Episode 69: Tasha Wyatt

# KL: Katie Linder TW: Tasha Wyatt

# KL: You’re listening to “Research in Action”: episode sixty-nine.

# [intro music]

# Segment 1:

# KL: Welcome to “Research in Action,” a weekly podcast where you can hear about topics and issues related to research in higher education from experts across a range of disciplines. I’m your host, Dr. Katie Linder, director of research at Oregon State University Ecampus. Along with every episode, we post show notes with links to resources mentioned in the episode, full transcript, and an instructor guide for incorporating the episode into your courses. Check out the shows website at ecampus.oregonstate.edu/podcast to find all of these resources.

On this episode, I’m joined by Dr. Tasha Wyatt, an Educational Researcher at the Educational Innovation Institute at the Medical College of Georgia. Prior to her position at Augusta University, she facilitated a program of professional development at the University of Hawaii where she implemented a program that taught pre-service and in-service teachers pedagogical strategies best-suited for teaching culturally and linguistically diverse students. Within health sciences research, her interests include assisting students to develop patient ownership, developing educational researchers, and leveraging the cultural assets of faculty and students in medicine.

**KL:** Thanks for joining me, Tasha.

**TW:** Thank you for having me.

**KL:** So Tasha, you had actually reached out to me via email and sometimes this happens with our listeners they think “Oh I have a story that I’d like to share on the show’” and I was actually really fascinated with your story. You had this kind of unexpected transition into a new research area that was really different from what you were originally in, and I have course have gone through a transition similar to this myself where I’m working in an area that’s pretty unrelated to what I had originally started in, but this was unexpected for you. It wasn’t something you planned. I thought it would be great for our listeners to hear a little bit more about that. Let’s start by hearing a little more about your research background, and then what lead to your recent professional transition.

**TW:** Sure. My Ph.D. is actually in Educational Psychology, and I spent the majority of my career working in indigenous education in both international and domestic settings. My focus was primarily providing educational development to teachers, so that they could connect better with their indigenous students. However, in 2014, we moved to rural Georgia for my husband’s job, he’s a federal academic, and unfortunately there is very little infrastructure for educational research in that area. But what does exist is a thriving medical community, and about two years ago the Educational Innovation Institute at the Medical College of Georgia where I am, was actively searching for an educational researcher. Having never thought about working outside an academic setting or even K-12 education, I was not sure that this was even something that I would like or be good at, but I found that my skills have actually transferred very well.

**KL:** That’s really interesting, so at kind of the top level or the surface level it seems like this might be a higher setting, because it’s a college, I mean it seems like it’s an educational environment, but you seem like you really are separating it differently and saying that academia is a little different than medical education. Can you talk a little bit about that? What is kind of different about the setting you’re in now?

**TW:** It is different, so I would say that in academia, particularly from the orientation that I come from, it’s mostly dealing with social sciences and this is a professional setting where we develop professionals, so it’s a very practiced or practical oriented. The kinds of conversations that you have are very different, the kinds of activities that you develop with students are very different and the outcomes are very different, we graduate students. And so I found that that is the biggest difference and why it doesn’t feel like an academic setting to me.

**KL:** That’s very interesting, so talk to us a little bit about the challenges. I mean this was unexpected for you, but it sounds like you kind of rolled with the punches a little bit and you still wanted to research, you still wanted to be involved in, um, doing educational research, you found a little niche area for yourself. But as you’ve been making this transition, what’s been the hardest part?

**TW:** Well what I’m about to say I have to preface with this: although I’ve been an educational researcher for 15 years, I’m still at the beginning of my transition into medical education, and I wanted to do this podcast because often hear about people or from people who have transitioned, not those who are in transition, and I think it’s important to understand that we’re all in the process of becoming and to acknowledge that this is a process. With that said, the biggest challenge I’ve experienced is acknowledging that all the training I did to achieve my Ph.D. is not enough. For us, we worked very hard to achieve our degree and so it kind of stings to realize you didn’t get everything you needed. So, uh, as a result of being asked to do new things in this position, I’m in a constant state of discerning what I know, what I don’t know and creating developmental plans to make ensure I’m developing the skills I need to be effective. Let me give you an example of what I’m talking about. I’ve had more success in the field than I anticipated, but the area that I struggle with the most is publishing. In social sciences I had no difficulties with this. I had a strong mentor, I learned how to write in a writing group that I had weekly for four years, but in medical education the articles you write are not like the ones you write in the social sciences. So, in medical education, our role is not to build on a body of knowledge, or find a way to explain phenomenon through theory, which is what I’m trained to do. Rather it to appropriate a problem particularly, so that my colleagues have a greater framework to solve it. At the same time, trying to articulate a problem for a field you’ve just entered is difficult, because I’ve not been around long enough to be socialized into the ways of seeing and thinking that’s required. So I often find myself looking around and saying “I have the solution to that problem” or “I’ve seen this before, here’s what you do.” However, as we know when you try to give people answers to their problems, it’s not an effective strategy. The better approach is you have to have help and see how they can dissolve their problems themselves, and that’s what it means to work in medical education.

**KL:** That’s really interesting. Well I’m kind of fascinated by this idea of constantly having to learn new things, because I certainly have experienced that myself, and for me that’s incredibly exciting. Like, I like having jobs where I am kind of required to up my game on a regular basis, but I can imagine that for some people, that’s just not what they expected. Their goal with their Ph.D. was to get into a space where they really had mastery and they could build a sort of foundation. So that’s interesting to hear you kind of talk about you know the challenges of that, um but it also sounds like it can be kind of exciting. Are there pieces you’re learning that have been like a little bit of an unexpected benefit for you?

**TW:** Mhm yeah definitely, so that is the biggest benefit I would say, is the opportunity to really examine what I think I know about research um sort of lift up my fossilized knowledge in the area, and then decide if this is enough or whether I want to improve in my understanding. I’ve definitely enjoyed that aspect, but it is difficult because everyone wants to feel comfortable and sort of a master at their practice. I think one of the ways this has manifested itself is that in medical education particularly, in qualitative research which is what I do, there is an over emphasis on whether the qualitative method that you chose was appropriate to answer your research question. So, I have had multiple papers rejected, and rewires taking me to task because they didn’t agree with my decision. Um, in all of the years that I have published in teacher education, I have not had any reviewers question my judgement, however the comments I had received had given me the opportunity to go back, look at the assumptions underlying various methodologies, examine them in light of my study, and then figure out how to clearly articulate them to someone else.

**KL:** That’s so interesting.

**TW:** Yeah! I can give you another benefit too that’s just sort of related to the challenge that I’ve had around publishing in this new field. Another one is that medicine has tended to be male dominant, in which men have traditionally gotten promoted and found themselves in positions of power. As a result, the women in the field are really strong. They have clear expectations of themselves, you know, expectations of others, and really focus on this idea of creating a career path for themselves. I’m completely guilty of not being so strategic in my thinking, however I see strong women carving out pathways for themselves every day, and this has changed the way I think about my career.

**KL:** That’s incredibly inspirational. It also seems you kind of eluded to earlier that you found, you know, success in this field and you kind of stumbled into it a little bit or maybe some of that was strategic. What do you think helps the most with that? With some of those kind of immediate wins? Because you haven’t been in this field for very long, but you’ve been able to sort of carve out some room for yourself. What do you think helped the most?

**TW:** So, when I worked in indigenous education I focused on assisting non-indigenous teachers with understanding how to create curricular meaning with indigenous students primarily through instructional coaching. So, in this new position I’m in, I found that I use my coaching skills on a daily basis. For example, when I have no idea what one of the physicians I work with is talking about, I know how to ask targeted questions that reveal their cognitive structures that their operating under, or their decision making process, and then this helps me make sense of their discipline specific language and access the through processes of really the group of professionals whose backgrounds are very different from mine. Also, I would say because I’ve worked in indigenous education for so long, my perspective on educational processes is unique compared to my colleagues, and I find that my orientation is typically pretty different, I see what others don’t, and I attribute this to having, to analyzing and evaluating educational practices ways that can be reconstructed for a different population. So those skills I find that I use on almost a daily basis to help me see.

**KL:** So one of the things I hear you saying which is incredibly helpful, but also affirming for I think for people who might find themselves in this situation, is that the things that have really helped you find success were skills that you had from your previous experiences that you’ve been able to transfer into your new experience. Um is that?

**TW:** That’s accurate.

**KL:** Okay, so I think that’s, I mean that’s an incredibly helpful thing for folks who might be in a similar situation. Do you have other recommendations for people who find themselves kind of unexpectedly transferring into a new research area? Are there other things you think, you’re in it, and you’re experiencing it. Um, anything else that’s been helpful to you that you might recommend for others?

**TW**: I actually have two strategies that I would recommend. One is keep a journal of your thoughts, your feelings, and your projects so that you have a record of how you’re changing as a result of the transition process.

**KL:** Oh, I love that. I want to mention too to our folks that are listening, we did have an earlier episode with Danielle Stevens, who wrote a book on journaling practices, and we talked a lot about that in that episode and I’m a huge believer in journaling, so I love that this is one of your tips.

**TW:** Yeah, I didn’t realize how much the transition to medical education would make me rethink my identity, so having a journal helped me keep a record of my narrative as I went through the transformation, and made me feel as though someone or something was baring witness to it, which I think is important because sometimes you feel like you have some vertigo, so definitely journaling. I think the second thing is to seek out a cultural broker, someone who can help you make sense of the field or discipline that you were previously in and the one that you are entering and help that make sense to you, so in essence what you need is someone to help you make a Venn diagram. Where you see the areas of overlap and the areas of difference. Again this will help you navigate a transition process.

**KL:** Oh I love that idea so much, that is, I mean it’s so practical but also connecting you, helping you network, helping you find someone that can lead you a little bit and guide you. We’re going to take a brief break, when we come back we’re going to hear a little bit more from Tasha about how she’s staying engaged with more than one field. Back in a moment.

# Segment 2:

**KL:** Tasha, one of the things that you have had to do now that you’ve transitioned into this new research area is to juggle two fields: your original field and this new field of medical education. I was wondering if we can start by talking about some concrete things you’re doing to help yourself stay engaged in your original field, and maybe even talk a little bit about what lead to that decision to try to juggle both, because clearly you’re thinking about both pipelines and trying to keep them alive, so let’s just talk a little bit about that first. What motivated you to stay engaged in your original field as you were transitioning to this new one?

**TW:** In ethnographic research, which is what I did when I was in teacher education, we talked a lot about the insider outsider perspective and the importance to know which perspective you’re taking at any given time. As I transition into medical education I find that my insider is taking shape, but I recognize my role is to frame medical education problems using the theoretical and conceptual frameworks that are found in the social sciences. Therefore, to be a viable or a valuable insider, I must also be looking outside medical education to see if the social sciences have framed the problem in a similar way, or whether their solution would be useful to Med-Ed. In essence, I stay connected to both fields to ensure that I’m doing my job.

**KL:** That’s interesting that you’ve been able to find something in your previous field that you feel is really foundational to being affective in the new field, and so it’s a way of kind of holding yourself accountable, because as you’re saying in order to do your job well you feel you need to be involving these other components of your previous professional experience [**TW:** Mhm, definitely]. So what are, given that I’m sure you have limited time, you’re trying to learn this new thing, you’re trying to be effective at it, and you’re also doing probably some pretty heavy synthesis work just kind of intellectually about trying to draw these two fields together. I’m curious, what are some things you’re doing to try to help yourself stay engaged in the original field? What are some practical, logistical things that are helping you to juggle both of these at the same time, and how do you get the mental space to still be making those connections and moving forward in a way that feels productive and helpful to you?

**TW:** You know, honestly writing in the social sciences makes me feel sane, in part because I understand the rules and it’s comfortable. Therefore I work on at least two social science articles a year, in the early hours of the morning before my children wake up. It makes me feel as though I’ve had a conversation with friends first thing in the morning, and that I have given myself what I need in order to work in my new setting, so that’s something I do every day that is very, very practical. Um, I’m expected to present at two Med-Ed conferences every year, but I also really feel the need to attend my home conference which is the American Education Research Association, the AERA, and so um I will sometimes even pay out of pocket to attend that conference rather than asking my institution to pay for it. So I stay connected within the community by staying on top of research that’s been presented. I often don’t have a lot of time to read as much as I want in the social sciences anymore because most of my day is filled with Med-Ed work, but the other that I do is I’ve sought out others who have, are making the transition, or are in transition into medical education that come from teacher education or K-12 and we work on projects together, or research or writing. This helps bridge these two fields together because I have a community where other people are experiencing very similar things or looking at an issue in the same way, so we can very in-depth conversations about what we’re seeing and what we might do to try to solve the issue at our institution.

**KL:** I love that, we’re all about building research community here at “Research in Action”. I feel like that’s such a huge component, that collaboration is so key. Um I’m interested, I mean it sounds like you are, you know intentionally juggling and keeping up in both of these fields. Have you considered fully shifting from this initial field into this new one? Is there anything you feel like would bring you into a space where you feel like you could make that full transition or are you kind of holding out to see if you can make your way back?

**TW:** So this is by far the most difficult question for me to answer. In less than two years, I’ve been in my position since April, 2015. I’ve published two articles in that end, I’ve received a national grant, I was named the director of the Educational Research Fellowship at our institution, I received an award for my teaching for medical students, and been selected as an up and coming researcher in medical education. So that’s a lot of success in I think a very short amount of time. However, even though I can clearly do the work and do it well, I don’t always feel that who I am is being expressed. So for me it comes down to an existential question of why we do the work we do in the world. Do we do it because others need us to do it, do we happen to be good at it, or should we find something where we have an outlet to express ourselves? So at this point I’m giving myself the time to figure this out, and I haven’t made the decision. What I can tell you is that at this point I have no plans to transition back, I feel this is a sort of incredible learning opportunity for me to take stock of my research skills, sharpen them, and I also just like the challenge of straddling two worlds and the sense that comes from doing that kind of hard work.

**KL:** Mhm, I feel like you’ve raised such an important area I think for all researchers to consider, which is just because you can do something and maybe do it very well, doesn’t mean you should be doing it. And I think that’s a really hard thing, to tackle and kind of wrestle with.

**TW:** And I don’t think we often have these kinds of conversations, I certainly didn’t have them when I was advising graduate students about you know, what field they should go into, or their dissertations or what not. But I think that as you become socialized into a profession, you have to ask yourself that, because there are times you need to find the motivation inside to continue. You have to find motivation to continue to do the work that you’re doing in the world, and if you can’t find it inside, sometimes even though its external methods of motivation aren’t enough to help you get through. I think this is an individual process that everyone has to go through, and an important question for them to ask themselves.

**KL:** You know, it’s interesting because I think about different career transitions I’ve had and how it’s been related to a sort of key thread for my career which is always the writing, and I think initially when I decided to go into the job market after grad school, and our listeners who have maybe heard me talk about my previous work in faculty development, this will be a little more familiar to them, at least they’ve heard me talk about it before. That I went straight out of grad school into faculty development, and I had the option of looking for a tenure track position and I think my advisor was a little taken aback when I chose not to do that because I was publishing at that point and I probably had a pretty good shot at getting a tenure track job, but it just wasn’t what I wanted to do. It wasn’t the right fit and I felt like I really wanted to try out faculty development and see what it was like, and I’ve eventually worked myself into a position that is very similar in some ways to, you know, a faculty role. I still serve in a lot of committees, I occasionally get a chance to teach, I’m writing a lot, I do a lot of grant writing and things like that, but it’s kind of on my terms. It was something that I eventually worked my way back around to, and I think that that’s the other thing is you never quite know what is going to happen, and so I think it’s really important to think about what it is you really want, where do you want to situate yourself, and you know, maybe you’ll work your way toward something that you couldn’t have imagined, I guess is the point.

**TW:** Absolutely. My husband and I have had this conversation multiple times, I mentioned he’s a federal academic, and we have both, coming from academic backgrounds, we have talked a lot about how there’s this sort of expectation that we have with ourselves to become faculty, academic faculty. I will be truthful that is not something I ever aspired to do. I always want to be a service in some capacity that was sort of the value I wanted to come through in my work. Um so, as I ask myself that question, “Am I in service?” I am, but do I feel like all my acquired skill set, am I able to bring that to my position, or the field. I’m still trying to figure that out, and I think that this is an important part of the process. As a professional.

**KL:** I love the thoughtfulness and the intention of those questions. I think they’re so needed, they’re so key, and I don’t Think we always take the time to ask those of ourselves. We’re going to take another brief break when we come back we’re going to hear more from Tasha about some of her current projects. Back in a moment.

# Segment 3:

**KL:** Tasha, now that we’ve heard a little bit more about this transition, I am really curious about the kinds of projects that you’re currently working on. I’m wondering if you can share one or two just to give us the sense of, especially for people who might not understand what medical education is, what the things you’re delving into are. What are some of the research questions you’re asking? What do some of these projects look like?

**TW:** Sure. When I was working in indigenous education my research focused on the pedagogical strategy known as contextualization. That’s really a mouthful, but it’s this idea that teachers need to have their learning goal in mind, and then connect their goal with something of value and interest, or relevance to their students [**KL:** Oh, I like that idea!]. Usually it’s connected to their personal or cultural background, it’s the way that we help people make sense. So this sounds a lot easier to do than it is, and I’ve written a paper about teachers who failed to do this successfully. They tend to include sense making for themselves and not for other people. It’s difficult to access other people’s minds, of course. So as I develop projects in medical education, I find that I keep coming back to the importance of using this strategy in the training of medical students and physician interaction. So as a patient and a mother of two young children who are often ill because they are building their immune systems, I can tell you that patients want to feel that their physician is invested in their health. Patients want their physicians to see them. Really see them, for the experiences they are having with their bodies. They do not want doctors that come in and out of the room to treat the disease which is often the default interaction because of the enormous time constraint placed on doctors. Some of the questions I ask in the research are what does it mean to take on patients? When we say we want doctors to own their patients, what does that mean? How does it develop in medical students over time? And then what opportunities do physicians and those in training have to demonstrate ownership to their team and their patient at different levels of their training experience? For me, from my perspective, I can clearly see that my work around meaning making between teachers and students is a huge role in how I frame issues in medical education.

**KL:** Mhm. I’m curious, I think a lot of us have heard bedside manner, and kind of training for bedside manner. How is that different from this sort of ownership you’re talking about, or is it sort of the same thing? How would you sort of place those next to each other?

**TW:** So bedside manor might be your mannerisms; the way you interact with patients on a visit. Ownership is, it’s more psychological, it’s more of an investment in the patient, and it’s a sense of responsibility to care for that patient, to see that patient through to the end of their disease or their illness. So it’s a much deeper level. I think it comes out in bedside manner. That’s one of the manifestations, but it goes much deeper. It’s um, connecting with other care givers to ensure that there’s a handover process that’s successful. It’s ensuring that the patient knows that the doctor’s doing everything that they can in order to fix the problem or diagnose the problem. So it’s much more of an emotional, a cognitive emotional connection than I think just bedside manner.

**KL:** Mhm. So as you’re kind of looking into this area, are you finding that there’s an established literature around it, or are you kind of like delving in and establishing it yourself?

**TW:** So that’s actually where all of my research started. When I first began, my associate dean first asked me to go spend some time following first year students at the hospital, and in the internal medicine clerkship everybody was talking about take ownership of your patients you need to demonstrate that you have ownership, and I started asking “Well what does that mean?” And different levels of trainees gave me different answers so third years gave me one answer, fourth years gave me different, resident a different, faculty a different answer. When I went back to the literature there wasn’t anything on patient ownership, however in sort of the organizational psychology area, there’s a huge body of literature on psychological ownership within the work place and how that develops. So what I’m doing is taking that literature base and then applying it to medicine.

**KL:** Hm. That’s interesting. We had a listener question recently that came in via email where someone was saying, you know, how do you basically do that? If you’re delving into a new literature area where you just aren’t finding very much, like what do you do? How do you approach that and how do you know you’re not just missing something completely, that you’re not finding it? To me your response is a great one, in that we’re thinking about you know how can you connect this to other, you know, tangential things, but are related in some way so you have a grounding you can build off of, and that’s just a great suggestion.

**TW:** Mhm, yeah definitely. You have some idea of what you’re looking for or why things are working the way that they are, and then you build from there.

**KL:** So you have this project with patient ownership, are there other projects that you’re working on as well?

**TW:** I’ve got several, but another one I think might be interesting to talk about is that I’ve been working on a study that relates to the cultural assets of medical students. In medical education there’s a lot of discussion about the importance of opening up the admissions process to help diversify the work force, but when students come into medical school, the curriculum is homogenous, standardized, and for the most part very uniform. So I’m concerned that our culturally and ethnically diverse students may have their cultural assets being, in the lamest terms, squished out of them. Um I fear that they will be asked to give this up as they become socialized into medicine. So one of the studies that I’m working on is looking at the cultural assets that our medical students bring, and how these assets help them navigate their educational process through med school and how they anticipate using them when they become practicing physicians, and I’m trying to a sense of what these assets look like from their perspective. Eventually the idea would be to help raise awareness about what these assets are and how we can help students keep them as they go through their four years of medical school and into residency. So again I just wanted to mention that I see a clear connection between my previous work in indigenous settings, where indigenous students often get a standardized curriculum that usually doesn’t honor their background knowledge, and my concern of course is to make sure that our medical students graduate with these skills and perspectives that initially got them into medical school, and then be able to bring them back into their community.

**KL:** You know, as I hear you talk about these projects, Tasha, I’m incredibly impressed actually by the connections that you’re making from this previous experiences that you had with research and your current situation. I think a lot of people might struggle to do that. Might struggle to really integrate those two thing together in the way that you have. I’m wondering if you have some just final things to say about how you’ve gone about doing that. I mean clearly it’s taking a lot of reflection and you’ve talked about journaling, and I can see that this is something you’ve though about and you have tried to kind of strategically think about how you can integrate these things together, but I want to be clear with our listeners that this is not something that it sounds like it just fell together and you just kind of stumbled into it, what are the actions you’re taking to really make sure that you’re integrating these things in a way that’s meaningful to you?

**TW:** So I spent a lot of time, as you mentioned, journaling and reflecting on what it is that made me feel like I wanted to get out of bed in the morning, what are the issues I want to tackle in the short period that I’m in this profession or on this planet? What’s going to give me that sense of satisfaction? So that’s my starting point, where do I see myself showing up in research where I feel like I have a voice, I have a perspective and that this is going to be valuable, and then I look for that in medical education. So I will say that the institution I’m in has been incredibly jealous in giving me some time at the beginning to figure this out. I was told to go shadow some third year students for a few months, I was also told to just read throughout medical education to find just where the different topics resonate with the things that I’m interested in, and so I had this period of time where everything sort of marinated in a way and took up different kinds of flavors, and in looking at that I decided “Okay, here’s where I see my strengths, here’s where I think I can make a contribution.” And then finding a community, again the importance of this and I tend to use my writing group for this, going to them and saying “Here’s what I’m seeing in medical education, here’s what I think I can contribute. Do you see anything else, because we’ve now worked together for four years that I can also contribute to this conversation?” and then they reflect that back to me. So it is important to have a group that sort of helps you move from one field into another, but if you don’t then just people that know you and can give you advice on your career would also be helpful.

**KL:** Well Tasha, I think it’s going to be incredibly helpful for our listeners to hear your story, and I appreciate you just sharing the wisdom of what you’ve learned in the short time as your unexpectedly transitioning into this new research area. Thank you so much for taking the time to come on the show!

**TW:** Oh thank you for having me! It’s been great to talk about.

**KL:**  And thanks also to our listeners for joining us on this week’s episode of Research in Action. I’m Katie Linder, and we’ll be back next week with a new episode.

# Show notes with links to resources mentioned in the episode, a full transcript, and an instructor’s guide for incorporating the episode into your courses, can be found at the show’s website at [ecampus.oregonstate.edu/podcast](http://www.ecampus.oregonstate.edu/podcast).

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# Bonus Clip #1:

**KL:** In this first bonus clip for Episode 69 of the “Research in Action” podcast, Dr. Tasha Wyatt discusses the identity confusion inherent to transitioning to a new research area – take a listen.

**KL:**  Tasha, one of the things I love about your story is that it sounds really coherent. In terms of being able to integrate these two things together and you’ve been able to find some really niche areas that are blending in ways that are making you really successful in this new research area, but there’s a part of me that feels like maybe there’s something underneath there that was a little bit of a struggle as you were doing this, and I can imagine that there was some general just like confusion about how to move forward, about how to invest in certain areas or not invest in certain areas and maybe some of that confusion is ongoing in you know, who you are as a researcher. Can you talk a little bit about that? I mean, am I sensing that correctly or is it as coherent as you’ve said?

**TW:** No, I think you’re sensing it very accurately. It is a confusing process. So I think what I thought at the very beginning of making this transition is that I could just make a little lateral move; I could pick up my skills in my briefcase and just move into medical education, and then open up my briefcase and pull out those tools, and that they would all fit. But what I found is that there was so much more work in my identity that was very unanticipated, I didn’t think that this would really make me question who I am and what I am at my core. So I’ll give you an example of some of the areas that I really struggled, uh so in indigenous education of course for those listeners who are familiar with the literature, there’s a huge backlash against positivist kinds of research. Well medical education, because it comes from the behavioral sciences has that as its foundation. So to think about all that I did to get rid of a positivist perspective in my research, but to then employ it in medical education research, that was very difficult and it made me question “Who am I? What am I doing? Should I be doing this? How do I protect myself against this? What will my colleagues in indigenous education think of me doing this kind of research?” So I found that this was, this was very much a transition of identity and struggle of reconstructing who I am as a researcher, and this isn’t to say that this is the only time we do this as a researcher when we transition into a new field, but I think it’s an important part of the process of doing research.

**KL:** Mhm, and well I think, you know I think everyone’s situation in these moments is going to be different in terms of the kinds of challenges they’re going to have, the kinds of confusions they may feel. But one of the things that I hear you saying that is maybe more broadly generalizable to people who find themselves in this situation is just to be open to it, and to ask questions, and to not be afraid to ask those questions. You were really asking deep questions like is this the right direction for you, and what does it mean and you know those more existential questions, and I think that being open to doing that is just one step and maybe it will lead to the next part of the process of figuring out those identity pieces.

**TW:** Yes and at the heart of all of this is the value that I have that I should always be learning, and growing, and developing. That it’s never good enough to just be able to perform. I have to also ensure that I am getting better all the time. And so walking into this situation with hat orientation that this is an opportunity for me to get better helped in the process, and then acknowledging that to get better sometimes that’s very difficult deep work. That it’s not the surface level, it’s not just skills that you’re changing, but it’s the way that you understand and employ those skills in the world. So without a doubt, I think really examining what we’re made of, and what we’re trying to achieve, and the tools that we have to make those adjustments are all part of the process.

**KL:** I love that focus on mindset too. It’s about the attitude that you approach it with and whether that’s an attitude of openness, or an attitude of curiosity or an attitude of personal growth or professional growth. All of those things might help if you’re starting to feel a little bit confused about what’s next.

**TW:** Yep! Without a doubt.

**KL:** Thanks so much for sharing that experience with us, Tasha!

**TW:** You’re welcome!

**KL:** You’ve just heard a bonus clip from episode 69 of the “Research in Action” podcast with Dr. Tasha Wyatt discussing the identity confusion inherent to transitioning to a new research area – thanks for listening!

# Bonus Clip #2:

**KL:** In this second bonus clip for Episode 69 of the “Research in Action” podcast, Dr. Tasha Wyatt shares about the importance of reflection for researchers – take a listen.

**KL:** Tasha, one of the things that I really value about experience you’ve been sharing is that you are giving yourself permission to swim around in this stuff a little bit, and to create some intellectual space for yourself to be processing, to be reflecting, to be asking questions and to be exploring. And I’m wondering if we can talk about that a little bit? Because this is not something that we typically do, I think sometimes we get so focused on outputs and publications as researchers, that we don’t always give ourselves time to just think about things. Can you talk just a little bit about just that act of giving yourself permission for that? What was that like?

**TW:** Oh absolutely. So I don’t think that my job is just to produce, I feel that my job is to figure out or problem solve some of the stumbling blocks or challenges that I’m experiencing on my way to production, so I see it as a kind of continuous process. So one of the things that I do is I go through my day, I’ll be looking at a project and I’ll come to something where I don’t feel confident, I don’t feel like I know what to say, or what decision to make, and I make a note of that in my research journal; “I’m struggling with this.” Take some time to think about it, and then I’ll scan my day, my schedule, and then I’ll think “Okay when do I have a 15 to 30 minute block?” and then I will schedule in my mind that I am going to think through that at that time period. So what that does, it’s very strategic, right? So I find a problem, and then I find time to solve that problem, or rethink that problem, or figure out why it’s a problem even, and um this is one of the tools that I’ve used throughout this transition because I’ve run into all kinds of problems and challenges. Um but I think the key there is to look at it as all part of that process, that if you’re going to be a rock star educational researcher there’s a lot that goes into that both behind the scenes and internally to really give yourself the permission and the space to be able to do that hard thinking. because if you don’t you’re just going to be continually producing, and perhaps things that maybe you’re not very proud of, or don’t really make a contribution, it’s just more for your CV, and again it goes back to that existential question of “Why do we do the work that we do? Do we really want enter into these scholarly conversations? Solve a problem for a field? Or something else?”

**KL:** It circles back to what we were saying earlier about sometimes you can do something but it doesn’t mean you should do it. I mean yeah, I love that you’re pointing out, and I think, you know, you’re really focused in on the process and scheduling time to think, I mean that’s brilliant. I love that.

**TW:** And it also it could be on my ride home, I have a 35 minute commute and I really love to listen to NPR, and sort of get caught up on the news, but if I’m struggling with something and I need to start my day at full speed then I take those 35 minutes and I think through it so when I enter my office I have the next step, or I have a plan in place.

**KL:** I love that. Those are great tips. Thanks so much for sharing that, Tasha.

**TW:** You’re welcome!

**KL:** You’ve just heard a bonus clip from episode 69 of the “Research in Action” podcast with Dr. Tasha Wyatt sharing about the importance of reflection for researchers – thanks for listening!