

Introducing the New CLIME Director: Dr. Kristina Dzara

[Intro Music]

Kate Mulligan: Welcome to the CLIME podcast. I am your host, Kate Mulligan, and in this episode we introduce you to Dr. Kristina Dzara our new Director of CLIME and Assistant Dean of Educator Development in the Office of Faculty Affairs in the UW School of Medicine

Kate Mulligan: Welcome to CLIMEcasts. I'm your host, Kate Mulligan and today we are delighted to be bringing you an interview with the new director of CLIME and the Assistant Dean for Educator Development Dr. Kristina Dzara. Dr. Dzara began her new position at the University of Washington School of Medicine in April on April 1st this year and has been incredibly busy getting to know the breadth and depth of this institution, which to ordinary people would be really daunting, but she's been energetic, focused, and fearless and is making great strides.

We thought a podcast would be a good way for CLIME members and others at UW to get to know her a little as she embraces her new position. So welcome Dr. Dzara!

Kristina Dzara: Thank you so much, Kate, for that kind introduction. I'm very excited to be here with you. Very excited to talk about medical education with you today.

Kate Mulligan: Great! Well, I thought we could start with you, perhaps sharing a little bit about your journey so far. I mean how, and when did you know that you wanted to be in medical education?

Kristina Dzara: Yes, I'm happy to talk a little bit about my journey and how I found medical education. I have to say it's definitely a unique field and not one that I necessarily thought I would have for my career, but it's one I absolutely love. And I'll tell you Kate, that when I graduated from high school, I decided to go to college at the University of Central Florida, about an hour away from

where I grew up, majored in advertising and public relations, not really knowing what I wanted to do with my career, but not ready to leave college. And I did a minor in sociology and I really liked the idea of research and thinking and reading, and just thinking about the big picture, and the professors liked me and they said, "Hey, do you wanna stay in college for two more years?"

You can get a master's in applied sociology. And I said, that sounds great! So, I did that, and I was a teaching assistant. And that's the first time I sort of thought to myself, "Hey, I might like this academic route", "Hey, I might like teaching!" And so, as time was coming close on the master's, they said, you should go, you should go get a PhD you're pretty good at this sociology stuff. And so I said, okay, applied to a couple of programs and ended up at Southern Illinois University, in Carbondale, Illinois. And worked on a PhD there and really learned more rigorous research methods, qualitative, and quantitative thinking about theory. I really loved my time there. And so getting ready to graduate and promising my parents, that I would have a job thinking I would be an assistant professor of sociology somewhere. And for anyone who was working in 2008, 2009, the economy was not as strong then. And it was hard to find jobs in the field that you were looking for. I was actually quite lucky that I was offered a job at the Southern Illinois University School of Medicine. And I think they thought, well, she has a PhD in sociology and sociology is like psychology. So, she'll be a great fit for our psychiatry department and wow, little did they know that I've never had a psychology class in my life, but what that did is it in some ways sliding doors got my foot into academic medicine. So, I worked there for about three years. I worked with residents and faculty on research projects, quality improvement initiatives, but a lot of what they wanted to do was evaluate their educational interventions. And that was the first time that I was exposed to medical education as a field. And I have to say, I absolutely loved it.

Life sort of intervened and took me to Connecticut, where I worked at Yale for a few years and I was doing some health policy and health services work. And I didn't love it the way that I loved working with trainees and working with faculty on educational scholarship, and so I sort of hit a turning point in my life and I decided I wanted to go back to school, to get the training I needed in adult learning theory and curriculum development and these very core aspects that you want to know about in order to truly be a medical and health professions educator.

I was honored to be accepted to the Harvard Medical School, Master of Medical Education Program. And so I went back to school for two years so that I knew inside of myself, that I really understood the field of medical education and the pedagogy and all of the wonderful things that come with it. I loved my time there.

I loved my program and I was honored when I finished to be able to join Massachusetts General Hospital as an educational research associate and a faculty person at Harvard Medical School. And I spent five years working at Massachusetts General Hospital and the Brigham and Women's Hospital on all sorts of educational scholarships and faculty development initiatives. Just a ton of really fun medical education stuff. And I have to tell you the opportunity to join UW came my way, and I have not looked back since it's a wonderful team to be a part of and a wonderful opportunity. And so UW is absolutely a part of my journey and I look forward to continuing that medical education journey.

Kate Mulligan: Ah, Kristina, I hope I can call you Kristina. What a winding path! I know no one grows up thinking I wanna be a medical educator when I grow up, but, um, a wonderful path and an impressive pedigree. And can I just say that there is no way that you look old enough to have done everything that you say um, but congratulations.

Kristina Dzara: Are we recording audio and visual? Uh, thank you. Thank you so much for that compliment, Kate. Yeah, I will just say, you know, to all of the people out there who aren't quite sure what they want to do when they grow up, just know that there was a quite a long time where I wasn't quite sure what I would do, but once I found medical education and truly embraced it, I knew that it was what I wanted to do with the rest of my life.

Kate Mulligan: That's great! So, what would you consider are your main areas of expertise at this point in time?

Kristina Dzara: Sure. So as a PhD, medical and health professions, educator, I do consider myself a bit of a generalist, meaning, you know, if someone comes to me with they want to build a curriculum. They want to think about a project.

They want to do something, write a paper. You know, there's a good chance that I can probably give them at least a little bit of guidance to help them get started. And so, in a way, I think of myself as a medical education, Jack of all trades, um, because there is so much that I am broadly trained to help with

and support, but I would say that my areas of expertise that I would more formally attribute to myself would be faculty development, absolutely. The science of teaching and learning, understanding how people learn and what we can do to make that learning more seamless and integrated; definitely program evaluation; absolutely curriculum development. I believe that a curriculum is a planned learning experience and any experience which is planned is going to be better for. Social media and the use of social media and health professions, education, and finally educational scholarships. So those are my areas that I would say I have a stronger connection to, and really embrace as my own.

Kate Mulligan: And I'm absolutely positive that every single one of those is something that you'll find a project related to at the university of Washington across the whole WWAMI region.

I mean, we're a big, big institution, with lots of different interests. So it's great to have someone with a generalist background as well as specific areas of expertise as well. So what are you most excited about in this new position as director of CLIME and Assistant Dean for Educator Development?

Kristina Dzara: First and foremost, I have to say that I am so honored to have joined such a fantastic team. Dr. Trish Kritek in the Office of Faculty Affairs has put together a truly wonderful group of leaders.

They all care deeply about UW being a place where all learners and all faculty and all staff can thrive. And so joining the UW as the director of CLIME, having a fantastic team in place with expertise and educational scholarship teaching and learning clinical teaching, teaching with technology and seeing all the programs and initiatives currently underway, it really does build my excitement for what we collaboratively do in the future.

I'm also very excited to join the teaching scholars program team. I have very much enjoyed sitting in, on teaching scholars sessions, listening, and learning and meeting all these wonderful current scholars. I will be engaging more fully in the 2022 to 2023 cohort and especially excited to help out with their scholarly projects.

So. I will say for anyone listening, who's interested we welcome all interested educators from all fields across the WWAMI region and UW to apply. You can

reach out to me directly with any questions. And there's also a link to the program's website in the show notes.

Kate Mulligan: Thank you. I actually, um, as an aside, I wonder how long our Teaching Scholars program has been going for cause I know it's been at least since 2001, cause that's when I went through and I think that was the first year of the former director of CLIME's tenure. So it was going for a fair, fair bit of time before that.

Kristina Dzara: I believe maybe 96.

Kate Mulligan: Okay. That's a long time.

Kristina Dzara: Yep. Quite a long time and such an honor to be able to work with such an established program.

Kate Mulligan: Great. Cool. So what opportunities for medical education at the University of Washington and throughout the whole WWAMI region, do you wanna take advantage of first up, do you think?

Kristina Dzara: Thank you, Kate. I think that's a fantastic question. And my view here is that every educator throughout our complex system is valuable and should be valued. And so my goal is really to move towards a more integrated way of thinking about educator development throughout our region. And that's why I've embarked on a listening tour, really trying to take a systematic approach to understanding our system.

And I actually really loved this definition of a listening tour that I found on Forbes' website. I don't regularly read Forbes, but I love this, "The process of gathering interpretations perceptions assessments from stake- holding parties in an effort to deepen your understanding of the operational aspects of an organization and future possibilities."

And so going into this listening tour with a real open mind as to what people think educators need throughout the UW and land region has really been a joy so far to get to meet so many colleagues. And I look forward to meeting many more on this listening tour, and I will tell you it's already been quite insightful.

And through this process, my goal is to develop an evaluation, which focuses in four key areas and I would call them pragmatic. So I really want to clarify

standards for what it means to be an educator. And what is that expected quality process: understanding the system, pluralistic thinking about whether we can bring together multiple data sources to tell a story about where we are and where we could be going in our educator development, and finally publicize.

And maybe that's not quite the perfect word, but I needed another P and so really here, we're just thinking about sharing findings and being transparent about what we know and what we'd like to do moving forward. And so really here, my goal is to work collaboratively, to support educators from the UW school of medicine, no matter where they work, no matter what their areas of expertise are. And no matter what sort of trainees they work with relating to both skill development for those educators and producing educational scholarship. And the other thing I will say is that it does not always have to be overly challenging to develop and implement small but meaningful initiatives. And if it's all right with you, I'd love to tell you a little bit about one that I was involved with at Massachusetts General Hospital.

Kate Mulligan: Sure love to hear about it.

Kristina Dzara: Fantastic. So I worked with, three clinician educators. They're all OB GY physicians at Massachusetts General Hospital. Dr. Trevin Lau, Dr. Holly Elia-Khachadorian and Dr. Lori R. Berkowitz. And what we did is we took just very small bits of time at faculty meetings that were really business meetings, these faculty business meetings, talking about clinical care, talking about finances.

And we got small bits of time to talk about being a good educator and developing some "just in time" ways of sharing some faculty development with these faculty who may not have otherwise had time or potentially the ability to prioritize their own interest as educators. And so we were able to evaluate this initiative.

We were able to get a sense of whether it was meaningful and whether they appreciated it, whether they liked it. And it turns out that a lot of faculty are actually receptive to receiving faculty development. And so using this very simple anonymous evaluation tool and analyzing the data, we found that they thought the world just helped them think about teaching more effectively, and that they were able to have some practice tips that they thought that they could use in their daily work life. And so really, I think sometimes it can be very

easy to think about real big initiatives that you have to think out and really work towards and have a huge plan.

But sometimes it's also okay to do small things that have a reasonable impact. And if you can, publish in the scholarly literature. So a link to this paper will be in this show notes, but it's, it's really an example of meeting people where they are and trying to help get them where you'd like them to be in a way that is not overwhelming and helpful

Kate Mulligan: I think that's a great idea. I love the idea of, uh, not waiting for people to come to us. Uh, I think we, maybe we have rested on, on that, on that principle for a long time, but actually going out to see people in their environments and giving these little microbites is a fantastic idea. Um, and I, I think you're right if you sort of uh, spark a lot of interest, if you can deliver it, especially in the midst of a dry business meeting. If you have some fun, fun, educator “bites”, that would be a really good idea. So, what would you say are some of the challenges for faculty and learners in medical education as it's practiced today?

Kristina Dzara: Sure. Uh, that is a, a huge question. And there absolutely is no one answer. What I will say is I do think it's a fantastic time to be a medical and health professions, educator, and that we have absolutely come a long way in our thinking of how we train our healthcare professionals. I will also say that we have areas which can certainly improve, and this is universal as well as at any given institution. Off the top of my head, I would certainly say that wellbeing and burnout are areas that most institutions need to prioritize. There is a real stress of working in or training in health professions, education, stress for faculty stress for learners, stress for staff. It has been a stressful time and COVID 19 has increased the stress without doubt. I do not have the answers, I will never claim to. And there certainly is no one answer, but I do think we need to do better to ensure that our faculty, staff, and learners are supported and that everyone is able to live healthy, happy, and productive lives.

Kate Mulligan: Perhaps it's a good time to remind our listeners that UW school of medicine has made an important commitment to that by appointing Dr. Anne Browning, as the Assistant Dean for wellbeing, and she's leading initiatives to improve wellbeing for all of the members of the school of medicine. Maybe you can tell us a little bit more about your take on medical education and well-being?

Kristina Dzara: Thank you, Kate. Yeah, I will say again, there's no one answer, but, uh, about a year and a half ago, I wrote a paper with two of my Massachusetts general colleagues, Dr. Lori Berkowitz and Dr. Arabella Simpkin. And we talked about this idea of building your “educational peloton”. So, this idea that you can cycle together as a group during, during uncertain times, and really thinking about some easily implementable strategies that a group, an organization, a division could do to try and really build that Peloton and get people thinking and working together. And so we talk a little bit in this thought piece about maximizing learning opportunities, even small ones. Anytime you have an opportunity to engage a learner and make them feel included, make them feel wanted, even a tiny little pearl is a good thing. Really ensuring quality feedback, normalizing feedback, bi-directional feedback, making feedback the standard so that we can all grow in the roles that we're in. And finally really thinking about a culture that is collegial. And so we argue that intentionally nurturing this educational Peloton, especially when there's a period of high uncertainty that can potentially help drive engagement and potentially drive work satisfaction. Ultimately hopefully trickling down to things like patient care and healthcare outcomes. but in large part to boost that human connection and promote community.

And so this is an example of a paper that wasn't necessarily something I might have written on my own but is something when we came together and thought about how can we develop an analogy for what we're trying to do with our work in the department, sort of came together to tell this, uh, little story. And again, this is in the show notes. So, if anyone's interested in reading it, you can take a look. But what I will say, uh, to, to finally answer your question is that I do think it's important that we support work/learning environments, where everybody can thrive. I think sometimes we have an idea of a dichotomy.

You know, we are inclusive, we aren't inclusive, and I think as part of my, my personal journey as educator is to think every day about how I can be more inclusive and respectful in the work that I do. And I will say, I am very impressed with the respect for persons I've seen so far at UW and the number of resources we have to grow in our inclusivity.

And so I will point learners to one of our recent CLIMEcasts that is just out -Dr. Heather Feldner, Dr. Heather Evans, talking about anti ableism and allyship. And I will be the first to say that I learned a lot by listening to this podcast. And I very much look forward to listening more.

Kate Mulligan: Thanks. I, I love that analogy. The idea that you could perhaps draft behind the experts for a little while, until you, until you got your, uh, got your wheels underneath you, and then you could take your turn at the front and let other people draft on you. I, I think that's a, I love that, uh, nod to teamwork and, and understanding that we can be so much stronger when we work together.

All right. So how do you see medical education evolving in the near future?

Kristina Dzara: Wouldn't I love to have the answer to that question, Kate. I will tell you, um, and I've said it before we have come so far in the many ways we are thinking about competency, such as the use of EPAs and milestones. I personally think that this is a positive move because the focus here is actually on building a program of assessment.

So, when we say the word assessment, it can have a negative connotation, uh, associated with the idea of being judged, being monitored. You know, in reality, a good program of assessment assesses learners at multiple points over time. Using multiple methods by multiple raters. And when you do that, you tell a story of where the learner was, where the learner is, and with enough data from enough learners where the learner should be.

And so I actually really do love the idea of time-variable, competency based medical education. And we do make a lot of assumptions. Right? Why does medical education have to be quote unquote four years? Or why does a residency program have to be a certain amount of time? You know, we're sort of making this prediction that each and every learner needs the exact same amount of time to become competent and that may not be a fair assumption. I will shout out to a great paper by Dr. Mary Ellen Goldhamer, Dr. Martin Pusic and colleagues relating to this. And I put that in the show notes, uh, of course, moving to a model like this could be quite disruptive because it really does require, in my opinion, two major shifts, you would have to have a truly robust and adaptive program of assessment, which can truly identify where that learner is in multiple areas of competency and then appropriately provide more responsibility with appropriate supervision and doing this would certainly involve learning analytics. And again, we have some really great people working in this area like Dr. Brent Toma, Dr. Karen Howard and other colleagues who published a consensus statement on the implementation of learning analytics and medical education.

And second, I think that this would mean that we have to really understand and respect that just like some learners might be able to become competent to practice at an appropriate level before the predetermined time point, some learners would need more time. And I think that we would have to normalize the idea that variation is normal and expected and respected.

And so if the goal is to graduate competent physicians or competent clinicians, does it matter in the long run if someone needs a little bit less or a little bit more time to get there? And so I would leave that with the listeners for a little something to ponder.

Kate Mulligan: Thank you. Um, sounds like a bit of a culture change maybe, with the aim of humanizing the whole endeavor, which can't be anything but a good thing in my opinion. So, what do you think are some of the most promising avenues of medical education research currently?

Kristina Dzara: I think there's so much cool stuff going on that I couldn't possibly even prepare a list for you of all

Kate Mulligan: You want another podcast, do you?

Kristina Dzara: yeah, it could totally be another podcast.

So that was a really hard question for me because there really is so much great scholarship going on right now. I picked a few things that I think we are seeing more and more of in the literature and are important. I would definitely say this idea of visual learning and visual media as effective learning strategies is something that we're going to see more and more of.

And I've published a few "last pages" in Academic Medicine. Dr. Tony Artino does a really good job as editor there. And so that's an example of sort of taking something that could be bigger and complex and really trying to distill it down into a one pager for the reader. And so I'm a big fan of things like that, that summarize, abbreviate, make easy for the reader to understand.

So I would definitely point to that as being something I think we're gonna see more and more of. I would also point to the importance of social media and staying connected. And absolutely there is a lot of great scholarship going on here. I will shout out to Dr. Theresa Chan, who is one of the leaders in this area. I will also shout out and say that CLIME is on Twitter. I'm on Twitter.

Connect with me. Stay connected that way. The use of Twitter in medical and health professions education has been something that's been really important to me and has helped me connect with individuals worldwide, who I never would've known otherwise.

I also already mentioned learning analytics, its relation to competency based medical education and time variable competency based medical education-- I think that there is some great work that is being done and will certainly be done in this area. I would also shout out to the growing area of health humanities, thinking about how we can integrate arts and humanities, visual thinking strategies into the work that we do with trainees.

And here, I would point to Dr. Alice Fornari, Dr. Meg Chishom who are really making some great strides in thinking about this area. And finally, I would say the growing importance of psychological safety and how we can really encourage it in our work settings.

It really is of incredible importance to clinical medicine. And I think really to being part of effective work groups. And so I will say that some of the work that we see here coming out, for example, about shame in medicine relating to this is absolutely powerful. And I would say that Dr. Will Bynum is definitely a leader in this effort.

Kate Mulligan: Thank you. It's exciting to hear you, enumerate those specific categories of medical education, because I think we have a lot of local talent working on some of those things and I can't wait to see you connect with those people and, and perhaps publicize their work more because cause there are some really great people working in those areas here at UW.

Kristina Dzara: Absolutely. And I look forward to meeting educators here who are interested in some of these topics or other topics that I haven't even brought up.

Kate Mulligan: Exactly okay. So, what are you most proud of in your career?

Kristina Dzara: Okay, so is that a trick question? uh, uh, I mean, right now I would have to say it's that I have this fantastic opportunity to join the UW team.

When I joined, I was promoted from assistant to associate professor, and I felt very honored that the committee looked at my work, my scholarship, and appointed me at that level. That is meaningful to me. BIME is a great department. I'm excited to be a part of their team. In addition to the office faculty affairs team, the CLIME team, the Teaching Scholars team, and any other team I'm on that, I forgot to mention.

Uh, so I will say that the Dean role is new to me and I absolutely will have to grow into that leadership role. And I am very excited that there are multiple people at UW who can serve as mentors and peer mentors to help me grow into that role and hopefully be effective in it. And then of course, I would also say that I am proud of my scholarship.

I've published more than 30 papers in the medical and health professions, education literature. And I will tell you writing does not come easy for me. I'm not a natural writer. And so I have absolutely learned something from every single paper. I was recently reflecting on the publication process and how some papers were just an overwhelming amount of work to publish. I mean, just feeling overwhelmed and almost to the point where the publication didn't happen. And then sometimes you get that publication that just feels so refreshingly easy to publish that you can't even believe it's that easy.

And so I will say, I think it's a bit of a good reminder that each paper has a, a unique trajectory. And while publishing is challenging, the more you do it, the better you get at it, you organize your manuscripts better. You respond to peer reviewers and editors better. And so I really like to think that anything but a rejection is an opportunity to continue the conversation with the journal.

So I always try, even when it's hard, even when I get "Possibly reconsider after major revisions" um, I try to embrace that opportunity because there is that possibility that your revision efforts will result in a stronger paper, that could be published in that journal. And I will say that in circumstances like this, it really does help to have a strong team who can help you work on those revisions together. And I'm very lucky to have had some good mentorship here from some experienced senior authors to help me push those papers to the finish line.

And I am very thankful for that mentoring. And if any listeners in the UW community are out there working on educational scholarship and experiencing challenges, trying to publish your work, reach out! I'm happy to offer a

consultation through climb, try to see how we can strategize some next steps and see if we can work together to move your paper to publication.

Kate Mulligan: Thanks, Kristina. It's always good to be reminded to have a, have a mindset of growth and learning in spite of setbacks. And, uh, thank you for embodying that for us.

So, uh, a little more personal, perhaps, what are you most looking forward to exploring in the Pacific Northwest?

Kristina Dzara: So I have to say, I would really love to go to a Seahawks and Philadelphia Eagles game. I am a Philadelphia Eagles fan, so it would be very cool. Cool for that. Uh, I would also really love to go to a Kracken hockey game. I also think it would be fun to go to a Mariners baseball game. I am certainly not somebody who understands all these sports, but I love the idea of going to a live sporting event, immersing myself in the culture and just enjoying life and seeing a good game.

And. So in addition to that, Seattle really does feel like it is a great place where you can find a restaurant to sit outside, share a meal with friends. And so I absolutely look forward to trying some fun spots to relax and try some new foods. And immerse myself, a little bit in the culture of Seattle.

Kate Mulligan: Great. I'm sure we can find someone to take you to a sports game. It wouldn't be me, but we'll find someone. Um, and then I'll remind you that the whole of the Pacific Northwest is your playground now, too. So you'll be enjoying Seattle and Montana, Alaska, Idaho, and Wyoming. And, uh, each one has its special charms and we'll find people to help you enjoy those I'm sure.

Thank you so much, Kristina, for being here with us today. I've learned a lot about medical education and about you and I'm so looking forward to, uh, seeing CLIME grow and thrive under your leadership. And, um, welcome again.

Kristina Dzara: Thank you very much. And thank you for giving me the opportunity to join you on this podcast today.

Kate Mulligan: I hope you enjoyed this podcast introducing Dr. Kristina Dzara, our new CLIME director. If you would like to take a deeper dive into the any of the

great topics she touched on, please check out the show notes for this episode.
Many thanks to Amanda Garza our producer for her magic behind the scenes.