McMaster Program for Faculty Development (MacPFD)

Spark Podcast

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

Dr. Teresa Chan (00:41):
Welcome back to another episode of MacPFD Spark. This is Teresa Chan, and I'm going to be bringing you two really amazing speakers. The first is Dr. Carys Massarella. Now, if you haven't heard of Dr. Carys Massarella, I don't know what rock you've been hiding under, but you definitely should come out from there and actually take a look. She is someone that is internationally renowned for her advocacy around transgender healthcare, and she is a huge advocate and role model for many of us. Dr. Massarella talks about her journey to become someone who's a leader in healthcare, and is also a huge advocate for systems change around trans health. And I do really think that she has done amazing things, and you definitely need to be inspired by her story.

Dr. Teresa Chan (01:27):
Also, if you wanna check out more, you can always take a look and see what else she has online. She has TED Talks, CBC Specials, etcetera. So definitely, if you don't know about her, you should check her out. The second person that we're bringing back on to the show is another person that we definitely have had on the show before, and she is the immediate past chair of the Department of Surgery. Dr. Susan Reid speaks to me about parental leave, and where that plays into the way that our systems work, especially around education, administration and clinical care. So definitely some thought-provoking conversation there about what we still need to do to make this a true reality for ourselves.

Dr. Teresa Chan (02:10):
Hello, everyone. I'm here with one of my mentors and one of the most fantastic people I know. Dr. Carys Massarella is a transgender advocate, an emergency physician. And yes, I know we've had a lot of emergency physicians, but she's definitely one [chuckle] that we'd love to hear from. And she has been someone that I looked up to since I was a resident, and I wanted to bring her on this podcast

because I think she has an amazing story to tell and some amazing insights to be able to share. So Carys, can you say hi to everyone?

Dr. Carys Massarella (02:43):
Hi. And again, thank you, Teresa, for having me on your podcast. I really appreciate that. Thank you.

Dr. Teresa Chan (02:48):
Alright. Well, thank you because you're making the time. So Carys, can you introduce yourself a little bit to everyone because not everyone in the McMaster Faculty of Health Sciences will actually know your story, but it's a pretty incredible one, and I think you can tell it better than I can.

Dr. Carys Massarella (03:02):
Sure. Thank you. So currently, I am faculty here at McMaster University. I work at St. Joseph's Healthcare and have so since 1997 as an emergency physician in the department of emergency medicine. I've also held a number of roles at St. Joe's and with the university. I first started out being a CTU Director at St. Joe's for the emergency department, then went on to become chief of the emergency department at St. Joe's as well as the Program Director for the Royal College Emergency Medicine program at McMaster. And then, also have recently have also been president of the Medical Staff Association at St. Joe's. Been an OMA council district four delegate. And currently, I'm the president of the Hamilton Academy of Medicine as well. So held a number of roles, and germane to this podcast today, I am the lead physician for the Transgender Health Program at Quest Community Health Center in St. Catherine's. So those are some of the things that I've done over the years. I also sit on the board of YWCA Hamilton as well. So a number of different roles, and also a parent to two teenage daughters.

Dr. Carys Massarella (04:02):
So life is interesting, and particularly in the context of a Coronavirus pandemic. And I guess, probably, again, the most relevant thing to this conversation today is that I'm also a transgender woman who first transitioned about 12 years ago at a Catholic-teaching hospital in Hamilton. And I was definitely, I think, the first and only physician currently who is or identifies as transgender on faculty at McMaster University. And again, I'm not the only one in the country, there are a number of physicians who are transgender, but relative to the population of physician faculty across this country, there are very, very few physicians who identify as transgender. So I think that is maybe a good point to this.

Dr. Teresa Chan (04:40):
Yeah, definitely, at least to give us a base from where our conversation is coming from. As someone who does qualitative research, I know that sometimes it's important to declare where you're coming from because your perspective really is shaded by your experiences in your life. So you've had a very full life. We can definitely bring you back another time to talk about leadership I think, because you've been such a groundbreaking leader in so many ways before and after your transition. And leadership, I think, is in your blood, which is why I think it came so naturally for you to take that gap that you saw for transgendered care and turn it into a reality. Can you tell me a little bit about the starting of the clinic and kind of where it started, and then how far it's come?

Dr. Carys Massarella (05:21):
I think it's funny. Life is interesting. When I first transitioned, I initially thought that my medical career at McMaster would be over and I'd have to start somewhere else, that was sort of my first

impression. But it didn't happen and I realized that people generally don't seem... Seem to want me to hang around. Then, I thought, well, one of the other things I'd like to do is advocate for healthcare, and good quality healthcare for transgender people, because we know that if you provide good quality healthcare, gender-affirming care to transgender people, all the outcome measures improve, particularly around mental health and things like suicide, depression, anxiety, homelessness. I mean, there are all sorts of things that we can improve and are really easy to improve just by actually giving access to transgender people and being essentially kind to them and supporting their identity. And those are pretty simple things when you actually think about it; there's really not a lot of complexity to that.

Dr. Carys Massarella (06:11):
And so the very, very first Rainbow Health Ontario conference in Ontario was held in Toronto, I think, in 2008, or it might have been 2009. So our LHIN, LHIN 4, which is where we exist which is Hamilton, Niagara essentially, if you look at the... In a generalized sense for most people. We were all sort of put into our LHIN groups, and, ironically, at that table, there was a brand new community health center that was being started in St. Catherine's called Quest Community Health Center and their board had made LGBTQ health one of their priorities. So I met the program manager, Jenny Stranges, who's still the program manager to this day and an incredible human being, who actually said to me... We got talking at this meeting and said, "Would you be interested in starting a trans health program in Niagara? And I'm like, "Yes."

Dr. Carys Massarella (06:52):
Because you know, as doctors, our first instinct always is to say yes. And then... So when we exchanged emails, I thought I'll never... It's fine, I'll probably never hear about this again. And literally, within a few months, I got an email from Jenny Encletter, who was Executive Director at the time, "Would you like to come down for a meeting?" And so I literally... I had never been to Niagara, I don't know if anybody... Or St. Catherine's. I've been, but I've only ever passed St. Catherine's on the QW, and it was all a series of one-way streets so it was very hard to find it. When I eventually found Quest, the clinic itself hadn't opened yet. It was just some planning, I went to a fourth floor office and I sat down, and literally at that time, Jenny Encletter said, "What are your priorities?" I said, "Here are my priorities." And they said, "Okay."

Dr. Carys Massarella (07:27):
And that is literally how I started this clinic. And literally on day one, I just walked into the office, turned on the computer, learned how to use an EMR for the first time, barely, and then patients started coming. And in, I guess, 10 years now... We opened in September 2010 or almost our 10th anniversary, we have over 1000 patients who we've taken care of over the years, and we do 1 to 200 new consults a year on the average, which I've continued during the entire pandemic and never stopped seeing new patients. I now have another doctor working with me who's also an emergency physician, ironically in Niagara, Dr. Tim Cinimal, and also a nurse practitioner, Nuzula Azzizi, who's an amazing NPU, great person to work with, and then a whole team of nurses, therapists, social workers, outreach workers, who support our program tremendously. So it's been a great journey, and sometimes it's really cool to look back and think, "Wow, we actually did that."

Dr. Teresa Chan (08:18):
And so you really have a very interdisciplinary, interprofessional team. What's it like being someone who's helped build that? I think we have a lot of listeners who are in the Faculty of Health Sciences,

from rehab and nursing, share with us a little bit about what the clinic looks like and how you've created that.

Dr. Carys Massarella (08:33):
For some people... Hopefully, most people in faculty are familiar with community health centers. Community health centers are funded model of healthcare, which is designed to meet the needs of... Or the unmet health needs of marginalized populations, so I studied seniors, refugees, people with addiction, people with complex mental health problems, in our case, transgender populations, and they're situated in areas around Ontario and parts that you would consider maybe socially deprived, and it might be a comment that you might use. So we're at Queenston & Nash in St. Catherine's, which is sort of the red zone in St. Catherine's. And Hamilton is urban core, which is downtown in North Hamilton, both of which were sited in areas that would be considered more challenged. And so that has always been the mandate of community health centers. So in a sense, it was really easy for me to do this clinic, because I wasn't relying on a fee-for-service model to earn income.

Dr. Carys Massarella (09:23):
So regardless of how busy or slow it was initially, I was still going to get paid, which, silly as that sounds, it's still important. Plus there was infrastructure that I could access that allowed me to build a clinic that really had... That made a difference. And then at the same time, the whole philosophy of those clinics is to be inclusive and to reduce barriers to healthcare, and not increase barriers to healthcare. And so that type of philosophy, although it takes time to build, in a sense, not the right philosophy, but the right infrastructures to support that philosophy, particularly when it comes to trans populations, always allowed me the opportunity to build that program in a meaningful way.

Dr. Carys Massarella (09:58):
And so what we end up with is a really safe place for patients to come to. And in fact, I have patients who come to me from all over Ontario, I have patients who come to me from downtown Toronto to Quest, from Sudbury, from Kapuskasing, Sault Ste. Marie, from Ottawa, because we offer that type of space that is really meaningful to them. So, I really think that this model works well for marginalized populations. It may not be the best for every type of healthcare interaction, but certainly for the ones that we do, I think it really is helpful. So that's sort of... And I think then you just... In so many things in life, like for yourself, around education, for myself, you just have to have a champion, somebody who really believes in the idea that you can succeed and that you will succeed in a sense. You got to be a bit bloody-minded. But then again, it's really important when you're a champion, to remind yourself that you're just one person.

Dr. Carys Massarella (10:50):
And true, true success, means if something happens to you, you get injured, you get ill, you retire, 'cause we can't work forever, that the organization continues. And I think that was the thing, ironically, I was most proud of, was... In the last couple of years, as you know, I had some health challenges. I had kidney failure and required a renal transplant, but despite that fact, the work kept continuing, patients kept being seen, people picked it up, pick up the slack. So from my perspective, that actually is the proudest thing for me, is that the program continues, and that all the doctors in Hamilton who are now doing trans care, who I've actually personally taught how to do trans care, that's the most rewarding part to me by far.

Dr. Teresa Chan (11:23):
That sounds like such a ground-breaking program that really spoke to really focused need, I think, and I think that that's been something that has been really great. And I think the other part that you've done is you've taken the opportunity to engage in a little bit of scholarship, you've actually written a paper about a needs assessment that you did, it looks like after 2014. We'll throw that in the show notes. But definitely, I think that doing work like that probably comes from a place of passion as well, right?

Dr. Carys Massarella (11:51):
Absolutely, yeah.

Dr. Teresa Chan (11:52):
So if you're someone who doesn't do a lot of research or scholarship, when you find your zone, I foresee that it was much easier to do that project than to do some other random research project, right?

Dr. Carys Massarella (12:03):
Yeah, no, 100%. And I think, initially, if you looked at my career track, it was more on administrative leadership, and I think I still do that today. I have to admit, I'm not a researcher by nature, it's not my... I'm not a detail... I'm kind of a big picture person rather than a detail-oriented person, so I definitely need somebody working beside me who's detail-oriented. But that being said, I think one of the things... Like yourself, I had that advantage in that I can make my point quite well publicly. I'm not afraid of media; in fact, I'm more than happy for the most part, to embrace media as you know. So I could put a public... An acceptable, which is a terrible thing to say, public face on the issue of being transgender, and I think that does help to some extent, but at the same time, it's also my responsibility to promote the entire transgender community and not just say, "Oh, it's all about me," 'cause that's a very narcissistic approach to improving healthcare. I think the goal should always be at the back of your mind, is, "How do I make this accessible to the greatest number of people?"

Dr. Carys Massarella (12:55):
I would just want to make one point. When I first started doing this work about 10 years ago, Niagara would be considered a wasteland for trans health care, well, maybe the entire province outside of downtown Toronto was, but I would argue today that we probably have, if not the best access to transgender healthcare, certainly on par with the best services in Toronto, in Hamilton-Niagara region. So I think that's a huge win for us as well.

Dr. Teresa Chan (13:15):
It's gonna be very interesting to see where the Quest goes, the Quest program that you've started goes, because with virtual care, I foresee that your reach might actually be magnified. And so your patients who come from Sudbury, you can check in with them, your team can check in with them through Ontario's tele network, or, I guess, ZOOM Healthcare or some of the other platforms, and so it's probably a pretty exciting time for you guys and gals in... That run the clinic, yeah?

Dr. Carys Massarella (13:41):
No, that's a great point, I think, Teresa, that's a really, really great point, is that I've been thinking a lot about that during this pandemic, because as I said, I never stopped doing my work, I just literally went from in-clinic to virtual care from one day to the next. And you know what I've noted, and this is really interesting, is I have less no-shows with virtual care. I actually see all my patients because

they don't have to come to St. Catherine's to see me. And so I think you're right, I think the only... Looking forward, what I'm gonna do is I'm actually going to do my consultations in person. But I think most follow-ups, unless they require in-person care, will be done virtually, because I think it is a good model for follow-up care of patients you know. I think for patients you don't know, it's a bit of a challenge, but I think if you know the patient quite well, it's actually a really good model for care, in my opinion.

Dr. Teresa Chan (14:24):
Yeah, it's an interesting time. I think we're going through a lot of change, both social and technological, or maybe it's not technological change, it's technological change in healthcare, because this technology we've been using in all the other parts of our lives for a little while, but we love our fax machines and pagers, I guess. [chuckle] So beholden to them.

Dr. Carys Massarella (14:43):
Well, I think we'd excuse security and privacy, that's always been the sort of excuse for not doing it, in a sense. Yet, I'm pretty sure the Pentagon does this, I'm pretty sure that people who make high-tech US weapons do this, Boeing does this. I think the idea of security was just a way to avoid the actual question.

Dr. Teresa Chan (15:03):
We finally took the bull by the horns with the pandemic and funded it, like you said, where there are now ways to be able to remunerate you for some of this work, so that definitely changes the game as well. But I think that for a lot of us, the clinical work, as much as that does require some remuneration, so many of us go into that really to help people, to really just bring kindness into the world, and so that's the other thing that I wanted to riff on with you, is how can we do better and be kinder with our friends, colleagues, students, patients, we're Faculty Health Sciences, so it's probably, our colleagues as well, how do we do that? How do we as faculty members within this FHS giant group of people, how can we bring a little bit more kindness into the work that we do? What are your thoughts on that?

Dr. Carys Massarella (15:57):
Well, I think that's a great question. I think trans-healthcare actually has a good insight into that, so I know you may have heard me earlier using the term gender affirming care, right? And all that means is just recognizing the person for who they are and honoring that. That's all... It doesn't mean anything more than that. Because previously in history, when somebody came in who was transgender or identified as transgender, the first default was to refer them to a mental health professional, because, no, there must be something wrong with you if you are identifying like this. But then of course, I always make the opposite argument, how is anybody's identity an illness? Identity can't be an illness. But regardless, that was a lot of the pathology that occurred in trans populations, so for example, here in Ontario, when you were diagnosed with gender dysphoria, which it's called today, but back then it was referred to as gender identity disorder, then you would be referred to see a psychiatrist at the old Clark, which is now CAMH.

Dr. Carys Massarella (16:48):
And the people who actually saw you were forensic psychiatrists, the actual psychiatrist who dealt with sex offenders. And certainly, from the history as I've gotten directly from patients who had that experience, it was really quite a negative experience. They were subjected to the type of invasive investigations that would be really quite horrible and it would be almost considered torture if they

were done today. And so I think in that regard, we... That's what we talk about, is just the gender-affirming model, which is really just being kind. And it's really funny because some very powerful figures in the media world consider gender-affirming care to be a terrible thing, because it only affirms that they're transgender and we shouldn't be doing that or subjecting children to that. And I find that really ironic that that's the attitude that some people take, particularly around, again, transgender people. It's like we're this unique class of people in the world that can't possibly understand who we are, like we have no idea who we are, we need to be fixed. And when you actually think about it, it's almost unbelievable to think that there are powerful people in the world today, and I won't name any names, 'cause I don't wanna get sued by people who have a lot more money than me, [chuckle] but who actually feel that this is somehow a terrible thing to do.

Dr. Teresa Chan (17:55):
I think a lot of our marginalized populations have experienced some sort of structural or political strife in those ways too. I think that the trans experience is probably not that disparate to some of... We still know exists, like people that do conversion therapy for people who are LGBTQ in other ways, right? And all the minority groups and the under-represented minorities that have been told, "No, it's definitely you, not the system that's broken." How many of us have seen that? For women, it's that you have to lean in, it's not that the system puts you in a glass box and keeps you from progressing. We've heard that conversation time and again, and I think what you raise is a really great point, is that we have to acknowledge those structural problems and we have to also come to it with a leadership lens of seeing it as these are social constructs, and we can deconstruct and reconstruct these structures so that they can be more inclusive, and it's not just about talking around tables, but rather figuring out what those political acts are.

Dr. Teresa Chan (19:00):
So what are the policy documents? Yes, of course, you need those. I grew up doing Model UN, I grew up in Niagara region, so that was like a thing that you did when you were a kid, apparently. And so, yeah, you need those documents, but then I think we also have to think about how we actually change our systems, and so there's some innovations with Dr. San Juan Yan and Dr. Will Harper have been experimenting with some new models for selecting leaders. I think that we're... Residency programs all across... In undergrad this year, they did some really novel things. We've always been a little bit ahead of the curve with that, with our undergraduate medical programs, they've always been experimenting with things like that, the admissions ask you in their multiple mini interview, which definitely brought new skill sets. It wasn't just your grades, all of a sudden, we have a diversity of skills that we're looking at, like communication, heaven forbid a doctor be able to do that. [chuckle]

Dr. Teresa Chan (19:50):
Right? And that's evolved. And then I think we also have evolved to thinking this year, they set a cut point because they couldn't interview everyone because of the pandemic, and this past year, what they did was they actually lotteried the admissions. And yes, there was some controversy over that. But after a certain cut point, probably all those students that were in there were eligible and could do the job, so they did a random selection, which has precedence, it's happened in European countries where they lottery the positions because of the rationed positions, but once you actually have hit a certain bar, probably all things are equal after that. And yes, some people felt it was unfair because they didn't maybe get in or didn't feel like the chances were the same, but at the same time, some people who might have been overlooked for various reasons because of the kind of file that they present because of these stories they told in the admissions file or the way they reacted

might have not had a chance. And so it's quite interesting to kind live in these times as we're trying to re-think our systems. So kudos to all the people who are...

Dr. Teresa Chan (20:48):
Here's to all those innovators out there that are continuing to push the envelope and rethink those things, but I'd like to kind of push it out there that maybe as faculty, we're in that position of privilege, we're in that position of power now to make some of those changes, and so how might we, needs to be that question. Right, you've done so much activism, you have some sense of leadership, do you have any pro-tips for people who are interested in doing that? I mean, speak to, let's say, speak to the new faculty member who's just arrived on campus as a teaching faculty, what could they do that's within their power? 'Cause often, I think our junior people feel like, "I can't do anything yet, I'm just junior." But I think they actually have a lot of power.

Dr. Carys Massarella (21:23):
The first thing I would say is you have to have the structure in place to support junior faculty. I think that whole idea that what I would call the old boys club to some extent. So people who argue that doesn't exist, I don't think it's true. Maybe in medicine it's more democratic than some other structures or institutions, but I still think it exists, just look at the leaders in our own faculty. But that being said, I think as a younger doctor is, don't... I mean it's gonna sound so cliche, but don't sell yourself short. You have something to contribute at every meeting, you can put your hand up, you can contribute to the conversation your point of view, although it may not... It's coming from a different place, but it's just as valid. I mean sure, having 30 years of experience is great, but also being young and dynamic is great, I can absolutely attest to that.

Dr. Carys Massarella (22:04):
And so I think that to younger leaders, just apply for positions, right? I know it sounds silly, but actually just apply. It's good experience even to go through an interview process, and secondly, you might surprise yourself. You may actually end up in a leadership position, and you're never too young to be in a leadership position. I think that's another thing that I find a little bit annoying in a sense, is that, oh you need more seasoning in order to be a leader, and I don't necessarily agree with that. Don't get me wrong, experience is great, and we shouldn't devalue people who have experience, but at the same time, the way you gain experiences is by doing things. So I mean, there's really no two ways about it. So I would say to people, I was quite young in my career when I had a lot of senior leadership positions, and yeah, it was hard, and I think today I could maybe... Could I do it differently? Yes, I would do it differently today, but at the same time, it was really valuable experience.

Dr. Carys Massarella (22:50):
So I would just argue, put yourself out there, as hard as that can be, apply for positions and go in there with the idea that you have just as much value as the Nobel Prize winner who's also applying for the same position, again, as silly as that sounds, and it does sound silly, I get that, but it's just that idea that nothing's impossible. Probably if somebody had told the leader of Finland, she's 32 years old, that she would be Prime Minister of Finland when she was 32, they would have said no, there's no chance. But there she is, 32 years old, Prime Minister of Finland. Jacinda Ardern in New Zealand. I could go on and on with the examples, but just don't sell yourself short and really go for it, that's not everybody's personality, but that, I guess, to some extent is mine.

Dr. Teresa Chan (23:30):
And I think that sometimes you actually will hear people who say yeah, you need more seasoning, you need more experience, but if you think about our average faculty member who finishes their PhD, a couple of postdocs, or finishes their MD and does a residency, they're not that young. [chuckle] They're not kids, they're not 14. And I think that we have a tendency in academia sometimes to sell people short because they have a label that they are somehow junior, but that's an artificial human construct, and to break the mould of that, I think we do need people to step up and in some ways to be okay with not getting a position too. That's that resilience...

Dr. Carys Massarella (24:06):
Yeah yeah. Yeah yeah.

Dr. Teresa Chan (24:07):
I think, factor too, is that you can't get the position you don't apply, but if you didn't expect to apply, then the worse comes to worse, you got a great opportunity, so that when you do apply for the gig that you want, you know what the application system, and you understand what the interview is like, because that's all an art too, right? It's like doing sims before you actually do your first intubation. I think, increasingly, that is the way that we do it, right? Like you do labs before you actually run an experiment as a grad student. In undergrad, you do lots of labs and repeat other people's experiments so that you understand the technique, right? And so I think that that's what leadership is, you need a place to learn. And so for myself, I'll share that I went outside the academy, I volunteered for non-profits, I got involved with digital communities of practice and thought about vision and mission and all those things and built products and created a repertoire of things that then when I applied for even this gig that I have now, I had a portfolio that spoke to faculty development because that's something that I was passionate about.

Dr. Teresa Chan (25:04):
And so I think that those are some things, you don't have to let the system get you down. There are ways to engage with the community, there are ways like yourself to carve out a new niche, and there are inventive ways that you can do it, but spin it maybe in a little scholarly way, so you can have multiple wins. And there was a separate webinar and podcast around that topic that will be airing another time. But that truly is, I think that at the core of it, something that can be really empowering us to think that you don't have to wait for the structures to change, you can go and make your own life, you can design your own life, right?

Dr. Carys Massarella (25:36):
Yeah, you can. I totally agree with you. And for a plug for medicine, I should say, I think we can often be self-critical and hyper-critical to some extent, we are of all the sort of organizations that have real power, we are probably the most diverse and probably are the ones that are pushing diversity to a different level. So I mean, not that we should pat ourselves on the back and be complacent, but I think that at the same time, medicine does offer opportunities to women and to racialized people and to LGBTQ populations that they might not have in other sort of similar situation. So again, that's another great reason if you are a member, if you are a racialized person, female or LGBTQ, that this is maybe a structure or power structure where you do have the opportunity to get in and to start to make differences, even though you may be discouraged by looking at the actual leadership. I remember when I went to MAC, when I was on the MAC at St. Joe's because as chief of...

Dr. Teresa Chan (26:30):
What's MAC again?

Dr. Carys Massarella (26:31):
Medical Advisory Committee, so it's really the most powerful committee of physicians at a hospital.

Dr. Teresa Chan (26:33):
Okay.

Dr. Carys Massarella (26:37):
And when you looked around that committee room to chiefs of department, it was 90, 95% male, and probably about 80% of those were white males, so... Yeah, sometimes it can be discouraging, but at the same time, just by the very nature of you sitting there, you're being a revolutionary.

Dr. Teresa Chan (26:53):
Yeah. I think it's little nudges like that that hopefully we can empower people to do. And if you're a listener that's from the school of nursing and school of rehab, there's different tensions and obviously different power dynamics there. But in my opinion, some of our nursing colleagues do rise into the ranks of hospital leadership quite quickly, and they can make some revolutionary changes, so keeping those kind of equity checks in mind, especially... I think in our other schools, the gender bias is actually maybe the other way, and so thinking about how we can make more equitable, how we can bring more people of different backgrounds, of different genders, of different statuses, into our world so that we can have more diversity. Because I think all the evidence is pretty clear, the more diverse the group, the better their decisions.

Dr. Teresa Chan (27:37):
Experiment after experiment after experiment is that when you have more and diverse views, you will provide better insights, and I think that whether you're in academia or you're in the hospital setting or you're in a clinic somewhere, having that newer diversity is very key because especially for accessibility issues, especially understanding how to build the best systems of care or for your students or whatever it is, you need someone to say, "Oh, well, my grandma who's 85 can't see our e-mails to her because the font's too small. And she doesn't know how to change her iPhone, so we need to e-mail with bigger font." We need someone who speaks up and says, "I'm hearing impaired, and this podcast doesn't work for me. I'd love to have a transcript." Those are the kind of things that we need to keep in mind, and I think that having a diverse group of people around the table with different experiences will help us see those vulnerabilities better and build better systems.

Dr. Carys Massarella (28:35):
Can I talk about one of my biggest pet peeves, is when you refer a patient to an outpatient clinic or to a specialist specifically. First of all, if you don't show up, they charge you money until you can get to be seen again, and I understand about the time issue, but often, but I think they need to think about the patient issue as well. So especially in an emergency department, when we're referring somebody who may live in poverty, who may have difficulty accessing housing, who doesn't necessarily have a cell phone, we just think, "Oh, of course you show up for an appointment," because you make an appointment, you put it in your calendar, you show up on the day, you drive there, what have you. But maybe when your first goal is, "Where am I gonna sleep tonight?" or, "Where am I gonna get food?" maybe then that appointment won't be the first thing on your mind.

Dr. Carys Massarella (29:14):
And so I think we need to a way better job of when we refer a patient for outpatient care of ensuring that that person has a means of actually accessing that appointment, and I think that's something that even I don't think about half the time because there's so much pressure in the emergency department to get rid of, get rid of, get rid of... Maybe discharge. I shouldn't say get rid of, but discharge people. And I think that's something that... It's a simple... Well, it's not a simple fix, but it's a relatively straightforward fix, in a sense that you can see what the issue is. I just wish that we would think more about that when we're referring people.

Dr. Teresa Chan (29:44):
Yeah. And I think that that's a pro tip that you can give to anyone in any context. I think we should think about the person we're trying to serve. In this case, I think of healthcare as a bit of a service industry unfortunately, but I think that there are ways that we can fold in some lessons learned from customer service. A book that I read was Be Our Guests. It's about the Disney customer service experience. It's only a couple hundred pages, and it's a quick read, but I learned so many pro tips from that because although Disney is trying to get something from good to great, they wanna create a great vacation experience for their clients, for us, when we're engaging with a patient or clients, we are trying to get them from not so bad, or bad, to okay. And healthcare can get you some way, but it's that interpersonal part that's really important.

Dr. Teresa Chan (30:28):
So anyway, thank you so much for your time today. I think that we can really learn a lot from thinking about how you've shared with us your experience, your journeys. Your leadership journey is inspirational in so many ways. Your clinic experience is, I think, revolutionary and has helped pave the way for others to think how can they better serve different communities, and I think that that's a great template. So thank you so much for taking the time to speak with me.

Dr. Carys Massarella (30:53):
Thank you for having me, Teresa. It was a lovely experience. It's always great to talk to you. Thank you.

[music]

Dr. Teresa Chan (31:00):
Wow, that was a really awesome first segment of the MacPFD Spark Podcast. And now, on to our second segment.

Dr. Teresa Chan (31:12):
Hello, welcome again. This is Teresa Chan, and I'm here with someone you've heard on the podcast before, Dr. Susan Reid. Dr. Susan Reid is the former Chair of the Department of Surgery here at McMaster University. She's here to probably commiserate and maybe rant a little bit [laughter] with me about a very important topic that I think sometimes we overlook, which is women in academia and maybe women in the health professions as well. Susan, do you wanna kinda give me a sense of what you were thinking of chatting about?

Dr. Susan Reid (31:39):
Thanks, Teresa. So this is... It is a little bit of a rant for me, and because I'm a mother, it's come up many times in the past in conversations about women in the healthcare professions and the

difficulty that we have with childcare. And women do bear... Continue to bear the brunt of childcare duties and domestic duties. There really has been no specialized childcare that's really tailored to the healthcare professions and the hours that we work, which can be quite extended and/or shift work and overnight work. And so just about every working mom in the healthcare professions is gonna relate to stories where they were on call or they got called back into work and their husband was out playing hockey, and they ended up bringing the toddler with them in the back seat to be able to attend to whatever they needed to attend to at the hospital. And sort of juggling those duties can be difficult.

Dr. Susan Reid (32:38):
Nationally, we have a crisis in childcare, and it really greatly affects women and their ability to participate in the workforce, and specifically been highlighted by COVID in terms of how many women have been home with their children because they're not in school. And even just currently now, the thought of children going back to school and how that's gonna work and the different options that are coming up and who is it that's gonna be the one that's remaining at home, it's predominantly affecting women and their ability to be in the workforce. So my dream has always been that we have better access to really high quality childcare, and I, for the life of me, just don't understand why we don't have really great childcare centers right across the street from the hospital where we work, or attached to our hospital or wherever the institution is that we're working, because there's just so many women and men who are responsible for childcare who are working in those places, so... And the after hours things is really a concern sometimes.

Dr. Teresa Chan (33:42):
Yeah, after hours for our colleagues who are clinicians, who had night shifts for instance right? A lot of our nursing colleagues they... Although it's more regular, right? 7:00 PM till 7:00 AM is a span when your children have to be at home, and if you're a single person that doesn't have a strong network, that can be really inhibiting as to what kind of shifts that you can have, what kind of jobs you can hold, right? Like you might love to be an emergency nurse, but you have to have maybe a nursing job that's a daytime hours nursing job, right? Because that is what you have to change your life to so that they can align with when child cares is available. I think that some people hinge with having family support. I know a lot of grandmas who step up to the game to support people. I myself am a child of a working mom, and my grandma kinda was my third parent most of the time when I was at home, but what if my parents didn't have my grandma to lean on, what goes then, right?

Dr. Teresa Chan (34:34):
So I definitely... What you're saying resonates with me from the other side of being a kid who has two busy parents, right? And the times my mom was working and my dad was in charge, and he's a physician, so I remember being at a number of nursing stations and being fed cookies over my childhood. Obviously, the brainwashing to get me to healthcare started then, I think that was really why he brought me, but [chuckle] it is something that you have to remember, is the reality of a lot of our parentally-inclined colleagues. And I think in a sense to our colleagues who do research too, because like in the wake of the pandemic, we know that submissions from women across all of the academy, in all of the disciplines, all the professions, they're down. There is less submissions for grants and this is gonna have ramifications downstream because it's hard when the toddler is climbing all over you to write a great paper or a great grant, right? These are...

Dr. Susan Reid (35:28):
No, it's impossible. Absolutely yeah.

Dr. Teresa Chan (35:31):
And so we have to think about how we re-work thing, and maybe it's a call to arms to figure out how we have good conversations with partners and allies of ours to figure out how we can create the space, how we distribute home care, childcare, chores, so that we can all kind of share some of that burden, but then also distribute some of that, so there's not that inequity. Because even with very, very smart, savvy, allied men, sometimes because of your cultural background, you may not even see that you're not stepping up enough, but if you were to write everything down, you actually know that there's a big list of things that you just didn't think to put on your list of chores, and can we redistribute some of that, right?

Dr. Susan Reid (36:15):
Yeah, I think that's... They're all interesting points, that just having those continued conversations and bringing these things up for awareness for people to think about and to ponder and to say, what's my reflection on that? And... But I still, I also like the idea of having the availability of urgent childcare, your on-call Uber delivered babysitter idea.

Dr. Teresa Chan (36:39):
I think that there are some innovations that are out there, so I know that we've had other episodes focusing on innovative ideas, but neither Susan nor I have the bandwidth right now to do this, but if you're looking for someone to help talk to you about a real real problem that could help a lot of people, give us a call or an email. [chuckle] But there's definitely space for innovation here because I think we need to rethink the way that we do things, and I think that technology can be one of those pillars and it could just be a new perspective right? So I know Dr. John Kelton's been working with a lot of people in the Michael G. DeGroote innovation initiative to foster that innovative spirit. Well, there's a whole segment of problems that sometimes if you only ask a certain segment of people, like for instance, all our male colleagues about healthcare problems, you might not ever hear this problem, but maybe now you've heard it and maybe you can help us conquer this and find solution to it.

Dr. Teresa Chan (37:31):
So good luck to all of you who are listening, and maybe this is a market you haven't tapped into yet that you could analyze anyway. So you're right. I mean the healthcare problem that is created by the lack of childcare is also really interesting, right? Especially in the wake of the pandemic, because school is actually a big source of that childcare have ramifications to our health systems because people have to cut down on the number of shifts that they hold, or the number of calls they do, or the virtual care might have to be limited to certain hours because the bandwidth for the kids' WiFi, so that they can go to school. That's something that goes on the wayside, and so how do we think about all of these issues that are actually quite interconnected? Those are great questions.

Dr. Susan Reid (38:16):
Yes, they are, and we're certainly going to have the opportunity to continue to think about these things, because as we all know now, this is not going away, right? So we're gonna have to continue to find, as you say, innovative ways to meet these challenges.

Dr. Teresa Chan (38:31):
To all the listeners who's out there who are maybe junior faculty, this is a way to commiserate with you that, yes, it is hard when you're a parent, and yes, it is hard, and it continues to be hard. For

those who are innovators out there, maybe this is that big wicked problem you're trying to tackle, maybe we'd love innovations that help with this kind of solution finding and it sounds like there's money in them, that helps definitely, because all of us are looking for people to take care of and fill the gaps of some of these real important parts within our lives, because being a professional sometimes means that you've chosen to put that profession in a certain way that may not always fit with your life, and so we have to augment with others to come into our team to help us. It takes a village to raise a child, sometimes it literally take that many people, right? So I think that it is something for us to think about.

Dr. Teresa Chan (39:19):
And I think that there's probably some glimmers of interest out there to start solving some of these problems, so I think hopefully, we'll start to see some really cool innovations that can come up. I imagine like a Chuck E. Cheese/babysitting center across from the hospital might not be a really unusual idea if you actually listen to this podcast. [laughter]

Dr. Susan Reid (39:38):
That's right. Or some combination of all those things.

Dr. Teresa Chan (39:42):
Exactly. Well, thank you so much for taking the time to chat with me again. That was a really short, sweet, kind of like little rant that you had, but I think it hopefully has fostered some ideas and get some gears going, that there are some other healthcare adjunct problems that really could use some solutions and could really augment healthcare itself. So thank you so much.

Dr. Susan Reid (40:01):
You're welcome. Good chat.

[music]

Dr. Teresa Chan (40:05):
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 professions 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.macpfd.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. Alright, so until next time, this is MacPFD Spark, signing off.