

The CRA's 2024 Distinguished Teacher-Educator: Dr. Nicole Johnson

Where do you think your passion for medical education stemmed from?

I grew up with parents who prioritized post-secondary education and lifelong learning. My father's motto was "No education is wasted education." I have this motto top of mind whenever I face any knowledge gap, hence I would approach this new learning enthusiastically. I have been able to share this motto and enthusiasm with my learners. In my early medical education journey, I was given the responsibility of chief resident. This was well before there was the now discreet role of the "resident as a teacher", and I felt that teaching was a key component of the chief resident role. I would develop teaching modules for the medical students, and fellow pediatric and off-service trainees. Following my mini-teaching, didactic, bedside teaching sessions, I would see their progress and increased ability to contribute to patient care. This would inspire me to continue in medical education.

Of course, having great medical educators around me throughout training and my work experiences continues to motivate me to contribute as a medical educator. It brings me joy to see my students and sometimes my patients choose a medical path similar to mine and even more satisfaction to have them surpass me in their success.

Can you recall a teacher in your own past who inspired your direction into education?

I have had many educators who have influenced me in some way, and I feel blessed to have so many mentors. I feel I have teachers around me every day. Certainly, my first teachers were my parents and family elders who taught me life skills and values like compassion, empathy, and integrity. They began my journey of life-long learning. In my formative years, I had teachers and fellow students in elementary and primary school who taught me about the value of community and cultural humility as I constantly encountered so many nationalities and cultures growing up in the Caribbean, South Pacific, Africa, and Canada.

In pediatrics, I had early guidance from the clerkship director, who was a strong student advocate. She taught me the value of creating an inclusive learning environment to make it conducive for students to learn, and one that influenced the patient care they could provide and



support for the medical team. This did not mean she did not have high expectations for the students' performance, but rather she made it possible for them to learn and potentially excel in her environment.

In rheumatology, my training at Sick-Kids was inspirational. I first met the team as an elective pediatric resident. I immediately felt the wisdom around me. I was impressed by their strong clinical skills and their ability to lead care in the hospital with complex cases. They provided clinical leadership in the field internationally, as well as through education and research. Every day in the clinic was a learning moment, whether at the bedside

or one on one in the clinic or in preparing for a conference presentation with the personalized guidance that was given. Some of the things I took away from this experience were the value of a thoughtful history and physical examination, and of teamwork to move the department forward. The other lessons were the importance of reading around each case. By going back to the literature, you see if there are any advances to support your patient, and this also helps to develop clinical questions to fuel new research in the field.

In Calgary, my colleagues have also helped to shape me in rheumatology. There, it was about learning to collaboratively build a program from small beginnings to a successful clinical, educational, and research program. From my educational mentors in Calgary, I learned the value of continuous program improvements. My students also bring the excitement of new learnings with the questions they ask. By observing them I pick up new clinical pearls for myself. Finally, my patients teach me every day as I understand the privilege given to me of being able to walk their medical journeys with them.

You have received many awards for teaching and education including the 2023 Department of Pediatrics CARE award for Education. Moreover, many of your Canadian Rheumatology Association (CRA) summer students have been inspired to pursue rheumatology as a career. As a respected teacher-educator, what would your advice be to prospective and early career rheumatologists?

I tell all my trainees, whether they plan to pursue rheumatology or not, that the rheumatology experience will teach them effective communication, astute physical exa-

Distinguished Teacher – Educator Award

Nicole Johnson



Dr. Nicole Johnson receiving her award from outgoing CRA President Dr. Nigil Haroon at the CRA Annual Scientific Meeting in Winnipeg, which took place in February 2024.

mination skills, as well as sharp investigation interpretation acumen. Given our diseases may affect the whole body at once or over time, I explain to trainees that they will learn to gather lots of data and must learn how to process all this information to find the unifying diagnosis. These skills are transferable to any discipline in medicine and will enhance their skills as a clinician. I remind them that the rheumatologist often plays the detective role in medicine. We must be comfortable with uncertainty at times and make decisions sometimes without a clear diagnosis to save a life. The rheumatologist may come into difficult life-threatening situations while needing to support patients at some of the most critical times in their lives. The rheumatologist may become the quarterback in the field to advocate and direct therapy to support multiple colleagues from different disciplines simultaneously. To do this work effectively, they have to learn collaborative skills early to create a support system around themselves. I remind them that the chronicity of rheumatology diseases can be the blessing and the challenge of the diseases we look after, but we can walk the journey with our patients providing opportunities to improve quality of life and provide hope. The field is changing rapidly as our immunology knowledge improves and our therapies expand. For early career rheumatologists, I share my experience of having a national and international rheumatology community that embraces each other professionally and personally so that they understand they are joining a large family.

You have conducted several media appearances advocating for children and youth with rheumatic diseases and have

provided pediatric rheumatology presentations for national and international medical associations. For 10 years, you have directed pediatric rheumatology electives for the University of Calgary. You were also a Royal College of Physicians and Surgeons of Canada Pediatric Rheumatology examiner. What's more, you are the Evaluation Coordinator for Pediatric Clerkship for the Cumming School of Medicine (CSM) and a member of the Student Academic Review Committee for the CSM. You now have a new position as Associate Director for MD admissions for the CSM. Given your extensive work in medical education, where do you see the future of medical education moving?

I have always been a proponent for observed assessments of learners, so I embrace competency-based learning. By observing the learner, you can see first hand their strengths and areas needing improvement. Competency-based learning also pushes preceptors to be more thoughtful in our feedback process to give specific constructive feedback to our learners. It also asks us to tailor to the specific needs of the learner, which will empower each learner to become the best they can be. My hope for the future is that we are nimble as preceptors to meet the diverse needs of learners. Also important to me is the movement of medicine to be a more inclusive community. We need a more inclusive curriculum in medicine that does not emphasize the white male as the norm and understands that patients come in all shapes and forms.

I would like to see principles of structural competence be taught more universally. Rather than teaching about social determinants of health as a consequence of an individual's lifestyle choices, we need to move towards understanding how the upstream barriers and systemic factors lead to a patient's health behaviours. By doing so, we are more able to see solutions to the healthcare challenges thus overcoming any sense of futility for improving our patients' health status. In addition, I would like to see us train physicians from diverse backgrounds, so our medical community reflects the same diversity as the patients we serve. This diversity is not just about increasing the ability of those underrepresented in medicine to serve in the profession, but to recognize the value they bring to the table in elevating the knowledge of those around them including staff, colleagues and patients and raising the bar for all of us in the quality of health care we provide.

As we build on the diversity of our medical community, we need to simultaneously address the barriers and discrimination felt by our healthcare providers and patients from diverse backgrounds. Many within our community understand this fundamentally but are struggling with how to make these changes. It will take individual and organizational changes to bring about a more inclusive society. The first step will be the acknowledgment that change is needed, then education and empowerment of each and everyone to make these incremental steps towards addressing bias in recruitment and assessment of learners and staff. Within our spheres of influence, we can ask

questions about who is not at the table for decision-making and how decisions may affect those not represented as decision-makers. We have to redefine what professionalism in the profession means to include cultural humility and anti-discrimination as fundamental principles, along with all the other qualities we admire and place value on in physicians. Our new generation of learners are grasping these concepts, and we need to also embrace these principles. These incremental changes will have a great impact in changing our medical culture, where we all benefit from a sense of belonging and strengthen our capacity to provide quality care to our diverse patient population.

In addition to your advocacy for children and youth with rheumatic diseases, you have also been engaged in anti-Black racism advocacy work. You hold the positions of Co-Curriculum Lead for Post Graduate Medical Education for Racial Equity in Healthcare at the CSM; Chair for the Diversity and Inclusion Task Force for the Canadian Rheumatology Association; and Board Executive and Physician Lead for the medical student mentor program for the Black Physicians' Association of Alberta. Furthermore, your contributions to inspiring women and girls in Science, Technology, Engineering, and Mathematics has been recognized by the Calgary Black Achievement Award for STEM from the Calgary Black Chambers in 2021. In 2023, you received the inaugural award for Mentorship from the Black Physicians of Canada. Why was getting involved in advocacy with regard to anti-Black racism and women in STEM so important to you?

Supporting women and girls in STEM is truly about paying it forward for me. My family, including my grandparents and parents, were advocates for girls having the same opportunities in education as boys at a time when it was not customary to advocate for females. I was encouraged to explore all my interests and gained an early love of the sciences. I realized it came from early exposure and a supportive environment. I hope to provide that exposure and encouragement to women who may not have had the same support that I received. I also feel we do not discuss the history of women in medicine and STEM enough to ensure that female pioneers are understood and celebrated. If young females do not see role models in the field it may not occur to them that they may have a role in STEM careers, so I cherish being a role model for other female learners.

My enthusiasm for anti-Black racism in medical education comes from my own lived experience. Throughout my education there were many instances of racial discrimination in my training that have shaped me. Without great mentors and supporters, I could have faltered along the way after these various discriminatory experiences. I learned how to address microaggressions, knowing how to advocate for myself, but not all racialized learners have learned these resilience techniques. Indeed, we should reach a point where microaggressions and discrimination are not commonplace or accepted aspects of our medical culture,

but until then we need to work and bring awareness and strategies to eliminate discrimination in medicine, not just for our trainees, but for all working in healthcare and, importantly, for our patients. Canada has declared racism as a social determinant of health and, as such, we are obligated to address it for the greater health of our people.^{1,2,3}

What is your proudest accomplishment?

From a professional perspective, the Canadian Rheumatology Association Distinguished Teacher-Educator Award was a definite highlight for me. Since being a fellow in rheumatology I have looked up to the educators who have received this award previously. I was truly speechless when I heard I was the 2024 awardee. Most of my work has been in undergraduate medicine and not specifically focused on rheumatology or through a residency training program, so it was a surprise to know my work reached the radar of the rheumatology family.

From a personal perspective, I cherish my family and friends and appreciate being known as the glue that keeps everyone together.

What are some of your other passions outside of rheumatology and medical education? What would you be doing if you had not pursued rheumatology?

I love travelling and connecting with friends and family around the world. I would say it also is a passion to get out of the cold and hit a tropical destination when I can.

What is your favourite food or cuisine?

I enjoy all types of cuisine having grown up around the world.

You are handed a plane ticket to anywhere in the world.

Where do you go?

That is a hard one for me, as there are so many places where I have friends and family. However, with that plane ticket, I would head back to the Fiji Islands. I stay connected with classmates from the '80s and would love to see them again and experience the diversity of culture there.

References:

1. Dryden O, Nnorom O. Time to dismantle systemic anti-Black racism in medicine in Canada. *CMAJ*. 2021;193(2):E55-7. Erratum in: *CMAJ* 2021;193(7):E253
2. Truth and Reconciliation Commission of Canada: calls to action. Winnipeg, MB: Truth and Reconciliation Commission of Canada; 2015. Available at <https://nctr.ca/records/reports/#trc-reports>. Accessed May 20, 2024.
3. Public Health Agency of Canada. Social Determinants and Inequities in Health for Black Canadians: A Snapshot. 2020. Available at <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health/social-determinants-inequities-black-canadians-snapshot.html>. Accessed May 20, 2024.

Nicole Johnson, MD, FRCPC

Pediatric Rheumatologist,

Clinical Associate Professor,

University of Calgary

Chair, Equity, Diversity and Inclusion Task Force, CRA
Calgary, Alberta