McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

Episode Number: 24
Title of Episode: Feedback in Simulation | The RxMuseum Program
Producer: Nick Hoskin
Music by: Scott Holmes
Featured Guests: Dr. Quang Ngo, Dr. Aaron Levy & Dr. Lyndsay Hoy
Interviewers: Dr. Teresa Chan
Date of original release: August 18, 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 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 2 (00:44):
Hello and welcome to the 24th episode of MacPFD Spark. Today we will be listening to a brief segment from the MacPFD Day and Faculty Development Event. In this segment, Dr. Quang Ngo will talk about feedback and how it relates to performance with a special focus on simulation. Afterwards, we will be hearing about a novel way to introduce creativity through the Rx/Museum program that took place over the COVID-19 pandemic and into 2020. Please enjoy the episode.

Dr. Quang Ngo (01:17):
So what we really wanna do is talk a little bit about feedback and how it relates to performance and then learn to use advocacy-inquiry, and this really comes from where I live. I live in the clinician educator space, and I do a lot of simulation. I'm the fellowship director and I used to be the associate program director for peds. So when it comes to feedback, I've had a lot of opportunity to make mistakes and learn from them. The picture in the bottom reminds me of a story. I did taekwondo growing up, and my father taught me and he's a military guy, fought in the Vietnam War, he decided one day I needed to learn. And I remember as a teenager, and as teenagers are, they don't listen to their parents, and so my dad and I would spar and he would tell me to put my hands up and I wouldn't put my hands up because it's not cool, and he tell me put my hands up and I wouldn't, and he'd third time put your hands up, I wouldn't. Fourth time, I got a kick to the face or midsection.

Dr. Quang Ngo (02:02):
It's funny because the feedback was immediate, but in fact, I never felt that it was harsh and I don't have any ill feelings towards my dad because it came from a place of trust. And I think the article

talks a bit about this, is that we've got to this point where we think now difficult conversations, we're equating them to maltreatment or mistreatment, and they're not. The problem is, now because of that, people are shying away from these difficult conversations and critical feedback. What we actually need to do is equip ourselves with the tools necessary to have these conversations, and this is what this is all about. The problem is, learners report frustration, the lack of feedback during medical training. We don't know if this is because we don't label feedback well, or if it's because it's an issue of quality of feedback.

Dr. Dr. Quang Ngo (02:44):
Good feedback is important because if you don't get it, good performance isn't reinforced, mistakes are never corrected and we may never actually achieve competence. We've all said these. I know I've said them. I will freely admit them. We've all heard these and these are pieces of feedback that are not useful, they're not useful for a lot of different reasons. I won't get into evidence-based feedback, but a lot of this is not specific, it's not observed, maybe there's no way forward. These are reasons why this is not useful to our learners. Let's consider your preconceptions. You watch Yo-Yo Ma, you watch Wayne Gretzky, you watch anybody. With Michael Jordan and his documentary recently, people are looking at this again and they're saying, "Wow, these people are geniuses, they operate a level very different from us." And there's this idea that expert level talent produces expert level performance, and it's based on some level of innate ability.

Dr. Quang Ngo (03:33):
I wanna reframe our conversation and convince you that in fact, expert level practice leads to expert level performance, and it's this idea of deliberate practice that's so important, and it ties directly back into how well we give feedback to our learners. If we give good feedback to our learners, we can actually elevate their performance to a level where in fact, it looks like that of an expert. Feedback is a mirror with the intention of narrowing the gap between what the learner perceives and their actual performance, and we need to narrow that gap.

Dr. Quang Ngo (04:04):
This brings us to this idea of advocacy-inquiry. Advocacy-inquiry is important because feedback essentially means that you need to be able to diagnose the patient before you treat the disease. We're all familiar with that as clinicians, but as learners, it should be the same way, you need to be able to treat the learner by understanding what their actual problem is. Once you understand the problem, then you can actually create a plan to move forward. Advocacy-inquiry, the basic assumption is that we believe everyone participating in activities here at McMaster is intelligent, capable, cares about everything they wanted, and they wanna do their best, and in fact, they wanna improve.

Dr. Quang Ngo (04:35.):
This is not a comment on the actual bell curve of people's abilities in the community. I'm not talking about people's actual ability. What I'm saying is, this is the starting point that I have. As long as I understand this, I can then actually engage with my learners because I think that they actually wanna get better, that when they do something wrong, it's not because they're trying to be malicious about it, but because there's a reason why they did it. The second part about advocacy-inquiry, and the most important part, is get curious. Rather than assume that my learner is late because they're lazy, maybe there's a reason why, and I need to understand that. Tell me, what's going on? Why is this happening? That's the core of advocacy-inquiry.

Dr. Quang Ngo (05:17):
Why is it effective? Because advocacy-inquiry focuses on the frames of why a learner behaves the way they do. The frames are assumptions, feelings, their experiences, everything they bring to the table, these result in actions and actions result in results. We see results and we try to feedback based on what we see. Advocacy-inquiry allows you to explore the underlying assumption about why they did something rather than just the action. We talk about single loop and double loop learning. Single loop learning focuses on the action to get a desired result. Think about sports, think about piano, my daughter's in piano right now. The piano teacher says, "You need to use your fingers in a certain way that results in a better way to play your notes or a different fingering to be more effective." But in fact, what we really wanna do is concentrate on the double loop. In other words, this idea that we can work on the action, but more importantly, we can work on the training because we can change behavior that way.

Dr. Quang Ngo (06:12):
AI structure is very practical. Tell me what you saw. So let's start with the observation and then advocate for why it's important. I noticed you didn't start CPR on that pulse-less child. It's important because time is brain, and if you don't start CPR, the outcome is very, very bad. So tell me what happened. Tell me how you saw that. Tell me, am I seeing this correctly? So that's what it is, advocate for the position and then ask them about their own perspective about it. The slide Catherine showed you a little bit earlier, this will be... We'll post this up because I find this is nice as a reminder of how to use the AI structure when you're talking to your learner. This is an example of an anaesthesia resident who had a patient who desaturated. You can see here. The action that people noticed was they were looking around for a pulse oximeter.

Dr. Quang Ngo (07:03):
Advocacy-inquiry allows you to ask, "Well, why were you looking for it?" The frame was the pulse oximeter is the only way that I can measure hypoxia and subsequently a patient's ability to breathe. You can then understand that in fact, if they don't know there are other more reliable ways of assessing breathing, you may not actually fix the problem. Once you can teach them that in fact, looking at somebody's chest rise, if you can listen to their chest or you look at their color, it's a better way, they don't necessarily look around for a pulse oximeter, they simply assess the patient clinically. So you can see how that addresses the actual problem and not just the action that you felt was concerning.

Dr. Quang Ngo (07:38):
I'll just make a little plug, sometimes this does fall apart. Sociopathic behavior, somebody who actually doesn't care, so violates basic assumption, it's hard where you can't really use AI with them. Safety concerns. So if something bad is about to happen, somebody's going to operate on the wrong leg, you can't use AI. You should simply stop things and then use very direct feedback.

Dr. Teresa Chan (08:00):
Alright. So I think we're probably at the end of our time, so thank you so much to all the facilitators. You have done a great job in a short amount of time. We'll have to invite you back to do another virtual simulation workshop that's maybe longer, I would think maybe an hour and a half to two hours. It seems like you have enough content, there's so much work that you've done. So definitely, we'll have to invite you back. This is a taste test for everyone, but stay tuned for a MacPFD and we'll try to do another one of these with the same crew.

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

Dr. Teresa Chan (08:43):
Alright, hello everyone. My name is Teresa Chan. I'm here again with a new episode. I am really excited to bring some external friends this time, new friends actually. I kind of found out about them on Twitter, and I reached out and they kindly consented to being on this podcast with me. And so I'd like to introduce you two folks from Philadelphia. One person is a clinician, and one person is really an art historian, would you say?

Dr. Aaron Levy (09:10):
Yeah, that sounds about right.

Dr. Teresa Chan (09:11):
Alright. We have Dr. Lyndsay Hoy. Dr. Hoy, do you wanna introduce yourself?

Dr. Lindsay Hoy (09:15)
Sure. I'm an Assistant Professor in the Department of Anesthesiology and Critical Care Medicine at the Hospital of the University of Pennsylvania.

Dr. Dr. Teresa Chan (09:22):
Excellent. And Dr. Levy, if you can introduce yourself.

Dr. Aaron Levy (09:26):
Sure. My name is Aaron Levy. I'm a Senior Lecturer in the History of Art and English at the University of Pennsylvania. And I also am the director of Slought, which is a campus non-profit organization that programs at the intersection of the arts, health and social justice.

Dr. Teresa Chan (09:41):
That's super amazing. All that stuff sounds really cool to begin with, but I really wanted to talk about your Rx/Museum initiative. And so it sounds like it's called Rx/Museum, it's about art and reflection in medicine. Is that correct?

Dr. Lindsay Hoy (09:55):
Yes.

Dr. Teresa Chan (09:56):
Okay. Can you tell me about the origin story of this program? Why does it exist? How did it come to be?

Dr. Lindsay Hoy (10:04):
I think that for me, the motivation to create this project was predicated on experience hosting workshops in person at some of the arts institutions in Philadelphia. With the mentorship of another faculty member in the School of Medicine, Dr. Horace Delisser, who had spearheaded a lot of these museum curriculums, mostly for medical students at the Perelman School of Medicine. He was initiating a similar endeavor with his internal medicine residents and invited me to participate because I had expressed interest in learning more about utilizing the arts and humanities in medical education curriculum. I was just completely blown away by the opportunity to gather in a different

space with people that you work with on a day-to-day basis, and then have the opportunity to have conversations and dialogue that may not naturally arise in the hospital, in the operating room, whatever clinical context you may work in.

Dr. Lindsay Hoy (11:06):
So I started... With his permission I started doing workshops of my own for anaesthesia residents as well as for faculty in the School of Medicine. One of the most frequent comments or feedback that I would get from people who are interested but couldn't make it, was that they wanted to come, but just from life priorities on a Saturday afternoon, they weren't able to make it to the workshop and I wanted to give that opportunity to still have the gallery experience, but maybe in a more accessible manner and we thought virtually would be a good platform for that.

Dr. Teresa Chan (11:42):
Really, really cool. And Aaron, how did you get involved with the project?

Dr. Aaron Levy (11:46):
So over the past several years, I've been working across both the humanities and medicine. I've worked on and led a couple of different initiatives that try to weave museums and medicine, humanities more generally and medicine together. This particular project emerged for me out of a series of conversations with a colleague of Lyndsay's, Dr. Lee Fleisher, who was then Chair of anaesthesia and Critical Care, about our desire to harness the humanities to improve communication and to improve caregiving. And we were particularly cognizant in our early conversations a couple of years back about how exposure to trauma, to pain and to individual suffering and struggle, really takes a toll on people's ability to communicate and empathize with each other. So at the very beginning of my engagement with this project was kind of the idea of intervening in that kind of crisis.

Dr. Teresa Chan (12:42):
That's great. One of the big pillars that we have at McMaster with our faculty development program is actually creativity and humanism, and so this is really in that vein. And I love how you've made your resources accessible because I think Rx/Museum is a wonderful little website, and he's got not too much content yet, but it's definitely building and growing, I can tell 'cause it's already got more content since I first discovered it, so that's great. And I think that that's really a great initiative to share that with the world because I think that a lot of places, they don't have leaders like yourself, Aaron and Lyndsay, to create these experiences in their own location. Not everyone has access to the same kind of art galleries that you two, the same kind of expertise, and I think that time is of the essence for everyone. So even if I did do gallery walks in our local art gallery, again for the same reasons that Lyndsay you remarked, people have lives outside of their jobs, and so it'd be amazing to say, Check out this website, then you can get a daily dose of some really cool narrated content. So I think that that's really a fascinating approach. Lyndsay, you were gonna say something?

Dr. Lindsay Hoy (13:53):
Yeah, I was just going to comment on with respect to content, we've structured the website to be experienced over a 52-week timeline, in the sense that every Monday, we email a new artwork to our subscribers with these essays, take reflections, and questions. And so, yeah, our content will be expanding every week.

Dr. Teresa Chan (14:16):
And you can sign up for that newsletter online. You could just go to rxmuseum.org, and then you can just hit the subscription and you'll get those emails. Is that the way it's designed? Okay, perfect.

Dr. Lindsay Hoy (14:26):
Yeah, that's how you'll be subscribed to our listserv. I also wanted to comment on, I think maybe an under-appreciated aspect of training in anaesthesia and another motivating factor for me to do this that I didn't mention earlier, when you're an anaesthesia resident and in the operating room you spend a lot of time by yourself, which I don't think many people realize until you are actually in that setting. You're with the team to be sure, you're never literally by yourself, but you are the only representative from anaesthesia most times. You have a supervising attending of course, but they are often supervising another room in addition to yours so for the vast majority of the time, you are the sole representative of our department, and that can be challenging and difficult because you're not seeing your peers and your colleagues go through the same set of challenges and struggles that you are, so it feels like everything is happening in a vacuum.

Dr. Lindsay Hoy (15:27):
So when your attending comes into the operating room to see how the patient is doing, see how the case is going, watch you do a procedure or wake the patient up. And if something goes wrong or maybe not performed as optimally as you would have hoped, it feels like a singular experience, there's no, as I said, no visual context for you to realize that your colleagues are probably making the same mistakes or feeling a lot of the same emotions that you are. And having the opportunity to talk about that outside of the clinical context in a safe space where we're not wearing all of our scrubs and our masks and our hats rather you're sitting in a really aesthetically beautiful environment and utilizing a piece of artwork to drop those conversations, I think is really lovely, but also integral to forming our professional identity.

Dr. Teresa Chan (16:20):
Yeah, I really appreciate that as someone who does acute care medicine as well, I'm an emergency physician by night, and that to me, probably resonates quite a bit in that there's a lot of public trauma that we don't realize that we haven't digested and having avenues to express it in music, or in art, or in observation, or in discussion, or one of our facilitators of our narrative medicine workshops is Saroo Sharda. Dr. Sharda is wonderful. I'd say really leading voices. We're so lucky to have her, and she is sending messages herself, and so she's brought a lot of that strength into our programming. And obviously we've tried to make some of our digital offerings available to the world so you two are more than welcome to come and check out her workshops 'cause she does run them periodically.

Dr. Teresa Chan (17:07):
And I think that having initiatives that create that space for people to be humans before they return to be whatever healthcare or clinician practitioner, because in our faculty, we have nurses and PTs and OTs, and nurse practitioners, and PAs and midwives and SLPs... We have so many different kinds of people who do great clinical work, but all of us have the weight of clients and patients in our mind, and whether or not we did the best we could for them, and maybe there are visual things or auditory things that haunt us still, and having other ways to explore those in a safe environment outside of the clinical space is actually really important and to process some of that. That definitely resonates with me.

Dr. Teresa Chan (17:53):
Aaron, what are your thoughts about how does these all fit together? It sounds like you have quite a bit of interest in how the arts of humanities might intersect with healthcare. If you wanted to speak to a whole faculty of health sciences educators and say, How could they bring art and humanities into their work as educators within the health professions, what would you want them to know?

Dr. Aaron Levy (18:19):
That's a big question. I don't think there's one formula or one methodology. I think over the past few years is I've increasingly moved into this intersection or space. I've been very cognizant of the fact that there's a... People feel often very intimidated to engage with the arts, particularly at least in the context and the spaces that Lyndsay and I have been working in. So with this project, it's been really essential to try to create a comforting and non-intimidating kind of environment. The second thing is that we recognize an arts museum initiative that physicians and all of the many individuals who work in healthcare lead incredibly difficult lives, doubly more so now during the pandemic that has been so difficult for communities and states, and especially in Philly. And so, we're trying to not ask people to go to the museum or to go to a civic institution, but rather to bring the civic institution, to bring the museum to the hospital, and to think about all the ways that digital technologies can also enable that movement.

Dr. Aaron Levy (19:20):
There's so much that museums and hospitals share, there's so many things that the arts and humanities share with hospitals. I think fundamentally, these are both sectors that see their work as a form of caregiving and that are trying to serve the communities that they're part of. And so I think that's also been something that we've been really cognizant of, that there is already a foundational common language or common understanding across these two sectors, and rather than seeing them as diametrically opposed or speaking or articulating different languages and values, we could actually begin by thinking about how much they actually share already and always. I could talk at great length, those are a couple of first thoughts. I also direct a project called the Penn Medicine Listening Lab that Dr. Hoy has also been part of. That project goes at this in a very different way through storytelling. So, to speak to your question, to respond to your question, I think we need to continually imagine different ways that the humanities and medicine can find common ground, and this project is really exciting for us because it does it in a way that's unique for Philly special and a first for Philly but also for Penn Medicine.

Dr. Aaron Levy (20:32):
Yeah, so over the last two years, Dr. Hoy and I have really engaged in a broad conversation with a number of museum educators across the city, and a wonderful array of undergraduate students as well as medical students, and then also like many colleagues, both on the university side and in the School of Medicine and the health system. And this project has emerged out of those many conversations and is a really exciting collaboration that extends into the late hours of the night when we convene over Zoom to collaboratively write and edit little essays about art history in medicine. It is more than a project, it's also a series of relationships, they're very meaningful to us. And during the pandemic and before, this has brought a lot of joy into our lives to figure out how to develop a common language that doesn't just span the humanities and the arts and medicine, but also spans different museums and different culture institutions who all have very different ideas of what arts education means and how to go about teaching the arts or encouraging people to love and to pursue the arts.

Dr. Aaron Levy (21:36):
So this is a project, but it's not so much a project in a professional sense, it's one that really matters just on a very authentic and personal level, and many of the students that we've both had the opportunity to work on this project with, they stayed involved over the years, long after the exposure to the project through the classroom kind of engine. I'll stop there.

Dr. Teresa Chan (21:56):
No, it was great. I think Lindsey has something to add.

Dr. Lindsay Hoy (22:00):
Yeah, just to elaborate a little bit on what you both said with respect to making art more accessible as someone who is a co-director of this project but has no rigorous background in the arts, I never took any art theory or art history courses, I don't have an MFA, I wish I did and had all those things, but I didn't. I don't think that's uncommon for a lot of pre-med students, other health professionals were so inundated with a lot of our STEM-based courses and endeavours that maybe the humanities fall to the wayside a little bit, but we're really trying to not necessarily dilute the art work, but frame it in such a way that it's digestible to people who, again, don't have that kind of background or experience with looking at art in maybe a more close-looking way, I guess. So when we have these conversations about how do we want to talk about this piece with our team, I always learn something, I learn something from Aaron, I learn something from Bill and Adam who are our education partners at the Barnes and the PMA, and hopefully that means if I'm learning something then our subscribers will also take something away both from the history of the artwork or the providence or the artist's story, and then finding a parallel or a way to loop in a relevant clinical topic is also really fascinating.

Dr. Teresa Chan (23:25):
Yeah, I really love it. And full disclosure, I help run a blog called CanadiEM, and they've had a little series where they take classic works of art and actually discuss the clinical findings that you might actually be able to see in that piece of art. It's pretty awesome. I think that the med students that we have coming through now, because they are coming from more diverse backgrounds, they're coming with some really amazing attitudes towards bringing different disciplines into what we do, and I think it's pretty awe-inspiring to be learning from those that are just coming up into the ranks because I think that they can add so much to what we do. The series, if anyone's interested, it's called Spot the Diagnosis! And they've done a couple dozen of them and they're pretty fun to understand what life was like in other centuries and use that lens and to understand what some of the diagnoses might be. They've even covered things like the Mona Lisa, so it's really cute because I think that it is something that brings a different light to what we do.

Dr. Lindsay Hoy (24:30):
I think that's fantastic and... While I think that having these opportunities for learning and incorporating the arts and humanities for undergraduate medical education, so pre-med and medical students, is very important, I think it tapers off a little bit in terms of opportunities and resources for trainees as well as for attendings, and you spend the vast majority of your medical career as an attending, so you would want some sort of self-sustaining programming in place where this type of reflection and dialogue is fostered and supported by the institution that you're a part of. One aim of our initiative is really to encompass that spectrum of training, whether you're just

starting as many of our undergrad volunteers are in pre-med studies or if you're an established clinician with a great career, you can still participate in our offerings.

Dr. Teresa Chan (25:28):
I love the idea of co-learning because I think that a lot of us in these zones, there are new. You're coming in at the same, like if you never done pottery before and you might be an established surgeon, but you might not know how to work the clay, that's totally fine. And I love the idea that we can have those kind of inclusive events where it could be a range of people, diverse in age, diverse in background, diverse in what they actually do. And we can all learn from each other, so we're hoping when we can do these kind of events, hopefully we can find some volunteers that can take us through similar things at our shop. That's partly the reason we're having this conversation is to inspire people who might have interest in this kind of arts-based and humanities-based practice to get involved with our McMaster program for faculty development, and we can co-develop with those folks opportunities to engage in those kind of experiences.

Dr. Lindsay Hoy (26:22):
Yeah, it is very democratizing and also an opportunity to just bring people together. I did a faculty workshop at the Barnes about a year and a half ago, and we had participants from across the healthcare spectrum at Penn; we had people from the department of pathology, radiology, anaesthesia, internal medicine, our pediatric colleagues at the Children's Hospital of Philadelphia. So it was a really unique way to bring people together again in an external environment that's not the hospital, and a lot of these people you would never meet on a day-to-day basis because our paths just don't cross, but the arts is a way to foster our common interest and learn something that you may not have the time to otherwise and get to know each other in foster collegiality.

Dr. Teresa Chan (27:09):
Yeah, it makes me think back to university or undergrad, that is in high school, where you might have had never intersected with someone in class, never been in the same program as them, maybe you had different schedules than them, maybe they are different grade than you, different year. But I think the extracurriculars were really important to me to be able to meet people from all across and so whether that was in the drama society or choir, or I was really nerdy and did Model UN, these were opportunities that really resonated and were important to me, and I find that as you get more senior, there aren't the same opportunities, and so I think that's where we can do a better job as faculty developers, but also as just other human beings to say, "Hey, I'm going to the art gallery today, anyone wanna come?"

Dr. Teresa Chan (27:56):
About a year and a half ago, my department chair actually, he has a good friend who works at the Royal Ontario Museum, and so he got us a special kind of in my only access to hear some of the preview for the upcoming exhibits on spiders at the time, and some of the dinosaur stuff, and it was really cool to be able to speak with some of the curators and some of the people who are working really hard to create these opportunities, and then we got to explore the museum, which was really fun as well. And so I think that there's all sorts of different ways, and that's maybe a little bit more STEM 'cause I think that spiders and paleontology are still in the more of the sciences traditionally. But I think that there could be other outings that could happen as well, and so I think that that's really inspirational. So hopefully the leaders, they are listening to the podcast and I'm hoping nearly some of them to take this as a call to arms, and if you think about when we can create these opportunities.

Dr. Teresa Chan (28:54):
And I think that right now actually, we're recording this during the pandemic, so social distancing and all those other things are a must, but there's actually quite a few of the big museums around the world where you can do virtual gallery walks and stuff like that right now, and so it might be an opportunity that you could galvanize a bunch of people to go and visit the Louvre, for instance, and engage in that.

Dr. Lindsay Hoy (29:15):
Yeah, absolutely. We're clinicians of course, but we're also people at the end of the day. So, I think the arts provides a form of really important self-care.

Dr. Teresa Chan (29:22):
This has been a fasting conversation. Thank you so much for a great conversation. Now, just one more time, Aaron, can you give us the elevator pitch for what Rx/Museum is and give us a summary of why someone should check it out and subscribe to your website.

Dr. Aaron Levy (29:36):
Sure. First of all, you can visit the arts museum initiative online at rxmuseum.org, and in a nutshell, the initiative is the fruits of a consortium of educators and physicians at Penn Medicine at Penn, but also at three arts institutions in Philadelphia: The Barnes Foundation, the Philadelphia Museum of Art, and Slought. Each week subscribers receive an essayistic reflection on the interplay between museums and medicine, and they'll receive 52 of those essayistic reflections. So we really see this as a year-long conversation, a year-long engagement, and we invite anyone to be part of it. Simply go to the website, add your email address and you will receive a prescription weekly of art medicine.

Dr. Teresa Chan (30:18):
Alright, perfect. Okay, well, thank you so much for your time. It's been lovely to meet and chat with both of you about really, really cool arts-based initiative, and hopefully this is gonna spark some interest in our faculty to think about how they might be willing and able to engage directly with Rx/Museum or start something locally that we could do that really enhances this agenda. So, thank you so much for joining me.

Dr. Aaron Levy (30:42):
Thank you.

Dr. Lindsay Hoy (30:44):
Thank you.

[music]

Dr. Teresa Chan (30:46):
Thank you so much for tuning into the MacPFD Spark podcast. Just so you know, this podcast has been brought to you by the McMaster Faculty of Health Sciences, and specifically the Office of Continuing Professional Development and the Program for Faculty Development. If you're interested in finding out more about what we can offer for faculty development, check out our website at www.macpfd.ca. That's www dot M-A-C-P-F-D dot CA. Many of our events are actually web events

that are free. Finally, I'd like to thank our sound engineer, Mr. Nick Hoskin who's been an amazing asset to our team. Thanks so much, Nick for all that you do. And also thank you to Scott Holmes for supplying us the music that you've been listening to. Alright, so until next time, this is MacPFD Spark signing off.