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**ABSTRACTS
(Alphabetical by Author)**

Human Factors that Interfere with Learning

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Interdisciplinary work is becoming increasingly commonplace in the 21st century workplace. In health care, services are often provided by a team of medical professionals, such as doctors, nurses, dieticians, psychologists, and social workers. The increased importance and utilization of such collaborative groups is further evidenced, for example, by the growing number of Primary Care Networks (PCN) within our province.

As society places greater emphasis on interdisciplinary groupings, it is not surprising that they are increasingly being used in higher education to prepare students for future professional requirements. However, limited consideration has been given to human factors, such as social dynamics, occurring within groups that may severely restrict an individual student's engagement in learning. In particular, when one group member holds an opinion that is contrary to those of the remainder of the group, there is pressure for the individual to conform. Known as 'conformity to the group' (Asch, 1950; 1955), this experience may cause distress to an individual student as well as mislead learning.

This poster provides empirical evidence of how university students demonstrate incorrect knowledge, as a result of conforming to the same incorrect information given by their classmates while either performing a medical procedure (Study 1, n=92) or responding to statistical questions (Study 2, n=53). The results of both studies clearly demonstrate that students conform to peers when participating in group-based learning activities. It is possible that conformity in the work environment is one explanation for the high rate of medical errors that result in adverse events in patient care. Students need to learn assertive communication skills to professionally manage inaccurate information they may encounter. This study highlights how human factors have a direct and possibly negative effect on learning, and potentially practice in medicine.

Presentation Preference: Poster

Moral distress among junior Paediatric Residents, issues and coping strategies

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Background: Paediatric residents face unique, stressful situations. Hence it is reasonable to conclude that paediatric residents experience moral distress. There has been very little research looking at what causes moral distress, as well as what coping strategies are helpful to mitigate it. This study looks at junior residents, as part of a larger series of studies looking at moral distress in paediatrics.

Objective: To determine whether junior paediatric residents experience moral distress. If so, then determine the issues and coping strategies.

Methodology: Junior residents attended a focus group led by a non-physician skilled in qualitative research and a recorder. The sessions were recorded and transcribed. The transcripts were analyzed using a qualitative, descriptive approach and preliminary results presented.

Results: It is clear that these paediatric residents experience moral distress. Some residents find the early parts of residency extremely difficult, feeling underprepared for the acute situations that arise. Other residents describe feeling helpless when necessary tests or services are unavailable, such as on weekends and holidays. At times value conflicts become a concern, between staff and parents, as well as between what the parent wants for a child, and what the resident thinks is best for the child. In discussing coping mechanisms, many residents seem to feel they have adequate resources, although they are informal ones. The residents recommended a more organized orientation, with the Pediatric Advanced Life Support (PALS) course earlier in residency, as well as a more formal process for review of emotionally challenging situations.

Conclusion: Overall, our preliminary results show that residents experience moral distress. That moral distress is experienced across numerous areas of paediatric residency. Residents do have coping mechanisms, but feel it would be beneficial to have more formal processes and programs in place to help residents deal with these challenging aspects of residency.

Presentation: Poster

Using Patient Created Films in Medical Education to Foster Patient-Centred Care

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Background: *Wrong Way to Hope: An Inspiring Story of Young Adults and Cancer*, is a patient created film that has been screened in cancer centres across Canada and the USA for the purpose of bringing to light the unique issues and challenges of a cancer diagnosis as a young adult.

Purpose: This on-going study is looking at the effectiveness of using patient created films to educate medical professionals about the “lived experience” of young adults with cancer.

Methods: A two page questionnaire was completed immediately before and after a viewing of the film in 4 different cancer centres across Canada. The perceived understanding of the young adult emotional experience, life issues and needs was measured pre/post using a 5 point Likert scale. In addition, professionals rated their own ability to discuss a range of topics with young adults before and after the screening.

Results: 59 medical professionals, 11 supportive care professionals and 36 administration/students completed the questionnaire. Medical professionals felt that their ability to discuss psychosocial concerns with young adults was satisfactory before the screening but reported significant improvement in their understanding of the emotional experience, life issues and needs of young adults ($p < .001$ for all) post screening. The top emotions, life issues and needs of young adults reported by professionals changed significantly after viewing the film. 96.1% of professionals reported they gained new knowledge relating to cancer in young adulthood. 81.2% reported that their practice will change as a result of viewing the film.

Conclusions: Many cancer care professionals did not feel equipped to address key issues with young adults. The patient created film had a positive impact on perceived understanding of the young adult cancer experience. The reported key emotions, life issues and needs of young adults with cancer changed pre and post film indicating learning.

River as metaphor for children with complex health care needs

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Metaphors are widely used in general and specifically in health care. Metaphors may shape the way patients, families, society and health care providers see specific situations or conditions. They may define clinical reality. “Metaphors influence health: they transport relationships in patient care” (CMHA February 5, 2013).

We interviewed 26 individuals involved in the care of 2 children who were discharged home with a tracheostomy and on assisted ventilation, focusing on the transition from hospital to home. As we reviewed the interviews and the issues became clearer, we saw that this was not a linear process of hospital to home. Rather this was an ongoing process. Children with high technological needs did move home but to a home that is transformed. They were still ‘tethered’ to a greater or lesser degree to the hospital because of continued need for review and inter-current illness.

The metaphor of a river is an appropriate metaphor for these families. It is ever flowing, it never ceases, going back is against the current, There are eddies and areas of turbulence, there are twists in the river bed leading to surprises despite ‘charts’, there are rapids where it is difficult to keep up in what is happening, there are pools of tranquility. There are ports and havens.

We believe that viewing the river as metaphor for the course of children with complex health care needs will enable health care professionals to see the situation differently and perhaps more realistically than other ways of approaching this.

What do mothers think of communication about their child with tracheoesophageal fistula (TEF)?

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BACKGROUND: Tracheoesophageal Fistula (TEF) is a congenital anomaly that requires complex initial treatment including surgical repair. Children with TEF face multiple challenges including: surgeries, long hospital stays, and future complications. During this time, these children require numerous health care services to manage their complicated condition. This challenging time can be highly stressful for the parents of a child with TEF. A multidisciplinary clinic, which started in 2006, aims to coordinate the complex care of these children and their families, in order to provide more effective and quality care.

OBJECTIVES: to gain an understanding of parental perceptions of the communication provided through this multidisciplinary clinic.

DESIGN/METHODS: Interviews were conducted with three primary caregivers of children with TEF born between 2010 and 2011. Qualitative data obtained from these interviews was analyzed to identify whether the TEF clinic has contributed to improvement in these areas of need and whether there remain areas for improvement.

RESULTS: Parent interviews include positive feedback for the following themes: appropriate information, coordination of care, positive relationships, and anticipatory guidance. Parents report that the multidisciplinary nature of the TEF Clinic allows for high quality and effective communication regarding their child's care. There are improvements that could be made to coordination of care between disciplines especially during pre-surgical communications.

CONCLUSIONS: A multidisciplinary approach to complex care of children with TEF seems to be beneficial. There was positive feedback from parents with children enrolled in this clinic, indicating successful aspects of the clinic care and communication. Some aspects of care for children with TEF remains fragmented, despite the aims of the clinic. Positive feedback is abundant, but further aims to improve the TEF Clinic are required.

**Unladylike Practices: Fictionalizing Medical History in
Claire Holden Rothman's *The Heart Specialist***

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Claire Holden Rothman's best-selling novel *The Heart Specialist* (2009) tells the story of Agnes White, a character inspired by the life and career of Doctor Maude Abbott, one of Canada's first women doctors and author of *The Atlas of Congenital Cardiac Disease* (1936). Critiqued by some reviewers for being too educational, and more biographical than fictional, Rothman's text provides imaginative insight into the struggles of the first women to enter the field of medicine.

Dr. Rita Charon, one of the strongest academic voices for the connection between literature and medicine, has defined the relationship between the two fields as "narrative medicine." Narrative medicine includes various theoretical branches, from the role of narrative in medical ethics to the use of narrative in clinical practice. Narrative medicine emphasizes the intellectual interchange between narrative and medicine, recognizing the extent to which perceptions and knowledge of the human body, illness, and human beings themselves are constructed by stories. Narrative medicine pushes physicians to pay attention to patient stories to improve communication and enhance diagnostic skills. Yet narrative is a reciprocal relationship and therefore also offers a unique approach to medical history by capturing and conveying the stories of practitioners and practices.

This presentation employs narrative medicine as a theoretical framework to demonstrate the importance of historico-medico fiction in telling the story of significant medical figures to a wider population. I analyze Rothman's text to discuss how the story of the physician can transform conceptual information into palpable influence, thus highlighting the value of story for both patient and physician. Indeed, I argue that despite its fictionalization and ambiguities, literature can teach us about medical history by connecting us to the past to embrace both the factual and imaginative evolution of medicine.