

Letters to the Editor

Navigating Controversy: A Critical Element of Medical Education

To the Editor: Recently, some of our medical school classmates organized a reproductive health and family planning workshop. Among the topics discussed were contraception and medical abortion—topics which, despite the workshop’s intended purpose of complementing material and competencies covered in our women’s health course lectures, generated controversy among classmates. The session was met with great fervor, both in favor of and in opposition to the workshop content. Indeed, controversial issues, including reproductive health, are not a stranger to most medical students. Our society has long struggled with charged conversations around issues related to sex, gender, and sexuality: lesbian, gay, bisexual, and transgender rights; the #MeToo movement; abortion; and intimate partner violence. However, in the present political climate where these issues are amplified, we can no longer minimize the impact of such debates on our own experiences in medical school and our development as future clinicians.

As we grow and learn to be a part of the next generation of health care providers, we too must learn how to navigate and understand controversial issues and how they might impact the clinical care of our patients. However, there is often an absence of space and structure for students to do so. Our curricula are designed to integrate pathology and clinical reasoning—knowledge that is certainly invaluable to our future clinical careers. But our curricula lack lessons on how to navigate ever-developing contentious issues in the realm of sex, gender, and sexuality that are not colored with black or white but rather with shades of gray. Without dedicated space to explore these issues, we often face the difficult challenge of reconciling ill-defined political perspectives and medical practice.

The experience of our generation of physicians with regard to sex, gender, and sexuality is markedly different from that of generations before. The need for

tools and frameworks to understand these multifaceted issues is now more urgent, more critical. We need training that teaches medical students how to conceptualize, debate, and navigate polarizing medical controversies. And regardless of where we fall on the political spectrum, it is inevitable that politics and controversy will continue to ripple into the medical sphere. We can no longer stand to ignore the divided political atmosphere in which we live. Instead, we must embrace conversation and navigation as a way to train tomorrow’s health care providers, who will need to grapple with and face these issues head-on.

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Shedding More Light on the State of Interprofessional Education

To the Editor: On behalf of the University of British Columbia (UBC), one of the academic institutions cited in the most recent article by Drs. Paradis and Whitehead, “Beyond the Lamppost: A Proposal for a Fourth Wave of Education for Collaboration,”¹ we would like to clarify misconceptions about the implementation of interprofessional education (IPE) at our institution and present our current work, which we argue places us firmly in the fourth wave of education for collaboration.

The authors cite the work of Dr. John McCreary at UBC as an example of a failed attempt during the first wave of IPE. Although UBC’s Division of Interprofessional Education was not sustainable, it laid the foundation for decades of subsequent collaboration across the health professional programs at UBC through the College of Health

Disciplines (2001–2015) and now the Office of UBC Health situated within the provost’s portfolio (2015–present). This evolution has firmly rooted collaboration within the health programs at UBC and has allowed us to move into what we would consider the fourth wave of IPE, which we argue is “integration” and includes a number of the elements proposed by Drs. Paradis and Whitehead.

Our work at UBC is anchored in the provincial priority of team-based care and is developed in partnership with patients, health authorities, government, and students. The evolution of health care towards an integrated system focused on individual and community well-being is a challenge of global importance and urgency; supporting this transformation is a strategic priority for UBC.

Under the umbrella of UBC Health, our programs use an integrated approach to health professional education, which focuses on learning opportunities that address complex areas of health care that benefit from a collaborative approach (ethics, Indigenous cultural safety, e-health, professionalism, and resilience). Technology supports learning that is unique to each profession and provides economies of scale for foundational knowledge common to all programs, while learning is enhanced by interprofessional components that bring together students for collaborative sessions interspersed throughout their programs. This integrated approach has moved IPE from an add-on that was often extracurricular and focused on discreet competencies, to being a part of students’ program requirements, replacing or supplementing current learning that is contextualized within the broader curriculum. Finally, the integrated approach to health professions education at UBC is supported by a unique organizational model with a governance structure that ensures that collaboration is at the heart of our daily operations.

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