McMaster Program for Faculty Development (MacPFD)

Spark Podcast

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Interviewers: Dr. Anjali Kundi and Dr. Teresa Chan
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Dr. Teresa Chan (00:02):
Welcome to the MacPFD Spark podcast. This podcast is meant to inspire you to take the next step in your development journey as a faculty member. We're really excited to bring you all sorts of content, from inspiring you to teach or supervise differently, to leading and managing your team, to thinking about new creative ways or humanistic ways to actually do your work, and finally to up your game in your scholarly practice. Are you excited yet? I certainly am. So sit back, listen, and enjoy this latest episode of the MacPFD Spark podcast.

[music]

Speaker 2 (00:44):
Hello and welcome to the 31st episode of MacPFD Spark. Today, we will be listening to two discussions about the human experience. First, we will have the opportunity to listen to Dr. Rafi Setrak, with a powerful vignette of his life experiences, and how those experiences helped guide him to key positions in healthcare. Next, we will be hearing about the experiences of becoming a patient as a provider, and the understanding derived from that, with Nicole Jilek. Please enjoy the episode.

[music]

Dr. Anjali Kundi (01:17):
Hello Spark listeners, and welcome to the MacPFD Spark podcast. My name is Anjali Kundi, and I'm the Coordinator for Faculty Development at the Niagara campus of McMaster School of Medicine. It is my great pleasure today to introduce you to our guest for the show, Dr. Rafi Setrak. Rafi is the Regional Chief of Emergency Medicine in Niagara, and the Clinical Education Coordinator for McMaster's Niagara campus. He's also an assistant clinical professor in the Department of Family Medicine. So, thank you, Rafi, for being here. So glad to have you.

Dr. Rafi Setrak (01:46):
Oh, thank you for having me. This is lovely.

Dr. Anjali Kundi (01:49):
So Rafi and I are gonna try something a little bit different for Spark today. We thought it would be cool to look at leadership through the lens of photos, and I know what you're thinking, in your car, or in your space, "How are we gonna do a podcast based around photos?" But Rafi and I are in the same room, we are observing all COVID precautions, don't worry, listeners, but we're gonna look at some personal photos, and we're gonna try and tell Rafi's leadership story through that. I think it'll be a really interesting way to reflect on how he got to where he is, and I think we can all pick up some pearls from that. What do you think Rafi?

Dr. Rafi Setrak (02:21):
Oh, let's do it.

Dr. Anjali Kundi (02:22):
Alright, so let's start us off.

Dr. Rafi Setrak (02:24):
So, this is where we are right now, and I'm gonna try to describe what we see. This is sort of a video from Google Earth, where we are now, in St. Catherine's. And it's so green and lush and sort of to take you back to where I was born. I was born thousands of miles away in Baghdad, Iraq, out of all places. And you can notice, as Google Earth Turns, how the colour green is replaced with desert colours. So, this is where I was born, almost 51 years ago. And I had a pretty nice childhood, I have to say. Both my parents are architects, they both work for the government, they were government employees. My dad had a firm that he worked in, and also he owned a firm in the evenings. He's a prolific designer, and... This is very funny, so the picture on the left, the picture on the left shows my baptism. Little did I know that the priest who's baptizing me, I was gonna end up marrying his granddaughter.

Dr. Anjali Kundi (03:17):
Oh wow! That's a nice coincidence.

Dr. Rafi Setrak (03:19):
Almost 25 years later. And so, the picture from 1974, that's... What do you call it in English? The Sunday before Easter?

Dr. Anjali Kundi (03:26):
There might be a word, but I'm not sure that I know.

Dr. Rafi Setrak (03:28):
I'm sure it is, 'cause I know it in Arabic, but I'm having a...

Dr. Anjali Kundi (03:30):
Well, tell us in Arabic.

Dr. Rafi Setrak (03:31):
Okay. "Shaa'nineh.

Dr. Anjali Kundi (03:31):
Okay.

Dr. Rafi Setrak (03:34):
It's Ahad Shaa'nineh."

Dr. Dr. Anjali Kundi (03:34):
So, it's an important day.

Dr. Rafi Setrak (03:35):
It's an important day.

Dr. Anjali Kundi (03:36):
Yes.

Dr. Rafi Setrak (03:36):
So that's in church with my mom, and that's with my sister, when she was born in 1972.

Dr. Anjali Kundi (03:41):
Excellent.

Dr. Rafi Setrak (03:42):
So, my mom was a traveller. She travelled for work, and she made sure that we were exposed to the world. And you will see all these dates are in the '70s, and these are pictures of me on the Mediterranean with my sister and my dad in Beirut. This was Disneyland in New York. That was in 1978, I think. Paris, maybe in the mid '70s, like '76. The picture from Niagara Falls is the one I discovered as of late. This was in 1978, and this is me standing on the American side with my mom and dad as an 8-year-old, not knowing that in 20 years, I'm gonna be living on the other side of this river.

Dr. Anjali Kundi (04:20):
Absolutely, absolutely. There's some amazing foretelling in that photo. And it's remarkable that these were very... Probably very far... Like, these are huge distances, if we think about the distance from Iraq to Niagara Falls, it's not an easy journey to take your two kids in the late '70s halfway around the world.

Dr. Rafi Setrak (04:39):
Oh yeah. Oh, yeah. And it was my mom. My dad still does not like travelling, but it was my mom. She's a prolific traveller, and she made sure that we saw the world. And that continued until 1980, what we call the First Gulf War.

Dr. Anjali Kundi (04:53):
So a major turning point in your history, not to mention the history of the World.

Dr. Rafi Setrak (04:58):
I grew up during the Iran-Iraq War, that's from... I was in elementary school when it started, and I was in university when it ended. And it shaped a lot of my childhood. All of my education was probably through war time, between the Gulf War, to Operation Desert Storm, and the wars that followed. I spent most of my education during war, and it was pretty interesting.

Dr. Anjali Kundi (05:23):
Was it protective? Was it a safe space? Did you feel conflicted?

Dr. Rafi Setrak (05:29):
It becomes just a way of life.

Dr. Anjali Kundi (05:34):
Okay.

Dr. Rafi Setrak (05:35):
Everything becomes natural after a while. There were some ups and downs. Definitely, Operation Desert Storm was a turning point. The year after that, I had trouble adjusting.

Dr. Anjali Kundi (05:44):
Okay.

Dr. Rafi Setrak (05:47):
I struggled at school, it took a bit of adjustment to this big event in our lives. But for most of it, it becomes just a fact of life. You tend to become a little more reckless, I think, in danger, just because the whole environment is high risk. So you do become a little reckless, I think. I don't know, but that was my experience. It was all I had. Ah, this is very nice. So my aunt was a civil engineer, and she did her Master's at Berkeley, University of California. And she brought the first computer lab to the University Of Baghdad when I was probably 10 years old.

Dr. Anjali Kundi (06:24):
Okay.

Dr. Rafi Setrak (06:26):
So, this was... I started coding...

Dr. Anjali Kundi (06:28):
Wow. Early on.

Dr. Rafi Setrak (06:29):
When I was 10 years old. And I really knew what I was going to become, I was going to become a computer engineer. Funny story, when I went for my interview for medical school, everybody was nervous preparing for the interview and I went in my jeans and t-shirt. I didn't wanna go to medical school, I only applied so my mom would stop nagging me. And I walk into the interview and these old guys are sitting and it's a formal, old-fashioned interview. And they asked me why I wanted to be a doctor and I said, "I don't wanna be a doctor. Have you heard of this thing called computers?" And I went on a rant for like half an hour talking about computers. They took me in and here I am.

Dr. Anjali Kundi (07:08):
Amazing.

Dr. Rafi Setrak (07:09):
Until that day, I really knew how my life was gonna turn out. And this is probably one of the biggest lessons that I learned along the way, and you'll probably see more examples of this, is you really

never know where you're gonna end up. You'll plan and then doors will close and then other doors will open and if you only have the courage to walk through them, life will unfold. And for the better, for the worse, you never know, but it will unfold and it is a journey that you have to go through. And this was probably one of my biggest turning points in my life completely by chance, completely not wanting it and ended up being a physician because I didn't wanna become a physician.

Dr. Anjali Kundi (07:52):
Amazing. It's interesting that it really ties for me into what you said earlier about living through, you know, having this childhood and adolescence and early adulthood linked to war. That ability to take risks and the ability or almost idea of living dangerously and trying things. And to hear you put yourself out there as an applicant to medical school, that was a huge gamble and one that, as you say, you didn't necessarily care about the outcome. But what an amazing thing to sort of put yourself in that bucket anyways.

Dr. Rafi Setrak (08:29):
I don't know if it was intentional though, I'll be honest with you. All my mom could think about was me becoming a doctor. I'm the first doctor in my family. My grandparents are refugees from Armenia and Lebanon, my grandfather's a tailor, my other grandfather is a steel worker, he used to make pipelines, oil pipelines. Their children became architects. I am the first doctor in my family, there are none. And so this is me. In my medical school class, I spent six years. We do the British system like most of the world, unlike North America. You go straight from high school then you spend six or seven years in medical school.

Dr. Anjali Kundi (09:03):
It's amazing to me Rafi, I want to just linger on this photo for a moment, the predominance of men in the photo. So your medical school is, I would say, 96% male and I'm gonna give them 50% moustaches.

Dr. Rafi Setrak (09:20):
Yes, more than 50% moustaches. I was one of the very few who did not have a moustache. It is a measure of manhood in the Middle East. Not that I can't grow one.

Dr. Anjali Kundi (09:29):
[laughter]

Dr. Rafi Setrak (09:29):
No, I have raised probably 60 or $70,000 for our prostate research program growing November.

Dr. Anjali Kundi (09:34):
Absolutely, absolutely.

Dr. Rafi Setrak (09:35):
In fact, this was a pretty progressive class, we were 50 in my class, 10 women. We were 80% men. And if you look at the faculty, the faculty was also pretty mixed.

Dr. Anjali Kundi (09:48):
Yes, that's definitely visible.

Dr. Rafi Setrak (09:51):
So that was probably 1990 or 1989, I think. That was 1989. Yeah, because war again. 1990, Saddam Hussein invaded Kuwait. In 1991, Operation Desert Storm, that was a very dark period of our lives. The economy fell apart. There was severe political oppression, not that that wasn't before but it became really oppressive. So we had three years without a phone, didn't have a telephone for three years.

Dr. Anjali Kundi (10:19):
And this is during medical school?

Dr. Rafi Setrak (10:20):
This is during medical school, this is fourth year medical school. And if you remember when we were having conversations about students during COVID returning to clinical education, I told the story that after the bombing campaign, and it was about 100 days, within a couple of months, we were back to medical school, to medical education. And what happened again, another unforeseen thing is, we did learn differently probably than the cohort that went before us, but that didn't mean we didn't learn. And I would say, we developed certain skills, certain survival skills, certain sort of investigative skills, certain clinical acumen that we were forced to develop because we were back at a time of difficulty and at a time of scarcity, at a time when things were not that easy. We had a full year of almost no electricity. If you're lucky if you get it for half an hour, an hour day, with their limited running water, limited fuel, it was tough.

Dr. Anjali Kundi (11:15):
And if you think about the folks that were with you on this journey, do you think that your experiences are representative of what others were feeling? Were there folks in the cohort who didn't have that flexibility, who didn't have that adaptability? And what happened to those individuals?

Dr. Rafi Setrak (11:32):
One of our classmates who, for lack of a better word, crashed and burned, but most of us survived.

Dr. Anjali Kundi (11:40):
Okay.

Dr. Rafi Setrak (11:41):
It is amazing how enduring the human race is.

Dr. Anjali Kundi (11:45):
Absolutely.

Dr. Rafi Setrak (11:46):
And everybody in a different way. We'd like to think that we are all the same, we are not. And I think there's a lot of strength in that there's a lot of adaptability in the fact that we are different. That's one of the reasons we are so resilient. Some of us are more adaptable than others, some find it harder and some find it easier, some thrive in chaos. However, at the end, we all survived. And my classmates are scattered all over the world from orthopedicians and family docs in Australia to pediatricians and ICU docs in England to... From my class here in Ontario, there is two emerged docs, two family docs and an ophthalmologist.

Dr. Anjali Kundi (12:32):
Amazing.

Dr. Rafi Setrak (12:32):
From a class of 50. We are in this province.

Dr. Anjali Kundi (12:36):
So these are amazing experiences to have lived through and we've touched on resilience and we've touched on risk, and I'm wondering how those experiences led to compassion and the development of compassion 'cause these were hard times. Just hearing about it makes me feel awful inside.

Dr. Rafi Setrak (12:55):
I think there are two signs of hardship. I think there is the personal experience, and then there is the experience of watching others who are less fortunate than you. That probably shaped me more than my own hardships. Whether it was patients or neighbours or friends. I lost my first friend to an aerial bombardment when I was in grade 10.

Dr. Anjali Kundi (13:22):
Oh, yeah.

Dr. Rafi Setrak (13:22):
I never thought it was gonna hit me that hard, sorry.

Dr. Anjali Kundi (13:26):
No, that's... Thank you for being honest.

Dr. Rafi Setrak (13:29):
Saco was a guy who was bigger than life. And I don't know if my loss or his family's loss of his own personal demise was the hardest part. But it does make you more human. For those of you who are not with us, we're both crying and passing tissues. Sorry about that.

Dr. Anjali Kundi (13:48):
No apology necessary. It's an incredible story. It's an incredible path your life has taken.

Dr. Rafi Setrak (13:55):
Well, there is more to come.

Dr. Anjali Kundi (13:57):
Okay. Let's see what happens next.

Dr. Rafi Setrak (14:00):
Let's see what happens next. Ah, 1993, one of the best years of my life. So, this is me at my medical school graduation. And ah, let's look at where the first row is. Fadi is... We're starting right front. Fadi is an ophthalmologist in Oakville. And I think he works in Brampton as well. I don't know where he is. Sally is a family doc in Scotland. Afrah is a pediatrician in Ireland, I think. Oh, Ali is an orthopedic surgeon somewhere in Australia or New Zealand. I think Australia. I am here. I don't

know where she is. Oh, Aman and his wife ended up becoming family docs in Tasmania out of all places.

Dr. Anjali Kundi (14:47):
Wow.

Dr. Rafi Setrak (14:49):
Yes. Moe is a... He's an intensivist in Glasgow in Scotland. Ali is a surgeon and he's an orthopedic surgeon in New Zealand, I think. And it goes on. Maya is a family doc in Ontario in Oakville. Wow, this is an amazing picture.

Dr. Anjali Kundi (15:09):
It is. I need to direct your attention though, to the picture on the right, that is the one I'm far more [laughter] excited about. Tell us about this beautiful woman in a gorgeous white dress with some amazing embroidery.

Dr. Rafi Setrak (15:21):
This is the love of my life. 1993 I graduated medical school and I got married.

Dr. Anjali Kundi (15:26):
Amazing.

Dr. Rafi Setrak (15:28):
I was not yet 24.

Dr. Anjali Kundi (15:29):
You were just a baby.

Dr. Rafi Setrak (15:30):
I was a baby. And little did I know about the journey that was gonna happen ahead of us. So, this was our wedding. It was during embargo. Funny story, sugar and flour were rationed.

Dr. Anjali Kundi (15:44):
Oh, goodness. How do you make a wedding cake on sugar and flour rationed?

Dr. Rafi Setrak (15:47):
Exactly. You are not allowed to make wedding cakes, because all the bakeries can only make bread. So my sister made my wedding cake.

Dr. Anjali Kundi (15:57):
Aww.

Dr. Rafi Setrak (15:57):
She's a good baker.

Dr. Anjali Kundi (15:57):
That's love.

Dr. Rafi Setrak (15:58):
Yup. She is. She lives in Richmond Hill, Ontario. She works in a weird field of business continuity, which is how businesses survive hard times. This is a sort of branch of business that evolved after 9/11.

Dr. Anjali Kundi (16:13):
Okay.

Dr. Rafi Setrak (16:15):
And she worked in IT and then became specialized in business continuity.

Dr. Anjali Kundi (16:18):
Interesting.

Dr. Rafi Setrak (16:20):
So, she travels the world, but not now. Now, she Zooms all over the world. And that's how they make sure business does not fall apart during things like a pandemic. So she's very busy nowadays.

Dr. Anjali Kundi (16:32):
Yes.

Dr. Rafi Setrak (16:32):
Ooh, she does about 14-hour days every day. So that was 1993, very good year. 1994, so I finished my basic medical training and left the country with my wife, and out of all places I ended up in Yemen.

Dr. Anjali Kundi (16:48):
Now the pictures I have to tell our listening audience here, they're beautiful. These buildings are spectacular, kind of built into cliff sides and rock and you see desert, sand, and succulent plants. And it's just...

Dr. Rafi Setrak (17:03):
That's a cactus on the left. They have amazing cacti.

Dr. Anjali Kundi (17:07):
It's massive.

Dr. Rafi Setrak (17:08):
They are massive. Yemen is one of the... It's probably the earliest civilization that had multi-storey buildings. So these are 100-year-old buildings that are five storeys high.

Dr. Anjali Kundi (17:20):
Wow.

Dr. Rafi Setrak (17:21):
You don't see that much.

Dr. Anjali Kundi (17:22):
No.

Dr. Rafi Setrak (17:23):
Arrived in Yemen, just after the Civil War had ended. A few months after the Civil War had ended, and lived there for about four years, practiced medicine, taught biology, taught English. That was my first job. I interviewed for an English teacher job and I went as an English teacher.

Dr. Anjali Kundi (17:38):
So not medical at all?

Dr. Rafi Setrak (17:40):
Well, that was my first job. Yeah, yeah, I was looking for a place to go and I had a connection with Yemen and I did an interview and I got a job as a substitute English teacher. So I went.

Dr. Anjali Kundi (17:52):
Alright.

Dr. Rafi Setrak (17:52):
And from there, life branched. Again, another example of, you never know where life's gonna take you.

Dr. Anjali Kundi (18:00):
Yup, absolutely.

Dr. Rafi Setrak (18:00):
It's just amazing.

Dr. Anjali Kundi (18:02):
So you have this medical degree in your pocket...

Dr. Rafi Setrak (18:02):
Yeah.

Dr. Anjali Kundi (18:03):
But you sign up to be an English teacher.

Dr. Rafi Setrak (18:05):
An English teacher, yup. And from there I teach biology and from there I practiced medicine. And then from there, I do some administration and you have to survive.

Dr. Anjali Kundi (18:13):
You do.

Dr. Rafi Setrak (18:15):
Right? And 1998 I arrived in Canada, with my wife.

[chuckle]

Dr. Anjali Kundi (18:21):
This very amusing to me 'cause there's clearly like a... I imagine you don't know these people. This is like stock government of Canada.

Dr. Rafi Setrak (18:27):
This is a stock image from Immigration Canada website.

[chuckle]

Dr. Anjali Kundi (18:29):
Love it. Love it. There is very happy people, a mixed bunch of young people clutching passports with great big smiles, like, Colgate white strips size smiles.

Dr. Rafi Setrak (18:39):
The building on the left is true. This is the building when I rented our first apartment. Funny story. So we rent this apartment 'cause my mom and dad were coming, and they arrive a few weeks later. It's a three-bedroom apartment. And then my mom gets this job as a project manager for construction with Motel 6. Motel 6 was looking for someone to manage their introduction to the Canadian market. There were no Motel 6s before 1998 in Canada. And they did not have any presence, so my mom gets this job. She's spent her life up to that point in construction management for tourism. So she gets the job, her first job in Canada, and they say, "Okay, well, we don't have a presence yet. You're gonna have to start your own company and sort of run this." So this three-bedroom apartment in 125 Parkway Forest Drive in North York, we lived in one of the bedrooms. My mom and dad lived in the other bedroom, and the third bedroom was an office. And during the day, it was the project management office from Motel 6. That's where Pickering and Burlington Motel 6 were built out of.

Dr. Anjali Kundi (19:43):
Wow.

Dr. Rafi Setrak (19:44):
And at night when my mom closes up shop after the US office closes, a little bit later, they were I think Central Time Zone, it turns into my study space. So I study overnight and then my mom opens the office again at 8 o'clock in the same room. It was a...

Dr. Anjali Kundi (20:00):
Multipurpose flex space, this is again, like groundbreaking you know?

Dr. Rafi Setrak (20:02):
[laughter] Well, time and space management.

Dr. Anjali Kundi (20:06):
Right. Absolutely, absolutely.

Dr. Rafi Setrak (20:08):
So within less than a year, I managed to take all my exams, got my provisional license in Newfoundland, did a course at MUN, and within a year and a half, I was working.

Dr. Anjali Kundi (20:19):
So now, this is back to medicine.

Dr. Rafi Setrak (20:21):
This is back to medicine. I did practice medicine in Yemen. So I did my training in Yemen, I did medicine, and then I went off for about a year, and then I went back to rural family medicine in Ferryland, Newfoundland.

Dr. Anjali Kundi (20:36):
Just for the listeners, the photo here of Newfoundland is gorgeous. It's got this giant iceberg in the back and then two buildings, and then the rurality and the starkness that is classic of the East Coast and really couldn't be anywhere else.

Dr. Rafi Setrak (20:54):
Six and a half years, I think.

Dr. Anjali Kundi (20:56):
And what was the population of that town?

Dr. Rafi Setrak (20:57):
So Ferryland was probably about the 800 people. I lived in Calvert first and then in Cape Broyle after. Population, probably, 500, 600 each. Cape Broyle was a little bit larger, I think. The whole coast, so we were the only clinic for about maybe 150 km of the highway. We had probably 6,500 charts. In the clinic, the population would shrink in the winter and...

Dr. Anjali Kundi (21:23):
Grow in the summer.

Dr. Rafi Setrak (21:24):
Grow in the summer.

Dr. Anjali Kundi (21:24):
Absolutely.

Dr. Rafi Setrak (21:25):
And we were the only game in town, so there was nothing else, it was the clinic.

Dr. Anjali Kundi (21:30):
What led you to Ferryland? What was the East Coast attraction? Was it that there was a job? Again, you've taken these dice and you've just thrown them across the country and that's where you land.

Dr. Rafi Setrak (21:42):
So it's another example of where you don't know where life is gonna take you. So I'm in Yemen, I get the okay that we're coming to Canada and at that time, the Canadian government's position was, "We did not need doctors." So my wife was the applicant, my wife's a computer engineer so she was the applicant and I was the spouse. So I start writing to all these licensing bodies in Canada asking

them how to get a license. And most did not answer. I think Northwestern Territories sent me one of the worst answers.

Dr. Anjali Kundi (22:12):
What was their response?

Dr. Rafi Setrak (22:13):
Something like, "How dare you."

Dr. Anjali Kundi (22:14):
[laughter]

Dr. Rafi Setrak (22:17):
[laughter] Something like that. And Newfoundland actually sent me their by-laws. And I read through the by-laws and there was this provisional license class and I read through it and, "Yeah, that fits me." And they had some other requirements. You had to get so much in your evaluating exam and so much in your qualifying exam, and you have to be less than one year out of practice and, perfect. So I land, I hit the ground running. Within about 10 months, nine months of landing in Canada, I'd passed my evaluating, I'd passed my qualifying, I had applied for a license in Newfoundland. They had me do three months at MUN because I was missing psychiatry in my training. And I was looking for a job, and this clinic had two doctors, one of them had left for a year to do a year in emergency medicine. So the contract was available so I took it for a year. He never came back, I never left.

Dr. Anjali Kundi (23:11):
Amazing.

Dr. Rafi Setrak (23:12):
And stayed there for six and a half years.

Dr. Anjali Kundi (23:14):
Wow.

Dr. Rafi Setrak (23:15):
My kids were born there. Some of my best friends live there.

Dr. Anjali Kundi (23:18):
Give us a little indulgence in the kids here.

Dr. Rafi Setrak (23:21):
So I'm the proud father of two IVF twins.

Dr. Anjali Kundi (23:25):
Amazing. So another sort of sentinel event, maybe and...

Dr. Rafi Setrak (23:28):
[laughter]

Dr. Anjali Kundi (23:29):
And I would argue, IVF in 2020 is not an easy journey. IVF in the year 2000, also not an easy journey.

Dr. Rafi Setrak (23:39):
There is no IVF program in St. John's Newfoundland.

Dr. Anjali Kundi (23:42):
Oh my goodness.

Dr. Rafi Setrak (23:44):
Exactly. So how do you do it? It is a marvel of time management. So you start your injections, you do your ultrasounds, and when you're ready for harvesting and in a 24-hour notice, you hop on a plane and you go to Halifax. However, another layer of complexity, they thought, "Oh, you might require ICSI," which is intracytoplasmic sperm injection. And the ICSI program in Halifax has just started, they're not really experienced. So if you want to go somewhere, we recommend Calgary.

Dr. Anjali Kundi (24:21):
Oh my goodness. Now you're crossing time zones and you are...

Dr. Rafi Setrak (24:24):
Try to book two seats on a flight to Calgary tomorrow.

Dr. Anjali Kundi (24:29):
Tomorrow. Yeah, right.

Dr. Rafi Setrak (24:30):
From St. John's Newfoundland. So I couldn't get two seats. So I called and said, "Okay, you have about 36 hours, you can arrive after your wife." Okay. So I find a direct flight for my wife and she leaves. And I do this, I fly the next day, St. John's, Halifax, Halifax, Ottawa, Ottawa, Calgary.

Dr. Anjali Kundi (24:50):
Amazing. You get there in time?

Dr. Rafi Setrak (24:52):
I got there about two hours before harvesting. [laughter]

Dr. Anjali Kundi (24:55):
Wow. And tell me that that's the cycle that resulted in your beautiful children.

Dr. Rafi Setrak (25:00):
That was the cycle. We implanted two embryos. I have a picture of them in a like 32-cell blastocyst or blastomere.

Dr. Anjali Kundi (25:05):
Unbelievable. You know, the number of things that had to go right for that to happen is like, again, it's magical.

Dr. Rafi Setrak (25:15):
And you know what? You realize how little control you have over things. You're just swimming and the current will take you.

Dr. Anjali Kundi (25:25):
Literally and figuratively.

Dr. Rafi Setrak (25:26):
[laughter] Yeah. You're just swimming and the current will take you where the current wants to take you. And I think most of the times, you can only swim with the current and try to direct yourself somewhere you wanna be because if you keep swimming against the current, you're not gonna get anywhere.

Dr. Anjali Kundi (25:44):
And you're gonna be exhausted.

Dr. Rafi Setrak (25:44):
Yeah. You're gonna be exhausted and the experience is gonna be tough. And maybe those are the lessons in life and humanity that you gain from hardship. My kids were born in 2003 and they were the reason why we ended up in Ontario. So by 2005 we stared thinking, okay, rural Newfoundland, we probably wanna raise the kids with more opportunities. We love the place, where were we gonna go? And we started looking at options. I had an offer in a Family Medicine Practice in St. John's, I worked there for a month, I'll be honest with you, there wasn't enough stimulation for me. I was already working part-time emergency medicine for the past few years at the Health Sciences, and I said, "Okay, if we're gonna do this, we're gonna do it right. I'm going back, I'm gonna do training in emergency medicine." And I fly over, I interview at four or five universities, I got offered a few offers and I decided to take on McMaster.

Dr. Rafi Setrak (26:41):
And 2006, I start at Mac, I do a year. I have already signed a contract with Niagara Health that I'm gonna come here in 2007 when I'm done. And I start in Niagara in 2007 as an emerge doc. So this is a picture of the old St. Catherine's General. This is after it closed, so that's the fence there, and this is another picture of the hotel, the old hotel Dune, they are both demolished and gone. And a new chapter of our lives begin. We bought our house, this house, on spec in February. Took a walk, it was all covered in ice and snow. I liked the place, we chose it because of the school, and here we are.

Dr. Anjali Kundi (27:23):
Amazing.

Dr. Rafi Setrak (27:24):
Thirteen years later. So this is where my education journey starts. I'd always had students when I was Newfoundland, I had an adjunct appointment at MUN, and I always had medical students in the clinic doing rural family medicine rotations, but to be honest, one of the two things... There were two things that made me come to Niagara. And they were the promise of a new hospital, but importantly, the promise of a new campus. So when I came here and I interviewed for the job in 2005, there was a talk about a new hospital being built and talk about McMaster coming in and the Niagara Regional campus started. So in 2008, the campus opened, the first class, and this was sort of

my first involvement in formal leadership. I applied for the REL job in emergency medicine, I got it. And we started, we started building the campus.

Dr. Anjali Kundi (28:22):
Okay, so you were the regional educational lead for emergency medicine right from the get-go. Right?

Dr. Rafi Setrak (28:27):
Yep.

Dr. Anjali Kundi (28:27):
We're talking from the ground up. So this is amazing because you get really a hand in guiding the way education is going to be delivered to students in Niagara.

Dr. Rafi Setrak (28:37):
And having to build a structure. We were always involved in education, but there was no formal structure, and there was definitely no formal commitment to educating as many medical students. And different departments took different approaches, and the Department of Emergency Medicine took this approach. If you like teaching, you're gonna get a lot of students, if you don't like teaching, you're gonna get less students, but you're gonna teach.

Dr. Anjali Kundi (29:00):
Whether you like it or not.

Dr. Rafi Setrak (29:01):
Exactly, 'cause there was no other way of doing it, and the department was small at the time, 10 or 12 us, and we started doing it. To this day, it's a rivalry between Anaesthesia and Emergency Medicine as which one is the better rotation.

Dr. Anjali Kundi (29:16):
Oh, I didn't realize there was that rivalry pre-existed.

Dr. Rafi Setrak (29:18):
There is a rivalry.

Dr. Anjali Kundi (29:19):
I'm surprised to hear the family medicine isn't in there, but I think that's because we're a step above.

Dr. Rafi Setrak (29:23):
Absolutely, absolutely. Well, maybe a rivalry within the hospital. It may be a rivalry between...

Dr. Anjali Kundi (29:26):
Yes, I'll accept that. [chuckle]

Dr. Rafi Setrak (29:29):
And maybe it's a rivalry between us old guys who did this back, maybe today there's no rivalry, I don't know. We have changed leaders since then, once or twice, and maybe it doesn't exist, but I'd like to think that there's always been a rivalry between anaesthesia and emergency medicine.

Dr. Anjali Kundi (29:43):
No doubt, and the emergency medicine comes out on top.

Dr. Rafi Setrak (29:47):
I don't know, I don't know.

Dr. Anjali Kundi (29:49):
No? Okay. Okay. Okay. Fair enough.

Dr. Rafi Setrak (29:49):
They run a good, they run a good rotation. They're pretty good. And then by 2010, something else happened. I really did not like the place I was working in. Things were behind the times. We were struggling a lot, we were struggling with scheduling, we were struggling with processes, we were struggling with manpower, we were struggling with recruitment, we were struggling, we were struggling with a lot of things, and I threw my hat in for the site chief for St. Catherine's General. It was probably one of the other big lessons that I learned in life was that if you don't like something, change it. You might not always succeed, but change it. And it's not about revolutions, it's not about cheering from the sidelines, it's not about tweeting angrily, it's not about having passionate and loud arguments and meetings. It's actually, again, about swimming with the tide and changing course slowly, because I realized... I joined in 2007, and from 2007 to 2010, I was an advocate of a lot of things that needed to be changed, but I realized that if you're on the sidelines, you don't really have influence on how things move, you gotta throw your hat in and do it.

Dr. Anjali Kundi (31:10):
You have to be a stakeholder...

Dr. Rafi Setrak (31:11):
You have to be a stakeholder.

Dr. Anjali Kundi (31:12):
And have...

Dr. Rafi Setrak (31:13):
You have to be at the table. If you're not at the table, you have no say. So in my tenure as site chief had a few really challenging times in Niagara Health, the pictures you have in front of you, so the one on the left is me and the old observation at the emergency department. This is during our C. Diff outbreak.

Dr. Anjali Kundi (31:33):
Oh goodness.

Dr. Rafi Setrak (31:35):
And you notice all the curtains closed.

Dr. Anjali Kundi (31:37):
Absolutely. And I also notice a less than happy expression on your face.

Dr. Rafi Setrak (31:42):
Yes. We were tired, we were exhausted, not only from the overcrowding and from the pandemic, but from the scrutiny from media. Anger from people's anger.

Dr. Anjali Kundi (31:54):
Absolutely.

Dr. Rafi Setrak (31:54):
Rightfully so. That was a very tough time. The picture on the right is us working in the new department while it's still under construction. The new hospital had some delays, when the market crash happened, there was a delay in financing and there was another three, about three years delay in opening, and it was a lot of work to put it back online and to get things going. It was a great experience though, most people don't have the opportunity to build and move into a new hospital in their professional lives.

Dr. Anjali Kundi (32:28):
And have some say in the design, in the actual running of how services are going to be delivered. It's pretty amazing that you were able to guide that.

Dr. Rafi Setrak (32:39):
I am hopeful that I'm gonna be involved again, 'cause it's gonna happen twice in my tenure with the opening of the new Niagara South Hospital, hopefully around 2025, our inaugural class.

Dr. Anjali Kundi (32:50):
What a nice photos of... Again, here we have a med school graduation photo centred around the dean of medical school at the time, and it just... It's so full of promise, it's so full of hope, and you see some of these faces and you know that these are all physicians working, some of them are my colleagues. It's pretty awesome.

Dr. Rafi Setrak (33:11):
In fact, last night, as I was trying to find the slide deck, I found this picture and I sent it to the four graduates who are now all my colleagues, Jen is REL for Family Medicine at the campus, Dave Haywood is one of our emerge docs and he is our recruitment lead, Pam is one of our emerge docs as well, and she is now leading our accreditation efforts at the campus, and Louis is one of our radiologists.

Dr. Anjali Kundi (33:39):
It's pretty amazing, it's quite a testament to the community and the culture that Niagara's been able to foster both as a medical school and as a working environment and quite in contrast to the feelings you were describing initially in your involvement with Niagara.

Dr. Rafi Setrak (33:56):
Yeah, funny story. Again, my class of medical school, we were the inaugural class.

Dr. Anjali Kundi (34:00):
Really?

Dr. Rafi Setrak (34:01):
Yep.

Dr. Anjali Kundi (34:01):
That is funny.

Dr. Rafi Setrak (34:02):
We were the inaugural class.

Dr. Anjali Kundi (34:03):
Well, you're bringing it right back, full circle.

Dr. Rafi Setrak (34:05):
Full circle. That picture you saw of us graduating, we were in the first class, and this picture just brings me so much pride.

Dr. Anjali Kundi (34:12):
It does, it should.

Dr. Rafi Setrak (34:13):
It's beautiful.

Dr. Anjali Kundi (34:14):
The smiles on these individual's faces are so genuine, and I think it is amazing to have that perspective of being able to look back and see those individuals and know that they are competent and compassionate physicians who are...

Dr. Rafi Setrak (34:28):
And educators and leaders.

Dr. Anjali Kundi (34:30):
Absolutely.

Dr. Rafi Setrak (34:31):
'Cause someone taught you and taught me one day. So we owe it to the next generation. It's our job.

Dr. Anjali Kundi (34:39):
That's how...

Dr. Rafi Setrak (34:39):
It's not something... Yeah.

Dr. Anjali Kundi (34:39):
You pay it forward, right?

Dr. Rafi Setrak (34:41):
In fact...

Dr. Anjali Kundi (34:41):
You see that in the next...

Dr. Rafi Setrak (34:42):
You told me that you were a clerk when I was an R3 at CHEO.

Dr. Anjali Kundi (34:46):
That is absolutely true. I didn't know if that would come up, but yes, you were doing a rotation in Ottawa, I think probably as part of your year in emergency medicine.

Dr. Rafi Setrak (34:55):
That's right, it was Pediatrics and Emergency Medicine, that's right.

Dr. Anjali Kundi (34:57):
And we were on one late night, I think we may have even had two shifts together, but I definitely remember one night because I had no idea of your history, I had no idea of where you were, and I think in residency everything gets painted with a broad brush, and sometimes I tend to just imagine that the person next to me is just like me. And I couldn't believe this guy who was an R2, well, really, you were an R3...

Dr. Rafi Setrak (35:21):
I was an R3, yeah.

Dr. Anjali Kundi (35:22): I didn't know that. Slightly senior to me, but we're in the same age bucket, and how did he know so much? How was he already so good? And I felt very inadequate.

Dr. Rafi Setrak (35:32): I'm sorry!

Dr. Anjali Kundi (35:33):
And towards the end of the shift you mentioned also that you had kids and I was like, "Oh my gosh, I'm never going to be like that... How am I gonna get as good as this guy?"

Dr. Rafi Setrak (35:43):
Oh, the thing you did not know was I had 13 years under my belt already, I was in practice for many years. I'm sorry! [chuckle]

Dr. Anjali Kundi (35:49):
No, oh my gosh, not that you have to apologize for it, but I think you make an excellent point. Which is, when you see an example of who you want to be in front of you, or maybe even you don't know that that's who you wanna be, you just see something that you like and you want to model that and you wanna adapt that, and you know the energy that you brought to an ER shift at 4 o'clock in the morning was really the thing I think that I took home.

Dr. Rafi Setrak (36:16):
That is so flattering. Thank you.

Dr. Anjali Kundi (36:18):
I mean it, 100%.

Dr. Rafi Setrak (36:19):
Thank you.

Dr. Anjali Kundi (36:20):
So it looks like we're moving to the present.

Dr. Rafi Setrak (36:23):
We're getting closer and closer to the present. Ah, 2012. Another thing I never thought I would do. 2012, I was the chair of the CAEP conference, the CAEP National, the Canadian Association of Emergency Physicians 2012 National Conference was in Niagara Falls, and I had never done conference this before, I had attended a few, but I've never done this before. And somehow I ended up becoming the chair of the conference, and it was an amazing experience.

Dr. Anjali Kundi (36:53):
It is a massive undertaking.

Dr. Rafi Setrak (36:55):
About 800 people. Very successful conference. It took about a year and a half of work, work with some amazing people. It was just such a great learning experience and so satisfying, and then it was very different than other administration and leadership experience I've had, where you work, then you bring something to life and then you keep growing it and leading it and adapting it, and it fails and it succeeds and it has good days and it had bad days. Chairing the conference was amazing because after about a year and a half of work, we opened and I did my opening speech, and then this thing came to life. I had no control over it anymore. It was 800 people. Just the place was bubbling with life, it was...

Dr. Anjali Kundi (37:43):
Taking on a life of its own.

Dr. Rafi Setrak (37:45):
Exactly, and I just sat for four days and watched it.

Dr. Anjali Kundi (37:48):
Amazing.

Dr. Rafi Setrak (37:49):
It was awesome to see veterans and young docs and residents and students interacting, having fun, talking about important things, it was just enjoying each other. It was just a wonderful, wonderful experience. I'm hoping that we'll be able to do this again soon. Last CAEP was cancelled.

Dr. Anjali Kundi (38:11):
I think this, such is the times, but I definitely understand and it really resonates with me. I think when we take for granted the networking and community and collaboration, the amazing things that come from working in communities is pretty powerful stuff, and I think that's one of the things that

for a lot of us prevents the burnout. It re-energizes, it brings important things back into focus and it reminds you why you're in this and what you love about it.

Dr. Rafi Setrak (38:40):
And in 2013.

Dr. Anjali Kundi (38:42):
Here is a very, very proud man standing in front of the emergency department with his arms wide open, sort of welcoming the world, it's as if you're saying, "Take me on! Come on in, show me your worst!"

Dr. Rafi Setrak (38:54):
I'm wearing an orange t-shirt, and we all wore colour-coded t-shirts to know everybody's role. So this was the command centre, so I was in the command centre, but I had to go out. It was the weekend before Easter, March 13th we moved, 2013.

Dr. Anjali Kundi (39:07):
Was this the actual move? So I remember the lead up, the buzz in the community was robust in the days leading up to the actual move, physically transporting patients...

Dr. Rafi Setrak (39:18):
This was the day of the move.

Dr. Anjali Kundi (39:18):
People, equipment, the logistics behind this. Your sister would have had a field day, right?

Dr. Rafi Setrak (39:24):
It's an amazing undertaking. We closed two hospitals and opened one overnight. Moved everything overnight. And I can only take credit for a small part of it. It's a huge team. A lot of people. A lot of professionals. We hired a Canadian company that does this, and apparently they do 80% of all the North American hospital moves. They are the people who do this.

Dr. Anjali Kundi (39:49):
Niche market. I'm glad it exists.

Dr. Rafi Setrak (39:52):
Yup. But the same year, the Niagara Regional Campus opened. The new building at the Brock University Campus.

Dr. Anjali Kundi (39:58):
So we actually had a beautiful house to ourselves, and I use the term house loosely. Niagara was given as part of McMaster's School of Medicine, a physical presence, which has really allowed us to attract and provide something to students that's very unique here.

Dr. Rafi Setrak (40:15):
Were you involved in the school before the new campus opened?

Dr. Anjali Kundi (40:18):
I was. I was actually.

Dr. Rafi Setrak (40:18):
So you remember the old hallway...

Dr. Anjali Kundi (40:21):
I remember the basement.

Dr. Rafi Setrak (40:21):
And the old North swing? Yeah.

Dr. Anjali Kundi (40:23):
Yes. Absolutely.

Dr. Rafi Setrak (40:24.):
And the basement at the section of the hospital? Yup.

Dr. Anjali Kund (40:26):
Absolutely. And the rooms all smelled a little bit funny [chuckle] like a thrift store, but also like an old library and...

Dr. Rafi Setrak (40:32):
But we had great IT.

Dr. Anjali Kundi (40:34):
Yeah.

Dr. Rafi Setrak (40:34):
Yeah. We had great video conferencing equipment.

Dr. Anjali Kundi (40:37):
On the whole, I think you've brought this up many, many times today. It didn't really matter what you had or didn't have. You were doing something you liked and you felt passionate about, and I think on a personal note, I was new to the community. Somebody reached out and said, "Hey, if you're interested in teaching, we could always use someone who wants to teach." And it just... You took that risk and it didn't matter that... Of course, it was dark and dingy [chuckle] and all sorts of things, but it didn't matter.

[chuckle]

Dr. Rafi Setrak (41:07):
But it was beautiful!

Dr. Anjali Kundi (41:08):
It was.

Dr. Rafi Setrak (41:08):
It was beautiful!

Dr. Anjali Kundi (41:09):
And I had three students in my first clinical skills session, and I think that those were great days.

Dr. Rafi Setrak (41:15):
They were. They were awesome. 2015. So I decide that maybe I should add some formal...

[chuckle]

Dr. Anjali Kundi (41:23):
Maybe I'm not busy enough.

[laughter]

Dr. Rafi Setrak (41:26):
Maybe I should add some formal training to my leadership skills. So I went to York University, Schulich School of Business, and I did a year's Master's Certificate in Leadership. It was a great program. It was sponsored by the OMA. Just a lot of wonderful skills, but more importantly, wonderful people. And from there, I moved on to another stage of my life. I moved on in 2016 from REL Emergency Medicine to the Clinical Education Coordinator. And I know it's a vague title. So basically I coordinate the clerkship in Niagara Regional Campus and coordinate it with Hamilton. Same year, I threw my hat in the ring for Regional Chief of Emergency Medicine, and I got the job.

Dr. Anjali Kundi (42:07):
Two major leadership strokes right there.

Dr. Rafi Setrak (42:11):
Two shifts at the same time. And when I think back, my life happens in chunks of 10 years, and I'd like to think that I had some control over that, but maybe not. However, every time it included a step of new education and new learning and moving platforms, whether it's moving to Canada or whether it's moving to Ontario and doing my emergency training, or going to York University and doing my leadership training. But every time there was a change in platform and there was some education again, and I am now halfway through my other tenures and I'm already starting to think of, "What am I gonna do?"

Dr. Anjali Kundi (42:49):
What's next?

Dr. Rafi Setrak (42:50):
"What's next? What am I gonna do?"

Dr. Anjali Kundi (42:51):
Beautiful.

Dr. Rafi Setrak (42:51):
I have another five years of my tenure as Regional Chief and another I think two and half as CEC, and, "What am I gonna do?" So I have a few ideas, but we'll leave that for another podcast. So I tried to think of what I had learned over the years, and probably the biggest lesson was, you never know where life's gonna take you. Life is weird, and it has a mind of its own, and it will take you on journeys, sometimes willingly, sometimes not. And you can only plan so much of your life. And the only thing I am sure of is whatever plans I make, life will change. As life throws my plans off course, and I will plan again. And that's really the only thing you can do.

Dr. Anjali Kundi (43:38):
You have demonstrated an amazing amount of innovation in those plan and re-plan opportunities.

Dr. Rafi Setrak (43:46):
It comes out of necessity. I don't think it works any other way, because be assured that the life is gonna change things for you, and if you are not willing to adapt, you will break. And sometimes we come close and sometimes we break, and it's okay. We mend again, we plan again, we get up on our feet and start walking again. I learned another very important lesson. I tell people I'm a true Darwinian. I don't think there is good or bad change. Some of the best things in my life came through times when I thought things were just going so badly. And I don't think there is good or bad change, I think there's just change. And what comes after is probably more change, because we change and we adapt, and if things are meant to live and thrive, change will stick and will stay and will move on. And if things don't fit, that change will disappear. I have these conversations a lot with my colleagues about, "Oh, but that's bad change." I don't know. I just know it's change. I will work my best to try and make a good change. And if it's bad, guess what, we'll change it again. And kind of the concept of PDSA cycles, you change and you adapt and you change again, but that's something I really learned with time, and it wasn't easy at times to get that, especially when things are not going well.

Dr. Anjali Kundi (45:11):
When you describe this, what I hear is a little nugget, a little secret to where some of your resilience comes from. The ability to shift and not be static and be mobile, and that idea that, yeah, as you've labelled, change is not bad or good, it is just change.

Dr. Rafi Setrak (45:32):
It's just change. Yeah.

Dr. Anjali Kundi (45:33):
So you can take bad change and you can look at it through a really good lens, or you can take good change and look through it a really bad lens.

Dr. Rafi Setrak (45:42):
Absolutely.

Dr. Anjali Kundi (45:43):
But you choose.

Dr. Rafi Setrak (45:45):
I'm having these conversations, both my kids are applying to university, and it's a very stressful time, as you can imagine for a multitude of reasons, and we're talking about passions and what you should do in what you're good at, and I try to tell them a lesson that I got through life, which is the actual joy does not come from the subject matter itself, but I think it comes more from the mastery of it, when you get good at something, there is beauty in that.

Dr. Anjali Kundi (46:17):
It feels good. Absolutely.

Dr. Rafi Setrak (46:18):
Yeah, and it doesn't matter if you're playing football or playing hockey or treating patients or managing...

Dr. Anjali Kundi (46:24):
Or baking bread.

Dr. Rafi Setrak (46:24):
A corporation. Exactly.

Dr. Anjali Kundi (46:25):
Or holding your...

Dr. Rafi Setrak (46:27):
Or cooking.

Dr. Anjali Kundi (46:28):
Absolutely.

Dr. Rafi Setrak (46:28):
Or whatever it is you're doing. It's the real joy comes from the mastery, that is the real joy.

Dr. Anjali Kundi (46:35):
However you choose to define that. Absolutely.

Dr. Rafi Setrak (46:38):
Probably another thing I've learned along the is that leadership is really about relationships and teams, you are never alone. A man is an island is wrong. We are not islands.

Dr. Anjali Kundi (46:51):
Yeah.

Dr. Rafi Setrak (46:52):
We are so interconnected, and relationships need not be transactional, they just need to be genuine, and everything else will sort of fall in the place, you just have to nurture them, and I can't say enough good things about all the people in my life, personally and professionally.

Dr. Anjali Kundi (47:09):
Well, I think that that human-centred approach, you've given us examples of how it has extended into clinical work and academic work, and leadership work and home life, and I appreciate you sharing that personal reflection so much.

Dr. Rafi Setrak (47:24):
Thank you, thank you. It is hardest really to manage yourself during difficult times, more than managing anything else. So this was something I was talking to residents about. And they'd ask me questions about, "How do you become a leader? And what do you do? What if you don't wanna be a leader?" And my answer was, your leaders already, it's just... It's a matter of magnitude.

Dr. Anjali Kundi (47:50):
Absolutely.

Dr. Rafi Setrak (47:51):
And it's absolutely your choice, even when you say, I'm not involved in leadership, every time you resuscitate a patient, you're involved the leadership, every time you have a group of students that you're teaching and you wanna direct them and teach them and make them see the world in a way and guide them, you're being a leader, the leadership. I think in what we do is just the amount of magnitude.

Dr. Anjali Kundi (48:12):
Absolutely.

Dr. Rafi Setrak (48:13):
It's not a matter of choice.

Dr. Anjali Kundi (48:14):
Absolutely, and I think that's an excellent point. And I think if we can develop that in our microcosm of ourselves, we can see those extensions as they build to the community, wider and wider, however big that circle becomes, if my efforts at leadership are showing my children that I put the paper in the gray box, and the plastic in the blue box, you know what? I am a civic-minded person, and I will recycle what the best of them, and I know it's a small and silly example, but I think that speaks to what you're describing. Well, Rafi, I have to tell you something, this has been one of the most enjoyable conversations I have had in a long time.

Dr. Rafi Setrak (48:55):
Oh, thank you very much.

Dr. Anjali Kundi (48:56):
I could sit and hear you story tell probably for hours and my interest would not wane, my bladder capacity would, but it has been a delight to talk to you today.

Dr. Rafi Setrak (49:08):
Thank you, same here. It's always such a pleasure. And next time we do this, hopefully we'll be able to sit closer to each other...

Dr. Anjali Kundi (49:14):
Yeah, absolutely.

Dr. Rafi Setrak (49:15):
And share some food and drink.

Dr. Anjali Kundi (49:16):
Yes, that would be wonderful. And may, I suggest that the next 10-year project is marked by some kind of novel or personal memoir, I'd love to hear these, I'd love to have these reflections written down, and I am hopeful that our Spark listeners will enjoy the podcast just as much.

Dr. Rafi Setrak (49:32):
I hope so as well. Thank you very much, Anjali.

S? (49:34):
Thank you. Wow, that was a really awesome first segment of the MacPFD spark podcast, and now on to our second segment.

Dr. Teresa Chan (49:50):
Hello, everyone. I'm here with another guest for our providers as patients series, and I'm here to introduce you to Nicole Jilek, who is a registered nurse at St. Mary's and Groves Hospital, and she's written into us to say that she'd like to share us her story of crossing it on to the other side of the curtain and downing the patient gown and so the yellow PPE gown that we're all wearing right now, so I'd love to kinda hear your perspective there, Nicole, so thank you so much for writing to let us know that you'd like to share.

Nicole Jilek (50:21):
Thank you for having me, appreciate it.

Dr. Teresa Chan (50:23):
Alright, so can you tell us a little bit about your story, and you don't have to go into the specifics, but what was it like to become someone who was being cared for rather than being the person who usually cares for others.

Nicole Jilek (50:37):
Well, first off, I was in the ICU at Juravinski Hospital in Hamilton. I first went into Cambridge Hospital here, I'm from Kitchener, so I actually went to Cambridge, that's where I started all of my registered nursing career. I went and worked in the emergency department for many years. So I was lucky that I had friendships from over the years, took care of me, but it took me a while, I was trying not to be pushy. I was trying not to announce it, you don't wanna announce that you're a healthcare provider, 'cause I feel like they kind of then relate to you differently, they don't treat you as a patient, they treat you more like a nurse. So I might wanted people to take me seriously and tell me how it was, and I definitely got that. I think it was very difficult because right now, going through COVID, when we had our first cases at St. Mary's, back in March, you couldn't have your family there, there were so many strict rules. I think it really opened my eyes up when I was hospitalized and had to go through that with my family, you start to realize also going through this experience, the little things that really matter the most.

Nicole Jilek (51:49):
People don't remember the skills or people won't remember the pain if you can do the small things. And I think that that was definitely something that I took out of all of this, was the fluffing and puffing of pillows and taking the seconds to really explain things to me and my family, were some of the things I definitely took away from this experience, so it was really cool.

Dr. Teresa Chan (52:13):
I'm sorry that had to happen. But what I'm hearing you say is that it's the little gestures that make all the difference. That sitting, even if you have PPE on, on the edge of the bed and taking the time to connect with a patient or a family member to make sure they really understand something, and not to be one foot out the door, that would break the negative pressure from the room anyway. So you probably wanna just take your time when you can in the room. It sounds like the small gestures of helping someone feel more comfortable, getting them that warm blanket, fluffing their pillow, like you said, if there's pillows at all...

Nicole Jilek (52:45):
Yeah. [chuckle]

Dr. Teresa Chan (52:45):
That's a whole different issue. I don't know where the secret vortex of pillows is in every hospital, but there always seems to be one. And I think, just understanding that there's a person who's in that gown and connecting with them in a humanistic way is really powerful to me. I myself have been a patient, and I think that that's a privilege if you've had providers that can care for you, and even if they know you're a nurse, or a doctor, or a physio, or SOP, at the end of the day, I think that they need to know that you're a human. And that's I think the hardest challenge right now in all the busyness, in all the chaos, I don't know that COVID's been helping that at all, if anything, it's been a huge barrier. So now on the other side, what are some pro tips that you can give to our audience from your perspective of maybe two or three things that would be simple pro tips that we could share with everyone to think about as they head into their next shift, head into their next day. I'd love to hear your perspective.

Nicole Jilek (53:41):
I think what you said about remembering that, yeah, we're healthcare providers, yeah, we're front line workers, but you're a human. I can remember one of the newer nurses in the ICU came to take care of me, and one of my things is always laughter. I've always said it through my career. If you got people to explain who I am as a nurse, it would be developing those patient-nurse relationships, and getting to know my patients is something that I've really enjoyed before. And so I really encouraged a lot of the nurses to get to know me and I made it really easy, and one of the nurses actually said that she never thought that she would ever be in an ICU and laughing at this time. I think that remembering that, yes, it's a job. Yes, it's hard. We have busy days, but taking those couple of minutes to get to know your patient, I think really makes you a stronger nurse healthcare provider for that patient, and also it betters you as a person.

Nicole Jilek (54:43):
We become really desensitized, I found over my years. Very robotic, and we have to get away from doing that. I also had really amazing physiotherapists. I was in ICU for over two months. I got intubated and I was traipsed, I was paralyzed. I actually got diagnosed with Guillain-Barre Syndrome. So I really found the importance of working as a team and utilizing all those different team members

in a positive way, because I really saw how it all came together. And then when I went to rehab, it was a very different perspective, but one again that I never thought I would be experiencing for myself. So definitely that first one, remembering obviously that we're human and taking the time to get to know your patient. And the third one, it's always so hard because like I said, I have come away with more positives than I did negatives. I don't know if that's because I was a healthcare worker. People ask me that all the time and I can't say, "I would just really hope that people who are healthcare providers just treat me the same as they would other patients."

Dr. Teresa Chan (55:54):
For sure. Treat all the patients the same and imagine they're a colleague, a friend, a loved one and try to centre on giving that gift of humanity. I wanted to explore the one thing that you just talked about, 'cause I think it's an interesting point, the use of humour. 'Cause I think that I've read some papers on either side, patients find it awkward to bring up humour with providers, because I think that they feel that we have this seriousness that we want to bring. And anyone that has watched the show Scrubs knows that in our heads there's anything but serious, right? Because we're having those moments, we're having ridiculous leaps of daydreaming sometimes, or just humour. How do you use humour as a provider? Because I'd like to understand. It sounds like I hear that you joked around a lot as a patient, and I think that that's probably because you are a provider, you know that the inside scoop is that sometimes even on the darkest days, you can have some levity, and it can be a way to bring some of that fun back into the workplace. How do you approach that issue as a provider? It sounds like you've used comedy and humour all of your career. I'd love to know your pro tips. I'd like to use it myself, so I wanted to share with you.

Nicole Jilek (57:01):
Some of my strategy is to use it even before I was sick, where things like I would get to know the patient, and then you start to veer off on to more of a... They start growing more negative, you start to grow more positive and you find that even balance, and then you just say jokes that are surrounding you that are very objective. Obviously, you're not gonna make subjective jokes towards somebody, but a funny thing that had happened you can bring up. I found that the stress and the anxiety of being in ICU is already enough for both healthcare provider and patient. And so if you can get to that point with that patient to be able to use humour with them, that lightens you up and lightens up that patient and stress is now no longer an issue, nor the white coat syndrome. People will be more open to talk to you and more emotionally aware rather in the ICU. It took a lot for me to learn how to be on a ventilator. I never thought, again, in a million years that I would be on the other side, but definitely saying funny sentences or you know?

Nicole Jilek (58:15):
I just... That's something that I've always done and sometimes people can be the hardest apples and you just kinda take bites out and you're left with the core and you're left with a really funny experience and a really lovely person. Sometimes perspectives unfortunately when people are stressed out and upset, they can look a little angry and a little upset but again, I think that lightening up the conversation and talking about them, that's what they want, that's what patients want. They wanna be able to talk about themselves and if we don't provide them that opportunity, then you're never gonna get to the point of laughter, you're never gonna get to the point of breaking down what is going on with them.

Dr. Teresa Chan (59:02):
I love that, the idea you have to get to know someone before you can pull the right joke. I really like that. I think that what we often do is, I guess there are some canned jokes you probably have received like anyone does, right? And you probably have some steps and routines of things that often go over well, you know. When I pull out the ultrasound and I'm scanning like a male older patient, I always make the baby joke before they do because they're always going to get that joke often, right? And so I'm like, "Well, I'll tell you which way the baby's facing and whether or not it is coming along." And everyone's like, I don't know, just joking. It's hard to tell with a mask on right now, but [laughter]

Nicole Jilek (59:39):
For sure.

Dr. Teresa Chan (59:40):
Usually, those are the kind of jokes that we can bring in that are really less about... Everybody knows that a 65-year-old man that I'm scanning their tummy is probably not gonna be pregnant and so that's an obvious joke that I can make, one that's fairly safe, right? So I do think that those are the kind of things that we can have some moments of levity and break the ice a little bit, so...

Nicole Jilek (1:00:01):
I also think that as a patient, it's important to break that ice with your nurses and your doctors because sometimes we're given a bit of the wrong perception. We can look like we're really busy and we look really serious. You know sometimes, it's not just about us pulling that joke, I find that if patients can have kind of that same mentality, they end up recovering usually really well and they're the ones that you never thought would've gone home. And after knowing John Smith for now three months in the ICU, you've really gotten to know this person, so I think it goes both ways. And you're right, COVID with the masks, you can't tell sometimes emotion. So I think everyone enjoys some laughter. I can remember when I was in ICU, every time I had to do something, I came up with a song. I used to have so much pain when I was getting moved and singing for me for some reason, [chuckle] was a little bit of a release and it helped with pain and getting through those movements. So, yeah just again, different perspective for sure.

Dr. Teresa Chan (1:01:16):
Yeah, I love it. So thank you so much for taking the time to speak with me. I think I've learned a lot from you today about the things that you might bring to the bedside. And I'm just really excited that you're on your pathway to recovery and that you're hopefully feeling a little stronger and better each day and getting back out there to spread that joy that you have rekindled I guess by being on the other side.

Nicole Jilek (1:01:37):
Yes. Thank you so much Teresa. I really appreciate it.

[music]

Dr. Teresa Chan (1:01:42):
Thank you so much for tuning into the MacPFD-Spark Podcast. Just so you know, this podcast has been brought to you by the McMaster of Faculty Sciences and specifically, the Office of Continuing Professional Development and the program for faculty development. If you're interested in finding

out more about what we can offer for faculty development, check out our website at www.macpfd.ca. That's www. M-A-C-P-F-D.ca. Many of our events are actually web events that are free. Finally, I'd like to thank our sound engineer Mr. Nick Hoskin, who's been an amazing asset to our team, thanks so much Nick, for all that you do. And also, thank you to Scott Holmes for supplying us the music that you've been listening to. Alright, so until next time, this is MacPFD-Spark, signing off.