Not to You can opt out. Otherwise we assume that everybody is fine with us recording. So I’d like to welcome you to the Yes series. Yes stands for Yale Medical Education Series. It’s one of the educational development programming series that we sponsor at the Center for Medical Education. The other regular series that we have is a Med Ed Day. I’m sorry, a Med Ed Discussion Group session which occurs once a month. So some of you may be interested
in that as well.

You can check it out on our website.

Center for Medical Education is a relatively new entity which incorporates the old teaching and Learning Center at the medical school as well as the SCME.

So continuing medical education all in one center.

So we’ve expanded a bit.

I’d like to introduce our presenter today.

His name is Andreas Martin.

Many of you know him.

He’s in fact the Co director of this series along with Doctor Dana Dunn, whom a lot of you know as well.

So we’re actually happy to
have one of our Co directors of
the series presenting today. Let
me see if I could find a little
bit of background. So, Andrea,
Doctor Martin is the Reba Aurelia,
so Doctor Martin is the Reba Aurelia,
I’m sorry, Richtva professor in the
Yale Child Study Center and he’s also
a professor in the psychiatry program.
He received his MD from the National
Autonomous University of Mexico,
conducted his residency in child and
adolescent psychiatry at at Mass General
in Boston and Harvard Medical School.
He also holds a Masters of
And just last year, and very lucky for us at the center, he completed his PhD in medical education from the University of Groningen, Groningham, which is in the Netherlands. So as Sachi models lifelong learning for all of us, and really coincidentally today I came, I came across a saying online that says never stop learning because life never stops teaching. And I think that Andreas hunger for continual learning is characteristic of that, of that motto. And also, as I said,
NOTE Confidence: 0.41444147
00:02:44.520 --> 00:02:47.166 really becomes a model for us
NOTE Confidence: 0.41444147
00:02:47.166 --> 00:02:50.410 all to to never stop learning.
NOTE Confidence: 0.41444147
00:02:50.410 --> 00:02:52.626 He served for about 10 years as Editor
NOTE Confidence: 0.41444147
00:02:52.626 --> 00:02:54.951 in Chief of the Journal of American
NOTE Confidence: 0.41444147
00:02:54.951 --> 00:02:57.370 Academy of Child and Adolescent Psychiatry.
NOTE Confidence: 0.41444147
00:02:57.370 --> 00:02:58.965 Currently is Associate Editor for
NOTE Confidence: 0.41444147
00:02:58.965 --> 00:03:01.050 the Journal of Child and Adolescent
NOTE Confidence: 0.41444147
00:03:01.050 --> 00:03:03.266 Psychiatry and Mental Health and
NOTE Confidence: 0.41444147
00:03:03.266 --> 00:03:05.250 important for Medical Education.
NOTE Confidence: 0.41444147
00:03:05.250 --> 00:03:07.410 Doctor Martin’s been a research
NOTE Confidence: 0.41444147
00:03:07.410 --> 00:03:10.121 mentor for scholars in the Center’s
NOTE Confidence: 0.41444147
00:03:10.121 --> 00:03:12.876 Masters of Health Sciences Medical
NOTE Confidence: 0.41444147
00:03:12.876 --> 00:03:14.529 Education Pathway Program.
NOTE Confidence: 0.41444147
00:03:14.530 --> 00:03:16.795 He teaches for medical students
NOTE Confidence: 0.41444147
00:03:16.795 --> 00:03:18.607 in the undergrad program.
NOTE Confidence: 0.41444147
He mentor.

He's a research mentor to students as well as residents and some of our master's candidates.

He lectures for the undergraduate program but also for the masters of Med Ed program in issues of quantitative qualitative methods.

So today Doctor Martin's presenting on the topic of enhancing teaching with technology and humans.

I'm really interested in the and humans part. This is a component of the classroom based teaching focus that we're that we're focusing on in the series.

So I'm going to turn it over.
00:03:57.854 --> 00:03:58.430 to Doctor Martin.

00:03:59.870 --> 00:04:01.865 Thank you John. That was so lovely.

00:04:03.710 --> 00:04:04.907 I’m going to send it to all my family.

00:04:04.910 --> 00:04:05.670 That was wonderful.

00:04:07.730 --> 00:04:09.608 Before I put up my slides,

00:04:09.610 --> 00:04:12.599 let me just say that this session

00:04:12.599 --> 00:04:15.850 is intended to be quite interactive,

00:04:15.850 --> 00:04:17.810 but you don’t need to fear or panic.

00:04:17.810 --> 00:04:19.330 We’re not going to go into small groups,

00:04:19.330 --> 00:04:20.906 and you don’t need to, you know,

00:04:20.906 --> 00:04:23.850 deal with the awkwardness of a small group.

00:04:23.850 --> 00:04:25.450 What you’ll need is your

00:04:25.450 --> 00:04:27.050 your phone and your brain.

00:04:27.050 --> 00:04:28.250 And with those two things,
I think we're going to learn and have some fun. I hope. Let's see.

Let me share my screen.

Second, there's a lot going on here. Hold on, then. I need.

All righty. Yes.

so we're gonna hopefully learn by the end of today how to make your teacher, your teaching, sizzle a little bit more through apps and electronic this and that's, but also with humans. And you'll see what I mean by that.

I have no corporate or other support, no conflicts of interest.
The CME text was put in the chat as well, but there you have it. And yes, get your CME credits. OK.

So talking two parts, let’s start with technology. What do I mean by that? What I’m going to do is walk you through three, I think it’s three, maybe 4-3 or four technologies that I routinely use. That I routinely use. They have a lot of similarities as you’re going to see, but some small differences. But that can really make a big difference in teaching.
So probably the most popular of these oh, before that, who speaks Turkish? Anyone speak Turkish? Be brave and tell me what this cartoon says. John, how’s your Turkish? Excellent. OK, so the robot man is saying, whoops, hold on, I want to be human. And the human man is saying I want to stay human, right. And I think that that’s what we’re all kind of dealing with in these ChatGPT days, how to stay human and you don’t need to become any less human by using some of the things we’re
00:06:37.306 --> 00:06:38.540 going to be talking about today.

00:06:41.100 --> 00:06:45.460 So just at a very broad starting point,

00:06:45.460 --> 00:06:47.794 there are ways of enhancing any

00:06:47.794 --> 00:06:50.630 teaching that you do anything

00:06:50.630 --> 00:06:53.096 through thoughtful, non punitive,

00:06:53.096 --> 00:06:55.628 non aggressive questioning of

00:06:55.630 --> 00:06:57.790 those you’re teaching with.

00:06:57.790 --> 00:06:59.950 And in general closed,

00:06:59.950 --> 00:07:02.757 closed ended questions are very good to

00:07:02.757 --> 00:07:04.489 assess factual knowledge particularly

00:07:04.489 --> 00:07:06.789 when you have discrete answers.

00:07:06.790 --> 00:07:10.662 Optimally you said AB or C we know

00:07:10.662 --> 00:07:13.790 that and for these kind of questions

00:07:13.790 --> 00:07:17.046 apps are very very good apps.

00:07:17.046 --> 00:07:19.894 As simple in these days as doing a
poll in zoom there’s a little button

let me see if it’s here poll.

So we’re gonna

let’s try this one.

I didn’t create this one but

it’s a fun one. OK so Ed, Ed,

could you turn your camera on

while people look at the poll?

John, can you see the poll?

I don’t know who created this one.

I didn’t, but that would be me.

Oh, that would be you. OK. OK.

So we’ve had zero participants.

Are you guys seeing the poll or no?
Yes, we can see.

All right. Remember, this is an active participation thingy.

I don’t think we can. We can.

It looks like it’s ended. Oh, OK Let’s try this.

Hold on. Let’s try this. How about now?

Tell us. Very old he is.

Old, ancient. All right.

And I can see that 42 percent, 47 percent, 62% are answering 18 seconds.

Let’s give you 10 more seconds.

Come on, you can do it.
Let’s get to 100%. Come on.

Come on, 80%. Eighty 2%.

OK, I’m going to end the poll at 85%.

And let’s share the results.

Can people see that? Yes.

So it looks like most people think that Ed is 43, and a few people think he’s 48, evenly divided between 35 and 48 Ed.

Then what’s the right answer? I like the 35 people, but I was thinking it was 25, but I didn’t see that as 25.
a next John. So you know that takes a second to put together a quick poll and then we’re going to talk about some slightly more sophisticated ones. You can compare that to open-ended questions, which of course foster discussion and where ambiguity is not only welcome but encouraged to not give questions that have a single answer, but where a range of answers could be right. And I’ll make the point later on of how clips, different types of video clips can be particularly helpful to do that.
00:09:53.416 --> 00:09:55.096 when it comes to clinical teaching.
NOTE Confidence: 0.77930325
00:09:57.180 --> 00:09:58.749 So Paul everywhere,
NOTE Confidence: 0.77930325
00:09:58.749 --> 00:10:02.410 probably most of you have used it
NOTE Confidence: 0.77930325
00:10:02.514 --> 00:10:07.040 either as a deployer or a respondent.
NOTE Confidence: 0.77930325
00:10:07.040 --> 00:10:09.686 It’s a really terrific tool in
NOTE Confidence: 0.77930325
00:10:09.686 --> 00:10:12.105 which you can create questions
NOTE Confidence: 0.77930325
00:10:12.105 --> 00:10:14.915 that go from multiple choice,
NOTE Confidence: 0.77930325
00:10:14.920 --> 00:10:16.438 which will exemplify
NOTE Confidence: 0.66651124
00:10:19.160 --> 00:10:20.540 open-ended questions which
NOTE Confidence: 0.66651124
00:10:20.540 --> 00:10:21.920 again I’ll exemplify.
NOTE Confidence: 0.66651124
00:10:21.920 --> 00:10:23.789 But you can also do word clouds
NOTE Confidence: 0.66651124
00:10:23.789 --> 00:10:25.982 that are very neat as you see
NOTE Confidence: 0.66651124
00:10:25.982 --> 00:10:27.314 certain words getting bigger.
NOTE Confidence: 0.66651124
00:10:27.320 --> 00:10:28.916 And there’s a number of things.
NOTE Confidence: 0.66651124
00:10:28.920 --> 00:10:30.860 Our colleague in radiology,
NOTE Confidence: 0.66651124
00:10:30.860 --> 00:10:32.800 I forget your name,
but you’re there in radiology, so hopefully you can hear me. I’m very jealous of a radiologists and pathologists, Rob and people who have all sorts of yummy images for teaching. You know, I’m a psychiatrist. I don’t have a lot of yummy images for teaching. But if you do, then this is just remarkable because you can put the right answer and the distractors and it’s fun, engaging and high yield. You can also do competitions,
which I’m going to exemplify through another app, but you can also do it with Pol everywhere. So the next part of our active learning here, let’s try you. Let’s really put you to the test. And even if you have never given this any thought, give it some thought. In what year was the Yale School of Medicine established? I can’t see people answering. Is it letting you go in, Reagan? No. Huh. Well, that is weird. OK, let’s. let’s do this. Let’s try it again. OK, I see some answers. Reagan,
00:12:08.945 --> 00:12:11.375 are you getting some action traction?
00:12:11.380 --> 00:12:15.580 No, no, it could just be me.
00:12:15.580 --> 00:12:17.617 No, it could. OK, let’s see this.
00:12:17.620 --> 00:12:22.380 Responses. I’m gonna. Clear responses.
00:12:22.380 --> 00:12:26.619 Clear responses. And I’m gonna try it again. Can you see again, is it working?
00:12:29.460 --> 00:12:31.285 And we’re getting responses.
00:12:37.300 --> 00:12:38.660 OK, so we have 9 responses.
00:12:49.900 --> 00:12:53.780 You want people to be more responsive.
00:12:56.020 --> 00:12:57.175 You can do it now. As of now, you’re not seeing your responses.
00:13:00.584 --> 00:13:02.539 You’re just seeing that 13 people are responding.
00:13:09.100 --> 00:13:11.724 So what you have to do again is
just get your phone and point it to this little QR code, something that you’re going to be doing a couple of times today. And that should take you directly to where you need to go. You don’t need to give it your name. You can just skip the name and answer the question. If you’re having difficulties, maybe you can put it in the chat. I see 17 more people are getting it now, 18, OK, I think that the next one is going to be a little bit easier now. that you know how to use the QR code.
We’re up to 2222, so let me show,
Let’s see the responses.
What did you guys respond?
So this was the response.
People thought that let me move this,
There’s some 1840s that are coming,
and the 1820 ones and the 1840s are wrong.
OK, so they’re wrong.
We’re gonna see. I’m gonna close it.
So no more answers.
I’ll give you the answer in a second.
We’ll talk about it in a second.
But few people did. 18 O1 some did.
18101810 was second place,
but most people thought 1821.

OK, all right, let's go to the next related slide.

Sorry.

And if you stay on your phone, it should automatically advance to this next question.

So what year was Yale University established?

Yeah, now people got it. So and incidentally, doing this serves an additional purpose, which is it takes a while to learn how to answer and use AQR codes as your phone working is something melting down South in some way.
Content wise, these questions are thought throat clearing just to make sure that the system is good.

Now let’s get to the responses here. And yes, 60% said 17 O1 and we have, you know, some. So what is the right answer? Whoops. Well, the right answer is that Yale University was indeed established in 17 O1. It’s quite something to think that the country was 75 years away from being born by the time that Yale was born. And this was in Old Saybrook. If you haven’t been there,
00:15:55.070 --> 00:15:56.420 you can see the exact place
NOTE Confidence: 0.6535136
00:15:56.420 --> 00:15:57.590 where the buildings were done.
NOTE Confidence: 0.6535136
00:15:57.590 --> 00:16:02.144 So 1701 and then the Yale School of Medicine.
NOTE Confidence: 0.6535136
00:16:02.150 --> 00:16:03.805 Several of us were here
NOTE Confidence: 0.6535136
00:16:03.805 --> 00:16:05.220 when the 200th anniversary.
NOTE Confidence: 0.6535136
00:16:05.220 --> 00:16:09.630 The medical school was founded in 1810.
NOTE Confidence: 0.6535136
00:16:09.630 --> 00:16:12.626 So the 1810 people got it right.
NOTE Confidence: 0.6535136
00:16:12.630 --> 00:16:13.560 The others didn’t.
NOTE Confidence: 0.6535136
00:16:13.560 --> 00:16:15.110 But there you have it.
NOTE Confidence: 0.6535136
00:16:15.110 --> 00:16:17.828 I had this third logo of the Hopkins school,
NOTE Confidence: 0.6535136
00:16:17.830 --> 00:16:19.542 which is in Westville.
NOTE Confidence: 0.6535136
00:16:19.542 --> 00:16:22.110 It’s just like 2 minutes literally
NOTE Confidence: 0.6535136
00:16:22.188 --> 00:16:24.350 from my home where I’m sitting.
NOTE Confidence: 0.6535136
00:16:24.350 --> 00:16:26.450 It’s middle and high school
NOTE Confidence: 0.6535136
00:16:26.450 --> 00:16:28.992 and it was founded in 1660.
NOTE Confidence: 0.6535136
00:16:28.992 --> 00:16:30.498 It’s really old,
so it’s right here in New Haven.

So there you have your history, one O 1 and your QR code one O 1.

OK, let’s now getting into the bulk of what we’re going to be doing.

If you wouldn’t mind just tapping in, this is not a yes, no correct or false,

But which of any apps or programs or electronic doodads have you used in your medical teaching?

And let’s see. Kahoot, Kahoot poll. Everywhere.

Up to date centimeter. All everywhere. What was that?
If someone said Twitter, that does not exist anymore. What? Mantimeter. Mantimeter. Yes. Manti. Yep. Exactly. Anyone else? Teams. Polls. I don’t know. I think it’s a variation of it. OK, so it looks like we’re getting into camp lab. Camp lab. I don’t know that one Zoom. Yeah. So we’re going to be I think other than camp lab that I’m not familiar with. I think we’re going to be talking about all of them just to give a feel for what they are so good. Let’s see. So one one of the things that you you and we’re going to be seeing more
as we go along today is this motto of these apps that it’s turning slight decks into conversations that’s where we want to get to. And of course in this setting it’s a little bit artificial, but we’re going to do a little bit of that in the classroom. It’s very useful and you see this example about just open-ended questions. How are you feeling about remote work? And it automatically opens into all sorts of things here the the size of the word reflects how
many times that has been shown.

OK. So let’s go to mentimeter. We looked a little bit of at pole Everywhere. One thing about pole Everywhere that is very nice is that if you saw I inserted the pole everywhere slides into my slide deck. Yes, we had that little hiccup but it wasn’t a big deal. But what you need to do is you download an app, which is very simple. Whoops, could we have a you have to for pull everywhere. You have to download a app into your computer. It takes 5 seconds and you do it once and then you program the slides online,
you press a button and it spits out those slides ready for PowerPoint and you just insert them so that it becomes very flow, very seamless and very flawless.

And this is free, this is a free poll everywhere. You can pay a fee to get some additional features, I’ve never used them. I think that you can do something similar with Mentimeter, that you can just slide this, download the slides into your computer. But I found it a little bit clunkier and I wanted to show you.
how I use Mentimeter when I do, which is that after showing you the slide, I'm going to hop off of my slides. Which I have tagged, so a mentimeter is very similar. It gives you the instructions as AQR code or as something to tap online. It asks you the questions. I'm going to show you a couple of styles, so not fundamentally different from pull everywhere, but it some people like it because it’s more aesthetic and etcetera. So I’m going to hop off and I’m going to go to the web.
00:20:42.850 --> 00:20:47.250 and I'm gonna go here

00:20:47.250 --> 00:20:50.930 and one second I'm gonna

00:20:56.330 --> 00:20:59.226 go here. OK, so this is a micro

00:20:59.226 --> 00:21:01.510 little pseudo test to see what

00:21:01.510 --> 00:21:03.730 you expect to get from today.

00:21:09.940 --> 00:21:11.900 And so here are the instructions.

00:21:14.060 --> 00:21:17.255 If you could again go to this QR code,

00:21:17.260 --> 00:21:19.508 you can also go online, it's the same thing.

00:21:34.230 --> 00:21:36.666 so that will put you into mentimeter.

00:21:36.670 --> 00:21:38.803 OK. So I see that 15 of you have

00:21:38.803 --> 00:21:40.508 gotten into the right website.

00:21:40.510 --> 00:21:43.870 That's great, 17, lots of little thumbs up,

00:21:43.870 --> 00:21:49.415 18. Wow, look at that 21.
00:21:49.415 --> 00:21:50.990 Come on, Ed. You can do it.
NOTE Confidence: 0.41498083
00:21:50.990 --> 00:21:52.946 Ed. You’re young. We saw that.
NOTE Confidence: 0.7137926
00:21:56.350 --> 00:21:57.550 Excellent. Now don’t worry,
NOTE Confidence: 0.7137926
00:21:57.550 --> 00:21:59.670 because if you missed this QR code,
NOTE Confidence: 0.7137926
00:21:59.670 --> 00:22:01.448 one of the nice things about mintimeter
NOTE Confidence: 0.7137926
00:22:01.448 --> 00:22:03.189 is that each slide will have it.
NOTE Confidence: 0.7137926
00:22:03.189 --> 00:22:04.870 Now you’re going to see.
NOTE Confidence: 0.7137926
00:22:04.870 --> 00:22:06.082 As you see, each slide will
NOTE Confidence: 0.7137926
00:22:06.082 --> 00:22:07.150 still have the same code.
NOTE Confidence: 0.7137926
00:22:07.150 --> 00:22:09.670 You don’t need to do it if you already did.
NOTE Confidence: 0.7137926
00:22:09.670 --> 00:22:11.066 If you already entered,
NOTE Confidence: 0.7137926
00:22:11.066 --> 00:22:13.160 you should be seeing these three
NOTE Confidence: 0.7137926
00:22:13.228 --> 00:22:15.209 questions after today’s class.
NOTE Confidence: 0.7137926
00:22:15.209 --> 00:22:17.574 You’d like being able to,
NOTE Confidence: 0.7137926
00:22:17.580 --> 00:22:20.338 and it’ll give you a Likert scale
NOTE Confidence: 0.7137926
00:22:20.340 --> 00:22:23.100 of how much you want to do it.
Two people have answered.

Now here I left it on so that you can see in real time how people are responding.

You can like I had done it before.

In the case of all everywhere, keep this hidden so that you don’t know how people are.

I talked about my low expectations, but OK, so now you see the response as a group and you can see the.
individual responses as well.

I think that this was me and it just gives you a nice visual.

The other thing that is

if what do you know about this subject or what would you like to know about this subject?

Just any, you know, just type a couple of little things so that we can have something to go by.

What do you know about it?

Nada. Wow. OK Nada 2 Nadas.

We have a lot of Madas.

OK Glitches at time. Yes, they do.


So you can see how this
00:24:14.820 --> 00:24:17.706 becomes active quickly.


00:24:21.560 --> 00:24:23.426 I got a phone call that threw everything off.

00:24:29.680 --> 00:24:30.560 Second, people back share my screen and where were we?

00:24:55.610 --> 00:24:57.970 OK, so here we are.

00:25:01.550 --> 00:25:02.530 when something goes wrong,

00:25:02.530 --> 00:25:03.965 to learn what to do about it.

00:25:07.410 --> 00:25:08.810 And I had another glitch
right before this meeting. So I think that you always need to mentally get ready for some glitch. It’s a lot of fun, but you need to be ready to move ahead without it. But, you know, just to see that there’s 24 responses, even if brief responses is, you know, wouldn’t it be wonderful if 24 students in the classroom were engaged and responding and this really facilitates it. Andreas. Yes. Will you take questions now or would you rather wait until the.
Let me finish this one. And then, yeah.

So what I would do in the classroom is that I would say, OK,

talk to the person right next to you and talk about it for 2 minutes or whatever.

So then you’re dividing a group of 100 into 50 groups of two.

We’re not going to do it. But that’s a way of really using these techniques.

You don’t want to be having,
00:26:11.032 --> 00:26:12.708 you know, hundreds of questions
NOTE Confidence: 0.6911766
00:26:12.708 --> 00:26:14.488 and no time for discussion.
NOTE Confidence: 0.6911766
00:26:14.490 --> 00:26:17.026 So let’s have some discussion, Joe.
NOTE Confidence: 0.6911766
00:26:17.026 --> 00:26:19.370 I mean, Joe, John, go ahead.
NOTE Confidence: 0.65600085
00:26:19.850 --> 00:26:23.049 Yeah. So you know, I’m aware that
NOTE Confidence: 0.65600085
00:26:23.050 --> 00:26:25.966 you’re we’re looking at the apps,
NOTE Confidence: 0.65600085
00:26:25.970 --> 00:26:28.250 but we’re looking at them through
NOTE Confidence: 0.65600085
00:26:28.250 --> 00:26:29.770 a second technology Zoom.
NOTE Confidence: 0.65600085
00:26:29.770 --> 00:26:33.088 So I’m just wondering about your experience
NOTE Confidence: 0.65600085
00:26:33.088 --> 00:26:35.752 of using technologies with Zoom versus
NOTE Confidence: 0.65600085
00:26:35.752 --> 00:26:38.764 using them directly in the classroom.
NOTE Confidence: 0.65600085
00:26:38.770 --> 00:26:42.160 I would assume it’s probably less room
NOTE Confidence: 0.65600085
00:26:42.160 --> 00:26:44.050 for glitches or less glitches when it’s
NOTE Confidence: 0.65600085
00:26:44.050 --> 00:26:46.046 done in the classroom than on zoom.
NOTE Confidence: 0.38690326
00:26:47.930 --> 00:26:49.970 Yeah, it it just requires one more thing.
NOTE Confidence: 0.38690326
00:26:49.970 --> 00:26:51.368 So for example, in my screen,
part of what I’m dealing with is that I have just my laptop screen and I have the zoom, I have the zoom, you know, it’s, you know, buttons to press on and then I have the app itself. So it just takes a lot of cerebellum. It’s totally doable. And if I think that if I was doing a whole lot, I would probably get a big screen in the classroom. It has many advantages for sure. But but I think that on zoom, it also has its own advantages.
00:27:21.402 --> 00:27:23.616 in terms of being able to look
NOTE Confidence: 0.38690326
00:27:23.616 --> 00:27:25.374 at the whole class at once.
NOTE Confidence: 0.38690326
00:27:25.380 --> 00:27:28.440 So I don’t think it’s either or but but
NOTE Confidence: 0.38690326
00:27:28.440 --> 00:27:31.420 it’s probably easier in the classroom.
NOTE Confidence: 0.5585675
00:27:33.820 --> 00:27:37.390 So, yeah, thank. Thanks for that.
NOTE Confidence: 0.5585675
00:27:37.390 --> 00:27:40.470 Thank you. See like right now I’m trying
NOTE Confidence: 0.5585675
00:27:40.470 --> 00:27:42.867 to move to the next screen and oh,
NOTE Confidence: 0.5585675
00:27:42.870 --> 00:27:46.842 because I finished the Mentimeter and I’m
NOTE Confidence: 0.5585675
00:27:46.842 --> 00:27:53.360 going to go back to my PowerPoint and I
NOTE Confidence: 0.5585675
00:27:53.360 --> 00:27:55.910 think you’re seeing everything I’m doing.
NOTE Confidence: 0.5585675
00:27:55.910 --> 00:27:58.398 OK. So that was mentimeter.
NOTE Confidence: 0.5585675
00:27:58.398 --> 00:28:00.630 So we talked about pull Everywhere Mentimeter
NOTE Confidence: 0.6813781
00:28:04.820 --> 00:28:09.405 the the next one. Oh, and I’m going to
NOTE Confidence: 0.6813781
00:28:09.405 --> 00:28:11.740 start using sound from here on out.
NOTE Confidence: 0.6813781
00:28:11.740 --> 00:28:14.908 So as a reminder that whenever
NOTE Confidence: 0.6813781
00:28:14.908 --> 00:28:19.020 you use sound with the zoom,
you need to share. When you do the
new the sharing of the screen,
you need to click on share sound,
which is what I just did.
OK, so the third application
is gonna be cahoot.
It seems that a couple of you have used it.
It’s it’s fun,
it’s quirky, it’s high energy.
I think that it’s something to use
in limited doses because it can
to be a little bit too cute.
But let’s see, let’s see.
What do you think about Kahoot,
who does a game show format?
And OK, I'm going to take the link, it's a game show format. That introduces what we have not done yet. It introduces competition, healthy competition, fun competition and that can be pretty neat. So you're seeing it loading. So you're seeing it loading. I'm going to, I'm going to pick up just one, it has 25 questions. I'm going to pick up just one, it has 25 questions. We're going to do just one or two and you can hear the audio, Linda, you can hear it, OK. So what you're going to be doing
now is log on and it’s going to ask you to give yourself a name. You can put your full name or some Silly name. It doesn’t matter. Queen Reagan. There we go.

Good. So we have a good number of people. So now we’re going to get ready to compete. So you have to get not just the right answer, but you get points not just for the right answer, but for how quickly you get the answer. OK, so this is not one to ponder and philosophize, but to go quickly and in a classroom you can do it as groups. You could have, I don’t know,
add yippee and a a be a team,

for example, sitting together and trying to poll their answers.

Here it's you can't really do it.

You would have to have 100 breakout rooms and that would not be fun.

So each one of you is going to play by himself and let's see who wins.

So here we go,

Misunderstood animals. Very, very important.

So 16 of you, I know you can do it. OK. So let's see.

And you have to be ready to say why.

So 16 of you, I know you can do it. OK. So let's see.

OK, so five of you said sharks and so forth. Let's see what the answer is.

The answer is, let's
00:32:25.710 --> 00:32:27.030 see what kind of an answer.
NOTE Confidence: 0.7871693
00:32:33.510 --> 00:32:34.986 So it didn’t tell us which one did it.
NOTE Confidence: 0.7871693
00:32:34.990 --> 00:32:36.390 OK, this was just for a warm up,
NOTE Confidence: 0.7871693
00:32:36.390 --> 00:32:37.830 so let’s do the night. Let’s do one more.
NOTE Confidence: 0.7871693
00:32:42.270 --> 00:32:44.294 Wolves help help maintain herbivore populations, which
NOTE Confidence: 0.7871693
00:32:44.294 --> 00:32:45.776 keep what from being overeaten.
NOTE Confidence: 0.9624342
00:33:05.350 --> 00:33:06.910 OK, so
NOTE Confidence: 0.9624342
00:33:13.790 --> 00:33:17.950 OK, most people thought that it is plants.
NOTE Confidence: 0.9624342
00:33:17.950 --> 00:33:19.710 OK, let’s see the answer.
NOTE Confidence: 0.9624342
00:33:23.310 --> 00:33:24.298 Well before the answer
NOTE Confidence: 0.9624342
00:33:24.298 --> 00:33:25.950 we know that E Who is E?
NOTE Confidence: 0.9624342
00:33:25.950 --> 00:33:27.710 He was the fastest.
NOTE Confidence: 0.9624342
00:33:27.710 --> 00:33:30.350 And the correctest Who is E?
NOTE Confidence: 0.9624342
00:33:30.350 --> 00:33:33.210 Aaron, you did it. OK?
NOTE Confidence: 0.9624342
00:33:33.210 --> 00:33:35.610 Justify why you know,
NOTE Confidence: 0.9624342
00:33:35.610 --> 00:33:36.458 your trophy.
NOTE Confidence: 0.9624342
00:33:36.458 --> 00:33:37.730 Why plants. That’s
NOTE Confidence: 0.6295957
00:33:40.130 --> 00:33:41.330 what. You can make anything up.
NOTE Confidence: 0.6295957
00:33:41.330 --> 00:33:43.938 Well, you could. You can make anything up.
NOTE Confidence: 0.6295957
00:33:43.938 --> 00:33:45.790 It doesn’t matter. That’s what,
NOTE Confidence: 0.6295957
00:33:45.790 --> 00:33:50.010 ’cause that’s what the herbivores eat.
NOTE Confidence: 0.6295957
00:33:50.010 --> 00:33:51.210 You know, she’s so smart,
NOTE Confidence: 0.6295957
00:33:51.210 --> 00:33:52.470 it’s like great. Anyway,
NOTE Confidence: 0.6295957
00:33:52.470 --> 00:33:54.540 you get the sense, you know,
NOTE Confidence: 0.6295957
00:33:54.540 --> 00:33:56.255 you put questions that are relevant to
NOTE Confidence: 0.6295957
00:33:56.255 --> 00:33:57.941 your field and you put an explanation
NOTE Confidence: 0.6295957
00:33:57.941 --> 00:33:59.570 and you want that justification.
NOTE Confidence: 0.6295957
00:33:59.570 --> 00:34:02.251 And the speed to answer is particularly
NOTE Confidence: 0.6295957
00:34:02.251 --> 00:34:04.640 irrelevant when you have small groups,
NOTE Confidence: 0.6295957
00:34:04.640 --> 00:34:07.496 when you have teens, because it really
puts again this I think healthy, healthy pressure for for folks to to compete. So those are three

Could you answer another

Tabasam who’s at Bridgeport says that they are conferencing in residents while they’re in their primary care clinic. But but they’re really not.
So she’s wondering whether you have any advice for just attracting more engagement of the residents. I’m not sure I understood. So for a 30 minute, 30 minute sessions, only 8 residents are logging on. They’re choosing not to participate in, you know, the sort of online sessions. I don’t know if. Yeah, yeah, yeah. There are other aspects of the issue that you want to talk about. Tessa Bone, actually. They’re actually
00:35:25.459 --> 00:35:27.238 in person sessions.

00:35:27.240 --> 00:35:29.400 Yeah, we have a total of 8 residents, you know, per block or so.

00:35:29.400 --> 00:35:31.080 But we don’t find that they’re really showing up to the sessions.

00:35:32.622 --> 00:35:34.360 Or if they’re not, they’re not logging on and we just don’t know how to better engage them.

00:35:34.360 --> 00:35:35.064 So we have better attendance and participation.

00:35:37.340 --> 00:35:38.880 Yeah. Well, and I’m sorry your specialty is primary care, OK. So maybe it’s almost like a plant of a question because I think that my best answer is what I’m going to talk about now.
which is how to bring patients

and humans and the, you know,

the reality of what we

like into the classroom.

I think that we don’t do enough of

that and pre technology it was very hard.

So I don’t know if that’s the

end all solution,

I think you know we see it

with the medical students that

whenever we have a patient,

a patient interview the room gets full

otherwise it you know it doesn’t.
So see what I have to say and and you’ll see what you think you certainly bringing live patients is wonderful but it’s very complex logistically sometimes ethically it’s just difficult. But video clips of all sorts have really opened a whole world to us ethically it’s just difficult. But video clips of all sorts have really opened a whole world to us. And using just audio, I’ll give you examples of all of
these four things and of a fifth
one just audio can be incredibly powerful and we we tend to forget it.
So hopefully this will become clear.
So let’s start with real patience.
I’m I’m a child psychiatrist as I mentioned and it’s hard to bring real patients in for any number of reasons.
And if we talk about autism in the first three years of life for example,
it’s very, very hard.
So how do we do it?
There are,
this is an example from my specialty,
the Autism Navigator.
But I am sure that there are
comparable things for any specialty

collection of web-based tools or videos to exemplify something,

whether that something is chest pain or edema or headache or whatever it is.

I think that if we can do it with little little kids,

it can be done with anything.

And this is going to be,

I’m going to hop off for a second again to the web.

This is going to be the last time to show you what I mean by this.

So most of you probably had one or two lessons about autism in medical

school and but don’t remember much.

This would be my expectation or my prediction.

So if the this is an example, just to show about you know these big words initiating a respond to social interaction.

Let’s look just a 10 seconds or so of video of a normally developing child.

Very nice. Oh, there you go they’re for you. Bubbles and bubbles. Let’s

Oh, only got 1.

Can you give them to Mama?
So what I’m going to do now is through the magic of Zoom, you all suddenly are first year medical students and who wants to comment and make some observations on what they saw between the two children. What called your attention? And remember, you’re first year medical students who don’t feel any pressure, and the only one who can’t answer is Angie. I was going to say that we didn’t see any images. I could just hear that. What? Oh, you. I could just you didn’t see any?
Oh, no, no. I wish you had told me before. Oh, no, no.

OK, so then let’s show. I’ll just show 10 seconds of each.

OK, here we go. Hold on.

OK, so you’re gonna hear it twice and see it once. Let

All right. Give me sweetie.
You give me some kids.
Give them to Mama.
Give them to Mama and you.
Yeah. If you want to open.
I'll blow them if you want me to.
It's up to you. You blow.
Uh oh, only got one.
Got it? You got it. Here's the bubbles.
Do you want more?
Do you want more bubbles? Ethan.
You want more? Can you give him
Ethan? And he says if I keep rolling them,
maybe somebody will take them.
Can you give them to Mama?
Can you give me sweetie?
00:41:46.590 --> 00:41:47.650 Give them to Mama.
NOTE Confidence: 0.34625205
00:41:47.650 --> 00:41:49.190 Give them to Mama. Thank you.
NOTE Confidence: 0.4799057
00:41:52.190 --> 00:41:53.786 OK, now I think you saw it.
NOTE Confidence: 0.4799057
00:41:53.790 --> 00:41:57.274 So any differences that jump to you
NOTE Confidence: 0.4799057
00:41:57.274 --> 00:41:59.562 between the first video of a normally
NOTE Confidence: 0.4799057
00:41:59.562 --> 00:42:01.506 developing child and the second child,
NOTE Confidence: 0.7451398
00:42:10.510 --> 00:42:11.326 Be kind to yourself.
NOTE Confidence: 0.7451398
00:42:11.326 --> 00:42:12.870 You don’t need to get it right.
NOTE Confidence: 0.7451398
00:42:12.870 --> 00:42:13.990 Remember, you’re a first
NOTE Confidence: 0.7451398
00:42:13.990 --> 00:42:14.830 year medical student.
NOTE Confidence: 0.7451398
00:42:14.830 --> 00:42:15.976 This is the first time ever
NOTE Confidence: 0.7451398
00:42:15.976 --> 00:42:16.950 you’ve seen this. Yes.
NOTE Confidence: 0.7451398
00:42:17.230 --> 00:42:20.230 For me, I thought it was when
NOTE Confidence: 0.7451398
00:42:20.230 --> 00:42:21.670 the normally developing child,
NOTE Confidence: 0.7451398
00:42:21.670 --> 00:42:22.670 when someone spoke to him,
NOTE Confidence: 0.7451398
00:42:22.670 --> 00:42:25.310 he would look towards them and
there wasn’t any like attention
changing when he was being spoken
to in the second video. Yep.
Yeah. So lack of responsiveness
to his name, lack of engagement.
There was, you know, very little
eye contact the second time.
The way that he was
playing with that red bottle was not really
how that red bottle was intended to be used.
It was just an object he was throwing around.
We could go on and on and we could spend
a lot of time talking about, you know,
this was just 10 seconds or 15 seconds.
And this is, you know,
00:42:56.820 --> 00:42:58.420 with real, with real pitch.
NOTE Confidence: 0.48961356
00:42:58.420 --> 00:43:01.684 And so the whether it is some repository
NOTE Confidence: 0.48961356
00:43:01.684 --> 00:43:04.868 of videos relevant to your speciality,
NOTE Confidence: 0.48961356
00:43:04.870 --> 00:43:07.430 whether you can record some of your patients,
NOTE Confidence: 0.48961356
00:43:07.430 --> 00:43:08.834 which now the technology
NOTE Confidence: 0.48961356
00:43:08.834 --> 00:43:10.589 for that is very easy.
NOTE Confidence: 0.48961356
00:43:10.590 --> 00:43:12.665 Patients, people, humans really make
NOTE Confidence: 0.48961356
00:43:12.665 --> 00:43:16.148 things come alive in a very different way.
NOTE Confidence: 0.48961356
00:43:16.150 --> 00:43:19.630 The, the 2nd way of doing that is
NOTE Confidence: 0.48961356
00:43:19.630 --> 00:43:23.670 let me share, share, share, share,
NOTE Confidence: 0.9517246
00:43:25.750 --> 00:43:26.790 So that was one example.
NOTE Confidence: 0.89046836
00:43:37.340 --> 00:43:40.406 second. OK, share. OK.
NOTE Confidence: 0.89046836
00:43:40.406 --> 00:43:41.736 So that was one example.
NOTE Confidence: 0.89046836
00:43:44.460 --> 00:43:48.540 The second example is using simulated
NOTE Confidence: 0.89046836
00:43:48.540 --> 00:43:50.446 participants, simulated patients.
NOTE Confidence: 0.89046836
00:43:50.446 --> 00:43:54.040 And in this case, I’m going to show you
an example from work we did talking about 
something that is very difficult to talk 
about and that we rarely talk about, 
especially with youngsters, which is sex.

So we first asked the participants, about 150 of them, to tell us what word comes to mind when you have to talk about sex with your adolescent patients or their families.

And this is the, you know, this is what we saw.

You know, it’s very awkward and it’s very uncomfortable, even though it’s important.

So we created these videos to be able to
talk with adolescents about such things.

So I’m going to show you a brief one about how do you talk about sexual side effects.

The point in to make here in the context of today’s talk it is not to teach about sex Ed or whatnot, but to take a topic, a brief topic to support it with video and then open up the conversation through it.

I hate talking about that stuff within there. He and my mom were so worried that I watched ***. It didn’t even work. Well, it didn’t even work.

I can’t finish.
Sorry, I didn’t mean to talk about that stuff.

Bobby, it’s good that you brought it up.

Your sexual health is just as important as the rest of your health, and it actually connects to the rest of your health.

I’m wondering what you mean by you can’t finish.

When we talk about sexual function, it can be helpful to think of it in sort of three categories.

The first category is sort of like the electrical.
00:45:32.510 --> 00:45:33.620 you look at these images?
NOTE Confidence: 0.790293
00:45:33.620 --> 00:45:34.780 Like do you feel desire?
NOTE Confidence: 0.790293
00:45:34.780 --> 00:45:36.660 Like you always have? Yeah.
NOTE Confidence: 0.790293
00:45:36.660 --> 00:45:38.898 OK, All right. So that’s intact.
NOTE Confidence: 0.790293
00:45:38.900 --> 00:45:41.180 The next category is the mechanical.
NOTE Confidence: 0.790293
00:45:41.180 --> 00:45:43.763 Are you able to get the same sort of
NOTE Confidence: 0.790293
00:45:43.763 --> 00:45:45.779 erection that you’ve always gotten?
NOTE Confidence: 0.790293
00:45:45.780 --> 00:45:49.100 And then the last category is the hydraulics.
NOTE Confidence: 0.790293
00:45:49.100 --> 00:45:50.388 And it’s a lot of different words
NOTE Confidence: 0.790293
00:45:50.388 --> 00:45:51.988 you can use. But can you finish?
NOTE Confidence: 0.790293
00:45:51.988 --> 00:45:52.774 Can you come?
NOTE Confidence: 0.790293
00:45:52.780 --> 00:45:56.020 Can you ejaculate and achieve orgasm?
NOTE Confidence: 0.790293
00:45:56.020 --> 00:46:00.038 I I think it’s mechanics and hydraulics.
NOTE Confidence: 0.790293
00:46:00.040 --> 00:46:01.966 It takes a very long time for me to
NOTE Confidence: 0.790293
00:46:01.966 --> 00:46:03.720 finish and sometimes I can’t at all,
NOTE Confidence: 0.790293
00:46:03.720 --> 00:46:05.736 Even with ****.
It’s frustrating.

Was it always this way or is it different since you started your antidepressant?

Now that you mentioned it, it did change early this year.

I used to finish very quickly when I,

you know, did that,

But now it takes forever.

And I’m, I’m just frustrated.

But it’s it’s not like I’ll even get a girlfriend or anything.

I mean, regardless,

this isn’t unusual and it’s
good that you brought it up.

The medication you’re taking can
00:46:34.860 --> 00:46:36.372 actually impact sexual function
NOTE Confidence: 0.790293
00:46:36.372 --> 00:46:38.327 by making it harder to orgasm.
NOTE Confidence: 0.790293
00:46:38.330 --> 00:46:39.290 And if it’s bugging you,
NOTE Confidence: 0.790293
00:46:39.290 --> 00:46:41.250 there’s things we can do to address it.
NOTE Confidence: 0.790293
00:46:41.250 --> 00:46:41.656 Yeah.
NOTE Confidence: 0.790293
00:46:41.656 --> 00:46:42.062 Actually,
NOTE Confidence: 0.790293
00:46:42.062 --> 00:46:44.770 I I am kind of worried for
NOTE Confidence: 0.790293
00:46:44.770 --> 00:46:46.610 if I do get a girlfriend.
NOTE Confidence: 0.790293
00:46:46.610 --> 00:46:49.169 So I’ve totally avoided Molly’s text
NOTE Confidence: 0.790293
00:46:49.170 --> 00:46:53.010 because I I thought I was crazy.
NOTE Confidence: 0.790293
00:46:53.010 --> 00:46:53.994 You’re not crazy.
NOTE Confidence: 0.790293
00:46:53.994 --> 00:46:54.650 Thank you.
NOTE Confidence: 0.4228508
00:46:58.050 --> 00:47:01.730 So just a couple of things to notice,
NOTE Confidence: 0.4228508
00:47:01.730 --> 00:47:03.249 Linda, the doctor is a real doctor,
NOTE Confidence: 0.4228508
00:47:03.250 --> 00:47:05.058 my colleague a psychiatrist
NOTE Confidence: 0.4228508
00:47:05.058 --> 00:47:07.770 that the patient is an actor,
00:47:07.770 --> 00:47:08.883 a standardized patient.

00:47:08.883 --> 00:47:10.786 And I think that standardized

00:47:10.786 --> 00:47:12.866 patients have their own challenges

00:47:12.866 --> 00:47:14.530 and logistics and etcetera.

00:47:14.530 --> 00:47:16.385 We could talk a lot about standardized

00:47:16.385 --> 00:47:17.840 patients, but they are wonderful and

00:47:17.840 --> 00:47:19.632 they can really do a script exactly

00:47:19.632 --> 00:47:21.529 along the lines of what you need.

00:47:21.530 --> 00:47:23.294 And #1 and #2.

00:47:23.294 --> 00:47:25.499 The the ethics are easy.

00:47:25.500 --> 00:47:27.299 You know, this is not a patient,

00:47:27.300 --> 00:47:28.818 even the ethics of those babies.

00:47:28.820 --> 00:47:30.284 I I always feel even though

00:47:30.284 --> 00:47:31.016 the parents consented,

00:47:31.020 --> 00:47:33.084 it feels a little bit and

00:47:33.084 --> 00:47:34.084
even though they’re public,
available online, publicly.
So this was a use of a standardized patient.
Something to to consider
the next category is animations.
I’m going to show you an animation
a brief example of an animation
made by one of my colleagues teaching
cognitive behavioral therapy
skills to children and young folk.
And the voices that you’re going
to hear are from my colleagues.
And the animations, you know,
they’re not off the shelf.
They take some doing,
but they’re not impossible to do either.
And you're going to see the example of these animations, these voiceovers just doesn’t feel good in the morning. Maybe she’s just not a morning person. Exactly. There are many other reasons Taylor might act like that in the morning. So if you tried to practice some of those other thoughts, like Taylor is not a morning person and she is not a morning person and she has a lot going on in her life, how would that change your feelings? Well, I wouldn’t be taking it so personally and I wouldn’t be getting so angry and upset. So this is, you know, this little
clip is about over generalization and catastrophization and making coming to terms in difficulties etcetera.

But you see that once you introduce something that is unexpected, like a cartoon in a medical class, that can also change things very dramatically. It can be a tailored cartoon like this one, or it can be animations, of which there are 1,000,000. They take a little bit of time to find for your need, but they make a big difference.

And this leads to another major didactic point, which is whatever you do,
if you switch it around during the course of your hour or two hours or whatever, though, that goes a long way that you don’t get into methodological fatigue. You know that everything is PowerPoint or everything is this or everything is that just doesn’t feel good in the. Yeah, I’m going to two more modalities. One is audio. I want you to behold the power of audio. We can all have audio just with our phones recording a patient, a family member telling us the lived experience for example. And this is what I’m going to do here.
This is a young adolescent black woman talking about her experience with depression. And I intentionally explicitly mentioned black because it is quite relevant how it comes in In her life and in this audio. I was going through a lot. It was tough, like I go to school in the suburbs, so it was always people asking if my hair was real. They always were considering that things I like were ghetto and just all of the girls who were popular who were considered the most beautiful in school. They never looked like me.
And just I started to feel like I couldn’t be beautiful unless I was white. So, you know, we’ve used this video, this audio to have discussions about differences in minoritized populations and black girls, You know, this is not an answer. This is not just a giving the information, but using it as a springboard for discussion. Each of the things that I’ve shown are intended to do that. I’ll show you one more thing and then we’re going to close it. So, Jean Hablas Espanol
Poquito. OK, so don’t worry.

I’m going to teach you a little bit of Spanish.

So what I’m going to show you now is something that I learned from one of the residents in the master’s program. He learned about this, and this technology is particularly good if you want to teach at a distance, which is what he wanted to do, and teach lots of people.

So how do you do that? So he wants to give the same lecture many times to many people in Spanish.

And it’s very neat.
00:52:11.680 --> 00:52:11.920 it.

00:52:16.080 --> 00:52:17.160 ET pasila, que estel Veolo

00:52:20.840 --> 00:52:21.440 SE alboci

00:52:23.680 --> 00:52:25.651 muchisimo menos complianza

00:52:25.651 --> 00:52:28.680 pulmonar a cual quier punto

00:52:36.160 --> 00:52:37.160 lumen

00:52:40.840 --> 00:52:45.280 O incluso mie, Yeah, and your pulmonology.

00:52:48.080 --> 00:52:49.312 Anyway, he put together

00:52:49.312 --> 00:52:50.236 this wonderful curriculum,

00:52:50.240 --> 00:52:52.478 all in Spanish, of small clips,

00:52:55.672 --> 00:52:57.520 very sophisticated concepts,

00:52:57.520 --> 00:53:00.490 and there was a rave review

00:53:00.490 --> 00:53:02.512 about it if you’re interested.

00:53:02.512 --> 00:53:05.220 If it’s something that could apply to you,
you should know that for what I call E chalk talks, it’s something that’s available to all of us for free at the Porvu Center. The machine is called the Light Board and you just book it and you go. There are handheld variations and you know the iPad I guess can do a variation of it, but this is particularly powerful and I just wanted to show it. Andres Mora Carpio the pulmonary fellow from Venezuela the resident doing this, a fellow doing this. A pulmonary fellow from Venezuela and has done just a really nice job with this.
So we’re going to close by saying don’t give it all the way to your illustrations. You know, don’t just show lots of pretty stuff. Let it the illustrations or whatever the electronics compliment you and don’t hide behind them. And the last thing we’re going to do is take you to this slide and if you see there’s a blue line over there, I’m going to replay it in a second. But we really as we get this series launched, we really count on your feedback, on your input and this little timer will tell give us a
little bit of time for you to do this.

We really appreciate it. Shouldn’t take you too much time. I think we’re going to have like one or two minutes for discussion. But yeah, about anyone, if anyone has any questions, please, I have a question. which how do you, how do you or how would you go about doing like hybrid presentations now that there’s going to be more of that happening? Yeah, yeah, yeah. So I think the, the perhaps the biggest challenge for that is making sure that the audio works.
Yeah, that's the biggest thing because it's very frustrating if some people can hear and some cannot. So figuring that out is probably more important than anything else. And as you know it took us a while to figure out in the Cohen Auditorium and it's sometimes not even perfect. And as you know it took us a while to figure out in the Cohen Auditorium and it's sometimes not even perfect. So that's one issue. The other issue, which is very simple, is what I call the power of the B key. B as in, boy, that when whenever we use PowerPoint, we just need to shove it in.
people’s face like I’m doing now.

But I can do this.

Hold on, I can do this by just pressing the B key and make it go away.

And then there’s much more interaction.

So if you’re doing that not to rely exclusively on the PowerPoint and to make it come around, if I was giving this talk in person, of course something that I cannot do here is that I might be walking around to the small groups.

I might be giving it from a center of the classroom rather from in front.

All of those logistic, mechanics,
NOTE Confidence: 0.8053354
00:56:36.430 --> 00:56:39.265 geographic things need to be worked out.
NOTE Confidence: 0.8053354
00:56:39.270 --> 00:56:42.110 But those are some of my initial thoughts.
NOTE Confidence: 0.8053354
00:56:42.110 --> 00:56:42.950 Thanks for the question.
NOTE Confidence: 0.7986675
00:56:45.190 --> 00:56:47.830 Great, Andreas. Thanks. So it is 1:00.
NOTE Confidence: 0.7986675
00:56:47.830 --> 00:56:49.950 So I know that some of us will have to go,
NOTE Confidence: 0.7986675
00:56:49.950 --> 00:56:52.270 but I’m willing to stay on for another
NOTE Confidence: 0.7986675
00:56:52.270 --> 00:56:54.180 2 minutes for another question.
NOTE Confidence: 0.7986675
00:56:54.180 --> 00:56:56.500 If those who can stay can stay on,
NOTE Confidence: 0.7986675
00:56:56.500 --> 00:56:57.620 is that all right, Andres?
NOTE Confidence: 0.55704045
00:56:57.900 --> 00:56:59.020 Of course, of course.
NOTE Confidence: 0.55704045
00:57:00.020 --> 00:57:00.995 And to everyone.
NOTE Confidence: 0.55704045
00:57:00.995 --> 00:57:02.620 Thanks so much for attending.
NOTE Confidence: 0.55704045
00:57:04.740 --> 00:57:04.830 I
NOTE Confidence: 0.55704045
00:57:08.990 --> 00:57:11.510 have a quick question Andres.
NOTE Confidence: 0.55704045
00:57:11.510 --> 00:57:13.858 Thoughts on having an accomplice,
NOTE Confidence: 0.55704045
you know somebody else working with you who might pull up the, you know, click on the apps so that you don't have to or if it's on zoom, putting things in chat while you're talking, things like that. For sure. It's if doable, if possible. It is, it is great. It's not always doable. But yes, yes, yes, yes. I mean you have to pretty much be In Sync.

So Yep, Yep, next. But as long as you have time to pre plan, I think maybe. Yep, other questions stay on for another minute.
Aaron gets the double participation award today. So thank you for your question. Do you want to go for the third? I don’t. I don’t have any questions for you. I think I was actually this afternoon planning on starting to make a new presentation that I have to give to my residents in a couple of weeks. So I’m really excited to incorporate some of this stuff in there. Well that’s great. What is your specialty? I am a new faculty member in laboratory medicine. I specialize.
in transfusion medicine and HEPA.

So you have lots and lots and lots of images that you can have

lots of eye candy which is great.

I have. I have lots of,

things to mind for good participation.

So I’m excited. Yeah, great.

Thanks, Erin. All right, everyone.

Well, join us again at our next session or the Med Ed Discussion Group.

You’ll find the schedules at the Center for Medical Education website.

Thanks for joining.

Have a good day. Good weekend.

Bye, bye.

Thanks.