McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

Episode Number: 8
Title of Episode: Tips for Junior Faculty with Dr. Nagji & Dr. Dong| Pain and Pleasure of Writing with Dr. Varpio
Producer: Nick Hoskin
Music by: Scott Holmes
Featured Guests: Dr. Kevin Dong and Dr. Lara Varpio
Interviewers: Dr. Teresa Chan and Dr. Alim Nagji
Date of original release: January 6, 2021

Dr. Teresa Chan (00:02):

Welcome to the MacPFD Spark Podcast. This is a podcast that focuses on helping you develop your career as a faculty member. Our goal is to spark your enthusiasm and passion in one of our four main pillars of development, creativity and humanism, scholarly practice, leadership, and of course, teaching and supervision. Throughout this podcast, we're aiming to bring you insightful and inspiring conversations that spark your interest and open up your mind to new ways to grow as a faculty member. Okay, have we sparked your interest yet?

Let's get started with this month's episode. Hello, MacPFD Spark listeners. Happy New Year. And I am so excited to bring you have a new segment for this New Year. Dr. Alim Nagji is the Clerkship Director of the Emergency Medicine Program here at McMaster University, but he's also a recent graduate of the Clinician Educator Program. He has been working on a special podcast segment that gives tips to junior educators. And so, I'm really excited to have him and his guests, Dr. Kevin Dong, on this episode, and so excited to have him be part of that.

Next, we also welcome an adjunct scientist from MERIT, that's McMaster Education Research, Innovation & Theory, which is our Educational Research Unit. Dr. Lara Varpio is here to speak with us about the pleasure and pain of writing. Both of these topics are really salient, really exciting, and hopefully, you'll enjoy this first episode of the New Year.

Dr. Alim Nagji (01:49):

Okay. Welcome, everyone, to this edition of dear supervisor. I'm your host, Alim Nagji. Happy to be back with you all again today. I'm really excited today to have a friend and colleague on with me, Dr. Kevin Dong. Kevin's an emergency medicine physician here in town. Kevin, why don't you introduce yourself to our listeners.

Dr. Kevin Dong (02:05):

Hey, thanks for having me, Alim. Very excited to be on a podcast and being actually the one that gets interviewed. So this is amazing. My name is Kevin Dong. I am an emergency medicine working at the Hamilton Health Sciences. And I'm a relatively new staff. It's my third year being a staff physician. I'm

hoping that I can impart some of my wisdom and experiences to some of my colleague physicians who are also transitioning from a resident to staff physician.

Dr. Alim Nagji (02:32):

Oh my god. I can't believe you've been out for three years. Now I feel old being like, I remember when you were a resident.

Dr. Kevin Dong (02:39):

Just means you're getting older. That's what it is, right?

Dr. Alim Nagji (02:43):

Yeah, yeah. We are so lucky to have Kevin on. Kevin actually is an experienced podcaster with several of his own podcasts. He's one of the brains behind the MacEmerg Podcast, and also has a fantastic podcast on CanadiEM where it looks at like transitions. And so, that's why we wanted to bring him on today to really speak about the transition from learner to teacher. And I wanted to do a deep dive in that and pick your brain on those moments. Because I think those are seminal moments for our educators who are new to the role or perhaps taking on new roles within education and speak a little bit about how you manage those transitions and how we can navigate that as educators.

Dr. Kevin Dong (03:19):

Yeah, I think the world of transitioning into staff physician is a challenging one, not because you're creating a transition from now being a principal learner as a resident physician, and even as a senior resident, and now turning into a staff physician. There isn't really a good manual to say, okay, this is exactly how you do it. For me, my interest has been now I become a staff physician, now what? What do I do? And I think that is multifactorial. There's so many levels to that.

For example, I think the number one thing is now becoming an independent clinical practitioner where your main goal is to take care of every patients and be a competent physician. And I think now looking back, that wasn't an issue because I think our residency programs across the country are so good at training residents to become competent staff. And our knowledge is so good at the time of graduation. And so, I think looking back, that was obviously the number one goal, but it wasn't something now looking and saying, oh, that was a struggle.

And I don't think a lot of our senior residents will feel that way. But I think what the issue is, is not about competence, but it's about confidence. It's about making that leap of I'm going to become someone who's confident to not only take care of my patients. But now, if you're working in, say, an academic center, where you have residents and junior learners to say, oh, I'm going to now feel confident to impart my, I guess, wisdom or my clinical experience and my medical education knowledge to these learners to hopefully help them get to where you are so that they eventually become successful and transition well into practice.

I think those tips that I received when I was transitioning and then some of the things I've worked on in the last three years have really helped me get to where I am and hopefully that those things will help during this podcast and other podcast alike will help junior learners and senior learners to get to where I am, hopefully, in the future for them.

Dr. Alim Nagji (05:16):

So many health science professions employ a mentorship model. And it really makes me think about that Jedi training that we go through and many of us go through in the health sciences. And like you said, there's that dual challenge of being a clinician, and then all of a sudden being an educator. And I think one of those big challenges is that imposter syndrome. How do I really take on the role of Yoda? And I think that that's a real dark side, is getting sucked into the imposter syndrome and then feeling like I don't have the confidence to take on a learner. And when that happens early in your transition to faculty, it becomes difficult to take on a learner down the line. So how do we really defeat the dark side?

Dr. Kevin Dong (05:50):

Yeah, I don't know if I would say I'm a Yoda. I think that's a pretty lofty goal. I think that's a career thing. But I mean, maybe Ben Kenobi, in his early years. Transition from, say, like a junior Jedi into more senior. I guess the toughest thing is, like I said, the mentality of it, the imposter syndrome is real. And I know a lot of my faculty colleagues have talked about that from not just Emerg, but from all across our departments. The challenge of, am I good enough, am I ready, not just clinically, but it's the medical education and the teaching and the educator part and being a scholar.

Do I have that knowledge to impart my wisdom to learners, and the learners then saying, okay, oh, this guy is just a junior, he's not going to really be good enough or his knowledge is not really valuable. And so, these things do come into your mind. And it's funny when you talk about it, it sounds silly, but it does come to mind and it's real. And I think that even some of our senior colleagues probably think about that way as well, considering that medicine changes so quickly. I think the challenge is, A, gaining that confidence. And it's tough.

I would say it's hard to just say right off the bat, and on July 1st, you're going to have that confidence to be like, hey, now I'm the person to ... I'm the expert. But I think it's just slowly gaining that confidence, slowly gaining that knowledge to say, okay, no, I am competent, I'm able to provide that knowledge. And I know that I have my unique characteristics and traits that got me this job that will allow me to help my fellow junior colleagues to get to where I am. I think that transition from junior or senior resident to staff physician is a challenging one.

Like I said, there's no manual for it. But I think, eventually, you'll get there. I think it was a little bit of time, a little bit of mentorship from your senior colleagues as well, and I think a little bit of just experience. So I think those elements will help people transition effectively.

Dr. Alim Nagji: (07:54)

Part of it is also normalizing this experience, it sounds like, because I'm hearing you say that you went through it, your colleagues went through it. I remember going through it. And so, part of it is just knowing that it's okay that this is a natural part of taking on this new role. What are some pieces of advice that you would have for people who are undertaking this transition for themselves or looking forward and saying, I'm going to have to do this in the near future?

Dr. Kevin Dong (08:15):

Yeah, I think normalization is definitely one of the most key things. I would say the best way to normalize something is to find associates, find people, find partners who are going through the same walk of career life with you. For example, the way that I did this was we have like a WhatsApp group with my fellow colleagues that graduated together. And so, say, for example, clinically, if there was a

case that you felt uncomfortable because ... And then you start to attribute that because, well, maybe my senior colleagues would have done this.

And myself didn't do that because I'm a junior, I think those things, and then you ask about those cases or difficult cases with your colleagues who are in the same level. And they say, no, no, no, I would have done the same thing too. I think that validation helps normalize the process for that transition. And I think that goes along with the educator part as well. For example, if you're teaching, say, PGY-1s about certain, say, ACLS, I'm talking about the Emerg world right now, or say, whatever topic that you were assigned to do.

I would sometimes talk to my colleagues, maybe you're too ahead and say, hey, what did you guys do? And I found that if they did something similar or they validate what you did seem to be relatively appropriate. I think that helps a little bit about, okay, well, I think I'm in that normal line. And at the same time, I think that normalization is important. But also, I think it's also important to say that you also bring a special unique attribute. Maybe the way that you're doing is innovative.

And so, I don't think you necessarily need to go down the route that everyone else is going to, but I think that if you need that support to help you gain that confidence, I think that's totally appropriate. The other thing that's really important is to find your mentors. People always talk about residency and finding mentors during residency, but no one really actually talks about mentors during junior staff, bench career staff, and late career staff.

And so, finding someone like yourself, Alim, or Teresa Chan who, obviously, everyone knows, those people have really helped me get to where I am now. And obviously, it's so many things to learn, but just asking them, we know what to do in certain situations, whether that is teaching, whether that is some scholarship project, piggybacking on certain projects. If you have an innovative idea, running by them and say, hey, do you think this is a good idea?

And getting that teaching from your colleagues who may have just had a little bit more experience than you, I think those things will help not only normalize, but actually elevate your status, not only as a junior teacher, but as well as a staff physician. I think those things are the tools that I use to help me get to where I am.

Dr. Alim Nagji (10:52):

It sounds like part of it is building your team, building the avengers and bringing everyone together. And once you do that, once you build that community of practice, it really allows you to excel. But also within that, knowing that you have that special talent, whether you're Spiderman or you're the Hulk or your Black Widow, and then I'm also hearing you need someone to lead that team. You need that Iron Man or Captain America, depends on if we're talking about which side of the Civil War.

But really, I see that the value of a mentor later on, once you actually become a faculty is so important and perhaps underutilized. Because I think that that's traditionally thought of as a trainee, trainer relationship. But once you graduate in your faculty, sometimes it can feel overwhelming or lost within your faculty of where do you go from here and how do you grow as the next steps. And I think many of us in the health sciences feel that transition is a bit abrupt and you're out on your own and you're now a clinician, you're now a nurse, you're now a physio, whatever, and you're now out in the world doing things on your own.

And so, that's a really good point to not forget to take your team with you from your training. And so, I really like the idea of staying in touch with colleagues and they continue to seek out mentors. Those are some great, great pieces of advice.

Dr. Kevin Dong (11:55):

Absolutely. I think realizing that your journey is not just by yourself, it's not a walk that you need to walk alone. It's a walk that not only your colleagues or your mentors or people that you seek help from, but it's also your family. It's making sure your wellness is intact, make sure you're very vulnerable at the time of transition. You don't know how to do your billings, you don't know how to get out on time. All this stuff that you don't think much about as a resident, I think, apply. And they add to a lot of stress. Finding that team, do adventures, I guess, what you say, I think those are going to help you transition effectively and become, at the end of the day, not only a good condition, but a good medical educator.

Dr. Alim Nagji (12:38):

If you're finally able to do it, if you're able to recognize the imposter syndrome, you're able to get your team together, how do you actually make that transition from getting mentorship to being a mentor? Because I think that was a challenge where I didn't really know how to take on that new role. What are some things you did to manage that piece?

Dr. Kevin Dong (12:56):

That's a difficult question. I don't know. I think a lot of it is organic. I think it's not really binary like that. To me, I think it's a spectrum. I still feel like I'm a ... I think I've been a mentor since I was PGY-1 teaching medical students. And as I kept going up, I would be ... Continue to be a mentor. On top of that, I would still have mentors from when I was med student, and now continue to be my mentor, even what, seven, eight years from ... Ooh, that's a long time. But I don't even remember then. But I still have people that I seek mentorship from that time.

I think one of the things is people have a little bit of an ego. I now am staff. I'm going to have uphold ... I am the top. I have this I'm the best phenomenon. And I think you have to let go of that. I think you have to say, listen, it's a continuing professional development. This is a journey. I would say some of my colleagues who I admire, who are 20, 30 years out are still learning and still asking me for advice about certain clinical things. Because like I said, things change.

Or some of the things that are more technologically different nowadays in terms of medical education, I think some of my older or experienced colleagues are asking me too. I think, like I said, it's a spectrum. I think we shouldn't necessarily look at age or specifically the amount of years of people of practice. I think those things are obviously important. But I think we should also value people for their skills and what the attributes they bring in. If you find a mentor that you think is your junior in terms of your clinical use, but they know certain things, for example, if they're really good at, say, podcasting, that's someone that you may want to ask if you're interested in that.

And so, like I said, it's a spectrum. I think you should really let go of those egos that make you say, okay, I'm 25 years in, there's no one I could get any mentorship from. I think that's wrong in my opinion. And I think that seeking mentors also makes you a better mentor yourself and vice versa. I think just making sure that your ego's gone and that your real goal is just to better yourself and to help others become better as well, I think those things will help you to have a very rich career in medicine.

Dr. Alim Nagji (15:12):

I think the value of lifelong learning is really emphasized in what you said and that idea that everything is constantly evolving and growing. And so, we can actually learn something from the individuals that we're teaching to. I think that's a really fantastic piece to keep in the back of your

mind. I wonder if sometimes our hesitance to engage learners to teach us is because of our own imposter syndrome. Because if I asked the student to teach me something, perhaps that shows a break in my armor.

It shows that maybe I'm not as omniscient as I thought I was or as I want to portray. And so, sometimes accepting that reality that we can all grow together and embracing that growth mindset, that probably leads to more fruitful mentor-mentee relationships and allows us to exist on that continuum no matter where we are in our clinical career.

Dr. Kevin Dong (15:57):

I agree. I think I learned so much from my learners. I mean, one of the joys of working in an academic center is that you get to learn from so many people, regardless of their training years. And I think we often also forget that some of our trainees may actually have more life experience than some of us. And you don't know what their past life has been. Like, for example, we just recently had a graduate from CCF BEM group, which is the emergency group from the family medicine stream, and he has his JD. He's used to be a lawyer.

Dr. Alim Nagji:

Wow.

Dr. Kevin Dong:

For me, I have so much to learn. There's so many things. And some of our IMG colleagues were cardiovascular surgeons. I think that you can't assume that just because you're a little bit above years in training that you've got it all. I agree. I think you have to make sure that you go with an open mind. Obviously, you have more experience. You're definitely going to be the one imparting knowledge in the field that you're in. But I think if you shut yourself to say, I know everything, I think that's a flaw. I think that you're going to make mistakes.

And I think that you're doing yourself a disservice, because you're not going to learn and get better. And that's part of this medicine. That's the best part of medicine, this life of constant learning. In my mind, that's the best part of me going to work. I think if you keep yourself open and if you make sure that you give everyone a chance, I think that's going to help you become not only a better clinician, but a better educator throughout your career.

Dr. Alim Nagji (17:24):

I think we sometimes forget that our learners have experiences outside of what they're bringing to the table from their traditional training. It's really cool to hear about students who've done other things, maybe other careers or had other life experiences before they come in. And I think it's always valuable to engage that. And I didn't even know we had a lawyer in the program. I wish I did. So many of our shifts could have been every creation of suits episodes instead of seeing patients.

Dr. Kevin Dong (17:48):

Yeah. I mean, that would have been interesting. We're like a suit to work to. That'd be really funny as an Emerg doc, by the way, sorry. I know some of our colleagues would think, were like, oh, I wear a suit to work.

Dr. Alim Nagji: (17:56)

That's great. So really touched on this imposter syndrome and how to defeat it, how to build our team that will take us through it, and talk about the spectrum of mentorship. Any other thoughts you want to leave people who are in those transition periods for pieces of advice or suggestions for how they can walk through that?

Dr. Kevin Dong (18:18):

I think one of the things that's really valuable looking back is, once you're at the senior resident stage, I think trying to build up certain aspects and knowledge points regarding transition is going to be really helpful. So identifying mentors who you say, hey, listen, I'm graduating in couple months, I don't know if my licensing went through. I don't know anything about my finances. How do you bill properly? If I saw this patient and it was this and this presentation, it's not going to be in my textbook because a lot of medicine isn't in your textbook.

I think really reaching out and finding those people that you know are ... Even if you're graduated, now they're going to transition into being a colleague and a friend and also helping you become this friend mentor, I think that would be one of the things that I really leave up to some of my senior resident colleagues who are going to transition very soon. I think the other thing is when you're a junior staff, also especially you say you're not in an academic center, then you're stuck because you don't have a lot of those resources that may be present in a tertiary academic center.

I think still reaching out to people like your chief or people that maybe are education heads in your group or people that you worked in the past that you really do admire and the way that they practice and they teach, I think those things reaching out to them, and like I said, dropping that ego because you're not going to look weak. To them, they're going to say, good, come and let's learn. Let's talk about this. I think those are the people that you need to engage and find and continue to foster that relationship. I think those things are going to help you.

Because like I said, you're not alone. I think that's the main thing that people should try to get that out of their heads. And as long you think that you're alone, that imposter syndrome is going to be real. It's going to continue to spiral into a bigger and bigger and bigger. So once you find these champions, these people that are going to be your allies, regardless of level of training. I think that will help you succeed and transition from not just competence, but confidence. I think that's my main goal or my main pearl I can leave with people at similar stages where I am.

Dr. Alim Nagji (20:25):

It sounds like also identifying people who are about to enter that transition as an educator is an important part of our role. And it seems like that's something that we can do is just to look ahead and say, hey, I know you're going to be graduating soon, you're going to be getting your license, you're looking for jobs, let me give you some advice on those pieces as well, and making that active effort. Because sometimes students feel awkward reaching out and asking about this things that aren't in that defined curriculum.

If they're with you for a rotation to learn X, Y, and Z, they're on the surgery service or on an outpatient clinic, and they're here to learn some specific thing. Sometimes they may feel uncomfortable asking about all those things outside of that clinical environment that you share. But as we know, those pieces of life are so important to our overall quality of life. And really, our happiness and longevity in our careers that we spend so long training for. I think that's a really good tip for us, as faculty, to be aware of that. And when we have learners who are in that transition point

to reach out and offer a hand and show them that vulnerability and that openness that hopefully they can then mirror with their own trainees in the future.

Dr. Kevin Dong (21:26):

Absolutely. I agree with all that. I think reaching out to, especially that senior role, will empower some of our junior learners to say, okay, these things I need to identify as well. And I feel like those are the people that I feel comfortable with asking about that. And I just think that opens up that way. That's like the gateway drug into transition to practice properly. I think that's a great pearl, Alim.

Dr. Alim Nagji (21:47):

Kevin, it was a pleasure having you on the podcast today. And hopefully our listeners enjoyed hearing from you. If they're interested in hearing more from you, can you tell them a little bit about your other podcast?

Dr. Kevin Dong (21:58):

Yeah. I got two podcasts. I guess this is my free advertising moment, so I'll take it. The first one is, like I said, I'm at Emerg.

Dr. Alim Nagji (22:06):

Wait, I thought you were sponsoring me for being on here, right?

Dr. Kevin Dong (22:10):

Yeah, yeah. I don't get paid to be on here, guys. Alright?

Dr. Alim Nagji (22:14):

We talked about it. I was getting a PS-5 for having you as a guest.

Dr. Kevin Dong (22:19):

Good luck, buddy. Good luck. One of the podcasts I am in is called the MacEmerg podcast. It is a podcast for the Tri-Divisions of Emergency Medicine at McMaster, as well as all the regional district side. We have and we feature Dr. Teresa Chan, Dr. Brenda Schader and many of the other residents that are involved and medical students are involved in the program. And we future even Dr. Dr. Alim Nagji. We have awesome stuff going on, teaching accounts and many pearls from not only clinical world, but medical education.

Now, it is specifically for Emerg, but it's actually applicable to probably all those specialties. So if you're interested, take a listen. You can check us up on Apple podcasts, just search MacEmerg podcast. The second podcast I'm in, so I'm the Director of Multimedia on CanadiEM, which is our nationwide unofficial blog for emergency medicine. And they have a podcast called The Canadian podcast where I host some podcasts about transition to practice.

But also, we have a project that is having podcasts from many, many educators around the country, as well as actually all of North America talking about different aspects of medicine. If you want to check that out, go on canadiem.org. And you can check that on the podcast over there as well. My long plea to listen to some of my other works.

Dr. Alim Nagji (23:41):

That's awesome, man. Thanks so much for being on our show today.

Dr. Kevin Dong (23:43):

Yeah, thanks for having me.

Speaker 1 (23:45):

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

Dr. Teresa Chan (24:01):

Hello, everybody. My name is Teresa Chan. And as you know, I am part of the team that's going to bring you some scholarly secrets in this podcast. And I am delighted to have friend, colleague, mentor, she's so many things to me. But Dr. Lara Varpio is an ectopic Canadian who is in the US right now. And she's an adjunct scientist here for us at McMaster Education Research Innovation and Theory unit, so MERIT. And so, it's really awesome to have her involved with us at a distance. And she is such a wise person.

I thought I'd bring her in to actually have a great conversation with me about the pleasure and pain of writing. I think this is something that we struggle with all the time as academics. And I think there is a lot to be said in this domain. But we're going to try to keep this to about 20 minutes and really dive into the conversation around academic writing and scholarship and all that. So, Laura, if you want to say hello.

Dr. Lara Varpio (24:59):

Hi, Teresa, and hi, everybody. And, Teresa, thank you so much for such a generous introduction, really is my pleasure to be here. Having been in the field now for a few years, I know the ups and downs, the sorrows and the joys of trying to write for academic journals. If there's anything that I can share from my experiences, I'm just happy to do that.

Dr. Teresa Chan (25:18):

That's exciting. I mean, to me, writing is just as much a struggle now as it is and it was when I was first started. I mean, I think that I've found some tips and tricks to hack my way to success. I think some basic things that I've learned along the way is never start with a blank page. I have some templates now for different kinds of papers, because then I don't start with a blank page and start with things like filling out a grid about my stuff. It just lowers the bar to get started. But what are some things that you do when you start a paper? Where do you start?

Dr. Lara Varpio (25:50):

That's a great question, Teresa. Some days, my writing tends to fall into two kinds of categories. When I'm the first author of a paper, I have two kinds of experiences. One is that, ideally, I've just finished either finishing the data analysis on a study, really very familiar with the literature that's been going on. I've been deeply immersed in the work. And I know the therefore statement I'm writing to write. When I say that therefore statement, I mean the punch line of my story, the what I found is X and it matters to you because of Y. That's the therefore statement.

And if I know that, then writing a manuscript really often is relatively fluid exercise for me because I know what I'm writing to, I know the data inside out and backwards, I know which elements I want to cite. And so, then it really is a matter problem with I've never met a word limit that I didn't feel was more of a suggestion than a law. I tend to write too much. But I just read it all in one go. I just sit down and I start writing. The other experience is more labored, where I think I know the therefore statement, but there's something in it that's not quite sitting right for me.

Or I have my results and my methods, but I'm not really sure what I'm going to talk about in the discussion, for instance. I usually have a pretty good sense of my introduction when I start writing. But one of the things that I always try to remind myself in those moments when I know this isn't going to be a fluid experience, is that the experience of writing is actually an experience of thinking. When you are writing about your data or you're writing a manuscript, you're literally thinking through it in a different kind of way and I feel that it's a deeper kind of way.

Sometimes what ends up happening, for me, is that I write my paper and I end up changing the thing, the story, the narrative of it as I move forward until I get to a therefore statement that I did not have in mind when I started. And then I have to go backwards and reedit the whole paper back towards that therefore statement. For me, the writing experience is really about, am I confident about where I'm going? Then it's going to be fairly straightforward. But if I'm not confident about where I'm going, I have to trust the process and just keep writing.

Dr. Teresa Chan (27:54):

Yeah, both of those styles of writing resonate with me. I've lived both of them in the last month. I've had one paper that I just sat down and power wrote it because I knew exactly where I was going. I didn't even need an outline. It just came out of me. And those are the pleasurable papers, like you know your problem got hooked, as Lorelei Lingard writes on that paper in perspectives I really like. We'll throw it in the show notes.

But it's basically the idea that you have to hear your problem, you've explained the gap in the literature, and then you hook people in to get them excited about your paper. That's a good heuristic, I guess, for your introduction. If you know that, then you know the so what, who cares, and exactly what you're saying, this, therefore that. And in the discussion, you know the literature, you just get a sense of where you want to pivot, where you politically want to go with the paper. Because sometimes everyone knows the discussion. It's why in EMB, we always talk about like, read the results, read the methods, the discussions, all just gravy. Because a lot of the time, that's where some of the spin comes. But as an author, I love the spin part a little bit.

Dr. Lara Varpio (28:57):

One of the things that makes writing those fluent days easy or one of those things that ... Because I think it's easy as somebody who's ... As both of us do a lot of writing in academia, so we have a fair body of experience to draw on. I think there's a couple of things, I would really like to encourage novice writers, academics joining the field to think about. One is that in order to be a better writer, you really need to invest in being a reader. I read five or six of our major journals every time they come out.

And I don't want to say that I read every single paper in there with a fine tooth comb attentively. I'm probably reading about half of them that closely. The other half, I'm just skimming to get the content. But by reading those articles and by reading the journals, you get a sense of things like the audience. What does this journal aim itself towards? Because every medical education journal has a

slightly different orientation. They're writing to a slightly different audience. That means that by reading them, I understand the audience.

By reading the journals, I understand what are arguments that have good weight versus those, I'm like, oh, that wasn't the best paper I've ever read. By reading and continually engaging with the literature, by reading the kinds of articles you want to publish, you will be a better writer. The other tip that I really want to recommend to people who are just joining the field is to register yourself as a reviewer. Because one of the most important learning experiences I've had in my progress as an author in this field is doing more reviews.

And if I can make a quick shout out here, medical education has, at the journal medical education, has something called the editorial internship. And I would very strongly advocate for anybody interested in seriously delving into the field to apply for that internship I was fortunate to receive it once upon a time. And you get a really robust understanding of how the process of editorial works, how it runs. And you also get a peek behind some of the reviews that you get.

And when you are a reviewer of articles, especially with some of our field stronger journals, not only do you write the review, but you also get all of the reviews back afterwards. You can start to see what other people picked up on, you're going to get some examples of what really good reviews look like, of what people are concerned about. And by being a good reader and by being a reviewer, you will actually be a better writer.

Dr. Teresa Chan (31:09):

Both of those things resonate with me. I think I probably still review and edit too much, but I actually find such pleasure in doing that work because I think it does actually inform my own practice. It's like if you never went to ... As a clinician, if you never did an M&M rounds, you never went to other people's presentations if you never ... Even just sat around and talked with other people about your craft, you're not going to get better at it. We know that that's the case, is that you need to surround yourself with your community.

And how awesome is it that people literally are falling over themselves to ask you for that privilege and that perspective that you have. It's one of those things that I think that return of service we call it sometimes for making the peer review machine run. For every paper that you publish, at least three to four people have worked on it. You've got your editor, you've got several reviewers, sometimes multiple editors, depending on the situation. And so, I think that being able to return that service is important as well as citizenship.

But on top of that, what it is, is that you can get something out of it yourself. It's beautiful. It's transactional in some ways, but I think that's okay. Because I think that anytime you do something additional, you should actually be able to get something out of it. If you don't, then you're just doing it for the sake of doing it.

Dr. Lara Varpio (32:22):

Now, and you're going to know the name of this thing, but closer and faster than I do. But you can actually get credit for the reviews you do. What's that system called?

Dr. Teresa Chan (32:29):

Yeah. There's a social media platform run by Elsevier. Depending on your stance on big publishing companies, it's called publons.com and you can register for an account. And you can actually keep your analytics, so both as an editor and a reviewer. And actually is really cool, because it gives you

quantitative statistics, which since you and I both do a lot of qual, but quantitative statistics on how ...

Dr. Lara Varpio (32:50):

That works too, yeah.

Dr. Teresa Chan (32:50):

I know right now, my review to paper ratio is 1.9 reviews to every paper that I publish. I know right now that I write about two times as many words as everyone else in the entire database when I write reviews, and that McMaster, in general, probably because I pull it up, no, just kidding, but McMaster faculty group engage in peer review, actually write about 100 words more than everyone else. That's really cool to know. It also helps me because in our academic MERIT system, I actually do get rewarded for my work as a reviewer, as an editor. It's not universal across all the departments. It's not universal across all divisions and things, but I do think that it's something that I need to keep track of. So it's a great convenient way to do it.

Dr. Lara Varpio (33:39):

And I think, not to plug Publons, but that's exactly the system I was thinking about. But it does provide you with evidence in your CV of the amount of work in service that you're doing if you need that kind of evidence. So I think that's useful. And I agree with you, Teresa, one of the things I try to do is that for every paper I publish, I try to do two to three reviews for the journal at the same time. Because if we don't pay it back, then the system starts to fall apart. Now my friend, Tony Artino, will have a few thoughts about views. He has a few dozen thoughts about review. I won't steal his thunder because you might want to talk to him one day, but ...

Dr. Teresa Chan (34:11):

Tony and I are on Twitter buddies, so we've had this argument.

Dr. Lara Varpio (34:14):

Exactly, right. The argument, right. Well, then I won't give it away for your listeners. I'll let you talk to him about the work of reviewers and those sorts of thing.

Dr. Teresa Chan (34:21):

Yeah, for sure. Well, I mean, I think that there's obviously a big movement online to talk about whether or not this should be paid work. And publishing companies are making billions of dollars. That's why I said there's controversy around Elsevier and stuff like that. We all break our backs volunteering, reviewing, editing, maybe some of the editors in chiefs have a bit of a stipend, but it's not millions of dollars or anything. They're not like really producers. And so, it is something to think about. But I mean, that's a really good insight about the reviewing.

And I think that a lot of junior scholars probably get told that they should focus on their writing. And I think that what I really like that your perspective is, is that you can't learn without seeing mistakes and why should you make your own when you can watch other people do theirs. And it's like going to the SEM lab. To me, as a clinician, I want to, in a safe space where it's not my mistake, it's not someone that's only high stakes for me, I want to be able to learn. And so, reviewing someone else's paper, helping them get better, because they're probably going to get accepted in many cases ...

Dr. Lara Varpio (35:18):

Somewhere.

Dr. Teresa Chan (35:19):

Somewhere. Giving feedback, providing that insight, being able to critically read something with a Michelin star chefs.

Dr. Lara Varpio (35:27):

Yeah, right. Rating on it.

Dr. Teresa Chan (35:28):

The rating like that. Think of yourself as that tastemaker of science, I think, is really powerful. And whether you're a clinician who's writing for clinical journal, whether you're a medical education specialist writing for that, I think that we all need that perspective. And I think that it's really cool when we can bring all those perspectives together through a series of interviews.

Dr. Lara Varpio (35:51):

So you mentioned Lorelei Lingard's piece in perspectives on medical education about problem gap hook. I can't recommend enough all of the pieces in the writers craft. Now, I do have to put my caveat here that I wrote one. So I ...

Dr. Teresa Chan: 36:02

Yeah, I was going to say, you're one of our [inaudible 00:36:04].

Dr. Lara Varpio (36:06):

Yeah, yeah. I don't mean to self-promote, but Lorelei has written some excellent pieces in there. And I think one of the ones that we're talking about here is that she talks about writing as entering a conversation. Then you're entering a conversation in the journal. If you haven't been reading the journal, you don't know the conversations that are going on. And if you haven't been reviewing for the journal, then you don't know the critiques that are leveled against articles that prohibit them from being part of the conversation.

Reading and writing, I think, are really important. Another piece that I would recommend for junior writers is that sometimes the hardest thing to write is the introduction or the conclusion. What I do often with my junior writers, some of my graduate students, as I talked about, we'll start with the methods because you already know the methods. And you probably already have a draft of them from your IRB. Starting with the methods is often an easier place to start. The other thing is that once you've got your methods done, you probably already know your results.

Write your result section second. And then by that point, now you have half your paper written, now all you need to do is bookend it. Now all you need to do is bookend it. But at least you have a pretty robust starting point. And then if you can write your problem gap, hook paragraph and try to use that as the first paragraph of your paper, then the rest of it starts to flow. It gets a little bit easier.

Dr. Teresa Chan (37:16):

I do something that's bizarre when I get stuck. I actually get a deck of sticky notes out and I write all my thoughts down, like just dump. Because I'm not a very organized thinker, I'm an Emerg doc. I

have no attention span. Sometimes ... I think about something. Exactly. I'm bouncing all around. And so, I'm not always organized, but I can organize myself. What I do is I take a bunch of sticky notes and I write one thought per sticky note. Sometimes it has a PMID number on it, sometimes it has a DOIO number. Nobody just has someone's name on it [inaudible 00:37:48]. And it's to remind myself that that's something I want to cite, that's something I'm putting into the conversation that I'm writing down. And so, what I do is I dump it all down.

And then I take a second color of sticky notes and I put the headings for the paper. I put them in front of myself and I create a storyboard. And then I lay that out in front of me, so on a wall, on a table, whatever. And then I put the sticky notes in the order like a Pixar Animation Studio. This is what they do, this is how they make...

Dr. Lara Varpio (38:18):

Yeah, old movies.

Dr. Teresa Chan (38:19):

... or whatever. They actually put the storyboard in order. And so, I call it storyboarding. And actually, it's how I make sure the logic of the paper that rounds too. Because sometimes when you're typing, it's so linear, that you can't move things around these ... There's something about the tangibility of the sticky notes. And you can use a digital media like jam board or something like that to do the same thing. But the idea is that sometimes your thoughts flow the same way, so changing up the media really helps me.

And then all I find is that if we can put an order, then now I take that deck of sticky notes and I know exactly what my next thought is. And I think that's easier to write once I know where I'm going, like as you said, right?

Dr. Lara Varpio (38:57):

And I think one of the things that's really important about that and impressive about that, Teresa, is that one of the most important things, one of the most important elements of your writing. And if your listeners take one thing away from this, I hope our conversation, I hope it's this, you're writing an argument that needs to have a logic. And so, if your logic starts to fall apart, if your connections don't make sense, if A doesn't lead logically to B, to point C, to point D, then the whole manuscript falls apart. Thinking about what are the connections between my ideas?

How do these things lead A to B, to C? What are the therefore statements that connect them or the however statements that I need to frame this around? That logic is the core of your paper. After that, then you're starting to get into window dressing. And then it's about describing it and putting things on there. But that logic is the core of your paper. So I would really like to encourage your listeners to think hard on the logic of the paper. The only other thing then I ... Thinking about your post it notes reminded me that there is going to be more content that you can put in a paper than you will have words for.

Which means that you have to be okay with the idea that even though you read 30 articles, I don't know how many you read, but let's say you read 30 articles to get ready to write this paper, maybe only 10 of them are going to get in. Or maybe you have 8, 10 different ideas, but only 4 of them fit the logic of this paper. I think it's really important to be ready to be a little bit vicious with your writing and with your thinking and your ideas. Because not everything is going to make the cut. This is the same thing with qualitative data.

You're never going to report all of your dataset because there's just so much of it. You have to be okay saying these pieces make the cut for this paper. And the other pieces can make the cut for a different paper, or they just may not make the cut at all.

Dr. Teresa Chan (40:36):

Yeah, sometimes you just fan girl and fan boy so many great scientists out there, that you're just swimming in the literature when you're writing. And so, I think that taking a step back and zooming out, this happens with some of the junior authors that I work with, it happens with me still. Sometimes I'm just super immersed in something, super excited, and I'm just like, I want to cite like 32 papers in two paragraphs. And it's just unwieldy. And so, I find that taking a step back and saying, okay, so what is core to the argument I'm trying to make. My partner is a lawyer.

He's always talking about arguments. And really, that's what it is. It's like, what are the logical statements? And then how do you put that in? And it's always good to have a balance. You can't just be selling something. We talked about spin earlier, but you also have to be a little bit acknowledging of the rest of the conversation. And so, if there's controversy, you have to highlight it and you have to have some contrary papers, probably, that highlight some of the hot spots.

Dr. Lara Varpio (41:33):

Get some perspectives.

Dr. Teresa Chan (41:34):

And I think that that's all part of trying to figure out what the great story that you're trying to tell is.

Dr. Lara Varpio (41:39):

What's exciting for me about our conversation today, Teresa, is that we've talked about writing in terms of being a reader and a reviewer. And we've talked about writing in terms of having a logical argument and cutting things out. And I think that's a really good orientation for us. Because so often, we think about writing as production. Sit down and get words on paper. But there's so much more involved in writing than just getting words on paper. In fact, I know some of my learners find it much easier to dictate papers and then cut to move and do those sorts of things. But I think getting the words on the paper, we often focus on that as the writing activity, but there's really so much other stuff going on.

Dr. Teresa Chan (42:15):

Yeah, as a cognition, it's the preparation. It's all of that stuff. It's the conversation you're having your head with your audience. That's really what it is. And like you said, dictation is actually a great way to do it. That's a great pro tip. I'm going to call that one out because I think now with iPads and voice memos and stuff like that, why not just ... In your car, you have 20 minutes, turn on the voice recorder, talk to yourself for 20 minutes. You can always listen to it, transcribe. You could also even just, honestly, could use the dictation app to actually do that. And I find sometimes if I'm really stuck, that's a great way because then it's easier to edit than it is to write.

Dr. Lara Varpio (42:54):

Right. Yeah, exactly.

Dr. Teresa Chan (42:55):

Sometimes you just need words on a page, you just can't standard that blinking icon anymore. And all those strategies, the sticky notes, the dictation, all that stuff gives you something ... Looking at your previous artifacts like your grant and your IRB or REB proposal, your protocol, all of that stuff is work that you've done before. If you can bring it all out, mess within in front of yourself. And then you can give me ...

Dr. Lara Varpio (43:19):

All the better.

Dr. Teresa Chan (43:20):

... something together. Those are great tips. Thank you so much for joining me on this episode. It was a great delight to chat with you about this.

Dr. Lara Varpio (43:27):

Yes, it was my pleasure to be here. The one the only thing I want to encourage your listeners to do then, as we end, is just keep writing. Don't stop. Don't give up.

Dr. Teresa Chan (43:34):

Exactly.

Dr. Lara Varpio (43:35):

Just keep writing.

Dr. Teresa Chan (43:36):

Yeah, yeah. Sometimes you just got to be like Dory, like I said, just keep swimming.

Dr. Lara Varpio (43:40):

Yeah, just keep swimming.

Dr. Teresa Chan (43:42):

Yeah. Alright. Thank you.

Dr. Lara Varpio (43:46):

Thanks for having me.

Dr. Teresa Chan (43:46):

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

us the music that you've been listening to. All right. So until next time this is MacPFD Spark signing off.