McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

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Producer: Nick Hoskin
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Interviewers: Dr. Teresa Chan and Dr. Alim Nagji
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Dr. Teresa Chan (00:02):
Welcome to the MacPFD Spark podcast. This is a podcast that focuses on helping you develop your career as a faculty member. Our goal is to spark your enthusiasm and passion in one of our four main pillars of development, creativity and humanism, scholarly practice, leadership, and of course, teaching and supervision. Throughout this podcast, we're aiming to bring you insightful and inspiring conversations that spark your interest and open up your mind to new ways to grow as a faculty member. Okay, have we sparked your interest yet? Let's get started with this month's episode.

Dr. Teresa Chan (00:48):
Hello, MacPFD Spark listeners. Happy New Year, and I am so excited to bring you a new segment for this new year. Dr. Alim Nagji is the Clinical Director of the emergency medicine program here at McMaster University, but he's also a recent graduate of the Clinician Education Department. He has been working on a special podcast segment that gives tips to junior educators, and so I am really excited to have him and his guest, Dr. Kevin Dong, on this episode. I'm so excited to have him be part of that. Next, we also welcome an adjunct scientist from MERIT, so that's McMaster Education, Research, Innovation, and Theory, which is our Education Research Unit. Dr. Lara Varpio is here to speak with us about the pleasure and pain of writing. Both of these topics are really salient, really exciting, and hopefully you'll enjoy this first episode of the New Year.

Dr. Alim Nagji (01:50):
Okay, welcome everyone to this edition of Dear Supervisor. I'm your host, Alim Nagji, happy to be back with you all again today. I'm really excited today to have a friend and colleague on with me, Dr. Kevin Dong. Kevin's an emergency medicine physician here in town. Kevin, why don't you introduce yourself to our listeners?

Dr. Kevin Dong (02:04):
Hey, thanks for having me, Alim. Very excited to be on a podcast and being actually the one that gets interviewed, so this is amazing. My name is Kevin Dong, I am an emergency medicine physician working at the Hamilton Health Sciences. I'm a relatively new staff, it's my third year being a staff physician, so I'm hoping that I can impart some of my wisdom and experiences to some of my colleague physicians who are also transitioning from a resident to staff physician.

Dr. Alim Nagji (02:31):
Oh my God, I can't believe you've been out for three years. Now, I kinda feel old being like, "I remember when you were a resident."

[laughter]

Dr. Kevin Dong (02:39):
It just means you're getting real there. That's what it is, right? [chuckle]

Dr. Alim Nagji (02:44):
Yeah, yeah. We are so lucky to have Kevin on. Kevin actually is an experienced podcaster with several of his own podcasts. He's one of the brains behind the MacEmerg podcast, and also has a fantastic podcast on CanadiEM where it looks at transitions.
And so that's why we wanted to bring him on today to really speak about the transition from learner to teacher, and I wanted to do a deep dive in that and pick your brain on those moments 'cause I think those are seminal moments for our educators who are new to the role, or perhaps taking on new roles within education, and speak a little bit about how you manage those transitions and how we can navigate that as educators.

Dr. Kevin Dong (03:19):
Yeah, I think the world of transitioning into staff physician is a challenging one. Not because you're creating a transition from now being a principal learner as a resident physician, and even as a senior resident, and now turning into a staff physician, there isn't really a good manual to say, "Okay, this is exactly how you do it." So for me, my interest has been, now I've become a staff physician, now what? What do I do?" And I think that is multi-factorial, there's so many levels to that. For example, I think the number one thing is now becoming an independent clinical practitioner where your main goal is to take care of your patients and be a competent physician.

Dr. Kevin Dong (04:00):
And I think now looking back, that wasn't an issue because I think our residency programs across the country are so good at training residents to become competent staff and our knowledge is so good at the time of graduation. And so I think looking back, that was obviously the number one goal, but it wasn't something now looking and saying, "Oh, that was a struggle." And I don't think a lot of our senior residents will feel that way, but I think what the issue is, is not about competence, but it's about confidence. It's about making that leap of, "I'm gonna become someone who's confident to not only take care of my patients," but now if you're working in, say, an academic center where you have residents and junior learners to say, "Oh, I'm gonna now feel confident to impart my, I guess, wisdom or my clinical experience and my medical education knowledge to these learners," to hopefully help them get to where you are so that they eventually become successful and transition well into practice.

Dr. Kevin Dong (04:54):
So I think those tips that I received when I was transitioning, and then some of the things I've worked on in the last three years, have really helped me get to where I am and hopefully those things will help during this podcast and other podcasts alike will help junior learners and senior learners to get to where I am hopefully in the future for them.

Dr. Alim Nagji (05:15):
You know, so many health science professions employ a mentorship model, and it really makes me think about that Jedi training that we kind of go through, and many of us go through in the health sciences. And like you said, there's that dual challenge of being a clinician and then all of a sudden being an educator. And I think one of those big challenges is that impostor syndrome, "How do I really take on the role of Yoda?" And I think that that's the real dark side is getting sucked into the impostor syndrome and then feeling like, "I don't have the confidence to take on a learner." And when that happens early in your transition to faculty, it becomes difficult to take on a learner down the line. So how do we really defeat the dark side?

Dr. Kevin Dong (05:50):
Yeah, I don't know if I would say I'm a Yoda. I think that's a pretty lofty goal. I think that's kind of a career thing, but maybe Ben Kenobi in his early years, transition from say like a junior Jedi into more senior. I guess the toughest thing is, like I said, the mentality of it, the imposter syndrome is real. And I know a lot of my faculty colleagues have talked about that from just Emerge, but from all across our departments. The challenge of, am I good enough? Am I ready? Not just clinically, but it's the medical education and the teaching and the educator part, and being a scholar, right? So do I have that knowledge to impart my wisdom to learners and the learners then saying, "Okay, oh, this guy is just a junior, he's not gonna be good enough or his knowledge is not really valuable." And so these things do come into your mind and it's funny when you talk about it sounds silly, but it does come to mind and it's real. And I think that even some of our senior colleagues probably would think about that way as well, considering that medicine changes so quickly. So I think the challenge is gaining that confidence and it's tough I would say it's hard to just say right off the bat on July 1st, you're gonna have that confidence to be like, "Hey, now I'm the person to... I'm the expert."

Dr. Kevin Dong (07:12):
But I think it's just slowly gaining that confidence, slowly gaining that knowledge to say, "Okay, no, I am competent, I'm able to provide that knowledge, and I know that I have my unique characteristics and traits that got me this job that will allow me to help my fellow junior colleagues to get to where I am." So I think that transition from junior or senior resident to staff physician is a challenging one. Like I said, there's no manual for it, but I think eventually you'll get there. I think with a little bit of time, a little bit of mentorship from your senior colleagues as well, and I think a little bit of just experience. So I think those elements will help people transition effectively.

Dr. Alim Nagji (07:54):
Part of it is also normalizing this experience, it sounds like. 'Cause I'm hearing you say that you went through it, your colleagues went through it, I remember going through it, and so part of it is just knowing that it's okay that this is a natural part of taking on this new roles. What are some pieces of advice that you would have for people who are undertaking this transition for themselves or looking forward and saying, "I'm gonna have to do this in the near future?"

Dr. Kevin Dong (08:15):
Yeah, I think normalization is definitely one of the most key things. I would say the best way to normalize something is to find associates, find people, find partners who are going through the same walk of career life with you. So for example, the way that I did this was I would... We have a WhatsApp group with my fellow colleagues that graduated together. And so, say for example, clinically, if there was a case that you felt uncomfortable because... And then, you start to attribute that because, well, maybe my senior colleagues would have done this, and my junior colleagues or

myself didn't do that because I'm a junior.

Dr. Kevin Dong (08:52):
I think those things... And then you ask about those cases or difficult cases with your colleagues who are in the same level and they say, "No, no, no, I would have done the same thing too." So I think that validation helps normalize the process for that transition. And I think that goes along with the educator part as well.
So for example, if you're teaching, say, PGY-1s about certain ACLS, I'm talking about the Emerge world right now, or you say whatever topic that you are assigned to do, I would sometimes talk to my colleagues, maybe a year or two ahead and say, "Hey, what did you guys do?" And I found that if they did something similar or they validate what you did was... Seemed to be relatively appropriate, I would think that helps a little bit about, okay, well, I think I'm that normal line. And at the same time, I think that normalization is important, but also I think it's also important to say that you also bring a special unique attribute. So maybe the way that you're doing is innovative, and so I don't think you necessarily need to go down the route that everyone else is going through, but I think that if you need that support to help you gain that confidence, I think that's totally appropriate.

Dr. Kevin Dong (09:57):
The other thing that's really important is to find your mentors, right? So people always talk about residency and finding mentors during residency, but no one really actually talks about mentors during junior staff, mid career staff and late career staff. And so, finding someone like yourself, Alim or Teresa Chan who obviously everyone knows, those people have really helped me get to where I am now, and obviously, it's so many things to learn, but just asking them, what to do in certain situations, whether that is teaching, whether that is some scholarship project, piggy-backing on certain projects. If you have an innovative idea running by them and say, "Hey, what do you think this is? Do you think this is a good idea?" And getting that teaching from your colleagues who are... Who may have just had a little bit more experience than you I think those things will help not only normalize but actually elevate your status, not only as a junior teacher, but as well as a staff physician. So I think those things are the tools that I use to help me get to where I am.

Dr. Alim Nagji (10:52):
So it sounds like part of it is building your team, building the Avengers and bringing everyone together. And once you do that, once you build that community of practice, it really allows you to excel. But also within that knowing that you have that special talent, whether you're a Spiderman, or you're the Hulk, or you're Black Widow. And then I'm also hearing you need someone to lead that team. So you need that Iron Man or Captain America. It depends on if we're talking about which side of the civil war. But, really, I see that the value of a mentor later on, once you actually become a faculty is so important and perhaps under-utilized 'cause I think that that's traditionally thought of as a trainee trainer relationship, but once you kinda graduate in your faculty, sometimes it can feel overwhelming or lost within your faculty of where do you go from here and how do you grow as the next steps? And I think many of us in the health sciences feel that transition is a bit abrupt and you're kinda out on your own and you're now a clinician, you're now a nurse, you're now a physio, whatever, and your now out in the world doing things on your own. And so that's a really good point to not forget to take your team with you from your training. And so I really like the idea of staying in touch with colleagues and then continue to seek out mentors. So those are some great pieces of advice.

Dr. Kevin Dong (11:55):
Absolutely, I think realizing that your journey is not just by yourself, it's not a walk that you need to walk alone, it's a walk that not only your colleagues or your mentors or people that you seek help from, but it's also your family, it's making sure your wellness is intact, make sure... You're very vulnerable at the time of transition, right? You don't know to do your billings, you don't know to get out on time. All this stuff that you don't think much about as a resident I think apply and they add to a lot of stress. So finding that team, the Avengers I guess we could say, I think those are gonna help you transition effectively and become at the end of the day, not only a good clinician, but a good medical educator.

Dr. Alim Nagji (12:39):
So, if you're finally able to do it, if you're able to recognize the impostor syndrome, you're able to get your team together, how do you actually make that transition from getting mentorship to being a mentor? 'Cause I think that was a challenge where I didn't really know how to take on that new role. What are some things you did to manage that piece?

Dr. Kevin Dong (12:56):
That's a difficult question. [chuckle] I don't know, I think a lot of it is organic. I think it's not really binary like that. I think, to me, I think it's a spectrum. I still feel like I'm a... I think I've been a mentor since I was PGY-1 teaching medical students. And as I kept going up, I would continue to be a mentor. On top of that, I would still have mentors from when I was a med student and now continue to be my mentor even, what, seven, eight years from... Oh, that's a long time. I don't even remember then, but I still have people that I seek mentorship from that time. So I think it's important to... I think one of the things is people have a little bit of an ego like, "Now I'm staff, I'm gonna uphold... I am the top. I have this... I'm the best phenomenon," and I think you kinda have to let go of that. I think you have to say, "Listen, it's a continuing professional development." This is a journey.

Dr. Kevin Dong (13:54):
I would say some of my colleagues who I admire, who are 20, 30 years out, are still learning and still asking me for advice about certain clinical things just because, like I said, things change, or some of the things that are more technologically different nowadays in terms of medical education, I think some of my older or experienced colleagues are asking me, too. So I think, like I said, it's a spectrum. I think we shouldn't necessarily look at age or specifically the amount of years people have practice. I think those things are obviously important, but I think we should also value people for their skills and what attributes they bring in. If you find a mentor that you think is your junior in terms of your clinical years, but they know certain things, for example, if they're really good at, say podcasting, that's someone that you may wanna ask if you're interested in that. And so like I said, it's a spectrum. I think you should really let go of those egos that make you say, "Okay, I'm 25 years in. There's no one I could get any mentorship from."

Dr. Kevin Dong (14:53):
I think that's wrong in my opinion, and I think that seeking mentors also makes you a better mentor yourself and vice versa. So I think just making sure that your ego's gone and that your real goal is just to better yourself and to help others become better as well, I think those things will help you to have a very rich career in medicine.

Dr. Alim Nagji (15:12):
I think the value of life-long learning is really emphasized in what you said, and that idea that everything is constantly evolving and growing, and so we can actually learn something from the individuals that we're teaching, too.
I think that's a really fantastic piece to keep in the back of your mind. I wonder if sometimes our hesitance to engage the learners to teach us is because of our own impostor syndrome. Because if I ask the student to teach me something, perhaps that shows a break in my armor. It shows that maybe I'm not as omniscient as I thought I was or as I want to portray. And so sometimes accepting that reality that we can all grow together and embracing that growth mindset, that probably leads to more fruitful mentor-mentee relationships. It allows us to kind of exist on that continuum no matter where we are in our clinical career.

Dr. Kevin Dong (15:55):
I agree. I think I learn so much for my learners. One of the joys of working at an academic center is that you get to learn from so many people regardless of their training years. And I think we often also forget that some of our trainees may actually have more life experience than some of us, and you don't know what their past life has been. For example, we just recently had a graduate from CCFP-EM group, which is the emergency group from the Family Medicine stream, and he has his JD, he used to be a lawyer. So for me, I have so much to learn. There's so many things, and some of our IMG colleagues were cardiovascular surgeons, so I think that you can't assume that just because you're a little bit above years in training that you've got it all. I agree, I think you just... You have to make sure that you come in with an open mind.

Dr. Kevin Dong (16:47):
Obviously, you have more experience, you're definitely gonna be the one imparting knowledge in the field that you are in, but I think if you shut yourself to say, "I know everything," I think that's a flaw. I think that you're gonna make mistakes, and I think that you're doing yourself a disservice because you're not gonna learn and get better, and that's part of this medicine. That's the best part of medicine, this life of constant learning. That's really, in my mind, that's the best part of me going to work. I think if you can keep yourself open and if you make sure that you give everyone a chance, I think that's gonna help you become not only a better clinician, but a better educator throughout your career.

Dr. Alim Nagji (17:24):
I think we sometimes forget that our learners have experiences outside of what they're bringing to the table from their traditional training. It's really cool to hear about students who've done other things, maybe other careers or had other life experiences before they come in, and I think it's always valuable to engage that. I didn't even know we had a lawyer in the program, I wish I did. So many of our shifts could have been a recreation of Suits episodes instead of seeing patients.

[laughter]

Dr. Kevin Dong (17:47):
Yeah, that would've been kind of interesting. [chuckle] Wear like a suit to work, too. That'd be really funny.

Dr. Alim Nagji (17:54):
Yeah. [laughter]

Dr. Kevin Dong (17:56):
As an emerg doc by the way, sorry. I know some of our colleagues listening are probably like, "Oh, I wear a suit to work."

Dr. Alim Nagji (18:02):
That's great. So we really kinda touched on this impostor syndrome and how to defeat it, how to build our team that will kind of take us through it, and talked about the spectrum of mentorship. Any other thoughts you wanna leave people who are in those transition periods for pieces of advice or suggestions for how they can walk through that?

Dr. Kevin Dong (18:18):
I think one of the things that's really valuable looking back is whence you're at the senior resident stage, I think trying to build up certain aspects and knowledge points regarding transition is gonna be really helpful. So identifying mentors who you say, "Hey listen, I'm graduating in a couple of months. I don't know if my licensing went through, I don't know anything about my finances, how do you bill properly?" If I saw this patient and it was kind of this and this presentation, it's not gonna be in my textbook because a lot of medicine isn't in your textbook.

Dr. Kevin Dong (18:53):
I think really reaching out and finding those people that you know, or even if you graduated, now they're gonna transition into being a colleague and a friend, and also helping you become this friend mentor. I think that would be one of the things that I really leave up to some of my senior resident colleagues who are gonna transition very soon. I think the other thing is when you're a junior staff, also, especially say you're not in an academic center, then you're kind of stuck because you don't have a lot of those resources that may be present in a tertiary academic center. I think still reaching out to people like your chief, or people that maybe are education heads in your group, or people that you worked with in the past that you really do admire and the way that they practice and they teach. I think those things, reaching out to them and, like I said, dropping that ego, because you're not gonna look weak to them. They're gonna say, "Good. Come and let's learn. Let's talk about this."

Dr. Kevin Dong (19:43):
I think those are the people that you need to engage and find and continue to foster that relationship. I think those things are gonna help you because, like I said, you're not alone. I think that's the main thing that people should try to get that out of their heads. And as long as you think that you're alone, that impostor syndrome is gonna be real. It's gonna continue to spiral into a bigger and bigger and bigger. So once you find these champions, these people that are gonna be your allies, regardless of level of training, I think that will help you succeed and transition from not just competence but confidence. So I think that's my main goal to... Or my main pearl I can leave with people at similar stages where I am.

Dr. Alim Nagji (20:25):
It sounds like also identifying people who are about to enter that transition as an educator is an important part of our role. And it seems like that's something that we can do is just to look ahead and say, "Hey, I know you're gonna be graduating soon, you're gonna be getting your license, you're looking for jobs.

Let me give you some advice on those pieces as well," and making that active effort, 'cause

sometimes students feel awkward reaching out and asking about this things that aren't in the defined curriculum. If they're with you for a rotation to learn X, Y and Z, they're on the surgery service or on an outpatient clinic, and they're here to learn some specific thing, sometimes they may feel uncomfortable asking about all those things outside of that clinical environment that you share.

Dr. Alim Nagji (21:02):
But as we know, those pieces of life are so important to our overall quality of life, and really our happiness and longevity in our careers that we spend so long training for. So I think that's a really good tip for us as faculty to be aware of that, and when we have learners who are in that transition point to reach out and offer a hand and show them that vulnerability and that openness that hopefully they can then mirror with their own trainees in the future.

Dr. Kevin Dong (21:25):
Absolutely, I agree with all of that. I think reaching out too, especially as that senior role, will empower some of our junior learners to say, "Okay, these things I need to identify as well, and I feel like those are the people that I feel comfortable with asking about that." And I just think that now opens up that window, that's like the gateway drug in to transition to practice properly, so I think that's a great pearl, Alim.

Dr. Alim Nagji (21:47):
Kevin, it was a pleasure having you on the podcast today, and hopefully our listeners enjoyed hearing from you. If they're interested in hearing more from you, can you tell them a little bit about your other podcasts?

Dr. Kevin Dong (21:58):
Yeah, so I have two podcasts. I guess this is my free advertising moment, so I'll take it.

[chuckle]

Dr. Kevin Dong (22:04):
So the first one is, like I said, I'm an emerg...

Dr. Alim Nagji (22:06):
Wait, I thought you were sponsoring me for being on air.

[laughter]

Dr. Kevin Dong (22:09):
Yeah, yeah. I don't get paid to be on air guys, alright? [chuckle]

Dr. Alim Nagji (22:14):
We talked about it. I was getting a PS5 for having you as a guest.

[laughter]

Dr. Kevin Dong (22:19):
Good luck, buddy. Good luck. So one of the podcasts I am in is called the MacEmerg Podcast. It is a podcast for the Tri-division of Emergency Medicine at McMaster as well as all the regional district

sites that we have. And we feature Dr. Teresa Chan, Dr. Ben Charter, and many of the other residents that are involved, and medical students involved, in the program. And we feature even Dr. Alim Nagji, so we have an awesome segment on teaching that counts, and many pearls from not only clinical world but medical education.

Dr. Kevin Dong (22:53):
Now, it is specifically for emerg, but it's actually applicable to probably all those specialties. So if you're interested, take a listen. You can each check us up on Apple Podcasts, just search MacEmerg Podcast. The second podcast I'm in, so I'm the Director of Multimedia on CanadiEM, which is our nationwide unofficial blog for emergency medicine. And they have a podcast called The Canadian Podcast where I host some podcasts about transition to practice, but also we have a project that is having podcasts from many, many educations around the country, as well as actually all of North America, talking about different aspects of medicine. So if you want to check that out, go on CanadiEM.org and you can check that on the podcast over there as well, so my long plea to listen to some of my other works.

Dr. Alim Nagji (23:41):
That's awesome, man. Thanks so much for being on our show today.

Dr. Kevin Dong (23:44):
Yeah, thanks for having me.

Dr. Teresa Chan (23:48):
Wow, that was a really awesome first segment of the MacPFD Spark podcast. And now on to our second segment.

[music]

Dr. Teresa Chan (24:01):
Hello everybody, my name's Teresa Chan. And as you know, I am part of the team that's gonna bring you some scholarly secrets in this podcast. I am delighted to have a friend, colleague, mentor, she's so many things to me. But Lara Varpio, Dr. Lara Varpio, is an ectopic Canadian who is in the US right now, and she's an adjunct scientist here for us at McMaster Education Research Innovation and Theory unit, so MERIT. And so it's really awesome to have her involved with us at a distance, and she is such a wise person, I thought I'd bring her in to actually have a great conversation with me about the pleasure and pain of writing. I think this is something that we struggle with all the time as academics, and I think there is a lot to be said in this domain. But we're gonna try to keep this to about 20 minutes and really dive into the conversation around academic writing and scholarship and all of that. So Lara, if you wanna say hello.

Dr. Lara Varpio (24:58):
Hi, Teresa, and hi everybody. And Teresa, thank you so much for such a generous introduction. Really is my pleasure to be here. Having been in the field now for a few years, I know the ups and downs, the sorrows and the joys of trying to write for academic journals, so if there's anything that I can share from my experiences I'm just happy to do that.

Dr. Teresa Chan (25:17):
That's exciting. To me, writing is just as much a struggle now as it is, and it was when I was first

starting. I think that I've found some tips and tricks to hack my way to success. I think some basic things that I've learned along the way is never start with a blank page, so I have some templates now for different kinds of papers, because then I don't start with a blank page. I start with things like filling out a grid about my stuff, it just lowers the bar to get started. But what are some things that you do when you start a paper, where do you start?

Dr. Lara Varpio (25:49):
That's a great question, Teresa. So some days, my writing tends to fall into two kinds of categories. When I'm the first author of a paper, I have two kinds of experiences. One is that ideally, I've just finished either finishing the data analysis on a study, really very familiar with the literature that's been going on. I've been deeply immersed in the work, and I know the therefore statement I'm writing to. So when I say the therefore statement, I mean that the punch line of my story, the what I found is X and it matters to you because of Y. That's the therefore statement. And if I know that, then writing a manuscript really often is relatively fluidic exercise for me because I know what I'm writing to. I know the data inside out and backwards. I know which elements I want to cite.

Dr. Lara Varpio (26:34):
So then, it really is a matter of a problem with I've never met a word limit that I didn't feel was more of a suggestion than a law. So I tend to write too much and then... But I just write it all at one go. I just sit down and I start writing. The other experience is more labored, where I think I know the therefore statement, but there's something in it that's not quite sitting right for me. Or I have my results and my methods, but I'm not really sure what I'm going to talk about in the discussion, for instance. I usually have a pretty good sense in my introduction when I start writing. But one of the things that I always try to remind myself in those moments when I have... When I know this isn't going to be a fluid experience, is that the experience of writing is actually an experience of thinking.

Dr. Lara Varpio (27:17):
When you are writing about your data or you're writing a manuscript, you're literally thinking through it in a different kind of way, and I feel that it's a deeper kind of way. So sometimes what ends up happening for me is that I write my paper and I end up changing the thing, the story, the narrative of it, as I move forward till I get to a therefore statement that I did not have in mind when I started. And then I have to go backwards and kind of re-edit the whole paper back towards that therefore statement. So for me, the writing experience is really about, am I confident about where I'm going? Then it's going to be fairly straight forward. But if I'm not confident about where I'm going, I have to trust the process and just keep writing.

Dr. Teresa Chan (27:54):
Yeah, both of those styles of writing resonate with me. I've lived both of them. In the last month, I've had one paper that I just sat down and power wrote it because I knew exactly where I was going. I didn't even need an outline. It just came out of me, and that's the... Those are the pleasurable papers. You know your problem gap hook as kind of Lorelei Lingard writes in her article about that paper and perspectives, I really like, we'll throw it in the show notes. But it's basically the idea that you articulate your problem, you explain the gap in the literature and then you hook people in to get them excited about your paper. That's kind of like a good heuristic for your introduction. If you know that, then you know the, so what who cares? And exactly what you're saying, you're like, this, therefore that. And then the discussion, you know the literature. You just get a sense of where you want to pivot, where you politically want to go with the paper because sometimes everyone knows the discussion. It's why in EBM, we always talk about read the results, read the methods. The

discussion is all just gravy because a lot of the time that's where some of the spin comes. But as an author, I love the spin part a little bit. [chuckle]

Dr. Lara Varpio (28:57):
I think too, one of the things that makes writing those fluent days easy or one of those things that... Because I think it's easy as somebody who's... Both of us do a lot of writing in academia, so we have a fair body of experience to draw on. I think there's a couple of things I would really like to encourage novice writers, academics joining the field to think about. One, is that in order to be a better writer, you really need to invest in being a reader. So I read five or six of our major journals, every time they come out. And I don't want to say that I read every single paper in there with a fine tooth comb attentively. I'm probably reading about half of them that closely, the other half I'm just skimming to get the content. But by reading those articles and by reading the journals, you get a sense of things like the audience. What does this journal aim itself towards? Because every medical education journal has a slightly different orientation. They're writing to a slightly different audience.

Dr. Lara Varpio (29:47):
So that means that by reading them, I understand the audience. By reading the journals, I understand what are arguments that have good weight versus those, oh my God, that wasn't the best paper I've ever read. But by reading and continually engaging with the literature, by reading the kinds of articles you want to publish, you will be a better writer. The other tip that I really want to recommend to people who are just joining the field is to register yourself as a reviewer. Because one of the most important learning experiences I've had in my progress as an author in this field is doing more reviews, and if I can make a quick shout out here, medical education has... The Journal of Medical Education has something called the editorial internship, and I would very strongly advocate for anybody interested in seriously delving into the field to apply for that internship.

Dr. Lara Varpio (30:35):
I was fortunate to receive it once upon a time, and you get a really robust understanding of how the process of editorial work works, how it runs, and you also get a peak behind some of the reviews that you get. And when you are a reviewer of articles especially with some of our field's stronger journals, not only do you write the review, but you also get all of the reviews back afterwards so you can start to see what other people picked up on, you're going to get some examples of what really good reviews look like, of what people are concerned about, and by being a good reader and by being a reviewer, you will actually be a better writer.

Dr. Teresa Chan (31:09):
Both of those things resonate with me. I think I probably still review and edit too much, but I actually find such pleasure in doing that work because I think it does actually inform my own practice. So it's kind of like if you never went to as a clinician, if you never did an M&M rounds, you never went to other people's presentations, if you never even just sat around and talked with other people about your craft, you're not going to get better at it. I think that's... We know that that's the case, is that you need to surround yourself with your community. And how awesome is it that people literally are falling over themselves to ask you for that privilege and that perspective that you have. It's one of those things that I think that return of service, we call it sometimes for making the peer review machine run for every paper that you publish, at least three to four people have worked on it, you've got your editor, you've got several reviewers, sometimes multiple editors depending on the situation. And so, I think that being able to return that service is important as well as citizenship, but on top of that, what it is, is that you can get something out of it yourself, right?

Dr. Lara Varpio (32:08):
Right? Yeah.

Dr. Teresa Chan (32:09):
That's beautiful. It's transactional in someways, but I think that's okay, because I think that any time you do something additionally, you should actually be able to get something out of it. If you don't, then you're just doing it for the sake of doing it.

Dr. Lara Varpio (32:21):
Now, and you're gonna know the name of this thing but closer and faster than I do, but you can actually get credit for the reviews, you do, right? What's that system called?

Dr. Teresa Chan (32:29):
There's a social media platform run by Elsevier, so depending on your stance on big publishing companies, it's called publons.com and you can register for an account and you can actually keep your analytics. So both as a editor and a reviewer. And it actually is really cool, because it gives you quantitative statistics, which since you and I both do a lot of qual, but your quantitative statistics on how...

Dr. Lara Varpio (32:53):
That works too. Yeah.

Dr. Teresa Chan (32:54):
I know right now, my review to paper ratio is 1.9 reviews to every paper that I publish. I know right now that I write about two times as many words as everyone else in the entire database when I write reviews, and that McMaster in general, probably because I pull it up, no just kidding. But McMaster Faculty who engage in peer review actually write about 100 words more than everyone else. So that's really cool to know. It also helps me because in our academic MERIT's system, I actually do get rewarded for my work as a reviewer, as an editor. It's not universal across all the departments, it's not universal across all divisions and things, but I do think that it's something that I need to keep track of. So it's a great convenient way to do it.

Dr. Lara Varpio (33:38):
And it's... I think not to plug Publons, but that's exactly the system I was thinking about, but if it does provide you with evidence in your CV of the amount of work and service that you're doing, if you need that kind of evidence, so I think that's useful. And I agree with you, Teresa, one of the things I try to do is that for every paper I publish, I try to do two to three reviews for the journal at the same time. Because if we don't pay it back, then the system starts to fall apart. Now, my friend Tony Artino, will have a few thoughts about review, he has a few dozen thoughts about review, so I won't steal his thunder because you might wanna talk to him one day, but...

Dr. Teresa Chan (34:10):
Tony and I are Twitter buddies. So we've had this argument. [chuckle]

Dr. Lara Varpio (34:12):
Exactly, right? The arguments. Well, then I won't give it away for your listeners, I'll let you talk to him about the work of reviewers and those other things.

Dr. Teresa Chan (34:20):
Yeah, for sure. Well, I think that there's obviously a big movement online to talk about whether or not this should be paid work right? And publishing companies are making billions of dollars, that's why I said there's controversy around Elsevier and stuff like that. We all break our backs volunteering, reviewing, editing, maybe some of the editors in chief have a bit of a stipend, but it's not like millions of dollars or anything, they're not like movie producers.

Dr. Teresa Chan (34:42):
And so, it is something to think about, but that's a really good insight about the reviewing, and I think that a lot of junior scholars probably get told that they should focus on their writing. And I think that what I really like that your perspective is that you can't learn without seeing mistakes. And why should you make your own when you can watch other people do theirs, and it's like going to the sim lab. To me, it's... As a clinician, I want to in a safe space where it's not my mistake it's not someone... It's not something high stakes for me, I wanna be able to learn. And so reviewing someone else's paper or helping them get better, because they're probably gonna get accepted in many cases.

Dr. Lara Varpio (35:17):
Somewhere.

Dr. Teresa Chan (35:18):
Somewhere, giving feedback, providing that insight, being able to critically read something with the Michelin star chefs...

Dr. Lara Varpio (35:24):
Yeah, right rating on it.

Dr. Teresa Chan (35:26):
Rating, like that. To think of yourself as that taste maker of science, I think is really powerful. And whether you're a clinician whose writing for a clinical journal, whether you're a medical education specialist, writing for that, I think that we all need that perspective and I think that it's really cool when we can bring all those perspectives together through a series of reviews.

Dr. Lara Varpio (35:49):
So you mentioned Lorelei Lingard's piece in perspectives on medical education about problem gap hook. I can't recommend enough all of the pieces in the writer's craft. Now, I do have to put my caveat here that I wrote one so I...

Dr. Teresa Chan (36:01):
Yeah, I was gonna say, You're one of our authors.

[chuckle]

Dr. Lara Varpio (36:05):
So I don't mean to self-promote, but Lorelei's written some excellent pieces in there. And I think one of the ones that we're talking about here is that she talks about writing as entering a conversation. And you're entering a conversation in the journal. So if you haven't been reading the journal, you

don't know the conversations that are going on. And if you haven't been reviewing for the journal, then you don't know the critiques that are levelled against articles that prohibit them from being part of the conversation. So reading and writing I think are really important. Another piece that I would recommend for junior writers is that sometimes the hardest thing to write is the introduction or the conclusion. So what I do often with my junior writers, some of my graduate students as I talk to them, start with the methods, because you already know the methods, and you probably already have a draft of them from your IRB. So starting with the methods is often an easier place to start.

Dr. Lara Varpio (36:51):
The other thing is that once you've got your methods done, you probably already know your results. So write your result section second. And then, by that point, now you have half your paper written. Now, you all you need to do is book end it now, is all you need to do is book end it. But at least you'll have a pretty robust starting point. And then, if you can write your problem gap hook paragraph and try to use that as the first paragraph of your paper, then the rest of it starts to flow. It gets a little bit easier.

Dr. Teresa Chan (37:16):
I do something that's bizarre, when I get stuck. I actually get a deck of sticky notes out and I write all my thoughts down, just dump 'cause I'm not a very organized thinker. I'm an Emerg doc as I have no attention span. Sometimes I...

Dr. Lara Varpio (37:31):
Squirrel.

Dr. Teresa Chan (37:32):
Think about something... Exactly, I'm bouncing all around. And so I'm not always organized. But I can organize myself, and so what I do is I take a bunch of sticky notes and I write one thought per sticky note. Sometimes it has a PM ID number on it, sometimes has a DOI number, probably just have someone's name on it like Varpio. And it's to remind myself that, that's something I wanna cite, that's something I wanna put into the conversation that I'm writing down. And so, what I do is I dump it all down, and then I take a second color of sticky notes and I put the headings for the paper. I put them in front of myself and I create a storyboard. And then, I lay that out in front of me, so on a wall, on the table, whatever. And then I put the sticky notes in the order, like a Pixar animation studio. This is what they do, this how they made...

Dr. Lara Varpio (38:18):
Yeah, build movies. Yeah.

Dr. Teresa Chan (38:18):
Finding Dory or whatever. They actually put the storyboard in order, and so I call it story boarding. And actually it's how I make sure the logic of the paper set rounds too because sometimes when you're typing is so linear that you can't move things around easily. You can't like... There's something about the tangibility of the sticky notes. And you can use a digital media like Jamboard or something like that to do the same thing. But the idea is that sometimes your thoughts don't flow the same way, so changing up the media really helps me. And then, what I find is that if we can put in order then now I take that deck of sticky notes and I know exactly what my next thought is. And it's so much easier to write once I know where I'm going, like as you said, right?

Dr. Lara Varpio (38:56):
And I think one of the things that's really important about that, and impressive about that Teresa, is that one of the most important things, one of the most important elements of your writing, and if you're listeners take one thing away from this, I hope our conversation, I hope it's this. You're writing an argument that needs to have a logic, right? And so, if your logic starts to fall apart, if your connections don't make sense, if A doesn't lead logically to B to point C to point D, then the whole manuscript falls apart. So thinking about what are the connections between my ideas? How do these things lead A to B to C? What are the therefore statements that connect them or the however statements that I need to frame this around? That logic is the core of your paper.

Dr. Lara Varpio (39:37):
After that, then you're starting to get into window dressing and then it's about describing it and putting things on there, but that logic is the core of your paper. So I would really like to encourage your listeners to think hard on the logic of the paper. The only other thing that I'm thinking about your post and now it's reminded me, that there is gonna be more content that you can put in a paper than you will have words for. Which means that you have to be okay with the idea that even though you read 30 articles, I don't know how many you read but let's say you read thirty articles to get ready to write this paper, maybe only 10 of them are gonna get in. Or maybe you have eight, 10 different ideas, but only four of them fit the logic of this paper. So I think it's really important to be ready to be a little bit vicious with your writing and with your thinking, your ideas, 'cause not everything's gonna make the cut.

It's the same thing with qualitative data, right? You're never gonna report all of your data set cause there's just so much of it. So you have to be okay saying, "These pieces make the cut for this paper and the other pieces can make the cut for a different paper." Or they just may not make the cut at all.

Dr. Teresa Chan (40:36):
Yeah, sometimes you just fan-girl and fan-boy so many great scientists out there that you're just swimming in the literature when you're writing. And so, I think that taking a step back and zooming out, this is... This happens with some of the junior authors that I work with. It happens with me still. Sometimes I'm just super immersed in something, super excited, and I'm just like, I wanna cite like 32 papers in two paragraphs and it's just unwieldy. And so, I find that taking a step back and saying, "Okay, so what is core to the argument I'm trying make?" My partner is a lawyer, so he's always talking about arguments, and really that's what it is. It's like, what are the logical statements, and then how do you put that in? And it's always good to have a balance, right? That you can't just be selling something. We talked about spin earlier, but you also have to be a little bit acknowledging of the rest of the conversation. And so if there's controversy, you have to highlight it and you have to have some contrary papers probably that highlight some of the hot spots.

Dr. Lara Varpio (41:32):
Different perspectives. Yeah.

Dr. Teresa Chan (41:33):
And I think that that's all part of trying to figure out what the great story that you're trying to tell is.

Dr. Lara Varpio (41:38):

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

Dr. Teresa Chan (42:14):
Yeah, it's a cognition, is the preparation. It's all of that stuff, it's the conversation you're having your head with your audience. That's really what it is. And like you said dictation is actually a great way to do it, that's a great pro-tip. I'm gonna call that one out because I think now with the iPads and Voice Memos and stuff like that, why not just...

Dr. Lara Varpio (42:35):
Right?

Dr. Teresa Chan (42:36):
In your car, you have 20 minutes, turn on the voice recorder, talk to yourself for 20 minutes. You can always listen to it, transcribe. You could also even just like honestly, if you use the dictation app to actually do that. And I find sometimes if I'm really stuck, that's a great way 'cause then it's easier to edit than it is to write.

Dr. Lara Varpio (42:53):
To write. Yeah, exactly.

Dr. Teresa Chan (42:55):
So sometimes you just need words on a page. You just can't stare at that blinking icon anymore. And all those strategies, the sticky notes, the dictation, all that stuff gives you something. Looking at your previous artifacts with your grant or IRB or REB proposal, your protocol, all of that stuff is work that you've done before. So if you can bring it all out, mess with it in front of yourself, and then...

Dr. Lara Varpio (43:20):
All the better.

Dr. Teresa Chan (43:20):
You can put something together, right? So those are great tips. Thank you us so much for joining me on this episode. It was a great delight to chat with you about this. Yeah, stay tuned.

Dr. Lara Varpio (43:27):
It was my pleasure to be here. The only thing I wanna encourage your listeners to do then as we end is just keep writing, don't stop, don't give up, just keep writing.

Dr. Teresa Chan (43:33):
Exactly. Yeah, yeah. Sometimes you just gotta be like a Dory like I said, just keep swimming.

Dr. Lara Varpio (43:38):
Just keep swimming.

[laughter]

Dr. Teresa Chan (43:41):
Alright, thank you.

Dr. Lara Varpio (43:41):
Thanks for having me T.

[music]

Dr. Teresa Chan (43:46):
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