McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

Episode Number: 18
Title of Episode: Serious Games in Health Education with Dr. Chang | Improv in Medicine with Dr. Rezomovitz
Producer: Nick Hoskin
Music by: Scott Holmes
Featured Guests: Dr. Todd Chang and Dr. Jeremy Rezmovitz
Interviewers: Dr. Teresa Chan and Dr. Mohammad Zubairi
Date of original release: May 26, 2021

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 number. We really excited to bring you all sorts of content from inspiring you to teach or supervise differently, to leading and managing your team, to thinking about new creative ways or humanistic ways to actually do your work, and finally, to up your game in your scholarly practice. Are you excited yet? I certainly am. So sit back, listen, and enjoy this latest episode of the MacPFD Spark pocket.

Dr. Teresa Chan (00:46):
In an effort to spice things up a little bit, we've brought in two different speakers from other centers to really spice things up on the podcast. The first is a conversation I'll have with Dr. Todd Chang. He is from the Keck School of Medicine, which is in Los Angeles, at the University of Southern California. He also works with Children's Hospital Los Angeles. He has been doing a lot of really cool work around serious games, and sometimes gamification, but he definitely has been taking the space to really advance the notion of how games can really be used to up our practice, and probably up the fun in some of the work that we do without losing any of the learning.

Dr. Teresa Chan (01:24):
Next, in the second segment, we have a conversation between Dr. Mohammad Zubairi, who is one of our MacPFD team members, who interviews Dr. Jeremy Rezmovitz, who is someone that is an amazing family physician in Toronto, but he also works in bringing in improv into medicine, and he's been doing this for quite some time. He's also a fellow podcaster. So I think you're gonna be in for a really great treat.

[music]

Dr. Teresa Chan (01:57):
Alright, hello, this is Teresa Chan again, and I'm here with one of my colleagues from the US actually, who has been doing some really cool stuff. So this is Dr. Todd Chang, who is at USC. Maybe I'll just go ahead and let him introduce himself because he's probably better at it and Todd, do you wanna say hello and let people know where you're from?

Dr. Todd Chang (02:20):
Sure. Hello everybody. I'm currently in Los Angeles talking through the magic of the internet. I work at Children's Hospital Los Angeles, that's where my clinical appointment is, and my university appointment is University of Southern California, Los Angeles. My clinical discipline is pediatric emergency medicine. So I went through the pediatrics route, which is all about development and nurturing and children growing up. So a lot of the educators that come from the pediatric side, even though I am technically in the emergency medicine, use that developmental framework and the milestones, and you may have heard of it in the US as well.

Dr. Teresa Chan (02:57):
Todd, that's awesome. It sounds like you've always been one to have a child's perspective on things with your training. So that's awesome. 'Cause I think there's something really cool about thinking through the mind of children and the creativity that come with that, and to be honest, the big reason why I wanted to have a chat with you is that we have something in common, which is we're both kinda gamers, and we both have been so nerdy that we've also converted some of our gaming into scholarship and into teaching products. So I thought maybe, could you tell us a little bit about your back story on how you came into serious gaming, which is kind of what you do, and where you came from in terms of your journey as a scholar in that area?

Dr. Todd Chang (03:34):
I graduated fellowship in 2010. Right around those times, about 2007, 2010, when I was in fellowship, I got very interested in medical education, really through the lens of technology and the technology with this broad umbrella of technology. Right around then was when the iPhone got first invented. So I dabbled in e-learning, and that was my first foray into medical education technology. E-learning turned into simulation, and then simulation turned back into video games and digital games, and then more recently, I've kind of retro evolved into board games and card games, but really the heart and soul of it was that I was interested in technology in medical education delivery and went through the whole process of simulation to get into games.

Dr. Teresa Chan (04:19):
Hey, that's pretty cool. My story is much shorter. I had finished my thesis and had wanted to think about how we could teach multi-patient environments, and one of my friends across the city from me went out for coffee and he said, "What's next?" And I said, "You know, it'd be really cool if we could have some kind of platform, like a board game or something," and then I just couldn't stop thinking about it. And then a couple of weeks later, I had met you at a conference, we had been working on a paper together for some time, and you kind of inspired me. So a big part of the reason why GridlockED the game exists, and TriagED now as a sister game to it exists is because I met you. So I thought that you'd be a great person to chat with. So you've been an inspiration, and maybe you didn't even realize it, but you have been. So it's cool because, come full circle, GridlockED inspired one of your colleagues in the peds department, peds ID guy, Michael Cosimini, who has gone on to make a card game about antibiotic stewardship, which is pretty awesome.

Dr. Teresa Chan (05:11):
It's definitely worth checking out. It's super cheap too. I don't think he's making any profit at all and he's just giving it out, but it's pretty cool too, right? So Mike's game is called Empiric, and it really is just a card game where you can learn antibiotics and what antibiotics could be used to empirically treat different infectious disease problems in kids. And so it's pretty cool. To be honest, my partner is not in healthcare, but he played with me and my family over Christmas and he can identify what

should be generally treated with Amoxiclav, Amoxicillin Clavulanic. So it's pretty cool. Anyway, so that was your journey to get into games, and so you've been in and out of games. What is the coolest thing you've been up to lately? Can you tell us a little bit about something that you're kind proud of that you're working?

Dr. Todd Chang (05:58):
Yeah. Conceptually, the thing I'm most proud of is that my division head, my boss actually finally understands the scholarly work of games. I think most of us, and perhaps, you did as... When you're first delved into games as scholarship, there's a little bit of salespersonship that you have to do in order to convince people that you're not just actively devolving into playing games and doing nothing else, right? And so I'm pretty happy that he sees the product, he sees the scholarship finally, and people came from... He did not come from a world where games were part of the training, it was usually seen as something that children did, and whenever you do something scholarly that resembles anything that your colleagues' children are doing, there's always doubt. This is the same thing with people who study social media, people who study what other children's things... I can't think of any other examples at the moment, but there's a sort of...

Dr. Teresa Chan (06:54): So the plays where people do improv or some of the medical humanities, right? Or art.

Dr. Todd Chang (07:00):
Yeah, medical... The theater performance and all that, yes.

Dr. Teresa Chan (07:03):
Or medical arts and music in its role. And I think that all of those things that we traditionally think that when you grow up as adults, we're supposed to put away childish things, and sometimes people think those are the childish things, but they're not, because I think they're a part of humanity. It would be so universal for everyone to be able to put the little grid down and immediately know how to play Tic-Tac-Toe. That doesn't happen because it's by happenstance, that's because culturally games are such a powerful thing. I mean, who hasn't sat through a classroom bored out of their mind, and then someone throws up a Jeopardy Board on the screen, and you're just excited to have some level of gaming, even that, it's not high level gaming, but some teacher has gone to the trouble to make quiz questions one time and give you buzzers. We all did that in grade school, we did that in high school, and I think increasingly we're seeing it enter into medical education now. I think there's something nice about that.

Dr. Teresa Chan (07:57):
But yeah, you're right, there's an uphill climb with some of these things, and I am both studying social media and gaming. So I totally get it, right, because these are things that people equate with 14-year-olds and not something that could be seriously used for academics, and yet it can be. And I think you've gone a long way to convince people. So, yeah, tell me about one of the things that you're proud of, that you've been able to actually make, so not just do, 'cause I think you've convinced your chair and that's a huge thing, and kudos to you, but what are some things that you've actually done in this space?

Dr. Todd Chang (08:28):
I think the most interesting thing from a scholarly point of view, moving forward in my mid-career as faculty is really showing what the best practices and outcomes and worst practices and outcomes, so

it's just as important to know what to do and what not to do, both in the development and the implementation of a game. So what I've learned so far is that as we make games, I think making games is actually not as hard as implementing it, particularly if you have a goal besides entertainment. If you just wanted to entertain and keep your kid busy, then yeah, there are some good practices, but it's not as complicated. But if you want to both entertain and teach, but in a small amount so that it's palatable and not have the entertainment overshadow the learning, 'cause that also happens as well, there are some principles and concepts and even some theories of how to use gaming, and that's actually really interesting to me. Your questions about what I'm most proud of in gaming and the scholarship of game development, the game implementation, I think I'm most proud of some of our failures that actually went really far, but then just kind of petered out because it was designed only to do certain things and they tried to implement beyond that, we finally realized it and we scaled back to something more reasonable.

Dr. Todd Chang (09:44):
One of the things that we developed in 2016 was a virtual reality simulation. And kudos goes to Josh Sherman, who's now elsewhere in Los Angeles, but he was with us at Children's Hospital Los Angeles for a good two, three years, and he and I worked on a collaborative through Oculus and Facebook, and two companies that I'll name here, AISolve, they're based in London, in England and then Bioflight VR. They're based currently in Culver City and in Dayton, Ohio. All of us worked together on a virtual reality simulation that really is a game with a point system and things like that for the purpose of stress inoculation.

Dr. Todd Chang (10:26):
So we decided that we didn't necessarily want to teach the medical management. We wanted to teach medical management under the environment of stress, which we felt the modality of VR was superior at than say, yes, you can have stress in a board game, but we wanted a different type of stress. The beeping and the notion that this is a life-threatening emergency, and in particular to pediatrics, there's parents involved. And for people who've done emergency medicine and are very good at the stress levels in there, adding a parent who is not having his or her best day of their life at all, that completely disrupts the environmental [0:11:09.8] ____. And all of a sudden, all of your medical knowledge in patient care is altered, and we wanted to get on top of that possible breakdown, and so that here's a stressful situation, here's a child that may even resemble your own child at some point, who is going through a medical crisis and you have to act.

Dr. Todd Chang (11:28):
So we purposely designed the development to be very light on the medical complexity, it was like four or five steps and that's pretty much it, but you had to perform it while things were going haywire, and we had a lot of both fun and scholarly input on how to best balance the level of stress, that it wasn't so overwhelming, 'cause we don't want it to be a horror game, 'cause there are plenty of those, but enough stress that they weren't just sitting there like, yes, yes, whatever, click, click, click, click, done. And so it was a really interesting fine balance to find it, and I think during the evaluation process, we didn't find the stress levels to be what we thought it was going to be, but in that evaluation, we found a brand new audience that we did not think it was initially appropriate for, that now it is working really well.

Dr. Todd Chang (12:15):
Essentially, we found out that it was not as stressful as we thought it was going to be, even though we had voice actors and lights flashing and things like that. It was wonderful to work with the team.

But it still wasn't as stressful as perhaps watching The Avengers movies or whatever, I suppose. And it's definitely not as stressful as the real event, which we initially aimed to match the real event. But what we realized internally is that, okay, if it doesn't match the real event, then maybe it's a safer alternative than the real event, and we would aim this game towards novices who are not quite ready and would totally go too pale and overwhelmed at the real event, let's use this instead of residents, to the interns and the novices, because if it provides them a stressful, but much lower level of stress than the real thing. And so since then, we've implemented this for our interns and had a fairly good amount of success, the implementation looks different. We have to teach a little bit more prior to it, explain what the different medications and perhaps the dosing and the order...

Dr. Teresa Chan (13:20):
Yeah, you prime them a little bit.

Dr. Todd Chang (13:21):
Yeah, you have to prime them with some scaffolding in the medical knowledge which they lack compared to our more advanced residents, which we initially aimed for, but now that we changed the implementation, the game seems to work, and we have a pretty good feedback about it as well. So that's one of the things that we failed to create the game we thought we were, but we still had a success and we pivoted.

Dr. Teresa Chan (13:42):
Yeah, yeah, and I think that's a really good lesson in scholarly resilience, right? Just like anyone whose experiment didn't work out the first time, but maybe it comes to mind how Penicillin was discovered right? You left a Petri dish on the windowsill and you're like, oh, what's that? Sometimes you discover things that you didn't intend to discover, and sometimes those are really cool things. So that's a really good kind of story to highlight that, and I think it also goes to show you that in education and game design, is no different from any of the other processes we do. You gotta test, you gotta evaluate, and you gotta actually do some thoughts to see and measure or at least understand how something deploys after you had made it because people are good at breaking things, right? People are good at exceeding expectations, people are good at... There's a reason why for iPhones, they have experiments where they actually just drop them down like a flight of stairs because that's how we find out if it's gonna be durable enough, and there's a reason why we have crash test dummies for safety in cars.

Dr. Teresa Chan (14:42):
There's industries full of people who intentionally try to break stuff, and I think that that's something that I for sure know that in our own game design, our prototyping is pretty hard. We order one copy or we make one tester copy, and then we do a lot of the Plan-Do-Study-Act CQI kind of stuff until something's ready, especially with game design. It can be fun. It's a little bit weird though, sometimes trying to change the rules and you're like, which rule version are we on? But that's pretty par for the course when you're designing games. You do wanna make them better. Right?

Dr. Todd Chang (15:15):
Right. I actually think people underestimate the level of testing that's required in evaluation, and sometimes if you're working with a pure entertainment company, they understand that on a conceptual level, like beta testing, alpha testing, it's ingrained in what they do, but oftentimes, particularly with healthcare education games where funding is a little bit lower, there may be a deliverable that's sooner than you would like, whereas you can... And with an entertainment game,

you could delay it and delay it as long as your funding is still there. As a result, you might have a game that you intended, and it's just not performing as you would because you now have two goals of entertainment and education, which we don't have to have with entertainment games, that balance is really tricky.

Dr. Todd Chang (16:00):
One of the examples that I've given in lectures or people who are into games and socialization particularly, is this concept of competition, and we found it to be a double-edged sword, it's not... Everyone thinks of competition, and I think everyone will say something about, oh, I'm so competitive at insert trivial things like Monopoly or card games or Tic-Tac-Toe, but in reality, the manifestation of competition doesn't always come about. They'll say things like, oh, I'm a surgeon, I'm really competitive or I'm X, Y, and Z, I'm really competitive, but it doesn't always manifest and sometimes it turns people off and finding that love, that balance can be really tricky. So as an example, the ice bucket challenge, do you remember that? One of the best successes is that it raised so much money. One of the worst things that it did was that the entertainment value, the competition overrode the actual purpose, so that people no longer remember why the ice bucket challenge was being done. Right? ALS right? The game itself, the entertainment can override the education or the competition can just turn something that should be noble into something more crass and mundane.

Dr. Teresa Chan (17:11):
That's like the challenge with serious games in healthcare is because healthcare is a team sport where we're fighting against disease, and if you try to gamify it too much and turn it into a competitive sport, that's not really the way that we want to emulate, right? So your game has to fit with the culture that it's trying to emulate. I think that's why healthcare games like that are even mass marketed, it's like, this is in the wake of the pandemic, so there's the game Pandemic, which is a little too close to home right now for us to play, but it's a collaborative game where you're playing against the board and playing against fate of the die role, and there's a clock that ticks and you're trying to solve the problem as a team, and to be honest, that's the inspiration for the mechanic behind GridlockED is that we were like, well, it's an ED and we're very collaborative in the ED. For us to have a competitive game makes no sense, so we needed to play against fate, we needed to play against the board, 'cause that's literally what in the emergency department we are doing literally. We're sitting there waiting for a disease to come in, right? So I think that you have to align your game to the culture that you wanna emulate or that you want to simulate in some ways, right?

Dr. Todd Chang (18:17):
Yeah, and I'm sure Teresa you've run into this as well, where because the game has to align with the culture, or at least the culture of the topic, the culture that surrounds the context of the topic that you're trying to gamify, on more than one occasion, I've had people recommend gamification when I thought it was not appropriate.

Dr. Teresa Chan (18:33):
Agreed.

Dr. Todd Chang (18:33):
It's always hard to articulate why. There's this concept of you cheapen the topic, there's also... I worry sometimes that people put so much faith in gamification as this panacea for all things that people will magically do what it is that they see in their children with Pokemon Go in all of their

colleagues magically like this. And I always feel bad because you know, it's our career to scale back what we recommend or to say that I don't think gamification works on here, your motivation is to externalize now, you're just trying to get points for no good reason, and you now have lost the whole content piece, and sometimes when I see bad games or get bad gamification where it's like, okay, let's have points. Why? And that justification and seeking that justification is intellectually very interesting, but oftentimes, I bite myself, and when I tell people I think games are a bad idea here, and they just kinda look at me like, no buddy, you're the games guy.

Dr. Teresa Chan (19:30):
Why would they say that? [chuckle] I guess it would be similar to when some of my orthopedic surgery colleagues say, no, actually, I don't think we should operate on this hip, because I think what we have and stuff like that, and it takes a true expert to know when not to pull the trigger, right, 'cause I think it's sometimes easier. Obviously, if it's broken, if it's something that's super boring, super memory-driven that... You know what, like Mike's game, it's actually a really good mechanism for people to just over and over, quiz themselves, quiz themselves, and really you're just building point system around the quizzing and the matching, things like that are really good. And so they are low risk, but if you're looking at more complex games where there's a storyline or storyboard, it would make sense for in Pandemic for the players to play against each other and try to steal resources from each other, 'cause that would be, hopefully not how we want a pandemic to run, and yet that is maybe how sometimes in real world it is, so maybe there's a different version of that game that kind of helps us better simulate the economic impact and how that all kind of simulates, right?

Dr. Teresa Chan (20:33):
So I think that we do wanna think about the ideal state of what it is. I think a good, good craftsman will know what tool to use, and games are a tool or gamification is a tool to pull out when the situation fits. And I think that it's within a bigger bucket of simulation, it's within a bigger bucket of education writ large, you don't wanna gamify everything 'cause it's annoying if you do, and then you don't wanna make leader boards everyone 'cause that's also just hyper-competitive and people just give up if they're not gonna be in the top ten, so you actually just disenfranchise more people than you incentivize, and I think that you just have to know that it's one of the tool box items that you have as an educator or a teacher, and so you can't always just lock your students in a room, especially right now during COVID, you can't just lock them in a room and just make an escape room and assume that they're gonna bond... That might not happen, it could go horribly wrong too, so you have to also understand the limitations of the tools that you're setting forth because that could make a big difference, and to think that a great educator or great gamer knows when not to do something as much as, it's kind of like that show What Not to Wear, sometimes two colors, they just don't go together, and it takes some time for you to learn that, and sometimes it's very obvious that you shouldn't. That's my analogy. [chuckle]

Dr. Todd Chang (21:54):
It's very apt. A good game can never save bad education.

Dr. Teresa Chan (22:00):
Yeah, that's a great one liner, that should be the title of this podcast episode, but educational intent and the content, if it's a bad delivery, if you're trying to get people to memorize something that's actually very conceptual, for instance, right? But they have to wrestle with it. There's no true answer. Sometimes it's the same thing with assessment right? You probably shouldn't have an MCQ

for something that's very nuanced, like having an MCQ question about communication makes no sense, right? An [0:22:27.0] ____ makes more sense, right? And so it's that alignment that's really important.

Dr. Todd Chang (22:30):
There's a game theorist, I forgot this person's name, who talks about the two functions of games and serious games, which is mediating and moderating, one of which is, it has nothing to do with the content, but you're using game strategies and game mechanics or gamification to motivate people to do the normal educational items, so points, leader boards, if you read this book and take the quiz or do this homework or whatever, and then there's the mediating side, and now I'm forgetting the which is which, so read your work guys, where playing the game is the learning activity itself, and that of course requires more retro game and certain types of topics and cognitive topics that's more germane to what the game is all about, and sometimes you can do both, but usually you're focusing on one or the other. So you're using gamification tactics on an educational topic that otherwise should be strong on its own, but you're making it better, or the process of the game, following the rules, discovering their rules is literally the model that we want you to follow in normal patient care. Right?

Dr. Teresa Chan (23:40):
Yeah.

Dr. Todd Chang (23:41):
And I think those are two very different games, so your GridlockED, for example, would be on this side where playing the game is the learning goal itself or leads to a learning goal itself.

Dr. Teresa Chan (23:48):
Exactly. The journey of the game gives you what you need. What's cool is that we've actually played it with high schools, even though the game says it's for 18 plus, 'cause they wanted mainly medical people to buy it, but we've done some workshops to introduce like, with their teachers there and everything like that, so we could debrief it with high schoolers and [0:24:05.9] ____ of a sample game, if I recorded the audio and played it for you, you probably wouldn't be able to tell if it was residents playing or high schoolers playing. So clearly, there's something that you can do to make the game journey be part of the learning experience. They were using closed loop communication, they were doing all these things that were some small nudges and teach them how to do it. They got a couple of turns to be able to practice all that skill, and I think that to me is the reward of creating a game that really works to teach a point, but then like Mike's game Empiric where you truly are just trying to rope member or something, and the gaming is just to keep you coming back to the cards, but you could basically use the cards like a matching game by yourself, like Solitaire to just master the game as well. The points don't really matter because it's just about how you're racking up the game time experience to memorize things.

Dr. Todd Chang (24:56):
That totally reminds me of something, but there's this theory of gamified learning, his name is Richard Landers who talks about mediating and moderating for games. So they're not necessarily mutually exclusive, but you usually have a focus on one or the other, so these behaviors and attitudes in turn influence learning by one of two processes by strengthening the relationship between instructional design quality and outcomes of moderating process or by influencing learning directly, a mediating process. Great. So moderating means that it provides further motivation so that

you have a strong educational instructional design, but you want to promote it, make it faster, make it more effective, and so you add a gamification of game strategy, game mechanics, whatever, points, leader boards, to make it so that people do the instructional design more and more often. Therefore, they're better off.

Dr. Teresa Chan (25:47):
Okay, so that would be an example like Harry Potter where they have house points and the idea would be you want to... You already... You want them to learn good behaviors and be a good citizen, and so you layer on top of that, a motivating factor such as points, and you put them in teams so they all compete to get more points, but really at the core of it, what you're doing is trying to train professionalism and collegiality and good behaviors and citizenship. And so I think an example of that would also be, there's a game that you can play with your household where you actually all have the app and you get points for doing chores, and so you could actually play against each other, and I think Jane McGonigal describes this game in her book, where she talks about how her husband will wake up at 6 AM to go do the dishes so that he could score points, that would be an example of layering that on on top, so there was a few things like compliance issues, you have to do your PPE training, which we all know that we have to do now, obviously in the wake of the pandemic, but at the same time, maybe you would say, which unit can get all their PPE done or which unit gets all their flu shots? It's a similar kind of concept. Right.

Dr. Todd Chang (26:54):
Right.

Dr. Teresa Chan (26:54):
And then so the other one is moderate.

Dr. Todd Chang (26:58):
Mediating.

Dr. Teresa Chan (27:00):
Well mediating.

Dr. Todd Chang (27:01):
Yeah, I get that mixed up too, so.

Dr. Teresa Chan (27:02):
Yeah.

Dr. Todd Chang (27:02):
I hope I'm saying this right. Mediating process is when you're truly influencing learning directly, the gamification, the game mechanics are the actual learning points, so that most likely whatever you're doing in the game, discovering the rules, doing certain things, moving certain objects is very applicable to whatever we're supposed to be doing in healthcare anyway, whether at the patient level or like assistant level.

Dr. Teresa Chan (27:27):
Yeah, so that would be more your complex games, like the ones you're talking about, the immersive games, the games where you're trying to pick between multiple patients who are sick and maybe

triaging different patients or learning some rules of conduct that you need to do for a certain skill set or a diagnosis or where the discovery of the things actually leads you to. You could think loosely simulation is sort of like that. It's not really a game, 'cause simulation is meant to actually simulate real life, but you could imagine that's part of why we do sim is to do that kind of teaching in a safe environment.

Dr. Todd Chang (28:00):
Well, what's interesting about that statement is healthcare simulation and gaming is very linked together because Jane McGonigal's definition of games is pretty generic, but pretty... I think it's spot on, I like using it a lot, so it's, You must have a win condition or a goal of some sort, you need rules and a way to get to that goal, you need a feedback system to know how well you're doing towards that goal, and then this fourth one, which I struggle with, which we can talk about in a little bit is it cannot be mandatory, it has to be voluntary, which that's a whole another thing, but those are really generic ideas, and if you're in healthcare, the goal's almost always fixed to some patient improvement or some patient outcome, whether it's like, make sure that the patient learns something when you're doing a communication game, or a patient has to return to spontaneous circulation, if you're doing a CPR simulation, right? So in healthcare simulation, two of the three parts of a definition of the game are automatically met because we're always moving towards health, and it's really the manner in which the simulation is conducted that really then puts you stronger into the games category, or if it's just regular old healthcare education. So I think that's why we have a lot of opportunities to mix the gaming world and the healthcare simulation world.

Dr. Teresa Chan (29:24):
I think that a big part of it is that I think the simulation experts were also some of the ones to see the natural links because of that, because of that default, because we do always have a win condition, which is we wanna improve healthcare, that it wasn't hard, it wasn't a far cry for us to think about how we might do that. Yeah.

Dr. Todd Chang (29:43):
Yeah. The other thing I wanted to talk about for that four definitions is the, of the four, I think they're domains or principles or elements or whatever, winning or having one person win or a team win is not one of those four. So like Tetris.

Dr. Teresa Chan (30:01):
Yes, that's the classic.

Dr. Todd Chang (30:03):
Right. Nobody can win Tetris really, but it still has a goal, which is different than winning with... Therefore, I'm gonna go back to my old TV days when I watched Saturday morning cartoons back in the day. There were always these little games like Game of Life and Sorry and at the end of the commercial, there's always a kid who raised their arms, "I win!" like always. And for some reason, that's like this mantra in that game advertisement world that doesn't really apply to like video games, of course, but the fascination of winning or having a winner is not necessary for a game to be successful, and I always found that topic to be really or aphorism to be very fascinating. And sometimes I struggled with it when I'm explaining a game that there's really no end to it, you just kinda do this and do that and keep doing and blah, blah, blah. And then somebody will ask, as a physician, how do you win? I don't have an answer. You don't win, there are no winners in this circle.

Dr. Teresa Chan (31:02):
Yes. Exactly. I mean, I think that that's something that with the experience of the games that we've actually played, there's usually a win condition, but sometimes it's just not losing or delay in losing as Tetris is, which is probably more akin to life. I think, someone asked me one time when we were talking about games, what's my favorite game? And I said Tetris, and then I made the analogy that no wonder I picked emergency medicine as my specialty, because you can imagine that a lot of what I do from day-to-day is kind of like a patient version of Tetris, they keep coming in faster and more often, and your job is to fit more of them in, and there's a bit of analogy to that, you know, it's really interesting to think about how games kind of motivate, 'cause I think that that's the other key is that that's what this does is that allows us to really think about how to motivate people because sometimes it's not about winning, but rather it's the journey, it's the story, it's the challenge, right? People that play Tetris play it because it's challenging and you wanna get closer and closer. That being said, I did have an app version of Tetris that did reach a level and I passed it and it was done, they were like, you're done. I'm like, "No, but I'm not done." [chuckle]

Dr. Todd Chang (32:19):
Yeah.

Dr. Teresa Chan (32:19):
Anyway, so.

Dr. Todd Chang (32:22):
Yes, so you can have a win condition but nobody has to win for the game to be successful particularly if the journey itself, if it's the mediating kind where you're actually mediating, learning through the journey, then it doesn't matter if you never end.

Dr. Teresa Chan (32:36):
Thank you so much for taking the time to speak with me. It's always nice to nerd out with someone that has similar interests, so I really enjoyed having the conversation, hopefully our listeners learn something or think about gaming in a more rigorous, serious way, which is kind of cool, well, I think in my nerdy life, and you also think that it's probably a tool in our toolbox, that if we take it seriously, we can deploy it either as a leader or a teacher or sometimes even as a scholar, right 'cause you can imagine as a researcher, maybe we do need to steal some gamification mechanics to get people to fill up the forms, to incentivize participation, there's some playfulness that may be for all those who are clinical researchers to think about how they might use some of techniques to spruce up the way they do business, might be a cool way to attack things, so thank you so much for spending the time with me today.

[music]

Dr. Teresa Chan (33:26):
Alright, everyone, May 25th, 2021, it's a Tuesday, you need to mark down this in your calendar now. It's a free conference and it's gonna be our 14th annual day in faculty development. It's gonna be titled Academia Disrupted: Innovations and Dilemmas Prompted by the COVID-19 Pandemic. And I'm so excited to co-host this event with Dr. Ruth Chen, she is an inspired leader herself and she's definitely been right here with us as part of our advisory council advising us on how to navigate this difficult pandemic world and so she is 100% correct, this is the topic we had to cover, and we're really excited to have some amazing speakers, workshops, and just cool ideas being presented about

what we've all been going through in the past year, so I know it sometimes feels like this pandemic has never ended and is never going to end, but I think that we've really risen to the occasion to respond in the way that we have as faculty and we should celebrate those successes, so join us on this day, it's going to be a virtual conference, so it's open to everyone in the world as long as you can come to our time zone, obviously McMaster faculty will be prioritized if we have a wait list, but we're hoping that all of you can join our conference and make it the best virtual conference ever, so check it out on our event calendar. We're really excited to be having this happen.

[music]

Dr. Mohammad Zubairi (34:56):
Welcome everyone, my name is Mohammad Zubairi. I'm a Developmental Pediatrician working at McMaster University and hosting today's episode with our really interesting and exciting guest, Dr. Jeremy Rezmovitz. Dr. Rezmovitz is joining us from Toronto today where he is practicing as a community family physician and as an Assistant Professor in the Department of Family and Community Medicine in Toronto. He's affiliated with Sunnybrook Health Sciences Center and the Humber River Hospital, he loves to have fun, he has four kids, and we're here today to have a really exciting conversation particularly at the intersection of the arts and humanities with health professions education, and this is a particularly important time for us to continually think about ways in which we can reflect about our practices, reflect about how we deliver health professionals education and to sort of think about what are practical ways to draw from other disciplines and bridge those ways into our day-to-day clinical practice and health education. So I'm super excited, I wanna take this time, Dr. Rezmovitz, to welcome you, so thank you for being with us this morning.

Dr. Jeremy Rezmovitz (36:06):
Thanks for having me, Mohammad.

Dr. Mohammad Zubairi (36:07):
Thank you. And is it okay as we move forward, if I refer to you as Jeremy, is that okay?

Dr. Jeremy Rezmovitz (36:13):
Yeah, definitely.

Dr. Mohammad Zubairi (36:14):
Awesome, so thanks, Jeremy. And like I said, I'm really excited to have you 'cause we've been constantly thinking about what are ways of altering or perhaps thinking further and more deeply about the way in which we deliver education, and so you've had perhaps a little, perhaps a lot of experience with improv theater, and so for those of us that are new to that, can you tell us a bit what improv theater is and what sort of makes it so exciting as somebody who's had experience with it?

Dr. Jeremy Rezmovitz (36:45):
Sure, let's start with the beginnings of the differences between improv and comedy. I think when we've done our workshops, most people are afraid, they bring a lot of fear towards hearing the word improv, they think they're gonna be put on the spot, they think there's gonna be a spotlight put on them and they're gonna be expected to be funny, and so the differences between improv and comedy are the first things that you need to elicit when you're discussing this type of mechanism or intervention, first of all, comedy is scripted. I don't know if you've seen... There's a movie that's out

now, it's called Borat, it's a subsequent movie film, and it's scripted, I bet you within the movie, there is improv going on but for the most part, if it's not on the page, it's not on the stage. It is scripted, it's expected to get a laugh because they've tested it out, whereas improv is collaborative storytelling without any pre-arrangement whatsoever. In fact, if you really analyze medicine and the interview process that occurs between the provider and the patient, other than the first four sentences of, "Hi, nice to meet you. Hi, how can I help you today? Thank you," it's improv, you've no idea what someone's coming in with usually.

Dr. Jeremy Rezmovitz (38:04):
Even if you know what they're coming in with, they may throw you a curveball and so the first thing to understand with improv is that it's the essence of being present and responding. It's not scripted. Now, as far as my experience, yeah, I have, I've dabbled in the arts as they say, I love getting on stage and performing. The differences between stand-up comedy and improv, in stand-up comedy, when you fail, you fail alone, but in improv when you're with a troop and you fail, you fail together. And really, that's the key about improv, it's the collaboration and working towards learning from what you're doing to improve. See what I did there, I took improv and I added an E, improve, okay, health professional education.

Dr. Mohammad Zubairi (38:49):
So Jeremy, there's so much in there to unpack and one of the things that I've often wondered about is in medical school and residency we're often taught to script the ways in which we take our histories from families, and so when you bring up collaborative storytelling, how does the ways in which we take histories and ask questions of families sort of change or how's it modified perhaps if we start to think about some of the principles of improv and its application to our training models?

Dr. Jeremy Rezmovitz (39:18):
So I think that's a great question. I used to teach the undergraduate foundations course about history taking, and I used to tell people to make sure that they hit certain beats. At the end of the day, we have a job to do, and the important thing is to try to pull and elicit information from people so that we can use that information to assess their risk and figure out the pattern, assess them with what we call a diagnosis and then provide a management plan, but you can do that in a myriad of ways, I'm sure you've seen early medical students in a more robotic, very scripted, very rigid way of asking questions, and you've seen seasoned experienced individuals asking questions in a more relaxed, organic, whatever that means, but I've seen both organic fashion, assuming that this stuff will come out and letting one thing lead to the next, right, but both are gonna get the information. The question is what was the experience of the patient and the provider? We wanna look at the quadruple aim and looking at how can we improve the experience of both people that are engaged in there. And so improv, I'm not telling people to just go off script and go do whatever the hell they want, improv is just a way to practise, just like a tennis player does drills.

Dr. Jeremy Rezmovitz (40:42):
They're gonna work on footwork, they're gonna work on a backhand, they're gonna work on a forehand and may work on some drills close to the net, they may work on baseline stuff, and individually, you can work on these drills, but then you're gonna go play the game, then also play practice games, but the point is with improv and using it in health professions education, it's a way to learn how to be more comfortable with uncertainty. And I think as you progress through your training, I mean the practice of medicine from an undergraduate to a post-grad, if you take on graduate or fellowship studies and then practice independently, I think the one thing that unites all

providers is that we're more comfortable with uncertainty. I think improv can help with that, I think that is the role of improv is allowing people to be more comfortable with uncertainty.

Dr. Mohammad Zubairi (41:32):
And I'd love to pick up on that in a second but perhaps for our audience, can you walk us through, Jeremy, what improv training session looks like. If we're new to this and we're coming into a session, what would we expect as trainees and as professionals? Maybe walk me through that.

Dr. Jeremy Rezmovitz (41:50):
I'll walk you through that. I wanna take two steps back first though, and talk to you about the different types of improv that are available, so there's improv comedy, you can go and sign up at a local improv theater company. The pandemic has kinda thrust a wrench into the theater because most things are closed that we're not allowing people, but there are online Zoom improv programs that you can engage in. So there is improv comedy where the goal is to create comedy through spontaneous collaboration. There's another area called applied improv where you use the fundamentals of improv in different areas, workplace settings, home, they're applied, you're just using the tools of improv in a different setting, and the last area is why we're here today, it's called medical improv, Watson and Fu, in their paper in 2016 describe medical improv as the application of improv to the medical field.

Dr. Jeremy Rezmovitz (42:45):
What does that mean? What does a typical improv session do? Well, it's like anything, you're gonna invite somebody in to play. You see there's these underlining philosophies or theories that underpin improv and why it works in medicine or why it works in healthcare, you've got play theory by Brighton's Brian Sutton-Smith that says play is invigorating and enhances and refreshes well-being. I think you could argue that we probably need that in healthcare, we need a sense of working together, and I don't know if you remember playing in the sandbox, but it was fun and you learned things about the person that you played with. Did you wanna play with the person that threw sand at you over and over again? No, I don't wanna have another play date with them. Oh, I wanna have a play date with the person that is gonna be generative and enjoy in the line with what I like to do, it's play. There's also experiential learning theory by Kolb that talks about the opportunity to test and re-test ideas that immerses you in the learning itself, the show me, don't tell me part of medicine. And then if you want, there's reflective practice theory by Schon that says there's reflection in action and reflection on action.

Dr. Jeremy Rezmovitz (43:55):
And so I tell you all of this because as I describe an improv training session that we do, what we do is we invite people in to play and then we debrief and so you get the immersion, you get the opportunity to experience it, you get the opportunity to reflect on it and then you get the opportunity to think about how may this pertain to my workplace, because not everybody comes from the same workplace sometimes.

Dr. Mohammad Zubairi (44:20):
I think that's super exciting. And I think as somebody who clinically does a lot of work in pediatrics, I'm always thinking about play but I've never actually heard that brought up in the context of our opportunities in education, I think we become perhaps very systematic and dogmatic about some of our approaches, which takes away from the opportunities to be creative and curious, so I'm wondering what have you seen with the participants that you've engaged with in terms of what

comes out with their creativity and their curiosity, the ways that they're perhaps reflecting on what they're learning?

Dr. Jeremy Rezmovitz (44:56):
So everybody brings a different position when they come to improv, some are their natural extrovert comes out, others, their natural fear sets in, and so I think the most important thing that we have to remember when we're doing improv sessions is to set down some ground rules, and I think the ground rules allow for everybody to participate, they allow for the inclusivity to happen. I just wanna touch on one point that you do a lot of work in play and then I'm gonna get on to the rules of improv, but just curious, have you ever heard Brian Sutton-Smith, and this is the play theorist that I love, he says, "The opposite of play is... " What do you think the opposite of play is?

Dr. Mohammad Zubairi (45:38):
I mean the opposite of play would be the lack of imagination or creativity, it's how I would sort of phrase it.

Dr. Jeremy Rezmovitz (45:46):
Okay, most people answer the opposite of play is work, 'cause from a cultural standpoint, these are the values that have been projected onto us. If you look at Bourdieu, if you go read about social capital theory by Pierre Bourdieu, they talk about all the things that we bring into a situation, our own values, our own cultural meetings, Brian Sutton-Smith opened up the world for me when he said the opposite of play is depression, it is the lack of creativity and the lack of a... It's depression. And so when you bring people in, whether or not they are willing to play or whether or not they're not willing to play, by having the rules, we try to include everybody in these situations, in these workshops. So for instance, first of all the first rule is adult rules apply. If you don't wanna play, you don't have to play, but we encourage play. The second thing is the three rules, and here are the three rules; number one, you don't have to be clever, witty, funny or smart, and that speaks to the fact that we are levelling the playing field, where it's not about one-upmanship, it's about togetherness.

Dr. Jeremy Rezmovitz (46:58):
You don't have to be clever, witty, funny or smart and this isn't comedy, this is improv, you have to be present. The second rule is take care and support each other. I mean, duh, come on, wouldn't you want that in every work environment? Take care and support each other, and how do you do that? By number three, by saying yes, and yes isn't an affirmation that what you're saying is true or valid, what yes is saying, "I'm here to play with you and I will support you in whatever we are doing right now," and the fourth rule... Oh, sorry about that, and the fourth rule, because there's three rules of comedy, so obviously there's four rules, the fourth rule is that there are no mistakes, there are only gifts. And so by going into a situation where I tell you; one, you can't fail; two, you don't have to be clever, witty, funny or smart; three, people are gonna support you; and four, all you have to do is be present and engage, oh, come on, you got a winning situation there.

Dr. Mohammad Zubairi (48:01):
And how is that winning situation perceived by the... I know you mentioned that everybody comes at it with different experiences but are there some common themes of reactions perhaps when people are first engaging with improv and if they're perhaps more seasoned? Have you noticed differences there?

Dr. Jeremy Rezmovitz (48:19):
We have to take a step back, and I apologize to always do this to you, but the instructors, when you're doing a workshop, what you wanna do is bring people in slowly, you don't wanna put them up on stage the first time and say, "Go," because I think people's fears will get the most of them. So we start off most of our sessions with very gentle inclusion activities. The first one that I usually do is a walk and stop thing, where I get everybody in the room to walk, and when I say walk, you walk, and when I say, stop, you stop, that's it. We debrief that and say, "How'd that go?" And most people are like fine. I mean, I'm walking and stopping. The point is to get people to understand and align with the fact that they are always improvising, always, it's always happening, and so we build it in. So, do people respond differently? Yeah, some people giggle and be like what are we doing, this isn't improv, because what we're trying to do is break down the mold of what they've created of what improv is and be present in the workshop.

Dr. Jeremy Rezmovitz (49:19):
And when you're present in this workshop and engaging with simple things that we ask people to do, counting to 10, playing, working to create imaginary structures and just play, just to create stuff and embody things, people start to giggle. And it's funny to watch people giggle through the spectrum, and so what I tell people is, "This isn't comedy," I've named my workshops now, This isn't Comedy But This is Improv, you will definitely laugh, but this isn't comedy, something like that, because this is not comedy, this is improv. And when you're present, what happens is this joy emanates out of you and that's what we're going for. And so for some people, it takes a little bit more time but by the end of it, most people are truly engaged.

Dr. Mohammad Zubairi (50:05):
And I know you've done some work thinking about how improv can be used to facilitate learning across the different CanMEDS roles, and for those that are listening, the CanMEDS are the competency frameworks laid out by the Royal College here in Canada, and so I'm wondering if you can speak a little bit to that work and sort of reflect upon are there particular CanMEDS roles where it's more relevant versus others or does it apply equally across all of them?

Dr. Jeremy Rezmovitz (50:35):
Sure, we did a scoping review, we had a team of healthcare providers from family doctors, psychiatry residents, medical students and an education scientist, so shout out to everybody on the team from Judith, Joyce, Rashida, and Lou and myself, and we just had a wonderful time, we did something called a meta-ethnography, which is what's used for qualitative studies, not the usual meta-analysis that's used in typical quantitative objectivist studies, and so... Or experimental design, and so we looked at first, the number of programs that were available that people have delivered improv in and we looked then at the responses of the participants in those programs and then we looked at the responses of the analysis of what the people that deliver the program, and then we did our own analysis on top of that and mapped it to the CanMEDS roles and what we found, 'cause we asked... The question was what is known about the role and the implementation of improvisational theater in health professional education? And look, there isn't a lot, there were seven papers that we identified at the time, more have come out since, but the point is, is that it mapped to six out of the seven CanMEDS roles, and I don't think any CanMEDS role is harder or better than any other one.

Dr. Jeremy Rezmovitz (52:00):
I actually don't like the flower with the medical expert in the middle. Because we look at the medical expert as the content, in colloquialism, we call the other skills the soft skills that people learn but I think you need the soft skills as the hardest ones to develop, those listening skills, the working together with other people skills, the ability to lead, knowing when to lead and when to follow, that makes a great leader, followership makes a great leader. Practising how to follow will generate time for you, it'll generate just important ways for you to lead because you'll know what you wanna follow. So when we talk about the leader role and the collaborator role and the communicator role, we talk about the professional role showing up, oh my God, just showing up. We talk about the scholar role and reflecting, improv does all of that. And so the soft skills that people are like, "Nah, it's okay, I'm a physician."

Dr. Jeremy Rezmovitz (53:01):
Well, you're a physician, but it turns out that being able to convey your information is important and eliciting information is important and practicing that training, what do we do with medical expert? We train people. And so if we have all these learning outcomes that we want from the CanMEDS roles, I think we really need to fundamentally reassess what we're doing and think about how can we do this in a fun, immersive, regenerative way, improv does that.

Dr. Mohammad Zubairi (53:30):
And on that note, that's really interesting to hear, and I think fun and generative is that they're so much in there, I'm wondering, Jeremy, if you've had thoughts about, as we shift to CBME, competency-based medical education and the Royal College is CBD, how could we re-imagine that flower for example? And then in terms of what do you see perhaps as the role of improv within a newer framework that's being rolled out nationally? I'm just curious to get your thoughts on that.

Dr. Jeremy Rezmovitz (54:04):
I'm gonna answer the second question first, what is the role of improv? It is important I think in this world of uncertainty. I think that if we start learning to train uncertainty and engaging people in this stuff, we will improve the comfort that we bring to uncertain situations. There's a lot else going on, I mean you gotta do CPR, you gotta learn how to do ALS, you gotta learn... I mean there's just... ACLS, sorry, there's so much to learn. You gotta learn all of the antibiotics for every infectious disease that are out there, you gotta figure out what's in a flu vaccine and... There's so much that we could go on. We could talk about how to assess a heart, a system. There is so much, and so where does the role of improv... Well, guess... You know as well as I do if you're interested in the arts and humanities, it has gone... Keep going lower and lower and lower. It is not on people's priority. I mean most of that though, you have to... If we're gonna re-imagine things, then let's start at the beginning and look at Abraham Flexner who wrote the Flexner Report in 1910, who figured out, well, we should have medical schools attached to universities.

Dr. Jeremy Rezmovitz (55:11):
And so, how long is it gonna take? It's a four-year program. What's changed? It's a four-year program. So if you wanna compete in the world right now, I mean Mac has a three-year program where they go through the summers. At the end of the day, if you wanna compete with the global community for medicine, if you were to say you know what, there's so much to learn, we're gonna go slower and do five years or six years and we are really gonna prepare you for the world, I don't know who would matriculate there, and so that would be a huge risk, and I don't think universities are willing to play that risk right now, and so what role does improv... You know as well as I do that

you probably improvised today, you probably improvised this morning at some point with this interview, you're gonna improvise later in the day if you have a clinical situation and yet we still resist improv as a way of learning, why? Most probably because we're afraid of it. We're afraid what we might learn. There isn't enough evidence, it is not evidence-based.

Dr. Jeremy Rezmovitz (56:13):
Well yeah, it is, if you agree to the underpinning theories that support it, which we do for everything else, that said, what is the role of improv in health professions education? It's important. I really think it would make better physicians, it would make better nurses, it would make better pharmacists, it would make better social workers, it would make everybody better in healthcare. To answer your first question, do you remember what your first question was?

Dr. Mohammad Zubairi (56:40):
Yeah, I'm asking about kinda as we roll out into competence by design by the Royal College, what role will improv or perhaps... Yes, improv is one strategy played within that space.

Dr. Jeremy Rezmovitz (56:50):
Yeah, it won't, it won't, unfortunately, and that's why I wanted you to re-ask it for our listeners because I went off... That's why I answered the second question first. It is important, but getting the people who create competency by design and create CBME to say, "Listen, we should have a module on improv," isn't going to fly. The problem is that improv is an immersive living module, you have to continually do it to get better at it, and if you don't take that approach, then it's not a one and done, if it's competency by design, and you're gonna put improv in, do you know how many physicians might feel like they're still failing at improv? When are they gonna reach competency? How can you say that someone's competent at improv? Now you can use it as a mechanism to help teach some of this stuff, some of the CanMEDS roles, but I still think we would never put enough in for people to truly benefit from it because I don't think people trust that it works.

Dr. Mohammad Zubairi (57:53):
So, I just wanna pick up on a couple of things before we finish up in the time that we have together, one of the things that you've brought up repeatedly, that I've been sort of paying some attention to now is this whole notion of uncertainty and what I'm wondering, Jeremy, is that what are the opportunities right now if we take improv away for a second, but what are the opportunities right now in our health professions education where we do become comfortable with uncertainty as we move trainees through medical school residency and practice?

Dr. Jeremy Rezmovitz (58:25):
I think there's one thing that we have to do for trainees and for colleagues that can help unify and create what everybody's looking for, it seems to me that people are looking for the safe space, I don't know if you've heard the term safe space, and so I've talked about this on previous podcasts. I don't agree with naming a space as safe. I think as soon as you tell people, "This is a safe space," my antenna go up "What do you mean this is a safe space? How can you guarantee that? I'm looking for certainty here, and you're telling me that this is a safe space?" So, I don't do that anymore.

Dr. Jeremy Rezmovitz (59:02):
In fact, that I don't think I ever did that. I had some gut, reflexive gut... What's the word? Contrast, to it. It didn't sit well with me. And so, what we did is we created something called the brave space. The brave space is taking the safe space to the next level. So I'm gonna tell you that I can't guarantee

that you are going to be comfortable, and I can't guarantee that you're gonna know everything. But what I can guarantee, and this is the one thing that we can do for our trainees, and the one thing we can do for our colleagues is that I will support you. I will continually support you, I just need help in identifying what support looks like for you. And so, by supporting you unconditionally, what we'll do is create something called the brave space, and in the brave space, we can take risks. And by taking risks, you'll recognize and be aware of the fact that there is uncertainty, but you're willing to take certain risks that will help you mature, that will help the patient, and say, "We're just gonna listen. We're gonna try to elevate what we're doing with our patients, and with our colleagues, and with our trainees, to a point where we're willing to take risks because we know that if we "fail" we'll be supported."

Dr. Jeremy Rezmovitz (1:00:21):
And I think improv training can help people understand. I mean, it is the second rule, "take care, and support each other," and I think too often, we don't support each other unconditionally and really help. Because who really wants other people to fail? What we want you to do is learn. Especially for our trainees. And so, I don't know if you've noticed, but some trainees... I mean, there's a spectrum, and some trainees are willing to take certain risks, and other trainees are governed by fear. And that fear limits their ability to learn. What if we could create a space where I said, "Regardless what happens, I'll support you. And we'll make sure that you learn this by the end." Instead of putting people in positions where I'm going to evaluate you whether or not you completed it, or whether the task that you did was complete or incomplete, I'm gonna guarantee you that you're gonna get the complete, but that if you don't know something, you can ask for help. Just like in medicine. What do you do when you don't know something? Do you say "Ugh," you just sweat, and you sit there until the answer comes to you? No! You look it up, you ask for help! Cheating, by definition of what we do in academia, is the complete antithesis to the way we work in the real world.

Dr. Jeremy Rezmovitz (1:01:42):
Why don't we re-imagine what training is, to align with what the real world is. Which is, "You know what? You can ask for help. You can look stuff up. You can get a second opinion." I think that would go a long way to creating a space where everybody feels supported through their training, and into their practice.

Dr. Mohammad Zubairi (1:02:02):
I love that. I love this concept of re-imagining, and continuing to re-imagine, across all the different spaces and how we think about them, so thank you for sharing that. I wanna bring up briefly in an interview that you did for you U of T Med back in 2018, one of the things that you said in that interview, Jeremy, was that, and I quote, "In an improv sketch, we play with the power dynamic, so how do you give more power to the patient?" And so, I'm just wondering, can you speak to that a little bit, and what form that takes in improv?

Dr. Jeremy Rezmovitz (1:02:37):
Yeah, so improv training will allow you to play with different thoughts, different... It raises an awareness. So if you look at critical consciousness in healthcare, you can look at the power structure. Generally speaking, the doctor has the power, and the patient is at the mercy of the doctor. But it turns out, if you've ever worked with any patients, the doctors are actually... Don't have the power. So, even though you have the power to prescribe, the patient actually gets to put something in their mouth, if we're talking about oral medication. So, the patient gets to show up, the patient has to do it, so, if we can play games like that, that demonstrate who has power, and what power looks like.

Dr. Jeremy Rezmovitz (1:03:23):
And so if you go through these things with people while they're engaged in these workshops, you can really elicit what power looks like for you, or what strength looks like, and what you really want. And so, you can try to find ways to get people to move, and get people to talk, that will elicit these power structures that are inherent, this bias that we carry with us, because they're the values. Maybe you grew up in a family that said, "My father is gonna sit in this seat, and my mother sits in this seat." And then you see that echo through society, through movies, through TV, through reading, through different avenues, you've seen this stuff echo. Improv training can actually break down some of those values that we hold, these belief systems that we have, where somebody needs to sit in this, in one area. Or, if you see a tall person walk in... You know, tall people have a physical advantage, because people have to generally look up to them.

Dr. Jeremy Rezmovitz (1:04:20):
Well, looking up reminds us and triggers us of what it was like to be a child in that power dynamic, where the taller person was the adult, and the smaller person was the child. And so you may revert back into these things whenever you're looking up at somebody who's much taller than you, because we actually give power to these people based on our cultural and societal values. Improv training can help break all that stuff down.

Dr. Mohammad Zubairi (1:04:45):
Thank you so much, and that's so relevant to broader conversations that are taking place around systemic issues and challenges that we need to continue to think about. Before we came on the recording, Jeremy, you said that life is improv, and so as we finish up, and you think about the rest of your day today, can you walk us through what are gonna be those moments of improv that you're gonna be paying attention to, or aware of? It's a bit of a cheeky question intentionally. I'm just wondering.

Dr. Jeremy Rezmovitz (1:05:14):
It's okay. So, as we're sitting here, I already got a phone call from a patient. I mean, I didn't expect it. So I'm gonna call her back, and try to figure out what's going on with her today. I've got my kids that I have to pick up at school today. We've got karate class this afternoon, I don't know what's gonna happen, I mean, life is improv. And I recognize it as such. And that it gives me opportunity to play, and play with different power structures. My kids come home, and they'll tell me something that happened in school, and then I'll challenge them on the notion or idea that they had.

Dr. Jeremy Rezmovitz (1:05:46):
Here's a good example, actually. This happened last week. My kid's tooth fell out, and he said the Tooth Fairy's gonna come and give him some money. And I said, "Oh yeah, the Tooth Fairy definitely is real." And he said, "No, the Tooth Fairy is mummy." And I said, "I don't think so." And so, there's this value that these kids have, this idea, this notion, this bias, that the Tooth Fairy is mummy, okay? It's their mom. Look, let's be honest. It is. But I challenged it, and I said, "Well, do you know about the Hairy Fairy that comes in also?" And they said, "No, who's the Hairy Fairy?" I said, "Yeah, so what if the fairy was a man, and the fairy was hairy?" And so the Tooth Fairy, generally, it could be anyone, male or female, and so challenging that notion that comes up, is a way to play in improv and come up... We just came up with stuff, but this is my day to day life, is challenging my kid's notions so that they're not struck down with this constant bias that leads to institutional racism and sexism, that leads to this ageism that happens in life. I don't want that for my kids. I wanna promote

thinking, critical consciousness, so that they understand how to apply this when they grow up a little bit older. I mean, granted, he's six, and so some may argue it's a little too early to start eliciting power dynamics, but maybe not. I don't know. We're improvising.

Dr. Mohammad Zubairi (1:07:10):
Well, on that note, I wanna thank you again for taking the time to speak to us today. I think you've given us a lot of material and reflections to have our audience be challenged about, perhaps, the ways in which they think about many of these constructs. So once again, thanks so much for taking the time today, and we look forward to continue this conversation at some point in the future.

Dr. Jeremy Rezmovitz (1:07:33):
Thanks, Mohammad, I really appreciate having me on here, and good luck with the faculty development podcast.

Dr. Mohammad Zubairi (1:07:38):
Thank you.

[music]

Dr. Teresa Chan (1:07:41):
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 W-W-W dot M-A-C-P-F-D dot C-A. 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.