

Room: Saloon

Time: 15:30

Title of Abstract: Unlocking the learning potential of the clinical placement

Authors: Liza Kirtchuk, Laila Abdullah,

Aims: By the end of this workshop you will be able to:

-Analyse the factors impacting on student learning and identity formation in your own setting at the following levels:

- Student
- Placement environment
- Clinical teacher
- Wider faculty and school

-Apply an evidence-based approach to the design of clinical placements that supports students as active participants within a Community of Practice and maximises their capacity to develop as self-regulated learners

-Apply strategies and practical tools that support students to develop as self-regulated learners and to negotiate their professional identities. This includes addressing identity dissonance that can arise due to the complexity of integrating existent multifaceted identities with their evolving professional identities, thus supporting diversity to flourish and promoting inclusive learning spaces.

Format: Brief slides outlining theoretical bases

Small group discussion

Case scenarios

Contents: Learning in clinical settings is dynamic, complex, unpredictable and nuanced (1), and exerts competing “intellectual, emotional and environmental demands on the learner” (2 p.554). As such, many students struggle with the transition from classroom-based learning to situated ‘on-the-job’ learning, which requires self-regulation and adaptation, as well as a process of socialisation as they develop their professional identities.

The facilitators bring together their research findings, conducted through the theoretical lenses of self-regulated learning (3) and Communities of Practice (4), to explore some of the factors affecting clinical student learning, particularly in the context of longitudinal undergraduate General Practice placements. As students progress through placements they participate within communities of clinical and educational practice, developing their professional identities and their capacity as self-regulated learners as they transition from ‘novice to expert’ learner. These processes are complex and interwoven, and can give rise to dissonant learner experiences, particularly for those who feel less aligned with the professional norms.

Strategies at the student, teacher, placement and faculty level that facilitate these processes, promote inclusivity, and maximising learning on clinical placements, will be explored.

1. Stephenson C, Isaacs T. The role of the Extended Project Qualification in developing self-regulated learners: exploring students’ and teachers’ experiences. *Curric. J.* 2019 Oct 2;30(4):392-421.
2. Sandars J, Patel R. Self-regulated learning: the challenge of learning in clinical settings. *Medical education.* 2015 May 19;49(6).
3. Zimmerman BJ. Attaining self-regulation: A social cognitive perspective. In: *Handbook of self-regulation* 2000 Jan 1 (pp. 13-39). Academic press.
4. Lave J, Wenger E. *Situated learning: Legitimate peripheral participation.* Cambridge university press; 1991

Room: Kings

Time: 15:30

Title of Abstract: Using collaborative methodology to widen access to primary care research, using the Primary care Academic Collaborative (PACT) approach.

Authors: Dr Stephen J Woolford, Dr Ola Abdellatif,

Aims:

1. To highlight the role that collaborative methodology can have in improving access to primary care research.
2. To explore how collaborative methodology can be used to encourage more equitable research practices.
3. To encourage discussions about how collaborative methodology can be incorporated into attendees' personal work and to generate new ideas for future PACT projects.

Format: We plan to facilitate a 90-minute-long workshop. A brief presentation will be given, followed by the facilitation of small group discussions. Groups will then share their ideas to the rest of the workshop via informal short presentations.

Contents: A 10-minute presentation will first be given, showing examples of how other medical specialties have used collaborative research methodology and how PACT has practically used this approach within primary care. The benefits of collaborative research will be highlighted, including its naturalistic approach, inclusivity, and rapid data collection. PACT's own focus on research equity within collaborative research will also be emphasised, including how providing individualised practice reports to participants can facilitate local quality improvement and how authorship opportunities can be offered to collaborators.

Attendees will then be split into small groups (maximum of 5 people) and will be given approximately 45 minutes to generate their own brief primary care project outlines which focus on a collaborative approach, with assistance from workshop facilitators as needed. Project idea prompts will be offered to help facilitate discussions if attendees prefer. Groups will be encouraged to work through the following questions as part of developing their project outlines:

- How are you developing your research question and how could views of potential collaborators be considered?
- What is the study design and how does it take advantage of the benefits of collaborative approaches?
- What are the steps needed to answer the research question?
- Who would undertake the data collection and how are you considering inclusivity?
- What data would be collected and how?
- What are the barriers and enablers to make this collaborative project successful?
- What will participants and their local communities gain from this project, personally/at a practice level/at a PCN level/at an ICB level?

Every 15 minutes or so groups will briefly present their progress on their project outlines to the wider workshop and get feedback from other attendees, with discussions generated by the presentations being facilitated. In the last 10 minutes any common themes between different groups will be highlighted and the workshop then brought to a close.

Room: West

Time: 15:30

Title of Abstract: Stigma, blame and exclusion in medical terminology and language

Authors: Julia Bailey

Aims:

To develop skills in critical analysis of routine medical terminology

Objectives

* To analyse and critique the content and structure of medical language and terminology

* To find ways to re-word potentially harmful ways of referring to patients and their illnesses to reduce stigma, blame and marginalisation

Format: The workshop will be highly interactive, with short presentations of examples followed by small group discussions on how to re-word and reframe potentially stigmatising and harmful language and terminology.

Contents: In this workshop we'll explore how language and terminology in medical field can unintentionally marginalise, blame and stigmatise. We'll discuss the 'framing' of stigmatised groups and medical problems, taking examples from the sexual health field.

We will cover the following themes:

1. How does medical language socially construct, stigmatise and marginalise patients and their illnesses or problems?
2. Rethinking common terms which place blame on patients– e.g. 'chaotic lifestyle', 'user failure'...
3. Acronyms, jargon, technical language – The importance of clarity and accessibility
4. What goes unsaid - Normative assumptions in medical history and academic writing
5. Ways that medical/academic discourse reflects and perpetuates harmful power dynamics

We will discuss how these issues play out in clinical and academic practice, and ways that we can re-word and reframe everyday talk and written language to reduce stigma, blame and marginalisation.

Room: Board

Time: 15:30

Title of Abstract: Towards Fairer Futures: Re-imagining Health for Liberation

Authors: Nivethitha Ram Ganapathiram, Kavian Kulasabanathan,

Aims: 1. Consider the concepts of 'the ecological model of violence' and 'carcerality' as a lens through which to unpack structural determinants of health.

2. Evaluate the NHS as site of structural violence and critically consider the ways in which everyday clinical practice may perpetuate harm.

3. Consider 'peace theory' and 'abolitionist theory' as tools in challenging health inequality and promoting inclusiveness.

4. Consider the importance of collective imagination in health justice and apply creative visioning techniques (drawing on different mediums such as poetry, visual art and music).

Format: 1. A short presentation to set intentions and introduce key concepts. (10 minutes)

2. A short grounding exercise. (5 minutes)

3. Breakout sessions to discuss a Clinical Case Study. (30mins)

4. Feedback from discussion. (10mins)

5. Poetry writing / Collage-making workshop. (30minutes)

6. Closing reflections. (5minutes)

Contents: Introduce 3 key concepts:

1. An ecological model of violence

This model of violence considers the interplay between the individual, the family, the community and the society in structurally patterning the incidence of disease. Johan Galtung conceptualises structural violence as "the cause of the difference between the potential and the actual, between what could have been and what is".

2. Policing as a threat to public health

Policing causes poor health for everyone through community disempowerment. The violence of policing and incarceration is a matter of public health because punitive responses to social problems reproduce structural violence, undermining healthy communities.

3. Public health and Abolition

Public health is a strategy for interrogation and abolition of punitive responses to social problems. Divesting in policing and incarceration and re-distributing funding to interventions that tackle the social, economic and political determinants of health is essential to cultivating healthy communities.

Discuss a clinical case study through considering this following questions:

1. How is structural violence playing out in this case study?

2. How is the punishment mindset showing up in the 'care' being delivered?

3. How might we begin to interrupt the processes that lead to a) structural violence & b) the punishment mindset?

Use art as a creative visioning tool: 'The job of the poet is to make the revolution irresistible'. - Toni Cade Bambara.

1. Read the poem 'Experiments in Imagining Otherwise'
2. Participants can either write poetry or create a collage, using the prompt as a point of departure.
3. Prompt: Imagine what your neighbourhood might look like if it prioritised safety, dignity and belonging for all. What systems of care and community have emerged? What is your role in these systems as a health practitioner? (You can be abstract or literal, specific or conceptual —just keep imagining!)

Room: Andrew

Time: 15:30

Title of Abstract: Engaging with the human dimension through the arts

Authors: Louise Younie

Aims:

To share thinking and practice on opening up educational or research spaces exploring lived experience through the arts.

Objectives

By the end of the workshop participants will have:

- a greater understanding of creative enquiry (exploring lived experience through the arts)
- experienced examples of creative enquiry process
- reflected on the value of creative enquiry spaces in education/research
- reflected on facilitation and pedagogical/research considerations

Format: Core concepts and approaches to creative enquiry in medical education will be shared, illustrated with images and narratives from real examples of student creative texts.

We will establish psychological safety before interactive elements of the workshop. Participants will then be invited to engage in creative enquiry exercises, for example, choosing postcards in response to lived experience. We will use think-pair-share approaches where people have time to reflect alone, then in small groups of 2s or 3s and finally across the whole group. These exercises and group processes will be designed to be accessible to a diverse range of participants – from those who have no previous experience of creative enquiry to those who already have expertise in this area.

In small groups we will consider the value of creative enquiry to education/research, as well as the challenges and special consideration needed when facilitating such spaces.

Contents: Areas covered will include

Creative enquiry - for human dimension including person centred care and human flourishing

Creative enquiry as a transformative pedagogy

Creative enquiry as a way of extending epistemology beyond propositional knowing to value also personal and practitioner ways of knowing, inviting tacit, ineffable and emotional dimensions of lived experience.