Audio file

Transcript

00:00:14 Speaker 1

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

00:00:28 Speaker 1

Hi, Jeff, thanks for joining.

00:00:31 Speaker 2

Hi, thanks for having me.

00:00:33 Speaker 1

Could you maybe just introduce yourself to our listeners? So who are you? Where are you based and what do you do?

00:00:40 Speaker 2

Sure. So my name is Jeff Stetson and I am an internal medicine doctor originally. But I work at UIC, so the University of Illinois in Chicago and I am.

00:00:56 Speaker 2

Uh, an uh clinician educator. But I also teach others how to teach in the clinical setting and try to do some research and scholarship around all that.

00:01:06 Speaker 1

Great. And how have you moved from sort of internal medicine clinician through to medical educator and faculty developer?

00:01:16 Speaker 2

Great question. Yeah, so I am.

00:01:19 Speaker 2

Uh, I like to start at the beginning when I am.

00:01:26 Speaker 2

Was growing up. My dad was a biology professor at Ohio State University, so I grew up in.

00:01:33 Speaker 2

Ohio.

00:01:34 Speaker 2

And we had a chalkboard in our kitchen, and so we'd get, you know, lectures at dinner, which was very annoying at the time. But, you know.

00:01:47 Speaker 2

I guess I kind of grew up in this household that really valued education and the educational process.

00:01:56 Speaker 2

Yes, Fast forward to college or right after college. I went and lived in Nicaragua for a year and did public health and community development work in Managua, the capital city there. And a lot of that was education. So I kind of.

00:02:19 Speaker 2

Got that. And I was teaching kids from preschool all the way up through, you know, mid 20s in various various capacities. So I I kind of caught the teaching bug there, building curricula and watching people grow and learn was really fun.

00:02:37 Speaker 2

And I went from there to Med school.

00:02:40 Speaker 2

And had just such a interesting experience in medical school. I was really fascinated by education. And you know where I went to Med school? There were some superstar educators, some people who have really, really, really looked up to.

00:03:00 Speaker 2

Who could command a room and translate these really complex topics into? Really?

00:03:09 Speaker 2

You know, approachable subjects.

00:03:13 Speaker 2

And then there were some other teachers who just were not good. And then there were others, especially in the clinical setting, who were like downright mean and abusive. And that and that wasn't special to my Med school. That's just how.

00:03:33 Speaker 2

How the system is unfortunate.

00:03:35 Speaker 2

Currently so I got really motivated to make a difference while I was in medical school, but there wasn't a lot I could do at that point because I had to go learn how to be a doctor. So I went to residency and I went to UCSF for residency, which is a place that.

00:03:56 Speaker 2

Really values, health, profession to education and puts a lot of emphasis on it and the scholarship of it. So I saw this machine that worked really well in terms of.

00:04:10 Speaker 2

Of integrating best practices into teaching and really emphasized being a great educator as like a thing that most people should be. And again, some superstars. I got to learn from, but it it was not without its problems as all all.

00:04:30 Speaker 2

All of our institutions have, but I got to learn from a lot of people. I got special training and health professions, education and kind of my first job as a medical educator.

00:04:43 Speaker 2

There was, I was tasked with developing a teaching to teach course for the internal Medicine residency program. So I developed that and taught that for seven years. And so I just worked with one resident a month. It was like this kind of apprenticeship model.

00:05:03 Speaker 2

And uh, we'd go over a lot of the just fundamental stuff of teaching in the clinical setting.

00:05:12 Speaker 2

Doing direct direct observations, getting specific Nuggets of information to give to your learners how to provide feedback effectively, how to write learning objectives, how to do chalk talk and I would videotape them and make them watch their videotape.

00:05:31 Speaker 2

And I'd watch it and.

00:05:32 Speaker 2

We'd.

00:05:33 Speaker 2

Reflect on it together. It was a lot of fun. And so that's where I gained a lot of my skills, was building this curriculum and refining it over time and learning about all the theories that underpin.

00:05:48 Speaker 2

The work we could and should be doing.

00:05:52 Speaker 1

It's so interesting. There's always that sort of service versus education debate within the clinical platform and how these clinicians that obviously expected to offer deliver healthcare. But at the same time train the juniors and yeah, I guess the the irony is that they're not trained educators and you know there might be some with inherent sort of passion and ability.

00:06:12 Speaker 1

As you said, there are many who I guess sort of stumble their way through and sometimes do harm to.

00:06:17 Speaker 1

By it you know not having negative intention. So what do you think are some of the challenges when it comes to faculty development? And do you have any recommendations on how to overcome those challenges?

00:06:21 Speaker 2

M.

00:06:29 Speaker 2

Yeah, great question. So the biggest challenge is just emphasis. I think we don't, uh, I've never been at an institution that has any mandatory training, which is kind of nuts to me. And and when I teach about this.

00:06:35

Hmm.

00:06:50 Speaker 2

I like to draw this parallel between teaching and medical school and my son's teachers, who he's in. He just finished kindergarten and he's in first grade and they, you know, they had to go to four years of school, pass all these tests.

00:07:10 Speaker 2

Be observed in the classroom for at least.

00:07:12 Speaker 2

Year and they're teaching him like, not to hit his friends and not to, you know, wipe his food on his shirt and, you know.

00:07:22 Speaker 2

It's pretty pretty basic.

00:07:23 Speaker 2

Stuff how to hold his pencil correctly. And we're teaching people how to tell people they have cancer and how to deliver.

00:07:32 Speaker 2

Chemotherapy and how to, you know, not cut an artery when you're inside a person's body like.

00:07:42 Speaker 2

Much, much higher.

00:07:43 Speaker 2

Stakes than using your clothes as a napkin, but.

00:07:50 Speaker 2

So we just have to prioritize it and emphasize it. And that has to come from the top. So that's a lot of what I'm working on at my institution is delivering content, but also trying to stimulate culture change and get the leaders.

00:07:54 Speaker 1

Yeah.

00:08:11 Speaker 2

At institutions to put time and money into this endeavor, because our faculty are they're so busy, you know, they they're pulled in so many different directions.

00:08:23 Speaker 2

And right now it's all like get becoming a good teacher is voluntary, and that just can't be the way it is if we are truly an institution of education. Being a great teacher or learning to be a good teacher can't be voluntary. It's just needs to be.

00:08:44 Speaker 2

Foundational like we always joke, there's all these modules we have to do every year and ones like how to clean up chemical spills and what to do if there's a fire and I've never encountered a fire in the hospital. I've never had to deal with the chemical.

00:09:04 Speaker 2

So, but I teach every day and there's nothing about teaching.

00:09:11 Speaker 1

It's so interesting because I mean, it's a professional identity and professional identity development, but they always see clinician as separate or you might have a dual clinician educator, but they're almost the exception to the rule or those who progress to, you know, educator or educationalist. And as you said, they, they should be married. If you're a clinician, you're also an educator. It's just inherent in the role and.

00:09:31 Speaker 1

The scene is something separate.

00:09:34 Speaker 1

Do you think that we need to sort of redefine what it means to be a a clinician, or to be a healthcare worker and it needs to be perhaps embedded and also an undergraduate level

where it's not just something that's suddenly thrust upon them in sort of postgraduate training or graduate training, residency and so on. And of course with.

00:09:54 Speaker 1

Culture change institutions, I think that's also very hard. How do you get people to care, to understand and care and actually affect structural change? But any thoughts on identity and where it might be effective?

00:10:05 Speaker 1

Sort of insert or embedded this whole educator identity aspect or how to create an educational culture where it's seen as important as the sort of medical culture.

00:10:18 Speaker 2

I think that's a great question and.

00:10:23 Speaker 2

Every all the institutions I've been that have pathways for learners, so I'll just speak about the American system. So we have 4 years of medical school after an undergraduate degree.

00:10:40 Speaker 2

And then our clinical training, we call residency and and all the Med schools have had these health clinician educator tracks. So some extra training again volunteer and then all the residencies I've seen have clinician educator tracks.

00:11:01 Speaker 2

Things you can opt into, which is a great start to have this stuff available for those who are really interested in becoming a clinician educator or more is is really a great start.

00:11:17 Speaker 2

But.

00:11:18 Speaker 2

I do think.

00:11:21 Speaker 2

Integrating things earlier.

00:11:24 Speaker 2

Is part of this greater culture change that we should try to push? It's just like, hey, we're teaching you to be a doctor. You're also going to be with learners. So let's work on this, this educator thing along the way.

00:11:32 Speaker 1

Yeah.

00:11:39

Oh.

00:11:41 Speaker 2

Both where I did my residency and here at UIC, at least in the internal medicine residency, there's a day retreat where they get people ready to be senior residents or where they're starting to supervise, and they do some stuff during that one day. But that's it. Like, that's the only mandatory thing is this one day.

00:12:03 Speaker 2

That's dedicated to learning how to supervise.

00:12:07 Speaker 2

So I think a lot.

00:12:10 Speaker 2

It would be great to start to integrate much more in residencies and then in medical schools. I think it would be cool to pull back the curtain a little bit on the education and what we're doing. So one thing I do with medical students is.

00:12:30 Speaker 2

So feedback is one of my favorite topics. I love feedback and I think it's the most important teaching skill that anyone could could work on. That's really my my number one tool that I use.

00:12:45 Speaker 2

And I do a lot of work with faculty to help them facilitate feedback conversations. But I also think it's just as important to work with students on how to be a part of that conversation and how to pull out the Nuggets that help them how to clarify the feedback they're getting, how to solicit.

00:13:04 Speaker 2

Feedback. There's a lot that they can be a part of and have agency over. If they're given the tools and understanding, so things like that just showing them that there's a method to the madness here and you're not, just this.

00:13:24 Speaker 2

You're not just at the mercy of the system and showing them that they can. They can be a they can participate in their own education in an active way. I think would help to.

00:13:37 Speaker 2

Really grease the wheels of this system as they grow up and.

00:13:42 Speaker 1

I.

00:13:42 Speaker 1

That giving them sort of agency within the system to take control of their own learning. So you mentioned that fact that feedback is evidence based and I think evidence based is something I will try and it's a common ground that I bring in when I work with practitioners or health professionals to say just as Healthcare is meant to be evidence based and.

00:13:56

MHM.

00:14:01 Speaker 1

Of best sort of recommendations and guidelines. It's the same for education. You can't just do whatever you want like intuition and tradition. Not good enough like you need to be scholarly in your education as you are in your your healthcare practice. And sometimes you see the light bulb go off like oh, OK, but do you have any evidence based tips around?

00:14:21 Speaker 1

Feedback because I think that's something that's super important, is a day-to-day. You know, it could be a 2 minute conversation in the passage way. So any tips for developing feedback literacy in both students and staff?

00:14:26

MHM.

00:14:35 Speaker 2

So much so many things, exactly.

Your favorite takeaways like quick and dirty tips, OK.

So first I would say set the expectation I think 1 expectations are key to a great learning culture. So knowing what's expected of you and what to expect. So just saying you know, hey, we're going to do feedback and.

That's cause we're all growing. You all are learners trainees by definition. So you this is not when I give you things to work on. That is a gift. This is not a punishment. This is not punitive. This is. Hey, I noticed this thing where you can grow.

And let me help you with that and it doesn't mean you're not doing well. It's just, you know, this is what you need. This is the data you need to grow and.

That's why you're a trainee.

On the other hand, I am also growing. I am not the best teacher I can be. I'm not the best clinician I can be, and I can't see myself, so I need all of you to help me to grow as well. So just setting this expectation that like, hey, we're all growing and we all just by definition cannot see.

Ourselves and our impact on other people and that's why we need to help each other to provide data for grow.

So just like, uh, reducing the hierarchy and setting the expectation that we're going to help each other by giving each other feedback, and then I say I'm going to give each of you.

Feedback every day.

00:16:19 Speaker 2

And and that way, you know, everyone's getting the same quantity and no one feels kind of singled out for getting more feedback or less feedback than other people.

00:16:34 Speaker 2

And sometimes more feels good, sometimes more feels worse and less there. So just try to keep the quantity the same and then.

00:16:45 Speaker 2

Uh, one of my mentors and.

00:16:49 Speaker 2

The feedback guru was this man named Calvin Chow, who works at UCSF, and he espouses a ratio of four reinforcing tidbits to one.

00:17:03 Speaker 2

UM, one piece of information that someone can grow with, so reinforce reinforcing to modifying and this this ratio comes from this study. I think it's Google who did it, but it was kind of seeing what the ratio was in the.

00:17:23 Speaker 2

High functioning teams, so teams that were high functioning kind of had this 4 to one ratio going up. He also likes to say that in couples high functioning couple the ratio of 6 to 1. So we need to be very nice to our partners is to take away.

00:17:43 Speaker 2

But.

00:17:45 Speaker 2

That that 4 to one ratio I don't like.

00:17:50 Speaker 2

I use it as a gestalt thing. I want to feel like I'm giving people much more reinforcing stuff because learners are doing great stuff all the time and it can be small and just saying, hey, keep doing this, you're this is good. Keep doing this piece. This piece is good. It makes them feel better.

00:18:10 Speaker 2

And it is feedback. It's like, hey, this you got this thing going well, keep doing it.

00:18:15 Speaker 2

This way and then.

00:18:18 Speaker 2

I I give people.

00:18:20 Speaker 2

One thing to work on each day and no more than one because.

00:18:26 Speaker 2

A. It feels bad to hear more than one and B.

00:18:33 Speaker 2

You you can't really work on more than one at a time, so just one thing. So if you've written down Ohh take notes all always take notes people. You cannot be a good feedback taker or you cannot.

00:18:41 Speaker 1

Yes.

00:18:50 Speaker 1

Put it into action.

00:18:51 Speaker 2

Lead a good feedback conversation. If you're not taking notes and being very specific, so definitely take notes and.

00:19:00 Speaker 2

Yeah, you can't. You can't work if you've written down 5 things. Just pick the number one thing to to work on. Lastly, feedback is a conversation, so I always start with hey, how do you think that went and how did that go for you? What were things you did well? What were?

00:19:20 Speaker 2

Things you want to work on.

00:19:22 Speaker 2

This does a few things.

00:19:27 Speaker 2

Learners will often be harder on themselves than you're going to be on them, so then you just get to give the good stuff you get to. They've already done the hard part and you're.

00:19:36

Like I think.

00:19:37 Speaker 2

You did better than you think. Like, here's what you did really well. That the one thing I think you should work on is is XY and Z but.

00:19:46 Speaker 2

But you did better than you think. So they'll give themselves the hard feedback often. It also starts this metacognitive process of analyzing their own work, because they're not always going to have someone looking over their shoulder, so just getting them to.

00:20:07 Speaker 2

To build in that reflective practice.

00:20:10 Speaker 2

Of to analyzing their own work will serve them well in the future.

00:20:16 Speaker 1

Thanks, Jeff. It's all excellent and I've learned something not just professionally, but personally in terms of the ratio. But I do think it's also really powerful and that you are giving again giving students the power to sort of be take charge of their own learning and to be reflective and to become independent. But also you yourself.

00:20:21 Speaker 2

Right.

00:20:35 Speaker 1

Role modeling it and being open to receive feedback. It's very easy to not practice what you preach, and the fact that you know you set the expectation that we're all learning here. This is a learning environment, myself included. I think that can really.

00:20:42

Hmm.

00:20:48 Speaker 1

Me shift the perception and hopefully make students or trainees more receptive to receiving it because you yourself are open to sort of lifelong learning and you know growth mindset and all of those things.

00:21:00 Speaker 2

MHM.

00:21:03 Speaker 1

Maybe sort of transitioning a little bit, but it still relates to faculty development and learning. You are one of the Co creators of a website called Med Ed Mentor. Can you maybe explain to our listeners what is Med Ed mentor and why did you go about developing this website?

00:21:21 Speaker 2

For sure. So method mentor is.

00:21:27 Speaker 2

It is a AI powered virtual mentor for anyone who wants to engage in health professions, education, scholarship and scholarship is defined broadly from.

00:21:41 Speaker 2

You know, building a lecture or.

00:21:45 Speaker 2

Planning your your teaching on on the in the clinical setting all the way up through doing ******** research. Really theory driven research and you can find it at medmentor.org and we just celebrated our one year.

00:22:05 Speaker 2

Anniversary this month. Yeah. So we're recording this in September of 2024. Just spoiler, but we. Yeah. So this is marks one.

00:22:17 Speaker 2

Year and we have 1800 people signed up to use it from over 100 countries. And one thing I just learned though is interesting. So our.

00:22:30 Speaker 2

Our usage came mostly from the United States originally, and now it's mostly coming from our biggest users are India and the Philippines. So yeah, so our our usage is really shifting to you know you and I have talked.

00:22:40 Speaker 1

Wow.

00:22:50 Speaker 2

About global N versus global South.

00:22:55 Speaker 2

And don't know these terms are imperfect, but we are hoping to affect global change and especially uplift scholars and researchers from the global S so this is encouraging shift in usage.

00:23:14 Speaker 2

That you mentioned where this came from so.

00:23:18 Speaker 2

As I told you earlier, when I was at UCSF, I participated in a in a pathway.

00:23:25 Speaker 2

Health professions education pathway while I was in residency and UCSF has some amazing, amazing researchers and teachers and scholars. And I got to learn from them and it was really hard. It was really hard for me.

00:23:44 Speaker 2

I was a biology major in undergrad.

00:23:48 Speaker 2

And then I became a clinician and I saw the world through this kind of black and white, right and wrong lens. Some of us might describe that as a positivist paradigm, but basically I thought if there if we have a question.

00:24:09 Speaker 2

We can find the right answer using, you know good methods and.

00:24:17 Speaker 2

That is not how education works. Education is a social science which took me a long time to to realize. First of all, and then to wrap my head around. What does that mean? What is it? You know, what does it mean to be a social science and?

00:24:35 Speaker 2

What I have come to realize is, you know, it's far a lot of the stuff we care about is far more complicated than the biologic processes that we're thinking about. I like to think about.

00:24:52 Speaker 2

A heart attack. That's the thing. I I treat a lot and you know we have right and wrong answers. When someone's truly having a heart attack, do we give aspirin or not? Yes. We give aspirin because we have all these this data to show it and you know.

00:25:11 Speaker 2

Do we take them to the Cath lab and try to put a scent? And most of the time, yes. So we have answers to these things. But when I'm teaching on the wards, if you just think about.

00:25:25 Speaker 2

All this stuff going on so everyone has everyone brings their own identities with their own emotions, their own back stories. Everyone has different ways of processing information, cognitive processes.

00:25:47 Speaker 2

We all have different pressures. We like. Some people are worried about grades. Some people are worried about reputations. We're all worried about patient safety, patient outcomes. There's just like so many dynamics going on and and.

00:26:03 Speaker 2

To try to understand this thing, we do every day, which is rounds in the hospital.

00:26:12 Speaker 2

You have to take it apart into smaller pieces and that is where theories and frameworks come into play. I didn't know what a theory was. I didn't know what a framework was. I didn't know what they were good for, and now I realize it's because what we are interested in studying is incredibly, incredibly complicated.

00:26:34 Speaker 2

And you have to break it into pieces in order to start to understand.

00:26:38 Speaker 2

Hand it, and once you have enough pieces, you can try to put them back together.

00:26:45 Speaker 2

So method mentors trying to help people skip like five years of my life where I struggled and to get up to speed faster and to find theories that might help them do their work faster. And eventually we hope to connect.

00:27:06 Speaker 2

People you know use it as a tool to connect global scholars with one another.

00:27:12 Speaker 2

To really grow as a, as a global community and and learn from the experiences of one another.

00:27:20 Speaker 1

Thanks for sharing. I mean, I think your story will resonate with many people, myself included. I didn't know what a paradigm was. I didn't know what its theoretical framework was, never mind the different types of theory. And I think, you know, when I was a student, I would have loved to have made a mentor. And I've shared it with my monster students. I've shared it with African colleagues to share amongst their networks and.

00:27:40 Speaker 1

You know the sort of limited feedback I've gotten has been positive to like oh wow, this is amazing. Like the theory index, the sort of brief explanation.

00:27:48 Speaker 1

I think you've made those core building blocks explicit, and that's very helpful, especially to sort of students and novice researchers or just those who are interested and want to know, like, what is this complex social science world or paradigm that you're operating within? And to see how rich it is. And yet we do have tools to try and.

00:28:08 Speaker 1

Makes sense, at least partially.

00:28:11 Speaker 1

Of what's going on. So no, I really enjoy the website and do encourage our listeners to go there. But maybe just to close thinking about your last comment on made at Mentor as a place to connect and to create a global community, any sort of last thoughts about that or sort of calls for collaboration and participation within made it?

00:28:31 Speaker 1

Tour.

00:28:32 Speaker 2

Yeah. So there will be more coming on this shortly, but.

00:28:40 Speaker 2

You and I were both at the Amy Conference in August in Switzerland, and I learned a lot. This is my first international conference of any kind, which was really fun, but I just learned a lot about.

00:28:58 Speaker 2

I'd read about the struggles that.

00:29:03 Speaker 2

People from quote UN quote Global South or scholars from the global S have trying to get their work in health professions education out there in a meaningful way or in some of these journals that are more competitive. And I got to hear some really powerful first hand stories of.

00:29:23 Speaker 2

Brilliant people who?

00:29:28 Speaker 2

Don't necessarily have the support, the guidance, the networks to to have their voices heard, and then I learned a lot about.

00:29:41 Speaker 2

People whose native language is not English.

00:29:46 Speaker 2

And how difficult it can be to try to write in a scholarly way in English, and how that is often a barrier to getting their work seen and heard.

00:29:57 Speaker 2

So.

00:29:59 Speaker 2

Yes, there we will have opportunities to collaborate. There will be a way to share your impressions of.

00:30:08 Speaker 2

Your context, your health professions, education context, and your country. Ideally, if you if English is not your first language, we'll give you the opportunity to write in your first language and and help you to translate that into English as well and and we want to hear.

00:30:29 Speaker 2

How these theories and frameworks that have mostly been built in these global N contexts? How do they play out in your context in your in, in your health professions, education situation, and what can we learn as a global community?

00:30:50 Speaker 2

About where you work and take care of patients and teach and how might we need to think about these frameworks in a different way to make them fit your context. So that is something that that will be coming down the pipeline and.

00:31:06 Speaker 2

Please reach out to me if you would like to if this interests you and you'd like to get started. My e-mail address is jeffwithaggeoff@medmentor.org.

00:31:21 Speaker 1

Thanks, Jeff. And also, I think this links right back to your feedback conversations where again?

00:31:26 Speaker 1

You are being open with your website to say hey, you know, I've listened to my international colleagues, I've learned together. Let's create a conversation so.

00:31:34 Speaker 1

I see so that your educational philosophy coming through loud and clear, and I definitely appreciate that we connected at Amy and we are sort of collaborating going forward and I think it's so important especially for those who are in the you know global north of which I

am in the global N to use our resources to support our colleagues from the Global South and so.

00:31:56 Speaker 1

You know, this podcast is one format made at Mentor is an even larger audience and a very exciting I think development and I'm very keen to see how where it goes into the future.

00:32:06 Speaker 2

Well, I'm so grateful for this opportunity to speak with you and and share my work with with your audience.

00:32:13 Speaker 1

Such a pleasure, Jeff. Thanks for joining us.

00:32:20 Speaker 1

I am Danika Simms, your host and producer.

00:32:23 Speaker 1

Thank you for joining conversations and Mayday.

00:32:27 Speaker 1

Hit subscribe and leave a review.

00:32:29 Speaker 1

I'd love to hear from listeners. So if you have any comments or questions or recommended guests, please get in contact with me.

00:32:38 Speaker 1

Contact details can be found in the show notes.

00:32:54 Speaker 1

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00:33:12 Speaker 1

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00:33:17 Speaker 1

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