



Upcoming Events

[Click here](#) for an at-a-glance view of our upcoming events for the next 3 months

KeyLIME Podcasts: What are they, how can we use them, and a quick summary on mindsets!

Many of you may already be familiar with the KeyLIME podcast series. Key Literature in Medical Education (KeyLIME) is a weekly podcast from the Royal College of Physicians and Surgeons of Canada. Four seasoned educators come together to cover medical education articles that are important, innovative, or will impact educational practice. These brief podcasts (about 30 minutes each) help to keep medical educators up-to-date on the most important medical education literature by critiquing articles and distilling down the key points. Each podcast allows educators to gain insight regarding valuable research that they may not have otherwise had the time or interest in thoroughly reviewing themselves. In a quick car ride to the grocery store or nightly run, KeyLIME allows you to digest a meaningful piece of medical education literature in a fraction of the time!

Podcasts can be useful for professional development and for integrating into our teaching. Like KeyLIME, podcasts encourage listeners to learn or read more about a topic after they have been hooked. Additionally, podcasts allow us to accommodate various learning styles and to provide a component of storytelling to our teaching that may help to entice learners. Podcasts offer us the ability to share content with learners at any time and wherever they choose to digest. This flexible availability allows for the prioritization of active learning during in-person encounters. Consider integrating a high-quality podcast into your teaching, discovering one that might encourage your growth as an educator, or developing your own for a future offering!

This month I expanded my knowledge on the concept of fixed and growth mindsets as applied to medical education by listening to the April 2020 KeyLIME podcast titled, **“Do you have what you have or have what you learn?”** The co-hosts discussed the article, “Teachers’ mindsets in medical education: A pilot survey of clinical supervisors” (Pal et. al., 2020). This article explores the idea that not all competencies and associated attributes are teachable and the impact this may have on teaching and assessment practices. In systems of competency-based education, it would be logical to assume most competencies that we use to assess our learners are malleable, however, there is evidence to suggest not all affective attributes (like empathy and compassion) are teachable (Pal et. al. 2020). Educators and learners are both impacted by their mindsets, or beliefs that attributes are fixed or changeable, which can impact teaching, learning, and assessment practices. This study explores how clinical supervisors understand components of competencies as fixed or learnable by examining their mindsets regarding the malleability of cognitive (intelligence/clinical reasoning) and affective (moral character/empathy) attributes (Pal et. al. 2020). The authors of this paper set out to achieve two very lofty goals – to examine if clinical supervisors are more likely to view affective attributes as fixed and to create validity evidence for their two adaptive measures. Study findings demonstrate that clinical supervisors have both fixed and growth mindsets when it comes to the attributes of empathy, moral character, and intelligence (Pal et. al. 2020). This may create issues for assessment in a competency-based education model that is predicated on the developmental progression of learners in these components within various competencies such as communication skills and professionalism. Overall, the podcast hosts deemed this study to provide a sound methodological framework for survey design and scale validation but felt that further research is needed to investigate the impact of mindsets on teaching and assessment within medical education.

Did the summary above entice you to learn more about mindsets by listening to the podcast or reading the article in its entirety? In a far more informative and engaging manner than I have provided, the KeyLIME podcasts are able to share easily digestible and meaningful reviews of current medical education knowledge in a flexible way. If you have 30-minutes, I encourage you to explore the idea of mindsets in medical education.

Mariah Rudd
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References:

Pal, N. E., Young, M., Danoff, D., Plotnick, L. H., Cummings, B. A., Gomez-Garibello, C., & Dory, V. (2020). Teachers’ mindsets in medical education: A pilot survey of clinical supervisors. *Medical Teacher*, 42(3), 291-298.

Dean's Corner

Starting in January 2020, the Dean’s Corner has featured topics thematic to **Health Systems Science (HSS)**, in support of our plans to implement a curriculum in HSSIP (HSS + Interprofessional Practice) starting with the new M1 class that matriculated in July. This month my comments will focus on the strategic planning efforts underway at the Virginia Tech Carilion School of Medicine.

The VTCOSOM Strategic Plan will guide our medical school into a vibrant future. In collaboration with our parent university (Virginia Tech), our health system partner (Carilion Clinic) and other community stakeholders, we will understand the challenges and opportunities we face as a medical school and respond with a comprehensive plan to achieve feasible, sustainable, and measurable objectives.

We launched our strategic planning process at a Virtual Town Hall meeting on October 13 during which we heard updates from the **InclusiveVTCOSOM Task Force**, presentations linking our strategic plan with Virginia Tech’s **Advancing Beyond Boundaries plan**, and highlights from the Carilion Clinic’s Vision 2025 plan presented by Dr. Patrice Weiss.

For members of our community who were unable to attend the town hall, we hope you will visit our **strategic planning webpage**. It includes information about the strategic planning committee co-chaired by Drs. David Musick and Rebecca Pauly, including the committee membership and charter, as well as the timeline for developing the plan.

The first step is to gather broad stakeholder input through a web-based survey we distributed on October 20. The survey was sent to over 1,200 individuals, including medical students, alumni, residents and fellows; VT and Carilion-employed faculty; VTCOSOM administrative staff; Carilion Clinic leaders; and Roanoke community members who are engaged with our school through committees, task forces, and other initiatives.

Please look for an email with a survey link sent from us on October 20. The survey is anonymous and you can complete it over several sessions if needed (15-30 minutes total) between now and November 20. Only by achieving a high response rate can we be certain to represent the broad and diverse perspectives of our large VTCOSOM community.

Thank you in advance for making your voices heard twice this month: once by voting in the general election November 3 and once by helping our medical school define its strategic priorities for the next 3-5 years!

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“The pessimist sees difficulty in every opportunity. The optimist sees opportunity in every difficulty.”

– Winston Churchill



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