McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

Episode Number: 6th Episode of Sparkle
Title of Episode: Sparkle Episode VI: An Anthropologist Walks Into a Hospital
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Music by: Scott Holmes
Featured Guest: Dr. Eve Purdy
Interviewer: Dr. Teresa Chan
Date of original release: November 3, 2021

Ruth Chen (00:02):
Welcome to the MacPFD Sparkle podcast. This is Ruth Chen, and in this Sparkle subseries, we'll bring you shorter segments released in-between our longer Spark episodes. We'll have new and exciting interviews with professionals from across the world, helping you to achieve your personal and professional goals as a healthcare educator, researcher, leader, or practitioner, at any stage of your career. So, sit back, listen, and enjoy this episode of the MacPFD Sparkle podcast.

Ruth Chen (00:36):
In this segment, Eve Purdy reflects on the "Medical Education In Cases" project, a series of short vignettes describing difficult medical education situations. Eve describes her experiences as a key member of the project, and shares how that experience helped her to develop other initiatives and explore new ways of practice.

Dr. Teresa Chan (00:58):
Hello, everyone, my name is Teresa Chan, and I'm here with a new faculty member who is already kind of a, I don't know, international sensation, probably because she did her fellowship clear across the other side of the world. But I'm here with Dr. Eve Purdy, and she is a colleague of mine, because we have actually done faculty development work together with an online not-for-profit organization called Academic Life in Emergency Medicine. If you'd like to find out more, there's recently been MERIT rounds that were given, and so, Dr. Michelle Lin, who founded ALiEM, has actually recorded a video about the origins of the organization, but Eve and I, along with a bunch of other people, actually worked on a project within that group, and that group was called the "Medical Education In Cases" series. And so if you think about the... Similar to what we've done with some of the problem-based learning, small group education modules, Eve and I worked on this project when I was a new faculty member and she was still a junior resident at the time, and what it was, was a collaborative, co-designed project, where we actually provided the world's faculty members and trainees to collaborate to solve some big messy cases, and so, each month or so, we would launch a case that was a fictional vignette, kind of in the way that Law and Order is fictional, and yet maybe somewhat based on reality.

Dr. Teresa Chan (02:14):
And we would work with our authors and presenters to actually create those cases. They would be told short stories to really get you kind of in the middle of it all. And then we allowed some questions into the world, into cyberspace, and then asked people to respond on the blog, actually, in the comments, or tweet us back on Twitter. And so, that was a fun experience. It lasted five years, and just like in a good show, we were like, "It's tapering off of interests," so we ended it, and since then have remastered each season's worth of cases, so that's one year's worth of cases into textbooks that are free and open access. So you can check it out at aliem.com/library. And so, Eve, that was a heck of a run, but I think it probably opened our eyes into some really interesting ways to do faculty development, wouldn't you say? What are your reflections on that experience, as a trainee helping to develop that?

Dr. Eve Purdy (03:09):
Rarely a day goes by that I don't think in some way about being involved in that project and being really at the hot intersection of these really messy issues in medical education. So, trainees that are verbalizing some concerning mental health problems, potentially as little yellow flags here. I distinctly remember a moment in residency where I used some of the tools that came up from discussion in a situation like that to help out a colleague as a, now, I guess, kind of teacher and preceptor on shift; I draw from all types of lessons that I learned while being involved in those cases. It was a really transformative project for me to be involved in, and I think it has evolved to be a part of my identity and who I am as an educator. It really was a gift to be involved in.

Dr. Teresa Chan (04:03):
And so, I guess it sounds like they've come in useful to you. I have also found them useful. When I need to give a talk on a given topic, I often find that it's a go-to place for myself, and so, if you're interested, they are actually open access for everyone to use. So if you're looking for some faculty development fodder that's open access and free to use, you should definitely check out the MEdIC series on ALiEM, and you can check that out at aliem.com/medic. But that's kind of only a part of why I wanted to bring you here today, Eve, to talk about it. I mean, it's from that point on you've also launched off into your own trajectory. I know you had been toying with the idea of doing medical education kinda like the more traditional way; doing a master's in medical education, or carving out a niche there that way. But you actually took a different route, and so I thought you have an inspirational story, and for MacPFD Spark, one of our initiatives is actually to bring people interesting and intriguing stories that help spark their interest in something new. So I thought maybe if you could talk to me a little bit about the route that you ended up taking, and I won't do any spoilers; let Eve tell it herself.

Dr. Eve Purdy (05:05):
Towards the end of medical school, in early residency, I had certainly been toying with the idea of doing a master's in medical education. But I really found that as I was rotating through all of my different rotations towards the end of medical school, and as a junior resident in an emergency medicine; we were rotating almost every month through different specialties, that I was having this kind of experience where every time I changed rotations, I was faced with this new unwritten set of rules in the specialties that I went to. You know, when I went into the conference room, "Where do I sit down? Do I sit at the table? Do I sit at the side of the room? Where do I eat my lunch? Am I supposed to speak at rounds, or is it the fellow that speaks at rounds?" There's all of these subtle things that made it really quite challenging to sort out and to feel like you belong, and that was a little bit of a source of distress, but it was also something that I had noticed to be a bit inspirational.

Sometimes, there would be groups that would come together and would function in such a way that was inclusive and really felt extremely positive, and I found myself thinking about what were the differences between these different groups that I was finding myself in.

Dr. Eve Purdy (06:09):
And it often was pretty simple things. It was inclusive language. It was the expression of certain values for groups of people. I still remember, to this day, rotating on an internal medicine rotation, where I was explicitly asked to sit at the table by the attending physician at the beginning of the rotation, and that set me up for feeling like I was really a part of the team in a meaningful way. So, I found myself a little bit more interested in kinda these bigger questions in education, like how do we belong? How do we come to see ourselves as professionals? I found myself doing some reading, less around kind of education and more around belonging and culture. And so, I ended up actually toddling towards a Master's in Applied Anthropology, which is the study of culture, the values and beliefs and practices of groups of people, and since then, have used anthropology to make sense of all sorts of things in medicine.

Dr. Teresa Chan (07:04):
Very interesting. And so, from that perspective, can you tell me a little bit more about how you use the anthropological lens in the work that you're doing now; the scope of the work that you're doing now? Like, how do you actually use it? How do you go about it? Can you tell us a story of a recent study that you have embarked on, and how you've used it to examine what business that we do?

Dr. Eve Purdy (07:27):
One thing that I'm really interested in doing, and we're starting to kinda work towards, is to start thinking about educational conferences less through an educational objective lens and more through a cultural objective lens. And one way to do that is to reconceptualize conferences as rituals. One very common ritual in medicine is M&M rounds. And with M&M rounds, a group of people come together, and it's this moment when the values and beliefs of a group of people are kind of transmitted in a fairly strong fashion. M&M rounds, in general, or at least historically, has often had a orientation towards kind of safety-one culture, which is responding to when things go wrong. As an organization, I think, as many hospitals are, we're working towards moving to a more kind of safety-two approach. And so, we started thinking about how can we change or modify this ritual to really start to demonstrate those values of a safety-two culture, which is trying to promote high reliability, and we decided one way to do that would actually be to spend a little bit of time focusing on when things go right.

Dr. Eve Purdy (08:31):
And so we have, in our M&M rounds, combined it with an A&A approach, or an Amazing and Awesome approach, and have started analyzing cases that go really well, and trying to understand what in our organization supports excellence. It's a subtle difference, but I think it can lead towards culture change. Since we've started doing this, there's been a number of groups at the Mayo Clinic, a group in Chile, Monash Children's in Australia, that have started doing this, and together, we are working towards kind of analyzing these different approaches. Now, the tricky part is, cultural change takes a really, really long time, and it's slow and often imperceptible. So, there's real challenges with measuring kind of if these interventions are useful or not, so I do rely a little bit on applying anthropological theory to do something that just makes sense. Demonstrating that value is a little bit harder, and it's something that I'm gonna have to think about in my career as that's pretty

important, but this is the starting point, I think, of a longer, longer project that all of us are gonna be involved in.

Dr. Teresa Chan (09:34):
So that's very interesting, because I think culture impacts everything that we do; everything from our clinical care, to the rituals that we have around how we interact during a second set of academic rounds, to the way that we actually come together as a team when we're actually taking care of a patient. I think all of these are cultural phenomenon that definitely interlace with the practice of what we do. And so, there's a science part, which is great, and I think you yourself are an alumni here from Mac and have been here, so you know there's a big background around cultural symbolism, around evidence-based, and being scientific, and being research-oriented and intensive. But at the same time, that in itself is its own culture, right? It is a cultural phenomenon that, when we leave the hallowed halls of McMaster University, and we go somewhere else and give a talk, and the residents don't all recite the JAMA User's Guide off the top of their head, and I'm like, "Oh, interesting," because it's actually a different culture that they have there, and they integrate evidence in a different way, and they see it in a different way, so, I've definitely run up against that when I've been on the lecture circuit, whether it's by Zoom right now, or when I've been able to travel to places. And Eve, Can you speak a little bit more about those kinda phenomenon; the ritualization, and the inculcation of our trainees into what it is that we do?

Dr. Eve Purdy (11:00):
There's no doubt that culture is local. There are likely some kind of broad sweeping familiarities, let's just say, across emergency trainings across Canada, but then, when you zoom in on a specific training program, there may be very specific rituals and practices that shaped the values and beliefs of that group, so I'll take a look at my kind of training program. We often had this kind of moment, or I would call it a ritual: A code brew, which is we have about three evening shifts that all get off at the same time, and not infrequently, somebody would call a code brew, and that would mean that whoever was kinda getting off of that evening shift, the medical students, residents, and staff would meet up at kind of a local club for a little bit of food and maybe a pint after the shift. It seems simple. It's actually a very, very important cultural event that demonstrates that people across those training levels value getting to know each other as people; that there's value in kind of collegiality. So I would say, at Queen's, the value of collegiality is very, very, very, very strong, perhaps sometimes to detriment. But within our group, that is a specific value that really rings true in resumes. It is a big part of the experience as residents.

Dr. Eve Purdy (12:18):
In the same way, another training program may have a different ritual that's really important. I think what I see as an anthropologist is that if we are just a little bit mindful about these rituals, then we perhaps can have a really big impact. So one of the things, particularly around code brews, that I've been trying to think about is alcohol's often involved, which may just exclude some people who don't feel comfortable with that. And so, I try to make a point of maybe not having alcohol, so that the med student that's there doesn't feel like they have to necessarily either, or trying to call some more code brews that are, like, coffee after some of the afternoon shifts are done. And if we just apply a little bit of mindfulness about what the values are that each of these rituals are kind of portraying, we can actually take our programs from where we are to where we kinda hope to become. And so, I think we can all analyze and think about the rituals within our work and just be a bit mindful of them.

Dr. Teresa Chan (13:11):
Very cool. And so, at the end of the day, I think what it is is that, when we're working in teams, when we're working as educators, when we're working as leaders, we're often creating microcultures and setting the tone, as some people would say; creating values through our actions, and I think that what you're reminding us to do is think about all the different ways that that can be interpreted, both intended and unintended, because you can imagine, not to pick on your program, but if you didn't and couldn't, because of religious reasons, imbibe alcohol, and couldn't go to an establishment that did, then there might be a need for the culture to maybe adapt; that code brew is gonna be a coffeehouse event now, because of inclusivity and being able to bring people together, because if the value truly was just around getting together and not about the alcohol, then the brew could be a cold brew from Starbucks, [laughter] rather than needing to be a brewed alcoholic beverage.

Dr. Eve Purdy (14:09):
And just because we've always done something one way, it doesn't mean that we can't kind of adapt, and I mean, that's the coolest part of our culture, is that it's dynamic and it's always changing, and we actually have the opportunity to kind of think about how we change our culture, and I think the important point is in something that you just said, that whether it's intended or unintended, we are all impacting culture all the time, especially as educators. So educators and educational events are what we could refer to as kinda moments of cultural transmission. So, grand rounds, simulation activities are really moments when the values and beliefs of our group bear down with particular intensity on learners, and that happens whether we intend it to or not. And so, some mindfulness around what those values and beliefs are that we are portraying are important, so for example, in a simulation activity, let's say there's a patient that has a STEMI and needs to go to the cath lab, not infrequently.

Dr. Eve Purdy (15:06):
You know, the resident picks up the phone and calls what is a pretend cardiologist, and that's usually played by another emergency physician, and not infrequently, there's some kind of sassy response that is maybe blocking that from happening, when in reality, come on, that's not what happens. The cardiologists are trying to do their job and are trying to contribute, and we really risk actually amplifying kind of negative relationships by portraying people potentially in a negative way. So, that's a moment of cultural transmission, where the junior learner in that room sees that that's how we view our colleagues and adopt that into kind of their way of being. We have this real opportunity to shape and impact our culture, so perhaps instead, you could actually call the real cardiologist and say, "Hey, we're doing STEMI stems today. Would you mind taking a couple of simulated phone calls for us and respond how you normally would?"

Dr. Teresa Chan (15:57):
And that might give you a little bit more of the contextual realism too, right? Because at the time, they literally, even though it's a mock call, they might be trying to balance multiple realistic patients, in which case, they might not be able to reach you, you might have to awkwardly wait, and when they call you back, they... "Well, how sick is the patient, 'cause I'm trying to decide if I should go see the post-cabbage patient who's definitely in CHF, or this patient, and... " Those dichotomies that we can't create in reality and are part of the richness of simulation, that is definitely something that is worthwhile considering building in, and thinking about how you can portray your colleagues and the other cultures in a reasonable manner too, when you're creating some cases, for instance, yeah. Definitely very interesting. And do you have any thoughts then on how we can use some of the

lessons learned from the work that you do to create better cultures? That's a broad question. I'm not looking for you to solve all of our cultural problems in one podcast, obviously, but any tips that you might suggest to our leaders, our educators, and our academics here to think about how they could look at their own microcultures and move them towards something that works better for everyone?

Dr. Eve Purdy (17:12):
The word "better culture" is one that always makes anthropologists a little bit weary. I think we have the recognition that we in our decisions, we're going to impact culture, so there are a couple, I think, a couple of practical things that people can do. The first thing is getting a really good sense of what your department's culture is. What are the values and beliefs of your group? And naming those can be particularly helpful. So I remember distinctly, on my ICU rotation, when we sat down for our orientation, the department head of ICU came and spoke with us and said, "Look, these are the values of our ICU group. We help out other people in the hospital without question." And we went through a series of kind of two or three values, and then, I incorporated that into how I saw ICU. And so, when I got a phone call from a service in the hospital, I knew that it was my job to help them. And actually, just kind of taking stock of what our values and beliefs are is probably step one, and then, analyzing whether how we do our job lines up with what those values and beliefs are.

Dr. Eve Purdy (18:15):
So, in an ethnography of the emergency department that we've done recently... And there's very clear values and beliefs in emergency medicine, and within our group, but every once in a while, the way that we're forced to do our job, because of systems problems, because of whatever, actually conflicts with those values, and that's when stuff gets really messy, and people get upset and don't like coming to work. So, for example, right now, one of the things that's a huge threat to emergency medicine kind of culture is, one of the values is that patients and families are at the center of care, and right now, patients' families aren't allowed in the emergency department, and that is a huge threat to this fundamental value of emergency medicine. So I would encourage leaders, especially, to try to highlight where the values don't match up with how we're able to do our job, and then really focus on what we can do to realign those. Those are big things that take a while, but when people feel like their values and what they're doing don't line up, that's probably where we get into a lot of trouble as organizations.

Dr. Teresa Chan (19:14):
It sounds so simple, and yet, just like I would say that my analogy would be sometimes, it seems so obvious that a study would just have a coherent epistemology, theory, research question, and outcomes. Theoretically, that makes a lot of sense. It sounds so easy to do research, and yet, when rubber meets the road and you actually have to do it, it's actually very, very hard, and I think that culture is very similar in that way. When you're saying that these are the things that you should do, even just articulating what your values are can be a multi-month, multi-year endeavor, because by the time you actually listen to everyone and codify it enough to put it down to words and figure out all those weird things that people are doing that don't map, and then figuring out what you wanna pay attention to, that can be a huge process, right? So, not to undercut what you've just said, but really just saying it's worth it though, in the end, if you're gonna do all that stuff.

Dr. Eve Purdy (20:05):
There's simple things that make it challenging be it. Actually, like I think about it, me as a person defining what my values are, we actually often have tons of useful language for that. It's not a thing

that we're comfortable discussing or often spend a lot of time discussing, mostly because we're so busy with our day-to-day life, just in the way that departments are so busy, but just keeping going; they can be hard to kinda step back and pause for a second and say what actually matters here, you know?

Dr. Teresa Chan (20:27):
Yeah, and there's the idea, I don't know, there's another idea called "shallow work forces deep work," right? The idea that for most of us, the day-to-day answering emails, answering text messages, getting to that next grant, getting to the next term paper that needs to be marked; all these things are busywork that keep us occupied, and yet sometimes, the really profound work that you can truly do is that deep work, that really just puts things together and articulates what it is that we need to actually do to align ourselves.

Dr. Eve Purdy (21:00):
The really kinda fun part goes like, how do our values in emergency medicine fit with the values of internal medicine or orthopedics? And you know, I think a lot of the conflict that we get to probably comes from a slight mismatch of values, and we get away with it a lot in healthcare, 'cause we all say, "Oh, we want good patient care." But that's a total cop-out. That's not really what our values are. So I think we've shied away from really understanding, at an organizational level, what our values and priorities are, because we say we have this overarching goal of caring for patients, but that's too easy; that doesn't cut it.

Dr. Teresa Chan (21:31):
And that's not even to look at each of these units might actually have different values within the subgroups within each of these organizations, so the nurses may have different values than the physicians, who have different values than the healthcare agent, different values than the porters and the administrators. And being able to articulate all the microcosms and microcultures that exist within even a bigger unit can help you to figure out why people don't get along, and figure out why you haven't been able to move something through, right? All these things can help us figure out how we're gonna approach something, not attack it. [chuckle]

Dr. Eve Purdy (22:05):
I would kind of argue, from experience, we've done some of this work in trauma care with eight different services that are involved in providing trauma care. Even just starting to have these conversations is probably an intervention. Getting people to the table to even discuss this and think about it is probably a pretty significant intervention in and of itself.

Dr. Teresa Chan (22:26):
That's very interesting. I think about the trauma teams as being an amalgam team. It's not really a real team in itself, it's often an amalgamation between multiple team members from different tribes. And so, I think of it more like a Model UN committee than it is, you know, or a United Nations committee, because of the multiple citizenship, than it is actually one functional team, right?

Dr. Eve Purdy (22:45):
Yeah, and I mean, that's why it is top secretly, I guess, it's no longer top secret, 'cause we're on a podcast, but top secretly, between you and me, that's why we decided to study it, because it brings eight different services around something that they all care about, but they all bring their kinda differences. And so, it is a unique moment in time where you get a lot of people coming together,

and so it's kind of an efficient way to access all of those groups, and some of the stuff you send me in trauma is probably relevant for the patient with appendicitis as well, or the patient with a difficult airway, or any number of individual patients, but this, like it brought everybody together in a messy intersection.

Dr. Teresa Chan (23:20):
And so, if people wanted to read a little bit more about your work, what is one paper that they should maybe check out?

Dr. Eve Purdy (23:27):
One paper that might be a good read that will give you a little bit of insight into how we can really apply kind of true anthropologic methods and get thinking about bigger issues like values and beliefs would be "Identifying and transmitting the culture of emergency medicine through simulation" in Academic Emergency Medicine, Education, and Training from 2019. That is a pretty good look. One more paper, if you're more interested in quality improvement kind of rather than the education side is a paper called "A relationship-based approach to defining the quality improvement agenda in trauma care, doing our work better together," and that is specifically around how we use a framework called Relational Coordination to get trauma teams thinking about how they can do their work better through relationships, and that is in BMJ Open Quality, published in 2020.

Dr. Teresa Chan (24:13):
Excellent, so, Eve's also made it very easy for you to get notifications about herself. She's got a Google Scholar account. Just put into Google Scholar "Eve Purdy", and you'll find it, and you'll be able to actually, just follow her on Google Scholar so that she has new articles you can pay attention to what she's up to and get inspired by, if this is something you're interested in. And Eve, maybe if you wanna tell us a little bit more. If people are interested in learning more, you said to me previously that they should maybe consider doing some light reading at first. And so, what was the book that you had mentioned that would be good for light reading?

Dr. Eve Purdy (24:47):
I'm a big fan of kind of like pop nonfiction, and there are some really good, really excellent books out now, just to get you thinking. One is called The Culture Code, and one is called Tribal Leadership, both are probably excellent looks at how we impact culture within our organizations, and actually, both have some kind of practical take-home messages that you can start applying within your groups that you're already working in.

Dr. Teresa Chan (25:10):
And then, if they wanted to look into the program that you did, where would that be?

Dr. Eve Purdy (25:16):
I did my Master's in Applied Anthropology through the University of North Texas. They are the longest running online Master's in Anthropology course. It's kind of a partial in-person and partial online; an extremely flexible group that brings together people from all different industries to learn about anthropology and take it back to their workplace, and I have nothing but great things to say about the program.

Dr. Teresa Chan (25:39):
Excellent. For those of you who might be looking to expand your world and pursue a different scholarly path and found this exciting and innovative, then I definitely suggest that you check it out, and maybe follow Dr. Purdy on her adventures as she goes on into her academic career. She's just getting started, so watch out world, and it's been a thrill to chat with you, Eve, today.

Dr. Eve Purdy (26:01):
Lovely to chat with you too, Teresa. Thanks for having me.

Dr. Teresa Chan (26:06):
Thank you so much for tuning into 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 dot M-A-C-P-F-D dot 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's 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. Alright, so until next time, this is MacPFD Spark signing off.