Thursday, October 29, 2020
Session 3:   Engaging Ideas and Each Other
Moderator: Sanne Kaas-Mason
Time Limit: 10-min presentation followed by 5-min Q&A
https://events.myconferencesuite.com/Virtual_Research_Week/page/PodiumPresentations

Time	Pod #	Title	Authors	Presenter(s)
1:00-1:15	3.1	"COVID-19 as the equalizer": Evolving discourses of COVID-19 and implications for medical education.	Vincent Tang, Asia van Buuren, Maria Athina (Tina) Martimianakis	va.tang@mail.utoronto.ca; a.vanbuuren@mail.utoronto.ca;
1:15-1:30	3.2	Translating between cultural and professional selves: International Pharmacy graduates and professional identity formation	Tim Mickleborough	tim.mickleborough@utoronto.ca;
1:30-1:45	3.3	A critical discourse analysis of face masks and its association with health construction in medical education	Ran Huo, Maria Athina (Tina) Martimianakis	r.huo@mail.utoronto.ca;
1:45-2:00	3.4	Teaching poverty and health: Importing transformative learning into the structures and paradigms of medical education	Carrie Cartmill, Cynthia Whitehead, Esther Ernst, Ritika Goel, Samantha Green, Mona Haidar, Dawnmarie Harriott, Sarah Wright	c.cartmill@utoronto.ca;
2:00-2:15	3.5	Teaching poverty, social determinants of health, and social accountability	Ritika Goel, Samantha Green, Esther Ernst, Larisa Eibisch, Mona Haidar, Carrie Cartmill, Cynthia Whitehead, Sarah Wright	samanthaegreen@gmail.com;
2:15-2:30	3.6	Exploring multiplicity: Multimodal methods, lifeworlds and the limits of narrative	Suze Berkhout and Eva-Marie Stern	Suze.Berkhout@uhn.ca;

"COVID-19 as the equalizer": Evolving discourses of COVID-19 and implications for medical education.

Vincent Tang*[1], Asia van Buuren*[1], Maria Athina (Tina) Martimianakis[2,3]
>*Vincent Tang and Asia van Buuren completed the intellectual work typical of the first author
>1. Faculty of Medicine, University of Toronto, Toronto, ON, Canada
>2. Department of Pediatrics, University of Toronto, Toronto, ON, Canada
>3. Wilson Centre, University of Toronto, Toronto, ON, Canada

Vincent Tang va.tang@mail.utoronto.ca
Asia Van Buuren a.vanbuuren@mail.utoronto.ca

Background: The othering of individuals through the use of language is not unique to the COVID-19 pandemic. As the early stages of the pandemic unfolded, an opportunity arose to analyze gaps in pandemic management that emerged as a result of othering and stigmatization. Our objectives were to examine: 1) the discourses that emerged during COVID-19 that highlighted population-level inequities, and 2) the implications these discourses may have for medical education.

Methods: Using a critical discourse analysis (CDA) approach, an archive of public domain texts discussing COVID-19 was iteratively created, reviewed, and coded. It was analyzed for patterns of how COVID-19 highlighted structural and institutional inequity at the population level using an intersectional framework.

Results: We archived 83 texts published from March 20 to May 28, 2020. We focused our analysis on implications within Ontario. The two major discourses that emerged were "COVID-19 as equalizer" and "COVID-19 as discriminator". The former emerged in the early stages of the pandemic to mobilize public health recommendations and describe near-universal impacts on the public. The latter followed to highlight new and pre-existing forms of marginalization exacerbated by the pandemic in an attempt to motivate an equity-informed pandemic response.

Conclusion: The construction of COVID-19 in the public domain highlights the power of discourse to influence how the pandemic is understood. Making visible how stigma has been created and exacerbated by COVID-19 has implications for how the pandemic is taught to future medical learners, and the importance of using an equity-informed lens.

PODIUM 3.2 - 1:15-1:30 [10-min presentation followed by 5-min Q&A]

Translating Between Cultural and Professional Selves: International Pharmacy Graduates and Professional Identity Formation

Tim Mickleborough[1]
1. Wilson Centre

tim.mickleborough@utoronto.ca

Introduction: There are gaps in professional identity formation (PIF) research as the experiences of international professionals are left out of the analysis. This research addresses this gap as I pose the question, "How do International Pharmacy Graduates (IPGs) navigate the relationship between their cultural identity and their emerging Canadian professional identity?"

Methods: I employed a bricolage approach in which I theorized PIF through the lenses of Foucault and post-colonial theorist, Stuart Hall. These related theorists helped facilitate the understanding of PIF through the adoption of professional discourses and the 'translation' experiences of IPGs. Translation is the process of transitioning between the continuity of the past (holding onto aspects of cultural identity), and the discontinuity of the present (rejecting or submerging parts of original cultural identity).

Results: IPGs readily adopt retraining and the lifelong learning discourse as part of PIF. However, it was noted that IPGs experience 'discontinuity' of their cultural identity during retraining. Canadian pharmacists are considered the regulatory 'ideal' and IPGs who retrain within 'official' programs construct their identity as being closer to this ideal and have higher status compared to those who retrain within their cultural diaspora.

Discussion: Training within 'official' programs allows IPGs to construct their identity as being more 'professional' than those who train outside of regulatory practices. This research contributes to the critique of mainstream PIF research which positions it as being a universal experience. Specifically, for international professionals, this study demonstrates that 'translation' between cultures is an important part of the process.

PODIUM 3.3 - 1:30-1:45 [10-min presentation followed by 5-min Q&A]

A Critical Discourse Analysis of Face Masks and Its Association with Health Construction in Medical Education

Ran Huo[1], Maria Athina (Tina) Martimianakis[2]
      1. Faculty of Medicine, University of Toronto, Canada
      2. Department of Paediatrics, Wilson Centre, Faculty of Medicine, University of Toronto
r.huo@mail.utoronto.ca

Introduction: The COVID-19 pandemic has made face mask an intricate object constructed through the uptake of varied and sometimes controversial discourses(1)(2). Medical education research is in part about "making sense" of how discourses of health and illness, living and dying(3) underpin curricular processes and goals. The way medical schools construct and portray face masks is fundamental in shaping trainees' perception of face masks in the medical field. By examining the discourses surrounding the face masks in the medical school's public domain communications to trainees, the effect and relations of language expose the intentions and practices in medical education(4)(5). This study aims to investigate how the face mask is being discursively employed in medical education and among the public during the COVID-19 pandemic.

Method: We use a Foucauldian approach to critical discourse methodology by looking for key phrases and themes related to face masks that can be linked to specific social and educational practices(6). We focus on describing how the discourses of face masks are portrayed by both medical schools and in the broader public media. We will compare the perceptions of face masks across different texts to see how their uptake is rationalized and what practices/processes this uptake makes possible or impossible.

Conclusion: Key themes related to face masks emerged from our preliminary research, including protection for self and others, moral conflicts in scarcity and profit, and the implication on anonymity and freedom. We aim to provide insights on values in medical education and offer suggestions for discursive responses in upcoming pandemic waves.

References
1.   Marsh C. The face mask has become COVID-19 ' s most unlikely controversy. Natl Post [Internet]. 2020;1–5. Available from: https://nationalpost.com/life/covid-19-face-masks
2.   Postrel V. Pandemics Come and Go But Medical Masks Are Eternal. Bloomberg [Internet]. 2020;1–10. Available from: https://www.bloomberg.com/opinion/articles/2020-04-10/medical-face-masks-an-illustrated-history
3.   Kuper A, Whitehead C, Hodges BD. Looking back to move forward: Using history, discourse and text in medical education research: AMEE Guide No. 73. Med Teach. 2013;35(1):e849–60.
4.   Feng S, Shen C, Xia N, Song W, Fan M, Cowling BJ. Rational use of face masks in the COVID-19 pandemic. Lancet Respir Med [Internet]. 2020/03/20. 2020 May;8(5):434–6. Available from: https://pubmed.ncbi.nlm.nih.gov/32203710
5.   Stergiopoulos E, Fernando O, Martimianakis MA. "Being on Both Sides": Canadian medical students' experiences with disability, the hidden curriculum, and professional identity construction. Acad Med. 2018;93(10):1550–9.
6.   Whitehead C. Scientist or science-stuffed? Discourses of science in North American medical education. Med Educ. 2013;47(1):26–32.

Teaching poverty and health: Importing transformative learning into the structures and paradigms of medical education

Carrie Cartmill[1], Cynthia Whitehead[1,2,3], Esther Ernst[2,4], Ritika Goel[2,4], Samantha Green[2,4], Mona Haidar[5], Dawnmarie Harriott[6], Sarah Wright[1,2,7]

1 The Wilson Centre, University Health Network, University of Toronto, Toronto Canada

2 Department of Family & Community Medicine, University of Toronto, Toronto Canada

3 Women's College Hospital, Toronto Canada

4 Department of Family & Community Medicine, St. Michael's Hospital

5 **Inner City Health Associates**, **St. Michael's Hospital**, Toronto Canada

6 Working for Change, Toronto Canada

7 Michael Garron Hospital, Toronto Canada

c.cartmill@utoronto.ca

Paulo Freire, a 20th Century critical pedagogue and educator, advocated a paradigm of transformative education that emphasized working "with", rather than "for" the oppressed in regaining their liberation. As a paradigm of education that emphasizes equity and social justice, transformative learning aims to improve societal structures by inspiring learners to become agents of social change.[1] In medical education, structural barriers within educational institutions may limit the full realization of truly transformative education.[2] This research drew on qualitative case study methodology to examine how tutors with lived experience of poverty, as members of a group that faces structural oppression, understood their participation in a workshop on poverty and health that is part of the undergraduate medical curriculum at the University of Toronto. Our findings centred around two broad themes: incongruities between transformative learning and the structures of medical education; and unintended consequences of transformative education operating within the dominant paradigms of medical education. As a study of a single course operating within the structures, hierarchies and paradigms of medical education, this research enables consideration of the institutional structures that limit the potential of transformative education initiatives. To be truly transformative, medical education must not only integrate marginalized persons into teaching to subvert the structures of oppression, but must also be open to transforming the structures that maintain social inequity. As social values and societal norms change, it is critical that medical education encourages reflexivity and invites discussions about changes that will enable and allow movement towards greater social justice and equity.

1. Baker L, Wright S, Mylopoulos M, Kulasegaram K, Ng S. Aligning and applying the paradigms and practices of education. Academic Medicine. 2019;94:1060.

Teaching poverty, social determinants of health, and social accountability

Ritika Goel[1,2]
Samantha Green[1,2]
Esther Ernst[1,2]
Larisa Eibisch[1,4]
Mona Haidar[1]
Carrie Cartmill[3]
Cynthia Whitehead[1,3]
Sarah Wright[3]

    1. Department of Family & Community Medicine, University of Toronto
    2. St. Michael's Hospital Department of Family & Community Medicine
    3. Wilson Centre, University Health Network, University of Toronto
    4. Sherbourne Health Centre
samanthaegreen@gmail.com

Over the last decade, the medical community has increasingly recognized the impact of the Social Determinants of Health (SDOH). Faculty at the University of Toronto's Department of Family and Community Medicine faculty have developed and taught two workshops on poverty and health at the undergraduate level and one workshop at the Continuing Professional Development (CPD) level. These courses aim to not only teach about the SDOH, but to engage in transformative education which emphasizes equity, social justice, and social accountability and seeks to inspire learners to become social change agents who will improve societal structures and the culture of medicine. Tutors with lived experience of poverty co-led one of the workshop sessions with a clinical tutor. To evaluate the effectiveness of this course structure, we interviewed past participants from these courses to determine if the experience of these sessions has indeed been transformative for learners, and to identify the factors that influence transformative education. As a group, we used general thematic analysis to code and interpret the interview data, and applied a coding framework to facilitate data coding.

Our data confirms that the contribution of lived-experience facilitators is memorable and, at least in some cases, transformative. We also found that students and providers often feel helpless when facing complex and structural issues such as poverty in clinical situations; a workshop that is solution-focused can engage and empower learners.

Exploring Multiplicity: Multimodal Methods, Lifeworlds & the Limits of Narrative

Suze Berkhout[1,2] and Eva-Marie Stern[2]
  1. University Health Network Centre for Mental Health
  2. University of Toronto Department of Psychiatry
Berkhout, Suze Suze.Berkhout@uhn.ca;
Eva-Marie Stern eeemstern@gmail.com

The notion that a biomedical worldview produces a certain kind of "epistemological narrowing" (Squier 2007) is by now commonplace amongst STS scholars. This concern of narrowing is ultimately both epistemic and ontological and motivates what has been called a narrative turn in a range of critical methodologies. But what if a different kind of narrowing likewise occurs within research practices that rely upon verbal speech communication? In this paper, we explore the limits of narrativity, focusing on a three year-long study contrasting historical, biological, and experiential narratives of first episode psychosis. We draw on critical disability studies, feminist STS, and multimodality in ethnography to discuss how complex study themes, marked by contradiction and simultaneity, can be constrained in their explication despite a reflexive, dialogical research frame. We go on to describe a collaborative visual arts-based workshop developed within the project in response to these themes, exploring the ways in which diagnostic practices and therapeutic interventions in the clinic were sociomaterial accomplishments that shaped the lifeworlds of those living with experiences labelled as psychotic. In particular, we discuss how, when experiences of psychosis were unspeakable by way of linear narrative, these experiences were reflected with greater depth and nuance through multimedia and visual art works created within this novel group setting. Multisensory modes of study spoke to partial truths, truths in the telling, and multiplicity in realities—lived experiences that were "uncontainable by words." We conclude with reflections on these findings for critical qualitive methodologies in medical education research.