

## Catching up with... Eric Zwemer

*As featured in AAP Hospitalist Corner*

**1. You gave a fantastic talk titled “Teaching by Mistake(s): The Power of Errors for Trainee Education” for an AOE virtual faculty exchange with NYU Long Island SOM. Can you share about the Wheel of Misfortune? [[Watch the talk here](#) and [find presentation materials here.](#)]**

I love giving this talk. After making too many to count and reflecting on them, I came to the conclusion that mistakes are stories with emotional valence that help you emphasize a particular teaching point. I can tell a trainee to always count the respiratory rate themselves (particularly if it’s recorded as the inexplicably common “20”). They’re much more likely to remember that point, however, if I tell them about when I was an overconfident intern and tried to discharge a 4-year-old from the ER, who (upon lifting up his shirt and actually counting) was breathing 56 times a minute...

The Wheel of Misfortune is my way of cataloguing and presenting several of the mistakes I made during my intern year. I’ve been using this for about 10 years now to introduce early interns to the concept of mistakes and how to process them. I give them a brief clinical scenario and ask them what they would do, then I tell them what I actually did (usually not what they advocated for) and the downstream consequences. Obviously, I hope they won’t make the same mistakes I present, but the main point of the talk is that we ALL make mistakes and getting them to start thinking about how they will process their own mistakes.

Of note, I’d be remiss if I didn’t mention that this talk is in part based on a workshop I gave with Maya Neeley, Christine Gold, and Charlotte Nussbaum several years ago at PHM. They are all amazing educators I met through the APEX program, which I HIGHLY recommend to anyone interested in med ed.

**2. Your email signature includes your roles but also the phrases “Associate Proud Parent to Charlotte (8) and Finn (5)” and “In Therapy and on Meds for Anxiety since 2014”. What made you ditch the standard signature approach?**

A colleague in anesthesia (who I met through the UNC Academy of Educators – see below) initially forwarded me this piece that talks about adding a little personality to your away messages. I liked that approach but wanted to use it more – hence the signature additions. For the line about my kids, I was tired of referencing them mostly as an excuse for why I hadn’t completed something on time, and I wanted to highlight them in a more positive light! The anxiety line is part of a longer-standing personal goal of addressing the stigma around mental health in medicine. The martyrdom culture of medicine and academia unfortunately just increases that stigma. If we truly want our trainees and colleagues to seek help when needed, we need to give mental health the same respect we do physical health. Part of this is talking about it, and we as faculty need to model this.

**3. At PAS 2022, you led a workshop “Everything I Need to Know I Learned in Residency...Except This!: Crafting CVs and Cover Letters (for You AND Your Trainees).” Any tips for those who missed the talk but want to improve their CV or cover letter?**

This workshop came out of a longer standing career development webinar series called, “From Trainee to Yay Me”, which Shivani Patel and Sarah Varghese have expertly led. I’m super proud to be part of this group, which just won the Educational Excellence Award at PHM! We were thrilled by the turnout for this workshop at PAS, though it probably speaks to the fact that we could do a better job overall at preparing our trainees for the job search process. The pearl I’ll leave here is my EZ approach to cover letters in three paragraphs. First, tell them what specifically about the job appeals to you. Second, tell them how your prior training and interests make you a good fit for the job. And third, tell them why you (and anyone else moving with you) want to live in that area.

**4. Congratulations on your newly elected position as President of the UNC Academy of Educators (AOE). Can you tell us about this group and its mission?**

Thanks! As with every new position I take on, I'm both super excited and slightly terrified. Our AOE is one of many Academies that exist across North America devoted to supporting medical educators. I spent my first couple years at UNC self-siloed with the educators in the PHM division and Department of Peds (who are great!) – but joining the AOE allowed me to significantly broaden my connections and mentorship. We at UNC have about 350+ members across all departments of the medical school, including those talented educators from our Basic Science departments and Allied Health Sciences. You can read our official mission statement here, but I like to think of it in three parts. First, we want to make sure providers interested in medical education have the training, career development, and mentorship necessary for success. Second, we want to ensure the School of Medicine values Medical Education as a critically important career path for providers, equal to Research and Clinical Care. Third, we want to create a community of educators across the state of North Carolina who can share ideas and resources.

**5. Rumor has it that your first job was as a birthday party magician. Why did you decide to make the career switch to pediatrics? Mostly joking, but how do you incorporate magic into your inpatient work?**

Not just a rumor, there is pictorial evidence! I was in fact a kid's birthday party magician for several summers as a teenager, though importantly I was never a clown and still find them slightly creepy. I'm no Mike Pitt, but it's a handy skill to have. I've used magic as a hospitalist to build trust with kids by interacting with them at their level, elicit parts of the physical exam, and distract during procedures. I also teach some tricks to our residents and medical students to encourage them to get back to the bedside to play with their patients occasionally, rather than getting bogged down in notes. If anyone is looking for a relatively easy trick to pick up, I highly recommend the D'Lite, which will let you pull a light out of thin air. If you buy the red one, you can pretend to remove the light from the child's pulse oximetry. If nothing else, the parents are usually amused.

**6. As co-author of "Guess What I'm Thinking: Avoiding the Game No Learner Wants to Play" in Pediatrics2022, you offer a strong case for not asking learners these types of questions. What is your preferred teaching style?**

This was such a fun paper to write with my co-authors Katie Jordan and Nick Potisek. My preferred teaching style is using probing questions to help the learners spend some time thinking about clinical reasoning rather than just the medical knowledge piece. As such, I have to be extra careful to not ask GWIT questions. All of us ask them, and it's not uncommon to overhear on the wards, "this is probably a Guess What I'm Thinking question..." – and then we ask it anyways! While trying to improve my own questioning skills, I was surprised to see that the literature had next to nothing on GWIT questions, hence our paper. If I can leave this audience with nothing else, if you find yourself saying "this is probably a GWIT question" –stop before you ask it to reframe or rephrase.

**7. Within the UNC PHM division, you've started a program called CHAMP to facilitate early faculty scholarship. Can you tell us more about this program?**

I love a good acronym. CHAMP stands for Catalyzing Hospitalist Academic Productivity and was originally the brainchild of our Division Director Lindsay Chase. The UNC promotion guidelines had changed a little to emphasize specific numbers of scholarly works, and our division was/is relatively young and spread out between daytime and nocturnist work across a couple different sites. CHAMP was our way to provide ongoing mentorship, resources, and accountability to faculty at the assistant professor level. Components include monthly-designated CHAMP days that faculty set aside for scholarship with pre/post check-ins,

quarterly meetings with me to set goals and address challenges, and a biannual book club. At the division level, we've worked on a collaborative paper that was just accepted (with 12 different authors from our division who definitively meet criteria for authorship) and held Zoom workshop brainstorming sessions (with 4 of 6 workshops accepted to PHM and/or PAS). I am ridiculously proud of our group and am looking forward to seeing where we can take CHAMP next.

**8. Jack Percelay often ends his list-serve commentary with the phrase “that’s just my 2 pennies.” What are your two cents?**

Hmm...does consider taking your email off your phone count? I did this a couple years ago, and it has made me much more present with the people I'm with, both at home and at work. I'll steal some pennies from a colleague in my PALM group (PHM Advancing Leaders through Mentorship – another amazing program). Becky Latch recently reminded me of the advice, “find your people”. You might notice from my answers above that I rarely do anything by myself, and that any success I've had comes in large part from the people I've been fortunate enough to partner with. This isn't a false attempt at modesty to say that I ride coattails and don't contribute much, but instead to emphasize that my ability to contribute my best work is a result of the support, mentoring, and encouragement I get from my colleagues. My PALM group (facilitated by the wonderful Heather McKnight) has talked me down from some panicky moments, and my Med Ed Dogmas group is graciously helping me explore a new idea for a paper. I'm an introvert by nature, but I met these folks by signing up and showing up –sometimes that's all it takes.

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