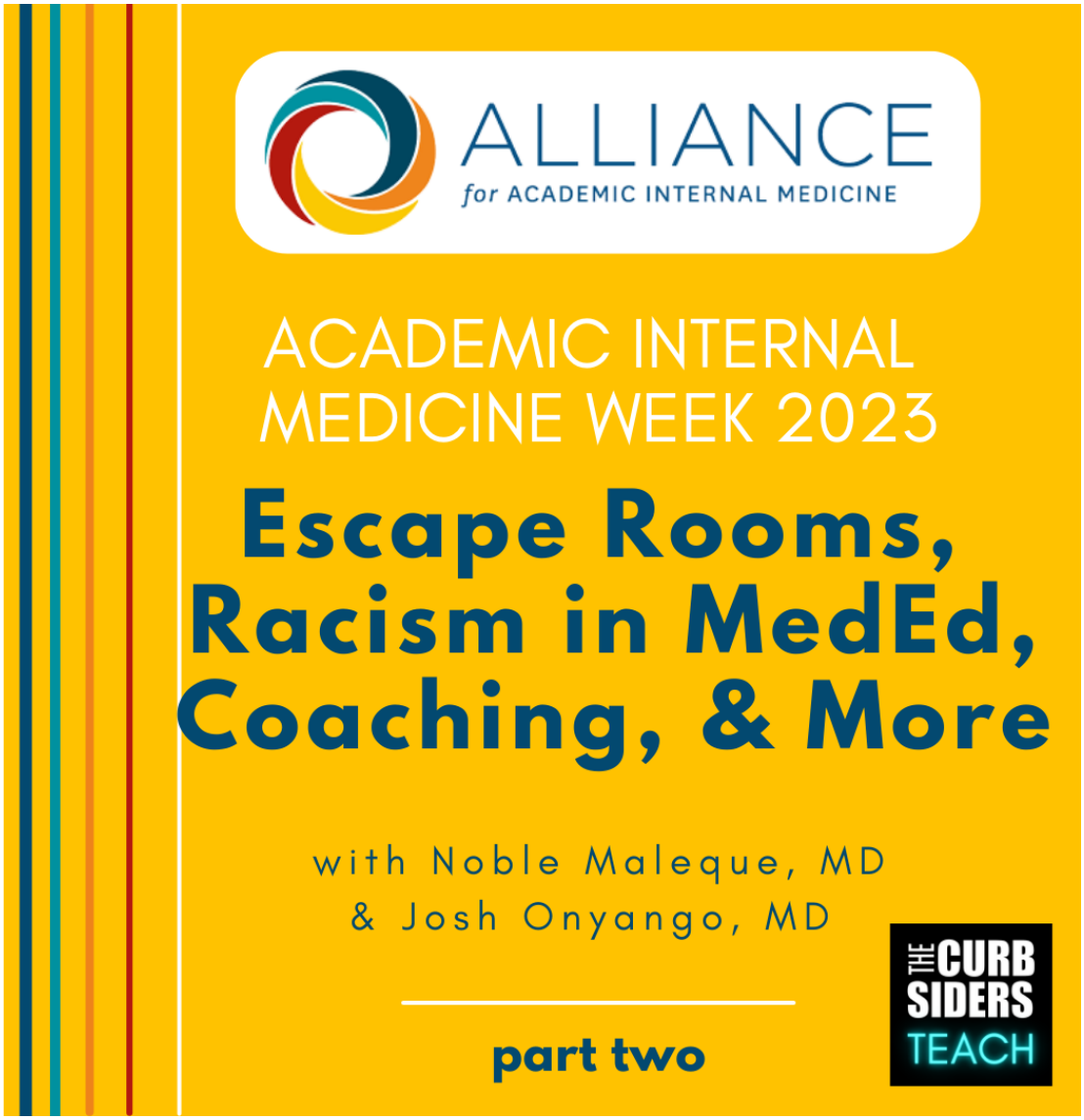
#27 Pearls from the Alliance of Academic Internal Medicine AIMW23: Escape Rooms, Racism in MedEd, Coaching, & More

Part 2 with Drs. Josh Onyango and Noble Maleque



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[The Curbsiders theme]

Molly: Welcome back to The Curbsiders Teach, our miniseries on medical education. This is a special episode that we are recording live from AAIM and very excited to share pearls. I'm Dr. Molly Heublein, and I'm joined by my cohost.

Era: I'm Dr. Era Kryzhanovskaya, so excited to be here with you, Molly, and live in Austin.

Molly: Yeah, not exactly live, but we're in Austin.

[laughter]

Era: We're alive.

Molly: We're together. We're physically in the same place. [laughs] So, usually this show uses expert interviews to bring you practice changing knowledge around medical education. Today, we're doing something a little bit different, where we sit down with some friends of the pod and talk about amazing sessions that we attended here at the conference, amazing things that we learned, take-home points. We cover some really interesting sessions that we attended around coaching, around using escape rooms in medical education, around using podcasts in medical education, and supporting residents who need leave during residency. So, lots of great pearls. Hope you enjoy it.

Era: And without further ado.

Molly: Let's get to it.

Era: Yeah.

Molly: All right, well, Dr. Onyango, thanks so much for joining us for some of these recap pearls here. Just so the audience can get to know you, do you mind just giving us a quick one liner of who you are?

Josh: Sure. So, I'm Josh Onyango. I am currently a Chief Resident at the Yale Primary Care program. Hail from my alma mater at the University of North Carolina at Chapel Hill, whoop whoop and that's it.

Molly: Are you okay if we call you Josh?

Josh: Yeah, Josh is fine.

Molly: Wonderful. Josh, you did a great job helping with the workshop and really did a lot of the heavy lifting with that. I know you also attended some sessions today at AAIM. Was there anything that really stood out to you about today or any of the sessions that you wanted to start talking now?

Josh: Sure, I can start talking a little bit about the plenary session this morning with -

Molly: Essien.

Josh: -Dr. Utibe Essien. Fantastic conversation. I think that he kind of led with the group. I think what I found surprising, which is sort of his thesis for his talk was just how far-reaching race and discrimination has made its way and infiltrated its way into not just clinical medicine, but even medical education. And then I think a lot of times we sort of talk about clinical medicine and how discrimination has sort of affected health outcomes for a lot of minoritized patients. But the idea that even within medical education in various forms, whether it be from recruitment, retention, and even the content that learners are being exposed to, I thought was a real call to action for this particular audience to kind of reexamine what we can do to make our educational spaces more equitable space for everybody. That's good.

Era: Josh, did you have any particular take-home points kind of like action items for yourself? We talked about the 5Ds that kind of Utibe presented, but anything that you were like, "Oh, I might use this in my kind of educator approaches."

Josh: I think a lot of times it can be kind of intimidating to sort of think about the issue because it's always kind of presented as this big systemic problem and it can feel like something like climate change, where you're like I don't know. [laughs] I know it's a problem, I know it's really big, but I don't really see where my place is in trying to kind of fix this. So, I think, for me, one of the takeaways, I think, was sort of looking at this kind of leaky pipe theory that he talked about and what are the places where we're losing great candidates who could really make a big difference in the academic medical space?

What can I do as a participant now in the academic medical space to sort of help retain some of these candidates and whether that be acting as a mentor or a sponsor or a coach, which I'll sort of get to in some other kind of talks that I learned about? I think there're various things that I can do to help maybe close up some of those leaky pipes at an individual level, but also seeing at an institutional level, places where I can kind of participate to try to rectify some of the systemic things. I think those are kind of some of the broad strokes of action items that I took away.

Molly: Amazing. Yeah, I really liked how he brought in the educational part of it. I mean, it makes sense for this being the AAIM conference, but I would agree, it's not something I usually see carried forward in the conversation about race and medicine. For our listeners, we are going to be having an episode coming out in the next few weeks where we got to sit down with Dr. Essien and talk in more depth about networking, but also a little bit about his plenary as well.

Well, Dr. Maleque, thank you so much for joining us here at AAIM. We're kind of going through some recaps of pearls of things that we really enjoyed hearing today in the last few days at AAIM. Could you just tell the audience just a quick little one-liner about yourself so they know you, you have been a guest on the regular Curbsiders before, but this is your first appearance on Curbsiders Teach?

Noble: Yes. I'm excited to be here. Thanks so much. I am an academic hospitalist and clinician educator at Emory University Hospital and School of Medicine. And, yeah, I work a lot with GME and UME. And so I'm here in my role at AAIM as an Associate Program Director.

Molly: Amazing. And what's been your favorite part of the conference so far?

Noble: Well, I work really closely with the chief resident as my role and associate program director and we're always thinking about new ways to deliver content to residents who are busy and bored with traditional ways that we deliver content. The faculty at Indiana University, led by

Dr. Sharpe along with Dr. Cox, do this, they're really innovative and great workshop about using escape rooms and they called it Operation Diagnosis applying Virtual Escape Room Construct to Clinical Reasoning Education, something I really am kind of interested in in my clinical world is clinical reasoning. Once again, you have a lot of great podcasts on clinical reasoning that I listen to and I use. It's also really hard and one of the things **I** think that come across in your previous episodes about clinical reasoning is how to teach it and how to actually make it happen.

And also, this construct of using an escape room is having what I would say, a traditional way we think about, like, a case, for example, with various portions of the case scenario, their history, their exam, their objective findings, and using gamification, which is really a common technique that I think we use a lot for making didactics and content delivery more fun for the learners. I thought this was a really creative way of doing it and so Drs. Sharpe and Cox and their colleagues came up with a way of using puzzles as well as using the information over kind of time to get to not necessarily a diagnosis, really depends on what they were trying to get at their learning points. So, what I really like it from an educating standpoint is it really gets back to the basics of, okay what are the things you want to get across? What are your learning objectives? And then kind of working backward to say, "Okay, how am I going to create this educational construct, in this case, an escape room? What are going to be the puzzles? What are going to be the thing, the challenges that they're faced with to understand or learn the different concepts?" So, it was really [crosstalk]

Molly: Very cool. Yeah, very innovative.

Era: Yeah. Agreed. Noble, it okay if I call you Noble?

Noble: Yeah, of course.

Era: Yes. I was wondering, you kind of love to use this to apply it to your role as both APD or kind of in faculty development. Did you think of when you were in this workshop, like, "Oh, man, I could use this in XYZ setting," or how would you kind of use that escape room gamification?

Noble: One thing that came up in the workshop was almost like a choose your own adventure type of scenario where you're like, you're on a track and you get to a point you're at a dead end, you're like, "Oh no, that's not right." And you need to get back, start back to a certain point. So, conceptually, if you wanted to say, your learning point was the scenario leading you to a diagnosis of pulmonary embolism, for example. I think creating a case to kind of lead you that way and saying that there are certain points that will probably cross you up, and you might think this is ACS or something that could also be causing chest pain.

Era: I love that because I think something about the games or the kind of clues and solving things are really both entertaining and also engaging to whoever is listening. Like if I can learn through solving a puzzle, it feels like it feeds our inner problem-solving nerd or something like that. So, I love that. I'm excited to see it.

Noble: Yeah, I've never actually done an escape room, but I know it's fairly popular and I think a lot of students and residents probably have done it and so they're probably familiar with that concept and it could go lots of ways. It could be a kind of team building if you want to do it within just a small team or a small group. One of the things that we, I think, struggle with whether it be COVID or outside of COVID is kind of creating this community as a learning team, especially when you have learners coming in and out of the team at various times. And so, I think having

an experience like this to learn but also kind of work with each other, hopefully in a safe space or simulated space, I think would really be kind of cool.

As I'm thinking out loud, that would be really neat, especially as an attending, actually, to be honest, because to really get to know who they are and how they think and you can observe, of course, what you're hoping to get out is like, do they get the educational points that you want? But then you also can kind of see how they work through problems and you know a lot of our job, of course, is our observation and when we give feedback and this would be another opportunity to do a lot of those things with one experience, I think that'd be pretty cool, too.

Molly: Amazing. I think the Curbsiders is going to have to branch out from podcasts and start creating escape rooms.

[laughter]

Era: Maybe we should have a Curbsiders Teach escape room experience.

Molly: Yeah, yeah.

Era: Well, I was going to say I feel like that kind of reminds me of what you said earlier about the clinical reasoning work. It's all about showing your work and so when you see how people kind of show their work in the escape room question, you can kind of both get a sense of where our growth edges and kind of where we're at in terms of competencies and things like that.

Noble: Yeah, for sure.

Molly: Era, I know you attended a session and you really enjoyed. Do you want to share some pearls from that one?

Era: Yes, Molly, I do. This was Juggling Hats: How to Rock Every Role You Play as a Medical Educator, Drs. Mann and Fainstad from the University of Colorado. I think what I really took home from this is realizing which hat you're putting on when you're speaking to a learner or a colleague or really anyone that you're meeting with to figure out, "Am I talking to them as a friend? Am I talking to them as a teacher, as an evaluator, as a coach?" And actually, both of them are certified coaches, and so they were sharing a lot of pearls from their perspective of coaching and helping people get to where they need to go but using their own wisdom.

So, really being that guide to kind of help whoever you're talking to find their own wisdom, as opposed to necessarily like, sharing your wisdom or evaluating or instructing or maybe imparting all your knowledge to them. And I feel like coaching in general has also taken medical education by storm, and I mean that in a very positive way, but it feels that there's a lot of executive coaching available. And also, what is our role as educators to also then be putting on a hat of a coach and especially within medical education?

And so, they spent some time talking about why use coaching in medical education? And there's some good data around. There's increased trainee success, there's decreased burnout, decreased imposter syndrome, increased quality of life, less stigma, and potentially greater accessibility than other potentially mental health resources, and again, this is borne out in the literature as well. So, it just made me really excited to think about bringing a little bit more awareness into my meetings with people to figure out what role am I taking on when I'm

speaking with them and how can I potentially be more of a coach than any of the other roles that I could have.

Josh: I found that session really helpful to just be aware that in some of the interactions that I'm having with a learner, I am wearing a particular hat. And I think it actually makes me a better educator when I know what hat I'm wearing in that particular interaction. So, there're times where a learner might just be coming to me to just vent about an issue, and maybe in that circumstance, it might make sense for me to just sort of be a friend and wait in the water with them for a while. But there're other times where they need me to be a sponsor and advocate for them or link them up with some other individual that would help advance their career or there're times where they need me to kind of be an evaluator and give them some very specific feedback to help them improve a particular skill.

And then the skill that was, the emphasis of this particular workshop was coaching, which is different it turns out. I was having a really hard time kind of separating this coaching and mentorship, and it seemed like it's really the same thing. But one of the biggest takeaways, I think, that I got from that session was that coaching goes into the conversation with the awareness that your learner or the client or whoever you're working with actually already has the wisdom and the answers, and you're just sort of providing a space for them to come to those answers, set their own goals, and help them determine what path they want to take to get to those goals.

I really kind of found it very similar to motivational interviewing, which is exactly what you're trying to do. You're helping them set their own goals and establish what path they want to take to get to those goals. And so, I found a lot of synergy there and motivational interviewing and working with patients with substance use disorder is something that I'm really interested in. So, that synergy and really coming into the conversation believing that the person you're working with already has the answers and you're just empowering them to get there, I think, was great.

Era: I'm only laughing because that was the exact take-home point that I shared too, was like the true parallels of both the work that the folks from the University of Colorado were presenting, but also the power of knowing that the person in front of you or the person in this conversation has all the answers already. You're just kind of like being a guide for them on their journey and that's a really powerful place to be and a really kind of humbling place to be too.

Josh: Yeah, I think it's great. I mean, it's very easy, I think, when you always have the teacher or evaluator hat on to see the person, you're working within a sort of deficit model where they're missing something or they're lacking something and your job is there to fill it and fill the gap. But it's a really different mindset to imagine, like, no, they're coming to me as a whole person and a person who has the answers, and there're a lot of things just clouding them from being able to really see that answer clearly. And my job is to help maybe untangle some of the things that are keeping them from really visualizing what's already inside of them.

Era: I think that might be an idea for a future episode, Molly, where coming at things from like a strength-based model or even like a whole-person view. I mean, Dr. Meeks gets into that with the episode around kind of learners or doctors with disabilities. But we often don't think about education from a kind of what are the strengths and skills and whole kind of person that is coming to me today is often like exactly as you said. Like, where can I fill the gaps?

Molly: Where can I share my little pearls?

Josh: Pearls, exactly.

Era: Yeah. It's just like a different frame shift to be like, well, actually, I just need to be the guide kind of like walking with them on this.

Molly: That made me flashback to last week. I was having a challenging situation with a patient and I asked one of my colleagues and she made me totally feel like a resident. She was like, so just talk me through what you would feel comfortable doing. Just talk me through how doing that would make you feel. Just talk me through what your situations were. She didn't give me any of the answers, which I initially was when I asked the question hoping for. But it was sort of nice to have that space to think through it myself and have somebody to bounce it off without having them push it upon me. So, it's a good skill.

Noble: We're so used to telling people what to do and how to do it with good intentions. I've gone through my own experience. This is what has helped me. Let me help you by giving you the shortcut to get there. But I think with coaching, what we learn is that there are benefits through the process of themselves getting to sometimes the same realization that we have gone through if we had similar things that we're working on. The other thing I have found difficult or challenging is the coachee, also knowing the role of the coach because they oftentimes are not used to being given the role of saying, no, really, this is you. You're driving this change and we really want to know what you're thinking and what you think is best and how you want to go ahead. And that's hard for them too and especially if the role is, why don't you just help me? [laughs] Why don't you just tell me what to do? And so, yeah.

Era: The parallels to therapy are unprecedented where it's like you're asked to ask your therapist for advice. They're just supposed to be a sounding board but at the same time, we've always been trained to, in medical education give that advice, give the "right answer," or kind of share what you would do. And so, I think what coaching asks us to do is pivot and say "We're going to just listen and we're going to kind of reflect back and do a lot of also motivational interviewing skills," which I think is a skill that I'm constantly learning more about and constantly improving for least myself. Yeah, great.

Molly: Yeah, well, I got to attend a workshop on, When Life Gets in the Way, helping support residents that need to take leave during residency. That was put on by a group of chief residents, Drs. Borgatta, Hartz, Weigel, and White. Their talk really just highlighted how important it is to be aware of your institutional policies around leave and sick time and parental leave and FMLA and kind of how you as if you're a program director or a chief resident or have some role in the scheduling or more like mentoring, how important it is to be aware of those policies to really help our learners get the time that they need when they need it and the support that they need to do that.

It was a very practical session meant for chief residents, but it really made me think a lot about some of the conversations we'd had on a prior episode with Dr. Meeks around disabilities and doctors with disabilities and how kind of as a profession, we need to work on shifting our culture to allow people to take the time that they need because right now, I've been taking six weeks throughout your whole time in residency for medical leave feels horribly unreasonable. If you have a serious medical condition or multiple pregnancies or something significant happened in your life, So, I just hope over time we can work towards advocating a system that helps support us all.

Era: I love that. What was the surprising part of the workshop for you, Molly? What did you not expect?

Molly: I mean, this is a very small point. So, they are working out of Penn State and we're so specifically talking about Penn State's policies, but I think they are highly driven by ACGME policies. But there they are allowed six weeks of sick time, but then that also takes away their vacation time. And if so, a resident has already taken their four weeks of vacation for the year, and they need six weeks of medical leave that could potentially jeopardize their ability to graduate on time. They may have unpaid time, which as a resident would obviously be quite challenging.

Era: Which I think gets at the fact of kind of what we are doing around the timing of residency and kind of not totally flashback to one of our previous episodes, but if anyone's interested in time variable medical education, we do have an episode around that from Season 1, I believe.

Molly: Yes, maybe we can mention all the episodes.

[laughter]

Era: That's our goal, actually to go through Season 1 and 2, but within a recap, just to be extra meta about it.

Molly: You know, totally, totally.

Era: Noble, I heard you went to another workshop this morning.

Noble: Yes, I went to a wonderful workshop about using podcasts as a tool for medical education. And they mentioned a podcast. I'm trying to remember. "Oh, yeah, Curbsiders Teach."

Era: Stop, yeah.

Molly: Yeah, I can refer to that one.

Noble: Yes. Similar to the things we've been talking about is what are the tools we have available for our learners who learn in different ways to deliver content. I think I really liked and I think learned from the session was a couple of things. I'll say number one is, this idea almost using a flip classroom type of model but using a podcast as opposed to something written for the learners to kind of consume prior to maybe a discussion. I thought there're some really good ideas that came up in terms of using both before maybe a session or even doing it with like small snippets. I heard something about like a jigsaw where people would use maybe the same topic but listen to different podcasts that center around a certain topic and they would come together and probably learn and have different pearls from each one of those that they could share as a group. So, it's kind of shared learning but also, they would be their own expert of the podcast they listen to. And so, I thought that was wonderful.

Molly: And Josh, anything from presenting our workshop today that really was surprising to you or kind of new ways that you're thinking now that you got to interact with the amazing energy of the workshop participants today?

Josh: I had a lot of fun working with you guys on this workshop. It was really great. I thought I was really surprised by how much interest there was in podcasts. I think it's clear that a lot of medical educators are realizing how prominent and how important podcasts are becoming in the learners that they're working with. Some of the barriers, I think that the groups presented I thought were really interesting challenges for us to continue to think about, and then I've been sort of reflecting on them since then.

One of them was just the perennial challenge of the flipped classroom, which is that it kind of puts more work on teachers because usually, the easy thing is to be able to sort of just come into a space. You got your PowerPoint, just kind of flip through it and you're done and maybe you have a PowerPoint that you made 15 years ago and you just kind of tweak a few slides and like-- [crosstalk]

Era: That blue background and yellow.

Molly: Yeah, yeah, yeah.

Josh: Exactly, blue background with the yellow--

Molly: Hopefully no one's still using that--

Era: No, they are.

Josh: [crosstalk] No, they really are. I'm telling you man, Arial font, it's just like whole nightmare. So, they just kind of tweak a few slides, whip it right back out. And so now you're telling them to not use the slides and do all this small group stuff and jigsaw techniques and it's just all sorts of new things now that an educator might have to spend time learning, which is now kind of maybe that might see it as a taxing kind of thing that you're putting on them. And then of course, for the learners, they might be really busy with their clinical work, especially if we're talking about residents. And now you're telling them to go listen to an hour-long podcast before coming to another teaching session.

So, now what would have been an hour-long teaching session is now effectively 2 hours because now they have to do some additional work before coming in. So, I think those perennial challenges of the flipped classroom and how to address them in the context of podcasts in addition to this generational gap that someone else sort of brought up, that although we're seeing a lot of uptakes in our younger learners and a lot of interest in listening to podcasts because they're listening to podcasts in other avenues.

How do we introduce maybe older educators that aren't maybe listening to podcasts as much in their regular life to start exploring podcasts and maybe using them in their teaching? So, I thought those were really interesting challenges and I think there're good answers to them. I don't have those answers right now, but I'm curious to keep thinking about them and helping educators in this space by helping them find those answers.

Molly: Yeah, I think it's still a very early thing that we're discussing and talking about, and yeah, I think it brought up a lot more questions and answers for me, which is great because then I hopefully we'll keep figuring those out and find best ways to share those with our learners, that knowledge.

Josh: Yeah, absolutely, absolutely.

Era: Our other kind of panelist colleague, [unintelligible [00:27:12] Dr. Gilson, recommended co-creation or co-learning with kind of the learners. And I find that, yes, we might not have those answers, but there are people who are consuming that content, the podcast content, who might be able to help us come to those answers or maybe have already kind of considered the best ways to learn using podcasts. So, I think just kind of a shout out to all those folks out there to kind of come at whatever faculty is around and who can maybe learn from the way that podcasts are used to supplement education because it's happening.

Molly: I think that was a really key point. Yeah. One of the participants asked how do I help my older faculty or my faculty that are used to doing things certain ways and don't feel comfortable with podcasts, how do I help them be ready to use this technology and she highlighted the Primary Care Pearls podcast as an example of-- it's led by learners and developed by learners, but using the expert content. And so, the faculty that aren't as familiar with that don't necessarily need to know the technology but can share in the process. It's a bidirectional learning which is amazing.

Josh: And then outside of the co-creation, which I think has really been a huge leg up for the Primary Care Pearls production process, is also maybe kind of near-peer or peer teaching and peer mentoring. Maybe in some institutions, there's a lot of kind of peer teaching that goes on like peers maybe do like a noon conference or lead a small group discussion on a primary care topic or something like that. And, it'd be interesting if the educator themselves aren't familiar with the whole landscape of medical education, but just assigning one of the students to also find some podcast that they could listen to that coincides with the topic that they're discussing since they might be more familiar with where those podcasts live and how to sort of go about looking for them, they can sort of help in the maybe co-creation of that particular educational session and can sort of bring a podcast to the attention of the educator that they might otherwise would have had a harder time finding. So, in addition to the co-creating model, if you're not trying to start a whole new podcast, I think there're still ways to utilize and work with learners in bringing some of these new technologies to the forefront.

Molly: Josh, any tips that you have for listeners of advice that you've received or just kind of things that you've learned attending conferences, like how to make the most out of coming to a conference?

Josh: I think one of my mentors, I'm calling them a mentor before I even arrive at the institution because we had a really, really great conversation. He actually kind of gave me this really, really great quote, like when you're talking about, for example, teeth, dental hygiene, there's brushing your teeth, and everyone kind of does that. But what separates the average from the kind of extraordinary are the people who floss.

[laughter]

Era: I was worried you were going to take it there.

Molly: This feels targeted. And clearly not extraordinary.

Era: I am occasionally.

Josh: In his example, there's so much excellence within medicine. Like everyone brushes their teeth, so to speak. But I feel like the flossing in medicine is the connections and the networking.

So, I actually find that in conferences. Yes, the content itself is really valuable and really, really great. But even more than that, I think it's the rebuilding old connections, finding new connections and new partners. And I feel like that's really the thing that can really kind of accelerate your learning or accelerate the work that you're doing. Floss-

[laughter]

Josh: -in real life, but also floss through networking when you go to conferences, I think it'll really set you apart.

Era: That is a really nice segue or to kind of highlight the other episode that we'll have with Dr. Essien about networking. So, it feels like just keeps coming back.

Molly: Yes.

[laughter]

Josh: I thought you're going to say you're going to have another episode on dental hygiene.

[laughter]

Era: Well, the dental hygiene metaphor for medical education, I think, will definitely get featured somehow.

Molly: Well, in addition to Primary Care Pearls, which is a great podcast, and I'd recommend people check it out, it's a really unique approach to a Med Ed podcast where you actually bring in patient voices, which I think is very cool. Is there anything else that you'd like to plug? Anything that you're working on, anything that's coming down the pipeline?

Josh: I'd like to plug the Curbsiders

[crosstalk]

[laughter]

Molly: Curbsiders Teach. Yeah.

Josh: Yeah, Curbsiders Teach particularly.

Era: We did not pay Josh to say that.

Josh: Don't mess with the actual main Curbsiders, not as good as the Curbsiders Teach.

Era: Matt, you didn't hear that?

[laughter]

Josh: They did pay me to say that, by the way, Matt.

Era: Josh.

Josh: And we are working on Season 2 for the Primary Care Pearls podcast, which we're really excited about, and we're actually partnering with our paeds colleagues to bring some paeds topics this time around. We'll be talking about adolescent health and infant nutrition, and additionally, we're kind of thinking about care of special populations. So, we'll be talking about transgender health, refugee health, and geriatrics, talking about advanced care planning and dementia. We actually have patient representatives for all of these different topics, and we're really excited to share their stories.

Molly: Noble, is there any advice that you have for listeners planning to attend a future conference? How to get the most out of the conference or kind of things that you've learned along the way from attending these over the years that really has helped you get the most out of your experience?

Noble: Someone who goes to a lot of different conferences, I think the best part of the conferences for me usually is getting to meet people and to network with other people and to kind of create connections and maintain those connections. I usually have a different focus each time I go to a conference. There's usually a theme to the conferences and there're usually so many things and so many things I missed because I wish I could go, and they're both happening at the same time.

So, for example, this particular conference, I wanted to do things that I thought was beneficial for my learners in the educational space. So, the workshop I went to this time was related to that. Sometimes it's related to some of my other interests that I have, whether it be remediation with learners and the struggling learner. And so sometimes I'll use themes to get that out of it.

I will say that I have done more recently than I have in the past is actually go up to meet the speakers afterwards as this was really difficult for me to do that, it was not really my personality, but I have really enjoyed it and doing that and trying to make a point out of it if I can, to, like I said, to kind of make some of those connections. I think a tip I've gotten over the years from people I've been with is sharing contact information. I think collaborating with others to actually put on your own workshops, because we all have our own interests, and of course, so many people have the same kinds of interests. But I think workshops work well when there's kind of cross collaboration with different institutions or different healthcare systems. This is the way I think to make it happen.

For smaller meetings like AAIM, you really get to see probably the same group of people over and over again, which is kind of neat and some of the bigger meetings that I go to, I also really like the cutting edge of medicine and actually learn something to help me apply clinically. I enjoy that as well.

Molly: Thank you. Those are great tips. We will be having an episode coming out probably a few weeks after this one comes out, where we get to sit down with Dr. Essien here at AAIM as well and dive more deeply into networking. But that was a great teaser. Thank you. Perfect. Well, thanks so much for joining us, Noble. Anything that you want to plug or any final take-home points that you want to impart upon us?

Era: Yes, [unintelligible [00:35:30] wisdom or AAIM wisdom '23 to receive, Noble.

Noble: Well, if you have the opportunity to become involved in clerkships or in programs, I totally encourage it. Really, I think, meaningful part of my job is to work with learners, whether it be students or in GME with the residents as you mentioned here. Being a lifelong learner, I think

I do all parts of my job, I think hopefully better because I'm around the learners. And so, they're inspirational and being around this group of people at AAIM is also very inspiring and the things that they've been working on, which is just kind of around all the different things that I think that we all find valuable and we have kind of shared in those values. It's a great conference and so I enjoyed coming here.

[music]

Molly: This has been another episode of our Curbsiders miniseries, The Curbsiders Teach. Get your show notes at *thecurbsiders.com/teach*. A special thanks to Dr. Matt Watto and Dr. Paul Williams for their support in this project. And thanks to Dr. Stuart Brigham for composing our theme music. Thanks to the team at Pod Paste for editing our audio and our social media team, Andrew DeLaat on Instagram and John Hwang on Twitter.

Era: We're committed to providing you with high-value practice-changing knowledge, and to do that we need your feedback. So, please subscribe, rate, and review the show on Apple Podcasts or contact us at *thecurbsidersteach@gmail.com*. A reminder that most episodes, though not this one, because of our short turnaround time, are available for free CME credit for all healthcare professionals at *curbsiders.vcuhealth.org*. All you have to do is create an account. I'm Dr. Era Kryzhanovskaya. Thank you for joining us today and letting us bring you a little nugget of medical edutainment.

Molly: Until next time. I've been Dr. Molly Heublein and hopefully, you join us next year in person at AAIM.

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