

**Think You Can Shrink? Using reality TV and edutainment to reduce mental health stigma and improve outcomes**

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Think You Can Shrink? (TYCS) is a multi-episode web series modeled on a reality TV show format as a vehicle for health promotion and education using an “edutainment” approach. Contestants, everyday men without counseling training who think they are good at giving advice (hairdressers, bartenders, etc), seek to help a “patient” played by a standardized patient actor. Episodes were created for a range of physical (testicular lump, prostate problem cancer fears) and mental (manic behavior, OCD, suicidal depression and anger management) health issues. The show’s key objective is to educate and demonstrate, through modeling, ways to support others and reduce mental health stigma and encourage help-seeking behaviours and greater health communication, for better health outcomes. The project used innovation and human centered methods design funded by the Movember Foundation. TYCS is on YouTube <https://www.youtube.com/channel/UCdIJcotdFSQeZWLYiG41X9w> and a project website. Evaluation Proof-of-Concept study data structured, web-based evaluation 12-item survey and Net Promoter Score, and viewer YouTube ad website user data show the TYCS strategy of Edutainment was successful in engaging audiences and a promising model for improving health communication and help seeking and a promising model for health promotion. After watching an episode of TYCS, 75% of viewers said they were more likely to seek help if needed, and 86% would be more comfortable supporting a friend or family member who had the same health issue as portrayed in the video. <https://link.springer.com/article/10.1007/s41347-016-0009-8>. TYCS has influenced the international debate on media guidelines for suicide. <http://www.bmj.com/content/359/bmj.j4742>

**Health advocacy as systems change, or system workarounds? Studying how clinicians learn to work with trans patients**

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Learning how to advocate alongside marginalized patients experiencing health inequities is an emerging topic within health professions education. The rationale for examining health advocacy learning within the emerging specialty practice area of transgender/transition medicine is two-fold: first, trans people have been described as a marginalized population and could thus benefit from clinicians' advocacy for better care; and second, balancing trans patients' access to hormones and surgeries with providers' requirements to follow standardized transition assessment protocols is fraught. Studying how providers learn to resist and work around protocols and advocate for trans patients is an excellent exemplar through which to understand health advocacy.

Transition assessment protocols were developed with the intentions of universalizing access to hormones and surgeries. Yet these protocols have been identified as inequitable, pathologizing, and the cause of mistrust between patients and providers. Following the critical research tradition of institutional ethnography, this project illustrates clinicians' work of learning to resist standardized assessments perceived as limiting trans patients' access to transition-related medicine. In other words, providers learned how to be advocates for trans patients.

These findings, however, reveal a troubling paradox: learning how to resist standardized assessment protocols may, on the one hand, facilitate micro-level patient advocacy. But on the other hand, this work may in fact contribute to perpetuating a broken healthcare system that underserves trans patients.

**2018 Hodges Symposium (Thursday, May 31, 2018)**  
**Abstract Booklet**

**The Human Side of Artificial Intelligence in Healthcare: do we know what's coming and what to do about it?**

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Introduction

As artificial intelligence (AI) is implemented in healthcare, there will be significant impact on providers. Fields such radiation medicine (RM) will need to explore methods of harnessing AI responsibly. This mixed-methods study examined the literature and professional perceptions in RM on the impact of AI in education and practice.

Methods

A scoping review was conducted to appreciate professionals' insight regarding practice evolution with AI followed by focus groups with RM professionals in an AI-enabled environment to explore perceptions of AI's impact on roles and competence.

Preliminary Results

The literature review elicited primarily editorials. Most spoke to AI's supportive in augmenting care; current roles would be 'displaced' rather than 'replaced', through outsourcing of manual, repetitive tasks, freeing time to focus on more cognitively-demanding tasks. AI would also inform clinical decision-making. Professional engagement in defining novel workflows and roles was deemed important. Focus groups reinforced these concepts, but acknowledged concerns of professional obsolescence and job loss in domains where AI was showing great potential. Concerns were raised that AI was a 'black box' that could compromise care without an understanding of limitations. Fostering 'technology literacy' during professional training could help mitigate this. Training would need to mirror evolving roles, as AI would alter the practice landscape requiring professionals to work together to re-envision collaborative practice models.

Conclusions

Professionals will be faced with changing practices with the use of AI. Preliminary results suggest AI could be viewed as a new, dynamic partner in interprofessional care, rather than a static tool. Future work should inform how best to equip an optimal workforce to maximize AI potential. This requires redefining education and practice to effectively incorporate AI into the RM model of care.

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**Conceptual Integration: Making simulation more than playtime**

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To prepare trainees to successfully transfer skills learned in simulation into clinical practice, educators and industry have responded by creating more and more realistic simulations. However, more realistic (and expensive) simulation does not mean more effective skill transfer. Research in educational psychology and clinical reasoning demonstrate that transfer may be supported by integrating conceptual content that helps learners make sense of the skill they are learning.

Building from this work, we studied the impact of integrating conceptual content in the context of simulation-based procedural skills. In a series of experiments, we compared instructional strategies for integration and have developed an alternative design strategy for simulation. Our preliminary results suggest simulations will better support transfer if they help learners create connections with concepts important to learning procedural skills, a process known as cognitive integration. We are currently developing and testing new simulation experiences that support cognitive integration to inform research and education practice.

Simulation is an educational technology at the intersection of theory and practice, and as such, is uniquely positioned to help learners materialize concepts important for clinical skill learning and transfer. Regardless of realism or entertainment value, an education experience designed for skills transfer is only as effective as its ability to help learners understand and appreciate the underlying concepts of that skill. We recommend educators and simulation developers shift their attention to creating simulators that help learners engage in cognitive integration of concepts and actions.

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**An improv'ment model to disrupt health professions education.**

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Traditional health education needs an injection of improv. A scoping review identified the capacity of improv to impact the learning of multiple intrinsic CanMEDS roles and clinical competencies (publication pending). Drawing on Kolb's theory of Experiential Learning (2015) and Boal's Theatre of the Oppressed (1971), this presentation will demonstrate how learning through improv and theatre can disrupt traditional pedagogy.

Through the immersive and experiential process of participating in improv, learners can enhance communication, professionalism, and creativity while developing a comfort for uncertainty and ambiguity. The ability of drama and improv to impact professional development in this way is explained through play theory (Sutton-Smith, 2008), which purports that generative learning arises through engagement in opportunities to experiment with new actions and behaviours in low stakes environments.

This process, supports a wide range of learning needs through creative and open-ended facilitation. This provides a space for reflective practice (Schon, 1984), where learners are able to make meaning of their own experience and raise their level of critical consciousness (Halman, Baker and Ng 2017) about health care education and health care systems. This supportive space allows for the illumination of power structures and creates opportunities for participants to engage in and experience these dynamics and enact opportunities for reflection on the self, group and system. Furthermore, by using a creative vehicle for exploration, the playful and supportive space can build resiliency and wellness capacity.

It's time for a new curriculum. It's time to'improv' education.

**Interprofessional simulation as a disruptive educational intervention for enhancing collaborative care**

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Interprofessional collaboration is essential for enhancing the care of individuals with concurrent physical and mental health needs. A number of issues including lack of knowledge and appreciation of the roles of other professionals, power hierarchies, and differences in philosophies of care can act as barriers to effective interprofessional collaboration. Interprofessional simulation, in which participants from different health care professions participate in shared, reflective, and experiential learning opportunities, can provide a means to surface and disrupt these often implicit patterns of practice. Previous literature has suggested that effective interprofessional simulation requires establishing a psychologically safe environment, paying careful attention to scenario design, and debriefing with experienced facilitators. There is limited evidence, however, to demonstrate that these simulation activities transfer to participants' clinical practices. We conducted a qualitative study to explore participants' perspectives on how the instructional design features of the interprofessional Simulations of Patient Experiences Across the Care Continuum (iSPEACC) course impacted transferability to clinical practice. Based on interviews with participants across two iterations of this course, this presentation will consider the ways in which the *fidelity* of the simulation experience (i.e., the degree to which it replicated their clinical practice context) and the presence of *group therapeutic factors* (e.g., group cohesion, universality, interpersonal learning) during the debriefing sessions either facilitated or hindered practice change. Improving our understanding of how simulation works in this context can inform the design of wider-reaching interventions to disrupt and resolve problematic practices across the healthcare system.