MTN Ep 5 Transcript

Episode 5 - What Language Teaching Can Teach Us

[00:00:00.09] ERIN HAGAR: Welcome to Moving The Needle, casual conversations about ways, big and small, to impact student learning. Brought to you by the Faculty Center for Teaching and Learning at the University of Maryland, Baltimore. I'm Erin Hagar. Let's move the needle.

[00:00:18.38] Our guest this week is Dr. Sandra Quezada, associate professor of medicine in the Division of Gastroenterology and Hepatology at the University of Maryland Medical Center in Baltimore. She is the associate dean for admissions for the University of Maryland School of Medicine, assistant dean for Faculty Diversity and Inclusion, and course director for the medical Spanish elective, a course she helped launch when she herself was a medical student here at UMB.

[00:00:44.86] I'm so excited about this episode. Since my own college teaching experience is in Spanish, it's really fun for me to get to geek out about language learning and what it can reveal about teaching more broadly. We'll ask Dr. Quezada how her medical Spanish course integrates and reinforces the rest of the Medical School curriculum, how teaching language overlaps with culture and cultural humility, and how she creates a relaxed learning environment where mistakes aren't just OK but expected. Let's get to the interview. Dr. Quezada, welcome to Moving The Needle.

[00:01:17.84] SANDRA QUEZADA: Thank you. Thank you for having me.

[00:01:20.31] ERIN HAGAR: It's so great to have you here today. So I guess I just like to begin by having you tell us a little bit about the medical Spanish program at UMB. How did it come to be?

[00:01:30.95] SANDRA QUEZADA: So it's actually been around for a long time, but it's definitely evolved over time. I feel really proud to be able to say that it started while I was a medical student there. I was a second-year student, and it really was, I think, a group of students and a few faculty who advocated for having some form of a medical Spanish initiative or program at the Medical School, really just recognizing the growing Latinx community in the country even then, 20 years ago. I don't think we even realized how things would continue to grow in the decades to come, not only across the country but in Baltimore.

[00:02:11.21] So even at that point, just recognizing that our students that are graduating, practicing medicine all over the country, could potentially find it very useful to have a medical Spanish program available to them. So it started off more informal, and it still was mostly faculty-led, which was great. And it was held over a lunch hour. It was kind of like a brown bag lunch kind of practice your Spanish.

[00:02:43.67] They originally had two different levels-- a more beginner level and then the intermediate, advanced level. And so the beginner level would focus more on I think very introductory kind of conversation and some grammatical kind of instruction. And then the intermediate and advanced really was I think more of the medical Spanish course because it was designed to provide some medical terminology to students who, even though they might be quite proficient in Spanish, might not necessarily have all that terminology.

[00:03:21.18] So one of the examples I like to give is I am fluent in Spanish, and I started off myself, actually, before medical school, I was an interpreter at a hospital. And I remember when I was doing my training thinking, oh, this is going to be-- this should be pretty straightforward. This should be pretty easy. And then I was like, wow, there are a lot of words I didn't know. It's you don't know what you don't know, and as you were learning it, you're like, right, I've never had to say spleen before. It just doesn't come up in common conversation.

[00:03:51.44] So even students who are quite advanced and proficient in Spanish really do benefit from a course that provides them that kind of terminology. So over time, it's now evolved to become something that was more of a all-comers get together over a lunch hour and practice some conversation, let's learn some terminology, to now a course curriculum-approved credit-granting elective in the Medical School program.

[00:04:22.52] And it is more structured now so that it includes a-- usually, it's actually about 90 minutes time every week, a weekly session of didactics, classroom or Zoom room, I guess, again, going by system and reviewing terminology, both anatomical terms as well as symptoms, and how would you communicate a diagnostic test or result, for example, and really giving the students an opportunity to practice putting all of that terminology into a conversation, and in practice, taking a medical history, as well as walking their patient through the physical exam.

[00:05:08.82] So I redesigned the course so that it would really parallel and follow the Medical School curriculum that they're also taking in English. So as they're learning, say, in their gastroenterology block, they're learning about the GI anatomy and function and disease processes. Then in our medical Spanish class, we're really reinforcing that and discussing those terms again in Spanish on a higher level, and just reviewing some of the anatomical terms in Spanish, and then also how would you take that history, what are some of the common and important questions you should be asking for that particular system.

[00:05:49.39] And then in addition to the classroom time, I thought it was really important that there would also be a service-learning component, and really just more of a community component where the students would have an opportunity to be in the clinical setting, working with Spanish-speaking patients, and really putting those skills into practice, really applying what they've learned in the classroom. And every year, the students always confirm that this is super rewarding and just one of the most valuable parts of the course and of their experience overall.

[00:06:24.77] ERIN HAGAR: That's great. I love that it began as a student-led initiative. In some of our other episodes, we've had a common thread about a democratic approach to teaching or a horizontal approach to teaching where really the dynamics between the faculty and the students are presented in a more equal way or thought about in more equal terms. And just the fact that you could suggest this, and lead it, and be heard by your faculty, and now have it morph into something that is such a formal part of the curriculum, that must be really rewarding.

[00:07:02.21] SANDRA QUEZADA: It really is, and I think it's great for the students to see that. And that's just one example, honestly. I think there are a lot of now existing threads in the curriculum, and certainly a lot of student-run or led groups that also include faculty mentors, but certainly a lot of things that are ingrained in the curriculum now that our students, I think, provided the impetus to get those things moving. So our students are always driving us to be better, and I think that's great.

[00:07:34.76] ERIN HAGAR: Yeah, that is great. So what are some of the strategies and approaches that you use to teach medical Spanish? You've described a little bit what the curriculum entails, but how do you go about it? How do you go about working with different levels of language learners, that kind of vulnerability or anxiety that might come from not being able to say what you want to say? And what strategies have you found that really help the language stick?

[00:08:01.79] SANDRA QUEZADA: Yeah, so actually, I guess one thing I didn't mention that as the course evolved to the for-credit elective, that elective that is for credit became really focused on that intermediate-to-advanced proficiency level, but recognizing that there are a lot of students who may not be at that comfort level. And sometimes even we just-- because there is such a huge interest that we couldn't always accommodate all the students that wanted to participate, that we also have actually what I call the sister student-run course of medical Spanish that my own students who've completed the full medical Spanish elective teach. And so it's students teaching each other.

[00:08:49.61] In some cases, they develop some of their own materials, which I've seen, and it's awesome. And then I also share my materials with them too. So I wanted to make sure that there was always still something for everyone to be able to have a chance to refresh or learn their skills in Spanish.

[00:09:07.79] So I feel like in my course, even though it is intermediate-advanced level, there is a fairly broad range still of proficiency within those two levels. And maybe what's even broader than the range itself is the confidence level, and those who are on the maybe more intermediate side tend to have more of that little bit of anxiety or shyness, self-consciousness about what their accent might be like or if they make a grammatical error.

[00:09:42.23] And definitely, one of the things I think I definitely reiterate multiple times throughout more so the beginning of the course-- I think it becomes less needed, fortunately, as we move along the year, but in the beginning, somebody who maybe isn't quite as advanced as some of the other students will have a tendency to apologize

frequently as they're trying to express themselves. And yet, as you notice listening, the apologies are not necessary. They're doing a great job.

[00:10:13.58] And so it's just first just affirming them and letting them know, hey, that was great, and that sounded perfect. Or, I completely understood your message, and that is always the most important thing, and here is maybe another way to say what you said that might be even more clear. So never really say that was wrong, actually, because at the end of the day, what's important to me is that I want the patients to be able to understand what is being said to them. Also, I want them to be understood when they speak, so I really, really always stress that is the most important thing.

[00:10:56.00] I also remind our students that for any proficiency level, regardless of how fluent or not you are, sometimes the word just doesn't come to you, and that's OK. And that if that's the case, then just take a detour and walk your way around the word, and just say what you mean to say sometimes even when you know the word.

[00:11:17.72] Like let's go back to spleen. You might remember that the word for spleen is [NON-ENGLISH], but maybe the person you're talking to still is not super familiar with that term. Or they've heard the word, but they're like, but what is that really? What is your spleen really? What does it do?

[00:11:32.78] So as we're talking about-- even if you forget the word for spleen, then just say, so it's an organ that sits on the left side of your body, and it helps do this and this. So basically, just finding your way around sometimes that and not getting caught up or hung up specifically on that word. But just making sure that you're communicating the message that you need to communicate, and by all means, just reinforcing that we're here to make mistakes. That's the point of the class, is this is the place to mess up, say something funny, and we'll all learn from it together, and then together learn what's a better way to say that so that you're prepared when you're interacting with your patients.

[00:12:17.24] ERIN HAGAR: Yeah, that's great. I don't know if I mentioned to you before, but my own teaching background is in Spanish. And even in a nonmedical context, that deer-in-the-headlights look that students can give you when they're stuck on one word, and their whole sentence, their whole message was coming through, and then they freeze on that one word. And that's such an important skill to just be able to unfreeze.

[00:12:40.28] And like you said, there are 10 ways to skin this cat. You can describe this in so many other ways. But what strikes me when you're describing this scenario is that now we have this added layer of medical terminology, which may or may not be familiar to the patient in the first place.

[00:12:56.43] So even if the provider uses 100% perfect, perfectly grammatical, perfect vocabulary to describe all of the procedures, and diagnostics, and molecular structures, and all these things, there's still this layer of understanding that may or may not be coming through to the patient that has nothing to do with the language itself. Can you speak a little bit about how you manage that?

[00:13:20.72] SANDRA QUEZADA: Yeah, I mean, I think one of the themes that I like to reinforce and remind people with respect to that is, in some ways, it gets back to what I was saying before about the importance of the message being what gets through, is that that can happen in English or in Spanish. So it can certainly in English.

[00:13:42.56] You could be-- you're speaking your primary language, it's the patient's primary language, and you're communicating a diagnosis, or you're discussing what the treatment plan may be. And you're making assumptions about what the patient understands and what they can take in. And it could be very much that you have the right words, or you feel what you think are the right words, but they're not the right words, actually, if your patient doesn't understand. Then it's of no use to your patient, and it's of no use to you as a provider if you're not able to communicate that in a way that it will be understood, received, and applied by your patient.

[00:14:22.01] So I feel like that's also the same in Spanish. So I remind my patients oftentimes that there might be a medical term, this is the technical medical term for this in Spanish, but if you use this, it's a high likelihood-- or many of those patients are probably not going to understand that word. And so be ready to give an explanation or to follow up with a quick description of what that is or what that means. And then I just add a paraphrase, like, by the way, you're probably going to want to do that in English too.

[00:14:54.47] So it's not about the language. It's not about the patient population. It's about the fact that medical terminology is a whole different language too in and of itself. So I think that that's-- it is an important thing to reinforce, that at the end of the day, you're a great communicator when your message is understood.

[00:15:16.06] ERIN HAGAR: Right. And whatever words it takes to do that.

[00:15:18.51] SANDRA QUEZADA: Exactly. Yep.

[00:15:19.32] ERIN HAGAR: Learning a language is about the vocabulary, and the grammar, and the terminology, and the phrasing, but it's also so much about culture. So how do you approach that with your students? You mentioned, for example, the service learning. You want to talk a little bit about that and any other strategies you use to help your students appreciate the culture that's behind the language they're speaking?

[00:15:44.55] SANDRA QUEZADA: Yeah, so the service learning, I think, is a great opportunity because they are rotating in clinics that are currently serving Spanish-speaking patients that also oftentimes are either uninsured, underinsured, maybe undocumented. And we explore that, and we talk about the implications of the barriers, really, that that patient community is facing in addition to the language barrier, which, in and of itself, is a significant one.

[00:16:16.69] And it really is I think a wonderful experience for our students to be immersed in that setting and to be able to see how does one approach that. What are some of the resources that are available? What are some strategies that providers that are doing that wonderful work in the community are finding ways to provide excellent

service to those patients that are in that scenario? So I think that that is a really great way to give that kind of insight to our students.

[00:16:44.39] But another thing that we do in the course is I wanted to have something called current events. And I remember thinking, if you translate current events directly into Spanish, it just sounds weird. So it has a little rhyme, so I decided to call it [SPEAKING SPANISH]. So events happening at this moment.

[00:17:03.37] And so every week, one of our students-- it's very informal. Just a student gives maybe 5 to 10 minutes of a quick oral presentation update really on some event or issue that impacts the Latinx community in the US or potentially just the Latino community abroad that preferably is health-related, although it doesn't directly necessarily have to be. And our students are very creative. And honestly, I always learn from our students so much, even in those brief presentations.

[00:17:41.25] But then towards the end of the course, they've come to a place now where they've reviewed and learned so much terminology at that point. They've had opportunities to practice their skills. So now they give a more formal presentation, usually a 15-minute PowerPoint presentation on usually a disease process or some other health disparities-related topic that impacts the Latinx community.

[00:18:11.14] So that's another, I think, really important opportunity where our students learn and ultimately teach all of us about some of the different cultural and social aspects that impact health and that are particularly relevant to the Latinx community. Other ways that it's sort of like here and there I think infuse culture-- I mean, I certainly remind our students that I'm teaching you this word for this particular maybe-- especially if it's food. This might be a word for this fruit, for example, but I can tell you that there might be 10 other terms in different countries.

[00:18:47.05] So just to remind people that the Latinx culture is a very diverse culture, and it's a diverse language. There are different words in different countries for different things, so that it's not a monolithic language, and that there's a lot of variability, and to just be flexible, and prepared, and open, and curious about learning about that. I actually often learn, again, from our own students who themselves have a background in different countries, and we get to compare what we grew up learning, how to say pear, for example, or something like that.

[00:19:21.75] ERIN HAGAR: That's great. What lessons do you think that teachers of other topics, other disciplines, can learn from the strategies and the approaches you take to language teaching?

[00:19:33.93] SANDRA QUEZADA: I think maybe one of them is that I really do try to make this a very interactive experience for the students. It was always this way, even before COVID. But I felt like it was so much more important, even after in a pandemic and trying to teach this remotely, that it had to be engaging. It had to keep their attention, and keep them thinking, and basically in action together.

[00:20:07.44] So it's really trying to minimize the amount of time that I'm just presenting information to them and amplifying the time that they get to practice speaking, that they

get to practice interviewing each other. So we'll do breakout rooms. And even before, when we were in person, I would basically do small pairing up in the room, and they would take turns speaking and interviewing each other, doing some role planning, and basically simulating, immersing themselves in that experience.

[00:20:38.96] And I think that sort of active learning is just a really, really great way to keep your students having fun. And I think when they're having fun, they learn more and probably appreciate the experience that much more. And then again, they're very much a part of the education process when they're presenting for us, and we all learn from each other. So I think maybe just keeping things very, very interactive and really providing a lot of opportunities for the students to be teachers themselves in the process I think is a pretty neat thing.

[00:21:16.72] The other-- I forgot to mention, another interactive learning tool has been working with standardized patients, which I originally incorporated solely as an assessment tool at the end of their program. And it was a way for me to see how comfortable they were interacting with the standardized patients, if they were getting hung up in any way with any vocabulary. And they also got that very helpful feedback that our standardized patients are always so great at giving.

[00:21:47.83] It was also, again, a nice additional practice session for them because they had to do that in English too. So it was another opportunity for them to get acclimated to the whole format of being videotaped while you're interviewing a standardized patient, which makes everybody self-conscious. So I think that they always do a great job.

[00:22:08.24] But because I could tell the students really valued that standardized-patient experience, and it really was a great learning opportunity for them, I decided that I wanted to use it really for both as a teaching tool and as an assessment tool. And even what I did this year was-- I did one actually at the beginning of the course, and then we'll repeat it at the end. So it even also maybe-- both for me and for the students, ends up being a nice basis of comparison, and they can see how far they've come at the end of the program.

[00:22:42.17] ERIN HAGAR: Absolutely. Oh, there are such good points here. That idea that assessments are also teaching and learning tools in and of themselves is such a valuable insight as a faculty member, because so often it's easy to think about, this is how we get the score that goes in the grade book that demonstrates competency. But that experience of interacting with a standardized patient or practicing another kind of assessment really becomes a mechanism for learning, and that's so important.

[00:23:11.83] And your comments about active learning really resonate with me because I mentioned my teaching background is in Spanish. I taught college-level Spanish in the early levels, the beginning and intermediate. And then I very much got interested in teaching as a field and teaching in higher Ed and morphed into the role I have now.

[00:23:30.67] But then learning about active learning as a concept, for me as a former language teacher, my thought was, well, how could you do anything else? If I stand up in front of the class and speak Spanish at them all day, maybe their listening comprehension goes up a little bit, but all those other things that are so important in a language, the oral, the written, all these things that they need practice with. So for me, it was like a boot camp in active learning strategies because that's just what you have to do. So now--

[00:24:04.39] SANDRA QUEZADA: You just have to. Right.

[00:24:05.06] ERIN HAGAR: Yeah.

[00:24:05.92] SANDRA QUEZADA: I mean, whenever we talk about language, people always say, if you don't use it, you lose it. But it's so funny because that's everything. If you don't apply the things that you're doing, you'll forget them.

[00:24:17.47] ERIN HAGAR: Absolutely. And I think also what I remember most, and probably most fondly about my teaching experience in language, is the opportunity to play and to have a little bit of a lighter tone than maybe what they had in other courses that they were taking at the same time. And that we could get away with some playful things because they were reinforcing grammar concepts or vocabulary.

[00:24:41.86] So for example, I would always take cartoons, and I'm dating myself, but I would have them on the overhead projector as they walked into the classroom. And so they could just come in and see a little Mafalda from Argentina every day, and maybe it connected to what we were doing or maybe it didn't. But it was just a nice way to set the tone, to create that space recognition of, OK, now we're morphing into whatever you were doing before. Now we're morphing into Spanish time, and let's have a little fun. There's certainly tricks you can do in other disciplines, but I felt like it gave me a little freedom to try some of these things because I knew at the end it was also reinforcing what our objectives were.

[00:25:22.55] SANDRA QUEZADA: Absolutely. Actually, you reminded me of something that I did. It overlaps with other ways that I try to infuse culture throughout the course. Sometimes as we're waiting for everybody to sign on into the Zoom meeting-- and I'll have to think about it, how [? well-- ?] it's actually not that hard. I did do this in person sometimes too.

[00:25:40.01] Basically, I'll just be playing music in the background. So maybe I'm playing salsa. Maybe I'm playing merengue, or bachata, or something like that. And I'll do that on Zoom. I'll even share a video sometimes, and sometimes it's pretty neat because you can see it might show-- the last one we saw shows Havana, Cuba, and you just see as they're playing beautiful salsa music.

[00:26:00.74] And then I'll ask them questions, like, who recognizes-- does anybody know what rhythm that is or what kind of music that is? And did you recognize what city that was? So that's fun. But one other thing I did was I split up the group into two halves, and then I showed-- and this was easier to do actually in breakout rooms than it is in person. I basically had to trust the one half of the room to just cover their eyes.

[00:26:25.85] But basically, I would show them a painting. One painting was a Frida Kahlo painting, and then another one was a painting from Botero who is a Colombian artist. So they each got a minute or so to look at, observe, and absorb it. And then I paired them up across the two groups, and they had to, in Spanish, describe what did the painting look like so that the other person could envision it. And then I showed them both paintings.

[00:26:59.33] And it was just fun to see their reactions, like, oh, yeah, OK, now I see what you were telling me. And again, it's playing. It's fun. You're not going to get graded on how you described it. But it was a great way I think to just get people loose and get them warmed up, so to speak, and speaking Spanish. And in the process, many of them learned about these two very well-renowned artists, Latinx cultures.

[00:27:24.41] ERIN HAGAR: Yeah, and then this other layer of the culture. And then also, another thing that has been fascinating me lately since I've been at UMB is this idea of using the humanities to reinforce medical education. And there's so much literature that demonstrates a connection between exposing medical students to art and the process of observing art and an increase in their medical observational skills. So you were hitting the trifecta with that because you had the playfulness, the language, and then also sharpening the eye, which is a transferable outcome to actually working with patients and seeing things. It's just so fascinating.

[00:28:06.11] SANDRA QUEZADA: I know. It's trying to keep it fun. And I actually feel like I can't take all the credit for that idea because I remember-- you said something about humanistic-- I can't remember exactly what you said, but there is another elective called the Humanism Symposium in the Medical School.

[00:28:26.00] And a couple of years ago, I remember one of my students who was doing both of those told me about one of their-- the field trip activities was to go to an art museum and to look at different paintings and then describe them to each other. And I was like, oh, we should-- we easily could and should do that in medical Spanish. So yeah, so it translated very nicely into the course.

[00:28:52.93] ERIN HAGAR: Yeah, and I just want to call attention a little bit to the hesitancy you have, oh, this wasn't my idea or da, da, da. I think that so much about what we know about teaching is shared, and it's communal, and it needs to be. And it's tricky because of the nature of the way that we teach is in our boxes, in our classrooms, or on our Zooms privately.

[00:29:15.35] And I think one of the best things we could do for education would be to open up those conversations the way that we're doing right now and to share what's worked for us and what hasn't. And to not be nervous to say, I borrowed this great idea, and it's working great. Or, I borrowed this great idea, and I tweaked it and made it my own. I just think that that is how the field advances. So I want everyone to feel very comfortable taking, and borrowing, and sharing. And that's how the world goes.

[00:29:44.06] SANDRA QUEZADA: Absolutely. No, thank you for that. I definitely appreciate that. And right, I think part of that too required on my part some openness

and flexibility to be like, oh, how could I add this into my course? This is not a change. It's an addition. I'm enhancing my course in this way.

[00:30:04.67] And similarly, it's been awesome to invite some of our other faculty in the School of Medicine that I know speak Spanish and are specialists in various areas to be guest speakers and guest presenters in the course. So for example, Camilo Gutierrez in the Department of Neurology presents to them how to take a great neurohistory and perform the neurophysical exam. [? Madeline ?] [INAUDIBLE] has presented on the gynecological exam and taking a good OB history and GYN history.

[00:30:42.06] So I remember in the beginning being a little nervous, like, OK, are they going to get the format? And is it going to be-- how this is going to go? And it's been so wonderful that I've just been every year inviting more people.

[00:30:55.14] And I think it really is wonderful for the students too. It keeps it very dynamic for them. A, they're meeting a lot of faculty rather than just me, and they get to see, oh, there is a lot of Spanish-speaking faculty at the Medical School. They're also hearing different accents because we're all from different countries. So that's another, as you're saying, fine-tuning their ear and really helping them get comfortable with different accents.

[00:31:18.03] And obviously, I'm a gastroenterologist, so if I'm teaching the neuro exam, I'm going to do a reasonably decent job, but a neurologist is going to do a better job. Let's be honest. This is their specialty. So I really feel like I'm giving my students the cream of the crop, if you will, within that field.

[00:31:35.34] And we can sometimes, together, the week after, we'll reinforce some of those concepts, just us, that-- it's worked out to be about maybe four or five guest faculty are sprinkled out throughout the year for them. And I think that that's been-- it's been fun, and I think it's also really enhanced the whole program.

[00:31:57.78] ERIN HAGAR: That's so great. It is a vulnerable feeling to invite people into your classroom, and I think that has a lot to do with how we viewed expertise in the past. And I think there's such power in saying, I could do this, but my colleague can do it better.

[00:32:15.82] And I think what's so exciting to me is that you're modeling that team-based mindset for these future health care providers to say, you know what? It's OK if you don't have the most expertise in this, but you're going to call in a colleague for a referral, and that's fine. Or you're going to bring in somebody to help, and it's all toward the greater good, which, in your case, is the learning experience. But it's also modeling how we could do this for the greater good of patient care or--

[00:32:41.55] SANDRA QUEZADA: Absolutely.

[00:32:42.24] ERIN HAGAR: So I think this is just so great. So is there anything on the horizon that you've seen or experienced as you've developed this course or as you've-- with your experience in the Medical School, is there anything on the horizon that you

think could really move the needle, either in the teaching of medical Spanish or in the teaching of medicine in general?

[00:33:04.47] SANDRA QUEZADA: So I definitely think that for the teaching of medical Spanish-- I guess maybe I'll start first on a national level and then locally at our institution. I'm really grateful and fortunate that I get to serve on a national committee or task force for medical Spanish, actually.

[00:33:23.94] Because one thing that we've all learned just meeting each other at different conferences, and then certainly, we've certainly confirmed it now being on the committee, is that if there are a 100 different medical Spanish institutions, rather, that are teaching medical Spanish, that the program is different at every institution. There really isn't any standardization about what makes a good medical Spanish course and what should be, for example, recognized for credit.

[00:33:57.00] Or just in general, I think again, for two reasons, one is making sure that the student is really getting the best high-quality experience, but also, what are the expectations for what students can do that have completed that course? And how does that ultimately impact patient care?

[00:34:16.39] So is there an expectation that a student that's finished medical Spanish, are they now going in the hospital, and basically you don't need to call the interpreter because, hey, we have this student on the team who just came out of medical Spanish? So really standardizing-- that's the work that this committee is working on, is establishing what are at least the minimum criteria that should be met by a medical Spanish program, that it could be recognized as a for-credit medical Spanish program.

[00:34:51.66] What are best practices I think is probably the right way to say what we're trying to establish in terms of both delivering content, integrating the cultural humility and agility elements into the course, and then also what are the best ways to assess both the students and the program as you're evolving and going forth.

[00:35:13.83] So I'm excited about that. I think that it's going to be-- I think it is going to move the needle in terms of also empowering other institutions that currently don't have a medical Spanish program, to give them some really concrete tools and strategies to start one. Because I think a lot of places have interest, have a patient population that students potentially could work with but don't really even have the bandwidth or the wherewithal to where to begin with something like that.

[00:35:47.51] So we're putting together sort of like a toolkit for potential starting up new medical Spanish programs across the country or really upgrading existing programs. And then for us, I mean, I feel pretty fortunate, especially in hearing all the variability of what medical Spanish programs look like across the country, that I think our students do have a very well-structured, full experience in our medical Spanish course at the School of Medicine.

[00:36:20.74] The piece that I want to jump to next is that very much that what happens after the course. How do our students get recognized as someone who can contribute to patient care in the hospital, working with our growing Latinx population in Baltimore

but also not be put in a position that they should not be in? Because they are not interpreters per se, and there are legal aspects and implications with respect to that.

[00:36:54.89] So definitely, that's also part of actually my preparation and education during the medical Spanish program, is for students to know what are their limits and where to say, this is where I can contribute, this is my wheelhouse. And then outside of that, if the team doesn't recognize this, the medical team or surgical team, then as the person that they're looking to to provide language to be able to say, this is the point at which we need to actually call in a medical interpreter here. So to have that insight as well.

[00:37:33.26] But I would like to be able to-- and I guess this requires funding, which is part of the reason why there's been some pause. But moving forward, what I'd love to be able to do is to have the students that complete the program also participate in a national assessment tool. And I know that, again, because of the lack of standardization there isn't really one tool or test that is recognized just uniformly across the country.

[00:38:07.30] But there are a few examples that are fairly well-known, and it would be, I think, pretty neat to have our students be able to complete that, just to get that additional validation and say, yes, I excelled, and I did well in my medical Spanish class, and I passed this national test.

[00:38:28.51] And so then maybe have a badge or something that says, yo hablo español, or something, in the hospital as they're rotating through so that patients can also recognize our students potentially as someone that they could ask a quick question. How do I get to the breast imaging center? Or something like that so they can really be identified and recognized as having that skill set.

[00:38:53.71] ERIN HAGAR: It almost sounds as though you're describing a competency-based model in the language itself, and that could possibly even track in a similar way to the way we recognize the different phases of medical education. You're a resident now, and that comes with this level of expectation as opposed to the time right before that.

[00:39:18.34] SANDRA QUEZADA: Absolutely. I mean, I do think that as our students are applying for residency, even without that test, I mean, I do think being able to say that they completed a medical Spanish program that was a formal for-credit elective as part of their medical school training is just a tremendously valuable skill that makes them that much more competitive and more, I think, useful on their teams when they rotate as residents in the hospital.

[00:39:45.04] ERIN HAGAR: And it must be so rewarding to know that, because of a program you envisioned in your own medical student days, there are people now in hospitals who can help direct patients to the breast imaging center or who can answer questions about their diagnosis or their health care. I mean, the impact that you've had, it must make you feel great.

[00:40:05.60] SANDRA QUEZADA: It does. I think actually I had something recently happen that has been extremely rewarding where many things have come together, and

that is because at UMB, UMB has started-- well, UMB has been vaccinating people for COVID-19 for many months now. But just for a couple of weeks now at the Campus Center, UMB has also instituted on Saturdays a vaccination clinic collaborating with CASA de Maryland and the Esperanza Center. So really targeting and amplifying access to Latinx communities in Baltimore to come get vaccinated.

[00:40:45.55] And as they were setting up, because somebody knew that I teach medical Spanish at UMB, they called me, and they were like, we think we're going to need some help. They were like, nobody speaks Spanish there, and, well, we just thought that-- and I was like, you know what? This is a great opportunity for the medical students. I mean, I would absolutely recognize this as a wonderful service-learning opportunity for our students.

[00:41:11.32] And it's just one of those beautiful things. I've been to the clinic two Saturdays now. I want to try to go basically every Saturday that I can. It's so rewarding and wonderful to see my students there working with the patients, helping them navigate through the Campus Center, helping them get their questions asked, as well as just making sure that they're comfortable, and just seeing the relief and smile on the face of the patients as any of us walks up to them and starts speaking to them in Spanish.

[00:41:47.38] We've gotten awesome feedback from CASA and from the Esperanza Center that the patients said that they felt very welcomed, they felt very comfortable, and that's just been like-- just fills my heart. That has just been tremendously rewarding that patients and students are benefiting from this.

[00:42:05.49] ERIN HAGAR: That's fantastic. Gosh, Dr. Quezada, this has been such a fantastic conversation. We cannot thank you enough for your time.

[00:42:12.22] SANDRA QUEZADA: Well, thank you so much for having me. This was so much fun.

[00:42:17.93] ERIN HAGAR: Thank you for joining us today on Moving The Needle. Visit us at umaryland.edu/fctl to hear additional episodes, leave us feedback, or suggest future topics. We'd love to hear from you.

MTN Ep 6 Transcript

MTN Ep 6 Dr. Patel

[00:00:00.09] ERIN HAGAR: Welcome to Moving the Needle-- casual conversations about ways, big and small, to impact student learning, brought to you by the Faculty Center for Teaching and Learning at the University of Maryland, Baltimore. I'm Erin Hagar. Let's move the needle.

[00:00:18.85] Today's episode of Moving the Needle features Dr. Devang Patel, director of the pre-clerkship curriculum in the Office of Medical Education here at UMB. Over the last two years, Dr. Patel and his colleagues have completely revamped the first two years of medical school into what's now called the Renaissance curriculum. You can imagine this was a massive undertaking, an opportunity to rethink the sequence of the content and the methods to deliver it. This new curriculum launched in August of 2020, right smack in the middle of the pandemic. Dr. Patel will share with us the reasons for this curriculum redesign, and some lessons he's learned during its implementation. Dr. Patel, welcome to Moving the Needle.

[00:01:00.43] DEVANG PATEL: Thank you. Thanks for having me on.

[00:01:02.48] ERIN HAGAR: We are so excited to speak with you today because this topic of a curricular redesign, it is a biggie, it's a big effort, and we are so excited about what we can learn from you on this. So let's just begin by having you tell us a little bit about what drove the School of Medicine's curricular redesign. What needs were you trying to address, and what were you hoping to accomplish?

[00:01:27.19] DEVANG PATEL: Sure. I think this is something that has been in the works for many, many years at our institution. What has happened sort of nationally with medical schools is curriculums have been redesigned to shorten that pre-clerkship curriculum, so trying to get the students into the clinical space a little bit earlier. So traditional, the way it's been done for decades, if not centuries-- I don't know how long it goes back, but medical school education has been two years of basic science training, followed by two years of clinical training, which we call the clerkship years, the first-- when they start their clerkships in the third and fourth year.

[00:02:10.69] And many folks have said, you know, why are we spending so much time in the classroom when students really need to be doing the work in the hospital setting, in the clinic setting, where the patients are? So there's been this movement across the country, and many schools-- most schools, actually, I should say-- have done this already, even going back 15 years ago, to move to what we call a systems-based approach that's a shorter pre-clerkship curriculum. And what that means is our traditional exposure and the way that many of our attending physicians were trained was that you got anatomy and then you got physiology and then you got biochemistry, and then maybe second year you got the pathophysiology. So the students had to go back and remember everything about physiology from first year to try to understand the pathophysiology they learned in second year. It is not the most efficient way to probably teach that content.

[00:03:08.32] So the systems-based approach is that we go through each system holistically. So when we start the cardiovascular system, for example, we would learn about the anatomy of the heart, the physiology of the heart, and the pathophysiology, pharmacology of the heart all at the same time. We would learn about the cancers at the same time. Anything related to the heart would come together, and it wouldn't be temporally separated.

[00:03:35.32] So that was one of the big things, was trying to get this systems-based approach, which is a more modern approach to teaching medical students, into place. And the other part, as I said, is trying to get the students in earlier clinical exposure. So one of the big things that we're trying to do is, in this pre-clerkship time, before they're on the wards, before they're in the clinics, still having the students get that exposure to clinical medicine. So when they learn about the cardiovascular system, they get to go practice the cardiovascular exam at the same time. So you know, they're tying those things together, and it's not, again, temporally separated so that it's happening a year or two later.

[00:04:15.34] And then the last part of this, I think, is, as I said, trying to shorten that pre-clerkship curriculum, trying to get the students into the clinical setting earlier. And what we've found over the years is that there's a lot of redundancy in the pre-clerkship curriculum. There's a lot of content that's covered twice, right, because you're covering it in the first year, and then the second year, you're recovering it so that you can explain it to them better so that they can understand the pathophysiology. And that's, again, not very efficient. So trying to remove some of that.

[00:04:47.23] And also, one of the things that happens, I think probably in any curriculum, but when you have people that really love what they're doing, that's what they want to teach. And so we have folks that really want to go in depth, into the weeds on content that's really not quite relevant for a medical school education, right? It may be great for graduate school education, may be great if you want-- I'm an HIV doctor, and I could talk about HIV for six months, you know? But that's not what the medical students need. They need a very concise amount of information that's very relevant to them, understanding that, out of 160 students, only one student may actually go into infectious diseases or think about a career in infectious diseases.

[00:05:33.23] So I've got to make sure that what they're learning is relevant to all of them. So again, trying to cut out some of that redundancy, trying to cut out content that really wasn't relevant for the medical students, and again, shortening all of that so that the students-- the way we've got it now, they will enter the clerkship years two months earlier than previously. And that gives them a little bit more flexibility in terms of electives that they can do, exploring medical subspecialties that they may otherwise not have had the opportunity to explore. And if they can't explore it, how do they know that's what they want to do with their life? So those are things that are now possible that maybe weren't as easy to obtain for students previously.

[00:06:19.51] ERIN HAGAR: Yeah, this sounds like a very student needs-driven approach to the curriculum, thinking about the sequencing so that it's easier for them to retain the information, giving them more flexibility to explore new things when they are in the clerkship years. It sounds really like you put the students front and center in all these decisions that you made.

[00:06:42.61] DEVANG PATEL: Yeah, I appreciate you saying that because I think it is important. When we launched our what we're calling the Renaissance curriculum process, we had students as part of the groups that helped design the curriculum. So we had different focus groups, we had different committees, and one of them was a

student committee. And so the students were giving us a lot of input on what they thought worked and what they didn't think worked.

[00:07:09.00] One of the big sort of banes of my existence is something called Step I. And Step I is an exam that all medical students have to take. It's the first step of the US MLE licensing process. So it's called USMLE Step I. And the students have to pass that exam in order to take Step II, which they'll take later into medical school, and then Step III, which they typically take in their residency. And then, they can be a fully licensed physician.

[00:07:39.93] Well, Step I over the years has become this exam that schools-- sorry, residency programs use as an almost screening method to decide who's a good medical student and who's not a good medical student, do we want to interview that medical student. Not at all what this exam was designed to do. The exam was designed to measure minimal competency, right, so you can move to the next step. But because there's so much variation between school to school in terms of the education, this became a de facto how well you do on this test determines whether or not I'm going to interview, you like you see with an MCAT or an LSAT or SATs, you know, that-- but it wasn't designed for that.

[00:08:25.48] But anyway, the reason I bring that up is that our students are so fixated on that Step I score because they take that at the end of second year, before they start their clerkship years. So we needed to make sure that we addressed that, that we paid attention to the students' anxiety about Step I, and making sure that our curriculum not only fulfilled our objective-- our objective, the way I see it, and I think most of my colleagues see it, is we are preparing the students for their clerkship years, right? The idea of the first two years of medical school is to make sure that, when you're done with that, when you get to your third-year clerkships, you hit the ground running, that you are prepared to be in that setting, which we think is the most important in terms of your clinical success, right, is being able to do well in your clerkship.

[00:09:08.92] Married to that is your ability to do well on Step I. Right? And I think a lot of times, our students see that our objective of preparing them for year three is not the same as preparing for Step I. They see those as two different goals, but they're not. They're together. If I do a good job preparing you for year three, you should be prepared for Step I, as well.

[00:09:31.10] And you know, so making sure the students bought into that, that they were on board with that concept, you know, that was important. Making sure that we looked at student wellness, understanding from the students that a five-week block before an exam is not good. You know, it's not going to be good for their studying, it's not going be good for their retention, and it's not going to be good for their wellness. So taking into consideration all these things. And we had a great group of students that helped us, you know, give us feedback as we were developing our curriculum.

[00:10:04.75] ERIN HAGAR: That's great. I think that points to the challenges in health professions, where you have these externally-created, very high-stakes assessments that are designed to create this equity among institutions to make sure that everyone

has these basic competencies, but it can butt up against a curriculum. And so always having to keep these-- I'm kind of seeing this balancing scale in trying to meet the students' needs and the accrediting body's needs, and the vision behind the curriculum, as well.

[00:10:43.42] DEVANG PATEL: Yeah, absolutely. And actually, I should point out here that one of the biggest wins for us has been the fact that USMLE, because of all the pressure from the medical student undergraduate-- what we call the undergraduate medical education side, to the chagrin of the graduate medical education side, the residency programs, USMLE Step I is now a pass/fail. So the first class that will be pass/fail is the first class of our Renaissance curriculum. So our current first-year students thankfully will be taking Step I without a score, they will know that they passed, and that'll be the end of it. And so I love that because it takes a little bit of that anxiety off of us in the first two years. You know, students will learn because they want to learn, not because they have to be fixated on an exam that happens, this assessment that happens at the end of their second year.

[00:11:39.48] ERIN HAGAR: Yeah. And it sounds like now the onus is on the graduate medical education to rethink its entry processes and its matching processes and things like that, to make sure that now we know that this is truly minimum competency, now what do we do. Is that kind of where the ball landed on that?

[00:12:00.09] DEVANG PATEL: Yes, yes. And I don't believe my colleagues on the GME side are too happy about it, on a national level. But as a person who spends more of my time now on the undergraduate medical education side, you know, this was long overdue. We would have top students that we thought were just fantastic that couldn't get an interview in the most competitive specialties because of a score on this exam. And what's very clear about all of that is that those exam scores don't correlate with the quality of that applicant or the ability of that applicant to perform in that specialty. It was just a way to sift through the 1,000 or 5,000 applications, or 10,000 applications. And I get that, right? It's really hard to do that. But it was to the detriment of many very talented and qualified people that were told they couldn't do something they really had a passion for.

[00:13:00.12] ERIN HAGAR: Yeah. Well, that sounds like a fortuitous sequence of events, at least on the undergraduate side. That's great. Could you talk to us a little bit more about how you structured this process of the curriculum redesign? Who-- you've already mentioned that the students were involved, which is fantastic. Who else was involved? How did you structure it? What kind of work did it entail?

[00:13:23.16] DEVANG PATEL: Yeah, so we had a curriculum council of a bunch of our education leaders here at the medical school, including [? Christina ?] [? Sistone, ?] who joined our group. And she's been just an invaluable resource. We were looking for folks that had successfully taught for many years in our curriculum. We were looking for people who had innovative new ideas of how we should be teaching, and quite frankly, just people that were really invested in improving the quality of the medical education.

[00:14:02.37] And it's a diverse group. It's a great group of faculty. And then as I said, we had the student groups. And we also actually put out an opportunity for any faculty that was interested in medical education to voice their opinion. So there were so many different work groups, with faculty from all over campus, different departments, from the basic science side, from the clinical side, you know, wherever, who could chime in and say, these are some thoughts that we have. And then we had a core group of educators that were really working on designing it.

[00:14:41.85] What we did as we tried to-- we have these courses that we've had for, I don't know-- it goes back a long ways. I feel embarrassed right now that I can't tell you when the last curriculum redesign was. I believe it was when Dr. Martinez, who is the current Associate Dean for Medical Education, was a medical student. So it's been a while. And so we've had these courses that have been the same courses for, what, 15, 20 years or whatever, and now we're saying, well, we're going to get rid of those courses, we're going to have brand-new courses, brand-new course leadership. And how do we organize this? Where do we decide the content goes?

[00:15:20.94] So what we did is we looked at medical school curriculums from all around the country. And I don't even know how many we ended up looking at the end of it all, but it was many. And we just sort of looked at them and said, oh, that looks like a great idea. We should look at doing something like that. I like the way this course was organized. I like the way that this medical school structured the chronology of their courses. You know, they did this system first, and then this system. And so we took a look at all of those things and tried to put together what we thought was the best amalgamation of those different medical school curriculums.

[00:16:03.88] ERIN HAGAR: Yeah. When you were looking at all of those curriculums from other medical schools, had you already decided on the systems-based approach, or was looking at their curriculum something that pulled you in that direction?

[00:16:17.10] DEVANG PATEL: No, no, we had already decided that we wanted to go systems-based. That is something that had, as I said earlier, I mean, it was something most schools had already moved in that direction. And in a way, we were a little bit behind the curve on that. So we wanted to make sure that that was the way we did it. Just a matter of how do you do it, right? How do you structure it so it makes sense.

[00:16:38.31] And I think there's going to be some growing pains. You know, we might find, well, we taught this a little too early because the students didn't have enough knowledge to really appreciate what they were learning. And maybe that's something, a piece of content that could be moved to a different course later in the curriculum. Our approach to this is that this is a very dynamic process, that this is a process that is not set in stone. We will need to continue to change things every year until we get the best possible curriculum product out there.

[00:17:14.55] ERIN HAGAR: Yeah. Well, how are you going to collect the data or the input or get the feedback in order to decide how things are working?

[00:17:22.50] DEVANG PATEL: So we have several different ways of doing this. One of the things is obviously the student feedback. We get student feedback on lectures, we get student feedback on the courses, we have focus groups with the students in each course. We meet with the students curriculum reps so that we can get that sense, as well. Of course, we can look at how they do on our internal assessments, as well as things like Step I, which, at the end of the day, has been the thing that everybody judges the success of a medical school on, fairly or unfairly. I would say unfairly. But those are things that we can all look at to see how it's going.

[00:18:04.44] We have a quality improvement group-- we call it the MEQI committee, Medical Education Quality Improvement-- that is looking at how do we improve the course from year to year. My specific job is the director of the pre-clerkship curriculum within our structure in the Medical Education Office. And so looking at how the courses that have completed have fared so far in the terms of the student evaluations, and then comparing.

[00:18:33.66] Well, look, this course did a really good job with this, maybe that's something we can incorporate in future courses. Those of our faculty that are leadership for the second-year courses are keenly paying attention to what's happening with the first-year courses, right, because they have time, although that time is getting shorter and shorter, they have some time to try to make improvements to what they thought their vision would be for these courses.

[00:19:00.75] ERIN HAGAR: Sure. So your brave pioneers are implementing away, and those kind of on deck are anxiously awaiting to see how that goes.

[00:19:10.20] DEVANG PATEL: Yes, absolutely. And you know, everybody-- it's a big team, right? Everybody's collegial. We're all friends. And so it's nice, right? You say, I saw that you did this, can you show me how you did that, we would like to do this in our course. And it's great. I mean, it's so fun to see people doing that. And you know, my job sometimes is just to, like, make sure that everybody hears each other and can learn from each other. But everybody's already reaching out. There's very little for me to do in terms of that sometimes.

[00:19:44.31] ERIN HAGAR: That's so great. It's exciting sometimes, I mean, this is a big initiative, it's a big change, there's probably some organizational culture and resistance to change that comes, that's just a natural part of any big initiative like this, but what I'm hearing from you is that even more important is this renewed creativity, this renewed sense of collaboration, this energy that's coming about. Well, we're all changing everything, right?

[00:20:13.32] It's not just me putting myself out there as a solo instructor, trying this crazy new idea. The whole curriculum is changing. And so do you feel that collegiality and that back-and-forth has really inspired some changes that might not have otherwise happened if the curriculum were staying the same, but individual faculty members were thinking about changes?

[00:20:36.81] DEVANG PATEL: Yeah, I think so. I think there would have been a-- we would have some incremental changes along the way, but they may have been limited to an individual course. If I really liked-- if I wanted to do something with my course, well, I did it, but then there was less crosstalk with other courses. And we have a whole new structure in the Office of Medical Education. We have multiple layers of leadership now that allow us to engage people in that way, under the leadership of Joe Martinez, as I talked about earlier, [? Nirav ?] [? Shah, ?] who is our Assistant Dean for Curriculum, myself, Norm [? Rettner, ?] who sees our longitudinal curriculum.

[00:21:18.48] He's the Director of Longitudinal Curriculum, which is looking at how the students go from year one all the way through year four, in terms of learning, physical exam skills, professionalism, humanism. We talk about diversity and equity and talking about health care disparities, right? That that's all under Norm [? Rettner. ?] And then Phil [? Ditmar, ?] who's my sort of counterpart on the other side, he's the Director of the Clerkship Curriculum. So he's overseeing how the third and fourth years of the curriculum look.

[00:21:49.20] And then we have Connie [? LeCap, ?] who is our Assistant Dean for Assessment. We didn't have that position before, right? So now, we have somebody who's dedicated to making sure that we do a really good job with our assessments, as well. And not just exams, but assessing our faculty and evaluating our faculty and assessing how our curriculum is working. So it's really a great team of folks. And then, as you said, looking at people who are excited about curriculum change, you know, we brought in-- I kind of think of myself as young, but I'm realizing that I'm not so young, so we bring in younger faculty who have great ideas about how to do small group teaching, team-based learning, trying to get the most out of these interactions with the students.

[00:22:39.51] And yes, you're right, there were definitely people that had been teaching for many years in our curriculum that had leadership positions that said, you know, this is not for me. And that's OK. Right? I mean, we thank them for the years of service that they gave to the medical school, but this is just not their thing, and that's OK. There's no hard feelings there. We have folks that are interested in trying new things, and let's give them a shot at it.

[00:23:06.90] ERIN HAGAR: Yeah. Has there been a new thing that you've seen that you find particularly exciting that you would like to share with our listeners, a strategy or an approach?

[00:23:17.06] DEVANG PATEL: Well, you're putting me on the spot a little bit. Yeah, we have to remember that we launched this whole thing in the middle of COVID. So it's impacted our ability to do-- well, one of the things that we really wanted to do was focus on team-based learning. And so with that in mind, with some generous donations from one of our alumni, we have the read rooms, which were formerly these small pods where we had students working with a preceptor with 16 students, 20 students in a small-- what we called a small group, right? 16, 20 students with one preceptor is not necessarily a small group.

[00:24:03.60] And that's what we had done for such a long time. We got those rooms renovated, read rooms, so that we had eight rooms that are now two big rooms. So we can have 80 students-- actually, 90 students-- in each room, with tables of-- we have small round tables, with five students per table. And the idea is that we would do team-based learning in that setting. And that was our objective. That was our goal.

[00:24:34.67] Again, I shout out to [? Christina ?] [? Sistone, ?] who was such a champion for this for us, as well. She even helped us get some of the scratch-off cards that we would use for team-based learning and all this, which I still owe you for, [? Christina. ?] We'll make it happen, if she's listening. But we did all that, and then COVID. So now, we had to figure out what we were going to do with all of that teaching innovation that we were going to do in class, now we're going to have to do online.

[00:25:04.31] We've adjusted. We've done it. We've been able to-- I think the most well-received online small group teaching that we do is actually our modified versions of TBL that we do on Zoom. So the students-- You've got to remember, the first year students came to campus in the middle of a pandemic, never having met another classmate perhaps, right, unless they went to the same undergraduate or something like that, were told to stay in their houses, you know, couldn't go out and hang out. We didn't have any social activities for them that were in person. We tried to do things virtually.

[00:25:43.21] And then we expect them to work together, and they did. And I think we put them in Zoom groups of five. And it started with Adam [? Puche, ?] who's an outstanding anatomy educator who's been doing this for years. And Adam completely just went with it. I mean, he put the students into these groups, and they would work in their groups. And then they would come back to the main room, and he would talk to them, and the groups could talk to each other.

[00:26:12.83] But it got to the point that the students were so attached to the four people in their group, that they didn't want me to change their groups midway through the year. And I was like, no, no, it's good for you. You guys don't know anybody. You've been in Baltimore for six months, and you don't know anybody except for the four students that are in your group. So you need to see other groups.

[00:26:31.19] And when we were able to get some of these in-person sessions, and we petitioned the university to allow us to bring a quarter of the class in at a time social distanced, masking, the whole business, they were so excited to see one another and work in person with one another. And that's what we want, right. We want the students to really have that experience where they're learning from each other.

[00:26:57.74] And what I've seen in terms of the feedback from the students, and what we've learned from them is, that they really enjoy these small group settings, where it's not a preceptor droning on in front of the classroom, but it's really them teaching each other. And then having this expert in the room to sort of clarify issues if there are any. And I think it's such a better way to learn. And it seems to be the way that the students prefer to learn.

[00:27:21.29] ERIN HAGAR: That's great. Well, a testament to resilience on all fronts, the faculty, the students, really layer upon layer of change and adaptation. It would have been a big change had COVID not thrown a monkey wrench into all of this, and then add that.

[00:27:38.60] But what I really love about what you're saying in this team based learning approach, and for our listeners, we have a lot of information on our website about TBL. It's a great strategy. There's a lot of information about how that works.

[00:27:52.89] But what I just wanted to call out was when I hear you speak about that, how much that approach really models what the future of practicing medicine could look like to this idea of, there are people who know more than me about this. I can contribute this, this team based approach, really changing the power dynamic of what you might have seen in a traditional medical classroom years ago, really reflects the way care is being practiced in an ideal world right now.

[00:28:26.66] DEVANG PATEL: Yeah, absolutely. You know, obviously, the hierarchy is a big part of medicine in the clinical realm. There's students, then there's residents, then there's fellows, and there's attendings. But the other big part of medicine in the clinical realm is teams, right, working in a team. And if you are a good senior person on your team, attending, or the fellow, you should be listening to everybody on the team, including the third year medical student.

[00:28:55.19] You know, I'll give you a great example. I was just on service last week, and I had my whole team there, and I had a first year medical student who has very little clinical exposure, right. And they are now allowed to do a little bit of shadowing. So he had asked, can I come shadow and see some of the stuff we learned in class. I said, sure, come.

[00:29:13.74] And I remember that we were on rounds, and we were discussing a patient, and all of a sudden he raised-- he didn't raise his hand, but it was almost like a little timid. And I was like, no, no, go ahead. What do you want to say? And he brought up a point that nobody else on the team had thought of.

[00:29:32.03] It was a first year medical student. Like, there were senior residents. There were interns there. And I was like, you're absolutely correct. We had a pharmacist, you know. And he was the one who brought up this very important point. And I think we value that. And I think it is important for students to learn how to work in a team. Because when they get to their clerkship years, everything is in a team. Everything is in a team.

[00:29:57.57] Regardless of the hierarchy, it's still a team, right. There's still a team of people working together. And I think one of the things that students may struggle with is in the first two years of medical school, it's traditionally been very individualistic, right. I need to do well on this exam. I need to do this on this. I got to get this score on my test. I want to do this on step one.

[00:30:20.33] But you're not working with other people to do that, right. You're just trying to get this individual score for yourself. I want to get honors. I want to get A. I want to

get whatever. And then you get to the third year, and all of a sudden, it's not about that, right. It's about taking care of the patient. And it's about being a part of this machine, being a cog in this machine that functions well. And if it does function well, takes care of a lot of sick people efficiently, and at a high level.

[00:30:51.36] But if you're not used to that, you could mess that up, right, or you may not feel comfortable. And we see students that sometimes struggle. All of this to say, I think TBL helps again with that team approach to learning.

[00:31:04.97] ERIN HAGAR: Yeah, yeah, and creating an atmosphere where it's OK to ask questions of your teammates, and it's OK to speak up and to question something. I mean, that the student raised that point with you and with all those senior level medical providers, is a testament to the culture that you helped create, that they feel comfortable to say it.

[00:31:25.43] DEVANG PATEL: He had no hesitancy.

[00:31:26.69] ERIN HAGAR: Yeah.

[00:31:26.87] DEVANG PATEL: None. I mean, you know, it was so refreshing. Because I mean, when I was a first year student, I would have been scared senseless to say anything in that setting. I would've just been there observing. But he knew something, and he wanted to share it. And it was the absolute right thing to tell us, and it was fantastic.

[00:31:48.53] And I think you're right. I mean, it's creating that culture. I think that's the other part of being in the first years of med school is these are type A personalities, right, us in medicine. And so you come to med school because you were the detail oriented person, and everything had to be correct, and everything had to be right.

[00:32:09.08] And guess what? You're not always right. And when you get to medical school, there's such a pressure to be always to be correct. And it's seen as a failure to not know something. Or you feel like, oh my gosh, I can't believe I don't know as much as that person, or whatever it may be.

[00:32:27.29] I think the team based learning really changes that dynamic, right. You're like, oh, well, they don't know either. OK. That's OK. It's safer, right. And I think that is what the students will convey to us, is that it feels safer than having again, a faculty member standing in front of the room ask you a question, and you feel put on the spot, and, you don't know how to answer. And everybody's judging you. And everybody thinks you're dumb. We don't want any of that. That's not a helpful way to learn.

[00:32:58.70] ERIN HAGAR: I also think the advantage of TBL, particularly in this context, is that it emphasizes information seeking, asking the right questions, and then gathering the information. I think the volume of medical information that's available, you couldn't possibly teach it all, right. You couldn't possibly teach everything there is to know.

[00:33:20.57] And so creating those systems where students are comfortable asking those questions, evaluating the literature, making decisions based on what they're reading, you know, that's going to be so important for them as they move forward in their careers as well.

[00:33:38.63] DEVANG PATEL: Absolutely. I mean, you hit the nail right on the head. We worry so much about critical thinking skills. I've had physicians that trained me that say, you know when I learned this, the book was this thick, and now, it's six volumes. You know, there's no way you can know that all. And learning that you can look stuff up, where to go look it up, you know.

[00:34:01.52] And it's one of the things I try to teach residents and students when I'm working with them on the wards all the time is that, I don't know all the stuff. You'll see me on the computer looking things up. And you know, I think you've got to model that behavior, so that people feel like you don't always have to know anything. In fact, if you think everything, then we're in a bad place You're not going to be a very good physician.

[00:34:26.18] So knowing how to go look for stuff, and doing it regularly. Not assuming, oh yeah, I remember this, but let's just double check and make sure we're OK.

[00:34:38.09] ERIN HAGAR: Right, right. And normalizing it to the point where you don't have to shut your door and pretend like you're hiding while you look this up. This is just what we do, right. Yeah, that's great.

[00:34:49.22] So speaking of working with students on the floor, you know, again, we talked about COVID hitting during this curriculum change, but you also work in infectious diseases during one of the worst infectious diseases that any of us could probably ever remember. So how did your life as a medical practitioner, as a medical educator, as you know just a human going through this, how did all of those intersect and inform each other? And how did you get through this year, I guess is what I want to know.

[00:35:23.90] DEVANG PATEL: How did we all get through this year? So my wife is also an infectious diseases physician. So you know, just going on a personal level, you see this pandemic. And we had all the same fears as everybody else, except that we were both people that would very likely be taking care of people with COVID when we knew very little.

[00:35:49.04] And my wife is not in academic. She's in private practice. But she was seeing COVID patients every day. And you know, because my time is split between clinical work and with the medical school, and stuff, it wasn't the same for me. But you know, that was a big thing. I mean, you know, does she come home and hug the kids? Does she go and take a shower first? You know, all this stuff that at the beginning was so scary and you didn't know. And all you worried about was your family and children.

[00:36:17.93] And then for us, there were two of us. And how is that going to play out? Well, are you going to be on? Are you going to be clinically doing this? It was a little bit stressful in the beginning when we just didn't know very much, and trying to figure out child care. And everybody's been dealing with all of the same stuff, right.

[00:36:38.12] And then of course, the colleagues that I work with are all doing the same thing. They're all physicians that are working. Dr. Retner, who I just spoke to you about, he works in the intermediate medical care unit. So that's our step down from the ICU. So he's taking care of patients there with COVID.

[00:36:56.90] Dr. Shaw is an intensivists, so he's taking care of patients in the ICU with COVID. Dr. Martinez is an emergency medicine doc, taking care of patients and-- you know, Dr. [? Lacap ?] is a psychiatrist. Patients still come in, and she's seeing them in clinic. I mean, I think her situation is probably the scariest. Because you didn't know who had COVID, and who didn't, right. And Dr. Ditmar is a hospitalist.

[00:37:18.14] So we were all seeing these patients to some varying degree, and we had to keep doing all of that while trying to-- let's not leave our legacy curriculum out of this, our now third year students were in their second year. And you know, we're planning our new curriculum. The first and second years are in their legacy curricula, what we call the legacy curriculum. s

[00:37:44.90] We had to pivot and make sure that they got all their education completed via Zoom for the second year and for the first year, to get them through to summer. Our curriculum service support staff, the IT folks here are just amazing, and really helped us to navigate Zoom. Zoom has become our best friend. I don't know if that's good or bad. It's bad.

[00:38:12.50] And so they helped us with all of that, so we were doing that. And then trying to take care of really sick people in the hospital, and trying to stay on top of the literature. But I think what good got us all through that was our colleagues, our collegiality. We're all in the same boat. We're all working together.

[00:38:31.31] And whether it was on the clinical side, or the medical school side, that was what we did. And we sort of pulled together and knew that we had to help each other. And you know, it's nice because there are people that understand your language, right. They understand what you're going through. It's not something that maybe you can explain to family members, or neighbors, or friends. But these are all folks that are going through the same thing.

[00:38:57.83] ERIN HAGAR: Yeah, yeah.

[00:38:59.51] DEVANG PATEL: And we have an awesome team, so that helps.

[00:39:02.25] ERIN HAGAR: That comes through loud and clear. And just on behalf of all of us here at the university, I mean, we just cannot thank you enough for the level of service that people contributed this year, and always, but especially this year. It does not go unnoticed. And we just want you to know how grateful we are.

[00:39:21.35] Looking to brighter horizons, I guess, as we're hopefully on the waning side of the outbreak, crossing fingers here. We're recording this at the end of April. And looking at now that you're getting ready to launch year two of this curriculum, what are some things on the horizon that you find that you're particularly excited about, or that

you think might really continue to, as we say on this, move the needle in medical education.

[00:39:53.06] DEVANG PATEL: Well, first and foremost, we are excited to have students back in person. The worst part of all of this for us has been not having that interaction with students, and seeing them in the hallway, and having them come up to you randomly to just discuss something. And we started doing-- we call them wellness meetings, all of the faculty over here in Office of Education, and Office of Student Affairs.

[00:40:23.99] We set up Teams, Microsoft Teams meetings. What is it called? Bookings, they have bookings, where you can make yourself available, and people can just click on and say, I want to meet you on Friday 12:15 for 15 minutes. And so we started doing that, because we saw that a lot of the students were struggling with COVID, and the isolation, and all of this.

[00:40:48.99] And it's the one constant. I just wanted to say hi. I hadn't talked to any faculty, and I wanted to say hello, and I just wanted you to make sure you remember who I am, or that I'm a student. And I was like, yes, we remember. But I think that was a part that we didn't probably appreciate up front would be so difficult for everybody. Not just the students, but for the faculty as well, because we get energy from the students, right.

[00:41:19.97] The learner provides us that enthusiasm and joy that allows us to do these things. So when you're not in-- yeah, you can do it over Zoom, but it's not quite the same. It's so funny. I've done so many lectures this year for the first year medical students. And we had them coming in person a little bit in the fall. And then when the numbers went up, we didn't. And then after spring break, we had them coming back.

[00:41:48.14] And when I wander upstairs to see how things are going up in the read rooms, where they're coming in for small groups, they're like, that's Doctor Patel. That's that guy. That's that guy from the Zoom. And I'm like, yeah, I'm real.

[00:42:05.25] ERIN HAGAR: Now you know how celebrities feel.

[00:42:08.03] DEVANG PATEL: It's a little-- I didn't want to say it. But it's a little weird. It's like that. It's like, you know, I'm just an old guy that teaches. But because they've only seen you on Zoom, it's like, oh my gosh, there's a person that we've been learning from. And they're here. And we can have a conversation with them, and all this stuff.

[00:42:29.84] So I think that's not moving the needle. That's moving back to where we should have been to begin with, right. I know your question was what's moving the needle. But I think that alone is a big win for us.

[00:42:44.21] But in terms of moving the needle going forward, I think it's more about trying to implement keeping TBL going, but trying to implement other ways to improve active learning. We are trying to shorten all our lectures, so that we're making sense of what we know about adult learning. People don't want to sit for 50 minutes straight in a chair. It's just not a good way to learn.

[00:43:13.20] So trying to shorten the duration of lectures, giving more lectures. And you know, like, instead of doing two 50 minute lectures, do three 35 minute lectures, or something like that. We use Turning Point, or audience response systems, trying to find other ways to engage students, so that this material isn't just memorization, but it actually sticks.

[00:43:36.95] And as I said, critical thinking for us is such a big part of what we do, and making sure that the students can apply the knowledge. And that's where I think I'm still really going to be leaning on some of our faculty, especially the younger faculty who are so enthusiastic about teaching, to come up with some newer innovations of how we can do this better.

[00:44:00.68] ERIN HAGAR: Yeah, that's so great well. I hear two things loud and clear, which are engagement and connection. And I think that we can look at all these innovative approaches, and new technologies coming down the pike, and that's so exciting. But I think it's important to remember as you've described so well, that the essence of teaching really comes down to those two things, making those connections, which you which you felt the lack of during this distance. And then seeing this engagement as you've changed the curriculum to really get the students more involved.

[00:44:35.87] I think our medical students are so lucky. It makes me so excited for education and the future of health care, just to know that these students are going to be out in the world having had this foundation. And it's really great. Thank you for the work that you do. And thank you for sharing it with us today.

[00:44:52.35] DEVANG PATEL: Absolutely.

[00:44:54.68] ERIN HAGAR: Thank you for joining us today on Moving the Needle. Visit us at umaryland.edu/fctl to hear additional episodes, leave us feedback, or suggest future topics. We'd love to hear from you.

[00:45:09.56] [MUSIC PLAYING]