


#26 Pearls from the Alliance of Academic Internal Medicine AIMW23: Feedback, Failure, and Clinic Transformation

Part 1 with Drs. Kate Cahill, Shobhina Chheda, Anne Montgomery, and
Abby Spencer




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ACADEMIC INTERNAL
MEDICINE WEEK 2023

Feedback, Failure, and Clinic Transformation

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part one



THE CURBSIDERS
TEACH

[disclaimer]

[Curbsiders podcast theme]

Molly: Welcome back to the Curbsiders Teach, our special miniseries from the Curbsiders on medical education. I'm Dr. Molly Heublein, joined by my cohost--

Era: Dr. Era Kryzhanovskaya, and we have an amazing recap episode today. We are recording from AAIM 2023 in Austin, Texas.

Molly: Yes, thank you to the Alliance for welcoming us to this amazing conference. We're so excited to sit down with some of the speakers and some of the faculty of AAIM, and just really dive into the pearls and wisdom we learned these few days. Before we dive into that. Era, do you want to talk about what we usually do on the show.

Era: Oh, yes, Molly. We are the Internal Medicine podcast for all things medical education. We use expert interviews to bring you teaching pearls and practice changing knowledge to inspire the next generation of medical educators. Again, we are so pumped to be sitting down with many of the AAIM members and leadership members, and participants for this conference and people who coordinated, and created workshops. So really lucky to have the group today. We are so excited to be sitting down with Dr. Montgomery, Chheda, Cahill, and Spencer to talk about kind of our pearls from AAIM 2023.

Molly: Well. Thank you all so much for sitting down with us today. We're so excited to chat. Dr. Montgomery will start with you. Are you okay if we call you Anne for this recording?

Anne: That would be great.

Molly: Thank you. Could you share a quick one liner about what you're doing professionally and maybe something outside of medicine as well?

Anne: Of course. So, I'm Dr. Anne Montgomery. I am a primary care physician and associate program director for a brand-new residency program in Northwest Arkansas, based at Washington Regional Medical Center and affiliated with the University of Arkansas. Professionally, I spend most of my time taking care of my own patients and just preparing for the arrival of our fantastic first class of residents in July.

Molly: Whoo.

Anne: Outside of work, I've been trying to get into gardening a little bit more. I've never really had a green thumb, but currently have some kale and chard, and strawberries that my mother-in-law has informed me may have been eaten by squirrels while I've been here, but we'll see. Fingers crossed.

Shobhina: I can't believe your garden is growing already. We still have snow in the ground in Madison, Wisconsin.

[laughter]

Anne: Yeah, it's not quite Austin level temperatures. But, yeah, we're getting there.
[chuckles]

Molly: Those of you listeners who are just listening on the podcast, that was Dr. Shobhina Chheda. Who we're very happy to have join us for this as well. Dr. Chheda, could you just share about yourself?

Shobhina: Sure, absolutely. So, I am working at the University of Wisconsin in Madison,

where there's still snow on the ground. My husband tells me, so that's that part of it. My professional role there is associate dean of medical education, and so I oversee curriculum and assessment for medical students, which is very connected to why I'm here today. And I'm a practicing general internist. I also have been privileged to serve as chair of the board for the Alliance of Academic Internal Medicine. And what do I-- Oh, my gosh so many different interests outside of work a little bit of this, a little bit of that over time.

Molly: And Dr. Cahill, thanks for joining us as well. Are you okay if we call you Kate today?

Kate: Yes, please.

Molly: Wonderful. Could you share a little bit about yourself?

Kate: Sure. Well, first thank you so much for having me. I am also a general internist and clinician educator. I am based at Alpert Medical School at Brown University in Providence, Rhode Island. My clinical work is a mix of inpatient and outpatient care. I also serve as the clerkship director for our third-year medical students, and for the residency, I'm part of the core faculty.

Era: Awesome, Kate. Could you share something about yourself, maybe non-medical related or an interest you have?

Kate: Sure. Outside of work, I love spending my time baking, trying out new recipes, and counteracting that with running. [chuckles]

Era: It's a good balance.

Kate: Yeah.

Era: Wonderful. Well, maybe we're hoping in these kind of pearl episodes to recap workshops, other kind of parts of the conference that you may have attended and have some take home points for our listeners. Maybe, Kate, do you mind starting us off with things that you wanted to share?

Kate: Sure. I'd love to share something that I learned at the wellness precourse. First, it was wonderful to spend an entire day just thinking about and being immersed in all things well-being related. One thing that I thought was super helpful is the idea that no matter what our formal roles are, that we're all leaders if we impact other people. And one of the take home messages I learned is about how important it is to set boundaries. But how in our role as leaders, we also need to help other people set boundaries. It really made me think about my clerkship team, helping people set some limits on their work days, when they need to respond to emails from me. It made me realize I could give people some more permission to set a little more boundaries around their work.

Molly: An aspirational goal for myself. [laughs] But really important to highlight.

Kate: You know we were talking about the precourses. I actually also got to go to a pre-course. It was on women in medicine, in leadership development, and it was amazing. It was like a full day of all kinds of little magic pearls on different things. One of the super interesting things they focused on was how to really kind of lean into the things that didn't go well and those things that we call "failures." But how much we can learn from those things and really try to pivot from those lessons learned of our failures. And how we can talk about them more because those aren't just the things we tend to talk about and really, really share. So, I think what I'm going to take home really is just trying to put it out there more. This

whole construct of vulnerability and how much we can learn from that and getting rid of some of the shame involved in that.

Molly: In that vein, one of our favorite questions to ask guests is, do you have a favorite failure that you'd feel comfortable sharing and what did you learn from it?

[laughter]

Kate: Oh, my gosh. I've always worked full time, and I have a son. He is now 20. But the interesting thing is you would kind of think about a lot of like, "Oh, how do you do this work thing and this mom thing together?" That's often an area of struggling with like, "Can I do either one or am I failing at both type feeling?" Well, to make a very long story short, I had applied for a position I really, really wanted at my institution, and my family knew I wanted it, my son, my husband, etc. And I didn't end up getting it and that was a tough experience. I was like, "Oh, my gosh, what am I going to do now?" Well, lo and behold, I end up going to-- you go to events at your child's school and they pull out the folder on stories they've written. He had written a story about that, and he had written a story about how he was so proud of his mom for trying and it's okay, she didn't get what she wanted and da, da, da. Could that have been a better success and mom moment ever? And how these things just cross over in your life.

Era: Yeah.

Kate: So anyways, that's just super special story.

Molly: That was beautiful.

Kate: Just for the record, he's a super special kid. [laughs]

Era: Who isn't afraid of failing and just continuing on and then being incredibly successful.

Molly: Recognizing your own sharing. He recognized that you shared that you wanted this thing. Like you named that want and need and that's just really beautiful. I promise I'm going to start crying.

[laughter]

Kate: So, anyways. Yeah, it was a great leadership workshop shop session. And again, I love this space. Thank you, guys, for just having this space so that we can just share this stuff.

Era: Well, I think a lot of people also talk about their failure CV. And things that kind of have come up and being more open and sharing those things, with whoever kind of you're interacting with mentees, near peers, like being able to just as you said, should we like that vulnerability and role modeling it. Anne, do you want to share maybe some pearls from workshops you've attended?

Anne: Yeah. I think a lot of my goals in coming to this conference were to reconnect with great people like you all. And as we're starting this program, want to be able to lay the foundation for a really successful ambulatory experience because that's where my focus is. And so, I got to attend a couple of really great workshops over the last few days. Kind of top of my mind. Some of our colleagues over at Main Line Health outside of Philadelphia led a great workshop this morning on just transforming continuity clinic and the ambulatory rotation, and really highlighted one of their goals in doing so was recognizing the huge shortage of primary care physicians that were anticipated to have. And they saw what their

graduating residents were doing, and none of them were going into primary care. So, how do we create a better continuity clinic experience for them so that they want to do primary care? I think they benefited from having huge institutional buy in at their health system, which they definitely highlighted.

I think a couple of key takeaways for me is that I benefit also from having some of those close relationships in this new program and the importance of kind of maintaining them over time so that I can advocate for the resources in clinic that my residents need. Trying to ensure, so stakeholder buy in is a big one. Really focusing on what are the big drivers of dissatisfaction in your particular clinic because there are a lot of things that are, I think, shared among all training programs. But may be unique to your particular practice and really identifying those and targeting your interventions there and that it takes time. I think none of these things happen overnight or even within a given academic year. Theirs took about five years, but they've seen some really good outcomes.

I think, for me, it's like we haven't even started, so how do we make sure that the residents have the staff that they need to support them? How do we make sure that we get continuity with their patients? Because that's another huge driver of resident satisfaction. I think the biggest thing for me is how do we make our electronic health record and some of those other things work for our residents. And so, I'm trying to put in the work now. So, yeah, it was great to just get some ideas, and also, I think, just commiserate little bit. But clinic is hard and we all want it to better, and it can. So that was exciting.

Molly: Yeah. And it's so important. I mean, our country needs primary care physicians. We have to get their training right and get those settings.

Era: Yeah.

Molly: That's awesome.

Anne: I also always think about, even for programs where people aren't going into primary care, framing it was like, everyone has to practice in the ambulatory setting. Almost everybody and how do we succeed and provide good care for our patients?

Molly: Well, we want to hear in five years how it's gone.

[laughter]

Anne: Yeah, we'll let you know. I'll give you an update.

Molly: Send some resident or some graduating residents back to UCSF for-

Anne: Yes, please.

Molly: -internal medicine jobs, because it's really tough. I work primarily with categorical residents, and none of them definitely want to do primary care. But even in the primary care tract, I mean very few choose to go into primary care. And they tell me, your job looks impossible and unsustainable. The inbox is terrible. [chuckles]

Era: We didn't even cover that in the session. It was really about office efficiency and continuity and just some of those other things that are really important.

Kate: And the factors that you have control over. We talk about people operating to the top of their license. It's like, how do I have an EMR that operates to the top of its license? The

things that are actually going to make my job easier, as opposed to create more barriers and pain points.

Era: Yeah.

Molly: Shobhi, any other sessions that you attended that you really enjoyed?

Shobhina: You know it's so hard. There's so many. One of the things I love every year at this meeting is there's an update basically on kind of a lot of the medical education scholarship that has happened across the year. Some of the CDIM folks did one today. One of the articles they presented that I absolutely loved was about-- it was a great evaluation of looking at time for evaluations to come in. And looking using a qualitative tool that has been validated to look at the quality of those evaluations that come in particular the narrative pieces of it. They found this correlation of how long it took from the student being done, when the evaluation was put out to when it was actually submitted. And this study demonstrated that the quality of the evaluation goes down over time, which, of course, in some ways is like, not rocket science. But it was so interesting just to see the data completely match that. So that part I wasn't surprised about.

The thing that was also interesting when they looked at that is in terms of the actual assessors and the gender of the assessors, women got statistically higher quality of evaluation scores on the forms they filled in. The good news was, when they looked at the gender of the students, they didn't see any difference in terms of the impact of the gender of the students related to the quality of the evaluation that came in. That was kind of interesting results of one study that they presented. I'm taking that one home because I have lots of faculty that I need to show that too.

Molly: Yeah, Shobhi, I thought that study was so valuable and so timely to think about.

Shobhina: We always learn as evaluators, like, what is the smart feedback, or those are smart goals, but just like the timeliness, and that there's data to support that it actually matters, that giving feedback in almost real time or near time is much more important.

Molly: This is a perfect segue to Kate's talk. You guys did a workshop on ways of improving feedback, and you really talked about how to keep it timely and do it effectively.

Kate: We did. So, I was part of a team that got to present on some different faculty development strategies that we've tried to help improve the quality and quantity of the feedback residents receive and then the evaluations that we receive on the flip side. And I guess, I would start from a place of thinking we have this really engaged wonderful faculty and who views feedback and evaluation for residents as an important piece of their job. When we survey them, they want to do better about it and yet, we're still having trouble helping people just get the work done. I honestly think it's really a matter of just the time and workload.

So, we looked at, could we do simple initiatives that could help people overcome that? One of the things, one of my colleagues did was develop a series called Five and Five. So, these are five different five-minute PowerPoint presentations that are audio slideshows. Faculty can listen to them on their own time. That gives them great pearls for how to rate residents in the era of Milestones 2.0. We acknowledge that. Most of us who are current medical educators did not train with the same milestones and competency-based framework. We all need to learn how to better assess residents with that system. So, that was one thing we tried.

A different colleague tried developing a system where we have these very brief feedback cards that we do with our residents so that it's a shared decision-making process on what goals any given resident is going to work on during a rotation. And that project is still underway, but so far has some really good preliminary data. I helped with the third piece of the project, which was just helping faculty members create routines and organizational frameworks, and tips and tricks so that they know what information we're looking for on any particular type of evaluation, ways to record that information and then synthesize it and get it submitted on time. And we keep emphasizing that a completed, but good evaluation is better than the elusive, perfect, but never completed evaluation.

Shobhina: That's so online with what we just talked about with the study. That even though you think you're going to do it better later, you don't.

Molly: That's been born out in the literature. Kate, I wonder, just as somebody who loves a good routine and a good structure, could you share some of those tips, like kind of concrete, practical tips for faculty that assist in the timeliness of it and avoiding that elusive, perfectly completed evaluation?

Kate: Sure. I outline a five-step process, but I'll highlight maybe one of them, the second step, which I call situational awareness, which is just the idea that mapping out a block of time that you have when you're working with learners. So, knowing exactly who you're going to be working with, for what amount of time. Really helps inform how many goals you can set with that particular learner, and then what would be a reasonable quantity of different areas that you can evaluate. So, for example, I always say overlapping during a switch week on the ward. Having someone for three or four days, totally different what you can accomplish with feedback and evaluation in that period. Then if you are going to overlap with your team for two full weeks.

So, I think one theory I've tried to promote is that making a very small upfront investment in time, I say this takes me seven minutes, which I think is a pretty reasonable amount of time to prepare to be an educator on the wards. That's my time investment. So, I know who I'll be working with for what periods of time. That gives me situational awareness, helps me set a reasonable number of goals per learner.

And then I think that probably the second most helpful part of this is, there's probably different flavors of evaluation tools that we all complete. We have a different tool for daytime residents, a slightly different tool for our nighttime admitting residents, and a different tool for our daytime floating residents. I think spending some time, getting to know that evaluation tool, that same tool that you're going to fill out every time you have a daytime resident. And so, we've digested those into shorthand templates. So that the eight or nine topic areas that you'll be looking for, it just helps you focus your attention on the areas that you will then be asked to attest to on the evaluation form.

Era: Well, Kate, thank you so much, because that really kind of is a nice transition to the workshop that I attended by the team from Pittsburgh about being kind and clear and talking about the power of *Radical Candor* from the book by Kim Scott. The exact name of the workshop was Be Kind and Clear. Deliver high quality feedback to your learners using radical candor. I have to say, as somebody who's kind of obsessed with feedback conversations, I felt like I was not only among my people, but also really being pushed and learning and kind of evaluating my own growth edges. I think the biggest point for me is that they broke down kind of the quadrants based on how much you're caring personally and how much you're challenging directly, which is Kim Scott's, kind of line about how to have these feedback conversations. They mentioned that you want to be in that quadrant of radical candor, which is high caring personally and very clearly, and directly challenging.

And if you're not there that, there's the chance to be in the ruinous empathy where you care, but you're also not at all being direct about the kind of feedback conversation you want to have. Or the bottom left corner where you neither care nor challenge directly, which is the manipulative insincerity. And then the one where you're like, "Yeah, I'm going to give you that feedback in terms of challenging directly, but I don't really care." And that's called the obnoxious aggression.

They used when someone's flies down, they used that example as kind of, what's the type of feedback you can give or how can you share that information with the person? And they also gave amazing vignettes about what happens with learners and the feedback conversations that can happen depending on which quadrant you're in. What I loved about it is, honestly, it really empowered me to think about how when I am having those feedback conversations, what is getting in the way? Like, have I developed that relationship? Do I care and clearly care personally and have showed that to the learner? But also, am I being clear about what I observed and what feedback points based on observable behaviors I want to share and being able to recognize that really effective feedback requires that challenging directly. So, yeah, I had many just shaken moments [chuckles] during that workshop. They did a great job. Yeah, Molly, did you have any kind of takeaways from your day at AAIM?

Molly: Well, I would just say in terms of the radical candor, the names are amazing. So, [laughs] we definitely want to push ourselves not to be the pessimistic manipulator.

Era: Close. The manipulative insincerity.

Molly: Yeah.

Era: Or the ruinous empathy [crosstalk] but not one that we want to be.

Molly: I think so true that our learners can't progress without getting that important feedback, and we are all here to support them and further their journey towards becoming ideal clinicians and also with our colleagues and our peers as well. So, I think it's a good goal to push ourselves toward that. Sometimes those conversations can feel uncomfortable, but I think when we come at it from that standpoint of, we have a relationship, we know we're in this together to try to improve, it can really, in the end be in a great way of furthering everyone's education.

Era: Totally agree.

Molly: Thank you for sharing that.

Era: Of course.

Molly: Yeah. Dr. Abby Spencer, thanks so much for joining us. Sorry you got lost on the way here, but we're glad you could join us for part of this. Could you just give us a one liner to describe yourself? Tell us about where you are professionally and then something outside of medicine as well.

Abby: Sure. Thanks so much. Thanks for your patience and sneaking me in here. So, I serve as the Vice Chair of Education for the Department of Medicine at WashU, and I also direct our Academy of Educators, which is the faculty development arm of our medical school. So, longtime listener, big fan, love all of the content you help to help educators do their job better. It's what I come into work to do every day. So, really excited to meet you in person, learn from you, and hopefully share some pearls from some other great educators that are here.

Era: Awesome, Abby. Could you share maybe something about you personally that you enjoy? We've heard about gardening, among other things, baking, maybe something that you like to do outside of medicine.

Abby: Sure. So, I love musical theater. If I could do anything in the world, I would be Eponine in *Les Mis* on Broadway. I have not got the call yet.

[laughter]

Abby: So, I have kept my day job.

Era: This is the audition tape. Just get real close to the mic and share your favorite line.

Abby: If you could just send this to them, that'd be great. I also dream of being their casting director too. Just imagining, like, people just came in and sang to me all day, I would know what part you should play like from *The Voice*. So that is what I dream.

Molly: Amazing. Any workshops that really stood out to you, any pearls that you want to impart to our listeners?

Abby: Sure. So certainly, from the women's forum, it was a powerful day. I think when you get a room of women together from all groups, all stages of their career, MDs, non MDs, administrators, physicians, senior leaders, even some business executives, to talk about the same issues that everybody feels and thinks it's just them, I think, was very impactful and powerful. And so being on a failure panel was sort of unique and vulnerable, and interesting when you're invited to come and talk about failure, [laughs] you're like, "Thanks for picking me."

[laughter]

Abby: "Where do I start?" But it really, I think, was empowering and healing for every one of the senses of how to learn and how to step into your power, as they called in, and to really think about what your superpowers are. I think a lot of them had some phenomenal pearls as far as getting to write your own story or people shared a lot about kind of career crises, and moving institutions and being concerned about narratives that others may write, and just the empowerment to take back the pen and don't ever give the pen to your story to anybody else. I thought was really empowering. So, whatever the circumstances are, you write your story, you share it, you tell it, and I thought that was a really empowering thing to say.

Others talked about be scared and then do it anyway. It's things that it's easier to say or read or tagline or hashtag but when people then talk about how they were scared and did it anyway, you can start to see how yourself you could be scared to do it anyway. I went to a faculty development one from the group, from Brown, and it was about how to collect that view. [crosstalk] It was fantastic.

[laughter]

I just saw Jennifer Jeremiah too, and I told her, I was like, "I loved your workshop." I went in all sorts of screenshots of just great ways that were not only how to do it and how to teach it, but then how to operationalize it to get more. It just made it really, you can go home and do this. I loved a lot of the ideas. And the situational awareness was like, "Oh, my goodness."

Molly: This is why we invited you.

[laughter]

Abby: Yes. That was one where, I think in so many aspects of coaching, leadership training, having been a PD and working with [unintelligible 00:27:08] that's all you're talking about. Never in a million years would I have connected that with assessments and when to evaluate or to just know, you know you're going to have students and learners, you know they're going to need evaluations, why would you not think about this and that? It was one of those aha moments.

I was just listening to the new Sally Helgesen, *Rising Together*. Marshall Goldsmith, who's this amazing coach, writes about leadership, gave the intro, and he said, you know that something's brilliant when it's something that should have been written about or told 20 years ago. And someone finally does it and you're like, "Oh, my gosh, of course." That was a moment for me where I was like, "Situational awareness announcements." And I love that moment.

Era: Thank you so much, you're making my day.

[laughter]

Abby: I also was really struck, and this may have come up in your pearls just the number of things that I think aligned a lot with the plenary, with *History Has Its Eyes on You* plenary but the number of microaggressions, mistreatment pearls, what to do, the cases that just, again, gives a lot of ideas and thoughts around how big this is, how universal is, how much work we have to do. I think that was a really empowering piece and theme of the meeting that I take home and I have different specific pearls from so many of them. But even the thought there was one where they talked about asking people upfront at the beginning of the rotation. I certainly hope that this doesn't happen, but if they're either from a patient or from me, or from someone puts words out there that may land in a way that is a microaggression or that is unveiling an unknown unconscious bias. How would you like us to handle that? I thought that was really interesting because sometimes people just are like, "Leave me alone, I don't want to go there." Or they expect you to step in or want you to. It's so different that idea of just asking ahead of time, how might we want to handle this together, I thought was a great pearl.

And I don't know if you guys covered this too, but there were two other workshops that I intended to go to, and I had them marked and I even pulled their slides and ended up not because of those hallway conversations. And I think for the listeners that are more junior in their career or who may not even be thinking about how important that aspect is to the meeting, it's how you get your next job. It's how you get on that committee that you've been dreaming about. It's how who to call when you're struggling with something that means so much to you, work that you want to achieve. There's not a workshop on it, but you know someone at this meeting has probably solved it and just the way to be able to pay it forward.

The people that we're asking were all people who somewhere in the past two decades have been that person in the hallway for me and so, you sort of say, "I was going to go to this workshop, but what do you need?" You give them that in that moment, and it always comes back around. I think it's such an important piece, especially, when you're talking to educators about a conference, is there's all the content you go and you get. But the relationships, the network, the reflections that you have, those hallway just, "Hey, can I ask you, how you do this?" is gold. I just put that out there too.

Molly: I think that's a beautiful take-home point. I know people want to get to the next session. So, yeah, if other people have kind of take-home points or wonderful advice to pass

on to early attendees, how do you make the most out of conferences? What do you love the most about attending this week?

Kate: I have a thought about how you make the most of conferences. I learned to this the hard way. But something that my division does is extend our CME time after the conference. So, I'll take an additional day when this conference is over, count it as CME time, and take that time to really process all of the notes I've taken, reflect on what I've learned, decide on what my priorities are. So, I have learned the hard way. If you don't take time to then consolidate what you've learned that you're just on to the next patient and the next evaluation to complete. [laughs] I think taking some post conference CME time really helps you move forward with your big ideas.

Era: Well. I think we in a similar way, I think our program has tried to do that by at least having, if it's not a full day, like a short meeting where those of us who have come, get back together and share the kinds of things that we've learned. And how, what are the things we want to implement in our program moving forward because just as you said, "If you don't actually figure out how you're going to implement all the things you learned, you won't do it." So, yeah, we're going to meet on Friday and talk through some ideas.

Shobhina: No, the only thing I was going to add, because these things are great. I've just for way too many years is things go into a pile, etc, around things. So, one of the things I've been doing is actively thinking about who isn't here on my team, my colleagues at home. I have to tell you, there's Alliance app, I love it to share because I hope you guys have all figured this out. There's a way that from the app, you can send the materials by email to yourself or to other people. If I go to a session and I'm like, "Oh, my gosh," one of the things is on medical education research, and we're thinking about starting a center in my unit. And I'm like, "Oh, I have team members that are working on this with me." So, I'm like, I have sent a lot of stuff and I'm hoping that will be another way to keep things happening.

Anne: One pearl I would add to the phenomenal ones you made as far as planning after and then getting together is the pre planning of who's going, what do we want to get to as a team or as a program, and how will we divide and conquer? When you can bring your GME and UME people together to do that, so you hit these topics, you hit these ones and then come back, and then do all the things you said and then spend your day gathering it, then bring your team together. I think it can be really powerful.

Molly: Well. I think we talked about all the amazing sessions already kind of among the guests. So, I don't have a whole lot more to add, but I would just say this has been a wonderful conference to attend. I would recommend people check out the work that the Alliance of Academic Internal Medicine is doing and think about attending AAIM week next year.

Era: Totally agree. I have learned so many pearls from all the workshops, the plenaries and the open forum meetings. We just came from the Primary Care Open Forum and really just feels like I among people who have shared values, and they're just a really rich and robust community. Thankful again to AAIM for inviting us and for the kind of knowledge nuggets that we have been kind of, what's it called, our amuse-bouche [chuckles] [crosstalk] for this whole season of medical edutainment. So, it was amazing.

Molly: Amuse-bouche sounds way better than nuggets.

[laughter]

Era: That's true. Can a nugget be in a amuse-bouche? I think so. [crosstalk] I mean it could because it could be just like a bite.

Molly: This is another episode of the Curbsiders Teach, our Curbsiders mini-series. 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. Thanks to Dr. Stuart Brigham for composing our theme music and to the team at Pod Paste for editing our audio and supporting our production. Thanks to our social media team, Andrew DeLaat on Instagram and John Hwang on Twitter. Until next time, I've been Dr. Molly Heublein.

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