Transcript

Lynée: Hello everyone, my name is Lynée Sanute and I am a senior instructional designer at the University of Colorado. I am delighted to be joined today for a short interview with my friend and colleague, Dr. Amos Bailey. Hello Amos!

Dr. Amos Bailey: Hi Lynée.

Lynée: How are you today?

Dr. Amos Bailey: I'm doing pretty good, thank you.

Lynée: Amos is a Professor of medicine and the director of the Masters of Science in Palliative Care and Interprofessional Palliative Care Certificate programs at the Anschutz Campus, and today we're going to talk about his experiences with online education and advocacy. So, to get started, you were new to online education when the MSPC started. What did you love about teaching online?

Dr. Amos Bailey: Well, what I loved about teaching online was that I could potentially reach a much larger audience and I didn't come to online education because I loved online education or because I loved computers.

I mean, they're OK, but you know, they weren't like the thing for me. And I was also teaching something which I thought, wow, this is really interpersonal palliative care. It's all about you know, communication and being connected to people, and would online really work?

But I came to the conclusion that if I wanted to train hundreds, or even thousands of people to be great palliative care community specialists, I couldn't do that in person. And the only, the only way we could do that was potentially online. So what I really loved about online was the fact that I could reach a large audience. What I've come to love about online learning is how effective and actually fun and great it is.

Lynée: Yeah, it's definitely a modality versus just tech only...there's the connecting to people.
So what are the biggest misconceptions, or maybe just one misconception that you've had to combat in your work with the MSPC program?

Dr. Amos Bailey: Well, as I said, palliative care is all about this very personal relationship with other people, because you're taking care of people when they're seriously ill, often near the end of life when their family is stressed out and so people who are drawn to work in this field tend to be people who like to be really connected. And so there was a lot of thoughts about could online learning really be: one, something that could teach people how to successfully provide palliative care to people in their community and would it really be a good fit for people who were that kind of emotional connection was important for.

And what it turned out to be was that there were lots of ways that we learned too really reinforce the personal connectedness that people would experience, both in learning how to do palliative care and working with each other, and our students are very connected to each other, and so even though we're actually all online, they're like getting together and saying, oh, they, you know when the pandemic is over, we want to like all meet somewhere so we can actually see each other in person. So that kind of online education has led to people who live in different states, even different countries, to really have a close friendship and relationship.

Lynée: And you've had the added benefit of your students being working professionals too. I mean, all of us have some sort of experience in the real world, and I think that was one thing that was nice about the MPSC program, is that students could use what they were learning online right away, the next day in the class, I remember that.

Dr. Amos Bailey: Yeah, they were often saying, oh, I know someone that I could help with this new technique or this new, you know way of using medications or this way to support them, or you know, I have this problem and they could bring it to the instructors, the professors, and their colleagues and say, you know, what would you do? So that's still happening all the time, is that people are very connected and I get messages inside of canvas, But I also get emails, and sometimes even text messages, in really, pretty much real time, with people looking for help, not just for me, but from their other colleagues in the course on how to take care of people in the moment.

Lynée: Yeah, that's pretty fantastic. So, I know you said you didn't come, you didn't start this program as a proponent of online learning, but that's changed a little bit. So, would you consider yourself an advocate for online learning and teaching?

Dr. Amos Bailey: I am a big advocate for online learning and teaching and I have people contact me all the time. I would say several times a week I have people contacting me from both on campus and nationally and internationally about, you know, what we've been doing here, and our experience and how we could integrate this kind of program into, say, geriatrics or substance use disorder, or I think really any kind of, you know ,healthcare education.

For instance, I've been working with the medical school and talking to them about the fact that we want our students, when they finish to able to manage better what we call high risk low frequency events. An example might be, uhm, you know you're seeing someone and it comes out that this person has experienced spousal abuse. ,You know the chances that you would see that while you're in medical school and be with a instructor that's really skilled at identifying that problem and managing that problem...it's going to be really low because it's a high risk event, someone has a really serious problem, but a relatively low frequency event.

And so, there are a lot of things in medicine where things are high risk and low frequency, and online simulation and online education, particularly if it can be just-in-time, could be a great way to provide

resources for people who you know have at least have that experience in some ways so that when they have it in the real world they're prepared to a degree.

Lynée: Yeah, and you mentioned that you get requests, sometimes multiple times a week. So, what is that a result of? I know that we've presented at conferences together, but how does this advocacy get you, I guess, publicity in a way or get this interest from outside partners or potential partners?

Dr. Amos Bailey: Well, the American Board of Internal Medicine and the American Board of Family Medicine became very interested in the Masters of Science in Palliative Care, and they introduced me to ACGME which is the American Council of Graduate Medical Education and together I've been working with them to develop a new program called the Community based Hospice and Palliative Medicine Fellowship.

And that program builds on the Masters of Science in Palliative Care, and what it does is that it allows physicians to actually complete a fellowship here online so they stay in their own community, they see patients in their own community and they complete this fellowship. So this has led to me speaking at several national meetings, I've written about it on a prominent palliative care blog, and then people like Dr. Eric Combo at ACGME, or you know people who are in leadership at the American Board of Internal Medicine and Family Medicine, they refer people to us that are interested in, are thinking about online education.

What I think that they are, you know, one is that the pandemic of course changed everything, but we had, you know the wonderful opportunity to work with you know, people like yourself and your colleagues on the Anschutz campus, and we were very open to the ideas of what are the best practices of online learning and what are the best practices of adult learning theory. And whatever people said, and whatever we read was the best practice, that's what we embraced.

And that's the thing that I worry a little bit about the people I consult with, because I think that they are going to hold onto traditional education methodology and try to, you know, fit it into the online... where I think that you really just need to surrender to the fact that online is different and what you produce in order to have effective online education is very different from traditional, and you have to be willing to, to kind of lean into that, and I think that people are, they just don't know what they don't know yet.

Lynée: That's true for most disciplines, I'd say. So would you say that's the biggest challenge in terms of advocating and even consulting for online education? Is that the difference in modalities and what success looks like?

Dr. Amos Bailey: Yeah, I think that the difference in modalities is important. Also, you know I always say you can't do this on your own. I mean, I've learned how to do a lot of things from people like yourself and your colleagues and things that I've read. But you have to really immerse yourself and you need to basically, as I said, you really need to lean into this and you gotta want to, and be willing to, kind of step into the unknown.

Lynée: Right, yeah, it works better I think when you have a team to get things done just because of the nuance and complexities that go hand in hand with online education.

Dr. Amos Bailey: Right, I'm working with you know colleagues now trying to, not trying to- we are teaching them how to like stand up courses, and how to, you know, to put up a new course and what I've learned is that you know, I try to like write down all the steps, but there's a lot of those steps, which I don't even think about them as being steps anymore they're just like my muscle memory about this is how you do it, and so...

Lynée: And I'm guessing you're talking about basic things like the green check mark at the module level and at the item level, like things like that.

Dr. Amos Bailey: Very, you know very much things like that or you know now I'm kind of a little more advanced. I can you know, use the link validator, and can find the broken links, and then I can almost fix all of the broken links and I've even been able to learn how to, and I'm very proud of this, do some very minor HTML coding.
I can definitely find corrupted code and excise it, and I can't write my own code, but...

Lynée: I might just be crying a little proud tear.

[laughter]

Dr. Amos Bailey: But I can find corrupted code and excise it!

Lynée: You can do a lot! Yeah, it can be really helpful to be able to identify that.

So this might be related to something you spoke about a little earlier, but when I think about online education for medical professionals, I see a lot of online nursing degrees and less physician focused degrees, and you're obviously you know, exempt from that fact, but why do you think that there's a reluctance to dive into online education for some areas of medicine?

Dr. Amos Bailey: So, I actually will tell you that one of the biggest barriers is that, the best, some of the best educators are clinicians, and so they're really busy taking care of people and they're a long way from being able to do minor HTML coding [laughter].

Most of them are, and what they get paid as a physician is, you know, is a higher salary. And so what I have really advocated to the medical school is to look for people to be, not necessarily instructional designers, although we need that a lot, but instructional technologists, you know, people who can really just help with the nuts and bolts of finding the PDF and uploading it to the right thing, and making the video the right length, and making sure that the provider should be the content expert, and that others should help them you know, get it in a format that works in online.

And the other thing is, is that it's not like medical education has ever been like the best, as far as the best quality of pedagogy. Because medical schools traditionally, did not spend a lot of time training people to be better educators. That's something that you've seen over the last 30 years. 30 years ago, it was kind of a niche, fringe idea and now it's become much more prominent to improve, you know, people's ability to be an in-person educator, and now we have this next step where we want you to be like, not only an in-person educator but an online educator and quite frankly, our students are very smart and a lot of times they learn mostly on their own. I've come to the belief that a lot of what, clearly, I mean, I was going to the medical school in 1970s, a lot of people were, It was what I read in the books, It's what I was like researching, it's what I kind of was teaching myself, and so I think that we've been able to get away with people not being really very good at teaching because our students are so smart that they're teaching themselves.

And that just means that you know we should, you know, just think of how far and how fast they potentially could go if we were presenting them with the educational content in a way that was really supporting you know, their native abilities.

Lynée: Yeah, so basically what today is confirmed is that you're a magical unicorn who is a good clinician and also invested in online education and instructional technology, which I mean again, I knew but it's just funny to hear it so succinctly [laughter]. So do you have any last words of advice for anyone teaching online, regardless of discipline?

Dr. Amos Bailey: I think that, you know working as a team is really important, being willing to listen to people who are expert in areas like online education and adult learning theory. You know basically I read a lot of books about adult learning theory, I really didn't read very much about online learning because I don't think that there's really like a lot of texts that are very accessible for me, but I learned a lot from you and from other people, and I basically just said I don't know if this can work. It seems like a stretch because it's something that's so, you know emotional and interpersonal. I want to give it the best chance I can that it will work and so I really, you know, leaned into that.
But you know if it can work for palliative care, then it can work for teaching people how to do a better job of high blood pressure, or diabetes, or how to prescribe birth control pills, or I don't know, just about anything.

Lynée: Trust and teamwork, sounds like it's key.

Dr. Amos Bailey: Right?

Lynée: Well, Amos, it's been great speaking with you today. Thank you so much for taking some time with me on this beautiful day.

Dr. Amos Bailey: Alright, well thank you.