

Transcript

00:00:13 Speaker 1

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

00:00:25 Speaker 2

Hi Louise and thanks for joining me. It's great to have you. You just could you maybe just introduce who you are, So what do you do? Where are you based?

00:00:29

Hi, Nikki.

00:00:34 Speaker 3

Yeah, of course. So, hi, my names. Louise Allen. I'm a post doctoral fellow in the Department of Medical Education, which is part of the Melbourne Medical School at the University of Melbourne in Australia.

00:00:46 Speaker 3

I'm a postdoc there, as I said, so it's largely a research focused role, but I'm also involved in developing and teaching into some of our research subjects in our graduate certificate and and graduate Diploma of Clinical Education I also.

00:00:58 Speaker 3

Have a little.

00:00:59 Speaker 3

Casual role on the side, so I'm a casual consultant in the regulatory services team for dietitians Australia.

00:01:05 Speaker 3

Which is to no surprise by the name our professional and regulatory body for for dieticians in Australia and there I really do the the CPD audit assess advanced accrediting practising dietitian applications and do a few other bits and pieces.

00:01:20 Speaker 2

Very.

00:01:21 Speaker 2

Interesting. So you are a dietician by training, is that correct? And how did you move from being a sort of practicing dietitian into a post doctoral researcher and education and continuous professional development?

00:01:37 Speaker 3

Yeah, so I am completely undergraded dietetics and and did an honours year which was a clinical project, so it wasn't really my plan to set out to to end up in education, but after graduating I worked for about four years clinically both in a Regional Hospital in Australia and in some local roles in the UK.

00:01:56 Speaker 3

So and while doing that sort of decided that I didn't think working clinically forever was for me and I thought I sort of been interested in education, had some really great lectures in my undergrad, always lacked helping my peers learn and we'd have little study groups and.

00:02:12 Speaker 3

Things like that.

00:02:14 Speaker 3

And so I was wrapping up my.

00:02:16 Speaker 3

To you, these were in the UK. I started to think about maybe education might be for me and doing PhD at that time makes sense. I was used to sort of not having a whole lot of money because I was spending it travelling while I.

00:02:28 Speaker 3

Was living in.

00:02:28 Speaker 3

The UK, so I had a few conversations with one of my mentors who was a lecturer of mine.

00:02:36 Speaker 3

I didn't have a great experience in honours with my supervisors and so I was quite particular about making sure that I chose the right people and a project also that I was interested.

00:02:46 Speaker 3

In.

00:02:47 Speaker 3

That had a few conversations back and forth on different topics and different things there, and eventually landed on a PhD looking at.

00:02:56 Speaker 3

Into professional development and and the impacts of that. I did that at Monash University in said in 2017, which seems like a long time ago now.

00:03:07 Speaker 3

I was fortunate enough to do that full time, so that was quite a nice luxury and gave me a lot of time to do the thinking that I think I needed because.

00:03:16 Speaker 3

As I said.

00:03:17 Speaker 3

I went from dietetics very positivist doing a clinical honours.

00:03:22 Speaker 3

Project to.

00:03:24 Speaker 3

Yeah, I'll do a PhD in education and not knowing a whole lot of that theory and philosophy and all those things that take quite a while to get your head around them. And so I finished my PhD in in 2020.

00:03:38 Speaker 3

Was meant to go to the US to do a Fulbright then, but obviously COVID got in the way. So worked for dietitians Australia in a project role, and then as they could actually manager for a little while before getting a job at Monash, is a lecturer in a centre for professional development, so it was more education focused around getting micro credentials.

00:03:58 Speaker 3

Been running and eventually got to do my Fulbright in 2022-2023.

00:04:04 Speaker 3

And then on the way back when I was figuring out what I'd do while I was in the US, the centre that I worked for at Monash closed, so I was still had a role, but I didn't know what I was going to be going back to and sort of fortuitously, in some conversations that I was having this role at the University of Melbourne popped up. And so it sort of was a

nice pathway for me to come home. And instead of going to a job, I didn't know what was going to be.

00:04:25 Speaker 3

I started this new role, but I'm leaving now for.

00:04:27

A year and a half.

00:04:28 Speaker 2

Well, that's very, very cool. I mean, you said so many great things in terms of.

00:04:32 Speaker 2

Just the practicalities of finding a research project and topic that you love and having a good supervisor, that relationship you know it's going to endure for three years, maybe longer, probably longer, and also just being aware that if you're a full time student, you'll.

00:04:47 Speaker 2

Have no money.

00:04:52 Speaker 2

Yeah, if you want to be poor, just keep studying or going to academia.

00:04:55 Speaker 3

Well, like I said, I was sort of. I literally was doing work and jobs and I would add money and then I would say I'm going to go travel somewhere nice. So I was like, well, it's kind of like having a scholarship.

00:05:03 Speaker 3

You get paid.

00:05:04 Speaker 3

A chunk and you just gotta live off that amount of money. So it's a good time to do it.

00:05:07 Speaker 1

Yep, Yep.

00:05:09 Speaker 2

So so why is CPD in particular, and did it just sort of resonate with your learning journey or did you see sort of a gap or a need or why do you think is a strategic area to focus on?

00:05:20 Speaker 3

Yeah, I think it was was.

00:05:22 Speaker 3

Partnered interest, but I think it was also a pragmatic decision. Obviously. Like I said, the supervisors were a very important component of that. And so I had probably two or three projects I was sort of deciding between and that would have had different supervisors. But obviously as a dietitian, I was required to do professional development. I'm still required to do professional development.

00:05:41 Speaker 3

And and as I'm sure many people will be experienced, you go to some and you're like, Oh my God, this is great. I've learned so much. And you go to others and I, in my case, quite a lot. And you that well don't really.

00:05:53 Speaker 3

Get a whole lot out.

00:05:54 Speaker 3

Of that, and I guess I didn't really know sort of the theory of education and those sorts of things in the background.

00:06:02 Speaker 3

At that time, but to me, the ones that were, I got more out of where there was problem solving. You were talking to people. There was that interaction.

00:06:11 Speaker 3

And so with my own experience with that, I thought, yeah, like, I mean this is a requirement for.

00:06:16 Speaker 3

Nearly.

00:06:17 Speaker 3

All professions in most countries, yeah. In terms of health professions and needing to do a certain number of CPU hours and knowing that a lot of the research really just looks at knowledge, attitudes and and skills when it comes to looking at the impacts.

00:06:30 Speaker 3

And so looking beyond that to sort of what are some of those bigger picture outcomes around the people that you need and the networks you go on to form around, the people that you go and?

00:06:39 Speaker 3

Then to influence whether that.

00:06:40 Speaker 3

Be your students, your peers, procedures and policies at your organisations, those sorts of things, and so yeah, that sort of had a.

00:06:50 Speaker 3

The combination of something I was interested in and and a team that I thought was gonna be really great and really supportive, especially in Australia, we have an apprenticeship model for our PhD, so we don't have a doctoral programme per.

00:07:01 Speaker 3

Say you don't have course work.

00:07:03 Speaker 3

So your experience of your PhD and is really reliant on the support that you.

00:07:07 Speaker 3

Get from supervisors.

00:07:10 Speaker 3

That was the biggest thing for me, probably more so than the topic was making sure that that.

00:07:14 Speaker 3

Team was gonna be a good one.

00:07:16 Speaker 2

Yeah. I mean it's same as South Africa, Alicia, she added. It was all pretty much self study, self learning with with guidance from your supervisor. There wasn't any official coursework to read, just like, oh, here's a paper and you mentioned that very steep learning curve coming from a very sort of positivist scientist background into, you know.

00:07:36 Speaker 2

Qualitative research feeling social sciences theory. What's a theoretical framework? What's constructivism?

00:07:42 Speaker 2

And so I can, I think many of our listeners will be able to resonate with that. But just to maybe drop a couple of hints that Louise has published on looking at evaluation and how perhaps why Kirkpatrick's model while very popular and a good starting point might not sort of get to the underlying issues of how and why?

00:08:04 Speaker 2

Start interventions work, which I think is very important, and then she's mentioned things like maybe the social theory of learning. So she has a paper on that. So maybe do you want to just share a little bit about those sort of the big ideas or what takeaways researchers should should get from those papers?

00:08:20 Speaker 3

Yeah, sure. So the the paper mentioned about Kirkpatrick and evaluation really came out of my PhD. It wasn't part of my PhD. It was sort of a.

00:08:30 Speaker 3

Piece after while I was mulling around waiting for things to happen with COVID and my degree getting confirmed and all those fun things you do when you.

00:08:38 Speaker 3

Submit your PhD.

00:08:40 Speaker 3

And I so I was obviously looking at professional development and and and a lot of the papers I was looking at, particularly in in a scoping review that I did were using Patrick in there in their evaluation.

00:08:50 Speaker 3

And they were calling it a a theory and a framework. And I was looking at it being like ohh.

00:08:56 Speaker 3

Really it's just a classification of outcomes, like it's not telling you how to do this. It's not telling you to investigate why these things are going on. And so it's trying to wrap my head around.

00:09:05 Speaker 3

Well, why are we?

00:09:06 Speaker 3

Using this so much, and I mean I don't, it's not to say that I think it's bad. I think it's just recognising what it is and and how it can be useful.

00:09:16 Speaker 3

And so the point of that paper is really to say if we're doing evaluation in education, which is.

00:09:22 Speaker 3

Complex and very context dependent. Just measuring the outcome isn't really going to tell us the whole story because it doesn't give us those insights into the how and the why. As you mentioned. And so yeah, having done that, I was like, well that let's do a deep dive on what are we doing in health profession education in terms of evaluation and so.

00:09:41 Speaker 3

Did a review and looked at like I can't even remember how many papers.

00:09:46 Speaker 3

Now.

00:09:48 Speaker 3

But really, showing that outcomes evaluation models such as the Kirkpatrick are used far more frequently than a raft of theory driven and other educational evaluation approaches that are much more grounded in in theory and in actually helping us to understand what's going on. And so big plug that if you do want to use kept Patrick and that's more than fine.

00:10:07 Speaker 3

Just to be thinking about it as what it is, and perhaps you incorporate it as part of an another broader evaluation approach.

00:10:14 Speaker 3

If you're wanting to do a more publishable research, you type evaluation piece. I do understand that there's gonna be evaluations that we need to do sort of quick to convince our boss that we should keep doing something this way, or we should change something this way. And that's, and that's a different story. The other piece was around you mentioned around social learning.

00:10:36 Speaker 3

And so that was sort of the the middle piece of my PhD around looking at some of those broader outcomes. And so the courses that we chose to look at were the Harvard Macy

courses and we were running sort of sister courses at Monash at the time. And so I think.

00:10:54 Speaker 3

They actually are very intentionally geared towards that social connection and bringing people together and having those interactions, but still to me was very surprising just the number of impacts that people describing and the influence of fluid that that those people were having and the importance of that ability to to learn together. And I think in this.

00:11:15 Speaker 3

Day and age, where lots of our things are now online. I think that's really important to to remember and to think about how can we foster those connections and conversations in, in, in times when we're not necessarily in the same room as people.

00:11:28 Speaker 2

Yeah, that's really important. And then maybe just to plug one more paper on CPD, it looked like a narrative study. Do you maybe want to just share some of the highlights from that, because I'm really interested. I was really enjoyed reading through.

00:11:40 Speaker 2

Good.

00:11:41 Speaker 3

Yeah, sure. So that was the work I did for my Fulbright postdoctoral scholarship. Big shout out to Laura Garcia and and Dorian Pharma. They were my advisors for that work. So that was it was a narrative study looking at physician learning journeys post training and really.

00:12:01 Speaker 3

I'm trying to just get at the idea of how do they conceptualise themselves as learners and how does their learning changes their careers progress.

00:12:09 Speaker 3

Ideally that would have been some longitudinal work, but it was sort of at one point in time, reflecting, looking, looking back and and really just looking at how we support learners and learning a lot in, in training and in our medical school and in in health professions.

00:12:29 Speaker 3

Others health professions as well.

00:12:31 Speaker 3

But once people reach professional practise, it's sort of a force. You're on your own. And so that sort of lack of structured learning in combination with high workloads, steep learning curve, if you're actually health professional now and needing to do all that practise.

00:12:51 Speaker 3

All around looking at, we sort of face it as going from a train on a track to treading water as that was one of the words from our participants. They're losing that structure, that concept, that learning takes a back seat because you have all of these other responsibilities that just.

00:13:06 Speaker 3

However, before that, and even though all of the people we spoke to very much saw themselves as learners and saw learning is important, just there's only so many hours in a day and you've got to prioritise what you're doing and then really just around how you go about learning then and identifying what's going to work for you.

00:13:25 Speaker 3

And a lot of given the lack of structure, a lot of learning in the moment and doing what's there and not necessarily that strategic planning for addressing perhaps those gaps or.

00:13:36 Speaker 3

Areas that you might need to to work on, so I guess some of the implications for that, we we had some recommendations around how you we might address that both individuals and and what they can do, but also more from a regulatory perspective and that perhaps the structures that we've put in.

00:13:55 Speaker 3

In place for for professional development and and accreditation that they might not.

00:14:01 Speaker 3

Necessarily be really.

00:14:03 Speaker 3

The the way that's gonna work in terms of planning for for health professionals.

00:14:07 Speaker 2

Yeah, not the most effective. And you also made the point about not just sort of the formal learning systems, but all the informal learning that takes place continuously on the job.

00:14:15 Speaker 3

Yeah, and especially in the US, that's where this work was situated a lot of that is accounted. You can't actually count that informal learning and mentoring specifically is called out. It's not accounting for for AMA.

00:14:30 Speaker 3

Category 1 credits, which is kind of like the gold standard in in the US. And so despite all the research that we know about how useful mentoring is for learning both for the mentor and the mentee that specifically is included along with a bunch of other informal learning opportunities. So a bit of a disconnect there I think.

00:14:48 Speaker 3

In terms of.

00:14:51 Speaker 3

I mean trying to be able to just easily measure and monitor learning versus some of the stuff that we know that actually is.

00:14:57 Speaker 3

Really good for learning that doesn't count.

00:14:59 Speaker 2

Yeah, especially when time is limited and to just count those little interactions that are really powerful.

00:15:06 Speaker 2

And I do also like at the in the discussion section you mentioned the the limitations of self-assessment and you know we don't know what we don't know and how you need that outsider who does know to tell you. But Despite that I'm going to ask you to sort of self assist and just think about on sort of your research but also your journey into the field and thinking about.

00:15:26 Speaker 2

You know, health professionals who should be continuing their own learning and to become a lifelong learner.

00:15:32 Speaker 2

What do you see as helpful in your own journey, and what advice would you give to people who you know, they might want to move into the field of education, but they might just want to be sort of better practitioners and better learners. And I think that's

the irony when it comes to the service versus educational training debate, you're a better service provider when you're continually learning and upskilling and so often.

00:15:53 Speaker 2

Sort of sacrifice for long term gain for the short term I need to treat the patient today instead of seeing like investing in their own learning actually benefits the patient in the long run.

00:16:03 Speaker 2

But that's sort of besides the point. What sort of advice or lessons have you learned, or reflections you think are valuable that our listeners might resonate with?

00:16:14 Speaker 3

Yeah, sure. So I might do 2 parts. I might do one from my head of the experience of transitioning from a.

00:16:21 Speaker 3

Clinical practitioner to to a researcher in in education and I can do some some practical advice. Perhaps that might be useful to people as well.

00:16:32 Speaker 3

So I guess from the from, from my experience in terms of moving from a clinician into a health professions education and and to be a researcher, I think the biggest shift as as we've spoken about was around that world. And so a lot of that learning I did in my PhD was really wrapping my head around.

00:16:47 Speaker 1

Yeah.

00:16:52 Speaker 3

Other paradigms and world views and and that are more qualitatively aligned, which I think probably always spoke to me, but I just didn't have the language and didn't really know those ways of thinking and.

00:17:03 Speaker 3

Say figuring out what epistemology and ontology are and how they influence your research. And so I guess not to be put off by those big words and those big terms and and things like that. But to be it's OK to be uncomfortable with those things.

00:17:23 Speaker 3

Done.

00:17:24 Speaker 3

And just recognising that, I mean the feeling working is is complex and and context dependent and so.

00:17:33 Speaker 3

Those ways of thinking, I think, are at least to me, what's going to answer the questions that we have. And with that in mind, I would say that qualitative research is more than just doing some interviews and and analysing and and some things and merge. So if if you are thinking about going down the qualitative.

00:17:53 Speaker 3

Route spending some some time thinking about those bigger things and thinking about.

00:18:00 Speaker 3

Is this phenomena or thing or concept that I'm interested in likely going to be of interest to other people, and if so, what's going to be of interest to other people and how should I best go about looking at this that?

00:18:12 Speaker 3

Is going to help.

00:18:14 Speaker 3

Others, because I think often we we're in our little bubble and we think I've got this research problem or this practise problem in front of me and so I'm going to do this bit of work. So it's going to help me do that, which is fine. But if you if you're wanting to again pitch it from a research perspective thinking about how is this going to be use to other people and what sort of things do I need to consider?

00:18:35 Speaker 3

From that perspective, there are two papers I really would shout out, and I pretty much directly to anyone and everyone. I I guess one is new IT it was published this year. It's the when they stole by Megan Brown and Bridget O'Brien. It's in clinical teacher and it's called how to discuss the transferability of qualitative research in health professions. Education.

00:18:56 Speaker 3

That I think everyone who is even thinking about doing or reading qualitative research should read similarly a slightly older 1/20/17 shedding the COBRA effect by by Laura Varphi Young colleagues in invited it's got a longer title, but literally if you type paper effect and you'll get it in Google.

00:19:05 Speaker 1

Yes.

00:19:15 Speaker 3

But I think 2 sort of key papers, especially if you sort of new to the field.

00:19:21 Speaker 3

So grappling with those things of of generalizability in in quantitative research, best transferability in in qualitative research of things like saturation or sufficient information power sort of some of those dynamics and things that sort of until you start thinking about your perspective and how you actually approach the world, you don't necessarily think of which is.

00:19:42 Speaker 3

Definitely. We really come to qualitative research.

00:19:44 Speaker 2

No, that that's fantastic advice and really great resources. I can wholeheartedly recommend them to you. I love them. I share them with my students and again, I think for me very similar journey and again being caught up on my own blind spots, you know, you'll say I'm doing a qualitative study and then talk about data saturation and those are sort of inconsistent. You know, you're not being coherent in your world.

00:20:06 Speaker 2

View or the paradigm that you're operating within. And I think that is a.

00:20:09 Speaker 2

Huge conceptual shift for most people you know, for you and for me as a listeners, don't be alarmed, it's completely normal. It's a steep learning curve, but it's once you can see it really is like you're operating in a a brand new universe, very exciting.

00:20:26 Speaker 3

Ohh hundreds and I think it comes back to you said it before like you don't know what you don't know, right? And so especially I think earlier on a lot of the qualitative research did have things like mentioning data saturation and thematic emergence and that was just how things were written. But I guess as as we as a field and health professions, education have actually got.

00:20:46 Speaker 3

Better at sort of the coherence and alignment about work and and articulating the the philosophies that I'm I'm looking what we're doing has really helped with that shift. So I

mean, I'm pretty sure if you go back and look at publications by a bunch of people in HP, but of qualitative research is now they will mention thematic emergency going back in the light.

00:21:05 Speaker 3

OK, it's it's a process of learning for, for all of us and I'm sure as we the next 5-10 years.

00:21:11 Speaker 3

There'll be things.

00:21:11 Speaker 3

That we start writing about that we.

00:21:13 Speaker 3

That we weren't doing previously.

00:21:15 Speaker 2

Note any last sort of comments or reflections or advice, either based on your own journey or your research. Any take home messages.

00:21:27 Speaker 3

I guess this probably applies to to both to those researchers and to those in in in practise to me, and it probably is no surprise from what came out of my work around social learning and and the importance of that is seeking out mentors not doesn't have to be formal people that you can go to, that you can have these conversations.

00:21:47 Speaker 3

With it might be peers. It might be people at the same stage as you. It might be people super duper far above you. It might be people younger than you because I think that's one of the best ways that we learn is having those conversations. And I think if you're.

00:22:03 Speaker 3

Need to research or if you're in a clinical area.

00:22:08 Speaker 3

They're a great way to learn and a great resource to to have and and and to a point before can help you sort of with some of that self diagnosis in terms of self-assessment and and what you should focus on and and improve on. So always a big plug for for guided self-assessment rather than individual self-assessment.

00:22:26 Speaker 2

Thanks, Louise. We really appreciated your time.

00:22:34 Speaker 1

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

00:22:41 Speaker 2

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00:22:43 Speaker 2

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

00:22:52 Speaker 2

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00:23:08 Speaker 2

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00:23:20 Speaker 2

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00:23:42 Speaker 2

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