

## **Teaching Development (a.b. e.)**

### **Reflections**

#### **GLA:D Canada- certificate of completion June 26-27, 2019 Toronto, Ontario**

I was intrigued about the “Good Life with Arthritis in Denmark” course, adapted for Canada, particularly because of my own experiences of 2 hip replacements in my 30s and 40s. I usually tell patients that my hips were square and should have been round. That’s not quite the whole story. I was impressed with the course organization and materials but wasn’t quite sure how to build it into my CMCC practice due to time constraints. However, the unexpected effects of the covid-19 pandemic on patient flow provided us the opportunity to accomplish this. Starting a GLAD cohort had been a suggestion during my performance review and we took that time to tackle it.

Since starting my first cohort I have taken on a steady flow of GLAD cohorts. Most recently my group was able to take on 2 groups in a single rotation.

It has been incredible to see the impact of simple education sessions around osteoarthritis on patients. When I provide the GLA:D education, I usually get deeper into my story, hips were square, but OA genetics play a role and many years of training for sports took their toll on my hips. Although my story isn’t the same as theirs, it usually creates a strong connection that I know what they are going through. We often learn they have made multiple changes to their lifestyle and activity levels because of education alone( before the 1<sup>st</sup> exercise session).

This, followed by the group supervised exercise, has been a tremendous success for the participants and my interns all the way through the hard times of the pandemic. I’ve always supported exercise in my practice and focussed on it for my own rehabilitation however I may have underestimated the synergy derived from group dynamics and social interaction that this framework provides. Truthfully, this was my first experience training a group for health goals. It was more than I expected and continues to be with my most up to date cohort(oct 2023).

It was fun to look back and see my development, through reviews, in considering whether or not to take on leading GLAD cohorts. In one review, I wasn’t ready to take it on, but by the next review I had taken on multiple groups.

#### **LGBT2SQ Foundations course- September 11, 2020 online**

This was an informative course for me to feel more clinically competent while working with interns and patients, and also relating to friends and family. I have directly observed that as we create a more open and safe space for patients to express themselves openly, they do. This begins with the updated patient paperwork at CMCC, welcoming open expression from the outset of our interaction whether it be about preferences on names or appropriate identification. The training continued into the simple and effective strategies of behaviour that

fosters cultural competence and helps us form a successful relationship with patients. This is now more front of mind for me in teaching and patient interactions. Essentially, I feel I am more aware now and more open to learning patient preferences and their story. The more I know about my patient the more I feel I can guide and help them more appropriately. As health professionals it is imperative that we continue to work towards being culturally competent which strongly contributes to best patient outcomes.

### **TEP Teacher Education Audited the Program 2022 online, course co-ordinator Cirene D'Monte**

I first completed TEP at CMCC in 2016. I really enjoyed the learning theories, group assignments and beginning my teaching portfolio. Looking back I am thankful I was able to learn and teach with my peers in an "in person" version in 2016. In 2022 I chose to audit the course knowing it had undergone substantial change. I saw this as a way to update teaching methods as well as energize my own teaching passion. Once again the course was amazing, a big part owing to my colleagues and the course co-ordinator Cirene. Despite the online format, she was able to make this a very individual experience for our cohort, even though we had a very mixed group of faculty ranging from residents, to new clinicians, experienced clinicians, tutors, administrators and naturopathic doctors. I describe this in detail as I feel this individualized experience within a group dynamic is quite similar to how I need to operate as a clinician with my group. Therefore I learned not only as a participant but from observing how our instructor handled this diverse group. She did this on multiple occasions by letting the learners choose what they would work on within the provided examples and structure. I recall a particular class that our instructor had the confidence to change direction all together in a specific module if the group felt they would get more out of a shift in the topic.

This course again laid foundations of learning theories and assessment literature. I really enjoyed the motor skills lesson planning as it has high relevance for me working with interns in rounds. In the competency based assessment and education technologies I realize I learned both directly and indirectly. I am now able to look more critically at the competencies we currently use with our interns. It is clear that these rubrics do need an update, but better understanding of competency based assessments allows me to use the current versions more effectively.

The platform for the online TEP was Canvas. I must point out that this was my first deep dive into Canvas which helped me easily transition into what was next to come for clinicians utilizing Canvas Kiro with our interns. I currently manage quizzes, assessments, learning objectives and survey my interns all through the new KIRO and gained valuable experience and confidence through indirect learning in TEP.

### **Negotiation and Leadership certificate- November 2022, Harvard Law Boston**

This was an incredible course and the experience made even stronger by the opportunity to complete it with colleagues from faculty and administration. The goal of this collaborative

journey is to assist the college and faculty to realize a smooth process of collective bargaining in the next round, by working together from the same framework.

In addition to better understanding the basic skills of negotiation, this course became a deeper dive into self-reflection and understanding. This involved gaining a deeper understanding of 5 basic human needs of: appreciation, role, status, autonomy and affiliation. These needs are important to recognize in ourselves and others particularly when dealing with conflict, whether it be with interns, patients or friends and family. During the course we did drills and role play; it helped me determine how important autonomy is to me. I've come to realize that it can result in a strong reaction from me when autonomy is removed. Understanding this concept helps us to diffuse these triggers as we better understand ourselves. They kept on reminding us; "Don't underestimate appreciation"!! I have tried to do a better job genuinely appreciating what interns do for their patients, front desk and support staff for us at the college and of course where it's always needed more with family members!

**Research Think Tank- Research capacity and collaboration, November 2022,  
group lead Dr. Alex Lee**

It was rewarding to be a part of an RCCSSC led initiative to bring together the membership to foster ideas around research capacity and collaboration. The group included member, residents, fellows, Board members and founders. I found this to be a stimulating process which led to some direct collaborations with new stakeholders. I helped to recruit stakeholders for our sports practice based research network. This session also helped me think more broadly about research efforts at CMCC as I worked with colleagues and residents. It taught me to push to foster positive partnerships, relationships and collaborations. It became apparent we need to involve even more stakeholders and that's exactly what we did in our next application to the CCRF; we involved more important stakeholders that increased the value of our work and made it more broadly applicable. It was our sport group's first successful CCRF grant application.

**Hands-on Workshop Monday morning pearls- November 2022, Faculty lead Drs. Muir, Lee and Pajaczkowski**

This was an informative workshop focussing on Temporomandibular manipulative techniques, thoracic and hip mobility and a patient centered approach to extremity manipulation. This was the kind of workshop we so dearly missed during the pandemic. This kind of hands-on material was so easy to bring back to my interns and patients on Monday morning. I really enjoyed the section regarding simple aspects of patient positioning which can be patient centered. Our instructor showed multiple modifications to classic techniques that perhaps didn't consider how those particular positions may have left a patient feeling uncomfortable or even vulnerable. This was a systematic approach to putting the patient position first and the doctor's position second. I have never seen that approach presented before and found it very innovative with respect to patient care. I currently review this strategy with my interns and will consider it a very valuable contribution to teaching technique for clinical care.

## **Process of Integrating Evidence PIE conference- July 2023, small group lead Dr. David Lee**

The PIE conference held at CMCC was a big event on campus which involved an international audience to break down the “Process of integrating evidence”. This conference helped me feel even more grounded in my evidence based approach with interns and patient care. It confirmed to me that CMCC is a leader in this process but this movement is still in its infancy in some of the areas of this 5 step process. Interestingly I was most invigorated about the section on keeping up reflection in practice. One of the sessions focused on reflective practice and patient centered care. This involved considering how the patient may prefer to learn different from how we may think they should learn. I see how comfortable some of my interns are at using digital images in conversations during a report of findings compared to how comfortable I am using a model. I realized this may not be a strength of mine and in my commitment to patient centered care I will continue to improve specifically asking how does the patient in front of me best learn.

In my PIE small group we learned from each other, and taught each other. I feel this was a great example of the proverb used on the TEP website “In teaching each other we teach ourselves”.

I agree with the opinion that learning evidence based practice “helps improve our batting averages” in obtaining best patient outcomes. I have always related to this thought process and feel this is the rationale to use our strongest evidence with patients as a first line approach. We sometimes need to introduce care plans with less evidence but that should not be our first line approach.

## **Power BI- Cleveland evaluations**

The on-going Cleveland clinician evaluations are always a useful barometer of how things are going with my interns and how I am doing as their instructor. The anonymity makes them an important tool. Their recent adoption into Power BI of the Microsoft suite has allowed for more timely feedback to us during a rotation.

I am pleased that from an objective standpoint and feedback perspective I maintain above average scoring. I have used this information to stay confident in my teaching approaches over time but the constructive comments on what I may do better help me to understand some of my weaknesses in a more profound way. I’ve always started with a focus on the patient and the intern in directing teaching. At times managing too many tasks at once does not allow the attention to each intern that they look for. The timely feedback in person in a performance evaluation or through the online Cleveland is a swift reminder to get back on task.

It is clear from my feedback that I enjoy having open communication with my interns and invite them to present their own ideas for diagnosis and patient care. I think they appreciate the

evidence based care we provide and the case based learning from each other and my private practice.

It is a work in progress to provide more structure to my rounds and perhaps my rotations. Sometimes I felt like I made gains while expectations and need for more instruction has increased. This is clearly still an area of my primary clinician teaching role that will require on going attention. I have taken more steps to invite and formalize 1-on-1 sessions with each intern. I survey my group at the beginning of each rotation to better determine their strength, needs and wants over the 6 month rotation. I have formalized review of requirements across the rotation and the term for my interns, and derived tenants of the clinical internship I would like to support including: learn by doing, learn from each other, learn from patient care and changes to our healthcare landscape. This part of my approach is not structured. It involves learning from critical cases and life experiences as they arise. I encourage interns to think for themselves and not rely on me to give them a “diagnosis” or a learning objective topic. I feel this does add to the indecision of structuring the whole term while being responsive to daily clinical issues that come up with cases. I have noticed that when I’m consistently at my best, my interns and patients get the best experience. I continue to strive for excellence in my teaching and patient care! (see power BI for more patient feedback)

## **Annual Performance Reviews**

I am pleased to look at my past and current performance reviews and confirm that although the written words on the pages of the reviews are brief, they have guided significant decisions and changes in my teaching and research paths. Looking back at my reviews it reminds me of discussions to stay on track for promotion in all aspects of the promotion process. It has been a reminder of all the aspects of service and engagement I have been consistently involved in. It led to major shifts such as applying for research units and internal research funding. It has helped solidify my program of research with “Exercise is Medicine” and follow through on my research plan developed with research administration. It has allowed me to stay consistent with my sports focused work by planning and committing to do so.

My performance reviews and Cleveland reviews from interns have helped shape additional structure to my education strategy for interns including plans for first vs second rotation. It has facilitated increasing my intern centered approach over time to better understand the needs of my interns. I believe the pandemic resulted in examining other personal dynamics to intern centered approach to lead to even stronger professional relationships with interns.

During one of my recent performance reviews that I was encouraged to formalize a mentor-mentee relationship. I did so with a graduate intern from class of 2022. It has been an amazing journey in which I am confident my young colleague and I mutually benefited from our interactions in personal and professional growth. I helped him consider interesting points while going through contract negotiations, but we were always considering the human elements and what did he most want out of the clinic to start his career. He is a thoughtful young man guided by strong ethics and long term learning as goals. This made it enjoyable to work through his

concerns and questions because of his transparency and openness throughout. He has now had an interesting and successful time in practice in which he was willing to share his trials and tribulations with my current interns. It's been great to see his growth and willingness to give back to students that were in his position such a short time ago. I think discussing the concerns with new grads and interns reminds me to stay motivated and keep striving to be my best at CMCC and work and in life. I think I've always strived for work life balance and have had an ability to achieve that goal; I have focused on that with my mentee, this has proved a successful partnership because he places such high value on a balanced lifestyle. My next suggestion for him is to get even more involved in professional associations of his choosing. These are also rewarding endeavors, like my ongoing involvement in CMCC beyond the job, and the my work our sports fellowship.

At my most recent review I was able to review my application for full professorship to ensure I was doing everything required. My manager didn't stop there. He encouraged me to consider a masters in Health Education, Public health or topic of my interest to keep pushing my own envelope and motivations. It is profound, that while the suggestion was made, I initially thought I don't have time for that. However, since then I have researching masters programs and registered for events to learn more about the masters of health professions educations programs. When our mentors plant and spread seeds there can be a lot of growth which benefits the whole CMCC community striving for excellence.

### **Teacher development continued: a.b.**

- a) As part of the primary clinician role it is typical for us to be involved in development and implementation of rubrics for the purposes of competencies, learning objectives and course material and assessment. Work on development has often been done on Clinician development days for OSCE station creation and standardization in competency marking. Recently I was involved in piloting and contributing to the development of a new Evidence based practice Learning objective marking template. This process involved my group piloting the templated LO procedures. I then summarized their feedback, provided it to my manager and faculty lead, and the template was revised. Following another round of by clinicians, some of my students piloted the updated version and provided a second round of feedback. As of June 2023 this version is in full use by all interns and is incorporated into the Canvas 4405 site.

Another undertaking I was tasked and involved with was creating procedures and protocols to be the first and only patient management team to return with interns to clinical practice during the COVID 19 pandemic after chiropractors were forced to cease in-person care. This was a stressful time but interns were eager to return to in-person care and many patients were requesting and needing care. For many weeks I worked closely with CMT and provided recommendations for protocols and procedures for the return to in-person care. I had the benefit of returning to private practice ahead of the return to in-person care on campus and was able to transfer many policies and procedures gained from that

experience. I appreciate the direct communication I had with our Dean of Clinics to ensure safe return to practice for patients, staff, interns and faculty.

It has been a long project to have Exercise is Medicine (EIM) fully adopted into the CMCC curriculum and more recently into the online CE4405 curriculum. An EIM workshop developed by Dr. Howitt and I through our experience on the National Advisory Council for EIM Canada has been delivered to Clinicians during Clinician development day and in 2022 to the whole 4<sup>th</sup> year class through the online curriculum. We recorded our workshop in Panopto and it is in the curriculum again for the 2024 graduating class. We have provided CMT with questions appropriate for written examinations and written components of an OSCE. It has been an exciting step to see further integration of this important material into the CMCC CE4405 curriculum and has been a result of our direct involvement.