McMaster Program for Faculty Development (MacPFD)

Spark Podcast

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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 teachers, to provide 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]

Dr. Teresa Chan (00:40):
Welcome back to another great episode. I'm gonna be bringing you two segments, the first is with Dr. Ruth Chen, who will speak about the mysteries behind the tenure and promotion process. Second of all, we'll be interviewing two guests, the first of which is Dr. Madeleine Verhovsek. She is a hematologist by day and social advocate by night, and she brings along with her, Lyndon George, a political advocate in the Hamilton area, who will be kind of speaking to the role of advocacy in the academy. And I do think that we need to start thinking about how advocacy and community engagement can certainly become a form of academic scholarship. Hello everyone, my name is Teresa Chan, and I'm here with my colleague, Ruth Chen from the School of Nursing, and Dr. Chen is here again because she's just so awesome, and last time she dropped so many leadership pearls that I wanted to bring her back. But Ruth, I brought you back because I have this burning set of questions, and I'll be honest with you, it all comes from me reading that article about Donna Strickland, and she was an associate professor, not a full professor at University of Waterloo when she became a Nobel Prize winner.

Dr. Teresa Chan (01:51):
And yes, I think that very quickly after that, someone helped her get her paperwork together and she's now a full professor. [laughter] But there was a lot of social media buzz around how she's just an associate professor, and I feel like that's probably a problem that if a Nobel Prize winner doesn't understand tenure and promotion or just promotion for some people, that this is probably more systemic problem. It's probably a systematic problem where it's a mystery to a lot of people. So I thought you have a role in the School of Nursing as the education coordinator that does some of

that development work for faculty. So I thought we could have this conversation. I'd love to just pick your brain about this. Because I think that even for myself, I kinda knew my next step, but I don't really understand the whole picture, and maybe between the two of us, we can come back together some advice for people. But knowing that there are specialists like Rebecca Collier at the Faculty of Health Sciences, that I've already kind of tapped on her shoulder to say, "How could we find more resources for people so that it's accessible just in time?" Because I think we do do some orientation for Faculty of Health Sciences, at the very beginning when you're superly overloaded and you're not even thinking about your promotion, since you just got hired, and so we probably gotta make a different spin on how we deliver that content to them.

Dr. Ruth Chen (03:06):
Sure.

Dr. Teresa Chan (03:07):
This could be one of those ways. And so I wanted to have a chat with you about that. So I think a lot of people walk into this thinking, "What is going on with all this promotion stuff anyway? Why seek a promotion?" And so I thought maybe we could start just dive in on that question.

Dr. Ruth Chen (03:22):
Sure.

Dr. Teresa Chan (03:22):
Why do you think are some good reasons, when you're talking to people?

Dr. Ruth Chen (03:24):
Yeah. No, that's a really good question, actually, because I think when you work in a university context or you have some sort of faculty appointment, you just kinda take it for granted that this is part of the university life, is this tenure and promotion thing. And as the department education coordinator for the School of Nursing, I do know that each department will have a slightly different process, so I won't get into the weeds in terms of the minute details around tenure and promotion. But perhaps just a bigger picture perspective around T&P or P&T, as some people call it. I can totally understand when you're describing Donna Strickland, because so many times, and when I talk with faculty, and it happens to be about tenure and promotion, so many people just don't want to deal with the paperwork and the bureaucracy of it. Because when you think about going up for promotion, when you think about going up for tenure, aside from the motivation of just wanting to have tenure or wanting to have teaching professor permanence, which helps in terms of your own perceptions of job security, there really is less of a motivation, for the most part, that I see in people to get promoted from assistant to associate full professor because they just don't wanna, frankly, deal with the paperwork.

Dr. Ruth Chen (04:48):
So some of the key components in the tenure and promotion process that I think are really useful to keep in mind is that, yes, it is good to go up for tenure and promotion. So even as a non-tenure track individual, if you have a clinical faculty appointment or if you have CAWAR, which stands for C-A-W-A-R, Continuing Appointment Without Annual Review. If you have a CAWAR or a clinical faculty appointment, it is still useful to move forward with that tenure and promotion process. And if I could provide a few details to help demystify this process so that the bureaucratic burden or the paperwork burden is slightly less, then I'm happy to do that. So really what you wanna keep in mind

as someone going through this tenure and promotion process is that there are a few key pieces that you need to keep track of. Of course, we all know about our CV, of course, we know about our research productivity, our grants, etcetera, and maintaining our CV with those details. However, in addition to that, something that you want to know or keep in mind at McMaster is that teaching is really valued here in the university, and so that means that in addition to the teaching that you do, whether it be with residents or students across any of the departments, that is something that is valued highly by McMaster.

Dr. Ruth Chen (06:11):
So the measuring of that component of teaching comes in the form currently with student evaluations. Now, there's a lot of discussion around student evaluations and the value of student evaluations, the validity of them, but for now, just know that student evaluations and keeping those evaluations in your portfolio are really useful. So I'll mention the portfolio soon, but the other component that I wanted to make sure to get out there is that peer review is the complementary component to gathering your student evaluations, so be sure to also get feedback from your peers regarding your teaching, because peer evaluation is a very important part of that whole tenure and promotion evaluation. All of these pieces, your CV, your student evaluations, your peer evaluation, and peer feedback, as well as your record of publications, research grants, etcetera, all go into something called the teaching portfolio or the teaching dossier. So, this teaching portfolio also has an additional component that you want to get a head start on at the very outset or sooner rather than later, when you're thinking about the whole tenure and promotion process, and that is creating the teaching philosophy and the teaching statement.

Dr. Ruth Chen (07:31):
So having the opportunity to think through what your own teaching philosophy is, having the opportunity to write that down, is a really useful exercise because as teaching is valued here at the university, it will really help you to think through how you approach your own teaching. So the teaching philosophy is also another important aspect of the teaching portfolio. All of that is combined when you are evaluated for tenure and promotion, so getting a head start on your teaching portfolio with those components is really useful.

Dr. Teresa Chan (08:05):
Yeah, and it used to be that you had to print everything in time in these giant binders, but now, I think most people are actually turning it in in PDF format, so it feels less daunting, to be honest, because after sending three portfolios of really thick stuff of all the printed teaching evaluations, I think I just cried because of all the trees that were killed, but now it's a lot easier because you can keep most of these things digitally. So for junior faculty members or even mid-career faculty members that never did this, do you think about having... I actually use Dropbox, so it's like a shoe box, I guess. It's the old school shoe box of all your teaching evals or all your artifacts of thank you letters and other things like that. I actually put all of that stuff into a Dropbox folder so that if my computer dies, I don't lose it. And it's just basically, it's just my personal data, so it's not like you're storing confidential patient data or other things like that, but I just throw it all together and I have a file within that folder that's unfiled, and then I have the filing system that the university uses, and I find that's easier to do.

Dr. Teresa Chan (09:04):
And so every so often I'll go into the unfiled folder and throw it into the filed folder with the first four things on the file name being the year, so it's very easy then for me to find my 2019 stuff or my

2018 stuff. And I think that that's just my approach to kind of staying organized and on top of things. And so I think having some of those hacks would be nice for people, so I'm gonna just share them. [chuckle]

Dr. Ruth Chen (09:26):
Yeah. No, definitely, I think, Teresa, your hack, T&P hack is really helpful because part of the burden of maintaining all this for tenure and promotion can be lessened by just keeping an organized system from the outset. Because what happens is all of this information, whether it be stored on a cloud drive or Dropbox, etcetera, gets then shared with the DEC of your particular department. So the DEC is the department education coordinator. So the DEC then looks at that information and they too have to write a letter for your tenure and promotion, so it's called a DTER, D-T-E-R, department teaching education report. That DTER then gets combined with the letter that your chair writes and your chair then summarizes your contributions to the department or school, they also incorporate any of the references that you're required to obtain or the tenure and promotion committee is required to obtain. The internal department then decides on your ability to go forward to the Faculty of Health Sciences. The Faculty of Health Sciences has a tenure and promotion committee which then moves your package to the university. And so that's when Senate reviews and it gets approved by Senate and the Board of Governors, etcetera.

Dr. Ruth Chen (10:42):
So there are multiple steps in this process that are all intended to support the success of each faculty member, and it just takes time. And usually this whole tenure and promotion process happens approximately a year before your next appointment. So we usually start our promotion packages in this whole timeline, September of the year prior to the July, next July's new appointment date.

Dr. Teresa Chan (11:10):
Oh wow, so that's like, if someone was being asked by you right now by email to prep stuff that you'd begin email September of 2020, and then it actually wouldn't be until July 2021.

Dr. Ruth Chen (11:25):
That's right.

Dr. Teresa Chan (11:26):
Oh wow, okay. So, No, no, no, no, in 2022, right? So that's a year and a half or so?

Dr. Ruth Chen (11:34):
Oh, well, yeah, there are some steps that start even earlier, but yeah, at the very least, we would be getting some of this started in terms of compiling their teaching portfolios over a year in advance of the appointment date.

Dr. Teresa Chan (11:48):
I was gonna say, 'cause I'm pretty sure my department had me starting stuff like 18, 24 months before, because in order to be ready to be assessed with your internal committee, you have to have done all that pre-work, otherwise it is a lot of work, but I think that if hopefully systems thinkers like yourself, and I know my DEC was Ameen Patel when I went up, and so he had a checklist of things that he wanted me to get done, and he kept me on a really tight schedule. And you know what? It was really nice because he kind of coached me through the whole process, so having those dry runs or having people look over your portfolio, even if I was just getting it prepped for him when I was

meeting with him, I think that was really helpful because then I just had to update the last version. So it's kind of like software updates, if you just are updating from this version of software to that version of software, it's a lot easier than if you had to start from scratch and learn a whole new operating system and never had even opened it up before this new Android system or whatever, right? Like you've asked the ideas that we have to make things easy for ourselves, so don't put it off, because putting it off actually makes it worse. [chuckle]

Dr. Ruth Chen (12:51):
Yeah that's right. It just makes it that much more of a burden.

Dr. Teresa Chan (12:54):
Okay, so that makes sense. So basically the journey of a faculty through this process is that at some point someone emails you and says, get your stuff together. You're gonna get your stuff together, you're gonna write some stuff, like the teaching philosophy. You're gonna put it together in maybe a teaching dossier that has all your student evaluations, teachers, maybe your peer evaluations of your teaching. And then you're gonna have to take that, you're gonna send it to someone who's gonna go and summarize it. So it might be your chair, associate chair, it could be your head of school, that kind of thing. And that person then has maybe a committee that looks as a dry run, like a simulation, to say, "Is this person gonna be successful if they put them up to main campus adjudication?" And at that level, once you've been put up to that level, you're being adjudicated next to all the other people that's going up for the same, I guess, promotion. And so you might be judged against history profs or psychology profs, or sociologists or English literature specialists. So you're not just getting compared to other health sciences people, you're actually comparing to a whole bunch of other people, and that committee is pretty diverse, right?

Dr. Ruth Chen (14:00):
That's right.

Dr. Teresa Chan (14:00):
That committee is full of people who are of different disciplinary backgrounds, and so they might not understand what being plastic surgery program director is, for instance, and so it's your job to try to give that explanation, that context, and hopefully your leaders that have endorsed you will also do so as well, to explain how big a deal that is. Because they might not understand. Because if someone told me that some role in the National History Society that they have is really important, I wouldn't know that unless someone contextualized it, and I totally get that. So I think that that's part of the mystery, like why are there all these structures? This isn't super relevant to me, that sometimes the thing that we go through when we have the bureaucratic structures that are meant for everyone, is that it can be a little bit opaque.

Dr. Ruth Chen (14:43):
Yeah, it's a good point. Because as the DEC, when I have to write the DTER, there is a very set structure and the reason for that is because they are comparing DTERs from people, not only within the FHS, Faculty of Health Sciences, but also across the university. So that department education coordinator letter has to follow a particular format, and then the letter from the chair or the dean also has to follow a similar format, etcetera, just for consistency.

Dr. Teresa Chan (15:13):
Thank you so much for clarifying that. I think that will go a long way to helping a lot of people understand this whole process. And just to be clear, not everyone goes up for tenure in our Faculty of Health Sciences, right?

Dr. Ruth Chen (15:23):
That's right.

Dr. Teresa Chan (15:24):
So Ruth has already explained a lot of different ways that people might all get promoted, but they might not actually get a tenure status. A tenure status is a very specific group of people who will be made permanent more within the university hierarchy. It's an older term, we call it still P& T, T&P, because those are the structures that we have because main campus tenure is a big thing, but the bulk of our faculty actually within the Faculty of Health Sciences are either in the clinical tracks or the clinical appointments that are conditional to them having an appointment whether they are a clinician or they are CAWAR. So they are...

Dr. Ruth Chen (15:58):
Continuing appointment without annual review. [laughter]

Dr. Teresa Chan (16:00):
That's it. That's it. I am a CAWAR faculty and can't remember what it stands for sometimes. And that's contingent on your funding source and has to do more with the fact that my clinical earnings actually are the reason why I can be employed within the state. And then there are obviously some people who do have that tenure track position, as they're called, and that they have those responsibilities. But then also additional hurdles they have to jump through and usually a very high bar for what makes for tenure. And so I think that's all good to know. And sometimes when you're talking to other people that are at your level, like assistant or associate prof, sometimes we don't talk to each other well, because it's like the Tower of Babel, everyone's got a different contract in the background, and so what works for some person is not the same for another. And for some clinician colleagues of mine, you don't actually get a pay bump by being promoted, so that's definitely not the reason why I would say that you need to go up for this stuff. But I think part of it is for role modeling, especially for all the women out there that are listening. We know that in academia, especially in academic medicine specifically, less so in nursing, less so in rehab, there are less women associate profs and less women full profs than there should be for the proportion that there are women in our profession.

Dr. Teresa Chan (17:16):
So I do think that part of it is that your role modeling that this is the right thing to do and that it is natural. Because we also know that some of the leadership positions that might come up have a necessary component where you can't be something until you have a certain rank or there are certain awards they're ineligible for.

Dr. Ruth Chen (17:35):
Good point.

Dr. Teresa Chan (17:35):
So it does have ramifications in other ways. And at the very least, you should probably go up for full prof, because there are lots of young women looking up to you that might aspire to be like you someday, and that should be a good enough reason, I think, in and of itself to get the paperwork together.

Dr. Ruth Chen (17:54):
Yeah, that's a good point.

Dr. Teresa Chan (17:56):
But I think that that's a whole different discussion for another podcast. I'm probably gonna be seeing if I can speak with some of the chairs and some of the senior women, in medicine specifically, to talk a little bit about that gap a little bit.

Dr. Ruth Chen (18:07):
No, it's an excellent point.

Dr. Teresa Chan (18:08):
Alright. Well, thank you so much for you taking the time to talk to me again, because this is definitely pulling back the curtain. We have a series that we're calling Scholarly Secrets, and this is one of those scholarly secrets that we definitely know that people... It shouldn't be a secret, but it often it's a mystery to many people. So thanks, Ruth, so much for joining me. Thanks for pulling back the curtain and just revealing to us the process and the pathway to promotion.

Dr. Ruth Chen (18:33):
My pleasure. Good to talk with you, too.

Dr. Teresa Chan (18:37):
So that was simply an amazing first segment, and I'm gonna give you a bit of a commercial now of our upcoming 2021 women's symposium. This was co-developed by the Department of Medicine's Associate Chair Equity and Inclusion, but more importantly, it's a place for the women within our faculty and those who identify as allies of women, to really explore the idea of how women can lead in healthcare and beyond. As we know, there's a bit of a gender gap in our world, and at McMaster University I think we have to try to see how we can, as faculty, really help to close that gap. We've brought together some amazing speakers from the world of politics, from the world of academia, from the world of healthcare, and I think it's gonna be an amazing event. So definitely come and check it out. We are so grateful for all of our sponsors for coming to this event, and you can check out more information about all of them at the Women Symposium website. So definitely check out our event calendar and find the 2021 Women Symposium, which will be on April 28, 2021. It'll be great to have you there. And we're hoping that all of you, men, women, those who are non-binary, two spirited, can join us and figure out how we can definitely raise awareness that women can lead in healthcare.

[music]

Dr. Teresa Chan (19:56):
Hello, listeners of MacPFD Spark. Welcome to another exciting episode. Today I have a force to be reckoned with, I think is the term that I would use, but Dr. Madeleine Verhovsek is here to talk to me

a little bit about some of the advocacy work she does with regards to the work that she does clinically, but then how she spun that into something that she can actually engage in a more policy, maybe political sometimes, maybe even just health systems oriented way. So Madeleine, can you say hi to everyone?

Dr. Madeleine Verhovsek (20:31):
Yeah. Hi, thanks so much, Teresa. I'm so excited to have these kinds of discussions. I've stumbled my way into advocacy, I would say. So for me, it all comes down to relationships that I have with patients in my clinic, and we're on the frontlines in healthcare. We end up seeing the experiences that our patients are having that seem sub-optimal and taking a step back and thinking, "Okay, what are the bigger systems here, or what are the educational needs, or both that could help improve this at a higher level, rather than trying to put out individual fires, or in addition helping to put out individual fires with individual patient situations?"

Dr. Teresa Chan (21:17):
And I think that one of the big things is that, a lot of people don't feel like they can change the system. So to some of our folks that are listening, how did you overcome that barrier? Because I think that that's a huge barrier for many, is that they don't see the system as maybe changeable sometimes, or it's really hard to change, and I think that that gets people to a certain point, and then it's just rinse and repeat doing the same thing within a broken system.

Dr. Madeleine Verhovsek (21:43):
Yeah. It's for sure, as frontline healthcare professionals, we're in this unique position, because we are, I guess, for lack of a better analogy, in the trenches dealing with sometimes often life and death situations, and we have this unique perspective, and I would argue responsibility to our patients, such that if they are encountering barriers that within the healthcare system, then our voice has the potential to have more impact for system change. So I'll use as an example, I've been on faculty at McMaster now for just over 10 years, and I had trained here, as they say, Mac Lifer, but I did all my training at Mac, and realized that I was interested in learning more about and furthering the care for individuals with sickle cell disease and thalassemia, which are both inherited disorders of hemoglobin, inherited anemias. So I had gone down to Boston and done that training with the idea that I would come back to Mac and start a clinic. And so I got back bright eyed and bushy tailed in my first days and weeks back at Mac, and I said, "Okay great, I'm ready to start the clinic," and then I was told, "Okay, meet with so and so." "Okay," so I went and met with so and so, and so and so was an administrator, and I explained to them what we needed to do and they said, "Okay, that sounds great. But there's no money." Like, "Oh, okay, this is weird.

Dr. Madeleine Verhovsek (23:09):
Mac helped to fund my training to go away to do this training, and then I'm supposed to be starting a clinic." That wasn't what I expected, and they said, "Oh, but meet with so and so," so you know where the story is going. I met with all the so and sos, and each person nodded their head and heard about this population of patients who were mostly young, who had these complex chronic diseases that required multidisciplinary care, and a number of different specialized services in an integrated fashion, and their eyes glazed over and each conversation ended with, "Oh, that's really interesting, but there's no money." So I think I got tossed in the deep end of advocacy right off the get-go with that situation, because I didn't realize that I was needing to come in and advocate for resources. I thought I was going to get this medical knowledge and then the magic would happen. I think because I just got thrown into advocacy mode right off the get-go, well, sure enough, then a few

years into all these meetings, I walked into one meeting and a few minutes in and they said, "Oh, we have some resources," and you could have just knocked me over with a feather, because I'd had so many of these fruitless meetings.

Dr. Madeleine Verhovsek (24:21):
So then the clinic started, but sure enough, the population expanded, or sure enough there were places where the patients were repeatedly encountering care barriers, and so it was acknowledging where those problems lied and trying to strategize who are going to be the folks who have leverage in this situation to make this better? And I'll say where that became really interesting and really exciting, and has in a way led to where I am now doing more and more, not only patient advocacy related to sickle cell and education, but more and more into anti-racism and health equity work was, the turning point, was when I paired up with the sickle cell patient support organizations who were already starting some political advocacy at provincial and at federal levels. And it was that aha moment where I saw, "Okay, every time I walk in to talk with an administrator at the hospital, trying to advocate for my patients, I feel as though I'm getting the skepticism. Like somehow I'm asking for resources for me. They think that I'm being disingenuous and saying that somehow it's gonna benefit me, when really, I felt that my motives were quite pure.

Dr. Madeleine Verhovsek (25:40):
So it was in partnering with the patient organizations, with the patients themselves, with the patient family members and other advocates, where I felt as though, "Okay, this is really where it's at," and not only because of our different identities in the issue, but also because of the different perspectives and voices that came out of that, and I could help them with some of the medical jargon. I could help them with understanding the hospital systems, but really their voice was the most valuable in creating change.

Dr. Teresa Chan (26:12):
Yeah, I think engaging patients is really important, and we have actually a whole Office of Community Engagement that helps educators actually in the McMaster system actually engage with the local communities. And those of you who are in regional campuses, there actually are dedicated people that help with that at each of the regional campuses as well. But on that note, I would like to bring in one of our other guests in the show, Mr. Lyndon George. Say hi to everyone, Lyndon.

Lyndon George (26:40):
Good evening everyone. Pleasure to be here today.

Dr. Teresa Chan (26:42):
Alright. I don't know if it'll be evening when people listen, but yeah, for sure, maybe some of them might be. [chuckle] But anyway, that's all good. Lyndon is a patient advocate, actually within some of our health systems, and he also does some work politically supporting some of our MPPs in around the area, and has been in that circuit for quite some time. Lyndon comes to us being a native born Hamiltonian, and has been here for a long time, and has grown up in the community for which McMaster serves, at least the main campus that McMaster serves. And I thought that we'd bring him in to talk about what it's like to partner with someone like Dr. Verhovsek to make change, and if you have any insights on how others might be able to partner with people like yourself to also make change.

Lyndon George (27:31):
I think it's the work that Dr. Verhovsek's done on the advocacy side, is so instrumental to elevating the voices of racialized communities, and without it you're not having these important discussions that we're having now, and so they're critical. And I would say that any physician out there who is passionate about their work is to elevate voices around you and to try and create that space, and that's what Dr. Verhovsek does incredibly well, and she was gracious enough when she heard my story, to sit down with me and talk to me about the kind of advocacy work that goes on in the sickle cell community. And then from there, we started working together with other colleagues now in the community as well to elevate important issues, and you need that leadership, and I think it's a real example of the kind of leadership that we need up and down our healthcare system, right? And we can't leave it to someone else, and Dr. Verhovsek does that incredibly well, and it spurred me into then going on and being more vocal at the community level of healthcare, and to continue to push for the kind of transformational change that we need, but it's not an easy thing to do. To take on healthcare, it's a massive... Both of you work there. And you understand sometimes the politics and the structural system that exists and you need somebody who can navigate that with you and reassure you, and that's been a critical voice that I've been very grateful to have.

Dr. Teresa Chan (28:44):
Yeah, and it's sort of having a partner insight and understanding the politics and the procedures of a healthcare organization, it seems like it's very helpful to you as a community member, is that correct?

Lyndon George (28:56):
It is. And when you're genuine in the community of talking about these issues and you keep hearing a name over and over again of who you should talk to, when I was raising these issues around my treatment and what I had experienced, multiple individuals within our community had come forward and said, "You should really talk to Dr. Verhovsek around this," and that's a testament to the work that she's done, and I think if you are having healthcare issues and you feel like you've experienced something, you need to be able to turn to your physician and to your doctor and have that discussion, and for a lot of folks, you may not feel comfortable having that discussion, because sometimes your physician just doesn't look like you and doesn't have that same experience. And so when you recognize someone who has that empathy and that understanding, it is so much more reassuring, and we talk a little bit around those microaggressions that we get in healthcare. When you get the reassuring, when you get the reassurance that, "I hear you, I understand it, and I've seen that too," that is profound, and we need more of that in our healthcare system.

Dr. Teresa Chan (29:51):
Yeah, that's a very good point. And any thoughts from the opposite side in terms of having community members locally that can inform what you do, and the advocacy work that you do within the system? Madeleine, do you have any thoughts that you'd like to share about how people can leverage that and what it means to you as a leader in our healthcare system to do that, and as an academic as well?

Dr. Madeleine Verhovsek (30:12):
Yeah, 100%. Lyndon has been an incredible partner in the work that we have together and with others, continued on over the past 9-12 months. I would say there's not really a formula for how do you partner up with individuals in the community, but I guess I would have a few tips about that. Number one, each one of us is working in different settings. As a physician, if you're interested in

advocacy, or on the flip side, if you didn't realize you were interested in advocacy, but there's this voice telling you, "Something's not right here," to do with the population of patients you're serving, or with something in a setting that you're working, then the question becomes, "Is my voice enough as a physician, or do we need other voices to round out the perspectives on this topic?" And so, if I think back, going back to the early days of some of the sickle cell advocacy, I realized as a white physician doing work with a primarily racialized population of patients, my voice was not enough, and not even close. So we started to look for ways, we started to think about, "Okay, well, let's talk to our patients. Which ones of them seem to be very outreach-oriented? Which ones seem very Keen?"

Dr. Madeleine Verhovsek (31:38):
We're fortunate in our Sickle Cell Clinic that it's a pediatric and adult program, so we're looking at some of the parents who are very vocal, who are very proactive in reaching out to, say, their child's school to provide that kind of education and advocacy on behalf of their child, recognizing, too, though, that people who are living with medical problems or who are supporting family members with medical problems may not have the bandwidth to jump into a lot of this. But I'd say kind of having your antennae up about the people around you, people who you are serving in your medical practice. So as I think back, we ended up having an outreach session that was just a community education session at Stewart Memorial Church, which is a historic black Canadian church in downtown Hamilton and it just came together so beautifully with the patient organization supporting, we had the Ontario Black History Society representing, we had at the time councillor now Member of Parliament, Matthew Green, who came to support the event. We had, Evelyn Myrie, who is a local Black leader in Hamilton and I had kind of felt out with a couple of my patients who I felt might be good to provide their story and they were both delighted to have five minutes to share their story and it was this magical session where we had so many perspectives all around the table.

Dr. Madeleine Verhovsek (33:02):
And I thought, "Okay, this is the kind of collaboration that we need." So similarly, moving into anti-racism work, a lot of it overlaps with that, but trying to find ways in a healthcare system where there isn't sufficient representation of black physicians and healthcare professionals, trying to figure out ways where we can bring in community members, how we can make this an interprofessional initiative, right? Bringing in social work, bringing in nursing, and again, the richness of the voices that come to that table end up furthering the agenda so much more than any one single person can do.

Dr. Teresa Chan (33:39):
Oh, yeah, that's a really powerful message. I think that adding more voices to our setting can be very powerful and let you see something from a different vantage point. Both of you are very active in advocacy and politics in different levels, and so as two experienced leaders, what are some tips and tricks you have for people who'd want to start doing this, but maybe aren't sure how to best facilitate some of these changes?

Lyndon George (34:07):
That's a good question. I struggled with that one from the beginning and when I first experienced it back in Ottawa with my first health incident, I didn't know how to do that advocacy work, and in fact, there's a lot of trepidation to try and hold the system accountable, that you often have to turn to for help and you see that across the spectrum, whether it's policing or in the medical field, it's like, you know what I mean? I may not have gotten the best care or the best treatment but I'm afraid

if I say something now, will that change the next time I encounter that system? And so you need to first understand that speaking up doesn't mean that you should be afraid of what comes next. I think you need to be able to first acknowledge your own fear and that's okay but also think about the importance of what that advocacy work will mean, not only for you but for your community. And sometimes you don't have to be the person at the microphone, you don't have to be the person on the webinar, you don't have to be the person on the podcast, you can write, you can send that email, you can advocate in other ways to try and elevate an issue that is important to you. I see that all the time when it comes down to individuals contacting their political official or to their hospital administration.

Lyndon George (35:13):
For a long time, there was this push to get a Patient Ombudsman office. I'm not gonna critique that right now, I think that's a whole other discussion for another podcast, but there is that element of saying, to elevate that voice and make, to say, "I have an issue and I think you should hear it." Is the first step and then reach out to other individuals through social media. I think one of the things that I found with just by talking about my experience, sometimes other people, it will resonate with someone and you all of a sudden this discourse starts to happen. And so be mindful, it is your health story, sometimes it's really personal. And for me sharing it was deeply personal but what I found was after I was in The Spectator, I had individuals just coming up to me, literally talking to me who I'd never met before and sharing their health story and that's the next story that's so critical, it's just providing that space to have the uncomfortable conversations.

Dr. Teresa Chan (36:00):
Yeah. I think listening is so important. And I'm really struck by the idea of how we can create spaces for leaders to really engage in meaningful listening and I think sometimes it feels like the world's going back so fast these days, and sometimes it's really hard to stop, pause and create that space. So I think that's a really good idea. Any thoughts? Closing thoughts, Madeleine?

Dr. Madeleine Verhovsek (36:22):
Yeah, in terms of those uncomfortable conversations is sometimes where we may shy that whole idea of being stuck in an uncomfortable conversation, maybe the thing that dissuades a lot of people from jumping into advocacy, whether they're a member of the community, whether they're a patient who wants to raise concerns or point out ways that the healthcare system could do things better or whether it's healthcare professionals, physicians who are thinking that they see ways that they could bring about change. It's kind of that thought of, "Oh, but this isn't gonna be, what if people aren't receptive of this." And what I would say from a patient standpoint, when I hear a patient describing an authentic description of experiences that they have had and when they see that I'm listening, there are sometimes tears that come after that. These are really deeply affecting experiences that people have and so I've said this to patients before, or in fact, one of my patients I really recommended to them that they reach out and step forward for another patient advisory group, but in a different healthcare setting and I said, "You know what? The hospital could not pay you enough money for the perspective that you have as a consultant." This particular person was somebody who has spent many, many days and weeks in hospital, has encountered every single square inch of the hospital for one reason or another, diagnostic imaging, different procedures.

Dr. Madeleine Verhovsek (38:00):
And I thought their lived experience of interactions with hundreds of healthcare professionals, interactions with every department within the hospital. You couldn't have a better undercover

assessment if the hospital was bringing that person and saying, "Tell us about where we do things really well." But I think somehow in healthcare, whether it's a reputation we have or whether it's a fair reputation we have, maybe it's almost something that we don't wanna turn over every rock because it just feels like we're barely treading water some of the time as it is, but I would say as people trying to navigate the system, there is power in numbers. And so whether that's getting together with other folks who have had similar experiences in healthcare, or whether that is joining forces, maybe in a formal way, as Lyndon has done, and his commitment to that has been exemplary to being a patient and family advisor, and sometimes wrestling though with the systems that may be resistant to change. So all in all, if I was to say it in a nutshell, I don't think we should be discouraged by those uncomfortable conversations. We have to realize that by opening up and engaging in uncomfortable conversations, that is the only way that change ever comes about. If we're all just sitting in our comfort zone, then some people whose voices are excluded are not seeing the kind of care that they need, and that's especially important in healthcare.

Dr. Teresa Chan (39:41):
Alright, so thank you so much to both of you for engaging in this dialogue with me. I'm really inspired to think about how I can make change in my system now and to think about how we can carve out a way to acknowledge that kind of community-based advocacy work as a form of scholarship. I think it's 100% a new way forward in academia for us. I think that it's something that's very much desired and needed, and I really appreciate your candidness and your willingness to engage in this discussion with me today, and hopefully we can continue to make change and lobby for us to see these things as new forms of scholarship and new endeavours that are worthy of the economy. Thanks so much for your time.

Lyndon George (40:24):
Thank you Teresa. It was a pleasure.

Dr. Madeleine Verhovsek (40:26):
Thanks very much Teresa.

[music]

Dr. Teresa Chan (40:31):

Thank you so much for tuning in to the MacPFD Spark Podcast. Just so you know, this podcast has 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 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 has 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. All right. So until next time this is MacPFD Spark signing off.