Author	Title	Abstract
Steve Cairns	**Exploring Instructional Capacity for Relational Practice in Online Nursing Education.**	This pedagogy is based-on an appreciation for the complex interrelationship of self, others, and the world around us. Part-time online learning has become particularly appealing to nurses who wish to bridge their education from RPN to BScN while maintaining flexibility for their employment and family life. Online nursing education has grown exponentially in recent years and as such, attention to relationship in this format is essential. Using a lens of relational inquiry, the purpose of this AMS/RNAO fellowship project is to build and evaluate instructional capacity for relational practice with a particular focus on increasing capacities for compassion, curiosity, commitment, and competence within technology enabled learning among undergraduate nursing students. This would entail exploring online instructional strategies that strengthen the student-instructor experience of compassionate relationship in a theory course focusing on cultural competency in nursing within the RPN to BScN Blended Learning Program at Nipissing University. This AMS/RNAO fellowship is an opportunity to provide strategic scaffolding in the development of relational practitioners and make explicit the complex experience of relationship in distance learning. Ultimately, this experience may have an impact on the care of patients in multiple contexts of our health care system
James Goertzen	**Developing Physician Leaders in Northern Ontario: Northern Ontario School of Medicine and Ontario Medical Association Collaborations**	Northern Ontario is a large geographical area with a low population density, isolated communities, and high burden of disease. Improving the health of Northern Ontario will require committed, enthusiastic and well trained physician leaders. Both the Northern Ontario School of Medicine and the Ontario Medical Association Districts 9 & 10 share the same geographical area with parallel missions of improving the health of Northern Ontario. Both organizations are committed to the development of Northern Ontario physician leaders. Key champions to support these collaborative leadership development activities include the OMA Physician Leadership Development Program Alumni residing in Northern Ontario.

Louela Manakil-Rankin	**Relational Practice: Journeying Towards Transforming Self into a Relationally Compassionate Practitioner**	**Introduction:** Being in relation with "the other" (a patient, colleague) involves enacting an embodied understanding of five relational capacities: *commitment, curiosity, compassion, competence, and corresponding* (Doane and Varcoe, 2015). For nurses, this requires a shift from an epistemological lens of knowing the content involved in enacting capacities to the ontological turn towards being a practitioner that lives out the embodied relational capacities. The movement towards "being" requires intentional activities that promote embodied experiences.
		Method: The goals of each of the four stages are as follows: Stage 1- To provide participants with an opportunity for deep learning and embodied experiences through participatory conversations concerning moral obligations in nursing, relational, person-centred, and compassionate nursing practice. Stage 2- To continue the conversations from Stage 1 into an online space using reflective dialogue as a means to propel self transformation towards becoming relationally compassionate practitioners. Stage 3 - To inquire into the participants experiences of the process towards becoming relationally compassionate practitioners using Narrative Inquiry. Stage 4 - To develop a community of practice focused on developing relational capacities. These projects highlight the core themes of education and self-identity.
		Results:. Facilitating self-awareness, coupled with illuminating relational capacities where students can experience who they are and what they can be in relation to their patients, create the elements for an ontological approach to nursing education.
		Implications: The use of art as a way to open the space for dialogue promotes imaginations that highlight new possibilities that influence how one experiences relating to the "other". Developing nursing students' relational capacities advance a way of being that requires a concert of self awareness and attentiveness to the 'other' to enact nursing care. The teaching learning strategies employed in these projects accentuate how the relational capacities of curiosity, compassion, competence, commitment, and co-responding become alive as nursing students learn how to nurse. They open the space to further explore how nursing education may be conceptualized.
Susan Lamb, Lynn Bloom, Pippa Hall, Jean Roy, Isabelle	**Medicine and Humanities Program at uOttawa and**	Since 2012, a working group at uOttawa, Faculty of Medicine, has reviewed evidence for including arts and humanities (A&H) in health professions education. Strategies based on "infusing" A&H throughout our medical students' learning experiences

Bernier, Jeanne Drouin, Karine April-Toupin	Beyond: Development, Implementation, Challenges	were developed. Curricular mapping identified existing A&H elements in the undergraduate medical curriculum for development. A&H resources were added to mandatory case-based-learning sessions. An optional credit-based Medicine and Humanities Program (MHP) was established to stimulate student engagement. MHP activities are open to all students; those who afterwards submit satisfactory written reflections receive credit towards a MHP Certificate of Excellence (requirements: 125 credits + final project). Program evaluation was initiated in collaboration with University of Toronto and McMaster University. In 2014, inter-professional faculty were recruited, including from Social Work and History. MHP continues to evolve primarily through optional activities with growing participation rates. Students have emerged as leaders, devising student-led activities (e.g. dance, theatre, art, blogs, book clubs). Faculty initiatives include an Artist-in-Residence, lunchtime workshops, on-line modules, and faculty development opportunities in Narrative Medicine and Theatrical Techniques. In 2016, a week-long MHP Elective was successfully introduced for 4th year students. Three graduates have earned the Certificate. Efforts to infuse curricular learning with A&H are ongoing. Baseline evaluation results indicate students and faculty perceive productive connections between MHP and competencies in all CanMEDS roles. An international MHP was launched to share content and foster research with colleagues at France's Lyon University, and Jia-Tung and University of Traditional Chinese Medicine in Shanghai, China. Next steps will address identified challenges
Yvonne Ying	Health Advocacy and Community Outreach Trends in Medical Trainees	Health Advocacy is a difficult CanMEDS role to teach and evaluate. Many community outreach activities relate to the social determinants of health, and teach about the Health Advocacy role, but it is unclear if medical trainees are involved in such activities. Medical students, first year and final year residents completed surveys to assess their understanding of health advocacy and their involvement in community service activities. Trainees also submitted CVs which were analyzed for participation in various categories of activities. Trainees consistently thought that they would continue to participate in community service activities in the future, but actual participation rates decreased throughout training. This

		decrease in participation was on both self assessment by senior trainees, and based on community volunteer activities on their CVs. Medical Trainees also believe that these activities were less important for future job applications. Somewhere between starting medical school and finishing residency, trainees have learned that volunteer activities are no longer an important of their professional identity.
Javeed Sukhera, Kristina Miller, Christina Scerbo, Alexandra Milne, Rod Lim, Saad Chris Watling	**Reducing Stigma through Implicit Bias Recognition and Management: A Realist Evaluation of Implicit Stigma Reduction Curricula for Health Professionals**	**Background**: Stigma towards individuals with mental illness has disastrous consequences for patient outcomes. Better approaches to reducing mental health stigma in health care professionals are required. Implicit bias recognition and management is an emerging area of research that may inform the design and implementation of stigma reduction programs. We describe the evaluation of a novel stigma reduction workshop for health professionals that was built on this research. **Methods:** We conducted a realist evaluation using a longitudinal multiple case study approach. We first established an initial conceptual model for our intervention based on previous research. We then conducted three case studies with physicians and nurses (n=69) at a Canadian academic hospital. Within each case, we collected pre and post attitudinal scales and analyzed qualitative data from semi-structured interviews. Consistent with realist evaluation principles, we analyzed context-mechanism-outcome configuration patterns to modify, elaborate and revise understanding of our initial model. **Results:** Our intervention produced statistically significant changes in participant attitudes in two out of three contexts. The qualitative evaluation revealed discrepancy from quantitative data, describing the perceptions of sustainable changes in perspective and practice. The degree to which individual participants learned with and worked among interprofessional teams influenced outcomes. **Conclusions:** Implicit bias recognition and management is a useful educational strategy for reducing stigma among health professionals; however, the degree to which individuals learn with and among team members strongly influences the outcomes of implicit stigma reduction education. Once implicit stigma is recognized, curricular interventions may promote initial behavioural change by encouraging explicit alternative behaviours that are sustained through social reinforcement within interprofessional teams.

Kathryn Parker,	**Compassionate Program Evaluation: No Longer an Oxymoron.**	This poster illustrates the implementation and exploration of a new way of building and evaluating educational programming. This new way uses a strengths-based, compassionate leadership approach to lead system change in healthcare education and is illustrated by means of the development and evaluation of *a series of simulation exercises constructed by a system of individuals (including clients and families) that aims to improve the ability of clinicians to provide compassionate, person-centred care.*
Lloy Wylie	**Engaging for Change: Addressing Indigenous Peoples' Inequities in Hospital Care**	This research explores the gaps in knowledge and practice of health care providers in ensuring culturally safe, quality health care for Indigenous patients. This qualitative study explored health care providers' attitudes, knowledge and practice in working with Indigenous patients and families in a Canadian city. Participants were asked about their knowledge and accommodation of Indigenous specific needs; their link with other community based services; and their experience around training in cultural safety. The poster presents the range of challenges, including discriminatory practices that perpetuate inequitable care. Some promising practices were also identified. These results were used to create interactive multi-media training tools for health professionals and students to address the challenges Indigenous people face in accessing health care services.