

## Audio file

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## Transcript

00:00:14 Speaker 1

Welcome to conversations and made it the people behind the research.

00:00:27 Speaker 1

Hi everyone, today I'm joined by one of my Oxford colleagues, Chris. So thanks for joining us today, Chris.

00:00:33 Speaker 2

Hi, Nikki. Thank you for having me.

00:00:35 Speaker 1

Could you maybe just introduce yourself to our listeners to who are you? What do you do and where do you work?

00:00:41 Speaker 2

Sure, sure. So my name is Chris. Chris Kowalski. I am a consultant and adolescent psychiatrist in Oxford Health NHS Foundation Trust, where I'm also the simulation lead. So my role is to oversee a sort of program of simulation activities in the trust and in the Department of Psychiatry at the university as well.

00:00:58

Where I'm also.

00:00:59 Speaker 2

The deputy under.

00:01:00 Speaker 2

Graduate lead. So yeah. So my work is quite varied. I enjoy it very much and I get to work with sort of undergraduate, postgraduate and continuing professional development specifically around simulation and mental health.

00:01:11 Speaker 1

How did you first get involved in simulation? You know, sort of in Psycho. I'm not sure about the link between psychiatry and simulation.

00:01:18

Yeah. Yeah. Well.

00:01:19 Speaker 2

Simulation psychiatry is generally quite an underexplored area. It's definitely been getting more traction recently, most notably because somewhere I worked previously, mostly simulation in London have been doing a lot of work nationally.

00:01:32 Speaker 2

So I so I.

00:01:34 Speaker 2

Started getting involved in simulation when I was a core training in psychiatry in North London and a friend of mine, just a friend of mine and I decided that there just wasn't enough opportunities for people to do experiential learning in psychiatry and we were looking at our sort of acute medical colleagues and seeing how much simulation they got in acute.

00:01:52 Speaker 2

Busts and thinking well, surely we can apply this. So we set up a program. Quite a simple program really, for core trainees looking at advanced communication skills for stuff that wasn't really on our exams. It wasn't about interviewing a patient so much as it was the day to.

00:02:08 Speaker 2

Day work of when things go.

00:02:10 Speaker 2

Wrong. How might we address quite complicated situations? So we had explaining that there'd been a an attempted suicide on an inpatient ward to a relative. Uh, stuff that's quite complicated. And we had consultants join to give feedback to the trainees, and it was really well met. And so that sort of.

00:02:28 Speaker 2

Started my simulation journey really.

00:02:31 Speaker 1

And have you been able to do any sort of research and simulation, or how do you use it in terms of your undergraduate and postgrad and continuing professional development?

00:02:39 Speaker 2

Yeah. Yeah. So I mean, after it's probably helpful to just tell you a little bit more about how I got into it, more more in depth.

00:02:46 Speaker 2

So after I did that course, I applied for a an educational fellowship that was run at Maudsley, South London and Maudsley. Trust in in London, and I got that and they were setting up a new sort of simulation centre there. So as part of that, I had a sort of year where I was developing simulation courses and I developed a couple of courses, one was around.

00:03:06 Speaker 2

And working with families in adult mental health and another was around the joint working between paediatrics and child, adolescent mental health services.

00:03:13 Speaker 2

And as part of that, I had to obviously evaluate the courses and research them in in more depth. So that's when I started to sort of get some research skills. Interestingly, I mean medical training at my mine at least didn't really prepare me for such sort of research training. So I was sort of, you know, see see the pants kind of.

00:03:34 Speaker 2

But I learned quite quickly and I also enrolled in a PG cert in medical education at UCLA at the time, which really helped get some research competencies.

00:03:44 Speaker 2

And we're talking, you know, when we look at simulation and mental health, it's a particularly kind of under researched area. So in some ways, as a researcher, it's helpful because there's not that much that's gone before. And so we started with quite simplistic sort of illuminative evaluations of the course as we were doing. And then we started to sort of look at a bit more complex color concepts such as into professional collaborative.

00:04:05 Speaker 2

Kind of competencies and how we were trying to achieve those. So that was kind of how it started. And then I enjoyed it and I was enjoying doing The Sims. So I enrolled into a masters at Kings and just.

00:04:16 Speaker 2

Continued that really.

00:04:18 Speaker 1

Great. And what have been some of the take away lessons from your research or what sort of practical recommendations would you give to listeners who might be involved in simulation or psychiatry?

00:04:27 Speaker 2

I think that I think that the difficult thing when you're both an educator and someone who's designing and delivering something and then going on to sort of research it, is that you, in a way you're in a good position because you've got an overarching view of everything that you're doing. But sometimes with day-to-day delivery and and design, it can. That can kind of take over, especially if you're developing large scale projects.

00:04:48 Speaker 2

So for example, we run a program for Oxford Brooks students and medical students at the university.

00:04:54 Speaker 2

Oxford, that's about 300 people we get through in, in, in a short amount of time and that often the delivery can take over and people, people can put evaluation and research second to that, especially where they maybe don't feel they have the skills. So my piece of advice is always from the very, very outset have a clear idea about what you're wanting to.

00:05:14 Speaker 2

Research in this course, whether you're doing an evaluation or a piece of kind of research into a specific concept, have that from the very outset, that is part of your design and preparation. It doesn't come secondary. It seems common sense, but it must be part of the sort of first kind of idea.

00:05:31 Speaker 2

This my second piece of advice would be get people who know what they're doing.

00:05:37 Speaker 2

So if you if you can if.

00:05:39 Speaker 2

You can leverage someone who's doing masters or has a PhD or has a bit more skills in terms of researching them. Try and bring them in and help them to for them design you always need more people than you think.

00:05:51 Speaker 2

To do a good research project, you need people who are going to be collating the data analysis.

00:05:56 Speaker 2

Doing it and obviously doing interviews and things like that. If you bought into it, so plan your team early, bring on people with the expertise to help you out and yeah, and.

00:06:05 Speaker 2

Make sure you've.

00:06:06 Speaker 2

Got a clear idea of what you're researching early on and that it matches what you're designing for the actual teaching itself.

00:06:13 Speaker 1

Yeah, I think that's really fantastic advice. Often we sort of if your research question or topic is unclear, then the rest of the study is just a mess. But as you also said from the get go planning and evaluation and not just sort of focusing on delivery, I think we do definitely get caught up in delivering an excellent product or.

00:06:30 Speaker 1

And and evaluations key to was that actually quality or was it effective? And so I think putting that in at the gecko is super important.

00:06:39 Speaker 2

And I think one thing that has frustrated me in the time, so I, I, I would say a research fellow in in the University of Toronto as well for a year, I was lucky enough to go over there and do some simulation research with the mental health hospital.

00:06:50 Speaker 2

In Toronto, Canada and and I was struck by how much of a kind of different setup it has to to the UK. Perhaps in some areas and you know, they really had a research team from the very outset. But one of the things that frustrated me, not so much there, but just generally when I see education research.

00:07:08 Speaker 2

Project says that something is designed and developed just for the purposes of doing a research study. So, and I understand that and that's absolutely important. You know, we're still generating important knowledge, but I feel like you spent a lot of time setting something up. You deliver it to maybe 40 people and then it dies on the vine. It doesn't go anywhere. And I think you know.

00:07:29 Speaker 2

Just with my pragmatic kind of Doctor hat on. You know, if you're investing so much energy, you've got to be creating long term kind of initiatives that you can embed and that that develop over time.

00:07:40 Speaker 2

So that that you're practically developing something useful as well as something that you can research. So again, another piece of advice would be really try and think you know, is this something that will live on after I've done this research project and will justify the investment in time and money?

00:07:56 Speaker 1

Yeah. No, I agree. I think is it meaningful? Does it actually lead to a change in practice at the end of the day is super yeah important and how do you balance being both a clinician and sort of an educator and researcher? Because it seems like, you know, maintaining all of those identities and practices are really important because you cannot divorce your research.

00:08:15 Speaker 1

From your practice or your clinical work and they all inform each other. So how do you balance that?

00:08:18

Yeah.

00:08:21 Speaker 2

I would say not brilliantly. I think I've I think over the years I've managed to kind of be better at ring fencing each part of it. I mean the main thing for me is not so much the time allocated. It now is, as you say, it's that sort of mental space or it's the kind of shifting hats away from.

00:08:38 Speaker 2

To kind of an action driven role as as a clinician of seeing patients just sort of non-stop and then being much more kind of reflective and thoughtful as a researcher and trying to sort of plan and think of kind of why things are happening the way they are and develop new avenues of research sometimes you know.

00:08:58 Speaker 2

As a psychiatrist, you know the idea of kind of reflection and sort of thinking about your cases in alien to us. So in in a, in a way, you know, that's the same space I'm in. I'm I'm existing in.

00:09:09 Speaker 2

I think the thing that's helped me most has been advocating very strongly with job planning and with clinical leads around the need for for me to have dedicated time and I've been very fortunate that I have had dedicated dedicated time in my job plans for the education work equally doing that.

00:09:29 Speaker 2

On the day itself, as opposed to half day, is really important. It's much easier to manage the clinical demand a little bit if you're just not there for a day. And inevitably I still, I still respond to emails.

00:09:42 Speaker 2

If you can apportion your time a bit more and then I think what's helped me as I've got more senior and especially with the team around me is actually again having the opportunity to delegate some of the educational work. So that now I can take a bit more of a kind of oversight and kind of strategic direction. So I'm lucky enough to have.

00:10:02 Speaker 2

Four fellows at the moment in my trust, I have two that are fellows in medical education for the undergraduate side of our work, and then two from NHS England, who are multi professional fellows in simulation, looking more at CPD type areas.

00:10:17 Speaker 2

And I and and they're just very good at bringing what they need to bring when that when they had the time with me, which makes a massive difference and just being really, really structured and and and boundary as well, I think you know, just acknowledging you're not going to be able to attend everything. You're not going to be able to do everything and not trying to over kind of exert yourself because you end up just doing a bit of 1/2.

00:10:39 Speaker 2

Half fixed job really.

00:10:41 Speaker 1

Yeah.

00:10:41 Speaker 1

Yeah, I mean, you mentioned earlier that you know, research should be team based and you're saying educational work and and clinical work are also team based. And so that's sort of harmony across. But maybe just reflecting back on your sort of early days and medical education, you mentioned that it was a a steep learning curve and you did end up doing you know a a PG search and then a masters so.

00:10:58

Hmm.

00:11:02 Speaker 1

What were some of those milestones or sort of big learning moments for?

00:11:07 Speaker 1

Yeah.

00:11:09 Speaker 2

UM, well, I think initially I started off not really understanding the the UM, I guess the complexity not the complexity, but the sophistication with which educational research can and should be done. So I think our medical training often and this may be changing in in you know younger generations, but often we don't really get anything on education. You know it's sort of.

00:11:31 Speaker 2

Built in as being part of our role, but it's not taught formally. And when I started I just wanted to be a better teacher. Yeah.



00:11:39 Speaker 2

So I didn't see it as a sort of research kind of competency per say, I I saw it as I just want to be better at what I'm doing, but of course.

00:11:46 Speaker 2

In order to demonstrate that you are doing something better, you need to be able to research it so so as I did the PG set which was quite intense actually it you know it sort of I was getting I was getting stuff on teaching techniques and and things and I just and I I started to think well this is this is really fascinating to me and actually I think we do need to be able to research this more.

00:12:10 Speaker 2

And we're looking in the literature around psychiatry.

00:12:12 Speaker 2

Particularly, you know, it just it just wasn't what I felt we needed to be discussing. So that's when I was like, well, I've got an opportunity here it to to develop my skills. I've always kind of enjoyed, you know, and I wouldn't say I was in really into clinical research, but I very much enjoyed the concept of generating new ideas and data and knowledge.

00:12:32 Speaker 2

So. So that was kind of a key moment when I saw that we have to be doing this better particularly.

00:12:37 Speaker 2

In my field.

00:12:38 Speaker 2

And then I think when I went to the fellowship in Canada, that was when it really, for me took a step up in terms of what we can achieve and what we should be aiming for in educational research. I hadn't been exposed to really kind of functional teams in educational research generally. I'd always been doing a bit of education stuff and then someone sort of researchers.

00:12:59 Speaker 2

On the side, but in in Cam H and in the University of.

00:13:03 Speaker 2

I was a visiting scholar at the Wilson Center, which is a really, really exceptional, yeah, exceptional kind of place for health professions, education research and there with a number of scientists who are PHD's running big research studies with PhD students there. So.

00:13:22 Speaker 2

That was when I was like, right, OK, this is how it's done. This is this is how it should be done.

00:13:25 Speaker 1

Yeah.

00:13:26 Speaker 2

And this is.

00:13:27 Speaker 2

Giving the field the weight that I think it is.

00:13:30 Speaker 2

Nerves. Because, inevitably, you know, health professions, education, research, medical, education, research, whatever you want to call it, takes a backseat to clinical research. In most medical schools and you know, you can argue that's right because, you know, we're looking at patient outcomes directly with clinical research. But we're also affecting those with with good education.

00:13:51 Speaker 2

And so I don't know. I do get frustrated sometimes when people sort of see it as a bit of a kind of.

00:13:56 Speaker 2

Uh, what's the word? Uh, Cinderella kind of research specialty, because it really is so important. We've got to be educating health professional staff better now. We've got to be keeping people in the professions. We've got to be making their life easier and improving their well-being, all of that sort of stuff. And I think education is key to that.

00:13:59 Speaker 1

Yeah.

00:14:18 Speaker 1

So you are involved in the Masters medical education here at the University of Oxford. So why would you encourage someone to enroll for a masters in medical education or health professions? Education. What do you think? I mean, you already covered it. What do you think the value is or what advice would you give for someone perhaps thinking about it?

00:14:38 Speaker 1

And to to to sort of make that jump themselves.

00:14:42 Speaker 2

Well, I guess for me personally, doing educational research and education generally has been one of the reasons that I've stayed in my job. I think, you know, I think I've been very lucky. I do enjoy my clinical work very much, but I like having a breadth of activities and from the education was the right thing. Well, the other people who will do management.

00:15:02 Speaker 2

Other people who do sort of clinical research but.

00:15:05 Speaker 2

For me, it's really brought me a lot of job satisfaction and to do it well and to do it with the kind of quality that I would like is, for me personally I you know, I needed to do masters. I needed to to be able to support and supervise others and to be able to do my projects to the highest kind of quality that I wanted. So if you're the kind of person who has that mentality.

00:15:27 Speaker 2

Wants to do things well and in a kind of educated way, then definitely, definitely. You need to be doing a masters in.

00:15:32 Speaker 2

In, in education and and.

00:15:35 Speaker 2

You know, one of the things about this course is that it does privilege the idea of educational research. You know, I think one thing I would say is people might go into these, these kind of research degrees with the expectation it'll be all about, you know, getting better teachers. And of course you will, and you will learn some teaching skills, but actually recognising that this is a discipline in itself.

00:15:55 Speaker 2

This is a large field now in medical education, and if you want to get better at researching that and get the skills for that, then definitely do a course. And obviously Oxford is a great place to come and study. We've got a huge, huge medical school here with lots of.

00:16:11 Speaker 2

Kind of links with other departments. We've got collaborations with Brooks as well for for multi professional educations. So there's opportunities here to develop something if you are local and obviously then you're just benefiting from the the expertise of of the people teaching on the course. If you're coming from internationally or elsewhere in the country.

00:16:29 Speaker 1

Yeah, I agree. I think the diversity of sort of academics involved in the program, you know, you're one of them. And we spoke to Richard Kenta, sort of recently. You know, he's a surgeon, and I'm hoping to speak to more Oxford colleagues, but I do think that the diversity of people teaching on the program from the Medical Sciences division and Department of Education is.

00:16:49 Speaker 1

A strength and richness of our program.

00:16:52 Speaker 2

I would agree, yeah, definitely.

00:16:54 Speaker 1

Any last sort of thoughts or reflections as you think about you know, your journey into medical education and you know where you might go in the future?

00:17:03 Speaker 2

I think I was thinking before before here. What I kind of what were my.

00:17:07 Speaker 2

Sort.

00:17:07 Speaker 2

Of my big take homes for me generally in in my career.

00:17:12 Speaker 2

And one thing that I've kind of moved away from not.

00:17:16 Speaker 2

Not recently, actually quite a few years ago.

00:17:18 Speaker 2

Really.

00:17:19 Speaker 2

Is this idea of just giving people knowledge and skills to work? I think you know, obviously people will need that and at different levels you need more kind of training around those areas, but I've come especially in the context of simulations I've come to.

00:17:32 Speaker 2

Be much more interested in preparing people for the reality of day-to-day life as a as a clinician or a health professional, and actually thinking about how we can change ways of working as opposed to sort of just giving people skills. So I'm very I'm very interested in in.

00:17:51 Speaker 2

Working around areas like how we shift people's disposition towards towards a way of being as a as a as a professional. So believing and embodying the values of ways of certain types of work. So for example, cultural humility, trauma, informed care, believing and.

00:18:11 Speaker 2

And embodying the practice of an interprofessional collaborative practitioner. So how do we move people's mindsets and and change their kind of values and belief systems around how they want to be at work? That for me, is what I think SIM is really well position.

00:18:27 Speaker 2

But also just speaks to me more as an individual about like this is what we must be doing in the same breath. I really feel we need to be developing educational initiatives that are supporting the well-being of our practitioners, our professionals. So whether that's direct work around supporting well-being or whether it's improving their working life by giving them kind of more.

00:18:46 Speaker 2

Confidence and skills in their practice, giving them a space to reflect on what they're doing, giving them a chance to have fun. You know, we forget that actually teaching should and could be fun.

00:18:56 Speaker 2

And and just helping them to keep going, which as you know, in the current climate in the UK, but elsewhere in the world, you know it's it's hard work, especially with the pandemic recently. You know, we've got to be thinking about how we can support people to keep on the job.

00:19:11 Speaker 1

Yeah, I absolutely love that. I mean, in South Africa, we always speak about the biopsychosocial approach to patient care, but we don't sort of relate that back to the practitioner itself.

00:19:21 Speaker 2

Absolutely, absolutely. You know, and because you can't be a good clinician unless you're in a good place yourself, really, especially in mental.

00:19:27 Speaker 2

Health actually.

00:19:28 Speaker 1

Yeah.

00:19:29 Speaker 1

Well, thank you so much for your time. This has been a fantastic discussion. So thanks Chris.

00:19:35 Speaker 2

My pleasure. Lovely to see you as always. Thanks very much.

00:19:42 Speaker 1

I am Danika Simms, your host and producer. Thank you for joining conversations and Mayday.

00:19:49 Speaker 1

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00:19:51 Speaker 1

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00:20:00 Speaker 1

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00:20:14 Speaker 1

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00:20:26 Speaker 1

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00:20:37 Speaker 1

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