# Dead Ideas in Teaching and Learning Podcast Series

## Season 5, Episode 5: Rigor as Equity with Hetty Cunningham and Jean-Marie Alves-Bradford

## Center for Teaching and Learning, Columbia University

[00:00:00] **Catherine Ross:** Hello and welcome to Dead Ideas in Teaching and Learning, a higher education podcast from the Center for Teaching and Learning at Columbia. I'm Catherine Ross, the center's Executive Director. Let's get started.

[00:00:24] I'm speaking today with doctors Jean-Marie Alves-Bradford and Hetty Cunningham. As a quick reminder for our listeners in this podcast series, we are exploring dead ideas and teaching and learning. In other words, ideas that are widely believed, though not true and that drive many systems and behaviors and connection to teaching, exercising what Diane Pike called "the tyranny of dead ideas."

[00:00:52] Dr. Jean-Marie Alves-Bradford, MD, is an associate professor of psychiatry at Columbia University Medical Center, the associate director for clinical services. And the director of the Washington Heights Community Service at the New York State Psychiatric Institute, where she sees patients, teaches medical students, residents, fellows, and manages inpatient and outpatient psychiatric services in upper Manhattan.

[00:01:23] Dr. Hetty Cunningham is an associate professor of pediatrics at Columbia University, Irving Medical Center and Director for Equity and Justice and Curricular Affairs, and co-director of the Anti-Racism Coalition at Columbia University Vagelos College of Physicians and Surgeons. In this work, Dr. Cunningham partners with faculty, staff, and students across the entire curriculum to promote equity, justice, and anti-racism.

[00:01:54] Welcome to Our Dead Ideas podcast, Jean-Marie and Hetty. It is such a delight to have you as guests on this episode.

[00:02:02] **Jean-Marie Alves-Bradford:** Thank you. We're excited to be here.

[00:02:04] **Hetty Cunningham:** Thank you.

[00:02:05] **Catherine Ross:** So I'll just take a second to set the stage as we continue our fall 2022 conversations about rigor. I thought it would be really interesting to check in with a couple of faculty who teach in the medical setting a place where rigor is, uh, given because of the very. high Stakes of treating patients whose lives depend on the quality of education that their physicians receive.

[00:02:32] As we've already heard in earlier episodes, rigor can mean many things to different people, and it can even be leveraged as a tool for inclusion if approached from a stance of bringing students in rather than weeding them out. I'm very interested to hear what our guests today have to say about rigor.

[00:02:55] You know how they've experienced it, how it works in their own teaching, how they define and enact it. So I'm going to jump right in with the first question here. Hetty and Jean-Marie, I'd love to hear how you discovered, if you will, the idea of rigor. Was it when you were students or when you started teaching?

[00:03:19] When did this suddenly gel in your mind that there is this thing called rigor.

[00:03:26] **Hetty Cunningham:** Thank you so much, Catherine. I don't think I discovered the idea of rigor as a student. Um, I was much more of a kind of jump through the hoops and less thoughtful than our current students. However, when I started teaching about anti-racism or cultural competency as, as we called it back then, there was a lot of resistance.

[00:03:46] The students pushed back quite a bit to this concept. They wanted to. know How this related to being a good doctor, and they really pushed us to make those connections. And they also wanted to know, You know, the evidence for this type of teaching. And so I could also see areas where, uh, the concepts of kind of health equity, cultural competency, anti-racism were being taught in a, in an un-rigorous way.

[00:04:13] And it seemed like we were in some cases doing more harm. than good, though in essence, I think the learners really pushed. me into the idea that this kind of work really needs to be taught in a very grounded, rigorous, and evidence-based way. And now we really have the literature to do that. So that's been, that's been really, um, really useful.

[00:04:35] **Catherine Ross:** So how would you explain rigor to say a new medical student? Do you have sort of an operational definition or maybe what, what it isn't?

[00:04:47] **Hetty Cunningham:** So, I'm so glad, uh, that you asked this question. because I think many educators and actually the public think that this idea of anti-racist education may be a matter of politics or being politically correct.

[00:05:01] And in fact, when we teach about health equity and anti-racism, our training is all about being more rigorous and more scientific in our approach. Our perspective is that it's really science that has been tainted by foundation. in Our institution that was based in slavery, that got us to some of the. Holes in our education that we have now, and some examples...for example, about five years ago, some of our medical students pointed to the fact that they were being taught that healthy gums are pink. And fortunately, these students of color could see in the mirror that this wasn't the case. They had healthy gums that were pigmented, so they went to their anatomy professor who was grateful to learn from them and a whole kind of movement was really ignited in our medical school. These students started looking around at other areas of false portrayals and they came up with many, and we've really built out our curriculum. So this idea of, um, you know, that our science is grounded in whiteness as a normativity and also grounded in, um, institutions that were so segregated and so infused with systemic racism, that these are some of the things that we need to untangle.

[00:06:15] **Jean-Marie Alves-Bradford:** And I, I first sort of thought about rigor when it after medical school and my psychiatric residency training, and I was taught to sort of apply rigor to diagnosis and treatment. You mentioned very high stakes. There's a lot at stake in terms of when you want to provide the best care for a patient so that they'll get better. I began to think about Rigor as really doing a thorough job of assembling information, getting it from multiple sources, multiple types of information, whether that be like his history from the patients or lab, and other data that you're able to collect from physical exam and laboratory studies, and then applying that information in a complex way to develop a very comprehensive treatment plan and strategy for a comprehensive diagnosis, and a comprehensive treatment plan, and that plan should include both at the time, we sort of called it the biological psychosocial model, which should include elements from biology and genetics should include elements from the psychological factors and also from the social factors and really, I began to really develop the idea that rigor was being thorough, comprehensive, and then getting all of the information that you possibly can, different types

from different sources, and being thoughtful about compiling that evidence and applying that to the different kinds of problems that you'll face, cause each patient can be sort of like a different complex picture.

[00:07:50] **Catherine Ross:** So you've infused that sort of understanding into your teaching, I imagine?

[00:07:56] **Jean-Marie Alves-Bradford:** That's right. That's right. And that's what we're teaching people to our students to look. Where is that information coming from? Uh, we talk about an equity lens. Who is at the table? How were those decisions formed? Who's not here? What information are we missing? What is not being represented in the information that we have?

[00:08:18] So it's not just what information you have, but how that information is being collected.

[00:08:24] **Catherine Ross:** Yeah, I think that's a really important point. Looking at the sort of negative space as well as the positive space, right? Like who's here, but who's not represented is just really incredibly powerful in many disciplines. I think any kind of content that you're working with.

[00:08:43] All right. Um, some of the current debates about rigor revolve around this tension between caring about your students and supporting them. Particularly, I think coming through a pandemic as we have versus maintaining standards, right. I've heard this language and seen it in several articles, this idea of standards and medicine being a profession that is centered around care. I'm curious, like how do you manage that? Do you feel like these two things, having standards and caring about students have to be at odds with one another? You know, how do we change that perception that if you are inclusive in your pedagogy and you care about your students, that somehow that means your teaching isn't rigorous?

[00:09:35] **Jean-Marie Alves-Bradford:** Right. I don't, I don't agree with that. I think that you can obviously do both. In fact, you need to do both because rigor is about. Incorporating, like being thorough, incorporating multiple sources, uh, and then managing that and applying that, and what we can achieve, You know what people do sometimes think is that rigor is just excellence, but what does that mean?

[00:09:59] And that you don't have to do that in an uncaring manner, right. You can achieve excellence without, and you can maintain high standards of clinical care, educational performance, and still do that in a supportive environment, and

that's really extremely important. We talk in healthcare about a quadruple aim in healthcare system performance. Which one of that include one of those aims that not just includes kind of high quality care, but also healthcare team wellbeing. And so I think that with increasing rates of burnout among healthcare providers and um, and we need to really incorporate balance care for ourselves and colleagues and patients, and we need to begin to think about how to do that at the earliest parts of our training in medical education.

[00:10:49] **Hetty Cunningham:** Well, we're moving also towards this idea of competency-based education, which really has a lot to add to this concept of caring and excellence. So I think one of the areas that has been detrimental to medical education in particular is the performative aspect. And you know, this idea that for me to succeed someone else has to fail, or, you know, that I'm we're kind of climbing over through there to, to, to show our knowledge. And that really is antithetical to the concept of caring, working in a team to help the patient. And as medicine gets more and more complex, like we really need to come together and support each other. And also, you know, prevent burnout. I mean, you know, working in a team is just so much more rewarding.

[00:11:39] You know, this idea that everybody is rising together. But how do you teach that? And many of us did not come up in that environment. So now we're trying to switch. In midstream, and a lot of the work is teaching our faculty about process. You know, so much of our thinking is why are we grading? Oh, we're grading to rank students and put one on top. You know, this guy's the best, this one's worse. Whereas really, we're starting to shift and say, oh, grading should be for assessment, should be for learning. It should be for helping people to get better. And that's, that's very different from how most of us were trained. Moving forward with that and that, but there's another piece to that, which is we have to be able to say, oh, we're still learning as well. And, and we are, and to have humility. I just want to say that really one of our biggest, I think, new to our curriculum has been this slide that actually a student recommended putting in front of all of our lectures and our teaching opportunities, which is a slide, which is the statement of partnership and humility, where the, uh, lecturer, that professor says, I've done my best in thinking about this topic from a health equity lens, but, um, I don't know everything about this. You may know more I invite your feedback, and that's been difficult for a lot of our faculty members. Um, but people are coming together and starting to shift towards saying, I I'm still learning too. You're always still learning. And really to model this lifelong learning that is so good for us spiritually, emotionally, and intellectually.

[00:13:19] **Jean-Marie Alves-Bradford:** And one of the things that that really kind of resonates with me about that, that's really important for us to remember is just that in doing that statement of partnership, it's, it's also an exploration of knowledge of potential blind spots. And we all have a certain set of experiences that have brought us to the point in which we are at that moment. And other people have different experiences, while we also may be an expert in our field and imparting information. And in that educational setting, people have different experiences that we're not aware, but it's only going to make us better if we incorporate that again, incorporating multiple sources even when that students or somebody who's you know there to learn, you know who you're there to impart knowledge. You can learn knowledge from as well.

[00:14:07] **Catherine Ross:** I love that. You know, just that reminder that students, particularly graduate students, right, should really be partners in the classroom, not viewed as less than or unable to contribute anything. There's some pretty radical thinkers out there. I know like Cathy Davidson years ago started saying, you know, in her humanities courses, she had her graduate students write their own textbook or create their own materials and saying, you know, that's what graduate education should look like. I think it's wonderful that that's what's happening in the world of medical education.

[00:14:51] **Hetty Cunningham:** Yes, and I love what Jean-Marie said, and it's really about, you know, creating change agents, right? So if you don't include them and just say, open your mouth and we'll put the, the knowledge in when they get out, then they're like, okay, and now go be a leader in that field right. That doesn't work that way, right.

[00:15:09] **Catherine Ross:** No, that's a skill set of skills that are quite complex as are working in a team, right? Working on teams is a skill that's often assumed but not taught. And so I think, yeah, that's exactly right. It has to be cultivated. It can't be delivered. Students learn what they do. We have enough research to say that with quite a bit of confidence.

[00:15:37] So that was great. I think we, um, just ticked off question four as well with that response. So giving advice to how other people could think about, um, managing this, this balancing act right between the caring and the rigor, um, and, what advice you would give colleagues. I'm going to jump back to question three here. Um, in this like sort of post pandemic stage, it's not truly post yet in education, some instructors have or felt a need to return to what, what they think will help students, which is enforcing standards, hard deadlines, mandatory attendance, um, as a way to counter student expectations that I think now are more aligned to being able to engage with courses, course content, and

instructors and each other, you know, other students in, in more flexible ways flexible ways.

[00:16:42] There was actually an editorial in the New York Times not that long ago, and it was a sort of complaint that was resonating across some of the higher ed publications as well, that students were in the spring, spring of 2022, were back on campus, but they weren't back. They weren't engaging. They were just coming and sitting there, or not even coming and some professors were upset by that, and so they were saying, you know, maybe we need to, to help students by saying, you have to come to class, you have to meet this deadline. Things like that. How has that played out in your setting with graduate students and medical students? They're pretty motivated at the point they're at, but I'm curious if you've had to navigate any of that.

[00:17:39] **Hetty Cunningham:** I say many of our faculty, it was very difficult in the beginning, just the Zoom teaching, but I think we've shifted quite successfully in that a lot of the tools that we were using to kind of get more engagement on Zoom have really translated really well into the classroom. I think before Covid. People were starting to do more interactive polls and things like that. And with Covid, I think we learned a lot about how much learning takes place in small groups in dyads. And I think many of us don't want to turn away from that. We're doing a lot more with that. I think, uh, additionally the idea of the emotion. The relationship between emotion and learning and sense of belonging and learning. And, and I hope that, um, Jean-Marie was saying more about that cause she's really the expert in that area. But I think we've become much more aware of that and are doing much more to set up norms, to set up the climate a safe. We talk a lot about brave space and again I want to hear more what Jean-Marie has to say about that, but I think we're really much more sophisticated in that area.

[00:18:50] **Jean-Marie Alves-Bradford:** I think there was a lot of flexibility of teaching, teaching tools. You know, people had to get flexible and they had to change on a dime in terms of totally shifting, um, how they were teaching because of a sudden pandemic that was affecting everyone. And so I really hope that we actually keep that up instead of reverting back to some, you know, old practices of just kind of keeping everything the same and requiring certain things just kind of wrote and verbatim. That's actually not what rigor is, right. Like, not what people think it's like, okay maintaining a certain level of standards and just doing the same thing. But I really, you know, again, encourage an equity lens to this, you know, to teaching and thinking about what the, what are the differential needs for our students and what do they need and how can we adapt our teaching tools to get there?

[00:19:49] We did that in the pandemic and so we need to just keep that up and remember that it actually really worked well. Um, and so let's take those lessons. We still have the benefit. It's much better to be in person and to learn in community, so we, you know, want to keep what we did flexibly and thinking about different tools and ways to teach differently and to create as Hetty was mentioning small group teaching, but then also use the benefit of learning in community as well.

[00:20:20] **Catherine Ross:** Right. So we don't need those traditional tools that used to signify rigor. You know, the curving, as you mentioned, curving grades and making students compete against one another, high stakes testing. I'm really happy to hear that you feel like your community has learned those lessons really well and that it's you're moving forward with the practices that have worked better for learning. That's impressive. But I know there's still in medical education broadly beyond what you can control. There are still many high stakes moments and high stakes tests, but I think probably the ways in which you're preparing your students, they'll be much more successful in those moments because of the learning that they've been able to accomplish with your wisdom.

[00:21:21] **Hetty Cunningham:** I think it, I mean, in addition, just the ideas of inclusive teaching have kind of permeated every aspect of how we're trying to bring students into the learning space. Really thinking about what we want students to gain from a certain learning experience. For example, in the operating room, you know, students have been rotating in and out of the operating room for centuries right. Now we're starting to say, so what are the, you know, and they've been absorbing some learnings, a lot of it through hidden curriculum, and so a lot of the competency-based framework, I won't say forcing, but encouraging the educators in those spaces to say, what exactly do you want your learner to come out with and how are you going to, um, assess that?

[00:22:18] And so, you know, do you want them to understand team dynamics? What do you want them to take away from conflicts that may or they may see or may not see? And then build that into your curriculum. It's stated. So that it's almost like if you're saying that you, you want to include folks who maybe haven't been privileged to have family members in medicine. We're not just educating like, you know, our, the sons and daughters of the surgeons who were in the room. How can we make it, you know, crystal clear, how can make it so it's not like just a hidden language that, that you kind of had to grow up knowing, um, or else you're kind of lost? So All of that work. Once we kind of say, well, we want this to be a learning environment everybody can benefit

from, actually everybody benefits and even you people who have been privileged are also benefiting and able to see and able to understand what it is that they're supposed to take from that and not just leave it up to chance. Maybe they'll pick up some good stuff, maybe they won't, but, and that's really the dividend of health equity work that the deep health equity work that Jean-Marie and I are both very involved in is that. It forces these things that maybe people took for granted, but students weren't necessarily getting. Because we know that students who are coming into medical school, there's this whole empathy drain, right? So why was that happening? It's happening because of the maybe poor behaviors or the learning objectives that weren't clearly set. So that's, that's really very much what we're trying to do in this space.

[00:23:54] **Catherine Ross:** Oh, thank you for that fantastic summation of inclusive pedagogy. It's um you know, to, to really thoughtfully think about how you, um, make the learning environment equitable for all students.

[00:24:12] **Hetty Cunningham:** And I think another piece of that is the, is the very in depth work that, that Jean-Marie is doing, looking at microaggressions. And this is, you know, I've been sitting in, you know, heard her speak and have folks who came up in this, in our institution say, wow, this is stuff we were never even talking about before. And Jean-Marie, I don't know if you want to say a little bit more about that.

[00:24:35] **Jean-Marie Alves-Bradford:** Yeah, thank you. Yeah. You know, we sort of talked about a little bit earlier, like it's not just the what, but it's the how. You know, how are you getting the information? What is the information? How are we delivering that information? Both to each other, both to our to, you know, within peer, among peers, among colleagues, you know, to our students, to our, you know, if you're a student to your faculty, so, so statement of partnership and humility. How would you, and you want to express something in response, how would you do that in a way that's collegial and also to our patients? And so microaggressions when you're in a diverse environment and people, we all coming from different backgrounds and have different identities, we all may and have, uh, committed microaggressions. And so you may need to think about, it's good to have in your understanding of framework of sort of how to address that. And that's part of the education. And so that's inclusive education is that we're teaching our learners, again, from the earliest moments of working with them in medical school about, to think about their own uh identities, their own biases, and then in communication, relationship and uh learning with others, uh and in caring for others as healthcare providers, that we will make mistakes, microaggressions will happen, and we will be the source of those microaggressions. And how do we then, what is the response? You know,

what is a kind of response that can maintain that relationship, um, and maintain ourselves in community, whether it's a learning community or the healthcare providing community. Um, and so we're teaching our students a framework of response. We're learning a framework of response, and we're practicing our upstanding skills to be able to respond when we, you know, see others who are experiencing microaggressions or when we are the source of those microaggressions. Being able to recognize that and act differently, which is so challenging, so, so challenging.

[00:26:35] **Catherine Ross:** Well, because for what, hundreds of years the academia has held onto this idea that teaching involves nothing more than content delivery from an instructor. Right. And so to, It's a profound paradigmatic shift to say to an instructor, you have to do work yourself. You have to unpack who you are and what you're bringing in. And furthermore, you have to know who your students are and you have to understand what they bring in with them. That's a whole level that has never been considered in higher education before, so...

[00:27:14] **Hetty Cunningham:** Exactly.

[00:27:15] **Jean-Marie Alves-Bradford:** Yeah, I completely agree. And that excellence includes synthesizing information and feedback from multiple sources and not just excellence as an educator is you being the expert imparting information. It is a bidirectional, and it continues that way as a healthcare provider as well from your patients and to your colleagues.

[00:27:39] **Catherine Ross:** I mean, it shouldn't be shocking to people, right? You don't do surgery the way you did a hundred years ago, and yet somehow people seem very comfortable teaching the way we've taught a hundred years ago.

[00:27:50] **Jean-Marie Alves-Bradford:** That's a good point. Yeah.

[00:27:52] **Catherine Ross:** Yeah. So applause for the medical campus here.

[00:27:58] All right. So my last question is what keeps you inspired and motivates you to persist and believe in the possibility of change in higher education teaching.

[00:28:10] **Jean-Marie Alves-Bradford:** I mean, our students keep us inspired. I would say our students, and I think the work in community with our students, with the staff, our, our faculty who are really committed, inspired to change, to

make differences doing, to put in the work, to do that, that sort of keeps you going, keeps me going and noticing a shift over time of students who are actually more willing. Our students have more experiences of being around groups with different identities than generations ago, and so seeing the shift of them there, then more willing to consider what it means to incorporate different sources and information from different places. How to get that differently? How to think about systems, changes, and to practice doing projects to improve systems, which is just really exciting. And then the partnership of doing that work together really, cause sometimes that work is very hard, but the partnership of doing that work together is really, um, keeps us motivated. Um, Hetty and I work really well together and have worked on a number of projects related to anti-racism and equity, and, and we have a program that's called Anti-Racism Transformation Medical Education. So it's Art in Med Ed. Columbia's one of 11 schools participating. It's led by a team from Mount Sinai in this anti-racism transformation and medical education project over a 3-year period where we're working together with students, staff, and faculty to think about how and to enact plans of how our medical school can be different and incorporate anti-racism practices to make our medical education more inclusive.

[00:30:00] **Catherine Ross:** And putting those dead ideas to rest.

[00:30:03] **Jean-Marie Alves-Bradford:** Yes, putting dead ideas to rest.

[00:30:05] **Hetty Cunningham:** I just second everything Jean-Marie said, like, we get so much inspiration from each other. We're a great team and just students, and like she said, just these partnerships across regionally, nationally, and now internationally. We're going to be talking about our work in France, so we're really excited, but just, uh, grooving with other people who were into this work, and you know, it's really thrilling to be able to advance and already such a sacred profession as ours and be able to kind of even move forward from there is is humbling.

[00:30:41] **Jean-Marie Alves-Bradford:** I think it's important really that I can't really underscore that point enough because again, along with dead ideas of just competition and there's only one way to get to the top or only one person can get there. There really is renewed emphasis on collaboration. We've been talking about that in terms of learning and learning within a community of others, but we're teaching ourselves and we're teaching our students to remember that's also just lifelong, like throughout your career to continue to create those communities of um where you get mutual support and learning toward growth whatever your area of interests or scholarship may be.

[00:31:20] **Catherine Ross:** Wow, I want to thank you both for sharing these powerful examples of how change can happen, as well as how you stay inspired to do that work. I'm hoping that this will really help our listeners as well reflect on their own situations and think of ways to move forward. So thank you for being part of our podcast.

[00:31:45] **Hetty Cunningham:** Thank you for doing this, Catherine.

[00:31:47] **Jean-Marie Alves-Bradford:** Yeah, thank you so much, Catherine. Really excited to be there and have this conversation.

[00:31:52] **Catherine Ross:** My pleasure totally. If you've enjoyed this podcast, please visit our website or you can find any resources mentioned in the episode, ctl.columbia.edu/podcast. Please like us, rate us and review us on Apple Podcasts or wherever you get your podcasts. Dead Ideas is produced by Stephanie Ogden Laura Nicholas, John Hanford, and Michael Brown.

[00:32:26] Our theme music is *In the Lab* by Immersive music.