

# SoTL Cluster Project Charter

## Medicine & Society cluster

### 1. Description/Background (include purpose and need):

Multiple and seemingly immutable barriers to teach behavioural and social sciences (BSS) in medical curricula have been described.<sup>1</sup> Undergraduate medical students at the University of Saskatchewan take four Medicine & Society (M&S) courses within the 2+2 medical curriculum to be trained in the health promotion, disease prevention, leadership, Canada's health care system, and the psychosocial dimensions of care.<sup>2</sup> The instructors of the M&S courses have identified several barriers to teach BSS, such as a lack of attendance to sessions, especially when exams of biomedical or clinical courses are happening, or the limited curricular time assigned to the M&S courses.

The M&S courses are led by an interdisciplinary and interdepartmental team around three purposes: "*touching the heart, informing the head, guiding the hands*" informed by the College of Medicine 2010 Statement of Teaching Philosophy.<sup>3</sup> The M&S team designed a series of four courses and three experiential learning modules [Patient and Family Centred Care (PFCC), Arts and Humanities, and Community and Work Centred (CWCLE) learning experiences] which, taken together, through the use of different teaching methods aim to form professional identity, re-consider values, think about patients first, medicine and society, find a balance between caring and curing, and provide important knowledge and technical skills. The three experiential learning modules are completed by students mostly outside the classroom with patients and community-based organizations to promote desired professional identity formation.<sup>3</sup>

As an interdisciplinary team, we are proposing to consolidate our scholarship in these areas in the M&S research cluster. As a new SoTL cluster, we are eager to better understand students' perspectives about the M&S teaching methods (i.e. through students' narratives and self-assessment of learning experiences) and seek feedback from our community partners involved in teaching activities to improve the M&S courses and make them more relevant.

### 2. Cluster Lead: Juan-Nicolas Pena-Sanchez, Assistant Professor, Department of CH&E, College of Medicine

#### Members of the Cluster:

Marcel D'Eon, Professor, Department of CH&E, College of Medicine (M&S cluster co-leader)

Anne Leis, Professor and Head, Department of CH&E, College of Medicine

Krista Baerg, Associate Professor Pediatrics, College of Medicine

Ulrich Teucher, Associate Professor, Department of Psychology, College of Arts and Sciences

Jackie Kraushaar, Associate Professor Physical Medicine and Rehabilitation, College of Medicine

Michael Schwandt, Assistant Professor, Department of CH&E, College of Medicine

John Gjevre, Professor, Department of Internal Medicine

Deirdre Andres, Associate Clinical Professor, Department of Family Medicine

### 3. Goals and predicted timeline (specific Deliverables/Milestones) *bullet point please:*

#### 3.1 Overall Goal:

To enhance the quality of the medical education received by the students within M&S courses in

- a) health promotion, disease prevention, leadership, health care systems, and the psychosocial dimensions of care,<sup>1</sup> and
- b) CanMEDS Roles of Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.<sup>4</sup>

#### 3.2 Projects (deliverables and timeline)

The M&S cluster will plan projects to evaluate teaching methods used in the courses. For the moment, three sub-groups are proposed with a project each one which are planned or currently in process. We are listing the following planned or in process projects:

- o Evaluating the impact of the PFCC experiential module (the PFCC sub-group led by K Baerg)
  - On-line retrospective students' self-assessment on learning objectives (April-July 2017)

<sup>1</sup>Litva A, Peters S. Exploring barriers to teaching behavioural and social sciences in medical education. *Med Educ.* 2008 Mar;42(3):309-14. ([web link](#))

<sup>2</sup>Touchie C, Streefkerk C. *Blueprint Project—Qualifying Examinations Blueprint and Content Specifications.* 2014, Ottawa, Canada. ([web link](#))

<sup>3</sup>D'Eon M. *Draft course overview Medicine & Society.* 2016, Saskatoon, Canada.

<sup>4</sup>Frank JR et al. *The CanMEDS 2015 physician competency framework.* 2015, Ottawa, Canada. ([web link](#))

- Evaluating the impact of the CWCLE module on perceptions of students about social determinants of health (SDOH) (the CWCLE sub-group led by JN Pena-Sanchez)
  - On-line retrospective self-assessment of students' perceptions about SDOH and module objectives (April-July 2017)
  - Focus groups with students and community based-partners (May-July 2017)
- Evaluating the interprofessional Patient Narrative seminars (Patient Narratives sub-group led by M D'Eon)
  - Text analysis of the orientation exercises
  - On-line survey evaluation of the Patient Narrative experience

**4. Envisioned process (specify how the group will function; e.g., frequency and types of meetings, how you will monitor milestones):**

- 4.1 The M&S cluster and sub-groups will each have at least one meeting per term as needed to monitor progress of the projects, compare study processes and findings, and plan new studies.
- 4.2 Meetings will focus on challenges such as ethics approval, participant recruitment, data collection and analysis, findings and implications, knowledge translation, and distribution of results.

**5. Financial (specify how funding will be spent, can be high level criteria and processes for allocating funds rather than a specific budget; note any additional or matching funds):**

- Research assistant (support for ethics approvals, data collection, de-identify data, data analysis, etc.)
- Transcribing interview or focus group data
- Incentives for study participants (gift cards, refreshments, etc.)
- Travel allowance for researchers (some programs are also run in Regina)
- Meeting expenses

Other incidental cost could be considered, e.g. printing, photocopying, etc. The M&S cluster will agree how the funds will be allocated at the cluster meetings, reviewing at each meeting available funds and requested expenses. Members of the cluster could make a request providing a rationale to the group. The M&S cluster might decide to fund completely or partially the request providing equitable opportunities to each initiative.

**6. Scope (Focus):**

6.1. In Scope: (what is the intended focus of the Cluster)

- Courses teaching health promotion, disease prevention, leadership, Canada's health care system, and the psychosocial dimensions of care,<sup>2</sup> i.e. the M&S courses of the College of Medicine.
- The cluster is limited to the two pre-clerkship years (1<sup>st</sup> and 2<sup>nd</sup> years) of the College of Medicine

6.2 Not in Scope: (what will NOT be included in the focus of the Cluster; limits on expenditures may be included here or in the Finances section.):

- The clinical skills, clinical decision making, and biomedical areas of knowledge, as well as the clinical years are excluded from the focus of this cluster.
- Use of knowledge, skills, and attitudes in residency or beyond

**7. Constraints, Assumptions, Risks, and Dependencies of Note**

<b>Constraints</b>	<ul style="list-style-type: none"> <li>• Faculty involved in the cluster have many responsibilities (e.g. clinical work, research, teaching, etc.)</li> <li>• Assessment of students takes more time (i.e. short essays to read and comments to write)</li> </ul>
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>• Successful Ethics approval for each of the projects</li> <li>• Students and community partners will volunteer in the studies</li> <li>• Consistent course structure and framework over the years of the cluster</li> <li>• Recommended changes can be implemented in the curriculum</li> </ul>
<b>Risks and Dependencies</b>	<ul style="list-style-type: none"> <li>• Lack of participation for data collection (medical students are very busy)</li> <li>• Major curriculum revisions in M&amp;S</li> <li>• Resistance to change, refusal to participate, and/or lack of support for the scholarship of teaching and learning</li> <li>• Major personnel changes</li> </ul>