McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

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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 number. We're really excited to bring you all sorts of content, from inspiring inner teacher supervised 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 34th episode of MacPFD Spark. Today we will be listening to two discussions about academic community. First, we'll have the opportunity to listen to Dr. Mark Crowther discuss the Academic Health Sciences Center at McMaster University. Next, we will be hearing about faculty affairs from Dr. Mark Walton. Please enjoy the episode.

Dr. Teresa Chan (01:14):
Hi everyone, this is Dr. Chan again from MacPFD Spark. I'm here with one of my mentors and one of my bosses, I have so many bosses, I have to say that he's only one of, but Dr. Mark Crowther is here with me. He's the department chair for Department of Medicine, and real excited to have him on here because he also speaks as fast as I do. So if you need to slow down the podcast, you can definitely do that, but I'm excited to have him on the podcast. Mark, say hi to everyone.

Dr. Mark Crowther (01:39):
Hi there everybody. Thanks for inviting me, Teresa, and great to be here.

Dr. Teresa Chan (01:41):
So we're gonna talk a little bit about your interest in the topic of academic health sciences centers. That's a very interesting term, isn't something that necessarily spans the whole world, but for our listeners, even in our local institution, it might be a foreign topic. So do you wanna tell me a little bit about why you pick this topic, and then what is it, and let's explore that a little bit.

Dr. Mark Crowther (02:04):
So one of the questions I get asked a lot is, please define exactly what department of medicine or a faculty of medicine or a medical school does. And there's one thing we do that's pretty obvious to everybody, and that is that we train people to undertake careers in health sciences. So that's not just physicians, but it's also nurses and physiotherapists and occupational therapists and physician assistants. Lots of cool people come out of cool training programs to do really interesting jobs across the spectrum of healthcare. But the training actually happens in a variety of physical situations. Sometimes it's in the doctors' offices out in the community, sometimes it's in physiotherapists' offices out in the community, but a lot of time it occurs in a hospital, and so there's this concept of an academic health sciences center, and I get asked once a while, exactly what is an academic health sciences center?

Dr. Mark Crowther (02:50):
So, in Ontario, where you and I are, there's some really big hospitals that are academic. Hamilton Health Sciences would be one of them, and Toronto General would be another. And then there's some really big hospitals that aren't traditionally seen as being academic, like, Credit Valley or North York, or William Osler. And that's not to say that they don't have trainees in them, they all have residents and trainees who come there and spend part of their core life there, or part of their elective time there, but fundamentally, Osler, despite the fact that it's a huge hospital that delivers excellent care, and some of it very advanced care, is not an academic health sciences center. So I've spent a bit of time trying to figure what this is, and I think the way to define an academic health sciences center is, an academic health sciences center is a healthcare facility that both uses knowledge and generates it.

Dr. Mark Crowther (03:36):
And so what McMaster does within the context of the Hamilton Health Sciences and St. Joe's, is we not only consume knowledge, but we also make new knowledge, and that new knowledge then helps us to better treat patients or to explore new and novel questions. And the hospitals become a fundamental part of that equation. Much of the research that changes the way that people are cared for, that's done at McMaster, couldn't occur without the involvement of the hospitals. And the hospitals then become both invaluable and also resources that we literally can't do our job without. Whereas, lots of these other big hospitals, although they provide excellent care and provide clinical training, they're not in the business of knowledge generation, they're in the business of knowledge consumption, and the transition from a knowledge consumer to a knowledge generator is probably what makes an academic health sciences center different than many of the other large hospitals that are around.

Dr. Teresa Chan (04:33):
And so the research that people do in labs and in clinical trials, that's kind of the stuff that you're thinking about as knowledge generation, but it's also when people put together really good protocol and get it out there in the world, that do qualitative research, that do other types of knowledge and discovery work to understand phenomena better. That's the kind of work that you're talking about when you say knowledge generation?

Dr. Mark Crowther (04:55):
Yeah, and so it's not just the production of a Covid-19 vaccine, which is hot at the moment, but it's the stuff that you do, Teresa, it's around developing new methodologies for teaching, more efficient ways of teaching, teaching that is more impactful. It's about actually doing research on how to

better do examinations, and it's not just test tubes and viruses, it's this full spectrum of contributing to the academic mission. We oftentimes forget that, and I think the hospitals, unless they're constantly reminded, can forget that, because it costs more to run one of these places than it costs to run a community hospital, because there's infrastructure and services that are automatically going to add cost to running the facility. Not just associated with training, but associated with the ability to do research.

Dr. Mark Crowther (05:40):
I'll just give you a very specific example, which I quote to people all the time. There are other diseases in the world other than Covid. I know that that's hard to imagine but there are. One of them is something called C. Diff. So C. Diff causes terrible diarrhea in older immuno-compromised patients, can actually lead to major complications or death, and one of our hospitals has struggled intermittently with C. Diff outbreaks for decades. And some of our scientists working in the microbiology lab, who are university-based scientists, developed a rapid new test for C. Diff.

Dr. Mark Crowther (06:14):
And that revolutionized our approach to patients with C. Diff, because instead of waiting for days for the results of a test to come back, we waited for hours, and that allowed us to better care for these patients. And that was really innovative, we rolled that out at a number of different sites, and that couldn't have happened in most hospitals, because most hospitals don't have the core expertise in development of new tests and the research associated with it to be able to do that. And then that's the gift that never stops giving, because that same lab, C. Diff was really it's first invention. But then, before Covid was invented, there were other respiratory viruses, and you, Teresa, would know working in the emergency department, we're very fortunate in Hamilton to have rapid access to a screening tool where all of the common respiratory viruses that you can do a PCR for them, it'll come back in a couple of hours, that's an innovation that came out of that same lab and it's genesis was in the C. Diff work.

Dr. Mark Crowther (07:02):
And then more recently, when Covid was invented, our lab, because it has this research capacity, was able to get a Covid-19 test up and running much more quickly than most other labs. Our test is used in a whole bunch of different sites, both in Canada and internationally. And in our hospitals, when you're hearing about weeks or people waiting 14 days for a test result, in our hospitals the longest people waited for is 12 to 24 hours, because we had this internal testing capacity. Which all sprung out of the fact that we have some internal research and innovation capacity that's intrinsic to being in an academic health sciences center, that other big hospitals just can't have because it's not part of what they do.

Dr. Teresa Chan (07:40):
So it sounds like it's not even just knowledge generation, it's also knowledge application, it's about innovation around those pieces and new knowledge to try to get out there, so it's that whole kind of like what you do with this stuff and then put it out there into the world. So that's real exciting. So speak to me a little bit about... We might be in the ear buds of some of our junior faculty right now, who might be trying to figure out who they wanna be, what kind of scholars and how they wanna contribute to the academic mission. Do you have any insights on what they could do to add to the mission, that you've kind of put forth?

Dr. Mark Crowther (08:11):
Absolutely, so I think when people talk about research, again, they think about test tubes and labs and that kind of stuff, and the research that I've done for almost 30 years now, I've never had a lab. I always get these funny messages from people saying, "I'd like to work in your lab." I say, Well, you're gonna have to wait for a long time 'cause I don't have a lab and I'm never gonna have a lab. But the research that I've done has been around how to improve the quality of care that patients receive when they're on anticoagulant drugs. I've had a very dedicated research staff over the years that have helped me. But the questions I've addressed are ones that are directly clinically relevant. So I'd say if you're a junior faculty member and you wanna have impact in research, but you aren't like a hardcore, "I have a lab, I'm going to be a lab scientist" kind of person, there's lots of things you can do to be successful.

Dr. Mark Crowther (08:54):
So one is great clinical questions. There are many great clinical questions that have not been answered. Most clinical questions haven't been answered with any certainty. And one of the simplest ways of really starting to get into research is to spend a bit of time thinking about a clinical problem that you see every single day, and design the best way to treat it, and then test that. And, again, almost 30 years I've been in this business and I continue to tell people that I've never seen, maybe there is, I could be wrong, a good quality paper on how to best treat acute congestive heart failure. I don't think that paper actually exists. All it takes is one or two bright lights to actually design that paper and you can get a really high impact publication out of it. It doesn't take $10 million and 10 years of your life to get a really high impact publication, it takes original ideas and answerable questions, and there will never be a limit to the number of questions. It's also not in the traditional... As you've alluded to earlier, Teresa, it's not just in the traditional vein of new chemicals and new antibiotics, it's also in new innovations in teaching.

Dr. Mark Crowther (09:56):
So Covid, as we were discussing before we started recording, Covid had really changed the way that we approach education, it's really changed the way that we approach learning research. We did it all on a Tuesday afternoon because we were forced to do it on Tuesday afternoon. What's the best that's come out of this, what should we continue to do afterward through Covid, what should we discard? We don't know, and the best way to address that is to actually develop some projects which help us to understand which of the practices we've adapted in the last six months should we continue to do, and which of the practices we've adapted for the last six months that are actually maladaptive and we should ditch them as fast as we possibly can. That kind of research is a lot more appealing, I think, to most young faculty members. It's not all-consuming, it doesn't require grants, it doesn't require months or years of your life writing grants, most of which aren't going to get funded. Rather it's thinking of an interesting question, thinking of some novel way of answering it, and then using your own time and intellectual might coupled with that of others to actually try to address it.

Dr. Mark Crowther (10:54):
I would just encourage people, again, I've been a fairly successful researcher, I've got more than 500 peer-reviewed publications and an impact factor of over 100, and despite that I've only held a handful of grants through the course of my career. Almost all my papers have come out of simple little projects that most of which didn't require any funding, which address simple little clinical questions, and yet you'll find that they have huge impact.

Dr. Teresa Chan (11:16):
I think that that really resonates with my experience, is that not everything that needs to be funded to a couple of million dollars is the only source of worthwhile publications. Some of my most cited publications for myself personally, are little things that we did off the side of our desks, 'cause we had access to some educational data and we were able to do it. And I think that that's one way that you can get started. I think that as you progress in your career, it sounds like there are more systems that you might wanna head down and towards a trajectory for a little while, you might wanna actually write one of those really arduous grants because it then it can protect your time and your space to do the thinking and the work. But not everything when you're first getting started needs to be a $10 million grant before you get started. I think what you're saying is that you could get started earlier with smaller projects and learn your craft and then advance your scholarly practice that way.

Dr. Mark Crowther (12:03):
Yeah, for sure. And I'd say, Teresa, you're a great example of someone who's spectacularly successful as a researcher with huge productivity, and yet I'm pretty familiar with your grant funding, you've never held a $10 million grant. I've never held a $10 million grant, and I'm never going to hold a $10 million grant, you may at some point in the future. But holding a $10 million grant is not something that either you nor I need, to be highly successful academics, because we do a different kind of research in a different kind of way that has just as much impact. A little funny anecdote. I don't know if you saw the stuff about the dinosaur paper that we had last week.

Dr. Teresa Chan (12:36):
Yeah, I saw a little bit of it. Yeah. But tell us the story 'cause that's a really cool project.

Dr. Mark Crowther (12:41):
So, why is this relevant? So a couple of years ago I'd gotten to know the head of paleontology at the Royal Ontario Museum, and we had been chatting, we're part of their field team, we get to go and dig up dinosaurs in the summer, which is cool. And he said we should write a paper together, and so I said, Sure, what can we possibly do? So we thought, all that's left of these dinosaurs are bones, so we need to do a project on dinosaur bones. I have access to some real experts in bones, Dr. Susanna Popovich is a pathologist who focuses on bone disorders. David has access to dinosaur bones. And so we put together this really neat group that found and then proved using a variety of techniques, including imaging and some imaging scientists and histology, including Dr. Popovich and a whole bunch of other technology, that we proved to our satisfaction that a dinosaur had osteosarcoma. Now, you might say, well, wait a second, why is that relevant? Well, I'd say it's totally irrelevant to my career, but it will be the highest impact publication that I have in my career. And when I went to the Dean and said, This paper is gonna get published...

Dr. Mark Crowther (13:36):
He chuckled, 'cause he kind of thinks of me as being a bit odd. But in fact, rumor has it that it may actually have been the highest impact publication that McMaster has had this year in terms of uptake. We had uptake around the world, and it brought positive buzz and funky-ness in the middle of the Covid depression to people all around the world. And McMaster and the Royal Ontario Museum's name were associated with that. And so that's not research in the classic sense, but that entire project was funded on less than 10,000 bucks, which we had to pay to get some hig-res CTs done. It involved an NF1, so and it was published a really high impact journal, and will be the singular most popular or most talked about paper that I have in my career.

Dr. Mark Crowther (14:16):
So again, a good example, it's a totally off-the wall project that has ginormic impact, and it's part of the schtick of thinking... You know, think broadly about exactly what research is. I have a couple of other projects which I think are... We've done over the years and are thoroughly interesting. There's a highly endangered rattlesnake in Ontario that people are way more afraid of than they need to be. More people die driving up to visit this rattlesnake than have actually died from the rattlesnake. In fact, nobody's ever died from the rattlesnake. But one of the lab techs came to me one day and said he's got a relative who'd been bitten by a massasauga rattlesnake, and he'd actually had the consequence of that, which is people develop a coagulopathy. And I had sort of read on this before; I knew there'd only ever been one other case of coagulopathy, there's only ever been one other case where a person got really sick from a massasauga rattlesnake that I knew of.

Dr. Mark Crowther (15:00):
And so we wrote this up, and one of the residents took the lead on it and wrote it up and it got into the Canadian Medical Association Journal, and this remains one of the articles that the people most look at in that journal, despite it having been a couple of years ago. Totally unrelated to what I'm supposed to be doing with my time, but part of the general pushing forward of the academic envelope. So, I'd say to people, don't think of research as the $10 million project, which requires decades of training to do.

Dr. Mark Crowther (15:23):
For some people, that's what research is, and obviously we have lots of those people at McMaster and I would encourage them to continue to do their excellent work. But for the average faculty member out there, that's not what research is gonna look like, so don't give up if you aren't into that kind of research.

Dr. Teresa Chan (15:37):
Yeah, I think it takes all sorts of people that are special and maybe a little bit weird in their own way, and I identify with that kind of person. I, as you know, decided that after my thesis, the best knowledge translation tool I could make for my thesis work was a board game. And so I went and made a board game. And then I studied that board game. And even though sometimes our papers get rejected, like it did today, I'm gonna send it back out. [chuckle] And that's the idea, is that I think there's lots of different ways that we can be adding to that academic mission in our own special ways. And if you like board games, well then come and chat with me, And there's obviously ways for you to make that scholarly, if you like role-playing, what... That's actually probably a legit thing that we start to need to be able to do with some of our teaching techniques, with the advent of simulation, and with Covid, a lot of the stuff that you might have thought of as a side gig might be something that we should be doing more of, that kind of practice and rehearsal for future pandemics now that we've been through one recently.

Dr. Teresa Chan (16:32):
I think there's lots of ways that you can spin some of the things that you've always had a passion for into some of your academic work, and I think that that kind of inspiration can make it really cool and bring in a new lens to it that you never thought of before. So definitely challenge people to think creatively about the people and the things that bring them joy, because working with those people or doing those things will just fuel your academic progress as well, right? So the dinosaur bone thing is a perfect example of that, right? You like paleontology, you hung out with a guy that you like and you thought of a great idea and you went with it, and I think that's definitely a cool moral of that

story. So thanks for sharing with us.

Dr. Mark Crowther (17:08):
You've identified something else, Teresa, I think is super important that people forget, is that we do a lot of work as part of our "day-to-day job", in quotation marks. And some of that work actually with relatively little adaptation can turn into a published paper. And so, the obvious places, people write grants and they forget that a lot of the background work that they use to write their grants can be written up as a systematic review and published because nobody else has done that work before. But a lot of the projects that people work on as part of their "job", in quotation marks, if they spend a little bit extra time could be written up and published. So, for example, in curriculum design, people are struggling for curriculum design ideas. We've done a lot of highly innovative curriculum design at McMaster over the last 50 years.

Dr. Mark Crowther (17:50):
Some of that's been published, but a lot of it hasn't. And all of it is publishable because, as you know, medical schools around the world follow what Mac does very closely and actually imitate it and it's been found to be a highly effective teaching technique. Much of that work exists in people's computers, it exists on their desk, and it would have a much greater impact if they took the extra couple of days to write it up and submitted it for publication in an appropriate journal.

Dr. Teresa Chan (18:14):
There's a great journal now that's a spin-off of Accuric Medicine called MedEdPORTAL, and it's PubMed indexed and it is peer-reviewed, and so, yes, you still have to make sure you go through all the revisory submits that all your scientist colleagues always grind their teeth about, and there's always still reviewer choose in that pool. But yeah, they take curricula submissions, and you need to have some level of outcomes data about your curriculum, especially with some of the newer topics that we're heading into with EDI, social determinants of health... Canada is doing some of this stuff much better than some are colleagues to the South, and since is a largely American Journal, I think that there's lots of educators that surf that looking for resources that we can definitely put in there that would be amazing for people to do.

Dr. Teresa Chan (18:53):
So, and whether it's an assessment tool or a curricular package for a weekend boot camp or even just like a two-hour module, this is the kind of venue you could look at to publish at work and then other people can download, you get statistics about who did downloaded and use your content too, so that's pretty cool for when you're off going for a promotion or just for your own satisfaction knowing that someone like your lesson plan.

Dr. Mark Crowther (19:15):
Yeah, I couldn't agree more. I think we forget that an awful lot of what we do has value in because it doesn't appear to fit into the traditional box of what we expect research to be, we don't even bother to pursue it, and yet we should bother to pursue it because you're wasting energy, if you're putting all this work into a project and you're not helping other people to have access to it.

Dr. Teresa Chan (19:34):
I think that in the past, the educators worth might have been tied to how good they were as educators. And so I think that in the past, people wanted to keep the secrets to themselves, like the Master Chef that holds back on that one ingredient so that everyone has to come to their

restaurant, but I think the days of that are gone, I think that now we are in a more open sharing community, I think more of more educators are sharing their resources knowing that they can't travel the world, especially in the post-covid, as you were saying, PC era that we've return to, chances are you're not gonna be flying around the world to give that lecture, so why not give away the content? So the people can attribute it to your work, but then also change the world in their own way, adapt it to their local and deploy it so that a whole generation of medical students or trainees or other health profession students could benefit from it.

Dr. Teresa Chan (20:21):
So I think that that's definitely the kind of thing that we're starting to see, so one of our junior colleagues, Kyla Caners started the emsimcases.com website, and she's just written a paper on, called Sharing is Caring, and the idea was that she was so frustrated as a same educator that nowhere were sharing some cases, and yet we're all reinventing the wheel, that meant... So she created that website and has passed it on to some of our more junior colleagues like, Dr. Chris Hide is now in charge of that site, but it's pretty awesome watching that that kind of kickstart and flourish, because now we have cases from all over the world. The Aussies have got involved, they've donated a bunch of cases, and it's just a better atmosphere for people who are SIM educators that are looking for a template, they just go download and they can fill out the thing and submit it, and if not that, then they can actually just go through all the SIM cases that have come before and use them for their own location right, so I think that's the kind of thing that we can really start to put out there, and I think that that's the kind of scholarship that we can do in today's new world.

Dr. Teresa Chan (21:20):
And I think that you've been a big advocate of that too, because in our department, we do have the ability to have alternative curriculum warrant some level of academic merit, so for blogs, podcasts and other kind of digital entries, and so then that's something that we're starting to carve out as a way forward for some of our new scholars as well, right?

Dr. Mark Crowther (21:38):
Absolutely, and again, it's not a replacement for the traditional forms of hardcore big R research that we're gonna continue to excel at McMaster and elsewhere, but it's a way of engaging a much broader group of people into research who would not consider themselves to be researchers in the sense that we would traditionally consider people to be researchers, that's where I see the true value in this. It's not that it's going to replace big, our research involving 10 million grants, but it's going to engage a whole segment of the academic population in academic productivity who would otherwise not participate in Academic productivity, but they're doing the work already. They're already doing the work, and I'll just give me another example that I think is useful is, so the last two days, I've interviewed two people who were proposing to bring on faculty, both of them have great ideas for developing new fellowship programs in their area of clinical expertise, we would obviously encourage them to do that because we wanna have as many fellowship programs as we can, we've got more than 50 now, and to do that is gonna require a fair amount of paperwork.

Dr. Mark Crowther (22:37):
The way I'm trying to sell this to them and say, Look, you're probably gonna do this 'cause you're interested in it, it's very useful for your promotion and tenure to be able to develop a new program, but do something before, during and after assessments, get somebody who knows how to do that properly involved in the project at the start, and then not only do you have a 30-page set of SOPs around how the program should be run, but you can then with a couple of extra days work, turn that

into two or three papers and get them published and thus get a lot more value for your academic career out of the project, but also help other people to understand how well your new fellowship program actually works.

Dr. Teresa Chan (23:11):
Certainly a little bit of planning ahead of time makes for increased efficiency later on, and so I think that you're spot on when it comes to being efficient. I guess for MacPFD, we have a webinar that we recorded about multiple wins, the idea of how to be efficient in your scholarship, really talking to clinician educators, but I think it could also be useful for some of our research colleagues because the tail end of what you do around the implementation science sometimes people create a great assay and then they deploy it to the world, but with a little bit of planning you got and be involving someone around that phase of it.

Dr. Teresa Chan (23:43):
Even involving some or your educator colleges to think about the knowledge translation and dissemination plan, I've had great success with partnering up with groups to make sure that their research gets read in the end too, so thinking about how you can do what Mark has disclosed with the dinosaur bones, you could be thinking about money rolling your team together to have an optimal team, even just within McMaster to leverage the talents that people have, right, so making sure that you don't just fill out a box in your SCHR grant that says I'd educate people, but rather roster a high power and educator who knows how to take that stuff and run with it, or it may be a junior educator who's just really key, but has graduate level training could deploy it themselves.

Dr. Teresa Chan (24:19):
I think that's where we start strengthening the fabric of what we do, because just like I can in an education journal, even just say I did fancy stats in the methods section, so to where we're looking at knowledge transition or implementation science papers to say we... We're gonna educate people. You probably need a little bit more nuanced increasingly in those fields too, so I think that acknowledging the different diverse kinds of scholarship or research that are out there allows us to see the opportunities for some really cool joint ventures and start really like harmonizing teams around getting the work out there so that it can make the impact that we want it to.

Dr. Mark Crowther (24:53):
Yeah, totally agree. And again, I think it's not just the individual faculty member doing this stuff, it's also the leadership recognizing the value of it, and not just evaluating traditional forms of academic output like publications and CIHR grants, but recognizing other ones, so you mentioned our merit forms, also one of the things we're trying to do in medicine right now is to provide some additional pathway so that people who are interested in quality improvement in the big QI sense or people who are interested in possible administration and the big A sense can pursue a pathway towards tenure and promotion with those as the primary focus of what they're doing, not the traditional markers of academic productivity, because every time we have somebody incorporated into senior hospital leadership who's a member of the department of medicine, that's better for us in every possible way, because we're so dependent on the hospitals for our partnership arrangements.

Dr. Mark Crowther (25:43):
Having a senior leader in the hospital who also sees herself or himself as an integral member of the Department of Medicine can... Just does us a lot of good and being able to reflect the work that they put to become those leadership people, being able to value that through the tenure and promotion

pathway is something that we're really hard on in the Department of Medicine.

Dr. Teresa Chan (26:01):
And I think that's what they call in comedy as a call back, but definitely we cycle back to that first topic of academic health sciences centers, and how this all kind of fits together because I think that the university needs the hospitals and all their healthcare organizations, so whether there's a family health team or a click where we have our learners, but we also have faculty members in those situations, and we can be supporting their research and return and their scholarship and their engagement, so I think it all kind of fits together nicely in that package. So thanks so much for chatting with me about this. It's been really awesome, and I love the dinosaur bone story, but also the idea of how it can spark us to think of scholarship and research in non-traditional venues, it could just be on the trip with your friends, so who knows when inspiration will spike.

Dr. Teresa Chan (26:47):
That's absolutely the case. And also, we're all doing stuff that could turn out to be academically productive all the time, So harness the energy that you're already investing in it to bring some of those projects to a successful end. Don't just automatically assume that designing a new curriculum for the emergency medicine program is just part of the job of being in the Emergency Program with a few extra days work, you can turn that into an academic project which could ultimately get published and be good for you and be good for the university.

Dr. Teresa Chan (27:14):
And our clerkship director. Exactly, did that. So you can check out that paper, I'll put it in the show notes.

Dr. Mark Crowther (27:19):
Very good.

Dr. Teresa Chan (27:20):
Anyway, thank you so much. Okay, have a great day.

Speaker 2 (27:22):
Thanks Teresa.

Dr. Teresa Chan (27:27):
So wow, that was a really awesome first segment of the MacPFD Spark podcast, and now on to our second segment...

Dr. Teresa Chan (27:37):
Alright. Hello everyone, this is Teresa Chan, and I'm here back again with one of my long-time mentors actually, Dr. Mark Walton is here. Dr. Walton is a pediatric surgeon by day, and on other days, he is the Vice Dean of Faculty Affairs, here at the Faculty of Health Sciences. Mark, would you like to say hi to everyone?

Dr. Mark Walton (27:57):
Yeah, it's a pleasure, Teresa, and I'm flattered for you to call me a mentor. Yeah, so my line is I'm the Vice Dean of Faculty Affairs during day and at night, I'm a Pediatric surgeon.

Dr. Teresa Chan (28:08):
Oh, there you go. That's probably better spin on it.

Dr. Mark Walton (28:11):
A lot of my pediatric surgery stuff is urgent emergent stuff, and so I'm answering calls from folks like yourself from the emergency departments all over Southern Ontario. So.

Dr. Teresa Chan (28:22):
Yeah, that's great. That's why we have McMaster's Children's Hospital, and it's definitely a need that's been growing because as we built the hospital, it's definitely take it off. So it's great that you're able to provide that service. We always love having a friendly voice at the other end and having spoken with you at other instances about that, I know that it's important for us to all learn from each other and get really collegial service, but that kind of brings us to the next point, which is you interact with faculty all day, you deal with them either as colleagues, in the clinical aspect, but then as a Vice Dean of Faculty Affairs a big part of what you do is helping faculty take feedback and use it to improve or change their practices, faculty members. And so I thought I'd bring you in because I think there's been some questions about all these feedback that we're given, we get these trigger emails from, let's say, Meds system, or we get feedback from colleagues were asked in tenure promotion to get pure observations of our teaching, and all of these things are a big mystery to a lot of us as to what the point of it all is. So I thought I'd bring you in to have a chat about feedback processes and we could leverage out of them to up our game.

Dr. Mark Walton (29:36):
Yeah, so like many processes, it's multi-source feedback. It's feedback not only from, say, an interaction from a resident student, on our service, we have PA students, and so it's multi-source feedback in terms of our interactions, are we professional or not, do we provide good feedback? Are we overly harsh? Sometimes the art of giving good feedback is about... It is an art of how do you assist a student in their professional career, and so, in Faculty Affairs my portfolio highly emphasizes professionalism, and it's become very evident that equity, diversity and inclusion is a really important part of code of conduct and professionalism, so that's a big part of it. And then a part that I'm not directly involved with is tenure and promotion.

Dr. Mark Walton (30:22):
In comparison to other universities, we basically have two promotion tracks, clinical educator and research educator, where education is foundational in terms of our promotion, and depending on your position, you may be in either one of these two categories, and where feedback from an evaluation from learners is super important. In addition, learners have one perspective, but being observed by a peer and peer mentoring, but peer-reviewed assessment is also useful, and so that's helpful at all stages of your career, and we talk about when to use a Royal College term, the transitions in training, but there's also transitions in career, so into the career, your mid-career, and then how do you gracefully retire for, say.

Dr. Mark Walton (31:08):
And then if you've got a lot of experience, so there's a lot of opportunities for assessments, and frankly, Teresa we should have a culture of continuing assessment, so we all should be seeking out in a CQI format of, how did that go? And even when I'm in the operating room, I wanna know from the nurses, how did that feel for everybody...

Dr. Teresa Chan (31:29):
You'll probably do it with meetings as well, right? So in some of the meetings I Chair I like to have five minutes just at the end to say, "Okay, so the next time we have this meeting, what can we do better?" And folding of that stuff in, and even if it's just more process-oriented and that's about yourself, although sometimes that can come up. I learned that trick from running PBL because they say, Hey, at the end of a PBL session you should always run five minutes to say, How can you make your next session better because you're gonna be with the students often for a whole semester or a whole term, and that's multiple, multiple weeks, sometimes as long as 13 or 16 weeks, and I think that being able to ask for that process-oriented feedback that we can improve as a team can be helpful. And that culture is really important to bring into our other practices as well, whether that's the operating room with the board room.

Dr. Mark Walton (32:15):
The other part of it is you want it to be natural and organic. In terms of how it happens, because the formal filling the forms and using whatever format we have, in our case MEDsys, it's great, but you don't necessarily capture everything that's really useful, so it's just a vehicle by which you can have a conversation.

Dr. Teresa Chan (32:35):
Sounds like for the informal feedback, it's great to create those spaces in that psychological safety so that the trainees feel that they can give feedback to their colleagues, whether they are from another profession, sometimes that can be very, very revealing, is going up to a colleague who's a physio or a nurse or someone else in the system, to uniclerk, administrator, I think it's really powerful to get vantage points from other perspectives of how are you functioning as a leader, as a clinician, as a teacher, that could be really important to go from day to day.

Dr. Mark Walton (33:07):
Yeah, one of the things... And it's been a long time, so I was Program Director for the general surgery training program many, many years ago. But one of the really telling thing is how people treat others, and so I would ask my program assistant how is that resident that may wanna transfer in, how is that faculty? And so the informal aspects of things, not that they can necessarily lead to anything harsh, but it helps to bring together that pixelated, that brings what is a person about? And what is their drive? So I think it's like we say in the surgery, a biopsy is a biopsy, and all you can tell us about the piece of tissue that you've acquired.

Dr. Mark Walton (33:50):
You may not have the full idea of the tumor, but you wanna put together a picture of a person, of how they interact, and one of the best predictors of future performance is how they've performed in the past, so you wanna get to know people, and I think that's important when the Department of Education Coordinators or the associate chairs education in any of our three schools, nursing, medicine, rehab, put together what does a portfolio look like on an individual faculty member. And it is a bit of a track record of how people have performed and what they've done and what their commitment to education is, whether it be clinician educator or research educator.

Dr. Teresa Chan (34:31):
Yeah, and so what you're saying is the DEC, as you said, the department educational coordinators or sometimes it's like the school educational coordinators, there are report for promotion letters, they're the ones who are often synthesizing things together. They're often the ones that are...

Maybe after you got some feedback that was maybe a little bit more constructive, let's say they might pull you aside and do some coaching, but most of the time the feedback is used more in a progress kind of way and isn't a single source, like one bad comment on one, six-month review is never going to tank your whole career as a faculty member, but if over multiple months and multiple sources, something keeps coming up. It might be the way that you always say, "Hey, you guys." And say... Then people might be giving you feedback about how you need to use a different term, 'cause that's gendered, and so you might change your practice, but you're not gonna do that if it's one time, you're probably gonna be sensitive to it after one comment and then you might change your practice in that continuous way, but we're not gonna see you lose your faculty appointment because it was one bad comment is usually in that program of assessment around your faculty performance that is synthesized from all those different sources.

Dr. Teresa Chan (35:41):
That's why we have things like permeation of teaching, increasingly valued by McMaster, even the senate level is asking for it for promotion, because we know that the day-to-day evaluations in all ways, whether that's us evaluating a program or us assessing a trainee, we all have our implicit biases and so with the EDI lens on, I think that's a really good point, is that... You must see it, there's lots of literature that says that we might be biased towards people that don't look like or sound like us, are like us, and so that goes true for our students as well, as much as they can maybe be more savvy to some of these social issues, we all have biases that we can't get rid of, and so if the student evaluations and teachers have been time on time again, found to be rot with the same bias that we have as a society, and it's not anyone's individual fault, it's the way the society is... And so my understanding is that faculty evaluations from peers are increasingly valued because hopefully they can overcome some of those biases by adding more signal to the system, is that correct?

Dr. Mark Walton (36:40):
And it's about putting together a really valid and fulsome picture of faculty members of their strengths and we all have weaknesses, things we need to work on, and that's where mentoring coaching can assist with, and not in any judgemental way, but... No, that was fantastic. But here's a few things that maybe you as a person could work on in terms of being more careful about your words, 'cause 2020 is a year of careful about your words, it's more so than 2018, and we've seen that come together with some of the EDI issues that have come up within the pandemic and how... That's really come to the top of mind. Frankly, we all need to work on improving ourselves as we move forward, and it is about a trajectory, look, if you're looking at promotion, there is an expectation of promotion From Assistant Professor to Associate Professor that that'll happen within six years given there's no leaves and so on. But I think also there's some sense gonna be some of the challenges that individual persons go through in meeting an academic trajectory, and covid is gonna affect that for sure.

Dr. Teresa Chan (37:47):
Yeah, and I think all those things come to mind when it comes to your performance and how you fit within the paradigm, I think one of the challenges going forward is probably going to be around, especially for our research educator, colleagues, the pandemic is gonna change the way that productivity is. And I think that there has to be some level of consideration that we have to work as leaders to make sure that when we're evaluating performance of faculty during the pandemic, how much our expectations might need to be metered or changed because of the impact the pandemic has had differentially on different groups of our faculty. So the clinician faculty have been called to arms and maybe had to drop a lot of things to attend to clinical care. On the flip side, some of the

research faculty couldn't do the research that they normally do, it wasn't business as usual, and then men and women in households have been called to have different levels of expectation with regards to their other duties outside of being a faculty member and unfortunately, our society is still one where as much as we try for equity, there are still inequities and the expectations of who the children want to tuck in at night.

Dr. Teresa Chan (38:53):
And sometimes you don't get to, even if daddy is the one that sometimes might read the bedtime story if the kids want mom, then may still have to do certain things, and there is also still a cultural difference between men and women around the amount of house work, the mount of other kind of auxiliary work that we need to do within our households. Do you have any thoughts for you forward on how this is something that we could work as leaders to work on?

Dr. Mark Walton (39:17):
A really important part of it is awareness, and we've talked about this a little bit before, there's some blurring of lines, we're electronically so accessible and we can Zoom any time we want to, we can have a WebEx, we can have all kinds of interactions that can be a bit intrusive in terms of our own personal time, and we have to understand that and know that when someone said, I gotta spend some time with my family, that's cool. And yeah, I agree, they're... The onus of care at home probably falls much more on women than men, I think that's changing, but there's still some big differences. And it's important to talk about that. What is your context? How can we help? And I think that's what leaders, chairs, associate chairs need to make sure that's brought up in terms of a process that for most junior and mid-career faculties which is an annual review to say, How are things going and to learn about someone as a person and the other stresses that are in their lives to know that could be factoring into how much academic performance someone is able to do, we're all under incredible stress from loved ones and with the pandemic, and understanding some of the concerns that people have about maybe elderly parents that are within long term care facilities and some of the concerns about that.

Dr. Mark Walton (40:43):
The other part that I wanted to mention was that within a good chunk of our faculty, in Faculty Of Health Sciences, we have a lot of faculty that are doing online teaching, and this has been an enormous challenge, an enormous pivot, and I know a lot of great work that you're doing, Teresa, in terms of arming people to have the skills, to have these interactions in a form that is energizing for the students, and I know the students notice this when someone is really great in terms of electronic communications and presenting a body of work in a different way than the usual just standard didactic PowerPoint. So I think that's been a big stress for a lot of our faculty that do online teaching, say within nursing or rehab or with our non-clinical faculty, which have really had to pivot out of what they were in-person teaching too, and so their evaluations may suffer a little bit if they're not quite as skilled, but I think our job is to give them the skills and say, "You know what, try this, and this is how you make it a little bit more interactive." Some of the online formats, you gotta learn about break out rooms and how do you structure that, who's gonna moderate that and who will facilitate that.

Dr. Mark Walton (41:58):
So I think there's a whole new set of skills that I think as a faculty, we have to assist well-meaning faculty members to learn and become better at it, some faculty are very good online, others barely know what is Google. So that's something we have to be sensitive to, I think.

Dr. Teresa Chan (42:17):
Yeah, and I think that there's a really cool opportunity, McPherson has a bunch of different resources that can be very helpful for folks with larger classrooms, for people who are more PPL type teachers, we have some resources and we're planning some more for you to take a look at. And any time you're interested, just people can reach out and our office can try to figure out and help you figure out, navigate all the resources that we have. I think it'll be really fun and exciting. We are working on hopefully rostering a cadre of mentors and coaches to help others in their development journey, and so that'll be very useful when we actually get that off the ground, but it's gonna take a little bit of time. I think that it's gonna be very exciting to be able to see what we all come out on the other side of this global world event and how we pick up new skills, because for a lot of us, it's actually been quite exciting to learn new things as much as there's been the dread, once you get in there, then you start being creative and experiencing some of that learning yourself as a learner. There's a great way to do that.

Dr. Mark Walton (43:14):
So definitely check out some of our McPFD events because you can be a leaner in a space and see how we do some of our practices, and sometimes even... Yeah, I totally stole that from a class, and so I think it's worthwhile to check out how other people do it, and this is a great time to engage in that peer observation of teaching, even if you don't give me feedback, you can come and see how I turn on my radio voice. And act like a talks show host on some of my webinars and maybe you like it, maybe you don't, maybe you'll give your feedback and that'd be awesome. We always have evaluation forms for all of that work as well, so I think it's just an exciting time in some ways, and to go from dread to excitement can just be a flipping changing mindset, so hopefully others can come along on our journey as we roll out more resources from the McMaster Program for Faculty Development.

Dr. Mark Walton (43:58):
Yeah, the other thing, Teresa, I think would be worth talking about, and I was talking about at a few different meetings this morning was curriculum development, curriculum development with the sensitivity towards cultural sensitivity, but also equity diversity and inclusion, so there's a great opportunity now where, what was fine, maybe last year, but isn't fine now in terms of the EDI lens and the presentation of even some of the cases that we have in terms of our PBLs and how they're presented. As you know, we've got a very robust EDI committee, and so I would encourage faculty members to say, We've got content experts that can really assist with development in an area where you think, I don't have time... I don't understand it, it makes me feel really uncomfortable. But we're developing, I think, a network of experts that can assist with development, say in indigenous health, in Black Lives Matter, in terms of impact of various scenarios.

Dr. Mark Walton (44:58):
And I think that's gonna become a much more important and it's developing importance in terms of how we present ourselves as faculty but it also is an expectation of our students, I think we're just trying to catch up with our students on a lot of social issues that we've been paying lip service to, which is inappropriate, and so I think there's an incredible opportunity for faculty members and when I talk about EDI now, I do an orientation session, just 30 minutes, I meet with new faculty, as many as I can, and then one of the things that really grabs your attention is, Oh, you've got an EDI initiative and we've got working groups, and we've got all kinds of neat stuff happening for new faculty members, and I think for our students, it's really an opportunity, so I would hope both for

tenure and promotion, we're gonna have more criteria around professionalism, but also around EDI, that's an area of expertise that we really need to tap into. And the code of conduct aspects are important.

Dr. Teresa Chan (45:56):
Yeah, so as we up our game as faculty, I think that our valuations might be the way that we see the signal for areas of our own need. So I really like the way that you're framing it. Right, the idea is that you get a throw-away comment here or there that says you don't have a diversity in your curriculum, then it's about going and finding that journey and those experts to be able to help you change your curricula materials, maybe advance the way that you look at the case work that you present in your slides, for instance, if you present at conferences or in academic proceedings here and there, rounds, I think it's about maybe as a researcher, thinking about how to fold some level of equity and diversity into the work that you're doing. And that feedback might come from different sources, it might just come from feedback you get from a grad student passing in the hallway and being sensitive to all those forms of feedback as ways to trigger to you that it's time to go and learn something new, and I think that the pandemic has obviously been an unparalleled call to arms that all of us needed to get online, but not all faculty development signal is ever gonna be that loud.

Dr. Teresa Chan (47:02):
It might be here and there, little encounters by colleagues, little encounters with students where they seem a little awkward around you, it might be picking up those really soft cues. Yeah, the World Health Organization isn't going to call you out and say, I think it's time for you to learn something new, but there might be other life circumstances that you can observe and see that signal to be able to take all of that and turn it into action for yourself.

Dr. Mark Walton (47:26):
Yeah, and I think from a faculty member point of view, it's making sure we give, like you mentioned, that space to hear the conversation and to actively listen. Active listening, I think is super important, and allowing students to tell you things and having them feel safe about that, we talk about IQ, but EQ is so important in terms of reading people's body language, making sure they're reassured that we're having a conversation, this is not... There's always a power differential, but we wanna make sure the power deferential is not obvious, and that we're making sure we wanna listen. That goes a long way from a student's point of view, of their view input being valued and not being dismissive. I think it's how we behave in ourselves, and then frankly, and I would say I'm fairly senior faculty member, but gosh, we always have to be learning and we always have to have an open mind, so I think that's about the continuing quality improvement that we all need to experience, it's not just... And it will ripple into a patient safety aspect, but it's about continuing quality improvement of how we are as educators and teachers, and mentors and coaches.

Dr. Teresa Chan (48:35):
I think whether it's supervision of research or supervision at the clinical bedside or being a lecturer, there's always ways that we can find the signal that we could improve in a different way, and sometimes it's observing a colleague and be like, Oh, I'm stealing that, and sometimes it's gonna be like I said, those awkward looks when you said something funny that you're like, Oh, can we explore why that went really awkwardly? And it could be formal feedback that you would get every six months, it could be... If it's maybe more of a persistent pattern, something that you actually get coaching from, and we all hate getting that email from our bosses to say, Hey, can we chat about something because that usually feels like there's something that's gone wrong, but to flip the script

in our head and see if we can see those as opportunities to grow and take on a new challenge and experience so they knew and understand it better. I think it's a great privilege if people are willing to give you that feedback to actually just take the bull by the horns and actually take that on. I've previously mentioned this book before, but thanks for feedback, it's just such a great book as someone... If you're looking for a growth mindset, it's by Stone and Heen.

Dr. Teresa Chan (49:40):
So Douglas stone and Sheila Heen, it's a business book, so it's from the Harvard Business Review kind of family of books, but it's a fantastic book and it really is very funny as well, and it's a quick read, so if you're ever looking for something to think about feedback in a different way, I think I'd highly recommend that book.

Dr. Mark Walton (49:58):
Yeah, the other... Just to highlight some of the feedback aspects, and I get asked to review people's portfolios from other universities when they're being considered for promotion, and it's amazing what people are doing, it really is, and people that I may know just casually, but then I really read the letters that accompany those and the CV, and I think, Wow, this person is amazing, both as a person, but also in terms of their own career and their profession. So that's actually really quite neat, and some of the challenges is that many universities have different criteria to judge promotion, and it shouldn't just be about how many publications do you have and that sort of thing, it is, what is their impact, both social, but also on their colleagues and on a body of knowledge. So it's a more than publications and grants, but that's obviously part of it. So it's really unique to see that in many people that are our colleagues, what they're doing.

Dr. Teresa Chan (50:53):
And I think you can learn a lot just by having a chat with one of your colleagues about what they're doing, and it might be that they're trying something new or they went to a different workshop or they saw a video and we can all be learning from each other, and so I think that's a great insight, and I think that what we have to be very privileged to know is that McMaster is very reasonable as to what it values in this promotion process, you can be a great clinician and a great educator, and in that combination, you can be promoted to even full professor on that track, and you don't have to do research, you might wanna engage in scholarship, but it's not a must-have. You will have other avenues to be able to excel and really up your ante and become someone who is acknowledged for your work, so you don't... You don't have to publish or perish, in our zone we're really privileged to have that. Some of our colleagues are not in the same welcoming aspect that allows us to do that. Now, in terms of the research, educators, yes, the expectation is you do research and you conduct a high level amount of scholarship, but in that way, you also are rewarded for the work that you do as an educator, and in fact, that's why there's only the two tracks.

Dr. Teresa Chan (51:53):
Right, from what I understand, is that McMaster truly values that everyone is a great educator first and format, 'cause that's why we exist as an educational institution and a place where people engage in higher education, is that we are educators first and then we do something else, so whether that's research or clinical work, that's why those tracks exist is the only two rather than having other dedicated track that exist at other schools.

Dr. Mark Walton (52:13):
We tried to keep it fairly simple, so there's a two-pager that literally tells you what are the criteria

basically for a research educator, clinician educator, both from promotion to assistant to associate and associate to full professor. So it is basically on curriculum and scholarship development, and then what is your scope. Are you locally known, are you provincially known, are you nationally known or internationally known. That is looked at through invitations to speak, and you know, in the Zoom era, international reputation can just explode, right. So there's an opportunity there, and that wasn't really widely available five years ago, so it's been an opportunity to get faculty's names out there that are really embracing this technology and inspiring people. So for instance, your impact is enormous because you are the leader in terms of presenting through these sort of platforms and also online and live and blogging and podcast. You are a good example of someone that's really embraced this and you're a leader.

Dr. Teresa Chan (53:21):
Yeah, that's why from my position in the faculty development game that I have right now, and that portfolio is to augment the skills of everyone, and so if you're interested in doing something but you're like, I'm not a talk show host, that's okay. You can email us at McMaster Faculty Development email address, so that's mcpfd@mcmaster.ca. And if you have something you wanna share with the world, I can be a co-host, I can be a hype woman, and I can actually do all the technical stuff, and all you have to do is kinda show up like a rock star, so that's what we're trying to do is create that experience for people, and it's been amazing because we have opened up all our offerings to a lot of people, and it's been so amazing to have people from the Philippines this week, and we post people from the UK regularly, Aussies pop in once in a while and people are engaging in our faculty development and bringing their wisdom and their experience from other places to us, and we haven't had to go anywhere, and I think that's great because some of our junior faculty members who are doing great faculty development work they're getting a national or international reputation.

Dr. Teresa Chan (54:23):
We've opened our offerings up to everyone right now at least our digital ones, and so hopefully that will get people excited about faculty development, and I think we're starting to see that with this podcast, with the YouTube channel, with some of our digital offerings, synchronous offering. And that's very exciting to see.

Dr. Mark Walton (54:37):
The other thing I'd mentioned was it is a bit of a pain in butt, part of this is document, document what you're doing. And I remember when I first came in, I met with, I think the associate dean education at that time Kinsey Smith and he said, Just document it, what you're doing and make sure you keep a file of what your activities are, because then when you come to promotion, that'll be what people look at. What is on your CV, what are your list of courses that you've taken or things that have been part of a professional development? And it was wise advice, 'cause it is something we kinda do do do, we don't necessarily document what we do. And then if you do it, kind of using the record spectroscopic, Oh, what did I do? I went somewhere or I did something, but I can't really remember, and then you got to scramble and figure it out, so it is worthwhile making sure you keep up with what you're doing or have your assistant assist you with keeping that file active of... That's another thing that I can use for promotion.

Dr. Teresa Chan (55:36):
If you're lucky enough to have an assistant, and I think the other thing to consider would be just having a digital shoe box, right. So I have a drop box full of any time someone emails me, I just download the email or a PDF, actually, that's what I do, or if I have a letter of some sort, I file it

away. And then every so often, I break open the digital shoe box, just like it was when it was in paper. And actually organize it a little bit into folders, it's actually a lot easier in a digital format that it is with a table full of paper as some my colleagues I used to know went through tenure promotion before me, but yeah, it's kinda like every good researcher knows that prospectively gather data that is quickly registered into your database is always gonna be better and more high quality than retrospective data that's three months or six months after the fact.

Dr. Teresa Chan (56:24):
And so if you're a researcher, you know that you should do for yourself what you would expect as good data practices for your research, you should apply to yourself and as a teacher, you also know that when you get an evaluation request from a student or an assessment question like six months after the fact, it's never gonna be as good as if you give the real time, in the moment, documented content. So I definitely think that timely data entry for yourself will keep you on top of that, and you don't have to do it every week. But maybe every month or so you can just clean out the digital shoebox, look at your calendar, add things into your CV from that and that can go a long way. It's like the difference between doing six years of taxes versus every year, you do it once. Doing back taxes is not a good way to do [chuckle] any kind of accounting, and this is just another kind of accounting.

Dr. Mark Walton (57:15):
I've heard stories from various chairs where they're trying to get someone promoted, but their CV's a bit of a disaster. And they're known to be active, they're known to be doing all... But they just have not documented it and kept it up to date that. That digital shoebox, I like that idea, really can be very helpful. And you can find publications pretty easily, but you necessarily can't track your own activities unless you're doing it actively, so it's really a good habit for early career faculty to get into the habit of it.

Dr. Teresa Chan (57:46):
And someday maybe there'll be some digital solutions to some of this, just like QuickBooks, but at the same time, I think even then you'll need to data validate it, you'll need to check up on it because no one's gonna care about your job as much as you do. Well, maybe your mom, if you're really lucky. But even then, my mom doesn't care anymore. She's like, "I can't keep up with your papers." I'm like, "Okay, fine." [chuckle] So, it is one of those things where you have to be your own best advocate and you have to invest time in yourself. And as educators, as leaders, as researchers often everyone else's work is more important than your own.

Dr. Teresa Chan (58:18):
But if you can think of that reflection time, or if you have antibodies toward reflection, if you think of that time where you update your CV as a way for you to recalibrate and take stock of what you've done so you can decide whether or not you wanna continue doing something or if you want to migrate or change things, I think that that's the way to use that CV update time. Not as just a routine thing that you can just do watching a Netflix show, but rather something that is a reflective activity to say, take stock of, "Am I doing the things I wanna do or is my world getting overrun by certain kind of tasks that maybe I should start letting go or passing on to others for an opportunity?" And I think that that's a great way to think about your CV as an active reflection as well, and I think that taking stock of it is good.

Dr. Mark Walton (59:06):
Yeah, I think it's a really important comment just made. Is there is a certain longevity to how long

you should be doing a certain job and it's always good to refresh and turn over, and it also gives others an opportunity, so we don't have that plug-pipeline phenomenon where someone has a title or a role for a long time and they become less effective with it. So one of the things that I've really tried to recommend to faculty is when you take on a new role, let something go, because you may not be a fresh and you may not be... And it may be an opportunity for someone coming behind you, because really what is most important, and when I look at my career it's, what is my legacy? What is... Who have I inspired to do what? So I think that's really important in terms of, you don't need to hang onto positions forever.

Dr. Mark Walton (59:52):
And we're looking at very actively managing these in terms of term limited positions and appointments so that there is turnover and there's opportunity for younger faculty. And so that pipeline isn't locked or it isn't leaky, it just is seamless and I think that's really important. And the other thing, Teresa, is that... Don't over-extend yourself, get tasks completed. Whether it be publication, whether it be developing a curriculum, whether it be online teaching and so on. Then move on and move on to something different and exciting, and it's probably good from a professional development point of view to challenge yourself, I'm gonna do something different this year. My one-year plan, three-year plan, five-year plan, what is it? And trying to keep that in context of, what are the opportunities that are coming up and how can you embrace them?

Dr. Teresa Chan (1:00:39):
Yeah, and I think that for me, a big way to do that is actually just... It's that audit that I do when I open up my CV to update it. And if you do that once a month, it can help you keep calibrated so that you're like, "Wow, that was a horrible month." And now you're updating your CV, and like, "Oh, I see. It was full of this kind of stuff, and I didn't actually... I didn't do very much teaching this month." Sometimes I'll be like, "Wow, I really didn't do any teaching." And I get so much joy from teaching, that may be what I wanna do then is calibrate myself to say, "Hey, maybe it's about trying to find what other opportunities there are for teaching so that I can maintain that spark." And so sometimes it's that you've let something go that you shouldn't have and you miss it, and so reflecting on that and being introspective is really important. Because if all you're going to do is Zoom meetings where people are talking at you and you're not getting to engage or have a voice back, then I find that that's when I miss teaching.

Dr. Teresa Chan (1:01:29):
And then on months where I teach too much, [chuckle] then maybe I wanna just absorb and have some time to reflect and write. I haven't moved a mark on some of my writing projects, and I think that we waver through those things. And like I said, I use my CV updating time as a way to take stock of that because I find that it helps supremely to be able to do that periodically. And so maybe for you it's every three months or six months, it really doesn't matter, it's just taking some time to take stock of your own career can be a great source of feedback as well, it's kind of like an auto-ethnographic journey into your life. It's taking stock and analyzing what you've done, and I think a lot of people don't use that as a form of feedback, so I really love that you brought that up and it's a great idea.

Dr. Mark Walton (1:02:11):
Well, the other thing that I think, Teresa, that's really important is that we look outside of our own profession for networking opportunities, whether it be within health sciences. We've got three schools and the school nursing, incredible researchers and educators. Rehab Sciences is also a rich area, and within medicine obviously. But also outside of perhaps healthcare where we can network

with people in business, we have a lot to learn from people in business in terms of process, structural things that they've got kinda figured out and we're so busy sort of running on the treadmill that we don't make any progress in terms of how we approach things. So, I think it's also an opportunity for faculty to look at, who can I collaborate with? And sometimes within the faculty development offerings, you'll meet people that you won't necessarily meet otherwise and you go, "Whoa, this is great."

Dr. Mark Walton (1:03:04):
You have a cup of virtual coffee, if you like, or whatever and you get to chat with someone, find out what they're doing. And then you think, "Well, that's so relevant to what I'm thinking about." And maybe we can talk and discuss and collaborate, and then maybe develop curriculum, teach together, etcetera, etcetera. So I think we get very siloed, I think in terms of our approach to things. And there's lots of opportunities where it leads to curriculum development, it leads to scholarship and it leads to publications, presentations. And from Granting Agencies, they're also looking for that collaborative approach in terms of research, so I think it's a win-win. You just have to open your mind and realize maybe you don't know everything about something and you need to talk to someone else that, this is their wheelhouse and this is what they talk about and wanna share. I find that really exciting when that happens, 'cause you think, "Wow, this is crazy good."

Dr. Teresa Chan (1:04:02):
Yeah, it's amazing. Just honestly, sometimes just now that I've been running more events that are truly interprofessional and getting to meet really cool people, it's just been phenomenal to just grow your network, even just locally. I have a lot of friends who are like me in my specialty nationally, internationally. But we train in such silos that often that's who you know, and so who you know introduce you to other people that know each other, and in the end, all the emerg docs, I kinda know a lot of them in the national sphere or international sphere because of social media and other things like that. But I'm blinded to the awesomeness of hand therapy, for instance.

Dr. Teresa Chan (1:04:40):
And I've had such a great opportunity to connect with people like Tara Packham, who has been just... She's just a kindred spirit when it comes to social media and using it to engage communities, and we've had great exchanges. It's been wonderful to chat with folks like Ruth Chen, who's just a phenomenal leader. Dr. Chen, I've interviewed her. And so you can listen to her interview and you can see why I'm a big fan girl of her work, but she's just a very thoughtful, wise person. I think at some point, she said to me, and I think I said it to her back, "I don't know why it took us so long to know each other." 'Cause we kept on going back to like, "When did you land here?" "Well, I was a resident since... " And she's like, "Well, I've been here since... " And we just have a lot in common, probably. Our last names in Chinese are actually the same, so she might actually be a relative. [chuckle] I don't know, really remote.

Dr. Teresa Chan (1:05:25):
But the idea would be that it is one of those things where we are kindred spirits in many ways, and we just didn't know each other 'cause we were in different schools within the same faculty. So I think it's been really, really rewarding to reach out across to different schools and create opportunities for us to learn from each other. And yeah, like some of our writing workshops, people have exchanged emails. Some of our women's chat series where we got together to talk about issues for women in academia, that was a huge turning point for a lot of people to meet new mentors across the entire city, across multiple cities and connect. So I think it's been really, really cool. So

thank you so much for the time of chatting with me, it's been really great. And we will be hoping to hear from you another time about maybe some of the EDI stuff and we can bring, I hope, the co-chairs of the EDI committee together with you to chat about the awesome work that they've been doing.

Dr. Mark Walton (1:06:12):
It's so exciting, and then there's so much work we've done, this is long overdue, so yeah, that would be another great topic for sure. And I think from a faculty development point of view, you're doing awesome work and getting it out, getting it out so that it is in a format by which it's much more convenient.

Dr. Teresa Chan (1:06:29):
The podcast is in your pocket or purse, like the idea of the YouTube videos is they're just in time and we try to make sure that they can fit in the time of your kids out of piano lesson or doing math homework or the time it takes for your Instant Pot to cook some ribs, you can hopefully watch a video. And so hopefully what we can do is create this kind of opportunities for people to engage, and we're really excited that the McMaster community is loving it. So keep telling us what you want and we'll trade me that need, so thanks so much for your time, Mark.

Dr. Mark Walton (1:06:56):
It's been a real pleasure and thanks for inviting me, Teresa, always great talking to you.

[music]

Dr. Teresa Chan (1:07:03):
Thank you so much for tuning into the MacPFD Spark podcast. Just so you know, this podcast been brought to you by the McMaster Faculty of Health 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. Many of our events are actually web events that are free. Finally, I'd like to thank are sound engineer, Mr. Nick Hoskin, who's been an amazing asset to our team, thanks so much, Nick for all that you do. And I also think you to Scott Holmes for supplying us the music that you've been listing to. Alright, so until next time, this is MacPFD Spark signing off.