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Spark Podcast

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Interviewer: Dr. Teresa Chan
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Dr. Teresa Chan (00:02):
Welcome to the MacPFD Spark podcast. This podcast is meant to inspire you to take the next step in your development journey as a faculty member. We're really excited to bring you all sorts of content. From inspiring you to teach or supervise differently, to leading and managing your team, to thinking about new creative ways or humanistic ways to actually do your work, and finally, to up your game in your scholarly practice. Are you excited yet? I certainly am. So sit back, listen, and enjoy this latest episode of the MacPFD Spark podcast.

[music]

Speaker 1 (00:44):
Hello and welcome to the 32nd episode of MacPFD Spark. Today, we will be listening to two discussions about cultivating competency. First, we will have the opportunity to listen to Dr. Mark Crowther discuss the anatomy and physiology of a meeting. Next, we will be hearing about the process and best practices for teaching junior learners with Dr. Alim Nagji. Please enjoy the episode.

[music]

Dr. Teresa Chan (01:15):
Hello everyone, this is Teresa Chan and I'm here doing another podcast. Today I brought one of my bosses, Dr. Mark Crowther, back to talk about what makes for a great meeting. So I was thinking maybe we could talk about the anatomy of a good meeting, and then maybe another time we can talk about the physiology of a good meeting 'cause I think they're actually different things. [laughter]

Dr. Mark Crowther (01:34):
Thanks, Teresa. Yeah, I think this can be pretty fast as a good meeting is also pretty fast. I have to have a lot of meetings. In the era of Zoom, I've actually learned a few things, so one is... And probably the most important is, when you're gonna hold a meeting, make sure you need to hold a meeting. For example, if you can deal with the content through an email or even better, a WhatsApp or text message, that frees up an hour of people's time rather than sitting down and waiting for them to figure how to turn their microphone on.

Dr. Mark Crowther (02:01):
Second thing, make sure you have the right people there. And that doesn't mean include the people who should be there, and you don't need to include the people who don't need to be there. People sometimes feel they need to invite everybody to a meeting. Everybody's got enough meetings, so if they don't need to be there, don't invite them. They wanna be there, sure, but don't oblige them to belong. Third, I think really important, if the meeting is not going to last for an hour, the meeting doesn't have to last for an hour. If you can get an hour-long meeting done in 12 minutes, you'll win lots of friends by doing that.

Dr. Mark Crowther (02:28):
Fourth, I'm not really sure. Having an agenda, people talk a lot about having an agenda is super important. I think it is, but I don't spend a lot of time on the agenda. The agenda primarily serves to remind me what topics I should be talking about at the meeting. And then I think the last one for me is minutes. People always say, "Well, I'll look at the minutes." And I say, "Well, I'm not gonna write minutes." Obviously, there are some meetings that require minutes because they're legislatively or organizationally required, but for a lot of meetings, it's really about fact-finding, and it's about truth-telling and understanding people.

Dr. Mark Crowther (02:57):
And sometimes you don't want that recorded or maybe you just want a two-line summary rather than a detailed summary. The other thing about not sending out long minutes is that most people don't read 'em, and more importantly, people use it as an excuse not to come. So if you say, "Look, we're gonna have minimal or no minutes." Then if people wanna participate in the conversation, they're actually gonna make the effort to actually be at the meeting. That's some of the things that I do in terms of the anatomy, the set up. And we're not gonna talk about physiology, so I won't talk about running it, but more just around how you set them up.

Dr. Teresa Chan (03:22):
Yeah, and I think that I would add a couple other things that I've always thought of is that if you have a meeting and you have an agenda, that's great for you as a leader to have a tick-tock of what you wanted to cover. But the other part of it to think about is also, what are the prep materials that someone might need to be successfully helpful in that meeting? And so set your folks up for success. If they need to have a document, make sure they have it, and make sure they have it just in time. So if you have calendar invites, if that's how you do things, then put the Google Doc link right in the calendar invite so it's right there staring them right in the face. Maybe sending a just-in-time email because you can email to the future now with Gmail and other settings in Microsoft. The idea would be you can set a judiciously timed email to have all the attachments deployed minutes after the meeting started, 'cause everyone's checking their email during your meeting regardless of whether you want them to anyway, so you might as well use it for good rather than as a distraction.

Dr. Teresa Chan (04:15):
And so that it is you don't lose 17 million minutes, just everyone be like, "Can someone send me the attachment?" That's just too much most of the time. Another thing to consider probably is just the idea that not all meetings are "meetings." Some of them are theater, some of them are fact-finding, like you said. Some of them are working groups, and so maybe diversify the language you use about the expectations of what that collection of people are gonna do together will be helpful. I call things brainstorming sessions, or town halls, or like you said, a consultation or an interview. Because each of these things gives me the power to be able to set an expectation. But if everything's called a

meeting, then some people won't know that they're walking into theater and they think that they can... This is a... You're in an award ceremony. You can imagine if you had people show up and try to debate whether or not someone should win the award. Kanye did that at some point.

Dr. Teresa Chan (05:12):
But the idea would be that that's not the time or the place. This is theater. And so the idea would be that there are some times when we will actually have it all set up, it'll be like a theatrical performance. There will be a stage manager and there will be an agenda because we gotta stay on time, we gotta finish this thing or the music is gonna start playing, we won't finish our speeches. On the flip side, there are meetings where you are truly just engaging with everyone, to listen to what they have to say, and understand what they're thinking, and get some more information and spitball ideas. If they're all called "meeting," then we lose some of the nuance of how to actually do it well because people will come in with a different mental model of what they're gonna be able to do. And then as such, I think they will react differently and prepare differently, and therefore engaged differently.

Dr. Mark Crowther (05:53):
The term "meeting" implies a kind of hierarchical top-down communication strategy. Sure, use whatever terms you wanna use that you think will help people to better understand your intent when you're trying to set the meeting up. A couple of other things about Zoom meetings in particular, your point about people checking their email is very real. Try to get people to keep their camera on, at least you know they're there 'cause sometimes there's a worry people are not even physically present. Make sure your audio system is good, make sure you've got appropriate microphone. I wear these funny headphones because they're over-ear headphones so they don't hurt my ears 'cause I spend a lot of time on Zoom and so... Make sure you're comfortable. If you're in agony from your ipod thing stuck in your head the wrong way, you're not gonna be as effective in the meeting. I think distraction during Zoom meetings is real. This is a bit of physiology, but if it looks like everybody's checking their email, they're probably sending you a message about the content. [chuckle]

Dr. Mark Crowther (06:41):
If everybody's like... And it's probably time that you stop talking about whatever you're talking about, and move on to something else. So just keep an eye on the meeting and make sure you've got the people engaged. I think the other thing is, I'm a big fan of being a little bit controversial, as you know Teresa, I'm pretty blunt, I don't stop to pull any punches. And sometimes it's saying things that are a little bit edgy or that nobody else would say that, whatever... It keeps them engaged and people will come to meetings 'cause they anticipate that I'll be a little bit of engines and that I obviously don't be unpleasant, don't be inappropriate, but don't be afraid to talk about what you need to talk about in the meeting. People are really afraid to do that.

Dr. Teresa Chan (07:13):
Yeah, I think we are heading into physiology, so I'm just gonna leave in here and add a couple of things. But Zoom meetings, one of the things is that the actual structure of the meetings allows for a back channel officially, as opposed to... We've been at tables where you may have sent me a text message during the middle of a meeting and I have to sneak into the table and respond to you with the emoji. But in zoom now it's legit that you can actually use the chat both for private messaging and for above board messaging. And I do find that actually as a leader, making sure that someone is writing the chat, if you can't do all process and you wanna watch all the talking heads and their

reactions, then make sure you assign someone an in person or a co-leader, to actually read the chat because some people are introverted enough. That is where they're expressing themselves, and these are voices you would never have heard before. Often they are junior people, because they're more comfortable with messaging, sometimes there's clarifications that have gone on, sometimes there are mis-clarifications that have gone on, so making sure that it's a team sport when you're running a meeting is actually really important.

Dr. Teresa Chan (08:13):
And so debuting someone, if you don't have a natural deputy, is actually really important for teaching sessions or for other leadership kind of activities as well. So making sure that you use and leverage the chat. So sometimes there are folks like you and I who have our hands in the air before the questions even finished being asked, but there are some people that need that processing time, so allowing them to then take the time during a presentation to form their words and write down the question, not forcing people to necessarily read them, but actually have that Deputy assigned to reading a really good question and pointing it out, can really amplify the voices that you have around the table that might not... First of all, they might not have been there to begin with, 'cause maybe they were dropping off kids, and that's just the only way that you get in.

Dr. Teresa Chan (08:53):
The other thing to think about is that they might not feel safe and psychologically able to voice some of their dissenting opinions, but that chat seems a little bit less obstructive or invasive then piping up. And so it might be that people are phrasing it as a question but you have to see that maybe they're leading you somewhere, so reading between the lines is important even in chat. And it's hard to do in real time, it takes some practice. So having more than one person to help you with that is really cool.

Dr. Mark Crowther (09:19):
Again, a bit of physiology, but also just understanding... I totally agree that chat function is very effective, adjunct to the tools that we had available for face-to-face meetings. Be extraordinarily careful when you're using the chat function, especially if you're saying something a bit inflammatory, unpleasant that you send it to the person you're trying to send it to not to everyone. I think all of us have been on meetings where someone has inadvertently sent a message to everyone that wasn't meant for everyone. It takes 20 years to build a reputation and 20 seconds to destroy it.

Dr. Teresa Chan (09:47):
It's a new reply.

Dr. Mark Crowther (09:49):
Be very, very careful with that. I also agree that you said we may have texted back and forth during meetings, which I know that we did do rolling her eyes literally or figuratively at the person who was talking. You can still do that when you're on Zoom calls and it's a lot safer than typing something inflammatory or stupid, if you can't help yourself and then typing it into the chat function and inadvertently sending it to everyone. So use whatever channels are available to you. If what you're setting up is actually an information dissemination meeting, not an information sort of accruing meeting. Think about the webinar function, the webinar function has a lot of additional utility over Zoom, face-to-face, Zoom meeting. People can't share their video, they can't turn on their microphone... You can turn off the chat function, so they can only use the Question and Answer function. The Question and Answer function is a lot more effective for monitoring and answering

questions as they come up in real time.

Dr. Mark Crowther (10:35):
I'd say that more... Learn a little bit about Zoom before you start using it, so that you know how to manage all the tool. Zoom is evolving under selective pressure at an incredible rate right now and is getting better and better as is all the other platform Skype, Microsoft Teams, Google, they've all got rapidly... What they look like now is dramatically better than what they look like six months ago, so keep an eye on all that. I think another thing about meetings, as we've recorded a whole podcast and kind of maintaining sanity during COVID, but only call the meeting when you really need to have a meeting. Just because you've gotta schedule a meeting once a month for an hour or if you got nothing to talk about, cancel it. People will appreciate getting that hour of their life back.

Dr. Teresa Chan (11:10):
Yeah, and I think that there's a real kind of like creep to fill all the spaces in your calendar with meetings, meetings, meetings. And so that's the other part of it too, is that being generous with yourself to schedule in a break to have lunch or have a bio, break or go for a walk, it can be a very rejuvenating for yourself. So making sure that you're kind to yourself when you're setting means as the leader as well. Because you can't let over run with just nothing but sitting on you butt.

Dr. Mark Crowther (11:38):
And also be kind of your people. Just 'cause you're up at 06:00 am or 07:00 pm doesn't mean that people wanna be up at 06:00 am or be holding meetings with you at 07:00 pm. I've noticed over the last couple of week, there seems to be a proliferation of meetings in the early morning, in the early evening. So I'm gonna have to shut them down. Just 'cause I'm not available in the next two weeks, doesn't mean that we need to schedule in the next two weeks.

Dr. Teresa Chan (11:56):
And then I think the other part of it too, is that your point is well taken around what's that... Are you capitalizing all the direct media that you could use to connect people between? Are you still super reliant on in-person or synchronous communication in order to advance your cause? A lot of people tend to not do anything in-between meetings, that's like going to piano lessons and never practicing in between. I'm pretty sure that wouldn't be great, and so you can't move something forward if you don't do something about working between the meetings to move it forward. And so for a leader that might mean action item. So again, the agenda is not as useful and minutes aren't that great. But on the flip side, I do think that having a document that archives who was supposed to do what, and then holding them accountable to that is super important.

Dr. Mark Crowther (12:42):
And it might well be that you can actually replace a meeting with Microsoft Teams document and rather than actually taking an hour of people's day, you can send them an email and say, "Look, I edited this document." McMaster, for example, it's got a really great Office 365 implementation now, which is... All faculty have access to it, and I'm just slowly getting people headed to the idea that we don't need to have a meeting with this, we can actually discuss it in Microsoft Teams. And all the documents are there, everything's kept up-to-date. Now, that will replace a lot of meetings once people get used to the idea that you can actually use that as a resource. Another thing is that when people are being interrupted during the meeting, don't get mad at 'em, enjoy the fact that they are dogs barking in the background or that they are dogs that are trying to kill the FedEx guy, which is

obviously not something you'd endorse, but certainly happens with regularity.

Dr. Mark Crowther (13:24):
So that's just part of life and zoom and don't make that... Don't feel that that's some kind of interruption of your meetings, it's a part of life.

Dr. Teresa Chan (13:31):
I love it when the kids or the pets pop in. Because then you get to share that part. And I'm pretty sure I have several friends whose kids like to come and say hi to me, because I usually tell them a... Show them something cool. Or they're like, "There's that lady again, she's gonna tell me a joke." And I think that's okay. The other part of it too, would be around the point you were making around the asynchronous human. I do actually think that that's a huge infrastructural shift and an attitudinal shift around how to team. So it's probably another conversation for another time, but I do think running a team where the team actually has access to documents and can work asynchronously together is a completely different skill set than some of us have grown up doing. And I do think that it's an invaluable skill to learn if you're gonna be a modern leader. So we could probably talk about that another time.

Dr. Mark Crowther (14:17):
I would hope that people are starting to perceive that the era where you were circulating singular copies of documents to 17 different people and spending two hours taking the time to collate all the edits together into one document, should be done. There's no excuse for that in 2020. There's multiple different online collaboration tools. You can share a link, everybody can edit it. You get one copy of the document at the end, people can see what you're thinking. And that replaces meetings. That is a very, very good way to reduce the workload on people, is to give them a document to look at that's common to everybody.

Dr. Teresa Chan (14:48):
Yeah, and even if you are doing the meeting, because you're still in that bridging zone where your teams aren't ready to completely just asynchronously draft a whole paper together or a whole manifesto together, then what you can do is have a synchronous meeting where you pop that link into the chat box in your Zoom and then everybody can quietly review the document and actually, concurrently edit the document until everyone's happy. And that is still way more efficient than one person screen sharing and then everybody shouting their ideas to them. So I do think that there's some bridging that we'll have to do as we get more comfortable with that. I think it'll really help us move the mark between meetings. And I think that's what we all need. We would probably need more time to do the work and less time in the meetings themselves, but rather to actually work on the work that the meeting was supposed to generate.

Dr. Mark Crowther (15:35):
That's excellent, Teresa. Thanks for that discussion. I think that meetings are killing people and... And you need to make 'em more efficient.

Dr. Teresa Chan (15:40):
So take home points, if it should have been an email, probably make it so. If it should have been a WhatsApp, that's even better. Just send the quick note, emoji, whatever you need. Make sure you think about how you can capitalize on the asynchronous components of things. Think about how and when you're trying to do work and label your meetings appropriately, if you can. Make sure you use

documents like agendas to help you time keep, but also be generous with yourself... That if you're just more efficient than you thought you would be, then you can say goodbye to everyone and give them a gift back of 20-30 minutes of their day.

Dr. Teresa Chan (16:12):
And think about action items and using that kind of format as opposed to minutes, so that people know who's supposed to move the mark and by when. And keep a goal on accountability from time to time, so that the meeting isn't the only time people are thinking about whatever you're actually planning or doing.

Dr. Mark Crowther (16:30):
And don't kill yourself by saying, "Look, I can reduce all my meetings to a half hour long." And then instead of having eight meetings in a day, you have 16 meetings in a day, 'cause you will die. So, as a person who's calling meetings, don't overestimate your capacity to sit for eight hours on your butt in one after another, after another, after another, after another meeting. You've gotta have some time off yourself.

Dr. Teresa Chan (16:47):
And in the meantime, the other thing I think that you've raised awareness and some other folks are doing, is optimize your tech. So if you need a standing desk, get one.

Dr. Mark Crowther (16:56):
Yeah. Yep.

Dr. Teresa Chan (16:56):
If you wanna get a treadmill to put under your standing desk, consider it...

Dr. Mark Crowther (17:00):
Yeah.

Dr. Teresa Chan (17:00):
Because sitting in a badly made chair also is a bad idea, so make sure you get the equipment that you need to optimize your life. If you are gonna be spending the bulk of your day, try to optimize it as best you can.

Dr. Mark Crowther (17:11):
We mentioned this in the previous podcast we did, but think about your background. If it looks like you're living in the garbage dump, that's gonna tell people something about the meeting and they're gonna... It's gonna imply some stuff for them, so try not to look like you live in a garbage dump. If you need to spend 100 bucks to get a better camera, probably worth it. You don't wanna look at like Minecraft character, a lot of people look like like Minecraft characters, and that leaves an impression with people. When they're pixelated or whatever... We've been going at this for eight months, there's no excuse for still going at it like we were in the first two weeks of this.

Dr. Teresa Chan (17:38):
And take the time to learn the tech, so capitalize on the chat, understand how the functions work, know how to find the chat when you're moderating the meeting and screen sharing. These are all small things that will make your life better and make you look more efficient. And lowering the tech

barrier for yourself is worth the investment, 'cause you're probably gonna be doing a lot of this in the future, as well, so invest wisely. Take care of your choice. Well, thank you so much for the great chat as always, and we'll bring you back for other stuff another time. I'm sure we'll have other topics to talk about.

Dr. Mark Crowther (18:05):
Thanks, Teresa. Great. And thanks again for all the work you're doing for McMaster and for your portfolio at McMaster.

Dr. Teresa Chan (18:10):
Wow, that was a really awesome first segment of the MacPFD Spark podcast, and now on to our second segment.

Dr. Alim Nagji (18:24):
Hello everyone, and welcome to this episode of Dear Supervisor. I'm Alim Nagji, your host and very excited to be here today with Joanna Dida. Joanna is one of our amazing emergency medicine residents. Joanna, can you introduce yourself for our audience?

Joanna Dida (18:39):
Yes, absolutely. Thank you for having me, guys. So, as Alim said, my name is Joanna Dida and I'm a current PUI-4 in Emergency Medicine at McMaster University, in Hamilton. And I'm also a current Clinician-Educator Fellow at McMaster University. Super excited to be here and I'm super keen on George Gatero.

Dr. Alim Nagji (18:57):
And Joanna is also an expert podcaster herself with a regular recurring segment on our Mac Emerg, cousin podcast. And so you can always check that out for some great insight into what the emergency medicine residents are up to, and it's always a pleasure to listen to you with your dynamic style, so I'm really excited to have you here as a guest on our podcast today. The question we received from the listeners is really, how do we kinda target our teaching towards junior learners? And when I heard that question, I immediately thought of you, 'cause I think of yourself as a senior resident and kinda teaching someone more junior then yourself, I thought you'd be a great person to have this conversation with. So what are some of the things that you'd suggest to people who are really taking on a role where they're teaching very novice or very junior learners?

Joanna Dida (19:34):
Well, that's great. It's honestly a pleasure to be here. I thought long and hard about what some of my, I would say, personal tips would be when it comes to teaching junior learners, especially on a shift, and then I realized that I'm very lucky to have created an early community of practice within my clinician educator area. And as such, I sort of informally surveyed a number of current educators to get their opinions on the topic as well. And it really came down to it, I would say that here are my five key tips when it comes to teaching a junior learner, such as on an emerg shift. First and foremost, I think it's very important to set the learning scene. And just sort of like with anything else in medicine, or particularly, let's say a medical procedure, setting up is half the battle.

Joanna Dida (20:18):
The second thing that's important, in my opinion, is to set learning goals with your trainee. So you're both working toward this common goal, you don't wanna be fumbling around as a shift goes on, and

you'd like to have the same common goal and achieve that goal by the end of the shift. Once the first two are done, in my opinion, and you've had some time to interact with the learner, especially, I think it's important personally to diagnose the learner before you start teaching them and telling them everything you know. In practical medicine, we diagnose first based on history, physical exam and investigation, and then we start treating that acute heart attack, acute COPD, exacerbation or whatever the clinical presentation may be. My fourth point, and the next thing that I think is key is to make the learning long-lasting and applicable for your learner specifically. So as such, the fourth thing on my list is to ensure the learner leaves with some key take home points from the shift, specifically one for each case they were involved in, in my personal opinion. And then the last but not least, is... To be a great educator and teacher, we know it's a hard job. It starts somewhere, and I think personally, passion, dedication and patience are some of the key ingredients that should be part of who you are in order to be a clinician educator.

Dr. Alim Nagji (21:32):
And you can see that that passion comes through in the way we're talking already, and I think that passion is one of the key ingredients to education. I think a lot of us are here because we're really excited about the prospect of training future generations of educators ourselves, and the impact that we can have as clinicians on the wider patient and client population. So when we're starting out and we're setting the scene, what does that mean? Paint me that picture. How do we really optimize the environment that we're going to?

Joanna Dida (21:55):
I think about anything else that we do in medicine. Start off by identifying to both you and your learner that this is a learning environment. I don't expect you to know the answer to all or even any of the things we talk about... Is what I often start my conversation with. In fact, I even tell some of the learners I expect, "I don't know the answer to this" for most of my questions, and that's okay. In fact, I encourage you to say that because it actually gives me an opportunity to know what you do and what you don't know, and it allows me to build a safe environment for you to learn.

Dr. Alim Nagji (22:31):
And that's critical, 'cause I was reading this study recently where it was talking about raising small children. And it was saying that if you always take them away from obstacles and never introduce them to failure, you actually create an environment where they fear failure. And I think we see that sometimes in students where they're so afraid of being wrong that it affects their learning. So creating a safe space and also outlining your expectations early really creates that learning environment and also create some degree of safety between you and the learner.

Joanna Dida (22:55):
Absolutely. We live in an environment, I think, in medicine where, if I may say so, we're a little bit of type A personalities, and we all wanna excel, and we all come from the top of the crop, from whatever institution we came from prior to being where we are now. And so we want to impress. It's within us to impress. And I think there's a little bit of fear that comes with that. Fear of saying, "I don't know." Fear of sounding like you don't know or that you're stupid, that you don't have that information.

Dr. Alim Nagji (23:20):
You mentioned setting goals. How do you walk a student through setting goals?

Joanna Dida (23:25):
I like to let learners set their own learning goals when that's possible. And so they know themselves better than I know them most of the time, unless I've worked with them for a prolonged period of time. And so if they choose their own learning goals, in my opinion, they will be more motivated to work on them doing the shift. This as we know can be difficult sometimes, all of us have had days where we just don't feel 100% and maybe are not as motivated to be there. So it's important, I think, to work with your learners for the day at the beginning of the shift or during it, if things need to be adjusted to set what I call smart learning objectives. I'm using the word smart, which many of us are familiar with from medical school. Ideally, the learning objectives that I'm talking about, they need to be specific, need to be measurable, attainable, relevant and time-based. This is a mnemonic that most of us, I think as medical educators will be quite familiar with, from other areas of medicine. So if I go into a shift as a senior resident, for example, myself and ask my staff, "I would like to learn and improve on all my airway skills, including intubation and cricothyrotomy... "

Dr. Alim Nagji (24:34):
A little bit of a reach. [laughter]

Joanna Dida (24:35):
Yeah. Exactly, and so I think instead, if the learner says, "I would like to work on my summary presentation of a clinical encounter today." That's great, it's a specific goal, it can be attained and it can be measured during the shift because as that learner will likely see multiple patients, we can measure the progress from one case to another. It's relevant, let's say to the medical education, and there's a time limit to it. We'll say, "For this shit, we're gonna work on this goal." And so we can work on it as the ship goes on.

Dr. Alim Nagji (25:05):
So, how do you deal with the challenge... 'Cause I've had learners where I ask them for their goals and they come out with something really broad. Like you have a nursing student showing up to his first day on rotation and he's like, "I wanna do all the procedures." And you're like, "Awesome, great." But like you said, that's a career level objective. So how do you really get them to drill down to meet this smart mnemonic? How do you actually apply that in practice?

Joanna Dida (25:25):
That's a great point that you bring up, because the truth of the matter is half the time people won't have a goal or they'll have something very generic. It's pretty obvious to an educator that they just pull something out of a hat. And so often what I do is I say, "Well, that's probably a great goal for you, overall. But it might not be something that we're gonna achieve on this one shift. So what about within that original goal that you may had for yourself, how about we break that down? Is there something a little bit more specific that you can think about? Something that we can actually focus on getting done today?" Most of the time, I find that works. I have to admit, sometimes it doesn't, and sometimes, like I said, people are just not 100% motivated to learn that day, and that's okay. We're all humans after at all, we don't have to be perfect all the time. And so in those situations, based on pre-formed ideas and interactions with other learners at similar levels, I may suggest a few different goals that I think are useful for them for their medical education, and that's always a last resort, but at least I have something in my back pocket, in case that learner doesn't appear to be coming forward with any of their own learning objectives.

Dr. Alim Nagji (26:30):
I like that, so there's kind of like a menu of options about, "Okay, maybe we can focus on safety in the home environment, or we can focus on fully catheters or we can focus on a swallowing assessment." We have in different categories that we can use as a broad topic, and then we can ask the learning to identify sub-learning objectives. And I think it also allows you to build up towards one of those reach goals, 'cause maybe the learner does wanna learn this really big topic, but you can break that down over serial encounters. So maybe that's over a number of different patient or client interactions, it's maybe over a number of different days or even different rotations, and you can look back to it. So it does create some degree of continuity. So now that we've set a goal, how does diagnosing the learner fit into this?

Joanna Dida (27:07):
Well, I think once you start reviewing with the learner, again, this is assuming that you're interacting with that learner for more than one patient interaction and for more than one procedure. I think you can start to a better understanding of their knowledge base or lack of there of for some of them. And so there's no point, in my opinion, in teaching things that are above their learning level or status. So I think allowing leaner to show you first what they know, so you can then get a better understanding of where they're at and build what they know is a richer form of contextual learning, in my opinion, that has actually been shown to have better retention recollection and application of that knowledge down the road. There's lots of research in this area, and we know that contextual learning... Multi-model, rather, contextual learning actually has better success rate down the road.

Dr. Alim Nagji (27:56):
So what is contextual learning and how do we apply that?

Joanna Dida (28:00):
Yeah. And so what I was referring to when I say contextual learning is focusing on learning around that one particular case. There's no point in me talking to them and telling them the story of this great case that I had once... Don't get me wrong. There's value to that as well. But I think the learning is richer when you build it around something that they have participated in, that they were involved in, that they dragged their feet through. Whether that's seeing a patient, let's say a 60-year-old woman with acute epi-gastric pain and talking a little bit about the differential diagnosis, and knowing that the gastric pain could be a mimicker of ACS acute coronary syndrome in some patients. And I think that thinking back for that learner, when they contextualize that information and consolidate it, they're more likely rather to remember their learning experience if they have something to draw from as opposed to just that story that that teacher or educator told me about.

Dr. Alim Nagji (28:52):
Yeah, it's kind of anchoring the learning in a real environment, and it gives, I think the ability for the brain to create those connections and then it allows you to pull that piece out. So once we've kinda grounded it in a case and grounded it in a real experience. Then when we're diagnosing the learner, it sounds like we're trying to identify is they're knowledge gaps around here, are there performance gaps, and you're allowing to learn to really show you what you know, it sounds like.

Joanna Dida (29:14):
And I think additionally, when they show you what they know and then you build on that, it actually kinda also provides positive reinforcement about what they already know before you give that constructive feedback. We want to motivate and empower our learners while teaching, and so I

think that's a nice balance, I should say, between motivating them while providing some constructive feedback.

Dr. Alim Nagji (29:33):
I think it also helps us be more efficient in our teaching. I think as teachers, we often struggle with the limitation of time, I think many of us would love to spend our days teaching the whole time. But especially when we're talking about teaching in clinical environments, there's the patient and the care of the patient, that can't be put second. And so if we're being more effective in our teaching and teaching around something the learner doesn't know yet, or doesn't know how to apply, that's actually a better use of time than reiterating something they may also already know.

Joanna Dida (29:55):
Couldn't have said it better.

Dr. Alim Nagji (30:00):
I'm thinking of this, and you're left with the message, you talked about being able to leave them with something to take home. That's something I really struggled with when I was an early faculty member. I'd do all this "teaching" and then the learner at the end of the day would be like, "Well, I didn't learn anything today." And you're like, "What do you mean? We were talking the whole time." So how do you do it? How do you make sure that they know that this is the general principle or this is a specific point they're supposed to take away? What's the magic?

Joanna Dida (30:19):
I agree with the learner. How many time do you and I leave a shift, for example, and we're like, "I was so busy." But then I can only recall these five patients because they were either the most complicated, the most interesting for other reasons you just can't recall everything, and that recollection gets weaker and weaker as time goes by. Next week, I'll only remember one of those patients from the shift maybe. I think the key thing here is that no matter how busy your department or services, wherever you work, there's always a learning flow for each case for clinical presentation. And it may be something very simple to you and I, but to a learner, for example, or someone else, from a different level of experience, that may be the biggest thing they've seen that day.

Joanna Dida (31:01):
And so trying to incorporate some of those key take home points, and learning resources that you talk about in a concrete resource that they can take home with. And so for me, for example, there's a couple of strategies that I use with this, I want to make sure that the learner leaves with something concrete written down, evidence that we've talked about these things, for lack of evidence. And so I love old school white board teaching. I know I'm doing it myself in a little bit, so often if there's a white board in the department, I'll write things out, as I'm explaining to them.

Dr. Alim Nagji (31:32):
Wait, is white board an app or? [laughter]

Joanna Dida (31:33):
Good one. I'm not that technologically advanced, even though I do record a podcast and... My technology skills are a little bit on the softer side. But no, there's white boards in a lot EDs. And if there isn't a wide board, then sometimes I just take a piece of paper from the printer and the pen

and I just write things out, 'cause I think when we talk about them... And again, it goes back to that contextual learning. We're talking about them, we're writing them out, we're visually being stimulated as well, I think it leads to better learning and retention down the road. So that's one technique for example. Another thing that I use is actually something that Ualine suggested to me a couple of years back when we were working on a shift together. Where I told you that I was trying to become a better teacher. And so what I do now for every shift, when I have a learner, I actually carry a blank prescription with me during the shift itself, and for every case I review with that learner, we decide on one learning point and write it down. This way, when the learner leaves that shift, they have a concrete list of things we discussed that day.

Joanna Dida (32:33):
Again, they don't have to go home and look up everything, but you have provided them with key contextual learning that will help with knowledge acquisition and retention down the road or next time they encounter a similar clinical presentation. And then my last thing I would say within that same sort of category of how to leave them with something concrete to take home, is I've learned to utilize Google Scholar a lot more than I did in the past. So let's say we're reviewing a patient where we discussed CT head rules, or ACLS guidelines, because if we ran an arrest and all these things. Right now we know that there's so much free open access to medical education out there, and so it would be a crime not to take advantage of it. There's so much infographics, summary pages, and all these things educators are creating like yourself, whether it's individual educators, Canadian infographics, key line podcast summaries, teaching that accounts, even go infographic from the Mac Emerg podcast of our very own like you said.

Joanna Dida (33:29):
So I can use those things to supplement my teaching. So just go to Google Scholar, type in the first thing that comes to mind that obviously I know the source from to begin with, once I pull the source, then I just email it to the learner right there and then. So I don't have to spend time later on, I don't have to think about it, it doesn't have to be something added on my to-do list or on their to-do list. But now they have it in the email or the inbox. And so they have a resource to fall back and not just their memory from their shift last week when they're back to thinking about this patient interaction.

Dr. Alim Nagji (34:00):
I think that's amazing 'cause what you're doing is that you're actually creating a pathway of learning that the learner can continue when they go home. And I think that's a really great idea, not just 'cause we've talked about this before, but I've also seen it used with some great tech integration. And so I've seen people who use a Google document that they create and share as you go throughout the day or throughout your rotations, throughout your weeks together, you can kind of keep adding to it and allows the learner to also define some of their own take home points. And then when they do the reading, they can then add to that document and then you can go back to it and review it the next day when you're back together. So it also creates a mechanism to check back in with the learner to make sure they're progressing through the objectives that you've set together, and it holds each other accountable. 'Cause if I ask you to read a paper and we show up the next morning and we can actually talk about the paper, it builds continuity. And then also, I think from the learner perspective, adds trust that you're investing in them and that you want them to become better and you want them to learn.

Joanna Dida (34:48):
Absolutely, and that's how you become their mentor or they become your mentee, or things grow

from there. And I think it's just so important to start off with that safe space.

Dr. Alim Nagji (34:57):
That segued so well into your last point about being your best self. And to me, this sounds like something I'd read on Instagram, but I'm sure this is more broader than that. So how do I do it, how do I be my best self? How do I live my best life?

Joanna Dida (35:09):
Well, I wish I had a magic answer to that when it comes to being your best self on Instagram. Unfortunately, again, I'm not that cool, I just like teaching.

Dr. Alim Nagji (35:16):
Yeah. So you got like five followers on IG? [chuckle]

Joanna Dida (35:20):
No, I had lots of followers on Twitter and medical accounts, just not on Instagram.

Dr. Alim Nagji (35:25):
Just not Instagram. Okay, okay.

Joanna Dida (35:28):
But I think being your best self, I suspect only comes with practice, and I'm certainly still new at this, don't get me wrong. I think being dedicated, passionate and patient about teaching with your learners goes a very long way. And learners notice this. Yes, again, we all have bad days as educators perhaps, but overall, I think we should strive to be the best version of ourselves for our learners, and that starts by wanting to be there, and wanting to teach. And then of course, there's more things to be added, a lot of us get special training or extra fellowship training, whether it's through a diploma or fellowship or whatever program you may be into. But I think it's important to start off with wanting to be there and wanting to teach and learners will notice, and they'll hopefully appreciate.

Dr. Alim Nagji (36:14):
That really resonates with me. I distinctly remember my first year Science class showing up to, I think it was like physics or bio-chem or something. And the prof basically walked in on the first day and said, "Look, the university says I have to be here, but don't come to class, I'm not gonna teach you anything. I'm only here for my research. The exam will be based on these chapters from the textbook, and see you at the end of the year." And it kinda hit me when I started taking on the role of an educator that, how could I teach, if I had never been taught how to teach? If I never understood the science of learning, if I never understood how these interactions should go. And so I think for all our listeners out there, that's what you're doing, is you're investing time to become a better teacher and I think that's gonna pay dividends for the people that you're educating. And so I think that one other piece of being your best educator is... One thing that's been really helpful, is getting feedback from your learners.

Dr. Alim Nagji (36:57):
And even with those really junior learners is asking them, "So the level of teaching today, was that kind of... Did you feel like that was at the level that you would want? How was the approach?" And then being able to integrate that feed back into yourself really lets you optimize it and make yourself into that Iron Man educator you wanna be.

Joanna Dida (37:13):
That's very true. Some of the most dedicated teachers that I've had the pleasure of working with myself as a learner have always ended that conversation with, "What did I do right?" Or, "What could I've done different today?" And you're one of... You are one of those people that does that on a shift that says, "What could I have done differently today to improve my teaching?" Because I think, like you said, it's a hard job, it can be so different from one learner to another, and you just never know when you're gonna hit that sweet spot with a learner.

Dr. Alim Nagji (37:37):
It also normalizes feedback, which is probably a topic unto itself, but I think that for really junior learners, it creates trust and it also role models to them that as they go through their own training and they take on roles. 'Cause we know many of the different health science education programs, you rely on a mentorship model, so many of us will end up having the new RT on the first day, the new PT, the new OT. Whoever or whatever field you're in, you're gonna have someone along the way who's more junior than you, and so if you're paying it forward and passing on that legacy of teaching and learning, I think that's a really important impact to have.
Joanna Dida (38:06):
Absolutely, couldn't agree more.

Dr. Alim Nagji (38:08):
So reviewing what we talked about today, we set the scene, we then went to setting those smart goals, we diagnosed our learner, we made sure they had something to take home, and then we talked about how to be your best self. Anything else you wanna add, Jo?

Joanna Dida (38:20):
I think those are my five, to be honest with you. I'm sure I could talk about this topic forever and ever, but I'm gonna just leave it with those five for now.

Dr. Alim Nagji (38:28):
That's great, thank you so much for being on our show today. We hope our listeners are really able to apply these in real life, and please continue to send in your questions for our next segment of Dear Supervisor clinical addition.

Joanna Dida (38:39):
Thank you for having me.

Dr. Alim Nagji (38:41):
Bye for now.

Dr. Teresa Chan (38:44):
Thank you so much for tuning into the MacPFD Spark podcast. Just so you know, this podcast have been brought to you by the McMaster of Faculty of Health Sciences and specifically the Office of continuing professional development and the program for faculty development. If you're interested in finding out more about what we can offer for faculty development, check out our website at www.macpfd.ca. That's www.M-A-C-P-F-D.ca. Many of our events are actually web events that are free. Finally, I'd like to thank our sound engineer Mr. Nick Hoskin, who has been an amazing asset to our team, thanks so much Nick, for all that you do. And also thank you to Scott Holmes for supplying

us the music that you've been listening to. Alright, so until next time, this is MacPFD Spark signing off.