

Reflective essay on teaching, research, and service

Teaching

The social sciences are the offspring of an unexpected union between social philosophy and social reform. My teaching philosophy embodies this genealogy by combining broad theoretical questions with pressing social problems. With substantive research interests in health and medicine, professionals, organizational behavior, and qualitative research, I structure my courses to situate examinations of real-world examples in the context of broad philosophical and sociological questions. My ultimate teaching goal is twofold: (1) to present students with theoretical ideas that inform empirical research and contemporary issues, and (2) to instill students with a sense of how sociological thinking can inform everyday life and social problems.

At the undergraduate level, my teaching philosophy manifests itself in the structure of my courses. By Spring 2019, I will have taught six undergraduate courses: (1) Medicine and Society, (2) Medicine and Health, (3) Technology and Culture, (4) Introduction to the History, Philosophy, and Sociology of Science, (5) Scientific Practices, and (6) Medicine in the Wild: Ethnography in the Modern Hospital. My syllabi are generally organized so that each week covers a substantive theoretical topic while, at the same time, incorporating class exercises and assignments that integrate writing, technology, and modules in multiple media, from Shakespeare to *Scrubs* to talks inside and outside the classroom, presented by physicians and industry representatives.

In the classroom, I work to ensure that in every class, students will participate, interact, and learn how to better ask and answer questions about our subject. To nurture an inclusive teaching environment, I ask students to work in groups during every class meeting. I usually form these groups by handing out playing cards and having them match with color, number, or suit. I might ask students to talk with adjacent students or with their project group about a question posed during class, and then report back. In general, I want students to be able to ask new questions about their subjects of interest, as well as others' projects. This goal is pressing: Access to knowledge has changed dramatically, now that Google seems to offer all the world's answers. The challenge, then, is to avoid concentrating on access to facts, and instead to *teach students to ask questions*. For this reason I ask them to write about both what questions they answered with their work, and what new questions or paths emerged.

The undergraduate class I am perhaps most proud of is a two-course sequence on the social organization of hospital-based medical practice, in which I gave students a shared foundation in a relevant literature, and then taught them how to interrogate, challenge, and contribute to that knowledge through group-based research. I structured the readings and class assignments around key works that look at triage negotiations, end-of-life decisions, and the management of errors. To give students first-hand opportunities to observe medical practices, I collaborated with the MSU service learning program, the dean of the medical school, and the volunteer coordinator at a university-affiliated hospital. The cumulative two-course sequence also connects to that in the natural sciences, where knowledge has often also been considered cumulative (at certain periods and with certain subjects). A payoff for me is to see students begin to move from knowledge consumers to knowledge producers, one especially seen in a collaboration with some students on a project on patient adherence.

The challenge of the course is that students are anxious about grades. In part, this is because students doing fieldwork have the same uncertainty as do researchers engaged in the same task. They are not sure whether what they are seeing will be helpful for answering questions, much less about whether it's "right" or "wrong." Students are sometimes challenged by the way tasks are structured in this class. Much ethnography is inductive by nature, and this feature naturally leads to some uncertainty; students wonder what my specific expectations are, and whether they are wasting time by taking fieldnotes on organizational processes that initially seem mundane. Not surprisingly, a few students found this approach bewildering. I'll admit too that it feels like a kind of miracle when we get to the end of the year and they've posed and answered a sociological question.

To make this class valuable for students in the longer term, I'm trying to show them that success is correlated with doing something you are: a) good at, and b) enjoy. While they can get a sense of strengths in classes and on the shop floor, I encourage them to try to gain a sense of what they enjoy through this

classroom and applied parts of course. This approach can succeed at the expense of the course. For instance, one of the students in the linked course forlornly met with me during the first week of the second half to tell me he had to drop. The first half had taught him that a nursing, and not MD degree, was for him. And since he had to take the pre-nursing section of anatomy that semester to be accepted into MSU nursing – and it met only during my class – he had to drop.

Beyond quantitative evaluations, which range between 1-2 (out of 5), students seem to value their experience quite a bit – in terms that, in fact, occasionally reflect practical consequences of the more abstract concepts I addressed. From LB133: “...the class helped me to see science and the scientific community with new eyes, which I liked, and when considering future employment opportunities, this class's content comes to mind every time.” From LB326b-492: “I just wanted to say what a pleasure it was to be in your class for an entire year, this course really opened my eyes to the social structures of medicine. It should be a requirement for every student in Briggs to take course like this; I can't imagine going into a healthcare field without it.” I am now participating in a Scholarship on Teaching and Learning program to study how these students come to develop an ethnographic eye.

Moving forward, I would like to continue to connect activities inside and outside the classroom, through a course on the relationship between medicine, belief, and space. Specifically, I'd like to assemble readings and field placements that offer students a keyhole into the patient's perspective, leading them to consider questions that fit with my recent research interests, which center around the ways that patients come to believe the claims of experts.

Outside of the classroom, promoting undergraduate research has become a cornerstone of my teaching philosophy. I've now mentored nine Professorial Assistants, all of whom have been able to continue working with me after their Honors funding has lapsed. I have enjoyed seeing two of these students off to medical school, and one to a DO-PhD program in sociology. I value the processes of one-on-one mentorship and our weekly group meetings that offer a venue for discussing research and fostering social capital. I plan to continue honing my skills in moving from the “lone-wolf” research model in which I was trained, to a more collaborative one. I have begun that process by coauthoring papers with undergraduate students, several of which have been presented at the ASA with one soon to be sent out for review.

In terms of graduate education, I have now taught 3 courses: (1) Classical Sociological Theory, (2) Authority, Expertise, and Institutions in Medical Practice, and (3) Global Transformations: The Social Organization of Transnational Processes. My approach to graduate teaching centers on both (a) my empirical, theoretical, and methodological research interests, and (b) formal training in “hard” sociological job skills, such as writing peer reviews, constructing syllabi, and handling the ins-and-outs of a research project. For example, for one writing assignment, students wrote a peer-review of an existing academic paper, while for another, they wrote a professional book review. Using my own editorial, reviewer, and reviewee experiences, I took these assignments as opportunities to teach something that often goes untaught in graduate programs: how to be a productive citizen in peer review circles. Writing assignments were circulated in the course and discussed at length. And we spent considerable time discussing the nuances of a good review or professional essay. Based on student feedback, these approaches seem to have gone over well: “██████████ is a great professor who welcomed class discussion, loves the material, cares about his profession, and loves to teach.” “Overall, the course was great: challenging, stimulating, and a safe, welcom[ing] environment in which to raise ideas. ██████████ emphasis on finding new/better ways to explain things was most welcomed and inspiring, as was his enthusiasm for course material.”

In advising these graduate students outside of the classroom I've developed a better sense of how to give students what they need most. Sometimes students simply need an alternative angle for understanding their data or ideas to keep from unproductively spinning their wheels. All students are different, and need different forms of critical direction and encouragement, but it is possible to teach basic heuristics and the mechanics of article structure. The value MSU graduate students see in this knowledge is exemplified in the fact that I've been invited many times to speak to their organization about academic writing and publishing, as well as in job market matters.

I continue to improve my use of technology in the classroom, which is also likely related to the reports of increased student learning described above. For example, I use pre- and post-tests to gauge student

understanding, attitudes, and perceptions of class concepts. I am especially happy with how I feel that this use of technology has positively impacted my ability to achieve my goal of getting to know my students and engage them. Another tech-related change I have made recently involves how I use PowerPoint during class sessions. In my first experiences with teaching, I felt that details of my PowerPoints were not complete enough, seeming to result in decreased student engagement during class (this was reinforced by student complaints). I have since added much more detail and variety to my slides. Furthermore, starting last year I made *all* my classrooms a tech-free zone for the students.

Research

My research focuses on several areas of inquiry linked by a broad interest in the social organization of medicine. In short, I am interested in how social relationships among people, groups, and institutions influence the creation and use of knowledge, authority, and social status. My methodological approach to such questions has been quite diverse, including social network analysis, archival and library research, content analysis, interview research, and ethnographic observation. Although much of my empirical research has involved medicine, I have integrated the secondary literature on other fields in order to make my arguments more widely applicable across areas of expert work. This wide applicability is necessary because I have sought to publish my work in general high-impact journals; I have found I welcome the challenge involved in constructing a paper for these outlets, even if the expectations are steep and the gestation time long.

A large part of my research investigates the role and influence of expertise, especially that used by medical professionals. My research agenda centers on the notion that understanding medical practices requires analyzing the group and organizational nature of medical practice, as it is organized across venues. That is, the processes at play within small and large groups, operating in multiple venues, are the key factor that distinguishes professionals as having a unique form of social organization. More importantly, it is such processes and structures that drive individual and collective behaviors. The collectivity that emerges or what we call “medicine” takes on important cultural, social, and political significance not simply for its members, but also for industry, patients, and the state. Analyzing physicians *qua* professionals – but also as economic and state actors – helps to unpack the elements of medicine that make it a meaningful sociological entity. This research can also uncover social processes at work in medicine that might also apply to other types of expert behavior.

Much of this work comes together in my book. [REDACTED] is a radical re-imagining of how physicians gain and keep the authority we give them. It asks: How do doctors know what to do? And, how do doctors make sure their peers don’t put at risk the social privileges they have been granted? These questions are answered in a theoretically informed and systematic six-year ethnographic study of cardiac electrophysiologists – one which, at times, juxtaposes these specialized cardiologists with those in less-specialized areas. Based on an understanding of the literature about how medical training and practice is organized, my book strategically analyzes doctors managing everyday patients in “Superior Hospital,” an elite tertiary-care teaching institution. But, to identify the relevant stakeholders, it also focuses on venues where elites present their most unusual cases, where technology firms seek to influence doctors, where gossip is exchanged about the latest controversies, and where potentially field-changing discoveries are presented and discussed. Drawing together close observations across six venues, I argue that physicians maintain authority through a tiered competition for status. This book also makes a methodological advance by showing how practices are supported in different venues, from the bedside to the broader profession.

Studying this specialized group of physicians has sparked theoretical and methodological ideas I’ve tested through studying other expert groups. In a recent *SMR* article I have recently demonstrated the benefits of using the method of tethered venues to study other the work of experts in fields outside of medicine. And in a paper under revision for resubmission to the *ASR*, I broaden the argument above about status competition in medicine to account for a range of professions, showing how individuals compete within an economy of exchange that is essentially political in nature.

With two new projects I am moving my research in new directions: first, the automation of expertise, and second, the way medicine instills beliefs in practitioners’ expertise. I have begun work on the reach of

expertise in an age of automation by looking at the introduction of robotics and other advanced technologies into medicine and other professional domains. Here, I am interested in how new technologies reflect the undermining, erosion, and transformation of experts. Although focused more on professional technologies than communication technologies alone, this work has some important continuities with my research on online interaction; this new project too is of the moment, but the moment will not pass quickly. All kinds of experts will be undermined and transformed by the embodiment of expertise in machines. But there will always be those who resist. To begin moving my research in this different direction, I've begun by studying robotics in cardiology, taking a piece out of a case I knew well. And I already have accrued some evidence that this can be successful in prominent publication venues, having recently published my first paper from this project in *JHSB*. A second paper, presented at the 2018 ASA meetings, examines the between-hospital and cross-national correlates of robotic technology adoption in cardiology. In this student-coauthored paper, we find little evidence of profession-related factors in adoption decisions, suggesting instead the payoffs of perspectives that account for technology adoption in terms of organizational investments.

My new research on patients' beliefs takes my interest in medical authoritativeness to a venue that is wholly client-centered, focusing on the ways that medical professionals generate and maintain belief in their expertise. While my book focused largely on physician ties across venues, this new work is focused on a range of professionals' interactions with patients and families at the primary point of contact – a point I have studied not with qualitative but with survey data alone (in my coauthored 2014 paper “When do Physicians Follow their Patients' Orders”). The new work takes on a number of questions tied to the fact that vocation of medical professionals, like that of other professionals, depends for its persistence in part on healthcare workers' efforts to create and reinforce a set of beliefs. What makes a medical treatment look like it will work? What makes us feel that we are receiving good care, or that we can be cured? How are these responses shaped by the rhetoric of doctors, researchers, and pharmaceutical companies, or by the physical appearance of hospitals, offices, and instruments, and by the smells and sounds they produce? For medical professionals' expertise to have value, patients need to believe that the service provided, and the outcome received, is of the highest quality possible, and does not differ from what can be reasonably expected for their health concern (to a victim of a near-death car crash, an amputation can be an outstanding outcome). Drawing on interviews and ethnographic observations, this project examines how the medical profession instills and maintains that belief. I'm revising for resubmission a CAREER grant application on this subject. So far this project has been collaborative, because working with excellent undergraduate pre-med students has afforded me the chance to do research in a range of medical venues. Because physicians can succeed at encouraging belief irrespective of whether the outcome is life or death, we have so far been comparing a venue where a high quality of life is pursued (knee/hip replacement in orthopedic surgery) with one in which having a high quality of death is pursued (hospice house). Using pilot data from orthopedics, I have also collaborated with a student on a first paper he presented last summer and that we intend to submit this summer.

In the context of several ongoing collaborations with MSU graduate students I have been able to take my work into new directions. One new research initiative, initiated as a part of the SoTL scholars program, evaluates how students who have taken my 2-course sequence differently learn to “see more” in the context of learning the craft of fieldwork. A second initiative involves a 3-year study of the processes through which cardiologists selected to write professional guidelines keep them concrete to allow them to resolve disputes while allowing sufficient ambiguity to enable support for practices from multiple traditions.

In sum, I have a strong record of publishing quality scientific papers in some of the highest impact journals in sociology (10 published papers in a variety of general and specialized journals) and sharing the results of my research at regional, national, and international conferences (38 presentations). The scientific community has recognized that my research is important; my publications are often cited (a total of 152 citations for my publications in Google Scholar). My medical sociology research program has served me well, and I look forward to continuing collaborations with MSU undergraduates and graduate students in coming years.

Service and Outreach

Over the last five years, I have enjoyed opportunities to serve in my department and colleges at MSU, and in my university and discipline. I have also engaged in national and public service.

I have performed service to both of my units, LBC and SOC. In LBC, I have participated on four successful faculty search committees, and was chair of the LBC Awards committee. In SOC I was a member of the Graduate Recruitment and Admission and Teaching Assistantship Evaluation Committees, and now sit on the Faculty Advisory Committee. As the chair of the department colloquium series, and active participant, I have organized visits from 8 high profile sociologists to speak [REDACTED]. Regarding the speakers committee, my mentors have written: “[REDACTED] has helped to reinvigorate intellectual culture within the department by bringing in external scholars of quite a high-caliber.” As the chair of the website committee I oversaw a complete overhaul, working to develop a new locus of community for the department, as well as creating an online presence that showcases this community to visitors, potential students and faculty (<http://sociology.msu.edu/>). I introduced a stream of up-to-date news, awards, seminar announcements, publications and people, including individual pages for graduate students, visitors and post-doctoral fellows.

Each year I have advised honors projects by students in my courses, and I have sat on two PhD committees (one as co-chair, one as committee member). I regularly consult with and advise many other students and write at least a dozen letters of recommendation for graduate school, internships and scholarships each year.

At the University level, I represent Lyman Briggs on the University Academic Hearing Boards, and have actively participated in, and now lead, the Science and Society Workshop.

The main ways by which I conduct outreach are by working with Sparrow Hospital to study and provide feedback on a number of their departments and initiatives. I have collaborated with Sparrow’s volunteer services and MSU service learning to embed students in Sparrow Hospital to gather data to help suggest evidence-based ways to improve patient experiences. I have helped translate my yearlong class’s research into practice by co-authoring reports with students to provide feedback based on their shadowing and interviews. I have given multiple presentations to both working groups and the hospital’s senior executives that offered students’ results alongside suggestions for improvement, and based on their high satisfaction with our work we are exploring new areas for study. Through past and future outreach activities such as these, I impact the relationship between MSU and Sparrow, while also influencing how hospitals can be shaped to improve the quality and affordability of patients’ healthcare. As a nursing executive described: *This is a valuable pursuit to learn what actual experiences the patient/family are encountering-real time. Equally important, the opportunity for front-line caregivers to learn the impact they have on the patient experience. ... thank you for your time, passion and influence to take this to the next level.*

Finally, I have also performed service to the discipline of sociology. I have served on the editorial board of *Social Science and Medicine*. For the American Sociological Association, I have served in the graduate student mentorship program organized by the Organizations section, and several high profile award committees for the Medical Sociology section. I am an active reviewer of manuscripts for *AJS*, *ASR*, *JHSB*, *Social Science and Medicine*, *Sociological Theory*, and other sociology journals, review books for Columbia University Press, and frequently review grant applications for the National Science Foundation, and National Institutes of Health. I am frequently invited to speak at universities around the country, including most recently Northwestern, Notre Dame, University of Arizona, University of Chicago, University of Michigan, and UCLA.