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Spark Podcast

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Dr. Teresa Chan (00:02):
Welcome to the MacPFD Spark podcast. This is a podcast that focuses on helping you develop your career as a faculty member. Our goal is to spark your enthusiasm and passion in one of our four main pillars of development: Creativity and humanism, scholarly practice, leadership, and of course, teaching and supervision. Throughout this podcast, we're aiming to bring you insightful and inspiring conversations that spark your interest and open up your mind to new ways to grow as a faculty member. Okay, have we sparked your interest yet? Let's get started with this month's episode.

Dr. Teresa Chan (00:46):
Hello, everyone. This is Teresa Chan, and welcome back to another episode of MacPFD Spark. I am delighted to bring you two excellent speakers and two people who I actually admire quite a bit. The first person is my department chair, and I'm not just saying that I admire him because he's my department chair, Dr. Mark Crowther. He is someone that I really enjoy speaking with, mainly, I think, because he speaks as fast as I do, but also because I think he's a very insightful leader and has a lot of observations around how we can do things in new ways, with regards to our scholarly practice, our leadership, and things like that, so I'm excited to bring you a conversation with him. And then, next is going to be a conversation with Dr. Saroo Sharda. And so, Saroo is a powerhouse woman in medicine who is an anesthesiologist in our community center of Oakville at Trafalgar, and she is someone who has brought Narrative Medicine to the forefront of our McMaster or MacPFD kind of community. I'm really excited that I got to chat with both of them, but I'm hoping you're gonna be excited to hear from both of 'em as well.

Dr. Teresa Chan (01:54):
Hello, everyone. Welcome to MacPFD Spark. I am here with one of my bosses, Dr. Mark Crowther. He is a Chair of Medicine by day, and I think he's a bit of a gamer by night, is what I understand. So, he is someone who loves all things to do with being able to connect with people in many ways, so whether that's as an awesome boss, and I'm not just saying that because he's on the podcast right now, but also, connecting with people in other means, like digitally, through all the different platforms that he uses, whether it's email or, like I said, through video games or doing other things that are pursuits that connect us. He's actually been someone that I look to for cues on how we can get through all of this really online world that we've had to pivot into. Mark, can you say hi to everyone?

Dr. Mark Crowther (02:40):
Thanks, Teresa, for having me on board, and yes, it is true that I am a probably too ardent gamer; EVE Online, which is the original MMORPG, and I play somewhere between two and four hours a day everyday.

Dr. Teresa Chan (02:53):
The fact that you know what an MMORPG is, is really important.

[chuckle]

Dr. Mark Crowther (03:00):
Well, the other thing is that I am not playing right now. I must say that as the doom and Zoom gets worse and worse, it is very frequent that I break out the video game to try and break up the monotony of the call; I was on a call earlier today where I was busy doing faction warfare while listening to people talk on a call, so, I think it's funny that you bring that up, but we're gonna talk a bit about how not being singularly focused on the, as I call it, the tyranny of the drivel is important for us all when we're struggling with this new electronic world and all the kind of just generalized overhang of COVID.

Dr. Teresa Chan (03:31):
Well, you know, we're recording this now, COVID's been around for a while now, and we are in a world that has transitioned very roughly into a mainly digitally-integrated world, but probably integrated in a way that you integrate two pieces of plywood with a piece of duct tape. It's jimmied together emergently and isn't elegant, but it keeps it together. And it's not like we designed a lot of our workflows to fit within this digital world, and so, a lot of the time, there's that awkwardness of what you wish you could have done in a real life meeting. You now have to think about, "Okay, How would I translate that into a Zoom setting?", for instance, and I think that that's where maybe some of our challenges as teachers, as leaders, is coming from is that, you know, it's not quite the same, right? Just like playing, I don't know, Monopoly online with people in a video game kinda setting is not the same as physically having a board and being able to read all their social cues. Similarly, in a boardroom table, when you have 27 squares that you're all talking to, and they all look like the Brady Bunch; it's a very different phenomena than having 27 people around the table, and watching kind of the interactions unfold. How is it that we can more elegantly design our experiences when we're doing the things that we need to do to fit better into what our intentions are?

Dr. Mark Crowther (04:57):
Yeah, great. Thanks, Teresa. And I did actually lie; I realized that the client is actually open, so I have a character who's playing right now, although I'm not actually doing anything to manage that character. You're entirely correct. My daughter tells me it's the 532nd day of March, which it isn't actually, it's about the 300th day of March, if I did the math correctly. And we did have to really adapt really quickly, and my personal lesson learned was about the third set of Grand Rounds I did using the regular Zoom platform. Now, we got very badly Zoom-bombed, like, with the full-bore Zoom bombing: Offensive content, offensive pictures, most embarrassing; had to shut down the meeting and restart. And I think that pointed out the reality to me, that we were existing in a different world. So a couple of things that I've done, which I think have really helped me to be successful, or as successful as I can be in this environment; a week ago, Monday, I had 12 Zoom meetings. Yesterday, I had my first Zoom meeting starting at 8:00 AM, and my last one finished at

8:00 PM, So I'm spending a lot of time on this platform. I think a couple of key survival tricks are one: If the meeting doesn't have to last for an hour, don't have the meeting last for an hour. I think that's actually the most important.

Dr. Mark Crowther (06:05):
Don't drive the content to fit the time slot. If you can finish the meeting in 12 minutes, everybody appreciates getting 48 minutes back in their day, just finish it. That's key. Let's say, I had a meeting yesterday with the dean, and his office staff asked me if we could go and walk around the campus to do the meeting rather than Zooming it, and I thought that was great. I was there, I'm more than happy to do that. We spent 45 minutes walking around the campus, had the same conversation we would otherwise about interpersonal conflict. It's easier to talk about interpersonal conflict when you're face-to-face than when you're over the phone, and as you can imagine, there's always conflict in my job, and so, it's nice to be able to talk with my boss about it in a personal way, rather than trying to explain the circumstances over Zoom. I would say another really key thing is, don't do things over Zoom that you wouldn't do face-to-face. So, make sure you maintain the same degree of decorum over Zoom as you would in a face-to-face meeting. If you wouldn't send it in an email, you shouldn't do it over Zoom. I think people sometimes think that the lack of direct personal touch allows them to have latitude to say or do things that they would never do in a normal meeting, and peoples stew over it for ages after that.

Dr. Teresa Chan (07:08):
Yeah, to add to that though, I also think that you shouldn't have a Zoom if an email could have been sufficient. And that's a cardinal offense [laughter] that people commit.

Dr. Mark Crowther (07:19):
To even go farther than that, you shouldn't have an email if a WhatsApp will suffice, because the key is to make this as brief and as cogent as you possibly can, and not to fill your time with tasks that you don't really need to do, and I'm flabbergasted at the number of times that I get a request to attend a meeting that I don't need to be at, or the person who wants to ask me a one sentence question, and I just say, "Look, can you send me a text about that?", 'cause it's a lot easier to answer a 15-word text than it is to spend a half hour beating about the bush when you're trying to get to the point. I will say that there's lots of good stuff to come out of COVID. I think we're all a bit more efficient. I think a lot of meetings can happen by Zoom, but I'd say the big concern I have about the long-term impact of COVID is really simple, and that is that I'm not sure how culture grows and develops when it's being led by and followed by people who are only interacting on Zoom, and I think over time, there's a real danger that we will lose our sense of community, because our community consists of our pets and our living room or our basement, and so, I would, under all circumstances that you possibly can, guided by appropriate COVID restrictions and regulations, I would encourage people to get together to meet in person.

Dr. Mark Crowther (08:30):
I've been out for lunch probably way too many times with people over the last six months. I've actually been out to dinner with people a few times over the last six months. Where possible, I've met in people's offices. I've actually traveled to people's offices to meet in their offices, because they were hesitant to come to my office. Everybody, well, almost everybody is going to the grocery store. The grocery store is probably a far more dangerous environment than an office in a hospital. So, you know, get out there and do those things. And I think for teaching too, a lot of our colleagues, not in your world, 'cause in emerge, you actually have to touch patients, which is weird. But in my world, a

lot of the teaching is being done over the telephone, and that's really suboptimal. So I make a point, I have a clinic tomorrow morning, and I will drive into the hospital, and even if every single patient is over the phone, I'll be there face-to-face with the residents. I think that the teaching environment is a lot better face-to-face than it is electronically.

Dr. Teresa Chan (09:17):
Yeah, and I think that, again, it doesn't have to be all Zoom-based, is what you're basically getting down to, and there are other creative ways, not just to say that you should use WebEx or Skype, 'cause that's not the point of all this, but that there is other...

Dr. Mark Crowther (09:30):
Microsoft Teams.

Dr. Teresa Chan (09:31):
Exactly, Microsoft Teams. That's not what we mean. I think what you're getting at is that human connection probably requires some level of interaction that's beyond staring at a screen, and that it's not the same; there's some loss of authenticity when you're, especially in the bigger meetings, right? Like if you're one of 100 squares on four pages, that is not the same as if you are having a one-on-one talk, like you did with Dr. O'Byrne walking around the campus, right?

Dr. Mark Crowther (10:00):
Yeah, totally, and I just discovered that the Zoom binoculars, I think now, allows you to see 96 tiles on your screen, which it's as impersonal as you can possibly get. I think you were alluding, Teresa, and sort of maintaining sanity through all this, a couple other things that I've been really pushing hard on the department, and I know you're aware of these, is I got my son to modify some Visual Basic code for Microsoft Outlook so that I have to actually go through a fair bit of effort to send an email after 7:00 PM or on the weekends. I can type it, I can press send, but it accumulates and sends it out at 8 o'clock the next morning. And I've done that, not because I'm not gonna work on the weekends, 'cause I always do, but because when I send an email to somebody, it catches their attention; I'm the department chair. And I know now that one weekend before last, I composed 59 emails over the weekend, of which only one needed to be sent on the weekend, and it was a social one. The other 58 waited until Monday, and although nobody said to me, "Oh, that was nice you waited till Monday," I'm sure they all appreciated not getting an email from me on a Sunday afternoon.

Dr. Mark Crowther (10:55):
This existed before COVID, but it seems to me that the loss of work-life differentiation has really contributed to people's almost disinhibition about sending work-related items off-hours. One of your colleagues, Teresa, sent me a fairly snarky email after I sent a thing out to the department saying, "Please don't send emails," and he said, "Well, my job is shift work, and I get home at 11:00, and blah blah blah blah blah blah, and I'm done blah blah blah." Anyway, but interesting enough, he did actually delay the send until 8 o'clock the next morning, which means I didn't have to worry about his response until 8 o'clock the next morning, when I was already worrying about other stuff, so my worry level was sufficiently high to deal with it at that point, so, I think there's a lot of strategies we can do to maintain our sanity during the course of the Miasmos of COVID, as I'm calling it.

Dr. Teresa Chan (11:39):
Yeah. And I mean, I think it is about being compassionate with other people in their lives as well. I mean, yeah, I'm a shift doctor as well, and I sometimes will just respond to things 'cause I can't get to sleep, but some of my colleagues put a tagline at the bottom of their email that say, "I'm a shift worker. Don't feel obliged at all to respond this email in any way, shape, or form, unless you're willing and able to respond to it." And I like that. It probably is not something that I have the privilege of doing anymore; I have to set the tone, like you do, with their shift capacity, and it depends on where you are in the hierarchy and who you're sending it to. I have no problem just sending you an email on Sunday afternoon, 'cause you're my boss. But you are probably trying to role model to me that maybe I don't need to. But that might be the day that I'm doing my academic work, and so, I think those are good conversations to have, because "Why am I doing work on a Sunday?" would be the other question that should follow that up, and I think we could have a conversation about that partitioning of life, and I think we might be all better for it in the end, and having more self-compassion, and you know, acknowledging that maybe Sunday, I should have just binge-watched Netflix.

Dr. Teresa Chan (12:43):
Which I did after I sent to you the email, but that's the idea, is that how can we check ourselves a little bit so that life doesn't become all work, and work doesn't all become or feel like it's the only thing in your life, right?

Dr. Mark Crowther (12:56):
Yeah, totally, and I think two points about that one is, not so much for me, 'cause my kids are older, but lots of our colleagues are dealing with childcare responsibilities, which they didn't think they would ever have to deal with for a large number of different reasons. Some of those childcare responsibilities are highly unpredictable, because, you know, the kid's got a bit of a fever, can't go to school, and suddenly, they have to unwind all their plans, and so, having a little bit more order around when they can expect to be communicating with you is gonna be of help to them, for absolute certain. Yeah, so Teresa, one of the things I'm really worried about is the whole thing of substance abuse. I've got a lot of colleagues, and I think you do too, who, I'm sure, are drinking a lot more. Now, marijuana is now legal in Canada; I think some of them were using marijuana. I don't really have any concerns with that, if it's a once in a while thing, if it's done socially, but I am worried that some of our colleagues are adjusting to the stress of COVID and all the changes that we're going through by drinking too much.

Dr. Mark Crowther (13:47):
And so, I think that's another thing we all need to keep very close eyes on; keep an eye on ourselves, and also keep an eye on our colleagues to make sure that it isn't becoming a problem, because I think we're all concerned about, as physicians or leaders in healthcare, the impact of COVID on our people. There's also a summative effect of all the other issues that come up as a result of COVID and, you know, depression, anxiety, alcohol, substance abuse are all things that are countervailing risks associated with the changes we put in place to deal with COVID.

Dr. Teresa Chan (14:15):
Yeah, and the other thing that I keep in mind is also domestic violence is up; we know that. We're not seeing it in the emergency departments, but I read about, like, you know, the other day, the dialogue; I had the write-up about the neurosurgeon husband of one of our family doctors in Toronto that was killed, right? And so, I can only imagine how all of this might be panning out for

certain groups of our colleagues, and if we can be sensitive and try to pick up and try to support each other through all these times, I think it's really important too.

Dr. Mark Crowther (14:46):
Totally, and I think the sensitivity to our colleagues' needs is a lot harder on Zoom than it is in person, because, as you said earlier, you lose the visual cues, you lose the kind of sensation of people's anxiety. So, that's another reason why I'm meeting with people in person where possible. I think I would just strongly encourage people to do it. A bane of everyone's existence, but one that is particularly important right now will be reply to all. Please don't reply to all, unless you need to reply to all. I continue to be amazed by, and as humans, we're curious, so we wanna read what the person said, and so it just adds a lot of misery to the whole thing. Some other things that I think people... Make sense, but people should pay attention to when there's doom and Zoom. One is exercise, so, if the person get out and exercise regularly, read a book, watch TV, I had recommended in our newsletter. Most people aren't spending as much money as they were before, because you're not going out for dinner as much. Do something frivolous. Buy something that you've wanted to buy, because you've probably as physicians, you've probably got a little bit more money than you were used to having. Go out there and buy something you wanna pick up that you've been looking at for a long time and use it, or this time, when you're not out socializing as much as you would be otherwise.

Dr. Teresa Chan (15:54):
Yeah, and I think the other part of it too is that there's no reason why you can't, I mean, even if you don't feel comfortable with going out to a restaurant, there's no reason why you couldn't actually look up all your friends that normally you wouldn't be going out with dinner with them, but one of the big connections that I've had is that we're all in Zoom. Now my friends all know how to use Zoom, I've been getting together with my college buddies, and I would connect with people that I normally... They were in five different timezones, so it makes sense for us to just all get on a Zoom and hang out and have a girl's night, and now that everyone's comfortable with it, it's wonderful, because I actually wouldn't see them until... You know, I may travel there next, and I think that it's been really great to think about. With my family, we've had all these family events that like, you know, kids turn three, and we have, like, an half an hour Zoom with all the parents all trying to figure out Zoom, and then there's the cupcake that gets blown at. [laughter] We all cheer, and we get to see people just for a couple minutes here and there. And I mean, that's a different kinda use of Zoom that some of us might not be thinking about, but it's been quite nice to just touch base and see the kids' Halloween costumes or, you know, I think just having a conversation around someone's birthday and just wishing them well.

Dr. Teresa Chan (17:06):
And it doesn't always have to be a meeting, right? Like, it can be for social, and I think that one of the things that people have brought out is the use of other alternative strategies, such as, like, why not just have a trivia night? You can play Trivial Pursuit, basically, or a quiz night. You can have your own version of HQ Trivia [laughter] with your staff, or your division. One of the initiatives we've started from the McMaster Program for Faculty Development is something called the Chat Series, so conversations in healthcare, academia, and teaching. But really, what it is is just an excuse to get CME credit, [chuckle] where we kick it off with just like... 'Cause we know no one's gonna do prep, like a quick 15-minute primer on a topic, then we put everyone in a breakout room and say "Talk about it," and then we come back, and we share some insights, and then we're off to the races. And

what it is is that, in a Zoom of 90 people, it feels super anonymous, right? You're not gonna be able to put your camera on.

Dr. Teresa Chan (18:00):
But in a Zoom of four other people, you can actually start to have a conversation, and maybe do some of that connecting that you might not have. That was really, really energizing, to be honest, as opposed to your usual, Like, listening to someone talk, and watching their PowerPoint slides go by sort of Zoom. So, I do think that there's different affordances that technology can afford us, and we should look into leveraging some of that, because I would say that in some of our activities where it's one-on-one, I feel it's actually more intimate than it might be in other circumstances, 'cause you get to see a little bit of people's lives, you maybe meet their kids, check out their cute puppy, you know, those kinda things, and that's been kind of nice, because if I just met them in an office, I wouldn't know those kind of parts of themselves.

Dr. Mark Crowther (18:42):
For sure, and I think the other thing we have to mention that is actually, as I said, there's been lot of positives because of COVID. One of them is that Air Canada is increasingly pleading with me to please get back on the airplane, 'cause I was, as you, a very frequent flyer; highest accumulator tier in Air Canada for several years in a row, and I've been on an airplane since March the 22nd, so it speaks to your issue of availability. I'm actually attending a lot more events. I'm around to have more conversations with people, it's a lot easier to schedule stuff with me. I'm around for more family events, blah blah blah, than I would have ever been before, because I'm home; like this weekend, oddly enough, I'm not going anywhere. That's actually not true. My wife and I actually have rented a hotel room in Niagara Falls; that's our big getaway trip for this summer. [chuckle] Right now, if you live in the Greater Toronto area, you can get a hotel room at Niagara Falls with a falls view for essentially nothing, compared to what it would normally be worth, so there's nothing wrong with doing that, right? Don't be afraid to go to Huntsville and grab a hotel room, and again, you don't have to hide in your basement. I just worry that people are hiding in their...

Dr. Mark Crowther (19:40):
One of our people came into our office two weeks ago, and she hadn't effectively left her house since March 22nd. She's a perfectly well 54-year-old woman. There's no reason why she hasn't been out doing stuff, but she effectively hasn't left her house. And so, I think we really need to keep a close eye on that. You gotta make your life as normal as it can be, and I agree completely that as people have increased availability, Zoom is a great way of just dropping in on people; it's a lot of fun. I strongly endorse that.

Dr. Teresa Chan (20:03):
Yeah, and I think that it's just a different way to connect, right? Like, knowing who knows the last name of a Simpsons character is not very useful information, but can be a bonding moment, and then, actually, my partner met one of his best friends from university that way, because they just both answered the question at the same time, and then they high-fived each other, and that's how they met. But you can imagine, even just having a chance to learn more of that stuff, to share more of who you are and what you're reading, or what you're watching on Netflix, building some of that social time in is actually pretty important. And so, I think that if you are a leader, if you are a teacher, I highly recommend building in that extra little bubble of time. Like, your agenda's never that full, that you can't spare 5-10 minutes so that everyone can kind of like, in the chat box, sharing one cool thing that they learned, or one cool thing that they're reading or watching, and it's really cool.

Dr. Teresa Chan (20:57):
There's always a new Netflix special that someone can recommend, and you're like, "Oh, I didn't know that person was into home decorating. I guess I'll have to connect with them another time." Or maybe they're really into food, and you can bond over that another time, but right now, we're all starving for that level of connection, and in fact, those are probably things we normally wouldn't have done in other meetings, and so, I think that we can substitute it in, and hopefully, we can bring some parts of that into our lives as we return back to normal someday.

Dr. Mark Crowther (21:25):
Totally agree. I always try to start off one-on-one meetings or two-on-one meetings by recalling something that I know about the person socially, because it establishes that connection at the start, so, I know, for example, I was just talking to a potential recruit to McMaster University, and I happened to know what his partner does, because we're moving two people here, not just one. And he was surprised that I actually knew that, I think, please, that I actually had gone to the trouble of finding that out and then could carry on a conversation and all that, and his partner hasn't got any leads yet on unemployment, and I probably have some leads that I could help with, and so that taking that five minutes of socialization at the start established a link between us, but it also helped me to allay some fears that he had about whether or not, as a partner, he was gonna be able to find employment when they moved here.

Dr. Teresa Chan (22:15):
Yeah, and I think that that's part of just being a good person in today's world and trying to find a common ground. I mean, if you're not doing this with your patients, it's probably something that you might wanna consider. If you're not doing this with your colleagues, you might wanna consider, and definitely with their learners, I would say that it's really important to, so that you have a human side of yourself. There's always that awkward five minutes of, you know, at the beginning of every teaching session, where everyone's logging in, and someone can't get their audio, I know, Why not use that time to vent, right? Like, why not use that time to like, "Hey, so did anyone watch anything cool on Netflix recently?", and people are like, "What do you mean? The Mandalorian came up, that's all that matters." I'm like, "Cool. That's right, I gotta watch that."

Dr. Mark Crowther (22:53):
It's not on Netflix. It's not on Netflix, though.

Dr. Teresa Chan (22:54):
I know, it's on Disney Plus, right? And exactly, so like, you know, you can have those conversations, and you can say. And then someone will be like, "Oh, well, there's a new game that just dropped." I'm like, "Cool, what's the game?", and then they'll tell me about it, I'm like, "I have never heard of that game. I'll have to check it out." And then, you might fall down the rabbit hole, and that's okay, because you'll have discovered something new, and I think that that's what we need right now is novelty; we need connection. And finding new ways to get that information is super important.

Dr. Mark Crowther (23:23.):
My joke that when the Oxford dictionary... When it defines the word of 2020, it's, of course, gonna be COVID. The second word of 2020 is gonna be "Can you hear me?", and the third word of 2020 is "You're muted." The fourth is "Can you see my slides?" [chuckle] I think, probably more often than

any other word other than COVID, "You're muted" or "You're on mute" is what people hear more than anything else.

Dr. Teresa Chan (23:44):
Well, I mean, if people get used to it, then we'll always, it's not a Zoom meeting or Skype or WebEx until someone has unfortunately spoken without unmuting themselves, and at least now you can mute people, 'cause we've watched some, maybe, footage from a certain neighboring nation where you're like, "I wish there was a mute button right now, [chuckle] because that person should not talk." [chuckle]

Dr. Mark Crowther (24:06):
One other thing that I've noticed over the last couple weeks, actually, is that as the world supply of webcams, I don't think that companies have started to make more of them, and I think it's to spend a bit of time thinking about the quality of your picture. Right now, it looks like I'm on fire, 'cause I'm sitting in some sunlight, so I'm not a great example of this, but think a bit about your background, think a little bit about the quality of your image, you know, you wouldn't go to a hospital wearing a torn T-shirt and looking like you clearly haven't attended to any personal grooming things in the last six months, so don't do it on Zoom either. [chuckle] And remember, if you're standing up, you should always have pants on; it's very important.

Dr. Teresa Chan (24:37):
[chuckle] Yes, these are very important things. Or unless you're wearing a dress, I guess, if you're wearing a dress.

Dr. Mark Crowther (24:42):
Yeah, sure, okay, yeah, appropriate lower body clothing options.

Dr. Teresa Chan (24:46):
Yes, you need bottoms, yeah. So, I think it'll be very interesting to see what the world holds afterwards, but at the same time, right now, I think we can be doing more than just what comes naturally, which is just get up, sit at the chair, and go from Zoom link to Zoom link. And at least there's Zoom, because I really can't stand some of the other platforms anyway, but it is also nice to acknowledge that you don't always just have to have conversations, you don't always just have to flip on a PowerPoint and screen share, you know, jazzing up some of what you do can be important too, right? One of the most enjoyable speaking engagements I had was when I invited one of my colleagues, who normally, the conference would never have been able to fly both of us out, but they got two for the price of one. And I was like, "Why don't we just make this like the teach-in and grad show", and actually we just went back and forth, and we just asked each other questions, and we did some judicious screen sharing, and it was a minimal amount of prep for us, but I think it was a maximum amount of effectiveness for the people that we're speaking with, because we conceptually were able to take them through all the stuff, and there was not a single slide until we were showing off some really cool tech stuff.

Dr. Teresa Chan (25:51):
And really then, it was still an engagement platform, so that we could actually show them in real-time that if you click this button, this thing pops up, and people were like, "Oh, that's cool." And so, the idea would be like, if you really don't need slides, why are you letting them upstage you? Because especially on Zoom, like no other, the slides take up the lion's share of the screen, and

you're just this little talking head in the corner on the side. And so, do think about whether or not you actually need a slide, 'cause if the slide's just a giant picture of, I dunno, some Pixabay or Unsplash photo of a waterfall, do you really need it, or could you just have spoken to the camera? So these are the kinda things that I try to challenge people to think about, because I think that a human face is always more interesting to watch than a PowerPoint slide.

Dr. Mark Crowther (26:32):
Totally agree. I'm telling people about COVID, that it's a roller coaster, you're on it, enjoy it. There's no stopping it; you aren't getting off it. This is not some two-week-long sprint, this is a year or a years-long marathon. We gotta adapt to it, and so, just get on with it. That's just where we are.

Dr. Teresa Chan (26:49):
And I think it's really some of the innovations that are starting to come out, like the trivia nights, you know, checking with people, going for a walk, going for a hike, that's awesome. And I think, for our department of medicine, aren't you doing it for the reward ceremony? I think everyone's getting an Uber Eats coupon, so that we can all have dinner together?

Dr. Mark Crowther (27:05):
Yeah, we did a national meeting, actually, last week, and so, I was trying to think about... Normally, we'd bring all these people together in a hotel, and the organization would pay for this ridiculously expensive bowl of sort of jujubes outside that everybody spat on. And so we decided, since we aren't gonna get together for dried out old pretzels, it'd be way cheaper, we sent everybody an Uber Eats coupon, so that they can have lunch before they came to the meeting. It was spectacularly successful, so we've decided to expand that. So this year, the department of medicine has a formal annual awards dinner; we rent a golf club dining area, we pay a lot of money for food, we get together, and we talk for way too long. People listen to way too much of me. We were supposed to do that in the spring, we cancelled it; supposed to do it in the fall, we cancelled it, so instead we're gonna do a much more attenuated thing, where I'm gonna talk for 15-20 minutes, I'm gonna announce all the awards. We've actually had all the awards prepared, printed, carved, shipped out whenever they're done, and somebody's delivering them all, so they will all be delivered to the people receiving them prior to the actual event.

Dr. Mark Crowther (28:04):
The actual event's gonna last about 90 minutes. We've prerecorded the main presentation, so we don't have people blathering on for longer than their allotted time. And we're gonna give everybody a fairly substantial Uber Eats gift coupon, so they can enjoy dinner, and they don't have to watch them if they don't want to, 'cause I'll record it. We can always watch it a bit later if we want to, but it'll be a live event, and hopefully, we'll have some participation, and it's not as good as the face-to-face, but it's better than doing nothing.

Dr. Teresa Chan (28:29):
Yeah, and I think you have to still find new ways to do that kinda symbolic gesture of celebrating people, and I think that this is a great way to do it, so, that's kudos to you for stealing like an artist, and taking a really cool idea from somewhere else and bringing it to us, but I think it'll be interesting to see where else... I mean, I know Waterloo Regional Campus, they did their retreat, they sent everyone an Uber Eats coupon, and we could order at any time. And I ordered breakfast, the other people ordered lunch, and then we could sit around and chat. They put everyone in breakout rooms, and then everyone compared what they were eating, which I think was really cute, and just had a

chat about different topics. So, I do think there are new affordances that we'll discover as we go through and start being creative and thinking about how we can do what we do better, so, I'm excited to see what the future holds as we move forward, so, anyway, thanks so much for your time. It's been fun to chat as always. I was having a jam session, basically, on ideas with you, so hopefully, it was interesting to everyone else as well, and I guess we'll check you later. So, until next time, Mark.

Dr. Mark Crowther (29:30):
Thanks so much, everybody, for listening, and thanks to Teresa for putting this all together, and for McMaster's Program for Faculty Development, and all the work that Teresa's doing to move her office forward.

Dr. Teresa Chan (29:38):
Alright, okay, bye, everyone.

[music]

Dr. Teresa Chan (29:42):
Wow, that was a really awesome first segment of the MacPFD Spark podcast. And now, on to our second segment.

Dr. Teresa Chan (29:54):
Welcome, everybody. It is my honor to be able to welcome one of our esteemed colleagues from the McMaster University family of teaching hospitals. I have with me Dr. Saroo Sharda, who is an anesthetist by day, and by evening, she is a mom, and sometimes, a Narrative Medicine teacher. And so, what I wanted to bring her in today to talk about is just exactly what we've been talking about with her workshops and some of the other content that she's delivered. She is definitely a force to be reckoned with. I will say that I have been to our Narrative Medicine workshop, and if you haven't been, you're missing out. So you should definitely check that out next time we have one of those, and you can definitely check out more information about her workshop and all the workshops that we have at macpfd.ca. So, Saroo, thank you so much for joining me today. It's definitely a hot topic these days, Narrative Medicine. Can you tell me a little bit about what it is for the people that haven't heard of it before? Because I think it's a cool concept that we should all just know about.

Dr. Saroo Sharda (30:55):
Yeah, thanks, Teresa. Well, thanks for having me. And you're right, I do think that people have heard the term but don't always necessarily know what exactly it means. To give a very simple definition, the art of Narrative Medicine, or developing narrative competence as a clinician, is basically a clinician who knows what to do with stories. And to expand on that a little bit more, Rita Charon's definition, and she's really the person who coined the term back in 2000 at Columbia University is, it's somebody who knows how to absorb stories, knows how to interpret those stories to skilfully receive them, and therefore to be moved to action by the stories of others. It was originally intended for clinicians to develop narrative competence so that they could, basically, do better by their patients, so that we could deliver better healthcare by becoming better story listeners. But what we know now, in the 20 years since Narrative Medicine has sort of been around as a concept, and the scholarly work that's been done, is that it actually has a lot of benefits for us as clinicians as well, in terms of how we interact with our colleagues, how we interact with our patients, and even for our own wellness; it's actually now recognized as a tool that can help with burnout.

Dr. Teresa Chan (32:09):
Yeah, it's really interesting, because, as I've been to a bunch of these workshops now, I see the parallels, as someone who has a cursory amount of knowledge around counseling and some of the finer techniques that our psychiatry colleagues are probably apt to talk about more. I do see how there's resonance with techniques like cognitive behavioral therapy, with other kind of like talk therapy-type interventions that we see used, and has a deep evidence base behind it, so I think that to me, that means that maybe narratives and stories are just hard-coded into the human brain, and whether we're using it to relate to others, to kind of more of a Narrative Medicine humanities point of view, or if it's to do it from just being a human in the world walking around, and just wanting to be able to relate to others and listen to them better and just be more attentive and mindful, I think there's a lot of resonance between some of those techniques that we've seen. I think that the mindfulness literature also kinda springs to mind when we think through all those things, and that pun was not intended, but I'll take it. That's kinda like what I'm reacting to, you know?

Dr. Saroo Sharda (33:17):
Well, it's so interesting that you're reacting to that, because there are a lot of parallels with mindfulness especially. And in fact, I've been having many conversations with my mindfulness colleagues lately about the fact that mindfulness, Narrative Medicine, and self-compassion are actually three pillars that support the same kind of concepts and the same kind of outcome, so you're absolutely spot on when you think about them as being sort of parallels or being complementary. I think it is important to point out that Narrative Medicine as a tool is not therapeutic, so even though it can be very therapeutic to write and to understand through storytelling and story listening, it's not actually therapy. But it is a really important tool, in terms of thinking about peer support, even thinking about how we can teach and support our learners, particularly if they've had a very sort of chaotic, difficult experience; I've used it myself with learners. It can be challenging to get into how that chaotic or acute or challenging experience felt, and what Narrative Medicine does for us is it can take some of those really chaotic, formless experiences, or seemingly formless experiences, and through the act of writing into them, we can get clarity, and we can take something that was chaotic and formless and lend to it some kind of form through the written word.

Dr. Teresa Chan (34:37):
Yeah, I think that you're really kind of like delineating between the idea of this is not therapy, and yet, there are so many therapeutic techniques that actually have a very much alignment to this, and so, just like coaching, right? Coaching has a lot of parallels with some of the aspects of how you might relate to someone else when you're in a one-on-one relationship, for mentorship, or for psychotherapy, even. And yet, it's not the same thing, right? And so, I think that just like those other modalities, because it uses the same tools, because we're also still human, it doesn't mean that it is therapy. Therapy has its own place and its own use in our lives, but I think there's lots of techniques that we can use that may have some therapeutic benefit and may have just other benefits in general, right?

Dr. Saroo Sharda (35:20):
Yeah, I think...

Dr. Teresa Chan (35:21):
So those are important things to keep in mind.

Dr. Saroo Sharda (35:23):
Yeah, and I was gonna say, picking up again on some of that stuff that you bring up now, that when it comes to even just the idea of connecting with our colleagues, I think we're in an increasingly complex working environment. The patients that we're taking care of are a lot sicker than they used to be, and a lot more complicated than, you know, even 10 or 12 or 15 years ago, and our lives are just a lot more fast-paced, whether that be clinically or nonclinically. And one of the ways that I think Narrative Medicine can be really powerful is, it's really just an opportunity to pause and connect, and whether that means we're connecting with our own stories, or we're connecting with the stories of our colleagues, I think that's a very powerful connection that can happen through storytelling. And then, as you say, this idea of healing, and it being therapeutic, I mean, Narrative Medicine is a relatively new term, but storytelling has been used through centuries, in so many different cultures, as a way of healing and as a mechanism of healing.

Dr. Saroo Sharda (36:22):
And then, just picking up on what you said about coaching, I know you and I were in a coaching workshop that you cohosted a little while ago, and the speaker actually talked about reflective writing as being a really useful tool in coaching, and I think that, again, that ties into what I was saying earlier about, you know, how can we help our learners or our colleagues when we're in that mentoring and coaching role, and writing a Narrative Medicine can be a really great technique to leverage that.

Dr. Teresa Chan (36:49):
Yeah, and I think that for those of our listeners who maybe don't identify as a clinician; maybe they're teaching faculty, or they're research faculty. I think that even in those situations, narratives in general, and storytelling by itself, and that writing is really important. So, I think that you're really getting to something here, because, for our teaching faculty and research faculty who might not relate to being a clinician, I still think stories can be really powerful. So whether you're an administrator, or you're a leader, or you're a researcher that runs a lab and has grad students, or you're a teaching faculty and have all these undergrads coming at you with their stories, I think that any of those people that are in our listenership could really relate to the idea that being better at understanding and thinking about and being mindful about the people around us, paying attention to their cues so that we can respond to them. I think all of those things are really important.

Dr. Saroo Sharda (37:44):
Yeah, I think you bring up a really good point, 'cause as a clinician, I often think about this through a clinician's lens, but as a creative writing coach, 'cause I'm a trained creative writing coach, and I've coached many different people from many walks of life, and you're absolutely right, that there's something inherent about exchanging stories that, as you had mentioned sort of very early on in our conversation today, there's something very human about that, right? Like, if you think about the way that we interact with people on a daily basis, or even if you think about how we interact with a general article, or a grant application, or a conversation with an undergrad; essentially, it's a whole bunch of exchange of stories, right? I mean, that's essentially what it is. Even if we're interacting with a piece of music or a piece of visual art, we're essentially undergoing an exchange of stories, and I often put a slide up in my workshops by Thomas King, who's a really wonderful, wonderful writer and advocate, and he has this quote that says "The truth about stories is, that's all we are."

Dr. Saroo Sharda (38:49):
And so, absolutely, I think there's resonance and application for everybody with Narrative Medicine, and even though it's called Narrative Medicine, if you look at a lot of the folks who teach this at places like Columbia, which is where Narrative Medicine was kind of born, for want of a better word, a lot of the faculty are actually not clinicians, they're from a very wide range of backgrounds.

Dr. Teresa Chan (39:08):
Yeah, I think Narrative Medicine probably has a big role for patients in understanding their stories too, so to have people who maybe relate more with the patient side of things, that our clients of our healthcare system, I think that they will have very powerful stories as well to share from their perspective that could probably bring us a lot of empathy for what they go through. So, I definitely think that there's so much there. The other thing that I was struck with was, during your workshop, you had brought up the idea to not just think about bad things, 'cause I think that some of us have the tendency, maybe, to pick out the bad, and that kind of resonates with me around some of the positive psychology literature around how, if we're always looking for bad things, then we'll always see bad things, but if we start training our brains to be grateful, to appreciate, to really find the things that we can be thankful for, it can be really helpful for just ourselves, right?

Dr. Teresa Chan (39:58):
And so, I do think that the tip that you had about journaling not just about the bad cases, but the good cases, and the things to laugh about, and the comedy that might ensue... The great things that do happen, like when the case goes really, really good, and you have to, like, almost debriefing your brain, like how did that perfectly work out, and how is that person home now, with their grandkids or their loved ones, and how do we cling to those moments? Because I think often, we do a lot of things in healthcare around morbidity, mortality. As teachers, we complain about our students, to other colleagues, but we less frequently talk about the successes that occur in our lives.

Dr. Saroo Sharda (40:38):
Yeah, and I think that that speaks to, I was gonna say the medical culture, but I think, really, the academic culture too, that many of us have grown up in, and many of us inhabit now. And there really has been a very strong kinda rhetoric that we only talk about the bad stuff, because the good stuff is sort of a given, where you're supposed to do well, and you're supposed to perform, and you're supposed to know what you're doing, and you know, there's this word, "competence", that we hear all the time about in medical education that, well, yeah, that's all you're supposed to do, all of those things. But I think, as you say, and as I try and point out in my workshops, there's a lot of power in writing into the joy. That's how I like to think about it: How can you write into the joy as well as the struggle, as well as the challenges? And it could be, as you say, the case that went really well, or it could be a grant application that you got, that you slaved over, or that really amazing interaction you had with an undergraduate student where you changed the course of their career potentially in a positive way.

Dr. Saroo Sharda (41:41):
So yeah, I do encourage people to think about those moments of joy, even if they're very fleeting, and again, I think it comes back to this idea that not just chaotic and acute experiences can go by unnoticed, but really joyful and successful ones can go by unnoticed, so again, we can bring some form and clarity to them through the written word, through Narrative Medicine, and also just being really curious and open to that, and I think that sort of relates to another concept I always talk about, which was coined by Sayantani DasGupta, who's a pediatrician who teaches Narrative

Medicine at Columbia, and she wrote a beautiful paper in the Lancet about this in 2008. And the term is narrative humility, and it really is a term that speaks to the fact that we cannot ever be competent in anybody else's story, whether that's a story about a patient, or the story of our student, or even the story of our spouse at home, or our kids, or our loved ones. We really have to approach those stories with a degree of vulnerability, so we have to be open ourselves, which is a little bit different to that sort of doctor-patient boundary that we're always talking about as clinicians. Of course there's a doctor-patient boundary, and there always has to be, but we also have to be able to open up and be curious enough and vulnerable enough to really receive those stories in a very authentic way.

Dr. Saroo Sharda (43:00):
And so, I really like that idea of narrative humility, because not only does it speak to being open and curious, it also speaks to the importance of listening to stories from people who are completely different to us, from people whose stories are often silenced, from people who come from marginalized communities. We have a responsibility to those stories as much as we have a responsibility to other stories, and I think that's a really important thing for us to remember and take forward; not just how this is gonna help us, but what responsibility do we have as storytellers and as story listeners?

Dr. Teresa Chan (43:37):
Yeah, that really, really resonates with me, and it's really powerful. My reaction to what you just said is also that it springs to mind the reverse of it, which comes from, really, Brené Brown's work around the story that you might tell yourself about what other people are experiencing. So I think that that's where sharing your narratives can be also very helpful, because it might be that I'm telling myself all this stuff, like I do this with my partner all the time, like I tell myself the story that he doesn't like me anymore, he's gonna do this or that, and he wasn't being decisive. He wasn't being called. He just was in the middle of doing something else, and said, "Yep, yep, yep, yep," and that's it. But in my head, I've got this dialogue that's running, running, running, and so, I end up telling myself this whole narrative and this whole story that if I don't communicate with him, can actually cause a mismatch. And so, from that side of you, I think that being able to articulate your story better may also then help them, you be a better communicator, maybe?

Dr. Saroo Sharda (44:36):
Absolutely, and the research has shown that it's shown that people who develop skills and narrative do end up being better listeners, and there's actually some really concrete evidence, 'cause I think a lot of people, when they think about the humanities, especially as they apply to academia or clinical work, think of them as these sort of soft things, and "Okay, well, you're gonna be a better listener, big deal," but actually, there's some studies that have shown some really concrete outcomes in patients, like, for example, diabetic patients who end up having much better HbA1cs when their clinician is somebody who practices with narrative competence or an act of humility. So I think, you know, absolutely, and I think just building on that idea as well, when we do what we call "close readings" in Narrative Medicine workshops, and what that means is, as a group, we interact with a piece of poetry, or prose, or art, whatever it may be, and we interact with that piece of art together as a group, and then we discuss what we saw in it, and what we interpreted from it, and what meanings that we drew from it.

Dr. Saroo Sharda (45:38):
And it's always fascinating to me to see that we are all interacting with the same thing, it's black and white on the paper, and yet the interpretations from it are so wide-ranging, and I always end up learning something and seeing something totally different, even if it's a poem I've read like 50 times. And so I think it just speaks to what you're saying about the story we tell ourselves, and I think that's really important when it comes to our interactions with other people, as you say, because we often make a lot of assumptions about what that person is either telling us or what we think they're thinking about what we're telling them.

Dr. Teresa Chan (46:11):
I think it really comes down to these conversations. We can learn so much from each other if we can open up a dialogue, but in order to have that dialogue, you have to be clear about your story, and your perspective, and what you're seeing. And so, as with all communication, you do need to make sure that you're communicating as much as other people are, and that you're listening when they do tell their story as well.

Dr. Saroo Sharda (46:31):
Absolutely. It's definitely a reciprocal relationship, and we talk a lot in our workshops about deep listening, like are you actually listening? Like, it's so easy to get distracted even when you have the best intentions, particularly in our world nowadays, so I always encourage people to put their phone away if they can, and I try to tell people that you're giving yourself a little gift; you know, this hour and a half or two hours where you're just gonna interact with the people in this room and the words on the page, and we very often, very very often, I should say, get to do that in our really busy, fast-paced lives nowadays, so I like to think of it as a gift.

Dr. Teresa Chan (47:05):
That's a great way to think about it, so thank you very much for this gift. This conversation has been amazing. For those of you who are interested in learning about more, check out our website, macpfd.ca. And definitely, if you get a chance to attend one of Dr. Sharda's workshops, I think you'll just get all of this awesome content, her wonderful accent, and also all of this Narrative Medicine stuff as well, so definitely check it out, and we hope to see you at some of our events. Thank you so much for joining me today, Saroo.

Dr. Saroo Sharda (47:33):
Thanks for having me, Teresa. I loved our conversation. Thanks so much.

[music]

Dr. Teresa Chan (47:38):

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.