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Spark Podcast

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Interviewer: Dr. Teresa Chan
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Dr. Teresa Chan (00:02):

Welcome to the MacPFD Spark Podcast, this podcast is meant to inspire you to take the next step in your development journey as a faculty member. We're really excited to bring you all sorts of content from inspiring you to teach or supervise differently to leading and managing your team, to thinking about new creative ways or humanistic ways to actually do your work and finally, to up your game in your scholarly practice. Are you excited yet? I certainly am, so sit back, listen and enjoy this latest episode of the MacPFD Spark Podcast.

Speaker 2 (00:44):

Hello and welcome to the 29th episode of MacPFD Spark. Today we will be listening to two discussions about scholarship, first, we will have the opportunity to listen to Dr. Liliana Coman discuss how to improve problem-based learning, next, we will be hearing about the Key Literature in Medical Education or KeyLIME Podcast from Dr. Jonathan Sherbino. Please enjoy the episode.

Dr. Teresa Chan (01:16):

All right. Hello everyone, I'm here with someone who is an absolute pleasure to work with and an amazing person in her own way, Dr. Liliana Coman. So, would you like to say hi to everyone Liliana?

Dr. Liliana Coman (01:30):

Yes. Hi everybody, I'm delighted to be here.

Dr. Teresa Chan (01:33):

Now, Liliana is within the School of Rehabilitation Sciences and she has been a leader in faculty development really within our community. And now she is bridging into a new phase of her career AKA retirement and I thought that this would be an amazing chance for us to archive some of her wisdom hard earned over the years, especially around some of the areas that she's very passionate about. And one of the areas is problem-based learning, she has been a coach of teachers, she has been a faculty developer and she has been a teacher herself in PBL for many years. So I thought I would ask her to share with us some pearls that she has for all of those teachers who might be

coming across PBL for the first time. Liliana, what are some things that you think are common things that often junior teachers encounter during PBL?

Dr. Liliana Coman (02:26):

Well, as you said, I have been tutoring in the problem-based learning context for 20 years now and I had a lot of discussion with our tutors coordinating problem-based tutorial courses. Some of the main issues or difficulties that our tutors have are around when to ask the right question, to find the right time to ask the right question to facilitate the process and get our students to discuss or take topics at a deeper level.

Dr. Teresa Chan (03:07):

Yeah. So, I mean, I've tutored a little bit here and there over the years and that resonates with me as being a key component, right? Because the problem-based learning only gets you so far, the tutor is there to really help you probe the topic deeper so that you can get into different nuances that you might not have otherwise known that you need to get to. So, what are some tips to overcome that? How do you figure out when to ask that great question?

Dr. Liliana Coman (03:32):

Well, one of our primary roles in tutorial is to facilitate the process so we are responsible to facilitate and open a safe learning climate. Facilitating the process means asking open-ended questions to challenge students and stimulate healthy discussions. We are responsible in a way to elicit from our students' alternative perspectives to make them see or elicit from the students opposing views to make them see the consequences of their decisions. We are responsible to indicate I think when the breadth and the depth of the discussion in a topic is or has been achieved. We have to encourage the students to check for accuracy of information that they bring to the discussion in the tutorials and facilitate individual skill development for each of our group members.

There are all other kinds of things that the tutors are responsible for and sometimes it feels overwhelming for new tutors. Promoting problem solving skills and critical thinking is extremely important for us as tutors, we need to ask students to examine the facts and the phenomena and use evidence when they bring in discussion, use evidence that it may be from cellular level to societal level. We need to encourage students to be critical of their hypothesis that they advance and encourage them to be clear in defining issues, defining their own learning objectives, synthesizing the information and applying it to the problem that is under discussion, and I can go on and on.

Dr. Teresa Chan (05:39):

Yeah, for sure. I mean, to me it sounds like what you're saying is that you've got a couple of key things you need to do as a tutor, you need to make sure you're steering them in the right direction so they hit all the points. You want them to explore the different aspects of the problem not just at a singular level, so it's not just all about pharmacology but it's also about society and it's also about all those other things. And then on top of that you want to fold in some skill building around critical appraisal that they can take forward when they're trying to learn new content and all the while you're trying to use this as a vehicle to be able to help them learn content along the way because as the evidence shows more and more, it's really about the content mastery that these sessions are really about.

And although we can teach them some skills about how to critically appraise and other things like that, the most important thing is that they're getting through some of that content and doing it in a fun way. And I think that that's the real gift of what PBL can bring is creating a sense of community around some content and making it feel less lonely when you're trying to struggle through. Because we know that if we just throw some textbooks and give some study time to our trainees, they're so smart they can probably learn it. Will they be as good at conversing about it? Will they be as good at being able to articulate with their patients, with their colleagues, what it is that they're trying to explain? But that's probably where PBL really has its ability to help synthesize some of that.

Dr. Liliana Coman (07:10):

You're right Teresa. And it's also, I want to say, it's not all only about content and what is discussed, it's also about us as tutors promoting an efficient group functioning, we don't only learn content but we learn how to function in a group setting. And as healthcare providers we don't work in silos, we work in teams so in tutorial groups the tutors should be paying attention to how they facilitate the process not only what the content is.

So there are a lot of other areas where we have to assist the group with setting the rules and the structure for the tutorial, assist the students identifying their own learning goals and the goals in general for the group learning, encourage them to monitor the process and take a variety of roles. As healthcare providers we may be faced with the taking different roles in our teams so in tutorials the students have to learn how to juggle different roles depending on the tutorial discussion, depending on the tutorial process. As tutors we need to model productive ways in which we can provide feedback so that the students are able to learn how to provide feedback to their team members within the healthcare team context.

Dr. Teresa Chan (08:48):

And so at the end of the day PBL is a mini lab to learn some skills for communication, collaboration, it's also a zone where you can process a lot of information quickly, it is somewhat dependent on the trainees coming prepared though. And so talk to me a little bit about how you handle, because I think this is a common problem too, how do you handle students who don't show up as prepared as you would like them to be?

Dr. Liliana Coman (09:11):

It is difficult because some tutors consider that that is only our role to handle the student who comes in unprepared which is a lack of professional behavior. But I think it's also our role to make their peers see when a student comes unprepared so when the group takes time to provide each other with feedback the tutor can facilitate feedback towards that student who showed unprofessional behavior. So you just have to redirect the discussion and ask the students if they feel they learned from each other and if everybody brought in the best they could bring to the discussion in tutorial.

Dr. Teresa Chan (10:04):

Yeah. I mean, to me we are all of us in self-governing professions for the most part, whether you're in rehab sciences and you have your professional requirements for your certification and you have to uphold that with the college, same thing in medicine, same thing in nursing. I think that PBL can be a microcosm for people to learn how to have those conversations and support each other to achieve

what it is that they hope to achieve as a group. And I think that when creating the group kind of contract it allows us to then maybe pick up on when someone is struggling. And I think that that's the other part of it too is the role model and how do you suss out the difference between a colleague who's at risk because of other life things or if they're just not doing their job. Most of the time we have such amazing students, they're not slacking for any self imposed reason, it's usually because they have other stressors in their life, right? It's their loved ones are sick, their kids are sick, a pandemic is going on, things like that, external factors, right?

Dr. Liliana Coman (11:09):

Yeah. It's important not to be judgmental and find out the root of the problem. And our students are actually very sensitive to their own needs and the needs of their peers and I think that they would know how to address any discomfort or any reason outside of the tutorial that the students would have for not being prepared. The problem is when the behavior repeats over and over in several tutorials that's when that becomes a more serious issue.

Dr. Teresa Chan (11:44):

So Liliana, one of the problems that I've had in the past is trying to get learners to go a little bit deeper than kind of the routine surface features of a case. What are some tips that you have for someone who struggles with that? Do you just ask more questions? Do you kind of riff on some ideas? How do you get the group to go further into the science of things to understand the underlying structures?

Dr. Liliana Coman (12:10):

I think that we need to get the students to look deeper and further into the content that they discuss by asking questions about the strengths and the weaknesses of the information that they get. What are the different possible solutions to the problem? What seems to be most effective? Asking questions like, what's the relationship between X and Z? What is the logical flow? What is relevant to the discussion? Why it's relevant? If not, where does the connection break down between what they said and the identified problem is? What is the value of the assumptions that they make? There's a time when we need to ask the students to analyze the information that they bring, classify the information that they bring, compare the information that they bring with information brought by other students, make the connections between the different parts and the whole of the information. It's basically trying to have the students think critically because this is basically what we are training the students to do in tutorials.

Dr. Teresa Chan (13:37):

Yeah. I like that, I like the idea of talking around comparing contrast. Well, how is this similar to what this other student brought? Is there anything that links the two concepts? Those are really great probing questions because it helps them shift from focusing on what they brought which is I think one of the things that students are very proud of what they brought but then getting them to connect the dots I think between all the different students I think that's where PBL really comes alive. How do we reconcile what she's talking about with what he's talking about to what they're talking about and actually putting all of that together? So I think that those are really great pro tip questions that you've just kind of articulated. So compare, contrast, connect, see if there's any evidence out there that refutes what they said, see if there's any contrasting perspectives on something.

Especially when you are getting into the level of society and social justice issues, when you're looking at systems, I think it's really interesting to say, okay, well, is there another system that works better? The higher order stuff I think it's easier to see more divergence. I think when you're talking about whether or not this mechanic of the way that someone uses a specific technique when it's applied, that can be a little bit more of a narrow focus. But zooming out can be a great way to help people see, okay, well, how would you put that within a program of rehabilitation for someone? How does that then interface with their other medical needs within the hospital? The more you zoom out the more you can understand how things are connected or how they're interdependent.

Dr. Liliana Coman (15:07):

Exactly. And everything all the discussion is going around this one particular problem that the students are faced with in tutorials because everything is around the healthcare problem that we present the students and which is the starting point of the discussion.

Dr. Teresa Chan (15:26):

So one more question that I have is really around preparation. So as a new tutor and you're walking into PBL, what are some things that you can do as best practices to prepare yourself? How do you come fully prepared to meet the students where they are? I mean, we often come in with the medical or the scientific knowledge, we often have the healthcare experiences, and so maybe the prep is less about some of that kind of research stuff that we would maybe at the tip of our fingertips be able to look up very quickly, but how can I best prepare myself to understand where the students are going to be?

Dr. Liliana Coman (16:00):

Well, that's a good question Teresa. We know that the literature shows that being a good facilitator in the problem-based learning context is very important. And as you said, we all have that background, the medical background, the healthcare background, we kind of know what is going to be discussed is I think the main thing for a tutor is to facilitate the process. And if we go by Tuckman's group model forming, storming, norming, and performing, watching where the group is in that development of this model and trying to facilitate the advancement of the group process to the next level. So if they are at the beginning and I am a new tutor, I'm watching how the group is forming and I'm trying to facilitate establishing clear objectives both for the individual and for the group. But if the group is further down in their process they may be into the storming period where they establish processes, they establish structures, they build trust on each other, they-

Dr. Teresa Chan (17:22):

Or sometimes it breaks down a little bit, right? Storming is a little bit about that too, right? Disagreements and stuff. Yeah, for sure.

Dr. Liliana Coman (17:27):

... exactly, they're trying to build this safe learning environment.

Dr. Teresa Chan (17:32):

Exactly. But sometimes there's hiccups, right? Because someone doesn't show up prepared or someone oversteps and corrects someone too much, they're trying to figure each other out. I think of storming as that phase where you're trying to just go, okay, all right, how are we going to work

together? Let's feel out who needs to have this a certain way, who needs to have expectations set, who needs to make things more explicit. And then through that phase of storming you then create norms and that's when you're talking about norming, right? That's when people start to just fall in line, usually this is probably three or four weeks in, there's a structure that seems to implicitly form around what it is that you're doing.

Dr. Liliana Coman (18:13):

If you start well from the beginning as a tutor and the group identified what are the objectives of the group and what are the rules of the group then if in the storming period they have an issue that they need to clarify then you bring the group back to the rules that they set at the beginning and then they can go over that issue.

Dr. Teresa Chan (18:37):

Yeah. That's a really important point I think for new tutors or even experienced tutors, sometimes you forget because you're just in that performing phase and you forget what it's like to start a new group again. And so I do think that having those touch points and actually creating touchstones, I call them, or core concepts that are going to be how this group is going to conduct, having them written out somewhere so they could refer back to them, I guess right now on Zoom it'd be a screen share but in other times it might be just a piece of paper that you whip out and remind everyone, this is what we said were going to be the core conduct of our group will help you get through this storming. And it is a form of not just forming but it's actually setting those norms and then adhering to them and so I think that it is part of that norming phase.

And then performing happens after that, right? The idea is that once everyone understands the rules of how to play, it's kind of like chess, once you understand how the pieces move you can play much better. And it's like that show on Netflix, Queen's Gambit, you can start seeing all the different permutations of how you're going to interplay and I think that that's where we need to go, right? I think that having the chess analogy is actually very powerful when I'm talking to junior teachers, you need to understand how every piece moves. And so everybody around that table in that PBL group or around the Zoom right now is going to be a different chess piece and they're going to have different architecture to the way that they move, the way that they think, the way that they act and strategize. Now, can we put all those things down, make sure there's some common conduct around just understand that we're all playing on this chess board versus another one.

And then after that you might still have some conflict and you can navigate that by kind of returning to those touchstones and making sure that everyone is kind of adhering to the code of conduct that you set forward earlier on, but then normalizing when they do have conflict that that's a process they need to go through in order to set the group norms and then ultimately perform. And hopefully you're going to figure out what they going to be in a couple of weeks and you can get performing because usually most people have nine to 13 week term with their students and so it really is something, we're understanding how to do this.

And I find that as students get more senior in their training they also know these rules implicitly and they can help set the terms. And MF 3, for instance, in the medical schools is easier to teach than MF 1 for various reasons, because they've already been through this a couple of times, they've done the group work a couple of times, literally two times before, and so they understand what it's like on that third round. And so I think that that's a gift we can give our students to understand concepts like this and make it very obvious and teach them a little bit about this group process work as well, so that's a really, really great idea.

Dr. Liliana Coman (21:19):

Setting the ground rules from the beginning and then getting the students back to review them when they need it.

Dr. Teresa Chan (21:27):

All right. Well, thank you so much for your time today, that was a really engaging conversation and really made me think about what we can do, and I really enjoyed speaking with you today about this.

Dr. Liliana Coman (21:38):

It was a pleasure Teresa, thank you for inviting me.

Speaker 1 (21:43):

Wow, that was a really awesome first segment of the MacPFD Spark Podcast. And now onto our second segment.

Dr. Teresa Chan (21:57):

Hello everyone. I have a special treat for you, I have a mentor of mine, Dr. Jonathan Sherbino, here on the show, and I'm going to be asking him about his very, very successful podcast that he's a part of. Jonathan, can you say hi to everyone?

Dr. Jonathan Sherbino (22:13):

Hi Teresa, thanks for inviting me to be on the Spark Podcast.

Dr. Teresa Chan (22:16):

This podcast is a fairly new podcast so I'm still a rookie in this world in some ways. But you've done so many episodes of KeyLIME at this point, what are you up to at this point when we're recording this? I think it's a couple of hundred, right?

Dr. Jonathan Sherbino (22:30):

We are pretty close to 300, we're not quite there, I don't think we've planned a celebratory 300th episode. When you asked me to talk a little bit about KeyLIME I went back to the archives and I had a little bit of, I'm not sure if it was chest pain or sticker shock, but I was astounded at how long we've been doing this and what the catalog looks like.

Dr. Teresa Chan (22:48):

Yeah. First of all, what is KeyLIME Podcast? Let's just take it down to the basics. For those of the people who are listening and they're like, what is this podcast and what does it have to do with KeyLIME?

Dr. Jonathan Sherbino (22:56):

It's the Key Literature in Medical Education, that's where the KeyLIME piece comes from, a podcast. If your listeners haven't heard it, it makes me a little bit sad but that's okay, we'd love for them to think about becoming part of the audience. And essentially we are a podcast that tries to do all of the reading around health professions education that you feel guilty that you should do but you never get time to do it. And essentially the structure is, we search the literature and bring what we

think are really important transformative publications and share it. And the venue is, there's four of us, Linda Snell from McGill, Lara Varpio from Uniformed Services University and Jason Frank from University of Ottawa. We dissect a paper in about 20 minutes offering some context, maybe some critiques about methodology and it's free open access, the podcast is sponsored by the Royal College of Physicians and Surgeons of Canada. And so you can skip reviewing all the tables of contents of your favorite med ed journal because hopefully we're doing that for you.

Dr. Teresa Chan (23:58):

Excellent. So it's basically a bit of digital scholarship, yeah?

Dr. Jonathan Sherbino (24:03):

I would frame it as a knowledge translation project. The number needed to read in most top medical journals is somewhere around 14, it's probably actually getting bigger, meaning if you are going to read The Lancet or New England or JAMA you have to read 14 articles before you find one that's going to impact your practice. And so that issue of capacity is one that's also common in health professions education so we don't know what the number looks like. The tagline for KeyLIME is the number needed to listen, we think that every episode we've chosen an article that will have an influence either on your own thinking about research design or your own application of theory to your teaching or education practice. And we're trying to find things that are impactful and we unpack the article, we rate it based on its methodology, and then we rate it based on its educational impact.

Dr. Teresa Chan (24:58):

Well, I was thinking more that it's kind of scholarship in my mind because well, Ernest Boyer had defined Boyer's model of scholarship as being kind of four, sometimes five, they talk about key aspects, right? There's this scholarship discovery that's basic research, that's something we're all familiar with. There's the scholarship of integration which involves kind of knowledge synthesis across disciplines or across topics within a discipline or sometimes across time. And I think KeyLIME fits really well there because it basically integrates a lot of things. You don't just talk about a specific article, you kind of talk about the field around the article and I think that that's why I have found it very useful and engaging to listen to, especially when I was very junior and didn't know the literature very well, it's the contextualization of literature that really brought me to really appreciate the podcast.

And then obviously there's other forms of scholarship like scholarship of application which is probably what we do when we do RCTs of different clinical medications or protocols in the hospital. And then there's the scholarship of teaching and learning which you could argue that this is a little bit of that too and knowledge translating some of the great works that people do into the earbuds of many of your listeners to really get them to change their practice around teaching and learning. So I guess it kind of fits in a bunch of different scholarly tracks and that's kind of why I was thinking that it's a little bit of scholarship.

Dr. Jonathan Sherbino (26:14):

Yeah. This is not Journal Club Podcast where it's death by a thousand cuts and you read some kind of application nihilism about why it's a flawed study. We have wide ranging discussions about how this manuscript that we're discussing integrates with the field or with other themes and we try to make connections. And we get lots of feedback from our listeners that say, can you do a deeper dive on topic A or B? Or can you help us understand what is meant by this? You use some shorthand or you

assume some background knowledge and so we try to pick up those themes in subsequent episodes. So this is probably a rabbit hole we're going to dive into Teresa, but yeah, the idea of digital scholarship or social media based scholarship is a topic that's near and dear to my heart. You talked about Boyer, I mean, I think in the same sentence you should probably talk about Lee Shulman from the Carnegie Foundation who broadened scholarship into a term that legitimized the work of educators.

And I really borrow from Van Melle's description of what education scholarship is which is, it's this bigger umbrella term that includes both research, the classic scholarship of discovery, and innovation where we take a new idea that's influential in our academic world. But both research and innovation need to rest on existing theory and build upon previous understanding and knowledge, it needs to be original and not duplicative, it needs to undergo the processes of pure review where it's being criticized, critiqued, refined, and it needs to be broadly seminated and accessible so that it advances the field forward so that people can build on that work subsequently in an iterative fashion.

With these emerging digital platforms, whether it's the podcast or the blog, or whether it's video, the accessibility of people as scholars and the ability to get past issues around publication and dissemination, that's really been flattened and that hierarchy that used to exist with print media no longer is a hierarchy that is insurmountable. Now, just putting something on YouTube or just putting something on Libsyn or Apple Podcasts doesn't make it scholarly, there's still rigorous criteria but the barrier from a production point of view and the accessibility to a large audience with these new emerging digital media is really exciting. The KeyLIME Podcast started, oh, I looked at it just in preparation for our conversation, I can't believe it started close to eight years ago and that's why we build up such a big catalog.

But we've gone from I think probably just the four of us listening to the podcast to the point where we have in excess of 300 to 400,000 downloads a year and so that speaks to the reach that these new platforms can touch, we have people listening in 40 countries around the world. We still have rigor, we still are applying that scholarship of integration and of application. I think of the KeyLIME Podcast as really a knowledge translation medium but the impact that I can have with my work and contribution as a co-host of the podcast it's just a bigger scale because of the way that these platforms have allowed us to touch people that print media would never have done to 10 years ago.

Dr. Teresa Chan (29:27):

Yeah. And I think that it's just opening up a different way to digest the information because I think the formality of Journal Club sometimes we're a little bit novelistic, like you said. You can always find a flaw in every paper and I walk out of most journal clubs thinking, huh, well, that was a good exercise and thinking through things-

Dr. Jonathan Sherbino (29:43):

Utility.

Dr. Teresa Chan (29:44):

... utility, yeah. And it's great for learning critical appraisal because obviously as you and I both know we have to say evidence-based medicine at least once every so often or [crosstalk 00:29:53].

Dr. Jonathan Sherbino (29:55):

They revoke our faculty privileges at McMaster if I don't say EBM.

Dr. Teresa Chan (29:56):

Yeah. I've been told there's gremlins that might come and get me at night so I don't know. But the idea would be that I think critical appraisal is actually super important and have been obviously advancing the field and helping people learn how to critically appraise social media based and internet based resources at large. That being said, I do also truly believe that sometimes the same way to do things isn't always the best way to do things.

And so translating what you used to see in a scholarly discussion with three or four colleagues in a journal club and translating that into medium where you do a little bit of the background research, splice in your thoughts on the methods of the paper and then bring everyone up at the same point to the take home points of why this piece of work, this scholarly contribution that someone has really toiled over actually adds to someone else's practice, I think that's a really key part of what we can do. I thank you so much for basically being in the earbuds and my car stereo so I can yell at the four of you when I disagree at you and engage with that science in a different way so I find it very enjoyable to have that.

Dr. Jonathan Sherbino (31:03):

Well, thank you for that. Engagement is one of the principles that we really strive to do, rather than it being simply a platform for us to promulgate our pet peeves which to be fair, I must confess, if you listen to the podcast you'll see there's a whole bunch of pet peeves that I love to have rants and diatribes about but engagement is what we're looking for. Now, it's not really conversation with our audience back, it's a delayed fashion, we do get lots of letters and we try to respond when we can and to integrate some of those points that have been raised in subsequent episodes. But we've seen engagement in other ways, we've had education researchers write to us and say that they have used KeyLIME in courses that they are delivering that it's compulsory part of the syllabus in different grad school programs.

We most recently had an education researcher reach out to us and indicate that they had done a randomized control trial using KeyLIME as the intervention for a faculty development initiative and they are subsequently publishing the results of KeyLIME as an instructional intervention for faculty development. And so it's great for us to be able to offer this open access resource and to really support the health professions education community. All four of the co-hosts have been great recipients of the generosity of that community in the way that we've learned and developed and been sponsored and mentored and this is an opportunity for us to continue to support the community as it grows.

Dr. Teresa Chan (32:27):

All right. So do you have a favorite episode that everyone could start out with if there's one from all of them that you enjoyed?

Dr. Jonathan Sherbino (32:34):

Oh, that's like asking which is your favorite kid. I would say the episodes that are later in the catalog probably have a higher production quality. We have been grassroots in the most basic sense of grassroots and so our production quality has gotten better. Many thanks to our editor Wendy Janet who has to put up probably with technological foibles that no civil human being should ever have to do. I don't want to call people out but let's just agree that people's initials who are JF and LS have a

technological savviness that sometimes threatens the audio quality of our podcast but they're coming along. I would say that we have some typical episode but then we also have a holiday issue which is usually a lot more fun. We have a methodologic consult which is much more technical and then on occasion we'll do kind of classic episodes.

So if you wanted something that kind of balanced between here is what the rigor of the conversation looks like versus here's what the entertainment engagement piece would look like, I would direct people to the KeyLIME classics episode from 2019 and that was a live audience recording that we did at the International Conference on Residency Education and very quickly we moved through a whole number of key classic articles and literature. So if you're new to health professions education and you want to say, what are the stuff I should start reading because I haven't read anything yet? That episode will get you three to nine papers depending if you listen to all three episodes in a row that are classic that you can't miss. And you'll also see some of the quick engagements, you won't get hung up on a real deep dive into a different type of qualitative methodology or some complex type of analysis and so it's a nice way to kind of slowly wade in to the pool before you hit the deep end.

Dr. Teresa Chan (34:22):

And it's not just med ed, I mean, they search for more of the acronym than anything else but it definitely is more broadly health professions education but I don't think that makes a very good catchy title. [crosstalk 00:34:34] exactly. So from that point of view I think that if you're not in the school of medicine and you're from the school of rehab or school of nursing, I think that you'll find it actually quite useful. And it does sample from more broadly health professions education journals, actually goes even beyond that, I mean, you've reviewed stuff from plus syndrome out of the big journals like JAMA and some of the other journals as well so I think that's kudos to you all.

And I would say that one of the things that I did starting from when I was a med ed scholar to even still now, I encourage a lot of my trainees in the clinician educator diploma program and others who are interested in med ed to actually flip the classroom on themselves. So I ask them to read the paper first and then listen to the KeyLIME Podcast episode afterwards and I found that that's a great way to kind of brush up on your own methods, see who you align with. And sometimes it's very scary Jon, clearly I'm your apprentice because when you speak I'm like, yeah, that's what I thought, and you've brainwashed me and I can tell, I can make that self diagnosis now.

Dr. Jonathan Sherbino (35:32):

Resistance is futile, assimilation is all.

Dr. Teresa Chan (35:35):

Exactly. And so the idea there is that it'll help you kind of maybe become a little sharper to hear other people's opinions. It's kind of like when you're at a peer review for a journal, you'll give your opinion but it's always nice when they give you the rest of their opinions as well just to see how other people saw it and in that constructive way I think that's really a big thing that you can do.

Dr. Jonathan Sherbino (35:54):

I will just pick up that thread that you articulated. We are speaking to a health professions education community and not specifically that small branch within it which is medical education. The acronym works way better and the logo aligned with headphones just kind of all works. But the issues of professions education is one that is common across it and so issues of selection and missions,

instructional design, assessment, professional development, it's unique to health professions but it's not so specialized that our conversation is specific to one health profession to another. And you'll see that we have primary literature coming from different health professions, whether it's rehab science or nursing, we think there's a good representation in our catalog.

Dr. Teresa Chan (36:38):

All right. So final question is really just for other aspiring podcasters out there that might be listening to this. Do you have any pro tips for all of us who are getting in the podcast game alongside you and making our own digital scholarship?

Dr. Jonathan Sherbino (36:51):

I think the big pro tip and everyone usually just starts with the technical details and there are a number of blogs and a number of resources that you can go to, I think that's a mistake. I think the very first question you need to ask is, what is my audience? And who am I speaking to? And what is the goal or what is the purpose of this podcast? It's not simply, oh, I think I can do a podcast or I have some things to say.

But you really have to refine and understand who you're speaking to and it can't be kind of an abstract sense, you really have to say, I have an archetype of the person who is on their treadmill or is doing a commute, although I guess the commute doesn't really exist too much right now in our socially distanced world. But you have to imagine, who is that person I'm trying to have a conversation with? And once you can articulate that in a crisp tight clear way I think you now know the direction, the style, the conversation, the arrangement about how you want to put together your podcast. And until you know that don't worry about what mic, what platform, what the show note should look like, I think you really have to have a sense of who's your audience and who you're talking to.

Dr. Teresa Chan (37:56):

That's a great pro tip. The final question I have for you is really around, you've had quite a bit of longevity around this and do you have any inspiration for the listeners? What keeps you going with this podcast? Why do you keep doing more? I mean, you're almost at 300 episodes, so there must be some secret sauce in there with your podcast and the crew that you have.

Dr. Jonathan Sherbino (38:17):

For me it's very clear that this serves my own professional development needs. So I always try when I commit to projects that I need to do off the corner of my table, to ensure that I'm getting multiple wins from it. And so I suffer the same guilt that all of our audience does which is the literature is big and vast and I feel guilty that I'm not keeping up with it. Preparing for the KeyLIME Podcast and having conversations with my co-hosts and friends is a force function for me to do the work that makes me a successful health professions educator which is, keep a thumb in the table of contents of all the major med ed and HPE journals, continue to understand emerging themes and be challenged by the conversations I have with the co-hosts about my own learning and my own ongoing professional development.

And so doing the podcast is basically my personal version of doing that CPD that I need to be doing on a regular basis and because it gets booked into my calendar, it's just a force function. And so it's not me being aspirational and say, I'm going to keep up with stuff, my nightstand is covered in clinical journals, well, I guess it's not, it's virtually covered because it's off my iPad, but there's a big

stack of PDFs in my clinical world that I'm not reading with the same systematic and progressive way that I'm reading all of the education journals that I'm doing, so KeyLIME for me serves that personal need.

Dr. Teresa Chan (39:39):

Well, that's a really good place to leave it off. So I think that for all our listeners hopefully this inspires you to think about how you could find those multiple wins and actually be engaged in your community giving service back to others and yeah, maybe have a little bit, a quarter of that, that serves your own purpose. So thanks much for chatting with us today and we'll have to bring you back for another episode to talk about other topics another time.

Dr. Jonathan Sherbino (40:01):

Thanks so much Teresa. My last shameless plug is that if you're not a listener you can find the Key Literature in Medical Education Podcast where you listen to your podcasts, Apple, Libsyn, whatever platform that you use to track.

Dr. Teresa Chan (40:13):

Awesome. Thanks so much again and we'll catch you next time.

Speaker 1 (40:19):

Thank you so much for tuning in to the MacPFD Spark Podcast. Just so you know, this podcast has been brought to you by the McMaster Faculty of Health Sciences and specifically the Office of Continuing Professional Development and the Program for Faculty Development. If you're interested in finding out more about what we can offer for faculty development check out our website at www.macpfd.ca that's www.M-A-C-P-F-D.ca. Many of our events are actually web events that are free. Finally, I'd like to thank our sound engineer Mr. Nick Hoskin who has been an amazing asset to our team, thanks so much Nick for all that you do. And also thank you to Scott Holmes for supplying us the music that you've been listening to. All right. So until next time this is MacPFD Spark signing off.