



So you are thinking about a career in medical education?

Transcript of webinar:

RYAN

So, I think we're good to start. So, welcome everyone to this ASMEBITESIZE session on 'So you are thinking about a career in medical education'. A few housekeeping notes before we get started; the session will last approximately 60 minutes, we've received a bunch of questions from you already but we would love this to be as engaging and interactive as possible so if you have any more questions please use the chat field which you can find, if you haven't already, at the bottom of your screen. And if we don't get time to answer all of your questions, we will provide a document after the end of the webinar with any questions that we were unable to address. Also, use the chat function to make any comments throughout the session, answering any questions or building on what the panellists have been saying. And we may invite some participants to expand on their comments by asking their permission to make their audio and video live. So, if you've made a comment and if you're interested in becoming a temporary panellist then we'll ask you and please say that you're happy to and we'll make that happen. The webinar is being recorded and a video of the webinar will be made available on the ASME website along with any support material such as the questions we didn't get to. And if you're having any technical problems please make ASME aware by emailing events@asme.org.uk, rather than adding it to the comments field. So, without further ado Laz, take it away.

LAZAR

Thank you, Ryan. So, hello everyone my name is Laz I'm a Medical Education Fellow at the University of Nottingham. Just as a quick introduction of who I am; I currently work with the Assessments Team at the University so I help write the knowledge papers and the OSCEs for our clinical-based students. And I'm also on the committee for TASME as the awards representative. I'm going to be sort of trying to pay attention and ask all the difficult questions to Abbie and Eliot and possibly Alan as well later on, while Ryan is keeping an eye on the chat. So, just so we get to know everyone a little bit better, Ryan could you tell us a little bit more about who you are?

RYAN

I'm Ryan, I'm a medical student at the University of Edinburgh and I'm one of the Co-Chairs of JASME which is the junior branch of ASME that covers medical students to FY2. I've been involved with medical education since my first year at university so for a few years now.

LAZAR

And what about you Abbie?

ABBIE

Hi my name's Abbie I'm a second-year graduate entry medical student at the University of Warwick. I have a background in neuro-science and I am one of the JASME media guys. So, I am quite new but hoping to go far.

LAZAR

Excellent thank you. And what about you Eliot?

<p>ELIOT Hi, I'm Eliot I'm a GP trainee in London and I lecture in Medical Education at Keele University.</p>
<p>LAZAR Excellent and have we got Alan Denison joining us as well? Shall we try and get him on the chat early on so we can find out a little bit more about what he does. I think you have quite a long list of qualifications that I'm not just going to read off.</p>
<p>ALAN Hello, can you hear me ok? I'll just start my video hang on; there we go. Hello so, my name's Alan Denison, I have a background in radiology, I got into medical education as a clinical teaching fellow so it's great to see some of you clinical teaching fellows, although I was interested as a medical student so, great to see here medical students involved as well. Once I finished my clinical teaching fellowship, I became a senior lecturer in medical education and radiology up in Aberdeen. Ended up being the Teaching Dean for undergraduate medicine and then changed tack a little bit last year and now I'm the Post-graduate Dean up in Scotland. And I just think it's great you're doing this. Medical education is a wonderful, really exciting career, lots of opportunity, lots of inspiration, it's a really creative space and so, hooray for medical education!</p>
<p>LAZAR Thank you very much Alan. Yeah one of the main reasons we wanted to do this was just to get sort of different perspectives on how people have gotten into medical education, to see what their opinions are and their experiences. Just to give everyone else a bit of a flavour for what medical education is like as a, almost specialty I suppose. Abbie how did you actually first start getting involved? Because as a medical student I didn't even think that medical education existed.</p>
<p>ABBIE I think it comes from being an older student. So, when you're on your fifth lecture of the day you do start wondering if you could have maybe changed the way it happened. So, it kind of started to kick in at the end of first year into second year and I began to realise that I really do love teaching. At Warwick we're quite pronounced in our peer-to-peer education programmes and I taught a few at anatomy, physiology days and realised that I absolutely loved it. So, I'm trying to steer my career path in that sort of direction at the moment, and just completed my first research on it.</p>
<p>LAZAR Excellent. Very, very good. And how did you first start getting involved with ASME?</p>
<p>ABBIE So, there's a bit of a funny story behind this. I did originally want to go for an ASME position but totally forgot the deadline was coming up and then I found out about JASME and actually thought it would be a bit of a better fit for me. I really love social media I think it's got a lot of potential and I went for a social media role and lucky enough to get on.</p>
<p>LAZAR Excellent. That sounds really good. Eliot you've been in the field for far, far longer. Did you also start as a medical student or?</p>
<p>ELIOT Yeah. So, I started as a medical student probably in second or third year thinking about it and started with an SSC in Medical Education and then the university I went to were keen to try and get students to the ASME conference each year so they funded four students to go down, wherever it was. So, I applied for that and went along to my first ASME conference in 2012. And sort of haven't been able to stay away since.</p>

LAZAR Excellent. And do you work full time as a medical educationalist now?
ELIOT So, no not at the moment. So, I just started GP training in August so at the moment I do that and then I work a day and a half a week as a lecturer at Keele. So yeah, it's nice to be able to continue some education role and I'm just writing up my PhD in medical education as well. So, before August I was full time doing a PhD and lecturing.
LAZAR That sounds very intense. Tell us about like an average day as a full-time medical educationalist.
ELIOT So, an average day. Well I guess the thing is there's no average day. Well certainly I tended not to have an average day. I would try and start the morning with, particularly if I was doing research at the time so when I was doing my PhD and previous research, try and start with a couple of hours of writing because I tend to find if I don't just get up and start with that then I'll never get round to it later in the day. And then often would have, you know if I'm teaching in the day, would do some of that or have quite a lot of marking to do so tend to do that in the afternoon or peer reviewing papers, meetings. Yeah, I think that's one of the beauties and one of the challenges of medical education is that, you know, medical education isn't one thing there's lots of different things you can get involved in within it. And they're all fun and sometimes it's challenging to learn which to prioritise and which to try and say I haven't got the capacity for this at the moment.
LAZAR And Alan what about you as a Postgraduate Dean is there such a thing as an average day?
ALAN No, there isn't. And I agree with Eliot there's such a great diversity of things that you can do. And I was just thinking what I've been doing like today I've been involved with the GMC with a trainee in difficulty, I've chaired an awards panel for something that I organise, I've written a position paper for changing specialty training in diagnostics, I've met the Scottish Clinical Leadership Fellows or some of them today and I've also been in touch with a student that I have a mentorship role, a medical student. So, I think one of the things that strikes me is that there's lots of different career pathways within education. You can absolutely have the PhD in medical education and I don't have a PhD in medical education but I did get my Chair through various other scholarship routes and things that I've done. So, it's unpredictable but for me I also really value my clinical work as well so, I guess my one bit of advice is that if you can hang on to your clinical work, and that's a central part of what it means to be an educator, then I think that's really important because that grounds you and it makes sure that the education that you deliver and the research that you undertake is grounded in authenticity and research that actually matters. And it's great fun.
LAZAR I think we all agree with you otherwise we wouldn't be here.
RYAN Linked to the discussion on PhDs someone's asked; what was your PhD thesis centred around Eliot?
ELIOT

So, my PhD thesis was on, well it still is on - I'm still trying to finish it, is looking at how applicants from different backgrounds chose which medical schools to apply to. So, it's looking at widening access and medical school choice.

LAZAR

Excellent. That's very interesting. How did you actually pick that topic while we're on that subject?

ELIOT

So, I did an intercalated Master's in medical education while I was at med school and sort of from month two of that realised that I wanted to do a PhD afterwards. So, I'd wanted to do one for a little while but I thought obviously I'd have to progress at other things first. So, I did that after foundation training and I'd done some previous research around admissions and selection and I just saw this advertised on Twitter and it was funded which I think is sometimes more challenging for medical education PhDs than clinical PhDs and I thought it was important and I looked at the supervisors and thought they seemed reasonable. One of them I had met and chatted to at a conference in Vancouver a few years before and she seemed nice. So, yeah, I just thought I'll go for it and never looked back.

LAZAR

One of the questions we had come through the application for this actual session was; do you think that doing academic research actually boosts your skills like teaching or is it just something else that you're going to put on your CV and forget about?

ELIOT

It's difficult. I don't think knowing all the research behind it necessarily makes you definitely a better teacher. I think it can help to understand some of the educational theory. I think it depends how you define being a teacher, when I first started getting involved in medical education you know I was doing lots of face-to-face teaching, lots of small group teaching, stuff like that and as time has gone on more of my role is around assessment and designing teaching programmes and modules and so I think it's definitely useful for the design side of things. And it is useful. You don't necessarily have to do your own research to make it good but being familiar with the research that's out there I think is useful. Yeah so, I don't think it's essential but I mean the reason I got involved in medical education research was because I enjoy the teaching and I found some of the questions interesting. You know when I was looking at selection and admissions, I just found that I was curious about that.

LAZAR

And I think a lot of us are currently in the position of either having already got stuck into some form of postgraduate medical education qualification or are thinking about it. Alan it's absolutely great to hear that you don't have to have a PhD to manage to get a job within medical education but how important do you think having some sort of medical education qualification is, even if it's just something like a PGCert?

ALAN

I think it's really important to have some external validation of your skills for lots of reasons. But partly it's if you do something like a certificate or a diploma it compels you to look at stuff in medical education both that you're interested in but also things that are perhaps outside your comfort zone. So, my own experience was I wasn't really that interested to be honest in assessment until I did the diploma level and then I thought actually it is really interesting so then I got into psychometrics and that side of things. I also think it gives you that confidence to use the language when you're talking about education it gives you that underpinning of the research methodology and I think one of the duties of an educator, I think it is to make things better and if you don't have

that rigorous underpinning whether it's a certificate, diploma, master's, PhD level then it's very difficult to make a meaningful change. If you're interested in ultimately in a career as a clinical academic in a medical education role then I think these letters after your name do matter. We've spoken about the certificates and diplomas but also don't forget other ways of having recognition such as from the Higher Education Academy or AOME, the Academy of Medical Educators, there's lots of different routes of getting recognition and to widen both your own personal knowledge but also your networks of people as well. And we've heard already how important supporters are in terms of giving you that encouragement and that environment in which to be creative and to explore the possibilities. Thanks.

LAZAR

Thank you. And Abbie as a medical student who's currently working towards your medical degree is it disheartening to hear that you're going to have to do another qualification after you're done?

ABBIE

50/50. So, I have an intercalated, I have a separate degree so at the end of this I will clocked up seven years already. But it is actually something I've been thinking about for F3 despite the fact I'm only second year. So, it's kind of nice to know that actually I'm kind of thinking along a good path. So, yeah.

ALAN

But maybe if I can just come in and say it's not a race and you don't have to do things too fast. So, I know many people get into medical education once they're a bit further developed clinically. So, I was quite well into my postgraduate career before I really got interested in it so, just because you don't have all these letters after your name it doesn't mean to say that there isn't a space and a place for you to be a really authentic, compassionate and valued medical educator. I think when the time is right then it'll be right for you. And I never set out in my career, doing the job that I'm currently doing, but it's about making these changes and anticipating what's going to be helpful for you, and having these people around you that can support you I think that's going to be helpful. But just enjoy the ride that's what I'd say.

ABBIE

I think also just to ask you Alan with looking at the type of master's degrees you can do is there any sort of, I don't know preference or anything comparing part time to full time? Because I know there's quite a few part-time master's degrees out there in medical education.

ALAN

That's a good question. I think if something is important to you then you will make time for it. And I know some people manage to do a part-time master's and a clinical job at the same time, other people really struggle with that. I think the important thing is to look at the university that's going to be offering that and to look at the support that you'll have for that and the calibre of the people that will be supervising the thesis part of your master's. But people do lots of degrees part time and there's no reason why people can't do that. But it's about making sure that you are in the right place professionally for that because at the same time as you might be doing a master's, you might also have other assessments, you might have to sit. So, for example postgraduate qualifications, membership examinations so you have to make sure you're not overloaded with assessments because otherwise you won't get the full value of doing the master's or diploma or whatever.

ABBIE

Ok thank you.

ELIOT

Just to follow up from that, other than people who do it as an intercalated degree, almost everyone does a master's in medical education part time. And one really good opportunity is so lots of people do something like a teaching fellowship or clinical teaching fellowship at some point in their postgraduate career, people that are interested in sort of getting their first taste of working in medical education, and often most universities that have those posts would fund something like a postgraduate certificate. And you know, it's really good to do the postgrad certificate or you know, up to the master's when you have the opportunity and time to put what you're learning into practice. Otherwise it can seem a little bit theoretical and it's hard to really understand it when you're not getting to apply that. Much like it is when you're learning medicine.

RYAN

Because a lot of people do master's and PgCerts is there an absolute need to do a master's in order to have a career in MedEd?

ELIOT

No. I mean it depends what sort of career you want. I think most people that are going to have a substantive role in medical education you know where it's at least two or three days of their week would be likely to do a postgraduate certificate at some point. But it's not essential.

ALAN

Yeah, I would agree with that. It's simplifying things overly but at one end of medical education you've got pure theory-driven medical educationalists who perhaps are not clinically active and that's ok because the discipline needs people who are very much focussed on that end, and at the other end you've got people who are far more involved in the teaching scholarship side rather than their research-heavy medical education, and then there's a whole range of roles in between. And some people like doing medical education just on a sessional basis and for other people it'll become a dominant part of their careers. So, my view's always been when the time is right for people then they can achieve whatever they feel that they want to. And the metric of success should not be a professor of this or that, it's wherever you as an individual are going to be the most impact and have a bit of fun, and also make sure that the education that you deliver is meaningful and will help people coming alongside and after you.

LAZAR

Excellent. I think everyone's sort of touched on the point already but it almost seems like medical education training is something you have to almost do in parallel to clinical training and it's sometimes difficult juggling the two and knowing exactly when is the best time for you to sort of try and do more educational stuff and less clinical stuff. Eliot what have your sort of experiences been in not making the jump but sort of transitioning to doing more medical education and less clinical work?

ELIOT

Good and bad. It was really nice to have protected time to just focus on, particularly during a PhD it's difficult to just do a little bit or certainly I found it difficult if I didn't have the majority of my week to concentrate on that, I find that if I go away and come back it takes a bit of time to get re-immersed in it. So, I think it was nice to have some protected time to do that. The thing I found is I'm really enjoying being back in clinical training, I didn't realise just how much I missed it. Yeah, I think it's nice to strike a balance and you know there will be times in your career where one has to take the priority over another. So, there will be times where actually you probably just need to

focus on your clinical training when you've got a postgraduate assessment or you know undergrad exams coming up that probably need to take the priority. And equally there might be times where you think actually, I've got the opportunity to take some time for, you know to do something like a teaching fellowship or a master's or a PhD or do some medical education research on the side. I think it's nice having the balance. Equally it's quite challenging trying to balance multiple things as I'm sure Alan finds.

ALAN

Yeah of course it's hard. I mean I know I'm just smiling a lot and saying yeah, it's great, but of course it's not always perfect. But I think that that's one of the downsides of having a portfolio career where you've got lots of bosses that you have to take account of. So, my last post when I was the teaching dean I'm quite sure that sometimes the NHS were wondering what on earth I was doing, why I wasn't in the department looking at x-ray scans, and meantime when I was doing x-ray scans perhaps some people in the university felt well why isn't he here helping us with this really tricky assessment issue. But then the other side of it is you can have lots of really interesting conversations and connect people and make the whole system run a bit more smoothly. So, it's not perfect and there is a downside to it that you get pulled in lots of different directions but the prize I think is to have a career where every day there'll be a situation that you've never come across before and so whether it's making a difference to an individual student who's got a really challenging problems, or whether it's trying to influence the shape of the postgraduate education. I think there's lots of opportunities to get involved. And the great thing about education as well is that you don't need to. You can get involved at any level so, there's one question I see on the chat is how can FYs get involved in MedEd without undertaking an AFP? Well my immediate answer is to that is well just volunteer to get involved in some teaching when you've got medical students on the ward. And then offer to get involved in evaluation. Lots of little footsteps you can take to start with, and once you've started doing that then it's much easier to make the next perhaps larger step.

ELIOT

Following on from Alan's comment there about getting involved. The thing I would suggest is just reaching out to people. You know if you don't let it be known that you are interested in getting involved people won't necessarily come up and ask you. So, if you see someone that's doing research that interests you and you'd like to get involved, email and ask. Worse thing that can happen is they can say no. If you're working as a foundation doctor and you want to get involved in teaching then just email the medical school and say, you know, I would love to get involved in any teaching, are there any opportunities and I'm sure they'll bite your hand off.

LAZAR

I think something like that can be really difficult to do when you're very junior and you don't have the confidence. I mean I don't know if you've had any experiences of this, have you got any advice for like students or junior clinicians for how to get over that sort of first hurdle and dipping a toe into the world of medical education?

ABBIE

I think there is a comment about not having a MedEd intercal which is what we are here and it's just kind of making opportunities. So, I have three passions and one of them was overcoming neuro fear so I've worked with the Neuro-science Society and we did education through that way. And then just start picking things that are more interesting to you, so social media was another interest, and although I didn't get to do my original project thanks to Covid, I kind of mangled it so I was still in the same area so I've done a research on social media and education. And it's just finding what ignites

the fire underneath you and then you'll be more tempted to put that on top of what you've already got going on. Rather than trying to force yourself to do something that you're not passionate about for the simple sake of having it on your CV. So, it's just if you see an opportunity or if there are no opportunities make on.

LAZAR

Ok. And Ryan I don't think we've heard enough from you. What sort of plan have you got after you graduate, what are you hoping to get stuck in, are you going to be applying for academic foundation training, or what's your sort of five-year plan in an ideal world?

RYAN

That's the problem, you can plan so far into the future and then one week down the line that plan goes up in smoke. So, everything can change all the time. I suppose five-years down the line or after graduating I suppose I would like to do some AFP training but I know that at the very minimum I want to at least do some informal engagement with medical education. So, I suppose it's good to have an idea of are you so passionate that you want to be involved with MedEd regardless, and that's definitely what I want to do.

LAZAR

I think sometimes people sort of get into medical education for perhaps the wrong reasons and they focus more on padding out their portfolios with things to do as opposed to actually sort of wanting to get into it for the teaching part or writing assessments or the truly nitty gritty stuff. So, I think sort of actually experiencing it and getting as involved as possible, as early as possible is a really great way of actually finding out if it truly is for you. On the sort of topic of portfolios, has anyone here sort of had any experience with electronic portfolios like Horus or the NHS ePortfolio before that? And if you have, do you think they're sort of good tools for keeping track of what you're doing? I guess this is mainly for Eliot actually thinking about it. You're the only one amongst us who might have encountered them.

ELIOT

So, the portfolios that I've used were the foundation one and now the GP Portfolio and most of those you could put reflections in on teaching that you had done and certainly for foundation you had to have an observed teaching encounter. I think ultimately even if you're doing an AFP or an ACF in Medical Education those portfolios are aimed predominately at your clinical training, or certainly I didn't find that they were particularly useful for adding educational stuff into. I think it's really useful to keep a track of what you've done in education and you know trying to keep an up to date either just like a notebook or CV is useful because certainly when I was applying for the AFP my head of school gave me a mock interview and he'd remembered more of what I'd done than I had done. So, I think just trying to remember everything that you've done and trying to keep track of it is useful. If you've got those resources there's no harm in putting them on the electronic portfolio but I think certainly from my experience I didn't feel like they were very tailored towards that. I don't know if Alan has a different perspective being on the other side of the postgraduate portfolio?

ALAN

Yeah, I agree Eliot. I think the portfolios tend to be focussed on clinical competencies rather than other areas of activity. I think what it can be helpful to do, as I think you said, is to try to record in a format that's helpful to you, the activity that you do and perhaps record that against some kind of framework so that when people say well if you're asked in an interview well what's your knowledge about assessment then you can reel off because you've already organised it in that list. So, I've mentioned the

<p>Academy of Medical Educators before, I've got a conflict of interest because I'm involved in the Academy but what you might want to do is have a look at the website for that because they've got a framework, a professional standards framework, under various different categories and that might be able to show you the kind of type of activity that you might think about doing at each level of your career progression so that if you're doing lots of assessment work but not so much in assessment and feedback then it might give you a suggestion or ideas of what kind of activity you might get involved with, such that you've got a well-rounded portfolio of activity in medical education.</p>
<p>RYAN A couple of people in the comments have been talking about how difficult Horus is to use compared to something called T-Log which unfortunately closed down. Do you have any advice for people who have been finding Horus difficult to use, how to make it work for them or any other tools that would be better?</p>
<p>ELIOT I've never used Horus so I'm not able to comment.</p>
<p>LAZAR I personally have used Horus and I know how much of a nightmare it is. My personal experience of it is you just have to bite the bullet and you have to do your DOPS and Mini-CEXs and whatever, and separate to that I personally keep a paper portfolio where I actually put the things that are more important to me and my career sort of long term as opposed to the short term that Horus is very much focussed towards. But yeah sadly I don't think there's a way round it, you just have to engage with it as best as possible.</p>
<p>ELIOT I agree that it would be useful and something like T-Log would be useful to have for recording teaching evaluations and things like that. There are some tools that are useful for more the education research side of things so things like ORCID and ResearchGate are useful for recording publications and presentations and roles that you've had, but having somewhere where you can consolidate teaching feedback would be useful.</p>
<p>RYAN For someone who's only just started a MedEd career or might not have a portfolio what would you say is important for them to consider and what goes into a good portfolio for someone who wants a MedEd career? Or what should you consider when starting one up?</p>
<p>ELIOT Who's that for?</p>
<p>RYAN Anyone really.</p>
<p>ELIOT Ok so I'll start and then if anyone else wants to contribute. So, I think doing the core stuff well is important so, doing teaching and evaluating teaching, getting feedback on that. If you can try and get some observation of your teaching. Ask someone more experienced someone whose opinion you value, you know if they've got the opportunity to watch you teach and offer you feedback afterwards. That's really useful. Once you've started to develop a little bit that's the kind of thing that you can offer other peers, and you learn a lot from observing other people's teaching and thinking not about the content as much but about their teaching style and approach. That's something we used to do at Keele amongst the medical education society and you</p>

know I think people on the receiving and giving end learnt a lot from that. So that's you know getting your teaching skills, or getting practice in those and feedback on those is really useful. And then as you get involved in that you might start to think about areas that you find particularly interesting, different approaches to teaching so you might find assimilation interesting or you might find CLIP classrooms interesting or whatever, and read around and if there is a topic of interest then starting to think about scholarly projects that you might want to get involved in.

LAZAR

What about things, I realise as ASME members we do have a bit of a conflict of interest but what about things like medical education conferences or mingling with people, showing off the work that you're doing, are there any that you'd highly rate?

ELIOT

Obviously, there's a bias here. So, my first ASME conference as I said was in 2012 and I've been every year until this year when unfortunately it was cancelled, and there's a reason I go every year. I do think it's really useful, partly to see what's going on and what other people are doing and to learn things that you can apply to your teaching. ASME is a really nice community, you know the people that go to the ASM a) it's a lot of fun, b) it's really interesting and c) you get to meet people that are really friendly and supportive. I've had lots of things emerge out of discussions at ASME conferences so for example I arranged my elective in Vancouver as I mentioned earlier through a discussion at the welcome reception on one of the ASME conferences. And I've done work with various people that I've met at ASME conferences that has been really nice. And it's nice then going back and seeing the same because there's quite a lot of people that go every year and then there's quite a lot of people that just go once to show off a project and you might not see for a few years. So, it's nice to meet new faces but also to see recognisable faces. What do you think Alan?

ALAN

Yeah, I agree with all of that. I think you said at the start earlier that you need to do the core well and I absolutely agree with that. And for me I think the core if you're medically qualified or clinically qualified is your clinical skills so, do not compromise on them because that is absolutely critical in your early career development. I think offering to teach is really important both informally perhaps and once you've done that with learners around you, because there are always learners around you, then offer to teach more formally within for example the medical school. Offer to examine as well, again, informally and then formally as well. There are huge numbers of medical students coming through the system and in my last job we really struggled sometimes to get enough examiners for some exams so, we were always very keen to hear from junior doctors who were available to examine. I think going to medical education conferences is really important as well. The first MedEd, ASME conference that I went to I think it was in 2005 and then I went to one in 2006, and both these times my eyes were really opened to the possibility and the people. And also it gave me confidence that actually some of the stuff I was doing was actually ok, and was perhaps even maybe a little bit better than some of the stuff that other people were talking about. And as you say Eliot meeting people and having these conversations with people who perhaps you've just seen their names written down but actually to see them in the flesh, having that conversation, that kind of validated me that I felt I was in the right place in that kind of community. Yes, you can go to ASME conferences but don't neglect the more local events that you have as well. So, many Trusts or areas will have local medical education conferences where you can present things even in departments as well. Then there might be regional as well as the national things. I

guess the slight disadvantage about the bigger set-piece conferences like AMEE and ASME, and AOME is that they cost a bit more money even in these socially distanced times. But having said that if it's worth doing and you're really keen on it then perhaps you need to invest a bit of your time and perhaps money in these things as well.

LAZAR

Alan, I think that's really, really good advice. I still think one of the best sort of medical education conferences that I went to was just a small regional one where I actually got to see a lot of what the clinical teaching fellows were up to and it was, even on that sort of smaller, local scale it was very, it was just such a lovely experience. And it was completely free to go to as well. So, if you haven't explored that already please, please do. We've had a question submitted about getting published as another way of showing off the hard work that you're doing. Eliot do you have any advice on that age-old question of how to get published?

ELIOT

Yeah so, I think, this is actually potentially one of my regrets in some senses is things that I did early on not realising that actually with 10% extra work I probably could have published that. And you know when you see similar things a year or two later being published, you're like oh actually, you know, I should have been more confident and should have just submitted something and what's the worst that can happen? They can say no. I think if you are looking to publish it's worth reading the journals. And it's worth reading some of the journals just looking around the types of articles that they publish even before you start doing your project to have an idea of what do I need to do to get this published. If you're going to be doing research then if it's your first time it's worth trying to reach out to people either locally or with similar topic interests that you're aware of to try and work together on that. If you're looking to do sort of scholarship around educational innovation you've done then yeah, trying to find the types of journals that publish those and read example articles. And I think again lots of medical educators are friendly and supportive. You know, typically before I submit any paper I would usually ask someone that hadn't been involved if they could just cast an eye over it and make sure I haven't completely missed something out or haven't explained something very well, and just if it's your first paper then asking a critical friend that you might have or a supervisor.

ALAN

Yeah, I agree with what Eliot said. I think it's really difficult getting published for the first time and looking back to my first article I got published back in 2003/2004 it would not have been published now because I think the whole standard now has gone up considerably. And I've had plenty more papers rejected than I've had accepted. So, my advice would be particularly if you're starting out to find someone that has published stuff and then help them and say can I do some data analysis because that will give you that edge and experience because some of the medical education journals are really difficult to get published in now and I see some nods, and I'm not going to name what they are but it's not easy. But the upside is that there's lots of different ways that you can demonstrate and show scholarship so don't think that just because you haven't had a highly cited article published in medical education that you're a failure, that is not the case. There are lots of ways you can evidence scholarship and teaching and can still advance in your career.

LAZAR

That's really motivating thank you. Eliot you've touched on your regret about not submitting stuff for publication a bit earlier. On the topic of regret, I think we've painted medical education as this absolutely wonderful thing which it is, but does

<p>anyone want to offer any regrets they have about their involvement in medical education so far? Or anything that you really don't like about medical education as a career? Yeah, Ryan?</p>
<p>RYAN</p> <p>So, one of the big advantages but also a slight disadvantage of medical education is the number of opportunities that are out there. So, one of my regrets was saying yes to too many things at once. So, it's important with anything really is that you don't take on too much, you don't burn out. But also, you focus on a couple of things, you do them really well and that becomes something that's both very beneficial for you and motivational and that you've seen this fantastic initiative through. But it also becomes something that's quite good for your portfolio rather than saying I've done five different things but they all fizzled out after I left, you can say I've done this one fantastic initiative it stood the test of time, it's sustainable, innovative and this shows that I'm passionate about MedEd and that I understand the needs.</p>
<p>ELIOT</p> <p>I completely agree with that Ryan. And yeah doing one thing well and doing small things well rather than trying to cure medical education in your first project.</p>
<p>LAZAR</p> <p>Yeah that does resonate with me as well. I think we're all sometimes guilty of taking on a bit too much and then ending up with a sub-par outcome at the end of it.</p>
<p>ELIOT</p> <p>And it's difficult because it's all stuff that's interesting, it's all stuff that's fun but as I said at the start as well sometimes you do have to prioritise and that's challenging but you know it's worth, as Ryan said, doing fewer things well than half-arsing a bunch of things.</p>
<p>LAZAR</p> <p>Alan are there any difficulties at the sort of top end of the career?</p>
<p>ALAN</p> <p>Oh, you're very kind. I spend a lot of my time having a bit of that imposter syndrome thinking am I really doing what I should be doing? But in a sense, I hope that's a positive thing because it's really important not to lose track of why we do what we do and it is all about the learners, it's about patient safety, it's about making things a bit better. My regrets, since everyone else is sharing, I do regret not having done a PhD. And every few years I try to carve out a bit of time where I can do a doctorate or something but for lots of reasons it's been challenging. I guess I regret not doing as much frontline teaching now as I did ten years ago but that is the nature of the role that I currently have, and it's balanced by the knowledge that I can influence education at a macro level. Although I still don't lose track of the value and importance of influencing that individual in front of you. But all in all, no job's perfect and no career's perfect but yes, although I've got some regrets there are far, far more positives than negatives.</p>
<p>LAZAR</p> <p>That's great to hear. That's what we all wanted to hear so thank you Alan. Brilliant. I think we've got time for a few more questions. One we've had is about people who are considering a career in medical education but they're not actually doctors so has anyone got any advice for non-doctors about how to get into medical education?</p>
<p>ALAN</p> <p>Well I think ASME's a great home and hub for people like that. And I've got some really good friends who are non-medically qualified but have risen really to the top of their game. One of the previous, very senior officers in ASME Jen Cleland she now holds a</p>

very senior role over on the other side of the world in medical education. So, absolutely there's a space and a place for clinical educators because, and again a lot of the principles for medical education absolutely apply to people with other backgrounds. I know that for example the Physiological Society they've got a really active education group so for every single discipline that exists there will be a community of educators. But my advice has always been to anyone involved in education is don't just look within your own silo, always look across to what's happening on that other side of the education fence. So, some of the best work I did earlier on was not just with medical education but was with some pharmacy educators at another university because that was really transformational in my thinking. So, absolutely if you're interested there's a space and a place for everyone interested in education.

LAZAR

And I think sometimes medical education becomes synonymous with teaching. What about for those among us who maybe don't like teaching or don't really want to get involved with too much teaching, is there still a place for us?

ALAN

My view would be yes. It's a measured yes because I think you have to have an enthusiasm for the discipline and you have to have enthusiasm for the learners, and I think if you're going to be credible you need to have some contact time and some actual teaching time, otherwise things get perhaps a little bit harder. Although there are some people that just like the face-to-face teaching and they don't really like the assessment and that's fine. Other people really like the assessment, the psychometrics and less keen on the face-to-face teaching but I think it's good to have, certainly at the more less experienced end, good to have experience in all facets of education and then you can perhaps have a bit of focus and special interest as you progress.

LAZAR

Brilliant thank you. In the interest of time I'm going to start wrapping things up. I'm sorry if we didn't have the time to answer your specific questions, we will be looking through them as Ryan said at the beginning and trying to answer them just with written answers. I'd like to go through everyone and sort of get your parting words of wisdom to all the people who've given up their time to attend the session today. So, Ryan is it ok if we start with you?

RYAN

Yeah. So, whilst I said previously that it's good to prioritise your efforts so, try not to do too many things at once, one of the most useful questions that you can have in your arsenal that can open a lot of doors is 'how can I get involved?' So if you see something that's quite interesting then you can ask around, ask your medical school, ask your hospital how can I get involved in this teaching method, this piece of research? And if there is a need that you've identified in your area, and the answer to how can I get involved is well I don't know, then you've found a gap that you could potentially fill with your own innovation. So, MedEd is incredibly accessible to those who seek out opportunities.

ELIOT

Thank you. Abbie is it ok if we move on to you?

ABBIE

Yes. I think kind of just to second what Ryan said. If you're at my stage and you can't see anything that you think you can get involved in then think about what you're passionate about, think about what's going to light the fire and what's going to

encourage you to do more work on top of your degree already. Stick your elbows out and just go for it.
ELIOT Brilliant thank you. And Eliot?
ELIOT I'm going to be boring and say a similar thing; get in touch with people, reach out. Ask what you can contribute, ask if there are any opportunities. The other thing I would say is try and build on what you've done previously. It's much easier and you're much more likely to be successful if you do something small and then build on that and you know, follow on along the same theme and become a sort of mini expert in that niche than it is to be a Jack of all bits. I mean obviously it's interesting to do everything but you know that's way to build success quickly.
LAZAR Thank you and last but not least, Alan.
ALAN Crikey it's all been said. But be enthusiastic because if you don't enjoy, if you don't love what you're doing then you need to maybe think again. Be creative, connect with people, experiment. What's the worst that could happen? And it's ok if you make mistakes, I've made loads of mistakes in my time. But if you like doing something then just continue that conversation and who knows where it'll take you.
LAZAR Thank you. So, with that I'd just like to thank everyone for giving up your time to attend the session today I hope it's been useful and thank you also to the panellists here who have also given up their time. And to frankly some quite difficult questions especially Alan who sort of joined us at very, very short notice. Thank you everyone?
RYAN Brilliant, thank you. A couple of post-webinar notes so, thank you everyone. As we said, there were so many questions, we will make sure to answer all of them and we'll write a written response. And a video of this session will be made available on the website asme.org.uk in a few days. If you're interested in some more ASMEBITESIZE then our next session will be on Wednesday 2nd September at 4pm where we'll be looking at well-being and tolerance of ambiguity in times of Covid-19. So, three excellent MedEd researchers at the University of Exeter have been looking at well-being and tolerance during Covid and looking at psychological well-being and exploring the relevance of their work in the light of the pandemic. So again, thank you everyone for coming, some fantastic and insightful comments and questions and have a great evening.
ENDS