McMaster Program for Faculty Development (MacPFD)

Spark Podcast

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Interviewers: Dr. Alim Nagji & 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 teacher 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.

[music]

Dr. Teresa Chan (00:42):
Hey, everyone. This is Teresa Chan again. I'm introducing this episode, and ironically, I'm gonna be someone that's in both segments of this podcast. So the first one is a podcast that I had recorded with Dr. Alim Nagji, where he flips the script on me and he interviews me for the Dear Supervisor: Clinical Edition where he talked to me about clinical supervision. I try to share as many pros as I can, but definitely kudos to Alim for taking the lead on that interview. The next segment is a panel that I was part of and we'll give you the audio from this most recent panel discussion that we had about multiple wins. We've invited some speakers from other universities, including Dr. Michael Gottlieb from Rush University in Chicago, and Dr. Mary Haas who is from the University of Michigan. Other speakers that you'll hear during that segment are Dr. Jon Sherbino and myself. Listen in to a great episode.

[music]

Dr. Mary Haas (01:39):
Hello, everyone. I'm here with one of my colleagues who is also in an emergency physician and a bit of a rock star educator in the making. Dr. Alim Nagji is someone that I actually met many moons ago when he presented a poster about doing Model United Nations at a National Conference on Medical Education, and as a Model UN nerd myself, I was fascinated by what he had presented and the idea was doing like a mock version of a World Health Organization assembly, and we struck up a good conversation afterwards, so I still remember him as a med student and now he's here as a co-faculty with me. I'm super proud and excited to introduce Dr. Alim Nagji, who is someone who is a mover and shaker around these parts. So Alim, can you say hi?

Dr. Alim Nagji (02:23):
Hey, everyone. I'm so excited to be with you this morning.

Dr. Mary Haas (02:26):
Alright, so I have just disclosed that he is a giant nerd in many ways, but [chuckle] I figured, you know what? We might as well start from that point of view. You've been involved in education since you were a medical student, so you are kinda about the same vintage as me in terms of your interest in education extending to the time when you were a learner. Can you talk to me about your journey into medical education in general, Alim? And how you got from there to the person that you are now? I think that would be a really fascinating story.

Dr. Alim Nagji (02:58):
Yeah, so I kind of fell into it. I think like most people who have a passion for something, they kind of find their way. In high school, I was really into theatre, and then through undergrad, I really had to give that up as the pressure of the science curriculum kind of weighed on me. And so when I entered medical school, I started to see a lot of parallels between how actors prepare for their roles and how physicians can approach the stories of their patients. And so, I wanted to leverage that teaching and create a course at the University of Alberta, which basically looked at how can theatre actors teach medical students about non-verbal communication using some of the techniques that they learn in terms of being able to be open to the cues that their patients are giving them. And so that was kind of my first foray in and I was lucky enough to win a small grant for that, that helped push me in and had some good mentors. Especially there was Dr. Pamela Brett-MacLean, who was out at U of A in the Humanities program, who really supported me through my educator journey.

Dr. Alim Nagji (03:51):
So I kind of fell into it and found that I ended up having a real interest and passion for it and didn't really know the official steps of it, I guess I, as much of a nerd I was at the time, I didn't know anything about Kern or Kirkpatrick or anything really like that. I just kinda saw an opportunity to improve what I thought was a learning education experience for my colleagues, and went from it and grew from there.

Dr. Mary Haas (04:13):
Well, that sounds really interesting. So walk me through, you landed here at Mac, you're a junior faculty, how did you find your way into being an educational leader? You're currently the clerkship director for Emergency Medicine, and that pathway was not as straightforward as some of the other things. So can you tell me a little bit about your story of how you got more involved? I understand that you actually started at Kitchener Waterloo as one of our faculty kind of more in the community setting, and then have migrated in a little bit more, so I'd love to hear a little bit of the details there.

Dr. Alim Nagji (04:44):
Yeah, so when I first moved to Hamilton, when I finished my residency training out in Alberta, I was kinda looking for jobs and kinda looking at the Hamilton area, and ended up getting a job at Kitchener Waterloo and at Joseph Brant in Burlington. And so starting in the community what gave me a really interesting perspective, especially at a school like Mac where so much education happens in a distributed setting, and I started getting more involved in education, again, 'cause I had an interest in it, kinda had a passion for it. And I started to realize and recognize that to be a very good educator, you kinda had to train to be one. I had this distinct memory from first-year science

walking into this class where the prof basically said on the first day like, "I don't actually care about teaching, I have to do this because the university tells me I have to, and I'm actually gonna just focus on my research, so come if you want to, don't come if you don't want to. Here are the notes, talk to the TAs, there will be an exam, peace out."

Dr. Alim Nagji (05:32):
And it made me reflect on the fact that you could be a really great researcher, you could be a really great clinician, but that doesn't necessarily make you a very good educator. And my first experiences in education as a faculty, I started to see that I didn't necessarily have the skill set that I wanted. I felt like I was trying to teach in a way that I thought was evidence-based and really reflective practice, but I realized I was kind of just mirroring what teaching I had had, and sometimes that is not always the most effective way to approach it. It didn't allow me to really infuse my style in it and it didn't really give me a foundation of how knowledge is acquired for an adult learner. And so starting in the community was a fantastic experience from a clinical perspective, you make great friends, you meet colleagues, you get involved with the medical school in a smaller scale, so the teaching groups I had were very small. Three to five learners at a time, and so you could really engage with them and work on it and start getting feedback. And then I heard about the Clinician Educator Program, which Teresa pointed me into the direction of, and it ended up being a great fit because it was something that I could work on without having to go back to school full-time, which I wasn't keen to give up my clinical practice just so early in my training.

Dr. Alim Nagji (06:38):
And what I really liked about it was that it allowed me to develop an own interest of mine, so I could have a project and work on that, and then it was also collaborative, so that I would be working with other people in the region who were becoming educators like Catherine Tong, who's out in KW as well, and many others in the region who I could then pick their brains on, learn from, and get feedback on my ideas. So I found that the Clinician Educator Diploma was a really nice fit for an early faculty member because it really allowed me to focus on my own development as an educator, and one of the big things that I wanted to do initially was just be a good teacher at the bedside, 'cause I think that's where your reputation gets built. 'Cause you can be a fantastic curriculum designer, but if your interactions with your learners, they're left with thinking, "Man, this guy doesn't even know how to teach," it makes it really hard to build credibility over time, and then also to create an honest and open environment for students to keep giving you feedback to make you and your programs go to the next level.

Dr. Mary Haas (07:29):
Alright, very interesting. And CE Diploma unfortunately, is only available right now for MDs, but I think that what we can do is hopefully be mirroring some of that work through the Program for Faculty Development, that is something that we have initiative that we are trying to foster, but it is gonna take a little bit of time to carve that out, but I think that it'll be really awesome to be able to avail a lot of our clinician educators across FHS to engage in that program. For now though, if any of you are interested, please reach out to MacPFD and we can get you in touch with the program and maybe you can come to some of their events and stuff at this time. So definitely, I think that it's a great way to get involved and just be a part of a bigger community of people who are learning to be a rock star, awesome educators like yourself.

Dr. Alim Nagji (08:14):
I know on a broader university scale, I was also lucky to be a recipient of the MacPherson Teaching and Learning Fellowship that has a community of practice as well with educators throughout the McMaster network, and so that was really interesting meeting people who were teaching courses that were completely different than medicine and getting their feedback. When I would complain about, "Oh, it's really hard to engage students," and I had a tutorial of 10 students and someone's like, Yeah, I teach a class of 400 people in chemistry, and you're like, "Oh, okay, so what can I learn from you, and how can we collaborate on innovative and new ideas?" So I thought that was another avenue available to junior faculty and through the university that actually helped really bring me into more of the educational mindset and then start reflecting on how can you actually implement something that drives change but is sustainable, and that also has some degree of ability to evaluate at the end of it, to make sure it's doing what you intended it to do?

Dr. Mary Haas (09:03): The MacPherson Teaching and Learning Fellowships and grant are a very interesting and pretty awesome initiative, and they are called for each December for those of you who are interested, and there's basically two different streams, so you can be looking at evaluating the course impact for something that you've created, or you could be looking at implementing a change program. And so it is both something that if you've already done a great project and you wanna evaluate it, then you could apply for that stream, and then you can also implement program change and be looking at how you can improve the various programs that you have in your portfolio. So if you're someone who has a graduate studies course or a really cool program within one of the Faculty of Health Sciences schools that you wanted to renovate, I think this is a great opportunity. The fellowship is a duration of two years, and over that time, it can be up to $15,000 over those two years, and during that fellowship, you will exactly tap into that community of practice. So definitely check it out, it's on the MacPherson website, you can go to mi.mcmaster.ca and then just click on that link for grants and awards and then follow the bread crumbs there.

Dr. Mary Haas (10:20): So it definitely is a program worth looking at, and as someone who's been on the selection committee before, definitely is a bit of a competitive grant, but kudos to you for having won it, but I think that what you can do is maybe reach out to leaders like Alim who have been successful in this and make sure that you get some hints and maybe get some coaching from someone who's been there before. So definitely I think that it should be something that our faculty look out for. So Alim, in terms of the overall big picture of things, what drives you now to be a better educator? You've done training, you've acquired your CRCPSC, your certification, and you've got a leadership portfolio, and so what is the spark that drives you now to make your programming better and change?

Dr. Alim Nagji (11:07): I think initially, when I first entered as a junior faculty, so much of it was about, how can I impact the individual student? And so how can I make sure that every interaction I have with the learner is a positive one, where I'm able to both give them a sense and a window into the practice of medicine and also to give them the inspiration to follow their own journey and have their freedom to decide what interest they have? I think over time, as I've understood more and more about the educational process and become more comfortable with some of the language around that, I started to take on more of a macro lens. So how do you actually map the journey of not just one learner, but several learners? And that could be through a program, it could be through an institution, it could be through their whole medical training, and so as you get kinda higher level up, one of the things I like about it is you start asking the questions of, why are we doing things the way that we're doing? And is that the best way to do it? Or are there other ways that we can

leverage things like technology? Can we actually respond to learner feedback? And then how can we build programs that actually have some degree of evaluation component so we can set out and say, "Actually, we've looked at the data and we say that this is actually still continuing to serve its purpose."

Dr. Alim Nagji (12:12):
I think sometimes curriculum gets stale and you need to have refreshers where you bring a new eye and a new lens to it to say, "Can we actually change things up a little bit and modify it?" And that creates a whole host of new challenges, both from onboarding new faculty members to making sure learners don't feel like what they're getting is an inferior product just because it's different, but I think that that to me is very exciting because it's like writing a novel. You're creating a narrative or a journey that the learners get to follow, and that to me, brings a lot of satisfaction and a lot of excitement into my practice.

Dr. Mary Haas (12:42):
That's really exciting, but I know that you don't just write the novel by yourself, I understand that you've been engaging learners themselves to help, We make the modules and the curriculum from their lens. So can you talk to me a little bit about how you engage the learners in the process of that improvement process?

Dr. Alim Nagji (13:00):
Oh, I think that's essential. I think if you don't have learner involvement, then you're gonna create something that's not gonna resonate with individuals. And whether that's reflecting the changing generations... I love to consider myself a millennial, but there's only so many TikTok videos I can watch but you need that perspective and that lens that's there. And I try to remember my initial foray into medical education as a learner driving a change in a curriculum, and how important it was to have faculty who listened to what I said, bought in and supported my leadership journey. And so it's critical for me that we try and involve as many learners as possible at various stages of their training, so that they get a chance to shape the curriculum into something that they see value in. And I think that that also builds credibility for you to get more feedback in the future. If you ask for feedback and say, Hey, how can we make this course better? And nothing changes for three years, and then all of a sudden, the cohorts have turned over so much that the people who initially gave the feedback are no longer there to see their responses, it makes it difficult to adapt. And I think that's one of the challenges as you get more macro at higher up is that the curriculums are harder to modify 'cause there are so many different pieces to it.

Dr. Alim Nagji (14:04):
And so I think it's important that there's always some degree of responsivity built into it, that you take that feedback, you integrate it, and then feed it forward to the next generation of learners to say, "Look, your colleagues said they didn't like this, or that they liked this or they had this idea, and then how do we do that?" So I think from a wider lens, it's, how is your program being responsive to those needs in cycles and iterations? And the second element of that is, how are you responsive to the individual learners? So the learners who come forward who are keen, who demonstrate an interest in medical education or they demonstrate an interest in their learning, and they're saying, "Hey, I'd be really passionate to have this." And we've been really lucky in emergency medicine that we've had, have super engaged stream reps, we've had residents, both from the family medicine side and the FR side who are interested in medical education who say, "Hey, I'd like to take on this piece of the curriculum and be part of your team and give some ideas here."

Dr. Alim Nagji (14:48):
We've had faculty members who've come forward, like our virtual recess room platform was completely driven by an alumni who basically said, "Hey, I think this is a great fit for your curriculum. The Slack cases were brought on by the faculty with input from students and residents." And so we have all these innovations that have had a real learner focus, I think, to them. And I think that's actually a critical element to the success of it. Ideally, what I'd like to see moving forward is having a more discrete involvement for the learner, so that they actually play an active role in the curriculum and sort of transition their own role in it, and so that we have a discrete representative there who's always kinda chiming in and saying, "Actually, have you guys thought about this?" or, "Actually, look at it from this perspective." So student input is critical, I think, to the success of any program.

Dr. Mary Haas (15:29):
Yeah, and I think that you've also taken a job at also involving some of our resident trainees who are their new peers, who are actually their faculty in many ways. Let's be honest, a lot of undergraduate medical education, at least, is given by some of our graduate or post-graduate trainees. So our resident teachers are actually really important part of the educational delivery. So I think that just, as one of our other guests on the show, Jason Profetto, you've actually involved a lot of the residents to co-teach or to actually be part of the decision-making process. And I think that's a great way to involve our more advanced trainees and senior trainees in that community of practice around being an educator. That's another thing that we can think about is, how do we fold in some of our, I guess, faculty to be, [chuckle] but not really faculty yet, maybe pre-faculty, but they are teachers still. And so I think involving them in the process. So if you're a graduate studies prof, it's your TAs, it's your post-doctoral fellows. How do you involve them in that legacy of improving education and having that spirit of vibrancy of bringing them in and engaging them in a real stakeholdership so that they can have the agency to make change?

Dr. Mary Haas (16:36):
And I think we can do that with our resident colleagues and some of our graduate nurses and rehab specialists who are doing their advanced certifications. I think what we can do is be working with our stakeholders to involve them in all sorts of ways, because I think that's the community of practice model. There are people that are at the centre, and the centre has to hold, but then there are many people that need time to apprentice in and start out as legitimately peripherally participating, and then actually be able to find their way with mentors, with guidance, with opportunity, to be able to learn the art and craft and become a centre of that community of practice someday.

Dr. Alim Nagji (17:16):
And I think it comes back to my feeling that I had when I was a junior faculty, and all of a sudden realizing like, Hey, was I actually trained for this? And so we can't have an expectation that faculty who enter have an ability to teach if we haven't trained them to teach along the way. And so, like you said, that's true of any area. And I think of like my own experiences in research labs or in training and education, so much of what you learn comes from your colleagues and your peers who are just a step up, like one year ahead or a couple years ahead, and they kinda give you the feedback in the direction about what is really valuable from a learner perspective. And so if we ignore that, we end up creating things that maybe don't have the same level of engagement that we thought they would when we conceived of it. And so that mismatch, you can really understand why that's happening if you have that learner involvement. And I think then you're doing a better job of training the next generation of faculty as well.

Dr. Mary Haas (18:03):
Look at both of us. We started off as learners who are engaged in medical education, and now we're getting to shape that. And I think it's important for us to remember that and pay it forward so that create those opportunities, have student stakeholders, have them at the table with real mandates and real ability to make change. And I think that that is a huge part of what we can do. So for all of you who are looking to up your teaching game, if you're like junior faculty Alim and just getting started, we actually do have a lot of increasing programming that's available for you at your fingertips. So you can come to our webinars, you can just Zoom in from your phone, in fact, we've recorded a lot of content as we go forward, so you can check out our YouTube channel, our SoundCloud podcasts, like you're listening to right now, obviously, and check at our website in general, because there's lots of resources for early to mid-career faculty members who are interested in really improving their teaching craft. Because you might know really good ways to do these because you've had amazing mentors and amazing role models.

Dr. Mary Haas (19:05):
But sometimes you're tired of doing the same thing over and over again, and so I think it's nice to have a community of people that you could look to. And MacPFD has some of those community members and the Clinician Educator Diploma has some of those community members, and let's be honest, MERIT is another group, that's the McMaster Education Research Innovation in Theory, we call it MERIT for short. It has a big community of people who are carving out the evidence, not just responding to it. And if you're really looking to dive deep and wanna enter into a more scholarly approach, there's actually our Master's of Health Sciences Education which is a program run here at McMaster that helps to foster those who are interested in not just education processes, but also a scholarly approach to doing that. So whether that's through research or other kinds of scholarship. And Alim, we'll have to bring you back another time to talk about education scholarship, 'cause I think we can nerd out about that too. So, thanks so much for joining me today.

Dr. Alim Nagji (20:01):
Thanks for having me.

Dr. Mary Haas (20:01):
We have many roots in the supreme nerdiness of education, so I appreciate that we came from very similar interests and background, but it's been a privilege to be along the way while you came here to Mac and joined us here. So thank you so much for your time.

[music]

Speaker (20:19):
Wow, that was a really awesome first segment of the MacPFD Spark Podcast. And now, on to our second segment.

Dr. Teresa Chan (20:32):
Alright, hello everyone. My name is Teresa Chan and I am the assistant dean for the Program for Faculty Development here at McMaster's Faculty of Health Sciences. I am delighted to have a crew with me today that is diverse and awesome. We have obviously our participants as well, but the panel of discussants today is from nearby and also very far and so I'd like to introduce them all in turn. First is my colleague here who is assistant dean in his own right and with his own portfolio, Dr.

Jon Sherbino. He is the guy that taught me the concept of multiple wins, which he sometimes regrets. He'll be speaking to us about the concept and telling us a little bit about it. Next, we have Dr. Michael Gottlieb, who is published in his own right and has worked on a paper with myself and Jonathan about the multiple wins concept. We'll be sharing with that in the website and maybe, at some point, we'll put the link to it as well in the chat box. So we'll be talking about his approach and his perspective on that as well.

Dr. Teresa Chan (21:25):
And the last awesomest person I guess of the panel, 'cause she's all dressed up for us, I don't put on makeup and I don't know if Mike and Jonathan, they have very subtle makeup if they have any on, but Sari, you really look awesome tonight. Thank you so much for joining us. Sari is coming in from Duke and Mike actually is coming in from Rush University. So I'm really excited to have you all join me on this webinar tonight and thank you so much. And without further ado, I'm gonna actually start us off by having a good conversation about what that concept of multiple wins is and putting it in the context a little bit around the idea of academic scholarship and where we go from that. I think for most of us in our institutions, there is some need to contribute to the scholarly work. And so, Ernest Boyer had written in his report many years ago, the idea of different kinds of scholarship and I think that today we're gonna cycle through different kinds of scholarship and definitely talk a little bit about how we can generate some multiple wins on that front. So I'm going to cancel the spotlight on myself and put Jonathan on the spotlight, and I'm gonna ask him to maybe give us an overview of the idea of what multiple wins mean.

Dr. Jonathan Sherbino (22:31):
Thank you, Teresa, for this invitation. And let's be honest, if you know Teresa and Mike, you know that if they ask you to do something, you do it because you're scared of them. They will probably have accomplished it before you even finish the email and the opportunity to do something with Sari was just the icing on the cake, so I'm really pleased to be sharing some ideas. I don't think I have all the ideas, but I do know that there's something common amongst us as clinician educators, that it's not as if we have free time, and if you were gonna tell me you have free time right now, you're lying and maybe you're lying to yourself a little bit. But we're also really emerging as a very valuable phenotype in Academic Medicine. An individual who can bridge those two camps, the camps of the clinicians who have a prime directive to ensure high quality patient care and then the academics who are working in the theoretical, sometimes isolated from the direct immediate clinical needs in trying to design what's the best way to design our educational programs, whether it's for the undergraduate, the graduate, or even in the Continuing Professional Development stream.

Dr. Jonathan Sherbino (23:30):
And understanding those two spheres is where a clinician educator can stand on both sides. Grounded in theory but also understanding the true applications of everyday challenges in healthcare practice. As someone who runs an education research unit, but also does full-time clinical shifts in an emergency department and trauma centre, I had that unique perspective. So if you are valued to the system but you don't have enough time, and I think it's incumbent upon you as you develop your arc as a clinician educator to find those efficiencies. I use a decision framework every time I say yes, because it means I need to say no to something else. Too frequently the easy default is you say no to your health, or you say no to your family, or you say no to the other things outside of medicine. And you can continue to do that because there's no satiating in academic medicine, there's always one more thing to do. So my decision framework looks something like this: I need to say yes to two of the elements before I could say yes to the project. One element, in one form of the

triangle is what I call my job. It's what I get remunerated for, and it's how I make sure that I have an ability to support myself and my family.

Dr. Jonathan Sherbino (24:36):
In the other corner or the other angle, I call that my value or things that allow me to get professional growth. These could be things like learning something new, or networking, or developing a mentoring relationship, or someone will mentor me. So, somehow or in some manner, this project is going to give value to me. It's going to allow me to grow and to become a better person myself. And then the third part or the third angle of this pyramid, this triangle is the importance of the topic. And this is the idea of a cause or an opportunity to really support something that's meaningful. And so I'm always trying to say, "Can this project, for which I'm going about to say yes, does it answer two of those three things? Is it my job? Am I getting paid for it? Is it an expectation? Is it part of my employment?" But that's not enough to take on something new, if it's an additional to some of my core components. And so, the next question I ask is, is this something I really believe in? Is it something that has a high value to me that I really want to see move forward? So for me, some of the areas of my own scholarship research reflect just my own take and my own personal view of the world and how we should work on things.

Dr. Jonathan Sherbino (25:42):
So, I try to find things that align to that. Or is it an opportunity for growth? Am I gonna learn something? Am I gonna develop a new skill or ability? Am I going to get networked to somebody? So, if I can say two of those things, yes, then that is the minimum of threshold to say yes. So that when I am completing that project, it's not that I'm just doing one more little thing to my overwhelming stack of things. I'm finding that it's delivering to me into those three areas on which I make that decision matrix. So, really what we're trying to think about is, can we improve efficiency? And I'm gonna probably stop in a second because I don't wanna get too much of a monologue and I can really get on to this, but really what you're looking for is in your life, what is there that you can eliminate that's redundant? What's there that you can automate? And with technology and with resource that you may have as a clinician or as an academic clinician, there's lots of resources that may come into play. And what's there that you can delegate? And so, if you can figure out how to eliminate, automate, or delegate, then that frees up bandwidth for you to take on those projects that you want to hit two of the threes, remuneration, growth, or value.

Dr. Jonathan Sherbino (26:51):
And when you're choosing something that does multiple things like that, then you are seeing a return on your time or return on your intellectual capacity, that's really worth it. We'll get into the nitty-gritty of how to actually make those multiple wins from a single project, about how you have to be intentional early on, but when I think about it from an abstract way, I'm thinking about, "Okay. To my busy life, is there something that's going to be so meaningful to me that I'm not only going to serve a project that I believe in, that I have a high value, that I think really serve society or my patients and will I also get something out of it personally, a new network, someone who's gonna mentor me, maybe learn some new skill set? If I can't say yes to that, it's hard for me to take it on.

Dr. Teresa Chan (27:33):
Great, thank you so much. I am going to ask Mike to now take the spotlight and chat a little bit about kind of making that multiple win actually happened. And so Jonathan's talked a little bit about the framing about why it's important. And I know there are some people in the audience that aren't clinician educators. Maybe you are someone who's a teaching faculty, maybe you are someone who

is a research faculty as a primary. But let's be honest, it's not just the clinicians who are busy. Everyone's busy these days, right? At least I know that I've been on Zoom for about eight hours so far. So, like the marathon meetings with no downtime between. We're all busy. And so, the question is, how can we make things count multiple times? So, a trick, actually tonight, we were very efficient. Mike and Sari and I run a faculty incubator program, that's kind of my conflict of interest here. I do get a small teaching stipend sometimes to show up to events for this programs as do Sari and Mike. And so, when we were brainstorming ways that we could actually make things count twice, we wanted to do a webinar for that series, but we actually thought, "Hey, why don't we link forces and I can host something here at McMaster and bring Jonathan in as someone who's also been a part of that faculty incubator in the past to talk about both purposes.

Dr. Teresa Chan (28:45):
And so, it's a two-for-one. And so to me, in the spirit of that multiple win. Now, I'm sure Mike is gonna tell me that we should also write a blog post and a paper out of it, but I'll let him kinda speak for himself, maybe.

Dr. Michael Gottlieb (28:58):
So, again, thank you for having me on this. Always tough to follow Jonathan Sherbino, with some of the amazing wisdom you laid out, I think just reiterating the idea of opportunity cost is really important to be conscious of. We often, and I often think about opportunity cost in terms of oh, it's one project or another, but there are so many things that exist within there. And just being conscious that even if you don't necessarily see the trade-off, there's always a trade-off. It might be a downstream project, it might be just time to relax, time to exercise, time with family. There's always an opportunity cost of something you're doing, and being just conscious of that whenever we say yes. That said, let's talk about how to maybe operationalize this. Now, there's four main points I wanted to leave with this. The first one is, how do you maximize the work you're currently doing? Next, when you have a project idea, how can you be most efficient with that project idea? Once you have a successful project, how do you extrapolate that into multiple wins? And then, finally, how do you come up with future projects? So, let's start off with the work we're existing, that we're currently doing. So, all of us are doing things that could probably count for various forms of scholarship.

Dr. Michael Gottlieb (30:01):
Teresa alluded back earlier to the idea of Boyer's categorizations of scholarship. And not all scholarship is giant randomized controlled trials. Scholarship exists in many different formats. And so, being conscious of that, there's a lot of things that we are currently doing that we could easily repurpose. The lecture you're giving, for example, in your local medical school or your GME environment could be repurposed for a National Electric, it could be repurposed for a blog post. It could be carried forward into multiple different venues. By the same token, a lot of us are having to probably create things de novo. And that's part of as Jonathan mentioned, part of that triangle, part of it's at our job. So, sometimes we're doing things that are existing already in our job, that we could then convert into scholarship. Yeah, we can take some things we're already doing and convert them into scholarship. And then we have to be conscious of this. So, not every project that we do needs to be a pure republication. Some of them just don't necessarily qualify for that. And if you try to do that with every single thing you do, you're probably gonna utilize all your time with that, and you're not gonna have time to devote for either more interesting things you're involved in, or the opportunity to think and come up with the grander project.

Dr. Michael Gottlieb (31:09):
So, not everything we need to do needs to be scholarship, but some of it probably can be. And I think just reflecting on that before you launch your next endeavor. So, if you're creating a curriculum, which with COVID, most of us are doing some form of curricular changes. Pause and say, "Okay, is this something that could theoretically be studied and publishable? Is this innovative? Is this different? And if so, plan for that at the outset. So if you're planning to go ahead and publish or you're thinking this might be publishable, before you jump into it, pause, "Okay, what are the outcomes I want? If I'm gonna use, for example, Kirkpatrick levels. What Kirkpatrick levels do I want to hit? Am I looking at just attitudinal? Do I wanna push beyond there?" And it's much easier to consider that at the outset. So just considering the things you're doing, many of them may be publishable, may be forms of scholarship. And if you pause before you launch into them, A, it's a good chance to reflect to make sure we're following Kern's or another curricular development model, but also, it gives us an opportunity to plan ahead and come up with a much better strategic plan for having outcomes we can measure and publish.

Dr. Michael Gottlieb (32:10):
Now, once you're actually going to do a project, one of the things that's helped me out a lot is that as I'm writing up my IRB, I'm coming with the project idea, I am simultaneously writing up the paper. And so as you're going through it, for example, our background search that you're doing to inform your IRB, to inform your project, to ensure that it's sufficiently unique, you put all that work into it, why not just write the introduction at that time because you know the literature probably better than you ever will? And one of the challenges is if you try to go back and do this later after the project is done, you're now going back when you've lost the momentum, right? Everyone at the start of a project is always so excited. Everyone's really committed. You could put five meetings together, and everyone is fine with it. And near the end of the project, everyone's kind of tired, and they're just trying to get the project done, right? Our momentum, our energy, our enthusiasm, our excitement about that project drops near the end. It always does. And we have this time in the beginning where they're the most excited, so we should really utilize that enthusiasm and try to get the introduction written out while we're writing it.

Dr. Michael Gottlieb (33:13):
And then we think about the methods. Well, the methods is basically what you're going to do. So that's your IRB proposal. Again, you can run those simultaneously. The result is pretty easy because most of it is just data reporting. So there's not a lot more beyond just kind of writing effectively. I like to write my tables. I think that's usually the most helpful 'cause it helps me visualize out what data I wanna collect. And then the discussion you can generally predict based on your hypothesis. Sometimes you're wrong but usually, we have a pretty good idea what to expect. And so I've actually written out my discussion before, so that by the time I get my results back, if something differs, I can always change a little bit of my discussion. But I'm utilizing a lot of that background I did from my introduction to feed into the discussion, and then when the project's actually done, I do this as a plug and play, I can just throw the data straight in and move forward. And so that's one of the other things I found really helpful is just as you're writing up your IRB, as you're coming up with the study, just write out the paper at that time and it's much easier than trying to come back, repeat your literature search, and do all the effort again a year later when you're less excited about it and you have way more other time commitments.

Dr. Michael Gottlieb (34:15):
Third one is to be conscious of once you have a project, how do I carry it forward? So once I have a project, what's my next project? Sometimes we get stuck in this habit of, and I know I've personally been guilty of this, is coming up with a really great idea, being excited about it, doing a project, and then stopping and moving on to another completely different project. And I put all this effort into coming up with this idea, I put all this effort into searching the literature, and I now know this topic very, very well and better than I will six months or a year from now, but I don't utilize the momentum, I don't utilize the effort, I jump on to a completely different topic. Versus taking something that you're ready for this time into converting into the next study. It might be looking at your study and finding your limitations and deciding, "I'm going to now address my limitation with another study." It may be converting it to a lecture, it may be converting it to a blog post, it may be converting it to a podcast. It's much easier to do a podcast than something you've spent a lot of time reading into than to start when de novo. So there's a live opportunity that you could take something that you've already done and convert it into the next series of scholarship. And I think all of us have done this in different capacities, and we'll probably talk through some examples a little bit later.

Dr. Michael Gottlieb (35:24):
The last one, and this is one of the things we talk about in the paper that Teresa mentioned, is just being conscious that we have our local environment in our shops. And medicine, in general, is a really huge field, and there's all these people around the world that have really great ideas, and inevitably, there are people that have similar interests to you. The odds of someone with a very similar interest to you, that's interested in collaborating that will be at your shop is usually pretty low unless you selectively sought them out. But the odds that you'll find someone with very similar interest via Twitter, via some form of social media, becomes a much broader network, you can reach out and connect to other people. And what this allows is you can now share the ideas, which means you can share idea formation. So it's not all incumbent upon you to come up with every single idea. You can now utilize multiple people to develop ideas together. And this is something that I found has been incredibly valuable for my career was just coming up with ideas in a group and talking it through. And most of my collaborators are all throughout North America, including obviously Canada and all around the world, really in places that I would not have gotten to just by random chance, geographically. This is by having a little bit broader of a network using this virtual media.

Dr. Michael Gottlieb (36:39):
So you can share ideas across that, you can share multi-site collaborations much easier. And then it doesn't all fall on your shoulders when you're really busy. You can develop teams that will iterate off each other and come up with the next project and the next project and the next project. And so that way you can continue to utilize that momentum we talked about and not keep reinventing the wheel. So those are kind of my initial four that I wanted to hit off the bat and I'll kind of pass it back to Teresa to talk about the next steps.

Dr. Teresa Chan (37:03):
Right. Excellent. So thank you so much. I am actually going to now invite Dr. Nissen to talk about her perspective on making a scholarship work for her through her junior career. So she's a little bit further on now. She's no longer junior. I know she looks like she's super young, but she has some experience and wanted to have her reflect on that experience, kind of reflect with us a little bit about how to make this happen because it's not always obvious. And I think there's even a question right here that I might start us off with. But how do you actually find out that gut sense of whether

something could be scholarly? 'Cause Cornwell has asked that question, and it's good question because as a junior faculty you're like, "What can be scholarship?"

Dr. Nissen (37:44):
I have to give a shoutout to Jon, and Mike and Teresa, 'cause they've really been great mentors for me. And as I'm still learning this process, but a lot of it is really being not setting limitations for yourself about the possibilities of a project. I think if you're able to really think about what your passion is, and kind of look into the literature about what actually exists within that scope or practice, it can really help you to really decide, can this be made into scholarship or not? I think the humbling part about being a junior transitioning to not so junior faculty is, as a new faculty member, you really wanna make a name for yourself. And, in that way, you have a lot of mentors that will jump in and ask you to be part of their projects, for example. And while we wanna say yes to everything, I'm gonna echo what my colleagues have said there's still only 24 hours in the day, and ideally you'd like to see your family or sleep or maybe eat something. So if you say yes to everything, you will inevitably say no to quite a few things, as well as sometimes you can get sidetracked away from your own passion and the area that you're interested in.

Dr. Nissen (38:51):
Now, while I think early in your career, it is helpful to say yes to a lot of things, it can help you to build skills that you may not otherwise have, such as skills in collaboration, skills in writing, literature search, creating a project, even research, if you say yes to too many things what tends to happen is that you start to feel like you're letting people down, you miss deadlines. You can't inevitably do everything that you wanna do. So I think the first thing that I would say as a junior faculty is think about what you're passionate about, and if you had to plan out your career or area that you were gonna be the content experts for, what would that actually be? So that was the first thing that has actually helped me is, say, medical education is a great thing, but for me, I'm very interested in feedback and clinical teaching and how can we bridge that? So once you know your area of interest, planning makes it easier to say yes to projects that actually align with that, so that while you're saying yes to things that actually is still building yourself and bringing value to the work that you're doing. So that would be the kind of the first step, I would say as a junior faculty is finding your passion.

Dr. Nissen (39:55):
The second part is being very deliberate in what you're saying yes to. For example, if this is a project that gives you a lot of networking and mentorship, but it's not in that area of interest, it still may be valuable to say yes to that to gain those skills, but just be mindful that as you're picking up new projects, you do eventually wanna let go of some of the old ones, and I really like what Mike says, is that he kinda staggers his projects, so as one project is ending, that's when he's picking up another one, so that you don't have all your deadlines all in the same 1-2 weeks, which I think we could all say it does happen quite a bit of time but we try to avoid that as much as possible. So is able to stagger your deadlines and projects that can really, really, really help you to stay on track, but as far as thinking of what you can make in this scholarship, I think you have to be thinking a little bit outside of the box, so it doesn't have to be this randomized controlled trial that you're doing as your first thing as a junior faculty, instead, you can start off with other things such as, for example, if you're giving a lecture to your residents, how can you actually use that and maybe make it into a podcast or a blog post, or even as a submission to a medical assembly like court?

Dr. Nissen (41:06):
So there's different ways that you can be creative or even that curriculum that you developed for that teaching opportunity for the medical students or residents, maybe you can publish that onto MedEdPORTAL, which is peer-reviewed and that still counts as a publication. You don't have to be aiming for Annals of Emergency Medicine and all of these things, you can could actually still have scholarship and have it look a different way, but still bring a lot of value and opportunity for people, so that might answer some of that question about where to start, I think is really looking for different avenues for scholarship and how you can actually speak to them. And the last thing I would probably bring up, as a junior faculty, I think mentorship has been the most key thing in my own career that has really helped me to grow as a person and actually as an educator as well, so building your network of friends and colleagues that you can lean on is really helpful, especially when you're thinking about picking up projects, it is nice to have a sounding board.

Dr. Nissen (42:03):
You can ask them, "Does this align with what I should be doing?" Or, "This seems like a great opportunity to get involved?" So it's really important to know when to say yes or no to things, and having great mentorship can really help you to learn the ropes of scholarship, and it can really help you to eventually pass down those same skills that you've learned too, to your learners later on, and I think that's truly what's helped me to now take the lead in different projects that have been successful is, the skills I've learned from everyone in the faculty incubator, that's really laid that foundation and helped me learn that confidence, so that I can do scholarship and not be so afraid of even the word research or scholarship, but actually kind of attack it and say, okay, I think I can actually do this, and if I don't know what I'm doing, I still have great mentors that I can ask for help as well. So those are kind of the take home points that I would say, as a junior faculty that can help you at least get on the road to scholarship.

Dr. Teresa Chan (42:58):
Okay, what I'm gonna do is, I'm gonna invite our panel to have a conversation now about that point that was just, that question really, 'cause I think we could all talk about it. I think recognizing scholarship is more of an art than a science. I think that I've reflected on some of the stuff in the chat, so I'll kind of read it out, but the idea is there's a guy named Ernest Boyer who defined scholarship in higher education as four different categories, scholarship discovery, that would be like the Higgs boson bench research for us in medical field, it might be field work for some people in anthropology or the nursing field, depending on how you do things, so that's definitely kind of like the knowledge for knowledge's sake, really getting out there and finding us out something new about the world, and that's pretty awesome. The scholarship of the application, so that's where I think with our clinicians we might think about randomized controlled trials, for us who are more education minded, it might be actually looking at whether or not this kind of space repetition works compared to that type of execution of a curriculum, for instance. So trying to clarify something about the actual application of a concept.

Dr. Teresa Chan (44:04):
It might be looking at scholarship of integration, so that might be thinking through something, pulling together ideas from multiple fields. I also think about RCTs being singular studies, you can also think about reviews and meta-analyses as another way to synthesize and integrate different kinds of scholarship together, so that's another kind of scholarship. And then there's the scholarship of teaching. So, for those of you who are educators and identify with that, then some of this obviously also speaks to that, the idea is that we can often pull together different ways that we can

advance the art, craft or the business of teaching, so whether it's publishing a lesson plan in MedEdPORTAL or putting together a sim case that you can publish on emsimcases.com, these are ways that you can contribute to the business of doing teaching and put yourself out there. Sherbino, you also raised the idea of Glassick, so do you wanna speak about that a little bit?

Dr. Jonathan Sherbino (44:54):
Yeah, so you can do the work that's required of your position, that you're either required as a faculty member as an expectation or as part of your paid position, and deliver high quality that's based on evidence and put together something, or you can build something that actually advances the field for health professions education moving forward. And so Glassick has six criteria of it, but briefly, essentially what defines something as being scholarly is, it's embedded or builds on theory, so it doesn't come from nowhere because as innovative as your creation might be, you haven't developed a completely new way of thinking or seeing the world. You're standing on the shoulder of giants. So you connect it to theory, it's something original, so it hasn't been replicated, it hasn't been signed or built before, it might be something that has been modified for the unique context in which you are applying or using it. It's then peer reviewed so that there can be critique and people can look at it and say, "Okay, have you thought about this? Have you refined it?" which is basically one of the fundamentals of what we believe is the domain of science. And then the last part is distributed, so that it's widely accessible, so that other people can benefit it.

Dr. Jonathan Sherbino (46:05):
So if it's just a really great idea that you do locally in your institution that's never shared widely, it doesn't really meet that standard of scholarship because it can't influence and move the whole field forward, building on innovation. And so when you start thinking about scholarship in that way, it becomes a very different way of understanding some of the work that you're doing, and you're saying, "Well, I'm never gonna run a randomized controlled trial because I'm in charge of doing faculty development at our institution." And that doesn't seem like a very efficient way and all the scientists at my institution just talk to me about regression analysis, it's a very legitimate approach in the health professions education to see innovations that build on theory, are new, are peer reviewed and then widely disseminated, those are legitimate forms of scholarship to which the academy owes recognition to you as someone who moves it forward and is a very appropriate way for you to develop your own academic arc in advancement at your institution.

Dr. Teresa Chan (47:01):
Yeah, and I think, Mike, maybe I'll ask you to speak a little bit more 'cause you do some health professions education work, but you also do quite a bit of content around the scholarship application for your ultrasound work. So do you wanna talk a little bit more about your point of view on scholarship and how that might fit in more on the clinical side of things, that's so necessarily for my education?

Dr. Michael Gottlieb (47:23):
Sure. So as background, while I do some work in faculty development, my primary day job is the division director for our ultrasound division in our emergency medicine and I'm also ultrasound fellowship director, so I have these things where I'm ongoing both in regards to, for example, I have teaching roles with teaching ultrasound, can I convert some of those in the scholarship? Can it, for example, further ideas to then create studies? I have residents who need research projects and an opportunity to engage them in ultrasound research, again, a wide influence on what we are doing, and I have a fellow that has an annual research requirement, that somehow, over the course of

joining us from July until June, they have to do a publishable study in that time period, which is part of their graduation requirement. So I'd say, relatively more explicit part of my job is making sure they have some project apprenticeships. And so I can utilize that to say, "Alright, so let's come do some study. You're here, let's brainstorm ideas and try to utilize something I'm already doing for my job that is a requirement of my job," to then help create scholarship for them.

Dr. Michael Gottlieb (48:23):
And along the same lines, something that Sari mentioned earlier with regards to mentorship is, I can either come up with something I wanna do, tell them, give them a miniscule role, and say, "Okay, great, now ultrasound fellow, I would like you to do this chart reading for me." And they do a chart reading and they come back and great, and they are part of a paper and they're part of scholarship. They meet that criteria, but I'm not really building any capacity. We're not building skills, we're basically taking someone now and they're gonna leave with that project not knowing much beyond what they started with. Or I can empower them to be a bigger part of the project, I can start at the onset, and say, "How would you do this study?" I know how I would like to do it, but I pause and let them come with the study design and then we talk together, we talk it through. We discuss feasibility. And then we come up with the study together, because sometimes my idea is better, sometimes their idea is better, but together we're gonna come up with the best idea and you empower that fellow or different learners to come up with the project, you empower them, you act a part of this, and you're able to come to the scholarship in a way that actually furthers the field, it furthers that person's education and it creates a way more capacity in something I have to do anyways.

Dr. Teresa Chan (49:27):
Yeah, that's a really good point. And Sari, I think I've seen you write this many times, but the idea of you go further if you go together, I might ask you to speak a little bit about that team work. And I think you kind of alluded to it earlier, that the idea might be that between multiple authors, and Mike also hinted at it, you might actually form a cluster, a small grouping of people that interact and work on different aspects of a project or a program or research together, or a scholarship together, maybe could you speak a little bit to how you've operationalized that?

Sari (50:00):
She was talking about kind of the motto for Faculty Incubator is that if you wanna go fast, go alone, if you wanna go far, then go together. And when I had applied for Faculty Incubator now three years ago, that really stood out to me is, How do you build this network of colleagues and lifelong friends, as well that can really help you to grow as a person and learn these skills? And I think that's where the collaboration really can make a lot of projects and ideas really come to fruition. I think before I had joined the faculty Incubator, I was in that realm of, Do have all these ideas, but I could never figure out what were the actual steps to get from a great idea to actually a finished product that's valuable and disseminated widely? And that's where having that collaboration, that networking can really help you to, like Mike was saying, you could jump on to our project and write your portion of it, but you never learn the skills to actually understand those little steps to actually go from start to finish. With collaboration, what I found is really helpful is, it is nice to have a big group, but you do need to have a leader. Most definitely, you can have one to two leaders, ideally, that's the first and last out there, who are really helping to get the project off the ground, so they have the idea for the project.

Sari (51:14):
And what I like to do is make it a collaboration, so I do like to have, either a Zoom meeting or something at the very beginning to kick it off to do what Mike was saying, which is, hear, everyone's idea, about, is this the best way to get this project off the ground, is there any other aspects that we could do? I also do brainstorm later on, what else could we do with this information, we're doing this extensive lit search, so what else can we do with that information afterwards? Could we create a blog post, could we pitch this as a workshop for a conference? So I always do kind of, think about those multiple wins ahead of time, 'cause it is a lot of investment of articles that you're reading and everything, so I definitely say, I agree with Mike, kinda thinking ahead to the next project and how to use that time that you're already investing is super important, but once you have your team of collaborators, I think it's really important to set expectations early and deadlines as well, 'cause I think that's what I've learned has been really the most helpful. I like what Mike does and I've stolen for myself, is soft and hard deadlines, we call it, so it's we have a hard deadline that no one else gets to know about, right?

Sari (52:23):
And it's usually about, I'd say about 10 days to two weeks before, later on, and so for example, with one of my groups, we were writing a paper on coaching, so we said July 15th is the deadline. Me and my colleagues who are leading the project were like, we actually will accept up until July 31st, but they just don't know that. [chuckle] They know that it's due on July 15th, and it gives them a little scramble time to get it done if they're not able to, so I think having a little grace period, if you will, can really help you to allow your collaborators to get involved, but still be able to have a little bit of grace if they're not able to get it done in time. So setting deadlines ahead of time and expectations about the work that you want, and also giving them an example of what the end product looks like is super important, so that if they're submitting their work to you and it's not at all what you're looking for, that's gonna be actually much more work on the back end. So I think giving them some sort of example of, "This is what it's gonna look like, I need three, four paragraphs, or this many words or this content addressed" can really help you to not have to revise their whole section later on.

Sari (53:32):
So I think those are some of the key points. Probably, Mike and Jon could definitely, and Teresa, you as well, can chime in on, there's lots of other things with collaboration, but those are the main ones that have really helped me out.

Dr. Jonathan Sherbino (53:44):
If I could marry two ideas that Sari and Mike have talked about, if we're all busy and if the metrics of advancement in an academic role is scholarship, then to be efficient in achieving those metrics really requires you to be systematic and thoughtful, looking at something and saying, "I'm going to do this. Is this the project that I'm gonna make scholarly? Yes or no?" but doing it early on in the beginning and saying, "What are the pieces that I need to bake in at the start rather than say, 'Oh shoot, I need to do it later?'" so it's the intentional systematic decision making. And then the second part, which Sari alludes to, is that if you're doing it all by yourself and you were doing all the heavy lifting and will be inefficient in that. And so with the way technology works, the community that you can connect with and work with, it doesn't need to be limited to your institution, and in fact, you may have really effective collaborations that are ongoing. Mike and I are working on weird projects, even though I'm not sure if we've ever met in person. I think that's the case, but it doesn't really matter because we can do studies, and these are not just internet-based studies, we're doing studies with driving

simulators, etcetera, well, we're not doing it now because of COVID, but we're doing RCT-type trials because we have shared common interests.

Dr. Jonathan Sherbino (55:04):
So if you're gonna be efficient in your busy life, then being systematic at the start and saying, yes, this is the project where I'm going to invest in, in the design, and I'm gonna invest in the people that I'm gonna be generous with. A lot of the success I've had is being intentional about saying, "Here's an opportunity, I'm gonna say yes to it because it meets two of the three items on my decision matrix" and it's usually, is there growth for me and is it something I value? And when I go there, I say, what are gonna be the outcomes that come from this? And I never want a single answer. I always want it to be, I build my network, or I got a project, like a white paper or a manuscript or a blog post or I was able to build something that I thought was really important that I could come and take home.

Dr. Teresa Chan (55:50):
Those are really great points. Thank you so much. I am going to actually ask everyone who is either tuning in online later, or actually right now in the room, we're gonna do breakout rooms, and if you're tuning in online, that's irrelevant, you'll have to actually reflect on your own or with a partner, maybe, I don't know, if you are around your dog, you can ask, talk to them, just kidding, you know, like your partner or children, or you can just simmer on that question yourself, but think about the last academic thing you did, and I want you to reflect with a partner about how you could make a multiple win out of that. So what's the next version of that? Maybe you published a paper, think about how you're gonna get that word out about the paper, so that's dissemination, there's also different ways that you might be able to do that, think about a lecture you gave and what's the follow-up product that you might wanna associate with that. I'm just gonna challenge you to think about those things and discuss with your partner.

Dr. Teresa Chan (56:46):
And welcome everyone back. Hopefully, that was a useful couple of minutes for everyone and that you had something in your mind that you hadn't thought of before, that so maybe your partner was able to give you insight or that in reflecting out loud, you can actually do that. So what I was gonna point out is that maybe if people wanna share, we can do that after we're done recording, but I know that the co-presenters with me have actually been in groups, so maybe I'd have each of them take turns kind of reflecting on what insight... You don't have to actually name names or anything like that, but one insight you gained from your group about how to think about scholarships. So I wanna go with Sari first.

Sari (57:23):
We were actually talking about projects that are already underway or you're about to publish those, how can you use that momentum for the next project and the next project after that? So the example I give is maybe, for example, interview season's coming up and if you're doing reference letters for a specific specialty, how can you use that to now put up maybe a best practice for reference letters or a seminar like this, like we're doing right now, and have that actually disseminated out into the world and use Twitter actually to also help to disseminate that as well. Or even a dos and don'ts paper, right? "Hey, here's all the great things that you should do in writing a letter of reference, and here's all the things that you should not do," and give examples. So there's lots of great ways that we're talking about how to use a project that's already underway that'd be

the springboard for the next project and the next project and the next project. So, you really get acknowledgement for the expert that you're becoming in that area.

Dr. Teresa Chan (58:24):
Yeah, I really like that. I'll reflect back to you a couple of things. Number one, Twitter is a great way for a lot of academics to actually network. Jon Sherbino is the reason why I am on Twitter so much now. I blame it on him. I actually turned to him when I was junior faculty, like, "I'm not going to half day. I could have a half day that's our weekly conference time. And what should I do for learning?" And he's like, "You should use Twitter." And I'm like, "No, seriously?" And he was like, "No, seriously. You should use Twitter." And so I checked it out, all of who have followed and some other people, and then I fell down the rabbit hole. You don't always have to use Twitter. There's other ways to do that stuff, but there is a separate webinar about Twitter 101 that we'll be putting up, or Social Media 101 that we'll be putting up shortly. So if you're interested, that's definitely for you. It's something for you to consider because it might open up a new world for you, especially if you're interested in health professions education, Med Ed, even just knowledge, dissemination and scholarship. And it's not really age dependent, so I won't talk about the age difference between Jonathan and I because I'm pretty sure he'll walk over and fight me.

Dr. Teresa Chan (59:21):
But yeah, I think that there's actually everyone from people that are actually quite senior, some of our senior people in our faculty, actually. Mark Walton, he's more senior and does quite a bit of stuff. He's very active on Twitter. There's a lot of cool health advocacy that's going on right now as well. So, you don't have to, but it's an avenue for you to become discovered. And so, one of the things that I have noticed is that sometimes people put together a really good tweet thread and show off their expertise, when they've done a paper, for instance, and then someone might pick that up and be like, "Hey, you, do you wanna come give us a grand rounds by Zoom?" 'Cause that's how people are doing things now. And all of a sudden, you're lecturing at another university, and I think those are some avenues that you can think of, especially that when you're at the end of a project, to think about how you can actually teach people about the topic that you just worked on. Mike, do you have any thoughts from your group?

Dr. Michael Gottlieb (1:00:11):
Yeah, I'm gonna hit on two points I thought were really great from our group. The first one is when you're assembling a team, think about having complementary roles. Figure out what people do really well, and then try to work together to really play to each person's strength. For example, on my end, I like writing, I'm a writer, I like to put words on paper. That's one of the things I feel that I can do a lot quicker than, for example, doing an extensive literature search. Literature search has been a lot more painful. I don't like doing that as much. So, if there's someone that really enjoys doing literature searches and I really like writing, we can collaborate, and they can maybe do the initial round of literature search to help pull the studies together, and then I can work more on the writing piece, so we can work together. Or for example, I have some basic knowledge of statistics, but not from the same level as a statistician, so pulling in someone who can do statistical analyses and then having them teach me so I can learn more from that process. So, that leads into the second thing we talked about, which is we should learn from every project, whether it be learning a statistical plan, whether learning about a topic, which you can then utilize to do a blog post, or a lecture, etcetera.

Dr. Michael Gottlieb (1:01:13):
You can utilize that for your multiple wins, but the other thing is you can learn about a methodology. So, we talked about, for example, learning how to do a systematic review. If you can do one, you can do 50 because once you learn the methodology, it's repetitive, and the only thing that changes is the actual topic itself. So, once you learn a methodology, and this can apply to other things as well, learning how to do surveys, while learning how to do a proper pre-post. Learning that methodology allows you to then succeed at future projects using that same methodology, and you can be much more efficient. So not just being a part of the project, but really, really learning something unique from every project you're part of.

Dr. Teresa Chan (1:01:48):
That's a really good point, thinking about how you can make that multiple win. You're learning, obviously. That's music to my ears as a faculty developer, but yeah, I think that we can always learn new tricks and we can always learn new ways of doing things. And so, diving in, even if you know how to do quantitative research, to do some qualitative research might give you a new jam and a new way to see things and new ideas for your next quantitative study so that's really cool, right? So, Jonathan, do you have some thoughts on an insight that you had from your group?

Dr. Jonathan Sherbino (1:02:18):
I think there was a little bit of intimidation of the challenge of starting. And I think I share that even today, but certainly it was much more magnified at the beginning of my career. And so, sometimes the pace-setting that you see from peers can be really intimidating, when in fact it's a long career and you can begin with things that seem very modest to you, may seem modest to others and really challenging to you, and that's very acceptable. And the trick, I think, comes back to understanding that the value that you offer to other people who are pursuing scholarships, pursuing education scholarship, as somebody who may be able to navigate both the clinical and the educational world that's unique. For PhD scientists that are looking for collaboration with clinicians who understand the healthcare environment, you are a value-add. And for all of the stats that you may not know, there may be elements around how the lived experience is or how the clinical environment is established. And so, some of the strength that you can bring to a project, even early on in your career as an education scholar, probably takes a little bit of insight and probably takes a bit of history to look backwards before you can understand those abilities that you already possess. So, being thoughtful about that group to increase that multiple wins is particularly helpful.

Dr. Teresa Chan (1:03:38):
Yeah, I think that's a really great insight. We talked about going together and forming teams, but that team might be like the Avengers, right? You have an Iron Man, you have a Spider-Man who is just apprenticing in, and you can have different roles for different people. And so, if you've never done a qualitative study, but there's colleagues who are doing a qualitative study, and they want your insights as a clinician or as an educator in a particular situation, riding shotgun and doing exactly what Mike said about learning and being humble about that as Sari pointed out and putting it all together, I think that's pretty awesome. So definitely I wanted to highlight that. Thank you so much everyone for joining us for tonight. Hopefully, that was useful. We will be putting this online for those people that couldn't make it tonight. You can spread the word and let people know, and you could check out our website at macpfd.ca, so M-A-C-P-F-D. Ca, and we'll be putting up new content there all the time and new events. We'll be sending out a email, I think it's already in your inboxes, to ask you for feedback. If you like this content, and we'd love to have feedback, and let us know. So hopefully, everyone can put in their two cents and thank you so much.

[music]

Dr. Teresa Chan (1:04:53):
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.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. Alright, so until next time, this is MacPFD Spark signing off.