

## **KEYNOTE PLENARY**

**Professor Saleem Razack, University of British Columbia, Vancouver, Canada**

### ***Constructing Professionalisms of Solidarity: What are the Clinical Skills of a Socially Just Professional***

The part of Greek translations of the Hippocratic oath that states, "...Into whatever homes I go, I will enter them for the benefit of the sick, avoiding any voluntary act of impropriety or corruption, including the seduction of women or men, whether they be bond or free." is often quoted as evidence of early recognition that concern for health equity is built into the code of medical professionalism. This part of the oath basically states that the ethical practitioner swears to not engage in sexual acts with men or women in the homes that he visits, even if they be slaves. No controversy there! Do physicians also have a duty to question the actual institution of slavery, i.e. the structures of society that promoted the injustice in the first place?

In this plenary, the presenter will explore medical professionalism as a social construct, how this translates into a praxis of teaching, and ultimately the formation of professional identities in learners. Together, we will critique current dominant constructs of professionalism, which relate professional obligations to a social contract between physicians and society, in which physicians have expertise and must discharge their knowledge for the benefit of their patients, in exchange for societal recognition and prestige.

Why might the dominant formulation of professionalism no longer work? Medicine is and has been a tool within society to perpetuate structural inequities and discrimination and constructs of professionalism have been central to providing the epistemological justifications its use this way. A new professionalism of solidarity is required.

We will explore the clinical skills, habits of mind and ways of being of such a professionalism of solidarity, with practical strategies of how to develop these professional attributes within learners. We will draw on the work of Brazilian educator, Paulo Freire, as an approach to developing the emancipatory knowledge and skills for the teaching of professionalisms of solidarity.

## KEYNOTE WORKSHOP

Professor Saleem Razack, University of British Columbia, Vancouver, Canada

### ***Learning for Solidarity: Strategies to Develop Critical Consciousness in Medical Education***

*Scenario: You are a new staff member in Adolescent Psychiatry. You have discovered that the intake form for families is 35 pages long, written in either English at the Grade 11 level. Filling out the form is an absolute requirement in order to even be placed on a waiting list for an appointment. About 35-40% of the parents in your city are not able to complete such a form by virtue of English being a second language, and for those with capacity in English, the Grade 11 level is too high.*

The above scenario is an example of a structural inequity. How can this issue first be fixed, but then also used as a teachable moment for the psychiatry residents under your supervision?

Critical Consciousness, a term defined by Brazilian Educator Paulo Freire in his work on “Pedagogy of the Oppressed”, is about developing the tools to appreciate such systemic issues – privilege, discrimination, and structural inequities. Structural inequities have been well demonstrated within multiple health care systems and contexts, and within the practice of medicine. Critical consciousness education is about unmasking privilege, oppression, marginalization and inequity. Within his pedagogy, Freire also included the attitudinal orientation to work at positive social justice change, as a key objective of the pedagogy.

In this workshop, we will discuss how best to teach about structural inequities within health care, and to role model actions aimed at addressing identified social injustices. Within an introductory plenary, we will synthesize the literature on critical consciousness, starting with Freire’s work, but then contextualizing this work to the practice of medicine. Through a series of scenario-based interactive discussions, participants will create a list of educational objectives for learners and skills needed in teachers for the development of critical consciousness, and then will match these objectives to both formal and informal instructional methods. Participants will then work in groups of 3-5 to identify critical consciousness teachable moments within their own contexts of educational practice. Finally, the large group will reconvene to discuss the broader implications of critically conscious faculty development for medical education. We will close with an action planning exercise and a wrap-up with lessons learnt.

Workshop Objectives:

Upon completion of this session, participants will be able to:

1. Define critical consciousness as relevant to medical education and the practice of medicine
2. Identify critical consciousness teachable moments in day-to-day clinical practice
3. Practice reflective supervision skills to help learners develop their own critical consciousness skills