 62% of participants endorsed a change in stress when being evaluated by a peer, with 5 residents noting increased stress. The focus group consisted of 3 residents with the most common theme being that they enjoyed peer feedback. However, it was noted by 1 participant that feedback may be inaccurate if given by a peer.

Discussion: In high-stakes settings such as perioperative cardiac arrest, residents endorse findings similar to those observed in low-stakes settings. They report positive experiences but do have concerns with evaluation accuracy and increased stress from peer evaluation. This demonstrates that peer assessment has similar effectiveness in high-stakes learning environments to what is described in literature.

P-71 Développement D'un Programme De Formation Interprofessionnelle Pour Les Professions De La Santé À L'université D'ottawa : Une Étude Qualitative

Aly Julien (Lead Author), **Michelle Anawati** (Lead Author), **Salomon Fotsing** (Co Author), **Vanessa Tassé** (Co Author), **Marie-Pier Vandette** (Co Author), **Lina Shoppoff** (Co Author), **Christine Landry** (Co Author), **Judy King** (Co Author), **Isabelle Giroux** (Co Author), **Michelle Dorion** (Co Author), **John Joanisse** (Co Author), **Daniel Hubert** (Co Author), **Jacob Lefebvre** (Co Author)

Methods: Une approche qualitative a été adoptée. Les données ont été recueillies lors d'un atelier à l'Hôpital Montfort, comprenant des groupes de discussion et des avis d'experts. Les participants (n=23) incluaient des étudiants, des professionnels et des gestionnaires en santé. Les transcriptions ont été analysées au moyen d'une analyse thématique inductive, selon l'approche décrite par Braun et Clarke (2006).

Results: Les discussions mettent en évidence l'importance d'une formation interprofessionnelle structurée et obligatoire, ouverte à toutes les disciplines en santé. Les participants ont également soulevé plusieurs obstacles, notamment l'absence de formations interprofessionnelles formelles et le manque de ressources. Parmi les pistes d'amélioration proposées figuraient la création d'un comité interfacultaire, l'établissement d'un centre dédié à l'interprofessionnalisme, ainsi que l'organisation d'activités pédagogiques concrètes, telles que des séances de simulation.

Discussion: Les résultats montrent la nécessité d'intégrer une formation interprofessionnelle dans le curriculum des professions en santé. Un curriculum obligatoire, des activités pratiques et une évaluation par compétences favoriseraient une implantation durable et contribueraient à renforcer la col-aboration entre les milieux académiques et cliniques en Ontario et ailleurs au Canada.

P-72 Virtual Consultation Simulation for New to Practice Rural International Medical Graduates - Education Innovation

Taofiq Oyedokun (Lead Author), **Carlyn Gardner** (Co Author), **Obianuju Asiodu** (Co Author), **Carla Fehr** (Co Author), **Jon Witt** (Co Author)

Methods: This innovation was developed using Kern and Thomas' six-step model of curriculum development. Implementation begins with a didactic lecture on effective telephone consultations and the completion of the Postgraduate Medical Education (PGME) Quality Referral and Consultation Education module (University of Saskatchewan). Approximately three months later, participants join a three-hour Zoom session with two facilitators, one confederate, and approximately 15 learners. Evaluation follows Kirkpatrick's four-level model.

Results: Participants valued the interactive breakout sessions, real-life case practice, and constructive feedback. The structured format highlighted the importance of preparation, clarity, and organization in effective consultations. Learners described the sessions as engaging, supportive, and well-organized, and requested more time for additional practice.

Discussion: Effectiveness was assessed through observation of engagement and participant evaluations. Feedback emphasized the session's interactivity, practical relevance, and the benefit of real-time mentorship. Future work will explore the simulation's impact on participants' clinical behaviors and outcomes.

P-73 Exploring How Medical Student Background and Prior Experience Influence Outcomes of A Community Partner-Led Learning Program

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Methods: A mixed-methods online survey was distributed to a class of undergraduate medical students engaging in community partner-led learning programs. Learner outcomes and perceptions are assessed using a five-point Likert scale. Respondents are grouped based on educational background, public sector or social services experience, rurality, and prior experience with similar equity-deserving populations. Moreover, differences in comfort, satisfaction, and perceived learning are analyzed.

Results: Student reported impact of their experiences were different based on level of education, career background, and prior work with similar populations. identify learner characteristics that may predict differences in program impact.

Discussion: Findings will inform improvements to community partner-led learning programs by clarifying how learner characteristics relate to outcomes such as comfort level and satisfaction. This may support more tailored community partner placements and increased support for students, maximizing student learning. Insights may also guide the design and implementation of similar community partner-led learning programs at other Canadian medical schools.

P-75 Course Analysis Reports

Petar Petrov (Lead Author), **Lana Bistritz** (Co Author)

Methods: The curriculum was comprehensively mapped. Each teaching and learning activity was linked to relevant topic tags (e.g., content areas, MCC topics), and each Session-level objective (SLO) was aligned with the CLOs it supports. Assessment items (e.g., multiple-choice, short- and long-answer questions) were similarly mapped to topic tags and CLOs. This tagging enabled the generation of Course Analysis Reports highlighting direct links between CLO's, SLO's and assessment items to identify areas of gaps, under- or over-representation in both teaching and assessment.

Results: The reports were piloted in the 2024-2025 academic year for Pre-Clerkship Working Groups as part of our cycle of continuous curriculum quality improvement. They facilitated the identification of assessment gaps, which were subsequently addressed by course coordinators, and provided data on the distribution of CLO coverage to support course planning for the following year.

Discussion: Course Analysis Reports offer a systematic, data-driven approach to identifying curricular gaps and redundancies, supporting continuous quality improvement in the MD Program.

P-76 Student Performance Reports

Petar Petrov (Lead Author), **Lana Bistritz** (Co Author), **Kelly Gibson** (Co Author), **Joanne Rodger** (Co Author)

Methods: A comprehensive mapping of program assessments was undertaken, linking each assessment item (e.g., multiple-choice, short/long answer questions) to Course Level Objectives (CLOs) and topic tags (such as content areas and MCC topics). This tagging enabled the generation of individualized Student Performance Reports reflecting performance across these domains, with initial emphasis on Medical Expert CLOs. The reports provided students with quantitative information on how they performed against each Medical Expert CLO as well as the number of assessment questions that tested said CLO. To better understand the utility of the Student Performance Reports, data will be collected from students using surveys and focus groups.

Results: The Curriculum Management Unit (CMU) is piloting the Student Performance Reports in required clerkships during the 2025-26 academic year. Early student feedback has been positive.

Discussion: Pending pilot success, implementation will expand to pre-clerkship courses. In this context, the reports may provide even greater value by offering formative feedback from quizzes and midterms, guiding students to focus their self-directed learning on areas of difficulty.

P-78 What Do We Know About Teaching Efficiency in the Emergency Department? - A Scoping Review

Gabrielle Trépanier (Lead Author), **Henri Garneau** (Co Author), **Luc Goscha** (Co Author), **Audrey-Anne Turcotte-Brousseau** (Co Author)

Methods: A scoping review was conducted in July 2025, following the PRISMA-ScR methodology, to identify key behaviors of efficient emergency physicians. Medline/PubMed, Embase, Google Scholar, and grey literature were searched using controlled vocabulary, and included all types of methodologies except editorials and commentaries. The data were extracted through a standardized, structured process within the Covidence platform.

Results: After screening 6,343 articles, 20 articles met full inclusion criteria. Although no study directly demonstrated a specific set of strategies that improve efficiency, six major teachable themes emerged. Efficient physicians showed greater effectiveness in communication, targeted investigations, overall documentation, and clinical teaching. In addition, they employed specific cognitive and physical strategies like flow management and movement efficiency. Each theme yielded behaviors that either promoted or impeded efficiency.

Discussion: Although our review identified a limited number of articles linking specific physician behaviors to efficiency, it provides insights into behaviors and strategies that can be taught and ob--erved in emergency medicine residents. These findings represent the first step in a broader initiative aimed at developing a standardized observational tool to support the teaching of this competency to emergency medicine residents.

P-79 Evaluating the Interest and Challenges in Pursuing the Clinician Teacher Track in the Division of Medical Oncology at University of Toronto

Meredith Li (Lead Author), **Coralea Kappel** (Co Author), **Kevin Fan** (Co Author), **Susanna Cheng** (Co Author), **Watson Geoffrey** (Co Author)

Methods: A survey evaluating trainees' perception of the CT track was administered in July 2025 to DMO residents in PGY 4-5 and clinical fellows at U of T.

Results: A total of 20 participants (6 residents and 14 fellows) were included. 50% of trainees expressed an interest in the CT track. Only 35% of trainees knew the difference between the academic tracks and 80% did not know where to find more information. Almost all (95%) trainees wanted to know more about the CT track and 80% would like to learn about this early in their training. A minority (20%) was aware of the existing opportunities for training in medical education and teaching, however 85% still reported there was insufficient access.

Discussion: It is evident that many trainees are interested in pursuing the CT track. However, barriers such as late awareness and access to training must be overcome if we wish to provide them with the platform to pursue the CT path.

P-80 Developing A Disability-Inclusive Admissions Self-Assessment Tool for Canadian Medical Schools

Nathan Li (Lead Author), **Cheryl Holmes** (Co Author), **Lisa Graves** (Co Author)

Methods: A narrative review (2010-2025) synthesized peer-reviewed literature on disability in medical education, admissions transparency, and the hidden curriculum, highlighting gaps, including inaccessible standards, missing accessibility contacts, limited role models with disabilities, and stigmatizing cultural signals. These were synthesized into two domains: (1) Policy Transparency (binary checklist items) and (2) Climate and Belonging (Likert-scale items). Kotter's Change Management Framework guided linking measurement to institutional change. Researcher reflexivity acknowledged the student perspective and the need to include learners with disabilities and faculty for validity.

Results: The review informed a four-step protocol for tool development: (1) literature and policy synthesis; (2) collaborators' engagement with learners with disabilities and faculty with or without disabilities; (3) item generation within the domains; and (4) testing with dual raters for reliability. The protocol defines domains and planned steps but remains under development.

Discussion: This project translates literature findings into a reproducible roadmap for medical schools to interrogate ableism and antidisableism in admissions. By addressing transparency and climate, this protocol for a self-assessment tool represents an important step toward embedding disability inclusion in Canadian medical school admis-ions.

P-81 Co-Creating A Logic Model for Program Evaluation of the Doctor of Pharmacy Program with Program Administrators, Faculty, and Pharmacy Learners

Certina Ho (Lead Author) **Danya Nguyen** (Co Author) **Natalie Crown** (Co Author) **Jamie Kellar** (Co Author)

Methods: Representatives of pharmacy learners, faculty members, and program administrators took an initial attempt to review the various components (i.e., input, activities, outputs, and outcomes) of a previously established logic model in 2023. The PharmD Program Curriculum Renewal Retreat was held regularly throughout the 2024-2025 academic year. Insights and feedback from retreat participants were collated and considered to inform the renewed logic model.

Results: An updated logic model was proposed to set priorities and guide program evaluation of the PharmD program. We refer to this model to (1) monitor actions and activities for achieving desired program outcomes; (2) collect and analyze data to prove and improve our program on an ongoing basis; and (3) document and reflect on short-term (e.g., program-related) and long-term (e.g., system-wide) accomplishments or changes of the program. We take into consideration external factors and unintended outcomes of the PharmD program while ensuring feasibility and sustainability of the evaluation efforts.

Discussion: By engaging and gathering insights from program administrators, faculty members, and pharmacy learners, we are committed to improve the delivery and achieve ongoing program evaluation and quality improvement of training for entry-to-practice pharmacists.

P-82 Ai-Augmented Decision-Making in Competence Committees for Competency-Based Medical Education (Cbme)

Nibra Yasin (Lead Author) **Elif Bilgic** (Co Author) **Mohammad Zubairi** (Co Author) **Quang Ngo** (Co Author) **James Leung** (Co Author)

Methods: A retrospective observational study will be conducted using anonymized pediatric residency assessment data at McMaster University. A custom GPT (version GPT-4) was created, and trained using supervised learning to recognize decision-making patterns and generate structured insights. Model performance will be evaluated by comparing AI-generated outputs with historical CC determinations.

Results: To date, anonymized data from nine residents (CBD cohort), incorporating ~1,000 data points, were gathered, including: Entrustable Professional Activity (EPA) assessments, In-Training Evaluation Reports (ITERs), academic coach feedback, and prior CC decisions. Early testing with one resident's data showed that the GPT could accurately synthesize assessment documents and produce CC-aligned decisions. Refinement and testing with additional residents are ongoing.

Discussion: When complete, this study will provide insights into how AI can augment CC decision-making such as subtle pattern identification, and insight generation. Since this study relies on historical CC decisions, potential biases in assessment data may potentiate these biases in AI outputs. Future research will validate the model with prospective data to assess its real-time applicability in pediatric residency training.

P-83 How, Why, and in What Contexts Education Supports Mental Health Professional Practice Change in Knowledge Translation Interventions: A Realist Review

Stacie Carey (Lead Author), **Ryan Brydges** (Co Author), **Nivetha Chandran** (Co Author), **Dean Lising** (Co Author), **Melanie Anderson** (Co Author), **Monika Kastner** (Co Author)

Methods: We developed two initial program theories (IPTs) reflecting KT researchers' assumptions: (1) education is necessary but insufficient for practice change, requiring multifactorial KT interventions; and (2) effective educational strategies incorporate active learning and/or adult learning princi--les. We systematically searched PsycINFO, MED--INE, and ERIC (2010-2024), yielding 1,193 records and 36 articles for inclusion. Data were extracted using a structured template to identify study characteristics and context-mechanism-outcome configurations (CMOCs).

Results: Most studies aligned with IPT2 (74%), with only one-third of these studies reporting objective measures of practice change. Analysis of CMOCs revealed that successful practice change appeared to rely on context-specific educational strategies, ongoing consultation, and substantive system- and organizational-level enablers. Among studies aligned with IPT1 (26%), most reported objective practice change measures, and recurring CMOCs suggested successful practice change was associated with education strategies, participation incentives, tailored implementation plans, and system-level supports.

Discussion: We found that KT researchers infrequently report consulting with educational theory to tailor strategies, and establish clear organizational supports when designing KT interventions for practice change in mental health care. KT researchers would benefit from regularly attending to the context-specific learning mechanisms required to ensure the sustained practice change they intend to cultivate via their interventions.

P-84 Bilingual Self-Compassion Tools for You and Your Patients: Evaluating the Usability and Mental Health Impact of Three Wellness Infographics for Clinicians and Patients

Chelsea Klein (Lead Author), **Mackenzie Barnett** (Co Author), **Eden Mackereth** (Co Author), **Dr. Bryan MacLeod** (Co Author)

Methods: An online course was developed with three modules, each featuring one infographic and its instructional video. Of 76 registered participants, 25 clinicians completed one or more modules and provided structured feedback through surveys. Participants completed a baseline SC knowledge assessment and a follow-up evaluation six weeks later, assessing changes in knowledge, infographic usability, and relevance.

Results: Clinicians demonstrated statistically significant improvements in SC knowledge and application ($p<0.05$). The infographics received a mean relevancy rating of 5.37 out of 6 (Likert scale: 1 = strongly disagree, 6 = strongly agree), indicating strong clinical value. Clinicians also reported that teaching SC principles supported patients coping with stress and positively impacted their own well-being.

Discussion: These findings demonstrate the dual benefit of SC infographics for patients and clinicians, supporting their integration as effective tools in clinical practice. Ongoing analysis will explore patient outcomes and French-language adaptations to improve accessibility in underserved regions.

P-85 Évaluation De L'efficacité Des Lunettes Ray-Ban Meta (Lrbm) Dans La Création De Vidéos Youtube Shorts (Yts) Éducatives Et Bilingues Sur L'anatomie Musculosquelettique (Msk) Cadavérique.

Zahraa El Hajj (Lead Author), **Giorgio Freije** (Co Author), **Salomon Fotsing** (Co Author), **Alireza Jalali** (Co Author)

Methods: Une étude transversale exploratoire a été menée suivant les lignes directrices STROBE. Les vidéos ont été produites à l'aide des (LRBM) et diffusées sous forme de (YTS). Les données des vues ont été colligées et les participants ont été invités à compléter un sondage en ligne visant à recueillir leur sentiment d'auto-efficacité. Les analyses effectuées à l'aide de SPSS ont porté sur le calcul de la fiabilité du sondage, les fréquences descriptives et le test de Mann-Whitney U.

Results: Les données YouTube ont indiqué 42 071 vues. Pour les sondages, 41 participants ont répondu (21 francophones, 20 anglophones), dont 97,6% provenant du domaine de la santé. Au total, 65,9% étaient tout à fait d'accord avoir compris les concepts. Les participants ayant complété le questionnaire en anglais se sentent plus confiants dans leur capacité à comprendre et appliquer les concepts d'anatomie que ceux ayant répondu en français (Mann-Whitney U=100, p=0,004).

Discussion: Le grand nombre de vues et le fort pourcentage de participants ayant indiqué un fort sentiment d'auto-efficacité témoignent de l'intérêt quant à l'utilisation de YouTube Shorts dans l'apprentissage de l'anatomie. Ce format innovant soutient l'enseignement traditionnel et améliore l'accessibilité en contexte bilingue.

P-86 Changes in Canadian Medical School Admissions for Indigenous Students: A Retrospective Cohort Study

Yazmeen Wardman (Lead Author)

Methods: This study is a retrospective data analysis of admission data from all English speaking medical school programs in Canada (2005 to 2024) from direct request or published reports. We calculated whether the proportion of admitted Indigenous medical students met or exceeded provincial and national (5%) averages of the Indigenous population of Canada for each school. Admission trends over time were determined using Poisson regression.

Results: Medical school admissions data were available from 12/14 medical schools. The proportion of Indigenous students admitted relative to the medical school class ranged from 0% to 17% with a median of 4.2% (mean 5.8% (SD 4.07)) during the period evaluated. Overall the number of Indigenous student applications and admissions to medical school increased over time. Four schools met the provincial averages and five met national averages based on the most recent year's data. The Northern Ontario School of Medicine, University of Calgary and the University of Saskatchewan had the highest national and provincial averages.

Discussion: Although the number of Indigenous student applications is increasing, indicating Indigenous-specific programs have helped meet the goal of enrolling a representative proportion of Indigenous students into medical schools in Canada, less than half of schools surveyed are currently achieving Indigenous admissions parity with provincial or national Indigenous population averages.

P-87 Academic Stressors and Sociodemographic Vulnerabilities Among Undergraduate Medical Students in Ottawa

Sierra Land (Lead Author), **Hailey Land** (Co Author), **Jordyn Linders** (Co Author), **Kay-Anne Haykal** (Co Author)

Methods: An anonymous bilingual survey was distributed between May and August 2024 to Doctor of Medicine students at the University of Ottawa. The validated 40-item Medical Student Stressor Questionnaire was used to assess six domains of stress. Sociodemographic variables included age, year of study, sex, LGBTQ2S+ identity, ethnicity, rural or urban upbringing, distance from campus, living arrangements, income, financial status, non-academic work hours, disability status, and dependents. Between-group differences were assessed using t-tests and ANOVA, with multivariate linear regression to examine associations.

Results: Sixty students participated. Academic-related stressors (ARS) were most prominent, particularly "Large amount of content," "Need to do well," "Workload," and "Exams and tests." Pre-clerkship students reported higher stress than clerkship counterparts. Male students experienced significantly greater ARS ($p = 0.006$), while students with disabilities reported higher group activity-related stress ($p = 0.034$). Living with family was associated with greater teaching- and learning-related stress ($p = 0.005$). No significant associations were found with ethnicity, income, or financial supports.

Discussion: Stress is widespread among medical trainees, with distinct sociodemographic vulnerabilities. Findings underscore the need for both universal and targeted wellness interventions to foster equity and learner well-being in undergraduate medical education.

P-88 Evaluating an Asynchronous Virtual Care Module for Healthcare Providers: Knowledge, Confidence, and Satisfaction

Megan Clemens (Lead Author), **Josheil Kaur Boparai** (Co Author), **Robert Glynn** (Co Author), **Gerry White** (Co Author), **Vernon Curran** (Co Author)

Methods: The module covered etiquette, troubleshooting, adapted physical examinations, documentation, and remuneration. Interactive features included videos, quizzes, and reflection prompts. Data were collected through electronic surveys at baseline, mid-module, and post-module. Surveys assessed knowledge (multiple choice), confidence (Likert scales), and satisfaction (short-answer feedback). Quantitative data were analyzed using descriptive statistics, paired t-tests, or Wilcoxon signed-rank tests. Qualitative data were thematically analyzed.

Results: Between 9 and 22 learners responded at each time point. Participants were diverse, most identifying as male (66.7%), general practitioners (55.6%), and hospital-based (55.6%). Learners reported high satisfaction with module relevance and usability, though they requested more case-based content. Statistically significant improvements were observed in confidence ($n=20$-21, $p <.001$-$.009$) and knowledge ($n=20$-22, $p=.046$).

Discussion: The module significantly improved knowledge and confidence, with strong satisfaction ratings. Limitations include small sample size and absence of long-term follow-up on clinical practice. Findings support incorporating asynchronous modules into CPD to enhance provider competencies in virtual care. Future work should expand case-based content and evaluate scalability across professions for interprofessional training.

P-89 Guiding Competence: A Learner-Centered Epa Tool for Navigating the Transition to Residency

Nicholas Dunn (Lead Author), **Jonah Rakoff** (Co Author), **Jason Guo** (Co Author), **Urmi Sheth** (Co Author), **Matt Sibbald** (Co Author)

Methods: We mapped the 12 AFMC UGME EPAs against the Royal College TtD EPAs for 27 direct-entry residency programs. Overlap was categorized as complete, partial, or absent through independent coding and consensus. These data were integrated into a web-based application that allows learners to explore alignment and identify discipline-specific priorities.

Results: The tool provides an interactive interface where learners can select a residency discipline to view overlap between UGME and TtD EPAs. Users can identify which UGME EPAs are most relevant for preparation, compare each TtD EPA against all 12 UGME EPAs, and visualize areas of strong, weak, or absent overlap. The platform also links to official Royal College EPA documentation. Its simple, clear design supports both self-directed learning and faculty advising.

Discussion: This tool addresses a key gap by providing practical, accessible guidance for competency-based preparation. By making overlap and gaps explicit, it empowers students to identify growth areas, supports faculty advising, and highlights opportunities for curriculum alignment. Next steps include evaluating user experience, adoption across institutions, and impact on learner preparedness.

P-90 A Comparative Evaluation of Large Language Model Generated Notes From Medical Lecture Transcripts

Ahmad Hassan (Lead Author), **Kareem Sadek** (Co Author), **Joshua Seto** (Co Author), **Omar El Ferri** (Co Author), **Mike Paget** (Co Author), **Irene Ma** (Co Author), **Janeve Desy** (Co Author)

Methods: A series of audio transcripts from faculty-recorded comprehensive single-topic lectures are summarized using four LLMs (OpenAI ChatGPT, Anthropic Claude, Google Gemini, and Microsoft Copilot), with a fixed prompt for comparability. Generated lecture summary notes are rated with a modified version of the Provider Documentation Summarization Quality Instrument (PDSQI-9) by three blinded medical student reviewers and a faculty content expert. REB25-1304 pending.

Results: Each LLM is evaluated in terms of accuracy, thoroughness, usefulness, organization, comprehensibility, succinctness, and synthesis. Summary notes are analyzed for substantive validity, supported by correlations between note length and scoring for succinctness and organization. Structural validity and content validity are highlighted by factor analysis of accuracy, thoroughness, usefulness, and comprehensibility. Within-model and between-model LLM differences are demonstrated by inter-rater reliability and discriminant validity.

Discussion: This study represents the first comprehensive benchmarking of widely used LLMs for summarization of medical lectures and generation of educational lecture notes, providing evidence-based guidance for safe and effective integration in undergraduate medical education and beyond. It also lays the groundwork for a validated, centralized LLM-supported learning workflow which UME programs can use.

P-91 From Aspiration to Admission: Understanding Pre-Medical Student Perceptions and Decision Making in Pursuing A Medical Career

Luxshikka Canthiya (Lead Author), **Amirashkan Bouriayee** (Co Author), **Michael Wang** (Co Author), **Rida Qamar** (Co Author), **Anita Acai** (Co Author), **Beatrice Preti** (Co Author)

Methods: Twelve pre-medical students were recruited through online forum posts and snowball sampling. Semi-structured interviews explored their perceptions and decision making. Reflective thematic analysis was conducted, with regular team debriefings.

Results: Four themes were developed: a) students sought formal and informal influences (medical role models, media depictions) to construct understandings of the application process, both informing and perpetuating accurate and inaccurate expectations; b) they engaged in early, performative strategizing, to navigate the perceived competitive system, often at the expense of intrinsic exploration and well-being; c) this iterative process involved trial, adaptation and reflection, with pressures to conform to perceived norms of the ideal medical student "archetype"; and d) students experienced a tension between authenticity versus "what the system wants," often perpetuating unhealthy attitudes towards identity formation and self-concept.

Discussion: Findings aligned with a contemplation-led constructivist model, where limited transparency and confirmation bias formed an "echo-chamber." This authenticity-desirability tension reflects impression management and the hidden curriculum. Our findings suggest a need for more transparent, outreach opportunities between the medical community and pre-medical students, to avoid the echo-chamber and reduce inauthenticity and burnout.

P-92 Formalizing Ugme Observership Experiences at A New School of Medicine

Dorothy Bakker (Co Author), **Clare Hutchinson** (Co Author), **Riley Alvarez** (Lead Author), **Neil Dattani** (Co Author)

Methods: We developed a framework of standardized expectations and learning objectives to enhance the educational value of observerships for pre-clerkship medical students. This framework includes pre-observership preparation, clinical learning goals, and post-observership reflection and assessment. We will critically analyze student survey responses to highlight key aspects to address to optimize the learning experience.

Results: The proposed framework includes clear expectations for supervisor engagement, integration of students into interprofessional teams, and standardized learning objectives which focus on clinical environment orientation, communication with healthcare professionals, and observation of patient-centered care. We anticipate our surveys will demonstrate the educational benefits of this framework and ways to optimize it.

Discussion: Introducing structured observership guidelines offers an opportunity to align early clinical experiences with curricular goals, improves equity in educational access across clinical sites, and ensures participating clinical sites have sufficient capacity for these junior medical trainees. Our standardized learning objectives can support pre-clerkship medical students in forming foundational professional identities and facilitate more meaningful engagement with the healthcare environment. Adoption of this framework may benefit curriculum designers, clinical teaching sites, supervisors, and students alike.

P-93 Narrative Feedback Using Z-Score Zones in Large Medical School Classes

Andrea Guerin (Lead Author), **Eleni Katsoulas** (Co Author), **Danielle Blouin** (Co Author)

Methods: We introduced a new "Zone Number" entry into the gradebook for pre-clerkship final exam assessments in large, exam-based courses. Each student's score was converted into a z-score using the formula =STANDARDIZE(score, mean, standard deviation). Based on their z-score, students were categorized into one of four performance zones: Red (Zone 1: >2 SD below mean), Yellow (Zone 2: >1.5 SD below mean), Green (Zone 3: within ±1.5 SD), or Blue (Zone 4: >1.5 SD above mean). Each zone corresponded to a standardized narrative description, delivered via the learning management system. This narrative contextualized the student's performance relative to the class and provided encouragement or guidance as appropriate.

Results: In a pilot course, 93% of students were categorized in the Green zone, 4% in Red, 3% in Yellow, and the remainder in Blue. This distribution allowed for clear communication of performance benchmarks and facilitated early identification of students requiring support. Each zone corresponds to a personalized narrative message consistent with the performance zone that can be provided to the student.

Discussion: This standardized z-score and zone-based narrative assessment strategy offers a feasible, efficient approach to providing individualized feedback in large classes. It enables educators to promote student reflection and support academic success, even in high-enrollment settings without individualized observation.

P-94 Medical School Admissions in A New Era of Artificial Intelligence

Joshua Choi (Lead Author), **Jenny Zhao** (Co Author)

Methods: A within-subject experimental design was employed. Eight participants (academic clinicians, faculty researchers, medical students, and a community member) rated essays written by 24 undergraduate students and recent graduates from McMaster University. The students were divided into four groups: medical school aspirants with AI assistance (ASP-AI), aspirants without AI assistance (ASP), non-aspirants with AI assistance (NASP-AI), and essays generated solely by ChatGPT 3.5 (AI-ONLY). Participants were provided training in the application of single Likert scale assessment tool before rating. Differences in ratings by writer group were determined via one-way between group ANOVA.

Results: Analyses revealed no statistically significant differences in ratings across the four writer groups ($p = .358$). The intraclass correlation coefficient was .147.

Discussion: The proliferation of AI adds to prevailing questions about the value personal statements and essays have in supporting applicant selection. We speculate that these assessments hold less value than ever in providing authentic insight into applicant attributes. We use our findings to explore recommendations for medical schools to move away from using essays in admissions.

P-95 By Students, for Students: Creating the Ucalgary Clerkship Companion to Support Transition to Clerkship

Yekta Sharafaddin-zadeh (Lead Author), **Deborah Okusanya** (Co Author), **Adibba Adel** (Co Author)

Methods: Members of the Class of 2026 contributed content using standardized templates with required checklists. Authors synthesized rotation objectives, site nuances, common workflows, practical tips, and "things we wish we'd known," informed by guides from other medical schools and local institutional knowledge. Drafts underwent peer review and editorial harmonization.

Results: Governance structures were established, including a student editorial team with faculty advisors, a content framework, authorship workflow, and version-control processes. Core rotation and elective sections were populated with timelines for completion followed by iterative review. Early reflections suggest improved clarity of expectations and a centralized, high-yield tool that reduces reliance on informal advice. Deliverables include a replicable template, style guide, authorship rubric, and dissemination plan.

Discussion: A student-designed, locally tailored companion is a scalable model for programs with unique structures. We will share development lessons, ready-to-use templates for replication, and implementation insights (recruitment, consistency, usability). This work-in-progress illustrates how stu-ent leadership can capture tacit knowledge to en-ance clerkship readiness and wellness for equita-le dissemination.

P-96 Impact of the Pediatric Hematology/oncolgy Career Education and Scientific Development Conference

Meera Rayar (Co Author), **Donna Johnston** (Lead Author), **Serina Patel** (Co Author), **Roona Sinha** (Co Author), **Christine Sabapathy** (Co Author), **Chiquita Hessels** (Co Author), **Laura Wheaton** (Co Author), **Dawn Pickering** (Co Author), **Stephanie Grover** (Co Author)

Methods: The 2025 PHOCESD was held in Toronto over two days. All Canadian PHO trainees and program directors (PDs) were invited. The agenda was developed collaboratively by RCPSC PHO committee members, Persons with Lived Experience (PWLE), and Advancing Childhood Cancer Experience, Science and Survivorship (ACCESS), the primary sponsor. Sessions covered career development, research communication, a PWLE panel, and a trainee research showcase. Conference evaluation followed Kirkpatrick's model.

Results: Twenty-one trainees and three PDs attended. Of the 21 who completed evaluations (15 trainees, 5 attending physicians, 1 other), all somewhat or strongly agreed they gained new, applicable career knowledge, and felt more enthusiastic about their future. Additionally, 76% strongly agreed and 24% somewhat agreed that the conference enabled valuable networking beyond their home institutions. Trainees highlighted the value of patient-perspective sessions on cancer treatment and survivorship.

Discussion: A dedicated subspecialty conference fosters career development and networking. Integrating PWLE into the program provides unique, meaningful insight and enhances the educational experience for PHO trainees.

P-97 Preparing Primary Care Scholars for Tomorrow

Melissa Graham (Lead Author), **Abbas Ghavam-Rassoul** (Lead Author), **Christie Billings** (Co Author), **Ancy Jacob** (Co Author), **Tobi Lam** (Co Author), **Sandra Fournier** (Co Author), **Anna Loi** (Co Author)

Methods: An anonymous survey was sent to 146 graduates and current students from the past 10 years who were in a Family Medicine stream graduate degrees or who were Family Physicians in the Health Professions Education stream. We conducted follow-up interviews with selected participants to clarify responses and obtain richer data. Descriptive statistics were used to quantify the survey responses. Content analysis was conducted with open text comments; using quantifiable metrics and themes in aggregate to describe the data.

Results: We received 36 survey responses (24.7% response rate) and conducted 9 semi-structured interviews. Themes pertaining to learner and program outcomes included enhanced understanding of healthcare systems lens, feeling empowered to lead change, and broadened career paths and new opportunities. Program components important to maintain include subject matter relevance and small classes that allow for networking and collaboration. Participants identified the practicum experience as an important learning opportunity to apply new skills. Areas for future program innovation included curriculum augmentation and review of course delivery methods. Added coursework in change management, program evaluation, and leadership was recommended. There was variable preferences for delivery methods. 64% preferred a mix of both in-person and virtual learning while only 2.7% preferred all online and 11% preferring all in-person.

Discussion: While academic medicine continues to evolve in terms of necessary knowledge and skills, foundational courses in education, scholarship, policy, and leadership remain essential for today's graduate learner. Online options enhanced access to courses for practicing professionals while in-person experiences allowed for discussion and development of connection with peers and faculty. Findings suggest learners desire is mixture of experiences rather than fully online or all in-person learning.

P-99 Medical Student Perceptions of A Problem-Based Learning Musculoskeletal Medicine Curriculum at A Canadian Institution: A Mixed-Methods Survey

Patricia Farrugia (Co Author), **Andy Deprato** (Lead Author), **Lana Moayad** (Co Author), **Abia Sunil** (Co Author)

Methods: A mixed-methods survey was distributed to the McMaster University medical school class of 2026 assessing tutorial, clinical skill, and anatomy components of the MSK pre-clerkship curriculum and how this shaped preparedness for clerkship. Rating-based and open-ended questions were analyzed through descriptive and thematic analyses with an inductive approach.

Results: Experiences from twenty-six students identified satisfaction with clerkship preparation from clinical skills, though students felt underprepared by tutorials and anatomy. Thematic analysis revealed difficulty with self-teaching the large volume of MSK content, concerns with limited curricular time dedicated to MSK teaching, questions regarding the applicability of PBL for learning anat--my, and requests for didactic anatomy sessions with cadaveric models and summative assessments.

Discussion: This study demonstrated strengths in the PBL approach for in-depth procedural knowledge, though limitations became apparent with the significant MSK content volume in McMaster's four-week pre-clerkship subunit. Noted shortcomings in Canadian medical school MSK curricula and student calls for increased structure suggest that a hybridized delivery through multiple teaching modalities could optimize student learning in the short periods allocated to MSK teaching in the undergraduate medical curriculum.

P-100 Qualitative Assessment of the Impact of Patient Partners in Resident-Led Quality Improvement Initiatives

Lise Huynh (Lead Author), **Debbie Elman** (Co Author)

Methods: We conducted a qualitative exploratory evaluation of the education initiative via focus groups with residents and participating PFAC members.

Results: Both resident and PFAC members described an overall positive experience, noting value in incorporating the patient's voice in QI projects. Whereas residents unanimously described a positive experience, PFAC members' experiences were mixed.

Discussion: Although both parties found the experience feasible and valuable, PFAC members and residents had different perceptions on the experience of collaboration. In teams where interest, bidirectional feedback and effective communication were present, valued contribution and positive experiences were noted.

P-101 Description of an Innovative Interdisciplinary Sports Medicine Rotation During the 2025 59e Finale Des Jeux Du Québec in Trois-Rivières

Maximilien Roy (Lead Author), **Magali Brousseau-Foley** (Co Author), **François Parent** (Co Author), **Marie-Hélène Girouard** (Co Author)

Methods: The Mauricie campus of the University of Montreal's Faculty of Medicine, in collaboration with a partner university's healthcare training programs, developed a two-week sports medicine rotation to provide hands-on experience in medical care at competition sites and at the central health hub during the eight-day event.

Results: Seven medical clerks and four family medicine residents participated. Pre-clerkship online training covered safe sport interventions for young athletes and common medical scenarios encountered in sports medicine, supplemented by optional emergency simulations at competition sites during the event. Under the supervision of physicians and licensed professionals, learners collaborated with athletic therapists, chiropractors, nurses, occupational therapists, and psychologists. For most medical trainees, being present at the sidelines of the sport fields provided a novel setting for their experience. The team conducted nearly 800 diverse interventions over eight days.

Discussion: The preparation of the rotation, its interdisciplinary structure, its implementation, and its outcomes are presented. The pedagogical objectives of the rotation and the learning methods (pre-training, simulations, activities across different sites, and feeback) are explained. The results of the trainees' experience are presented. This innovative rotation provided a robust, unique learning environment. Learners highly valued the targeted training, practical experience, and interdisciplinary collaboration.

P-102 Geospatial Mapping of Family Physician Locations in Saskatchewan

Anurag Saxena (Lead Author), **Loni Desanghere** (Co Author), **Tayyab Shah** (Co Author), **Kathy Lawrence** (Co Author), **Steve Milosavljevic** (Co Author), **Marla Davidson** (Co Author)

Methods: Physician data (2014, 2024) from CPSS website, were cleaned, categorized by specialty, gender, and training background, and standardized for geocoding. Practice locations were aggregated and mapped in ArcGIS Pro. Population data (2011, 2021) from Statistics Canada were joined with census geography to generate centroids. Accessibility was analyzed using the 3-Step Floating Catchment Area (3SFCA) method, which modeled how access diminishes as population distance from a FP grows. Access scores were mapped and categorized into five levels (poor- to-high physician access).

Results: Saskatchewan is served by 1,445 family physicians across 295 clinics, with most trained outside the province. Between 2014 and 2024, physician numbers grew faster than the population. Access remains uneven, with urban centres offering the best availability, as shown by access scores. Physicians increasingly practice in cities, especially University of Saskatchewan graduates, who are significantly less likely to work in rural areas compared to those trained elsewhere.

Discussion: These findings offer vital insights to guide strategic planning and quality improvement efforts within the province. Limitations include discrepancies between this research and other sources, such as the medical services branch, which are likely due to definition or methodological differences. Resolving discrepancies is essential for accurately identifying and addressing health system gaps to support targeted improvements.

P-103 "How to Build A Toxic Department" - Perceptions and Solutions to Organizational Culture and Wellness

Marianne Yeung (Lead Author), **Elif Cakal** (Co Author), **James Kwan** (Co Author), **Stella Yiu** (Co Author)

Methods: ICEM 2025 delegates from 65 nations and ranging from trainees to physician leaders were invited to an interactive poster session "How to Build a Toxic Emergency Department." They discussed the literature, applied +/neutral/- stickers to reveal perceptions of their workplaces on 6 key elements of culture, and wrote solutions for implementation by institutions, departments, individuals. We tallied stickers, transcribed responses, analysed for themes.

Results: Of 87 responses, most agreed/neutral: group norms are explicit, organizational barriers are addressed, all may speak freely, can access mentorship/peer support. Most were neutral/negative that their workplace provides conflict management strategies or addresses bullying/harassment. Solutions - 30 institution, 36 department, 28 individual, focused on relationship building, expectations/accountability, self-reflection and wellness, supports/training.

Discussion: This work provides insights to physicians looking to implement improvements in workplace culture and wellness.

P-104 From Science Sidelines to Changing Lives Bedside: Educating Healthcare Providers on the Evolving Hemophilia Treatment Landscape

Paula James (Lead Author), **Eleftherios Soleas** (Lead Author), **David Lillicrap** (Co Author), **Jennifer Leung** (Co Author), **Lisa Thibeault** (Co Author), **Megan Chaigneau** (Co Author), **Laura Wheaton** (Co Author)

Methods: Developed collaboratively by healthcare professionals, patient experts, and educationalists, the program includes interactive asynchronous modules framed by pre- and post-knowledge assessments, case-driven learning scenarios, and reflective activities. Phase 1 (complete) involved evidence synthesis and barrier identification. Phase 2 (complete) focused on content creation. Phase 3 (Ongoing Fall 2025) will evaluate outcomes using learning analytics, knowledge gains, and behavior change metrics established through follow-up. Open-access patient education resources co-created with patient partners will also be developed and shared internationally through partnerships with the World Hemophilia Federation and the Centre for Excellence in Partnerships with Patients and the Public.

Results: Expected outcomes include increased learner knowledge, confidence, and alignment with gold-standard treatment guidelines; enhanced interdisciplinary collaboration; and empowered patient-provider shared decision-making. The program's innovative approach leverages longitudinal reinforcement, adaptive learning tailored by profession, and patient-centered co-created materials that are mobilized nationally and internationally.

Discussion: This initiative represents a transformative advance in hemophilia education, addressing gaps in uptake of novel therapies and fostering improved patient outcomes through comprehensive, engaging, and scalable professional development. Results will inform future interprofessional educational strategies in rare and evolving disease landscapes.

P-105 Strategic and Streamlined: Innovations and Lessons in Comprehensive Implementation of 12 Epas in Ugme

Shujiao Wang (Lead Author), **Sabrina Fallavollita** (Co Author), **Marian Jazvac-Martek** (Co Author), **Melanie Mondou** (Co Author)

Methods: New EPA forms combining structured checklists with overall entrustment ratings were developed and harmonized with existing PGME forms. To accommodate workload constraints, conceptually linked EPAs were consolidated and strategically assigned based on course length and characteristics. Completed EPA forms were used as data to quantitatively analyze progressions, spread and usage of the form , while narrative feedback was analyzed thematically for patterns, strengths, and areas for improvement.

Results: Implementation yielded high completion and pass rates across courses, and entrustment ratings increased with learner seniority, establishing initial construct validity. Narrative feedback to students was overall specific and actionable, providing valuable insights for learners' development. Certain comments, however, were less focused, suggesting users framing comments in terms of ITER feedback structure. Additionally, some inconsistent use of the "next steps" sections of the forms, suggests further ameliorations required with support from faculty development.

Discussion: Our findings support the feasibility of comprehensive EPA implementation in UGME with strategic design and integration. This approach captured students' developmental progression, supporting the potential of such systems to track growth over time (Lomis et al., 2021). This underscores the importance for faculty development to support consistent and effective feedback. These insights advance the refinement of EPA use in UGME and offer practical guidance for institutions pursuing similar initiatives.

P-106 Targeted Faculty Development to Improve Teaching Performance and Student Learning Outcomes for A Pre-Clerkship Interactive Simulation

Certina Ho Nguyen (Lead Author) **Justin Lee** (Co Author) **Anna Nguyen** (Co Author) **Jana Lazor** (Co Author) **Lu Gao** (Co Author)

Methods: Following the 2020-2021 academic year, pre- and post-targeted faculty development student evaluations of the DPS seminar and faculty tutors were collected, analyzed, and compared using 5-point Likert scale items.

Results: One hundred and forty-five medical students provided evaluation responses between 2019 and 2024. After the targeted faculty development implementation in 2022, thematic analysis of student evaluations showed no further concerns about psychological safety, clearer learning objectives and debrief. Students perceived improved engagement and expressed a desire to have similar simulations added to the curriculum. There was significant improvement in student evaluations of the DPS simulation (3.99 vs 4.65, $p<0.001$) and faculty tutors (4.21 vs 4.77, $p<0.001$).

Discussion: A targeted faculty development approach can be initiated from learner evaluations to address specific teaching gaps for simulation seminars. Going forwards, a similar approach may be considered for curriculum and faculty development in medical education.

P-107 Patient Engagement in Canadian Randomized Controlled Trials: A Scoping Review

Motahareh Karimijashni (Lead Author), **Aleisha Fernandes** (Co Author), **Ramin Banimahdi** (Co Author), **Asefeh Memarian** (Co Author), **Elham Shakiba** (Co Author), **Amanda Doherty-Kirby** (Co Author), **Yan Défossés** (Co Author), **Jacqueline Josee van Ierssel** (Co Author), **Annette Majnemer** (Co Author), **Ada Tang** (Co Author), **Maureen Smith** (Co Author), **Cory E. Goldstein** (Co Author), **Monica Taljaard** (Co Author), **Dean Fergusson** (Co Author), **Stuart Nicholls** (Lead Author)

Methods: A scoping review was conducted in accordance with PRISMA guidelines. Eligible RCTs were identified by searching ClinicalTrials.gov registered between 2010 and 2022, aligning with Accelerating Clinical Trials (ACT) consortium initiatives. All age groups and phases of trials were included . Data extraction was guided by established patient engagement frameworks, focusing on patient engagement beyond participation roles.

Results: We identified 6,148 RCTs, for which we could identify 2,319 published trial reports. Of these, 367(15.8%) had a published protocol. A total of 142 RCTs (6.1%) reported patient engagement, with 34/142 (24%) only reporting details in study protocols. Among RCTs reporting patient engagement, this was primarily in designing, developing or delivering the intervention (56%), conducting formative research activities (17%), and developing research questions (14%). Patients were co-authors in 14/142 RCTs (10%).

Discussion: Reported patient engagement in Canadian RCTs is low. However, until recently SPIRIT and CONSORT guidelines did not require reporting patient engagement, which may have led to underreporting. The 2025 SPIRIT and CONSORT updates recommend including patient engagement in trial reporting. This may increase reporting in future RCTs.

P-108 Designing and Launching an Evaluation & Assessment Unit: A Centralized Model for Quality Improvement Within Dalhousie's Faculty of Medicine

Shane Leblanc (Lead Author), **Stephen Miller** (Co Author), **Anne Mahalik** (Lead Author), **Nancy Carter** (Co Author), **Natalie Lutwick** (Co Author), **Tanya MacLeod** (Co Author), **Cindy Shearer** (Co Author)

Methods: A mixed-methods approach guided development: (a) consultations with governance committees, faculty leadership, and staff; (b) an inventory of existing roles and outputs; (c) a national scan of peer structures; and (d) iterative design through stakeholder workshops and meetings.

Results: Stakeholders endorsed a centrally coordinated unit to build capacity, broaden evaluation and assessment work, and provide integrated support for assessment, evaluation, accreditation, and curriculum development. Consolidation strengthens accreditation readiness, enhances data quality, and supports evidence-informed program improvement. Deliverables include a draft Faculty Evaluation Framework, identification of core work, and a governance model aligned with Faculty priorities. A 12- and 18-month review will ensure accountability and monitor whether structural changes mitigate overwork, particularly in UGME.

Discussion: In a time of financial austerity, strategies that promote cross-continuum work-tracking policy and learner trajectories across training stages-are essential. Centralized coordination increases capacity for research and innovation while fostering a culture of evaluation across the continuum. This initiative offers a practical example of collaborative structural transformation under fiscal constraint, balancing efficiency with departmental leadership and external partnerships.

P-109 Person-Centred Care at the Toronto Metropolitan University's School of Medicine: an Innovative and Immersive Educational Experience

Sachdeep Rehsia (Lead Author), **Sheila Holmes** (Co Author), **Suzanne Cook** (Co Author), **Clare Hutchinson** (Co Author)

Methods: PCC provides structured opportunities for students to learn, practice, and be assessed on their communication and clinical skills. The course is deeply integrated with TMUSoM's case-based learning curriculum, using patient profiles inspired by the diverse community of Brampton and the Peel Region. Students practice with standardized patients (SPs) and mannequins, with a strong focus on person-centred, trauma and violence-informed, strength-based, and culturally safe care. A key component is early clinical immersion through a Primary Care Longitudinal Experience (PCLE), where students join a family medicine practice biweekly over one year. Entrustable Professional Activities (EPAs) are the primary assessment tool in classrooms, clinics, and OSCEs.

Results: Launched in September 2025, PCC offers all medical students early clinical immersion via PCLE and early integration of standardized patients. The content is delivered through small-group, case-based learning sessions facilitated by physicians, with clinical scenarios reflecting the diversity of the local community. EPAs serve as the main assessment tool throughout the pre-clerkship phase and in streamlined OSCEs. A significant challenge identified is finding a sufficiently diverse SP population to provide an authentic learning experience for students.

Discussion: PCC offers students innovative ways to learn clinical skills with SPs and practice them in a real clinical environment through PCLE, better preparing them to meet patient and community needs. The curriculum uses innovative approaches such as a flipped classroom structure, integration with other courses, and early clinical experiences. The goal is to emphasize the importance of diversity to reflect the population surrounding the school and many parts of Ontario.

P-110 Mapping Research Capacity and Culture in an Nhs Community Healthcare Organisation: A Mixed Methods Evaluation

Christine Comer (Lead Author), **Ben Foxcroft** (Lead Author), **Victoria Carruthers** (Co Author), **Soujanya Yarlagadda** (Co Author), **Jill Halstead** (Co Author)

Methods: We conducted four interrelated workstreams to evaluate research activity and perceptions of research culture: (1) A database review to quantify research studies delivered; (2) A literature review of journal publications or conference abstracts by staff; (3) An online survey of staff using two validated rating scales; (4) Semi-structured interviews to explore research perceptions and aspirations across the organisation.

Results: One-third of services were research-active, delivering research and/or publishing research. Services with embedded clinical academics demonstrated the highest research activity. Service-level managers' perceptions of research capacity did not match the more optimistic perceptions of senior Trust leaders. Staff and senior leaders reported an aspiration to improve the level of research attainment across all staff groups. Senior leaders aspired to the highest level of research attainment for advanced practitioners.

Discussion: Whilst there was variation in research activity across services and disparities in perceptions across staff groups, there was a universal aspiration to achieve higher levels of research attainment. To facilitate this, developing advanced prac-ice research capability and establishing research leadership within services may be important. These findings informed an updated research strategy and provides a replicable framework for other healthcare providers to evaluate their organisation.

P-111 Vision (Video Observation Within Groups Debriefing): A Pilot Study of A Novel Simulation Training Model to Enhance Interprofessional Teamwork

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Methods: We conducted a pilot study delivering the VISION Simulation Training to assess feasibility, acceptability and identification of facilitators and barriers to implementation. Two training sessions were offered to full-time emergency department (ED) staff at a single academic hospital in Ontario. Feasibility defined as ≥50% attendance of full-time staff. Acceptability was assessed using a 37-item survey adapted from the System Usability Scale. Barriers and facilitators were assessed using the Theoretical Domains Framework survey and subsequently barriers to implementation were mapped on the capability, opportunity and motivation model of behaviour and in turn onto the Behavior Change Wheel to identify intervention strategies for each barrier.

Results: There were 45 attendances. Feasibility was achieved for physicians (14/17), but not for nurses (12/40) or respiratory therapists (0/6). All SUS Likert items had medians >4.

P-112 Beyond the Binary, Beyond the Script: Rethinking Family Physicians' Patient-Communication in Trans and Gender-Diverse Patients Protocol

Joshua Ramos (Lead Author), **Kathleen Rice** (Co Author), **Pierre-Paul Tellier** (Co Author), **Kat Butler** (Co Author)

Methods: A qualitative interpretive description will be used. Semi-structured interviews will be conducted with approximately 10 licensed family physicians in Montreal. Interviews will explore physicians' communication practices, their experiences with uncertainty or knowledge gaps, and the personal, professional, or systemic factors that influence their interactions. Interviews will be audio-recorded, transcribed verbatim, and analyzed using reflexive thematic analysis.

Results: It is anticipated that physicians will describe a range of communication approaches, shaped by their clinical training, prior experience, and comfort level. Themes may include navigating unfamiliar territory, patient-led learning, hesitancy around language, or reliance on relational strategies like empathy and openness. Findings may also highlight tensions between wanting to provide affirming care and feeling underprepared or unsupported by medical systems.

Discussion: This study will shed light on how family physicians experience and enact communication within gender-affirming care. By identifying strategies and challenges, it can inform targeted training programs, curricular reform, and practice-based interventions that improve communication with TGD patients. Ultimately, the findings support efforts to reduce disparities and promote affirming, respectful care in family medicine.

P-113 A Scoping Review of Frameworks that Address Wellness in Medical Learners in Canada

Shannon Hinds (Lead Author), **Sajad Sadat** (Lead Author), **Sajad Sadat** (Co Author), **Ramya Sridhar** (Co Author), **Janet de Groot** (Co Author), **Alya Heirali** (Co Author), **Caitlin McClurg** (Co Author), **Aliya Kassam** (Co Author)

Methods: To address the question "what is the extent of the literature on wellness frameworks for medical learners in Canada", we will apply the Arksey and O'Malley five stage scoping review framework to map the literature. We will follow the PRISMA guidelines for scoping reviews.

Results: 5006 articles (excluding duplicates) were retrieved from Medline, EMBASE, SCOPUS, and Web of Science using a comprehensive search strategy. Search date was July 19, 2022, and included articles published in the prior 10 years, with an updated search including articles published from 2022 to 2025. Work is in progress.

Discussion: Findings could inform future curriculum development, teaching and research and will support medical schools and residency programs in implementing evidence-based frameworks that consider the systemic, structural and cultural aspects of academic medical centers whilst considering sustainability.

P-114 Implementing Comet: an International Model for Medical Education Capacity-Building

Hannah Cummings (Lead Author), **Stephanie Veldhuijzen van Zanten** (Co Author), **Christina Vadeboncoeur** (Co Author), **Megan Doherty** (Co Author), **Timothy Wood** (Co Author), **Susan Humphrey-Murto** (Co Author)

Methods: Semi-structured interviews were conducted with eight physicians and nurses who completed the course. Interviews were held via Zoom, transcribed using AI-assisted tools, manually verified, de-identified, and analyzed through inductive thematic analysis.

Results: Participants emphasized the need for medical education training to support fellowship development. They valued the expert-led, interactive approach, which encouraged meaningful dialogue and deeper learning compared to passive, module-based instruction. The main challenge was scheduling across time zones, sometimes conflicting with clinical duties. COMET was seen as transformative, broadening participants' perspectives on medical education, and instilling a sense of responsibility in training future fellows.

Discussion: COMET demonstrates that an online, interactive model can help bridge medical education gaps in resource-limited settings. While coordination challenges remain, this approach shows promise for capacity-building in global health. Future research should explore alternate delivery models to address issues in feasibility while continuing to achieve this overall goal, assess long-term effects on teaching and practice, and evaluate its role in developing sustainable fellowship programs.

P-115 Intercultural Education in the Future of Medicine: A Pilot Program for Medical Learners

CINDY SINCLAIR (Lead Author), **Amanvir Virdi** (Co Author), **Thinessha Gnaneswaran** (Co Author), **Dayana Davoudi** (Co Author)

Methods: A first-year learner will develop a schedule for five 2-hour sessions, ensuring no disruptions to the MD curriculum schedule. A panel of immigrant physicians and community leaders will engage in conversations and storytelling and act as mentors for learners to explore life with them in their community. Learners will present three reflective themes of the experience during a final feedback session.

Results: Pre- and post-session surveys will be conducted to assess learners' satisfaction and inclusion of IE into the medical curriculum.

Discussion: Early exposure to IE helps learners recognize language barriers, misunderstandings, and systemic inequities. Cultivating global discussions on cultural synergy and community engagement will help prepare learners as future physicians, to deliver more equitable care across diverse populations. Intercultural education should be foundational in the medical curriculum as it aligns with WHO principles and Canada's commitments to access to healthcare for all people.

P-116 Exploring the Experiences of Canadian Medical Students with and without A Home Dermatology Program

Ewa Akomolafe (Co Author), **Aisling Martins-Ezeifeaku** (Lead Author), **Darshana Seeburruth** (Co Author), **Edgar Akuffo-Addo** (Co Author)

Methods: Using purposive sampling to ensure representation across geographical context, we recruited Canadian medical students from schools with (WDR) and without (NDR) dermatology residency programs. Online semi-structured interviews were conducted and transcribed verbatim. Transcripts were analyzed inductively using reflexive thematic analysis to identify key themes and subthemes.

Results: Data collection and analysis are ongoing. Emerging themes highlight disparities in career exposure, teaching, and research opportunities between students at schools WDR vs NDR. Students at regional campuses of schools WDR reported limited access to local dermatologists for shadowing and fewer opportunities compared to their peers on the main campus. Students at schools NDR described a paucity of formal teaching, a reliance on dermatologists at other institutions, and a lack of departmental support.

Discussion: This study provides insights into how institutional structures shape access to dermatology. Students at NDR face barriers such as limited career exposure, fewer research opportunities, and a paucity of formal mentorship and curricula. These inequities may disadvantage students in preparing for electives and pursuing dermatology as a specialty. Findings may inform the development of national strategies to improve equity in dermatology training opportunities across Canada.

P-117 Designing A Student Decision-Aid for Community Engaged Learning Placements: A Mixed-Methods Quality Improvement Study

Joshua Seto (Lead Author), **Kareem Sadek** (Co Author), **Ahmad Hassan** (Co Author), **Omar El Ferri** (Co Author), **Holly Hnatiuk** (Co Author), **Lisa Yeo** (Co Author), **Lea Harper** (Co Author)

Methods: We conducted a cross-sectional survey of a single student cohort. Participants reported the context of their CEL placement (e.g., housing & homelessness, immigration, disability), followed by several open-ended questions regarding their experiences. Descriptive statistics were reported and narrative comments analyzed by reflexive thematic analysis. We then map benefits and advice to organizational themes in a matrix and translate this into a student-facing decision-aid.

Results: Analysis yields recurring themes across students' experiences and collates advice they may offer future learners. These themes, alongside specific organizational objectives and insights are translated into a matrix and a student-facing tool: a one-page decision aid linking organizational themes to "what you'll actually do," typical challenges, preparatory materials, first-day questions, and more. The decision-aid provides clear and actionable preparation for improved placement ranking and matching. Representative quotes illustrating each theme and summaries were curated for the poster.

P-118 Resection of A Transverse Vaginal Septum: Improving Fellows' Experience via 3d-Printed Simulation Models

Tania Dumont (Lead Author), **Anat From** (Co Author), **Glenn Posner** (Co Author), **Linda McLean** (Co Author)

Methods: The study involved curriculum design with an embedded evaluation component. Pediatric and adolescent gynecology (PAG) fellows participated in a 1-hour simulation-based session and completed pre- and post-session surveys assessing self-reported confidence in performing a Y-plasty on a 5-point Likert scale. Confidence ratings before and after the session were compared using the Wilcoxon Signed Rank test. Curriculum acceptability was evaluated using the NPS, with a score >20% indicating strong dissemination potential.

Results: A high-fidelity 3-D printed TVS model and structured hands-on curriculum were delivered to 36 fellows during their 2025 international "bootcamp." Of these, 24 fellows (66.7 %) had never performed a Y-plasty prior to the session. Median confidence improved significantly from 2/5 ("slightly confident") to 3/5 ("moderately confident") following the session ($p < 0.001$). Fellows estimated a maximum of four additional sessions would be required to achieve procedural competency. The curriculum achieved an NPS of 51.5%, indicating high perceived value and strong potential for adoption and dissemination.

Discussion: A single exposure to this 3-D printed simulation curriculum significantly improved fellows' confidence in performing Y-plasty for TVS resection. An NPS exceeding 50% underscores the curriculum's perceived value and supports broader im--lementation across fellowship programs.

P-119 Medical Imaging in Undergraduate Medical Education: Effectiveness of an Integrated Curriculum

Eola Saltibus (Lead Author), **Alexa Hryniuk** (Co Author), **Terry Li** (Co Author)

Methods: Data extraction focused on six of Harden's ten windows for curriculum map exploration using curricular content from the 2022/2023 academic year. A 32-question assessment of medical image interpretive skills was distributed among graduating students. Basic descriptive statistics were used to characterize student performance while one-way ANOVA was used to compare performance across four imaging modalities.

Results: While 25 medical imaging sessions were identified representing 35.4 curricular hours most medical imaging references in learning resources were found integrated outside of these formal sessions. Radiographs were integrated more often especially compared to ultrasound (58% and 9% respectively). A mean score of 64% ± 4.5 (with a range from 25% to 97%) was achieved by students who completed the medical imaging assessment. Students performed best on questions related to x-ray imaging (74.5% ± 1.8) compared to ultrasound (56% ± 2.6) with $p < 0.001$.

Discussion: Students' performance prior to graduation reflects their imaging exposure and its integration within the curriculum. This evaluation has identified gaps which can be improved specifically the inadequate instructional time and limited integration of ultrasound training. Program administrators and curriculum developers at other institutions can use similar methods for curriculum exploration, assessment and improvement.

P-120 How Do Prompts Matter? Investigating Whether Prompts Can Improve Clinical Reasoning in Virtual Simulations

Jaimie Coleman (Lead Author), **Alison Shaw** (Lead Author), **Briana Neang** (Co Author), **Erica Long** (Co Author), **Janet Li** (Co Author), **Yunqi Ji** (Co Author), **Ryan Brydges** (Co Author), **Sharon Gabison** (Co Author)

Methods: A quasi-experimental design was conducted with 150 pre-clinical Master of Physical Therapy students. All participants completed a virtual simulation on oxygen titration during regular coursework. We only included those participants consenting to complete the outcome measures, randomly assigning them to either a prompt group (PG) or a no-prompt group (NPG). The prompt consisted of a text encouraging participants to carefully evaluate each response option before making a decision. Clinical reasoning was assessed using a multiple-choice quiz, and perceived usefulness was measured via a modified Technology Acceptance Questionnaire. We conducted group comparisons using the Wilcoxon Rank Sum test.

Results: Forty-four students participated (PG: n=24; NPG: n=18). We did not observe any statistically significant differences between groups in clinical reasoning scores ($p = 0.660$) or perceived usefulness ($p = 0.437$).

Discussion: In exploring the lack of impact of the prompt, we judged that participants likely did not find the prompt engaging, nor directive enough regarding what 'carefully evaluating responses' means. Future research should explore alternative prompt designs, timing of prompts, and whether complementary activities will better support reflective decision-making in virtual simulations.

P-121 A Double Partnership Pentagram: Reframing Social Accountability for Graduate Research Training

Nadine Wiper-Bergeron (Lead Author), **Holly Adam** (Co Author), **Claire Kendall** (Co Author), **Chris Kennedy** (Co Author), **Kaylee Eady** (Co Author), **Katherine Moreau** (Co Author)

Methods: First-year graduate students (n=111) in a mandatory professionalism course at our faculty of medicine were invited to complete a survey assessing the perceived relevance of SA, intentions to integrate SA in research, and perceived confidence/support to do so.

Results: Over 80% of respondents (n=87) agreed SA is relevant to their training and expressed commitment to integrating SA principles into future research. However, relatively few felt confident or institutionally supported to enact SA in their projects, revealing an implementation gap between attitudes and actionable capacity.

Discussion: Graduate learners endorse the importance of SA but need explicit training, supports, and structures to operationalize it in biomedical research. We propose that SA awareness should anchor professionalism curricula for biomedical scientists and that the Boelen & Heck's WHO "partner--hip pentagon" should be expanded to a "double partnership pentagram" that adds research-ecosystem partners (funders, certification bodies) alongside health-system stakeholders to align academic research priorities with social need and accountability metrics. This framework offers a practical pathway for faculties of medicine to embed SA in graduate programs, bridging intention and implementa--ion and advancing socially accountable discovery.

P-122 Casebuddy: Artificial Intelligence-Powered Platform for Oral Case Presentation Practice

Ramya Sridhar (Lead Author), **Palak Patel** (Co Author), **Anthony Seto** (Co Author)

Methods: Feedback data from Canadian medical students will be gathered via a voluntary, anonymized Qualtrics survey to evaluate usability and perceived educational value.

Results: The study is currently in progress, approximately 50 medical students are expected to complete the survey, and results will be presented at the conference. Anticipated survey outcomes include measures of student satisfaction, cross-device usability, and self-reported confidence in OCPs to guide iterative platform refinements.

Discussion: By understanding the perception of CaseBuddy through the lens of medical students, platform features can be made to align with learner needs. By offering opportunities to practice OCPs outside of formal teaching, CaseBuddy hopes to strengthen clinical readiness and complement medical curricula in the future.

P-123 Opening Pathways: Evaluating the Immediate Pre- & Post-Efficacy of the 2025 University of Toronto Summer Mentorship Program

Vidhi Bhatt (Lead Author), **Dream Tuitt-Barnes** (Co Author), **Dionne Banton** (Co Author), **Ike Okafor** (Co Author)

Methods: A one-time electronic survey was administered to all 2025 SMP graduates, assessing pre- and post- program changes in i) academic skills, ii) identity, and iii) career aspirations. All graduates (n=102) were Ontario high school students and participated voluntarily, independent of program evaluation. Survey completion implied consent, yielding a 100% response rate.

Results: The cohort was 50.0% male (51/102); 86.3% (88/102) identified as Black, 9.8% (10/102) as Indigenous, and 3.9% (4/102) as both. Top reported academic skills gained were time management (29.4%), research skills (14.7%), and networking (13.7%). The top personal goals attained through SMP were improved clarity of career aspirations (50.9%), social/professional networks (13.7%), academic skills (14.7%). Interest in health sciences careers rose from 35.3% pre-program to 64.7% post-program.

Discussion: The SMP promotes healthcare equity and representation, while strengthening academic skills, identity, and career advancement. 2025 cohort insights can inform future equity-based initiatives and inspire continued commitment to mentorship for underrepresented youth.

P-124 Moving Forward: Leader and Faculty Perceptions on the Canadian Landscape of Medical Education Professionalism Policies and Procedures

Anjali Saxena (Lead Author), **Adam Hussain** (Co Author), **Bev Digout** (Co Author), **Vanessa Hindmarsh** (Co Author), **Meredith McKague** (Co Author), **Ginger Ruddy** (Co Author)

Methods: Phase II of this multi-phase study (Phase I: literature review, Phase III: student survey) involves semi-structured interviews of leaders and faculty in Student Affairs and Professionalism Offices across 19 CMS. Institutional and personal approaches to teaching, assessing, supporting, and expanding conceptualization of professionalism were explored. Transcripts and summaries were inductively analyzed for emergent themes.

Results: 9/19 institutions have participated in interviews thus far. There is widespread recognition that individual identities, wellness, and professionalism are interrelated, yet challenges persist in incorporating these relationships in PP&P. Seven key themes emerged across policy (transparency, operationalization, diversity in collaboration, and social accountability), learning (longitudinal and community-based) and support (non-punitive approaches). All CMS utilize multiple teaching and assessment methods and have confirmed recent or incoming PP&P revisions. 1/9 CMS explicitly incorporate EDI concepts into PP&P; other institutional revisions include inter-professional collaboration, procedural clarity, and protocol for addressing minor lapses.

Discussion: The need to incorporate wellness and inclusivity in PP&P is recognized in the contemporary context of societal expectations and learners' needs, yet it is not uniformly executed. Understanding the theoretical grounding, rationales, and approaches used to update PP&P at CMS may inform further revisions to policies and procedures for teaching, assessing and addressing professionalism.

P-125 Perceptions of Wellness Among Non-Native English Speaking International Medical Graduates in Family Medicine Residency

Megan Saad (Lead Author) **Azin Dolatabadi** (Lead Author) **AlexaKouroukis** (Lead Author) **Qurrat ul Ain** (Co Author) **Melissa Graham** (Co Author) **Fok-Han Leung** (Co Author)

Methods: Five semi-structured Zoom interviews (25-45 minutes on average) were conducted from February to March 2025 with IMGs enrolled in family medicine residency at the University of Toronto. A qualitative thematic analysis identified key themes.

Results: Five main themes emerged: 1) general challenges of residency, 2) IMG-specific challenges, 3) factors that mitigated challenges specific to IMGs, 4) wellness supports, and 5) suggestions to improve IMG wellness.

Discussion: Our results are consistent with previous research highlighting that IMGs have a unique and specific subset of challenges that threaten their wellness in residency, in addition to the general demands of residency training. Participants highlighted various factors that helped mitigate these specific challenges in addition to the need for personal wellness strategies and ongoing program development to better support future IMGs. Future research should focus on developing targeted strate-ies to enhance the wellbeing of IMGs in order to improve patient care and promote diversity and inclusion in residency programs.

P-126 Windsor Anatomy Mentors (Wam): A Near-Peer Led Station-Based Program to Support Anatomy Learning in A Distributed Medical Campus

Francesco Vito (Lead Author), **Nick Teller** (Co Author), **Aran Bains** (Co Author), **Lauren Digby** (Co Author), **Kim Nguyen** (Co Author), **Terri Lawrence** (Co Author), **Anna Farias** (Co Author)

Methods: The sessions were run in a station-based format, with multiple cadaver stations that M1 students would rotate through. An optional, anonymous survey was given to participating M1s, with a separate form used for a gift card incentive. The survey assessed program effectiveness, perceived course performance, and confidence in course content.

Results: Overall, 70.5% (n=31) of the M1 class attended WAM sessions, and 54.8% (n=17) of attendees completed the survey. Among respondents, 88.2% strongly agreed that WAM improved their preparation for the bell-ringer, 88.2% reported greater confidence in anatomy knowledge, and 58.8% felt the sessions supported retention compared to self-study. All students agreed that the near-peer teaching model fostered a positive learning environment, and 94% endorsed the station-based format as effective for learning. No participants reported additional stress, and 100% recommended continuation of the program for future classes.

Discussion: In summary, M1 students found WAM helpful and M2 mentors appreciated the opportunity to strengthen their anatomy knowledge. Near-peer led initiatives represent a valuable model for anatomy education, especially at distributed campuses with limited teaching resources.

P-127 Évaluation Qualitative D'un Programme De Stage en Milieu Nordique: Perceptions Des Étudiants Francophones en Médecine Sur Leur Expérience À Iqaluit, Nunavut

Véronique Lapierre (Lead Author), **Salomon Fotsing** (Lead Author), **Kadidja Harbi Houssein** (Co Author)

Methods: Des entrevues semi-dirigées furent réalisées auprès des stagiaires, puis transcrites et analysées à l'aide du logiciel NVivo. L'analyse thématique inductive, suivant l'approche de Braun et Clarke, s'est appuyée sur un processus de codification itératif permettant d'organiser les données en thèmes cohérents.

Results: L'analyse a permis de dégager trois thèmes principaux : l'immersion socioculturelle, les apprentissages et les retombées professionnelles, ainsi que l'appréciation globale du programme. Les participants ont rapporté une expérience à la fois socioculturellement immersive et formatrice, leur offrant une perspective renouvelée sur une pratique médicale en région nordique et éloignée. Une formation pré-départ et l'accès à des stages d'observation clinique figurent parmi les recommandations des participants afin d'optimiser l'expérience du stage.

Discussion: Le programme de stage contribue au développement de compétences interculturelles essentielles à une pratique médicale bienveillante. Il suscite également un intérêt accru pour une éventuelle pratique en milieu nordique, favorisant ainsi l'engagement des futurs médecins auprès des communautés nordiques où les besoins en santé sont grands.

P-128 Titre : Développement Et Pilotage D'un Module De Formation Sur L'offre Active De Services Pharmaceutiques en Français Adaptée À La Pharmacie

Jenna Brophey (Co Author), **Christine Landry** (Lead Author), **Patrick Timony** (Co Author), **Jonathan Bussières** (Co Author)

Methods: Un groupe interprofessionnel (universités, experts pédagogiques, pharmaciens, techniciens, étudiants) a élaboré un module incluant des vidéos, scénarios et stratégies pour définir l'offre active, ses obstacles et des comportements facilitant son implantation. Le pilotage sera mené auprès d'un échantillon de 30 participants (pharmaciens, techniciens, étudiants francophones et anglophones). Les rétroactions seront recueillies par questionnaires combinant échelles de Likert et questions ouvertes partagées avec Qualtrics et serviront à adapter le contenu.

Results: La conception du module est complétée et c'est prêt pour la phase de pilotage. La rétroaction permettra son ajustement selon les besoins identifiés.

Discussion: Ce module constitue la première formation spécifiquement adaptée à la pharmacie pour renforcer l'offre active des soins et services pharmaceutiques en français. Son implantation contribuera à réduire les inégalités linguistiques et à améliorer la qualité des soins pour les communautés francophones minoritaires du Canada.

P-129 Entre Utilité Reconnue Et Usage Limité : La Place Des Plans De Cours Dans L'apprentissage

Valérie Rochon (Co Author), **Rania Bouzeriba** (Co Author), **Geneviève Gauthier** (Co Author)

Methods: L'étude comprend un sondage et des entrevues semi-dirigées, guidées par un cadre conceptuel sur les usages du plan de cours. Elle cherche à comprendre, du point de vue d'étudiants en santé, comment ce document soutient la communication, la planification et la socialisation. L'analyse thématique tient également compte des contextes institutionnel et programmatique.

Results: Les analyses révèlent que les étudiants considèrent le plan comme un repère essentiel, mais qu'ils n'en lisent que les sections jugées pertinentes. Un « bon » plan précise attentes, objectifs et critères d'évaluation, offrant une première impression de la qualité du cours. Il facilite la planification en aidant à anticiper les échéances, à prioriser les tâches et à gérer la charge inter-cours, réduisant stress et incertitude. À l'inverse, des incohérences ou un manque de détails poussent les étudiants à consulter leurs pairs ou les cohortes précédentes pour clarifier les attentes. Le plan prépare aux modalités de socialisation, même si la classe demeure le principal lieu d'intégration.

Discussion: Le plan de cours joue un rôle clé dans les relations étudiants-enseignants-institution. Ses limites montrent que sa fonction varie contextuellement et invitent à repenser son élaboration pour maximiser sa valeur pédagogique.

P-130 Enhancing Psychological Safety in Simulation-Based Education for Medical Students: A Structured Innovation

Manveer Bal (Lead Author) **Marie Leung** (Co Author) **Allie Chown** (Co Author) **Taylor Murie** (Co Author)

Methods: An Internal Medicine simulation program was developed for clerkship students, featuring four high-yield cases (delirium, chest pain, dyspnea, hypotension). To promote psychological safety, the curriculum incorporates the early distribution of learning outcomes with pre-reading materials, a standardized pre-briefing script that emphasizes safety and a two-learner leadership model that fosters shared responsibility while distributing cognitive load. A near-peer facilitation model is also employed, with residents rather than faculty delivering sessions to create a supportive, approachable atmosphere. Post-session surveys will evaluate perceptions of psychological safety.

Results: Data collection is ongoing. Planned evaluation includes quantitative survey items (perceptions of psychological safety) and qualitative feedback (free-text reflections on session design). Partic--pants will also be asked to specifically evaluate the dual-leadership structure, resident-led facilitation, and clarity from the early distribution of learning outcomes and pre-reading materials.

Discussion: This project integrates psychological safety into simulation design through structured pre-briefing, dual leadership, and near-peer facilitation. We anticipate that these strategies will strengthen learner engagement. The curriculum provides a replicable model for clerkship-level simulation, with future evaluations focusing on assessing its impact on clinical reasoning, teamwork and readiness for transition to residency.

P-131 Cognitive Biases in Practice

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Methods: Multiple sources were used to collect data. We conducted extensive chart review for all critical incident reports, Code 25 codes, and patients' complaints. Code 25 is called when any critically ill family medicine ward patient requires an emergent reassessment of their clinical situation. Detailed reviews were conducted on Fifty patients charts during the period April 1, 2024, to October 31,2024. Reviews were conducted by the family medicine site lead and the nursing director.

Results: Many unperceived needs were common amongst the various health care team members and interfered with their reasoning and decision-making skills. This resulted in inaccurate judgments and the inability to reach the appropriate diagnosis. The most identified cognitive biases were anchoring, premature closure and bandwagon effect.

Discussion: A team-based learning event was planned. Team members demonstrated managing multiple case-based scenarios developed from the chart revies. Team members were given the opportunity to identify the presence of cognitive biases and to implement strategies to address them.

P-132 Defining the Key Skills Required to Perform Challenging Pediatric Procedures

Julia Howcroft (Lead Author), **Elif Bilgic** (Co Author), **Quang Ngo** (Co Author), **Anita Acai** (Co Author), **Spencer van Mil** (Co Author), **Jonathan Duff** (Co Author)

Methods: This interpretive descriptive study, funded by a Royal College of Physicians and Surgeons of Canada Medical Education Research Grant, is situated within a social constructionist framework and guided by the Core Components Framework for evaluating CBD implementation. Participants included pediatric and subspecialty residents and faculty from Canadian programs. Semi-structured interviews followed a demographic survey, and data were analyzed using Braun and Clarke's thematic analysis.

Results: Nineteen participants (eight faculty, 11 residents) from multiple Canadian institutions and specialties (pediatrics, pediatric emergency medicine, neonatology) were interviewed. Preliminary findings highlight key skills, including knowledge of anatomy and indications, the ability to identify landmarks and troubleshoot complications, and decision-making throughout the procedure. For IO, decision-making and managing emotions were most challenging. For CTI, the greatest difficulties were psychomotor, particularly depth perception and needle positioning.

Discussion: Findings will inform curriculum and assessment strategies to enhance competence and improve patient safety.

P-133 Why "Treat First" Stalls: Knowledge, Scope, and System Determinants of Delayed Hemostatic Therapy in the Emergency Department

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Methods: We conducted an exploratory, sequential mixed-methods study. An online survey of ED nurses and physicians, distributed via national organizations, used four clinical vignettes to probe triage, diagnostic approach, initial management, and self-rated knowledge; quantitative data were summarized descriptively. Virtual focus groups then explored barriers and solutions and were analyzed using reflexive thematic analysis.

Results: Three hundred ten clinicians completed the survey (250 nurses; 60 physicians). Most reported prior PwBD experience, but fewer had administered specialized hemostatic products. Across vignettes, respondents assigned high acuity and endorsed a ≤30-minute treatment target, yet empiric "factor-first" therapy was inconsistently selected, particularly for non-articular presentations (severe headache, abdominal pain, early pregnancy bleeding). Reported gaps included use of hemostatic therapies; interpretation of coagulation assays; inhibitor management; and limited familiarity with treatment pathways. Barriers included absence of medical directives, treatment release processes, staffing and crowding pressures, and rural resource constraints. Six focus groups (nurses n=10; physicians n=4) explained these patterns, revealing a pathway from high perceived acuity to delayed treatment through intersecting knowledge, scope, and system factors, alongside strong preference for concise, point-of-care education, simulation, and web-based learning.

Discussion: Co-designed education, nurse-initiated directives, streamlined product release, and accessible point-of-care tools are complementary levers to compress triage-to-therapy intervals for PwBD.

P-134 Fostering Growth Mindset in Basic Sciences: Embedding Self-Directed Learning to Promote Life-long Learning

Rachqueda Salfarlie (Lead Author) **Krystal Rampersad** (Co Author)

Methods: The first phase involves integrating a spiral curriculum that embeds self-directed learning principles to strengthen these key skills. These sessions, integrated throughout the first two years, provide students with tools to enhance their learning strategies, critically evaluate evidence, and connect basic science concepts to patient care. The second phase involves assessment of students' experi-nces to determine whether the content supports their professional growth and enhances their ability to view learning as a continuous, evolving process.

Results: As this is a design innovation, anticipated outcomes include strengthened metacognitive skills, improved ability to critically appraise evidence, and reinforced connections between basic sciences and clinical application.

Discussion: By fostering a growth mindset during the basic sciences phase, medical schools can cultivate both academic excellence and professional resilience in future healthcare providers, equipping them with the adaptability and perseverance necessary for lifelong learning and success in clinical practice.

P-135 Identifying Factors Affecting the Judgment of Accreditation Surveyors

Firouzeh Moeini (Lead Author), **Roghayeh Gandomkar** (Lead Author), **Azim Mirzazadeh** (Co Author)

Methods: A Nominal Group Technique meeting followed by a Delphi process was conducted with accreditation surveyors and individuals involved in medical school visits. Participants generated and prioritized factors perceived to influence surveyors' judgment.

Results: Seven categories of influencing factors were identified: surveyor-related, survey team-related, team chair-related, visit-related, school-related, accreditation agency-related, and document-related.

Discussion: This study provides insights into the complexities of medical school accreditation visits. The findings may guide accreditation agencies in designing targeted interventions to enhance the accuracy and consistency of surveyor evaluations.

P-136 Développement D'un Continuum D'engagement De La Population Adapté Au Milieu Académique

Julie Bouchard (Lead Author), **Christine Drouin** (Lead Author), **Marie-Claude Boulet** (Co Author), **Johanne Falardeau** (Co Author), **Emmanuelle Careau** (Co Author)

Methods: La pierre angulaire de la démarche repose sur un exercice de réflexion collaborative, itérative et consensuelle permettant de faire émerger les domaines clés d'implication facultaire. Notre démarche a été enrichie par l'analyse des données issues des pratiques actuelles, d'exemples concrets issus de nos institutions, de cadres théoriques et de la littérature.

Results: Ce continuum permet de mieux définir les objectifs, clarifier les attentes et investissements attendus de ces collaborations. Il décline les niveaux d'engagement selon les domaines d'activités facultaires, en précisant pour chacun les rôles, responsabilités et formes de participation possibles.

Discussion: Le Continuum d'engagement de la population en milieu académique est à la fois un outil et un modèle qui favorise des collaborations enrichissantes entre la Faculté et la population. En s'appuyant sur une intention commune et alignée avec les besoins de chacun, il soutient la création d'un environnement inclusif, collaboratif et porteur de sens.

P-137 A Novel Academic Enrichment Program in Lifestyle Medicine and Planetary Health for Medical Students

Sussan Askari (Lead Author), **Bonnie Yang** (Co Author), **Leslie Flynn** (Co Author), **Maria Theodorou** (Co Author), **Henry Swoboda** (Co Author)

Methods: The HPHP Academic Enrichment Program (AEP) lunch-and-learn session will run throughout the 2025-2026 academic year, for first- and second- year medical students. This voluntary, in-person program will discuss eight topics covering 6 pillars of lifestyle Medicine including optimal nutrition, physical activity, restorative sleep, stress management, social connection, and risky substance avoidance. These hour-long sessions will be organized in conjunction with students, presented by Queen's faculty specialized in Lifestyle Medicine. Students who complete an AEP receive a certificate from the UGME.

Results: A post-program survey will be sent to all participants. The survey will evaluate program effectiveness in; a) Increasing awareness of the six pillars of lifestyle medicine and their role in chronic disease prevention; b) Improving understanding of the connection between lifestyle medicine and planetary health, and c) Enhancing intention to apply sustainable practices in both personal life and patient care.

Discussion: This model leverages existing curricular infrastructure to formally recognize an innovative approach to expanding UGME curricular content related to health promotion. To our knowledge, this is the first program in Canada to offer an AEP focused on the core pillars of Lifestyle Medicine and their connection to planetary health.

P-138 Attendance Trends in Continuing Professional Development Programs: Delivery Format, Clinical Role, and Community Reach

Clare Cook (Lead Author) **Tara Baron** (Co Author) **Tara Leary** (Co Author) **Mat Litalien** (Co Author)

Methods: Registration data from office-managed conferences over three years (2022-2025) were pulled. Activities included CME and Faculty Development ½-1-½ day conferences offered in-person; virtually, or hyflex. Demographic data analyzed included method of attendance (virtual/in-person); clinical/academic role (physician/allied health professional/learner); community (including whether rural or not); and years in practice (0-5; 6-10; 11-15; 16+).

Results: Since 2022, 14 conferences (9 CME/5 FD) were offered 36 times (22 CME/14 FD; 10 virtual/12 in-person; 14 hyflex). FD programs were more frequently offered in-person; CME programs were most often virtual/hyflex. After 2022, average overall attendance was higher for in-person opportunities. However, virtual/hyflex deliveries had a higher number of allied health professional attendees; participants from a higher number of communities, including rural communities; and a higher proportion of early-career attendees. Among hyflex programs, 53-58% of attendees are virtual; 62-67% of physician attendees are virtual; and 80+% of represented communities are from virtual attendees.

Discussion: Attendees report attending in-person programs for networking; lack of distraction. However, virtual delivery methods make many programs accessible, and hyflex programs show a stable pattern of high virtual participation rates, reach-ng communities and providers that may not other-ise be able to attend.

P-139 Hidden Identity Simulation: Using Secret Roles to Practice Navigating Event Medical Team Dynamics

Anthony Seto (Lead Author), **Connor Hass** (Co Author), **Melissa Monaghan** (Co Author), **Leo Ochieng** (Co Author), **Liam Montgomery** (Co Author), **Jan Rossiter** (Co Author), **Ali Bayrouti** (Co Author), **Nicole Ertl** (Co Author), **Ella Krane** (Co Author)

Methods: HID SIM was piloted in a SIM theatre. After drawing a hidden identity card, teams of 4-6 progressed through a case, while roleplaying their character. In the debrief, learners revealed their roles and discussed strategies for managing difficult team dynamics.

Results: Of 29 participants, 28 (97%) completed a program evaluation survey. Among respondents (n=28), HID SIM received a mean rating of 4.75/5 (median 5/5). Respondents reported a mean agreement of 4.43/5 (median 5/5) that HID SIM was engaging. The mean agreement that HID SIM was less stressful than anticipated was 3.54/5 (median 4/5). Among participants with prior SIM experience (n=19), the mean rating for agreement that HID SIM was less stressful than other SIMs was 3.68/5 (median 4/5). Participants rated their pre-/post-SIM self-efficacy on identifying barriers to effective team dynamics, optimizing team dynamics, comfort in managing challenging team dynamics, using closed-loop communication, communicating professionally, sharing mental models, discussing clinical presentation signs/symptoms, and suggesting treatment plans. All competencies showed an increase ($p<0.001$) post-SIM.

Discussion: HID SIM is a well-received, engaging gamified SIM designed to practice handling difficult team dynamics. This format improves participants' teamwork and medical self-efficacy.

P-140 Leveraging the Social Ecological Model for Medical Accreditation: A Systematic Mapping of Cacms Standards and Elements

Brad MacCosham (Lead Author), **Amy Nakajima** (Co Author), **K. Jean Chen** (Co Author)

Methods: We analyzed the twelve CACMS standards and 96 elements published for accreditation cycles in 2026-2027. Using a deductive approach, elements were categorized into SEM domains-individ--al, interpersonal, institutional, community, and policy/systems-based on predominant accountability. Coding discrepancies were resolved iteratively. Tailored interventions were identified by integrating CACMS guidance, relevant literature, and institutional practices.

Results: Mapping revealed that most elements (53%, n=51) align with the institutional domain, emphasizing governance, resources, and oversight. Interpersonal elements (16%, n=15) addressed supervision and feedback, while individual elements (12%, n=11) focused on learner competencies. Community-level elements (10%, n=10) reflected social accountability and partnerships, and policy/systems elements (9%, n=9) emphasized compliance and safety. Interventions linked to each domain included simulation training (individual), mentorship programs (interpersonal), accreditation steering committees (institutional), community advisory boards (community), and compliance tracking (policy/systems).

Discussion: Applying the SEM reframes accreditation from a checklist into a systemic framework for strategic action. This approach enables schools to prioritize resources, align interventions with domains, and strengthen readiness. The model offers both conceptual clarity and practical utility for advancing accreditation in Canadian and international contexts.

P-141 Mini-Practice Audit Model (Mpam): Facilitating the Cra Ra Guideline Implementation

Elizabeth Wooster (Lead Author), **Douglas Wooster** (Co Author), **Raheem Kherani** (Co Author), **Madeleine Beckett** (Co Author)

Methods: An online survey assayed knowledge, attitudes and behaviours and informed mPAM development. MPAM results were analyzed using descriptive statistics and thematic analysis. Specific domains targeted included patient descriptors, specialist's practice performance, and participants' reflections.

Results: Survey : Participants believed in the use of guidelines in clinical practice. Knowledge and application of the RA guidelines was variable. Patient Descriptors: 60% of patients are currently in remission for 1-10 years. Of those patients in remission, 69% are receiving conventional synthetic DMARDs (csDMARDs), 23% are receiving targeted synthetic DMARDs (advanced therapies) and 8% other treatments. Specialists' Practice Performance: Gaps identified: discussion of tapering (45%), and possible flare-ups (38%), shared-decision management of flare-ups (38%) and medication use (23%). Participant's Reflections: inconsistent documentation, lack of detail of medication, instructions, and shared-decision making. Recognized the importance of frequent chart reviews, and identification of gaps.

Discussion: Participants noted that the mPAM allowed them to identify gaps in clinical practice and assay ways to address these to positively impact patient care

P-142 Chai and Chat: Exploring Perspectives of Islamophobia in Muslim Healthcare Professionals

Kashmala Qasim (Lead Author), **Joanna Krongold** (Co Author)

Methods: This qualitative study utilizes individual semi-structured interviews, conducted virtually (60-90 minutes) by a postdoctoral fellow with lived experience. Participants reviewed and approved their transcripts prior to analysis. To date, seven participants have been interviewed, with most participants from the Department of Family Medicine, and one from Internal Medicine and Anesthesia, respectively.

Results: Preliminary themes include: (1) The tension between hypervisibility and invisibility in clinical and academic spaces, particularly affecting visibly Muslim women who wear the hijaab; (2) Reluc-ance on the part of physicians to label negative comments or questions especially from patient interactions as Islamophobic; and (3) Criticism about institutional EDI initiatives perceived as performative or politically sanitized.

Discussion: Overall, most participants did not label or report incidents of subtle or overt bias as Islamophobia and rather, found them as opportunities for educating and addressing the curiosities of their patients as well as peers. These findings contribute to ongoing conversations about inclusion in HPE, challenging institutions to move beyond symbolic diversity efforts and engage more deeply with faith as a dimension of professional identity, ethics around patient care as well as innovations in medical curriculum.

P-143 A Sociodemographic Portrait of Medical School Applicants in the Province of Quebec, Canada

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Methods: An electronic sociodemographic survey was sent to medical school applicants to any of the four medical school in Quebec in 2024 (n=5716) and compared to the 2021 Quebec census data (age 15-34) whenever possible.

Results: Participation rate was 23.9% (n=1950/5716). Overall, 67.7% identified as female and median age was 21. Among participants, 30.8% self-identified as a visible minority (census: 21%), 11.6% of applicants as Black (census: 6.7%) and 1.3% as Indigenous (census: 2.7%). Regarding socioeconomic status, 76.7% of responders had at least one parent with university-level education (census: 29.5%), 50.8% declared a household income over 100,000$ (census: 33.2%) and 21.2% had at least one parent with an MD degree. Lastly, 11.1% of responders lived in a small population area (<10,000) at the age of 16 (census: 19% overall rural population).

Discussion: These results suggest that most medical school applicants in Quebec are female, come from a high socioeconomic background and from an urban area. The applicant pool in Quebec appears to be ethnoculturally diverse, with a possible increase in the number of Black applicants compared to published historical data (4.5% in 2019). Similarly to other areas of Canada, challenges remain to attract people from lower socioeconomic backgrounds, rural areas and indigenous origins in the applicant pool.

P-144 Advocacy by Design: A Spiral Ediia Curriculum to Dismantle Health Inequities

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Methods: Year(Y) 1 introduces foundational concepts including colonial history, privilege, and reflective practice. Y2 emphasizes systemic oppression, bias navigation, and grassroots advocacy. Y3 centers on trauma-informed care, power dynamics, and sustainable advocacy strategies. Y4 develops leadership in dismantling hierarchies, policy reform, ethical technology use, and advocacy career planning. Instructional methods include interactive lectures, reflective exercises, patient/community panels, scenario-based learning, small-group discussion, and advocacy skill-building. Teaching shifts from faculty-led to peer-led sessions, integrating lived-patient voices, and culminates in a personal leadership vision statement.

Results: This constructivist spiral-curriculum fosters skill development, critical self-awareness, and actionable strategies to promote equity in clinical and institutional settings. Preliminary evaluations indicate high learner engagement, improved understanding of systemic oppression, and enhanced readiness for advocacy. Incorporation of lived experiences and digital ethics deepens cultural humility and ethical decision-making.

Discussion: The longitudinal EDIIA curriculum offers a comprehensive, replicable framework for embedding equity education in medical training. By advancing learners from awareness to leadership, it prepares future physicians to foster inclusive care environments and sustain advocacy efforts.

P-145 Standardizing Examination Time in Preclerkship Curriculum

Andrea Guerin (Lead Author), **Eleni Katsoulas** (Co Author)

Methods: Assessment data from ExamSoft was reviewed for all Term 1 and Term 3 preclerkship courses at two campuses (Kingston and Lakeridge) during the 2024-2025 academic year. Each exam's allocated time was compared with the actual time taken by students, measured by the average time taken per question by the student for multiple choice or set time per question for short answer/clinical reasoning. Surplus time was calculated by subtracting actual from allocated time.

Results: Across both campuses, students consistently completed assessments in less time than allocated. At the Kingston campus, surplus time ranged from 8 to 55 minutes, with most exams completed 15-35 minutes ahead of schedule. At the Lakeridge campus, similar trends were observed, with surplus time ranging from 10 to 45 minutes. There was one course which showed a slight deficit of 5 minutes.

Discussion: The findings support that current exam allocations are generous, with students completing assessments significantly faster than expected. Standardizing time allocations closer to actual use-while preserving accommodations-could reclaim curriculum time without compromising student performance. Further qualitative work may explore student perceptions of exam timing to complement these quantitative findings.

P-146 Resident Perspectives on Equity, Diversity, and Inclusion in the Psychiatry Curriculum: A Qualitative Quality Improvement Study

Saakethiya Sriranjan (Lead Author), **Teanna Rowe** (Co Author), **Suzanne Archie** (Co Author), **Albina Veltman** (Co Author), **Ashley Johnson** (Co Author)

Methods: Psychiatry residents shared meaningful strengths of EDI competencies within the curriculum. However, they emphasized the need for EDI topics to be incorporated across all teaching sessions and to be taught through various learning modalities. The perspectives of students from this study offer valuable insight for educators into curriculum enhancements that embed EDI content across academic and clinical domains of psychiatry training.

Results: Students' perspectives of strengths within the curriculum have been categorized into two themes and five sub-themes. These themes describe the curriculum as 'Dedicated and Comprehensive' with respect to EDI-focused teaching and that this teaching facilitates 'Holistic Learning Methods'. Limitations in the curriculum identified by students have been categorized into three themes and seven sub-themes. These themes encompass perspectives which suggest that the integration of EDI is 'Fragmented and Assumptive', has 'Limited Learning Methods', and 'Limited Application' in clinical practice.

Discussion: Psychiatry residents shared meaningful strengths of EDI competencies within the curriculum. However, they emphasized the need for EDI topics to be incorporated across all teaching sessions and to be taught through various learning modalities. The perspectives of students from this study offer valuable insight for educators into curriculum enhancements that embed EDI content across academic and clinical domains of psychiatry training.

P-147 Views From the Frontline: the Perceived Impact of Shorter Resident Call Shifts on Learning

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Methods: Qualitative semi-structured virtual interviews were conducted to assess the experiences of those working within the traditional and NFS call schedules. Using snowball sampling, current and former surgical residents at Queen's University General Surgery Residency Program, and staff physicians employed at KHSC were recruited. Reflexive thematic analysis was used for data analysis with NVivo.

Results: Twenty-four interviews were conducted (11 residents, 3 former residents, 10 staff physicians). Analysis identified that views of call schedules are influenced by the following themes: Individual perceptions of wellness and learning, level of training, and medical education culture. These perceptions are backdropped by administrative decisions (i.e., scheduling surgeries in day vs night) and program characteristics (e.g., having sufficient coverage).

Discussion: This study highlighted a proliferating perception that operative learning was most valued. Junior residents sought opportunities to observe surgeries; seniors aspired to operate autonomously. Residents reported working nights was hard on wellness, but many appreciated the consolidation of call which eliminates post-call days, allowing unimpeded access to learning when not on call. Some staff had concerns about preparedness during NFS, while others believed wellness was balanced with learning.

P-148 Underrepresentation in Medical School Admissions Through A British Colonialism Lens: A Scoping Review

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Methods: Following the Joanna Briggs Institute methodology for scoping reviews, MEDLINE, Embase, ERIC, and CABI Global Health databases were searched from inception to November 2024. Data were analyzed using quantitative and qualitative analyses.

Results: Among 7716 studies screened, 145 met inclusion criteria. The majority (71%) originated from the United States. The definition of URiM shifted from a focus on ethnicity and binary gender identity prior to the 2010s, to an emphasis on broader sociodemographic characteristics, including applicants from non-binary identities and different educational, income, geographic, and ability backgrounds. Similar intrinsic and extrinsic barriers and facilitators were found throughout the admissions process, related to identity and discrimination, financial and social capital, and application process. Identified application support strategies include financial assistance, mentorship and advising programs, and specialized admission pathways.

Discussion: URiM groups are evolving and becoming increasingly diverse. Despite formal support strategies, various groups remain underrepresented in medicine. Long-standing systemic and structural inequities must be addressed to improve URiM access to medical education and foster medical school classes reflective of the populations they will serve.

P-149 Sim Fundamentals: Developing A Culture of Simulation

Ron Siemens (Lead Author) **Tammie Muise** (Co Author) **Alyson Campbell** (Co Author) **Ashton Dougan** (Co Author) **Pat Davis** (Co Author)

Methods: In our poster presentation we will use field notes, course evaluations and interview information to share the barriers and facilitators that we have encountered as we implemented this innovative program on Prince Edward Island and presented it to communities of practice of Emergency medicine and the Faculty of Nursing. We will also share our hybrid implementation research protocol we have developed to research the effectiveness and implementation of the next iterations of SimFUNdamentals beginning with Pediatrics and planned for the rest of communities of practice on PEI.

Results: will help us to improve the course and implement it appropriately. Our colleagues will hear how to best help busy practitioners develop a culture of simulation in their departments.

Discussion: This information will be of interest to our colleagues in medical education as we share how we developed a strong university/community/government partnership that is leading to an education intervention which is effective in teaching simulation skills and building a true culture of simulation on PEI.

P-150 From Dialogue to Development: Student-Led Feature Design in Medical Education Platforms

Mitchell Chorney (Lead Author), **Ryan Dion** (Lead Author), **Scott Steil** (Co Author), **Mike Paget** (Co Author)

Methods: Meeting directly with the Cards representatives, we could collaborate on feature development based on a broad submission of student requests via the Calgary Medical Student's Associa-ion (CMSA) representatives. These were captured in several ways: CMSA driven surveys, social media discussions. In workshop sessions between the Academic Technologies Team and the students we co-designed several features for our generative problem-solving platform and our curriculum management system that were both high yield and technically achievable.

Results: Several specific features were developed this way: Objective based curriculum pages - based on a student need for a single place to have line of sight to content based on Clinical Presentations across Units and Time. Individual Card links - based on a number of student requests around ad hoc Card play styles, creation of self curated sequences of Cards Organizational structures in Cards - providing both discipline based Cards and Clinical Presentation based decks, both of which can be played in aggregate styles.

Discussion: Software development often sets up mediators between product users and developers. In our setting the direct dialogue has been of highly leveraged yield for tools that represent the delivery of our program as much as lecture halls and small group rooms.

P-151 Scheduling Call Shifts for Saskatchewan Family Medicine Residents

Robert Henderson (Lead Author), **Carolyn Augusta** (Co Author), **Rhonda Bryce** (Co Author), **Jason Hosain** (Co Author)

Methods: We used two data sources: i) a survey, and ii) an analysis of call schedule data. The survey included Likert-style questions and open-ended comments. Schedule data were analysed over 2021-2023 for Saskatoon and Regina.

Results: All active FMRs (100) at the University of Saskatchewan in early 2024 were surveyed (response rate 52%). Participants were stratified into three groups: the two large urban centres, and the rural/remote sites. Rural/remote residents were the most satisfied with the learning experience; Regina residents were markedly more dissatisfied. Residents in Saskatoon were more positive about their general experience (e.g., reported less stress/fatigue). Half of Regina residents reported coming into clinic every shift, while Saskatoon residents very rarely attend in person while on call. Call schedules were found to be unevenly distributed in the urban centres, with some FMRs scheduled for an average of one shift every two weeks, while others had more than double that.

Discussion: There is substantial variation in the primary clinic call experience among FMRs in Saskatchewan. Discovery of the uneven distribution of call shifts has prompted a re-evaluation of the call scheduling protocol at our institution.

P-152 Development and Implementation of an Evidence-Based Medicine (Ebm) Primer for Medical Students at A Regional Campus

rahim valani (Lead Author), **Shaveta Gupta** (Co Author), **Seddiq Weera** (Co Author), **Larry Chambers** (Co Author)

Methods: In 2020 the core committee developed a needs assessment, the results of which guided the development of an EBM Education Primer Series curriculum. After 3 successful iterations, we delivered the Perception of Information Literacy Skills (PILS) questionnaire to understand the confidence of students in EBM. Finally, using the Consolidated Framework for Implementation Research (CFIR), we developed a semi-structured interview guide to examine barriers to and facilitators of implementing the EBM Primer.

Results: Thirty four students completed the needs assessment. Most (94%) were familiar with the concept of EBM but could not apply it well. The average rating to critically appraise an article was 2.97 (Likert scale 1-5, SD 0.85), and their understanding of statistics was 2.58 (SD 1.03). The PILS score jumped from 145 to 160 ($P<0.001$). The largest improvements document by the PILS survey were in overall skills in search strategy (from 6.3 to 7.3), knowing the right commands for the search (2.8 to 5.0), knowing how to evaluate new information (5.4 to 6.4), and understanding the ethical aspects of questions (5.9 to 7.3). Based on the CFIR interviews, many students felt that the content was helpful. However, they also thought it would be more helpful later in the curriculum and also having it recognized with a certificate of completion or included in the formal curriculum to be included on their CV.

Discussion: EBM information literacy skills and knowledge acquisition are important components of medical education, including distributed campuses. Studies have shown improvement in EBM skills when implemented in the program, and students were motivated if the program could be certified.

P-153 Trust in Generative Technology to Support Lifelong Learning: an Investigation in Health Professions Education.

Oksana Babenko (Lead Author), **Victoria Meeker** (Co Author), **Polina Morilova** (Co Author)

Methods: This was a survey study. The survey included the following measures: Self-Pursuits, Aspirations, & Knowledge Endeavors in the Digital Era (SPArKED); Jefferson Scale of Lifelong Learning (JeffSLL); and Human-Computer Trust (HTM) scale that was adapted to reflect trust in generative technology. In total, 558 students (age: 18-25 years old) representing various health education programs in Canada and other countries responded to the survey. Descriptive and regression analyses were performed.

Results: Descriptive analyses revealed a disproportionate use of digital and generative technology by students for individual learning compared to collaborative learning, further hindering social learning and interaction. In the regression analysis, greater use of digital and generative technology ($\beta = 0.63$, $p < 0.001$) and lower lifelong learning abilities ($\beta = -0.15$, $p < 0.01$) were associated with increased trust in generative technology to support lifelong learning.

Discussion: The findings indicate a complex relationship between digital and generative technology use, lifelong learning abilities, and trust in generative technology to support lifelong learning among students in health professions education. Further research is warranted to fully understand the long-term effects of the relationship on learning outcomes such as competence development and maintenance, collegiality, and teamwork.

P-154 Evaluating Physician Assistant Learners on Clinical Rotation: A Guide for Clinicians

Rebecca Mueller (Lead Author), **Kristen Burrows** (Co Author)

Methods: This session presents a structured approach for evaluating PA learners on clinical rotation. Core competencies from the CanMEDS-PA and EPA-PA frameworks were mapped to key areas of assessment, including clinical reasoning, communication, professionalism, and patient care. Practical tools and guidelines were developed to support clinicians in providing constructive feedback, tracking learner progress, and fostering interprofessional collaboration.

Results: Clinicians engaging with this session will gain clear, actionable methods to evaluate PA learners across rotations. Participants will acquire tools that standardize assessment while remaining adaptable to diverse clinical contexts. Evaluation strategies emphasize both formative feedback and summative assessment, strengthening learner compe--ence and confidence. Additionally, the approach supports a more unified framework for PA evaluation across programs, contributing to consistency and excellence in training.

Discussion: Effective learner assessment is central to competency-based PA education. Providing clinicians with structured evaluation tools not only enhances learner development but also strengthens interprofessional education by fostering collaborative, supportive training environments. Standardized approaches across programs can reduce variability in learner experiences, ensure alignment with national competency profiles, and ultimately improve the quality of care delivered by future PAs. This work aligns with national efforts to advance health professions education and provides clinician educators with resources to elevate the quality and consistency of PA training.

P-155 The Use of Digital Health Technologies in Delivering Compassionate Primary Care in Training and Practice: A Scoping Review

Asiana Elma (Lead Author), **Vyshnave Jeyabalan** (Co Author), **Emma Wilson** (Co Author), **Patti Kishimoto** (Co Author), **Tavis Apramian** (Co Author), **Jeff Myers** (Co Author), **Ilana Halperin** (Co Author), **Sarah Wright** (Co Author), **Giovanna Sirianni** (Co Author)

Methods: Arksey and O'Malley's framework was used to identify and synthesize peer-reviewed empirical studies published between 2015-2025. Seven databases were searched, with screening conducted by multiple reviewers, and consensus used to resolve disagreements. Extracted data included study characteristics, training interventions, and outcomes. Outcome-related data were thematically analyzed and refined through team consultations.

Results: Thirty-six articles have been included for data extraction to date. Educational interventions focused on assessing communication and technical skills, including structured history-taking, active listening, and triaging between digital and in-person visits. While these activities helped learners adapt to digital care, they were not positioned as explicit opportunities to cultivate compassion. In practice, clinicians described offering affirmations, maintaining eye contact through webcams, asking probing questions to help patients feel acknowledged and supported. However, they reported difficulty interpreting nonverbal cues, competing documentation demands, and blurred boundaries from continuous virtual access.

Discussion: Compassionate practices were often enacted as individualized workarounds rather than being systematically-taught or embedded within training programs and organizational workflows. Future efforts should focus on developing structured curricula that integrate technical, relational, and clinical skills to better support therapeutic relationships and promote digitally-mediated compassionate primary care.

P-157 Teaching and Learning of Virtual Care: Adapting Clinical Reasoning for Different Modalities of Care.

Batya Grundland (Lead Author), **Mahan Kulasegaram** (Co Author), **Maria Mylopoulos** (Co Author), **Karina Prucnal** (Co Author), **Nicole Woods** (Co Author), **Risa Freeman** (Co Author)

Methods: Semi-structured interviews were conducted with practicing family physicians to explore their approach to four clinical scenarios in a virtual environment. Scenarios varied along two dimensions: 1. Patient capacity for self-management (high/low) 2. Severity or risk of illness (high/low). Recruitment ensured representation across years of experience and location of practice. Data were analyzed thematically and inductively for key components unique to clinical reasoning in the virtual care setting.

Results: Twelve participants were interviewed. Key themes included: 1) Clinical reasoning in virtual care requires flexible application of the 'usual' order of information gathering routines; 2) The pre-existing relationship with the patient impacts physicians' confidence in their clinical reasoning in the virtual environment; 3) The virtual environment offers new opportunities for optimizing care (e.g. triage, acquisition of background information prior to an in-person visit).

Discussion: Clinical reasoning in virtual care is adapted by clinicians in both expected and surprising ways. Therefore, teachers and curriculum developers should emphasize core concepts as well as practice variability when preparing learners for effective clinical reasoning in virtual care.

P-158 A Cross-Canadian Qualitative Exploration of Recent Graduates' Experiences with Core Components of Competence-by-Design (Cbd) in Medical Oncology Residency

Shivani Dadwal (Lead Author), **Geordie Linford** (Co Author), **Heather Braund** (Co Author), **Gurdit Sood** (Co Author), **Nancy Dalgarno** (Co Author), **Anna Tomiak** (Co Author)

Methods: A qualitative study was conducted using semi-structured interviews with 15 graduates across Canada. Interviews focused on Entrustable Professional Activities (EPAs), feedback, preparation for practice, and training gaps. All interviews were virtual, transcribed, and analyzed thematically.

Results: Five themes emerged: (1) Assessment and EPA tools, (2) Feedback and coaching, (3) Preparation for practice, (4) Implementation of CBME, and (5) Recommendations. Participants valued broad exposure and flexible learning but noted challenges, including pressure to achieve EPA numbers, delays in receiving feedback, and deficiencies in assessment technology. Feedback quality varied by faculty, though bidirectional observation was viewed positively. Graduates cited self-directed learning as a strength, but highlighted educational gaps in the logistics of independent practice, research, and clinical trials training.

Discussion: Our findings suggest that while CBD supports structured progression and offers valuable learning opportunities, it falls short in addressing essential non-clinical competencies and in fostering meaningful, timely feedback. Future efforts should focus on integrating clinical trials and administrative training into the curriculum, refining assessment processes, and promoting faculty development. These improvements will be essential to en-ure medical oncology graduates are fully equipped for the multifaceted demands of independent practice.

P-159 Shifting Attitudes and Cultivating A Culture of Equity, Diversity and Inclusion in Medical Educational Assessments

Oliver Fung (Lead Author), **Jennifer Migabo** (Lead Author)

Methods: A literature review is being conducted to further explore theories and assessment practices in relation to EDI. The review included literature from within medical education and the broader context of education.

Results: Preliminary results demonstrate there are limited published assessment interventions that incorporate EDI principles, This gap is especially pronounced within medical education.

Discussion: The gap between the recognized importance of EDI and the limited practical application within medical education assessments underscores the need for development of a framework. This framework would aim to guide medical educators and leaders to reassess and redesign their current assessment practices to better align with EDI principles and further support their students, patients and communities.

P-160 The Medical Journey: Interprovincial Movement of University of Alberta Medical Students Through Postgraduate Training and Into Practice

Emily Dagasso (Lead Author), **Laura Stovel** (Co Author)

Methods: Statistical analysis was conducted among 738 students that graduated from the UAlberta Doctor of Medicine program, 2012-2016. Data was reviewed from published Canadian databases and UAlberta archives. Descriptive statistics were used for data summarization and presentation.

Results: The results of this analysis determined 61% of UAlberta medical graduates who were in-province applicants (n=450) were practicing in Alberta in 2024. Among the out-of-province UAlberta applicants (n=98), 34% were practicing in Alberta in 2024.

Discussion: The findings of this study suggest that the majority of medical learners who resided in Alberta prior to medical school practice in Alberta as licensed medical doctors whereas out-of-province medical learners are more likely to practice outside of Alberta following graduation. The conclusions of this retrospective longitudinal study of UAlberta medical learners' interprovincial movement should enable key decision-makers to better assess the health workforce supply and prevent future shortages.

P-161 Exploring the Experiences of Canadian Medical Learners with Disabilities: Outcomes From A National Mentorship Program

Jordana Waserman (Lead Author), **Khushi Goyal** (Co Author), **Quinten Clarke** (Co Author), **Shira Gertsman** (Co Author), **Joanna Cheek** (Co Author)

Methods: A post-program survey was distributed to the 2024-2025 participant cohort (n=97). 9 responses were received (response rate 9%). Of these, 4 were mentees, 3 were mentors, and 2 participated in both capacities. Quantitative data were analyzed descriptively.

Results: 89% of respondents reported achieving their initial goals for the program "somewhat", "quite a bit" or "extremely." 100% of participants would recommend the mentorship program to others. The median 'goodness' of mentorship match fit, rated from 0 ("poor fit") to 10 ("excellent fit"), was 8 (range 0-9, IQR 5). Participants reported positive impacts across all queried domains (sense of belonging, identity development, rights knowledge, community and self-advocacy skills, preparation for up--oming stages of training, navigating accommoda--ions, and adapting clinical skills), with 50% or more rating the impact as 'quite a bit' or 'extremely'.

Discussion: Our results support that medical learners with disabilities highly value connecting with disabled near-peers. Mentorship can fill an important gap in fostering inclusivity in medicine, thereby enhancing learner wellbeing and ultimately supporting disability representation in medicine.

P-162 Early Lessons Learned in Establishing A New Regional Campus

Richard Buck (Lead Author), **Kelly Dinsmore** (Co Author), **Mike Paget** (Co Author), **Aaron Johnston** (Co Author), **Amy Bromley** (Co Author)

Methods: This study outlines the timeline of key milestones in establishing a new distributed medical education campus, including MOUs, government and ministry approvals, architectural planning, and institutional agreements. These steps follow mandated processes from the Government of Alberta, Universities of Calgary and Lethbridge, and the national accrediting body.

Results: SAMP is recruiting for a July 2026 launch. Key outcomes include a funding mandate from the Government of Alberta, an interinstitutional agreement, a dedicated admissions pathway, faculty development strategy, and architectural blueprint approval.

Discussion: Reconciling diverse partner perspectives into actionable policies and infrastructure has required multi-level engagement. Stakeholder meetings have fostered collaboration across institutional hierarchies. Upcoming steps include Trailblazer Week, admissions opening, and faculty recruitment.

P-163 Evaluating the Queen's University Undergraduate Medical Education Prescribing Curriculum Using Medical Council of Canada (Mcc) Objectives

Kate Hardacre (Lead Author), **Michelle Gibson** (Co Author), **Leah Nemiroff** (Co Author)

Methods: A dynamic curriculum map based on the MCC "Prescribing Practices" objectives was developed. Using the "Elentra" Curriculum Explorer, the content from the 2023-2024 academic year across the Kingston and Lakeridge sites was analyzed. Learning events were included if they addressed prescribing/deprescribing or were deemed high yield by curricular experts. Data on instructional methods and educator backgrounds (MD, PhD) were also collected.

Results: Analysis revealed consistent delivery of the MCC prescribing objectives content throughout all years of the Queen's UME curriculum and across both instructional sites. Clinical pharmacology objectives were most consistently addressed, with teaching topics reinforced over separate medical years and across classes. In contrast, objectives related to polypharmacy, deprescribing strategies, and documentation of prescribing decisions and follow-up plans were represented less. Instructional delivery was predominantly via large-group lectures.

Discussion: The Queen's UME curriculum effectively captures the breadth of the MCC prescribing objectives. Future analysis will explore small-group teaching to assess whether coverage of communication and documentation objectives differs in smaller teaching settings, and to identify opportunities for improved integration.

P-164 Evaluating A Student-Created Digital Discussion Board ("Answers by Cmsa") to Enhance Student-Faculty Communication in Undergraduate Medical Education

Carolyn Horwood (Lead Author), **Nabeel Khan** (Co Author), **Kareem Sadek** (Co Author), **Mike Paget** (Co Author), **Janeve Desy** (Co Author), **Theresa Wu** (Co Author)

Methods: An ongoing cross-sectional pre-implementation survey (5-point Likert items: satisfaction, timeliness/accuracy, psychological safety, response quality, conflict resolution, student ownership; plus expectations and open-ended items) was distributed to eligible MD students. Descriptive statistics are calculated; qualitative responses will undergo reflexive thematic analysis. A planned post-implementation survey (mirroring baseline measures at ~6 months) will evaluate the full benefits of Answers by CMSA and quantify change over time.

Results: To date, 39 respondents have completed the baseline survey. Communication perceptions are neutral-to-modestly positive (composite mean 3.33/5). Lower-scoring domains include encouragement to participate (2.79/5) and conflict resolution (3.00/5); higher scores include self-efficacy for supporting peers (3.69/5) and faculty approachability/relationships (3.64/5). Expectations for the discussion board are strong (composite 4.03/5), with 72-79% agreeing/strongly agreeing that it will improve timeliness, communication quality, peer collaboration, overall satisfaction, community/ownership, and ease of use.

Discussion: Although students are moderately satisfied with preexisting communication methods, many also expressed a desire for an indexable, moderated class forum. Baseline data support student interest in a forum that complies with posting norms, clear moderation/escalation, and faculty engagement standards. The post-implementation survey and qualitative analysis will assess the platform's full benefits across satisfaction, psychological safety, response quality, collaboration, and learning, informing iterative platform and curricular improvements.

P-165 Behind the Beard: A Qualitative Study on the Experiences of Medical Learners with Religious Beards Navigating N95 Requirements

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Methods: Medical trainees with religious beards were recruited from medical undergraduate and postgraduate programs across Canada. Semi-structured virtual interviews explored their experiences with accommodations processes and the impact on medical training and career decisions. Interviews were recorded, transcribed and coded using NVivo. Inductive thematic analysis is currently ongoing in an iterative approach.

Results: Preliminary findings reveal that participants commonly experience feelings of frustration and isolation. Many reported inconsistent policies and accommodations across institutions and described how N95-related limitations negatively influenced clinical exposure and specialty choice. Trainees expressed concern over being forced to choose between religious identity and career aspirations. Respondents reported overwhelming support from their peers and instructors in helping navigate unclear protocols. Participants expressed hope for future changes to streamline and consolidate the process for receiving accommodations.

Discussion: This study is the first national exploration of challenges related to religious beards in medical education. Findings highlight the need for standardized, equitable accommodation policies at the school and hospital level that respect religious practices while ensuring safety. Such policies are essential to promoting inclusivity and equal access to training opportunities for all medical learners.

P-166 A Scoping Review of Targeted Improvement of Teaching in Health Professions Education

Marcel D'Eon (Lead Author), **Latika Nirula** (Co Author), **Greg Turner** (Co Author), **Qian Wu** (Co Author)

Methods: We followed Arksey & O'Malley (2005). Inclusion criteria: 1) studies on any educational intervention(s) that 2) addressed improvement of teaching meaning there must have been a specific needs assessment of participants 3) within HPE and 4) published 2013-2023.

Results: From the 1,766 articles initially found, we identified 25 articles for data extraction. Most interventions targeted teaching skills (14), many feedback (8), and most remediation studies addressed professionalism (5 of 6). Interventions included feedback exclusively; coaching; simulation; and interactive workshops. Few papers cited theories/frameworks to guide interventions. Studies reported changed teaching practices with satisfaction and learning.

Discussion: Only 25 articles selected suggest that improvement and remediation in HPE may be under-practiced, described, and evaluated. The preoccupation with unprofessionalism in the remediation studies contrasts with improvement studies where teaching skills and feedback were addressed. Many of the interventions were not clearly described making replication or further study unlikely. The absence of theories or frameworks reveals a weakness in HPE improvement and remediation practices. Intense, longitudinal programs recommended in the literature were not universally used.

P-167 "A Sense of Peace": Residents' Experiences Shifting Identity From Curer to Healer

Shannon Wong (Lead Author), **Laura Nimmon** (Co Author)

Methods: Our methodology was qualitative interpretive description. We conducted 10 semi-structured interviews with Internal Medicine residents at one institution. Data collection and analysis proceeded iteratively. During the final stages of analysis, we were sensitized to the concept of professional identity formation, which highlighted how critical moments of transition stimulated different ways of being and becoming.

Results: Residents described identifying with the role of a curer at the start of their training. This identity was shaken and confronted when there was a change in patient care that moved away from curative intent. Residents emphasized the role of supportive relationships during these periods of transition, which helped them feel validated and under--tood. In the context of these supportive relation--hips, residents were able to embrace a renewed identity as healer, thus invoking new meaning into their role as health care providers.

Discussion: A transition in patient care away from curative intent is an emotionally powerful catalyst for resident professional identity formation. Supporting residents through these difficult transitions has the potential to widen how residents perceive themselves as physicians.

P-168 Mapping Feedback Patterns in Entrustable Professional Activities: Consistency, Variability, and Gaps

Emily Quick (Lead Author), **Catherine Patocka** (Co Author)

Methods: We analyzed a purposive sample of 137 EPAs completed by 28 emergency medicine faculty for residents in the University of Calgary Department of Emergency Medicine between August 2019 and October 2024. Using a critical realist and hermeneutic stance, framework analysis guided mapping to our pattern system of feedback.

Results: On average, 10 pattern representations were present in each EPA, with 16 distinct pattern representations identified. All EPAs contained at least six pattern representations reflecting mandatory ePortfolio fields. Additional pattern representations, in descending frequency, included judgement, output of performance, purpose of perfor--ance, specificity, discussion, results, function, cul--ure, recursion, and actual action. Narrative content was concentrated in referent and meta pattern domains, with limited representation of the feedback response domain. Most EPAs followed a consistent structure: describing the case (100%), what the learner did (85%), and whether performance was satisfactory or unsatisfactory.

Discussion: Overall, EPAs demonstrated regular and consistent pattern syntax, emphasizing assessment-focused content. Patterns aligned with processing and response-central to formative feedback-were underrepresented.

P-169 Earth to Action: Equipping Healthcare Providers as Climate-Health Messengers - Results of Pilot and Project to Date

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Methods: Using the L.E.A.P. model of community engagement and climate action Theory of Change we will engage 12 diverse, vulnerable primary care clinics across Alberta. Six campaigns-Planetary Health Foundations, Metered Dose Inhaler Reduction, Wildfire Smoke, Extreme Heat Preparedness, Plant-Forward Diets and Climate Communication will be delivered. Data collection includes surveys, audit and feedback cycles, photovoice, and sustainability dashboard tracking.

Results: A pilot of communications materials demonstrated increased knowledge with suggestions for change, including more time to practice and highlighting the nuances of communications in Alberta. Full study outcomes assess 1) clinician knowledge change 2) patient-reported preparedness and behavior change 3) use of dashboards to track and 4) reductions in greenhouse gas emissions.

Discussion: Embedding climate-health education in primary care equips clinicians to translate knowledge into actionable strategies that improve patient outcomes and reduce environmental impacts.

P-170 Using the Mini Multiple Interview to Address Societal Needs

Peggy DeJong (Lead Author), **Kelly Moore** (Co Author), **Shayna Watson** (Co Author), **Eleni Katsoulas** (Co Author), **Heather Braund** (Co Author), **Nancy Dalgarno** (Co Author), **Eugenia Piliotis** (Co Author)

Methods: Mini multiple interviews (MMIs) have been an established component of the Queen's University MD admissions process for over a decade. MMIs have been shown to provide reliable and valid assessments of non-cognitive attributes. We undertook a review of our MMI stations and rubrics to ensure that the stations and assessments were truly highlighting non-cognitive attributes that would enable students to succeed.

Results: With the assistance of education scholars, existing MMI stations and rubrics were reviewed and new stations were created with an emphasis on reviewing the attributes assessed to ensure that they matched the needs of our program. In particular, we ensured that the stations would help us to identify students who would succeed in a program grounded in generalist principles and social accountability.

Discussion: Together with the well-established emphasis on non-cognitive attributes, we re-focused our MMI stations on specific needs of the MD program, region and society in general. Incorporating societal needs into our admissions process will hopefully produce doctors who will help address the gaps in our communities.

P-171 Evaluating the Hackathon as A Novel Teaching Tool in Pediatric Ophthalmology Education: A Survey Study

Kate Lim (Lead Author)

Methods: Medical learners worldwide participated in the inaugural Orbis Global Hackathon (December 2024). Anonymous online surveys were administered pre- (n=36) and post-event (n=26), structured around the Knowledge, Attitudes, and Practices (KAP) framework. Knowledge was assessed using six multiple-choice pediatric ophthalmology questions from retired University of Toronto exams. Attitudes and practices were measured on 5-point Likert scales. Fisher's exact tests compared item-level differences; aggregate knowledge change was tested using paired Student's t-test (α=0.05).

Results: No individual knowledge item showed a statistically significant difference; however, aggregate analysis revealed a significant 9.3 percentage point increase in correct responses ($t(5)=6.43$, $p=0.001$). Learners' comfort with pediatric eye disorders improved, with "somewhat comfortable" rising from 35.5% to 52.2%. Attitudinal gains were notable, with over 85% expressing strong intention to incorporate pediatric ophthalmology into future practice compared to moderate baseline enthusiasm.

Discussion: Hackathon participation enhanced learners' pediatric ophthalmology knowledge, confidence, and professional attitudes. Hackathons may serve as scalable, interactive tools to supplement curricula in underrepresented subspecialties. These findings support further exploration of hackathons in medical training, including evaluation of long-term retention and career influence.

P-172 Leveling up Surgical Skills: A Scoping Review on Gamification in Robotic Surgery Simulation Training

Zoë Chabot (Lead Author)

Methods: Peer-reviewed studies published from January 2015 to January 2025 examining the implementation of gamification strategies in robotic surgery simulation training were included in the scoping review. Studies assessing resident engagement and skill development outcomes were included. A descriptive analysis was conducted, focusing on gamification elements such as competitive leaderboards, team-based challenges, and structured performance metrics. Patterns in implementation approaches and training outcomes were identified and synthesized.

Results: A total of 29 studies were included in the scoping review. Gamification strategies were associated with notable improvements in resident engagement, reflected by extended practice time and increased simulator utilization, with increases in prac-ice time of 9.7-fold improvement in some cohorts. Participation rates showed clear enhancement from 33% to 53% during intervention periods, and performance metrics consistently improved throughout gamified training sessions. Effective implementation strategies often included team-based competition frameworks, expert demonstration videos with synchronized hand position guidance, and standardized scoring rubrics. Qualitative assessments identified primary motivators as competitive elements and recognition systems, while barriers to participation and sustained engagement included limited clinical time availability and simulator accessibility.

Discussion: This scoping review maps existing evidence supporting the effectiveness of gamification in enhancing resident engagement and skill acquisition in robotic surgery simulation training. Implementation success appears most robust when incorporating structured competition, clear performance metrics, and institutional support mechanisms. While sustainability remains a challenge, with some studies noting decreased effectiveness in extended intervention periods, the overall evidence supports gamification as a valuable adjunct to traditional surgical training methodologies. Future directions include developing sustainable engagement models and establishing standardized metrics for skill assessment across institu-ions.

P-173 Advancing Quality Improvement in Cpd: the Case for the Assessment of Agencies Accrediting Cpd Providers

Geneviève Moineau (Lead Author), **Genevieve Moineau** (Lead Author), **Ricardo Leon-Borquez** (Co Author), **Ricardo Leon-Borquez** (Co Author)

Methods: The World Federation for Medical Education (WFME), in collaboration with the International Academy for Continuing Professional Development Accreditation (IACPDA), has developed a CPD Recognition Programme. This initiative evaluates CPD accrediting bodies against criteria based on standards developed and piloted by IACPDA. The WFME CPD Recognition Programme determines if CPD accrediting bodies meet the requirements of criteria related to the domains of independence and transparency, planning based on per--eived needs, content validity, quality of design, and outcome measures. Agencies deemed eligible are assessed by a team of peers who review the documentation provided, meet with agency leadership and produce a report. The CPD Recognition Committee make a decision on recognition based on these findings in the report. Regular monitoring is a critical aspect of the Programme.

Results: The CPD Recognition Programme criteria, process, and requirements ensure accrediting agencies meet robust international criteria and support the competence of practitioners and the quality of patient care. Further engagement opportunities will be highlighted.

Discussion: This recognition is a mark of quality in CPD accreditation. This information can be used by other CPD accreditation agencies, regulatory authorities, and credentialing bodies to assign substantive equivalency.

P-174 The Ship Clinic: A Student-Led Model for Early, Community-Engaged Medical Education

Nicole Wisener (Lead Author), **Laura Muldoon** (Co Author), **Claire Kendall** (Co Author)

Methods: Students and faculty supervisors identified barriers to students engaging with community organizations and brainstormed various means to overcome them. We used creative approaches to ensure student experience, supervision, and elective credit. Students then approached community organizations and offered their services.

Results: Four organizations accepted students' offer to assist. Seventeen first- and second-year medical students were placed weekly at sites including community health centres, newcomer services, and supported housing programs. Activities included wellness check-ins, newcomer intake, vaccinations, community needs assessments, and supervised mental health counselling.

Discussion: SHIP emphasized hands-on learning, cultural humility, and reciprocal partnerships with community providers. Students gained meaningful clinical and relational skills early in their training. Community partners reported enhanced support for underserved clients. Supervisors noted improved patient access to mental health support and appreciated the reflective, compassionate engagement students brought to care delivery.

P-175 Instructional Co-Design in Health Professions Education: the Case of Codesigning Learning-by-Concordance Modules

Haifa Akremi (Lead Author), **Laura Leclair** (Co Author), **Marie-France Deschênes** (Co Author), **Bernard Charlin** (Co Author), **Vincent Jobin** (Co Author), **Véronique Castonguay** (Co Author), **Nicolas Fernandez** (Co Author)

Methods: We conducted a dialogic, interpretive qualitative study across 14 sessions with eight members (emergency physicians, LbC specialists, and medical-education researchers) to codesign pulmonary embolism and aortic dissection LbC modules. Data was collected through "hot" and "cold" focus groups followed designing sessions. Transcripts were thematically analyzed using an Input-Mediator-Output (IMO) lens focused on role attribution, maintenance interventions, and decision-making process.

Results: Three themes characterized the process: (1) Resolving a conceptual tension between encyclopedic teaching and uncertainty-driven clinical reasoning was pivotal to progress; (2) Directive leadership by a clinically and pedagogically dual-trained scientific director aligned LbC principles with emergency-care realities and accelerated production; (3) Punctuated time flow-after a slow, exploratory start, work shifted to rapid, efficient cycles, enabling completion of two modules.

Discussion: Effective LbC co-design hinges on bridging experiential clinical knowledge with instructional coherence. Multidisciplinary teams thrive when roles are clearly defined and leadership is decisive, enabling them to transform uncertainty in practice into productive ambiguity for learners. These findings provide actionable guidance for continuing professional development units seeking to scale LbC: pair content experts with LbC pedagogues, normalize conceptual tension early, and design sessions that support rapid decision-making cycles.

P-176 The Needs of Equity Deserving Learners: A Multi-Group Evaluation of the Healthcaring Differently Initiative

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Methods: Participants were recruited through convenience and snowball sampling. Data was collected through surveys and four semi-structured focus group interviews (n = 46; FG1: high school, FG2: pre-medical, FG3: medical students, and FG4: parents of high school students). Thematic analysis was conducted using Dedoose.

Results: Access to reliable information about career pathways and application processes emerged as the most frequently identified need across all groups. Mentors of similar racial or ethnic backgrounds were highly desired, with 63.6% of student participants stating that they do not have a mentor. Parents were most concerned with how to support their child, highlighting the need for early exposure to the reality of pursuing a career in healthcare. Instagram and Youtube were preferred social media platforms. Medical students favored newsletters and podcasts, noting that Instagram live-streams were less effective for their busy schedules. High school students uniquely requested interactive small group Q&A sessions. Regardless of platform, participants stressed the importance of including links to helpful resources alongside content.

Discussion: Our findings highlight a significant need for mentorship and multi-platform access to resources. These insights will guide updates to HCD programming, including the content types and topics, platforms used, and resources shared to support racialized learners.

P-177 Before 'Lights, Camera, Action': Engaging Collaborators in Script Co-Creation for Faculty Education Videos on Addressing Learner Mistreatment

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Methods: Community partners were intentionally consulted at each stage of the writing process, from brainstorming to draft review. Each script was co-written and reviewed by a diverse group of faculty, medical students, and residents, including individuals from equity-deserving groups represented in the videos. A follow-up form was also distributed to reviewers for feedback on clarity, effectiveness, cultural appropriateness, and alignment with lived experiences. Reviewers were also invited to identify scripts that perpetuated or inadequately addressed biases or stereotypes. Responses were shared with the steering committee and script authors to guide revisions.

Results: Survey themes included the importance of diverse consultation, script clarity, and educational value. Feedback indicated that the scripts appropriately reflected learner experiences, including those often left undisclosed due to fear of repercussion. One script was critiqued for oversimplifying a complex conflict resolution scenario. The scripts were thoroughly revised based on this broad consultative feedback to ensure they accurately portray and teach how to respond to learner mistreatment.

Discussion: Broad, iterative consultation ensures video scripts on learner mistreatment reflect authentic experiences and avoid reinforcing inequities or stereotypes. Co-creation supports epistemic justice and produces accessible, effective curricular tools for faculty development.

P-178 Curriculum as Collaboration: Engaging Community Wisdom Into Community and Global Health Teaching in Ugme

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Methods: Curriculum development began four years prior to the school's launch. Initial engagement with community members through surveys and in-person sessions established the TMU SoM's foundational 5 Pillars and 7 Values. Guided by these principles and aligned with competencies from the Medical Council of Canada and CanMEDS roles (notably Advocate and Communicator), the course framework was developed. An iterative process of re-engagement ensured community knowledge was incorporated into learning objectives, course themes, cases, and a cornerstone Community Advocacy Project (CAP). A "glocal" (global issues with local impacts) framework was also co-emphasized to reflect the region's diverse and migratory populations.

Results: The resulting CGH course is being implemented in September 2025 with the inaugural UGME cohort. The pedagogy combines large-group active learning delivered by both faculty and community with the experiential CAP experience. The course integrates principles of health promotion, disease prevention, knowledge translation, and determinants of health.

Discussion: This course represents an innovative model of curriculum development rooted in genuine community engagement and project-based experiential learning. Moving beyond traditional didactic teaching, this approach can serve as a framework for other medical schools seeking to fulfill a social accountability mandate.

P-179 Developing Consensus on Planetary Health to Guide Integration of Shared Competencies Within Canadian Pharmacy Curriculum

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Methods: Four virtual focus groups were conducted across two rounds, using the nominal group technique. The focus groups went from creating a shared understanding of planetary health to proposing competencies through an iterative process across both rounds. Meetings were recorded and transcripts analyzed via inductive content analysis. Guidance from an Indigenous representative was also incorporated. Preliminary competencies were drafted, refined, and prioritized following feedback from focus group participants.

Results: Fifteen individuals (faculty, student and Indigenous representation) participated, representing 10 of the 11 Canadian pharmacy schools. Three themes were emphasized by the participants: applying knowledge in patient care, change management and advocacy, and equity and social determinants of health. Five final competencies were selected.

Discussion: These results show strong support for addressing planetary health in pharmacy education through equity, sustainability, and action. With five clear competencies to integrate within curriculum, this study offers an actionable way to prepare future pharmacists to navigate planetary health challenges and take on their role as environmentally responsible healthcare professionals.

P-180 Evaluation of the Aspire Research Program for Undergraduate Students

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Methods: The program consisted of 60 undergraduate students. Students completed a pre-program and post-program survey that assessed their research knowledge and confidence on a Likert scale in 18 domains categorized as foundational research skills, understanding literature, conducting research, and communicating research. Statistical analysis was completed using Chi-square and Fisher's exact test.

Results: 48 students (80%) consented to participate in the survey. Domain specific analysis demonstrated a significant increase in the student's knowledge across all 18 domains ($p<0.001$). The largest improvements were seen in knowledge on thematic analysis, narrative literature reviews, and research communication. 19 participants reported securing a research position, 9 were in the process of securing a research position, and 11 were not interested in a research position.

Discussion: The ASPIRE Research Program significantly improved students' self-reported research knowledge and confidence across all measured domains. These results highlight the value of comprehensive research training programs to help reduce barriers for undergraduate students to access research opportunities.