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Spark Podcast

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Featured Guest: Dr. Ted Xenedemetropoulos
Interviewer: Dr. Ruth Chen
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Dr. Ruth Chen (00:02):

Welcome to the MacPFD Sparkle podcast. This is Ruth Chen and in this Sparkle sub series, we'll bring you shorter segments released in between our longer Spark episodes. We'll have new and exciting interviews with professionals from across the world, helping you to achieve your personal and professional goals as a healthcare educator, researcher, leader or practitioner at any stage of your career. So sit back, listen and enjoy this episode of the MacPFD Sparkle podcast.

Today, I have the pleasure of speaking with Ted Xenedemetropoulos about his role as a co-lead in developing a virtual care Community of Practice. He shares valuable insights on the entrepreneurial mindset he's adopted as a transformational leader, and he provides a powerful example of the well-known proverb that if you want to go fast, go alone. But if you want to go far, go together.

Hello, Ted. It's great to talk with you today.

Dr. Ted Xenedemetropoulos (01:04):

Hi Ruth. The pleasure is all mine, and thank you for meeting with me tonight to chat about these topics.

Dr. Ruth Chen (01:09):

Today, I'm very interested to hear more about your experiences with virtual care; developing a virtual care Community of Practice and how this is connected to your own leadership journey. But before we get to the leadership applications, I think we need to start with a few background questions. So, I have two questions to set the stage for our discussion. First, what is virtual care? And second, what is a virtual care Community of Practice?

Dr. Ted Xenedemetropoulos (01:34):

Those are excellent questions. I think virtual care means a variety of things to various people. And certainly, there have been a broad base of definitions across a spectrum of people involved in virtual care. I think the most succinct and inclusive definition would really be virtual care encompassing any interaction between patients or members of their circle of care, typically occurring remotely using any forms of communication or information technologies, basically with the aim of facilitating and maximizing the quality and effectiveness of patient care. That means various things and has various

facets. Of course, the conventional idea that most people have of virtual care is telemedicine; usually, the technology used to provide remote clinical services to patients, be they synchronous, so things like telephone assessments or virtual visits, usually using video conferencing technology.

They can also include asynchronous patient interactions through patient messaging systems, for example, and even things like remote patient monitoring. But the other facets of virtual care are things like telehealth, and this really can include both clinical and nonclinical activities, things like administrative meetings and continuing medical education or physician training or allied healthcare professional training, et cetera. So, it really has a variety of different facets beyond the conventional topics that most people think about when they think of virtual care.

Dr. Ruth Chen (03:06):

So, you're involved in the virtual care Community of Practice development?

Dr. Ted Xenedemetropoulos (03:11):

Yeah. So, the Community of Practice initiative is one that was initially conceived by and supported from the Department of Medicine under the auspices and leadership of Dr. Crowther, who's the department chair, basically to create full client collaboration and innovation across various areas of academic and clinical need. And so, the idea for the virtual care Community of Practice really came from the unprecedented pace and scale of change, and some of the requisite mechanisms of healthcare delivery change that occurred during the COVID-19 pandemic, where various faculty have had to rapidly adapt to intrinsic changes, both in clinical and academic domains of their appointment. And really having happened in quite a heterogeneous way and really highlighting the absence of standardized and ideally validated approaches in the integration of virtual care into these different areas. The other concern of course, with the heterogeneity was the possibility of suboptimal outcomes having occurred or potentially occurring, given the absence of standards of practice to reference.

And so, really the idea for the Community of Practice was a proposal encompassing the systematic assessment, standardization and optimization of virtual activities, both in clinical and academic domains within the Department of Medicine. Now, certainly lofty goals; there were a number of different facets, both short and long-term goals that we had considered in developing this. Certainly the larger, more long-term niches that we would have for this program was to create a recognized center of excellence in virtual care, ideally at McMaster, affiliated with the Department of Medicine as a central hub in the concentration and development of expertise across various clinical domains, research and knowledge translation, as well as policy development. But really fundamentally, we're looking to expand and advance new knowledge in clinical care education, things like research innovation and virtual care, and to developing strategic alliances and partnerships with public and private sector partners.

And we're hoping to develop a customizable and standardized set of recommendations and principles of best practice to systemically address clinical and academic challenges in virtual care. And ideally, using that as a basis of scholarship and creating an ecosystem of reference, not only for us practicing within the McMaster and affiliated hospital networks, but of course, more broadly in Canada and perhaps beyond.

Dr. Ruth Chen (05:46):

That sounds incredible, Ted. And given your clinical expertise as well as your experience with education scholarship and your connection to the eHealth program at McMaster, it seems like you

were the perfect person to lead this initiative. And so, when we're thinking about what being a transformational leader is all about, we know that it's more than simply you coming up with a vision, sharing that vision with others, and hoping that somehow by virtue of the force of your personality, you will simply be able to get the work done with some group of others. So, I'd be interested in hearing you walk us through the factors and the variables that you've had to think through to operationalize this virtual care Community of Practice, because I imagine that, in carrying out the operational pieces, getting the nuts and bolts thought through as well as thinking through how to implement and deliver, that was quite significant.

Dr. Ted Xenedemetropoulos (06:48):

You're absolutely right, Ruth. I have to begin by saying I'm fortunate enough to also be intrinsically collaborating with a colleague, Dr. Juan Guzman, who's also a co-lead in this, or co-chair in this initiative. But in thinking about this initiative and what is evolving into quite an exciting collaboration potential and domain of knowledge and clinical development; in reflecting on this, I've really come to appreciate, to obviously in the very early days of development, how much of the process emulates one of entrepreneurial leadership. And what I mean by that is really, this is a new initiative without really a clear precedent or structure in the leadership or leadership roles that are a part of the Community of Practice. And so really, it emulates what happens in the creation, for example, of a company in an entrepreneurial sense, and drawing analogies to that really has helped me reflect and actually appreciate how much transformational leadership is ingrained in this process and really is an intrinsic necessity in developing a successful initiative overall.

So, what I mean by that is really, the sort of concept in entrepreneurial leadership or this leadership concept of organizing and motivating a group of people to achieve a common objective through innovation, things like risk optimization and taking advantage of various opportunities, and obviously managing the dynamic organizational environment. And really, and again, drawing analogies to the entrepreneurial process, identifying and recruiting talented membership as one facet. So for example, we're presently in the beginning of identifying key stakeholders and memberships in various categories of the Community of Practice, both in education domains, clinical domains, the information technologies aspects, et cetera, and really trying to find key members that will provide a lot of value and positive interjection for their allegiance. And really scrutinizing it and applying approaches to selecting this membership wisely and effectively to facilitate a positive team dynamic that will be the foundation of success.

Also in thinking about this, developing a structure for the delegation of tasks and responsibilities. Again, very early days. We're in the process of finalizing our terms of reference and looking at the organizational elements related to the operational aspects of the Community of Practice. And how both Juan and myself will function in the role that we have, given that the infrastructure and the gold allegation, particularly now at the very beginning, is not very well defined. And again, looking at that both as a challenge and an opportunity in developing an integrated structure of tasks and responsibilities, and optimizing the use of the collective talent and skills that we're trying to acquire in this collective group.

The other thing I really have come to appreciate is how much experiential learning has been a part of, and will be a part of, this initiative, and thinking about things like... focus on the learning process and the value that that really will provide. And thinking about some of the experiential learning information, for example, Kolb's four stages of experiential learning. Things like concrete experiences as the foundation of experiential learning. So, thinking about very specific objectives and very specific microcosms of health objectives within the overall virtual care domain; for example, developing an assessment platform for trainees that are involved in virtual care as being a

focus for developing that process. And using that as opportunity for observation and reflection, formation of abstract concepts, and testing in new situations; all being intrinsic part of this really because of the fact that much of this work is somewhat unprecedented, at least in this application. And so-

Dr. Ted Xenedemetropoulos (11:05):

Yeah. So really, that has been, again, on reflection, on early reflection with this initiative, has really been an exciting part of the development of this program and an intrinsically very important part of creating a leadership structure, a supporting leadership structure, as this project evolves. And the other part of this really, as you can imagine, is having a vision and developing an ability to formulate a clear image of what we're aspiring to in the future as an organized unit. And again, I think depending on the type of application you have in transformational leadership, this can mean different things to different people and have varying context of application. I think for us at this point, we have a macroscopic view of some of the core areas that we're now building in; some of the essential steps and requisite requirements that are necessary to support that.

And again, harking back to what I mentioned previously, the transformational leadership process is absolutely crucial for this, because although I'd like to think of both Dr. Guzman and myself as having a variety of different skills, we certainly don't have all the requisite skills and perhaps even a full appreciation of all the facets of virtual care that can be and should be addressed in this type of initiative. And so, really excited by the prospect of gathering a team that will provide a variety of different skills, perspectives, and basically serving in a capacity of trying to organize, motivate and move this project forward in some fashion. In the broader context of really having minimal specific structure, again with the CoP and how that is done and what the expectations are, really being unprecedented, which again, as I mentioned earlier, for me is both exciting as well as challenging.

Dr. Ruth Chen (13:01):

And you're highlighting the aspects of developing a virtual care Community of Practice that I never would have even considered or even seen, highlighting first the entrepreneurial aspect of developing the CoP. Something else that you had mentioned that was interesting to me was, you are co-leading this with Juan Guzman, so I imagine that the leadership experience can be different when it's not a singular leader moving forward their own vision. There must be, I imagine, some work in terms of finding a joint or mutually shared vision, a complementary in terms of your respective strengths and leadership styles and approaches. Could you speak to that at all in terms of perhaps how that co-leading model might have then enhanced your work in developing this CoP?

Dr. Ted Xenedemetropoulos (14:01):

Absolutely. That's a very, very interesting point and one that I've reflected on recently in thinking about the work that I've done thus far with Dr. Guzman. I think I almost appreciate the co-chair or co-leading of this initiative with Dr. Guzman in what is essentially an equal capacity as almost a microcosm of leadership, transformational leadership, in and of itself. And what I mean by that actually is, we as co-chairs are tasked with identifying, motivating and facilitating the development of the constituent membership. But if you think about it, we as leaders, in and of itself is actually a transformational leadership process. And really, we have similar tasks amongst us. And what I've experienced thus far as a practical demonstration of that is the opportunities that Dr. Guzman and I have had to discuss various topics in constructing the CoP, both from an administrative capacity as well as from a project planning perspective. And thinking about what facets of this we have intrinsic

interest in, intrinsic skill, perhaps other resources that make each one of us respectively well-suited, or perhaps even better suited, for one facet versus another.

So we, even amongst ourselves, are identifying areas and approaches that each one of us perhaps has a unique skillset that we contribute, and respectfully and collaboratively trying to use that as a motivating factor for each one of us respectively to try to move the agenda forward more broadly, but of course, developing our own leadership skills collectively. So, I found that to be an interesting facet because as you mentioned, we rarely, or one rarely has a situation where they have high-level leadership that has multiple people working in the same capacity, or perhaps at the same level of administrative responsibility. In this situation we do, and it really provides a very interesting perspective on that transformational leadership approach, and what value add and what elements of the application that work at a more broad level are applicable to just the two of us and how we use that to actually move the project forward in a collaborative fashion.

I think fundamentally, we also work quite well together. We're very collegial. We have a history of knowing each other for a period of time. And so, there are other facets to our relationship that are very helpful in this context. But in a leadership capacity, that also has a very distinct dynamic that is created that I actually find to be quite refreshing and quite helpful for me, at least personally, in developing the skillset that I need. Also, sort of promoting the skills that I already obtained or have in helping globally move this project to a latter stage, and obviously laying a foundation of success for this globally.

Dr. Ruth Chen (17:23):

That's so exciting to me, and I feel inspired. What you're highlighting is not just transformational leadership applications as an individual, but how you can take a leadership journey and through collaboration even have a richer, more fulsome, more holistic outcome that can then lead the team forward in ways that an individual cannot do alone.

Dr. Ted Xenedemetropoulos (17:50):

Absolutely, Ruth. And I think you mentioned it quite elegantly and quite effectively. In fact, in reflecting on that situation I do feel that it actually enhances various facets of the transformational leadership journey. Certainly the inspirational motivation component, and each one of us, the using our abilities to motivate the other. And especially when we're busy and we have competing demands on our time and resources, and the ability for that collaborative approach to essentially step up the game and really take one to the next level, or at least sustain the motivation to work through a variety of complexities, particularly now at the beginning of what is to likely be a long-term, potentially quite complex but exciting initiative.

And of course, intellectual stimulation, especially with discussing several facets of virtual care that previously were not really addressed or identified as potential opportunities in developing key areas of standardization or academic exploration. And so, certainly in thinking about some of the core pillars of the transformational leadership approach I definitely feel that there is an additive effect of having a person that you work with in close quarters in a similar capacity, and being able to potentiate these above and beyond what would normally happen in an organic group environment within the transformational leadership building.

Dr. Ruth Chen (19:22):

And what you're reminding me of, or you're highlighting perhaps in the partnership and the co-leading with Juan Guzman, is that the transformational leader's journey is best done in

collaboration, not necessarily only in a co-leading format but in collaboration with others as either mentors or colleagues to share in the journey together. I think that that part is quite inspiring to me. So as we wrap up this time, are there any key takeaways or leadership lessons that you've gathered from this experience of developing the virtual care Community of Practice that you'd like to share with us?

Dr. Ted Xenedemetropoulos (20:03):

So I think again, looking at this experience with the entrepreneurial lens and maintaining an open-mindedness with respect to the approach, appreciating that early on, the role may not be very well-defined and there will likely be a dynamic situation where you may be wearing various hats in various capacities that perhaps are not necessarily the leadership role in its idealized form. But appreciating that over time, with the evolution of the project and with the refinement of the vision collectively with your constituent members, that will, or at least in an ideal sense, better define itself. And maintaining the idea of an experiential learning and a vision in that type of approach I think is quite helpful.

And really appreciating that the unstructured nature of such an initiative, at least in its core essence, really provides both challenge, but certainly a great opportunity to create a variety of different situations and a background in the initiative that I think actually enhances the collaborative and collegial atmosphere that's required in a transformational leadership approach. And certainly works quite well in strengthening the bonds of the team, that arguably would lead to a greater opportunity for success. And so, certainly from my perspective, a transformational leadership approach with that background and those facets of development I think really is a key opportunity or structure for developing a successful initiative in such a facet.

Dr. Ruth Chen (21:49):

Thank you so much, Ted. I really appreciate the insight that you've shared, the experiences that you've had thus far in developing this virtual care Community of Practice, and hearing about the lessons learned, even at this relatively early stage in its development. Thank you.

Dr. Ted Xenedemetropoulos (22:08):

My pleasure, Ruth. Thank you for having me and thank you for such an engaging conversation.

Speaker 3 (22:15):

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 dot M-A-C-P-F-D dot ca. Many of our events are actually web events that are free. Finally, I'd like to thank our sound engineer, Mr. Nick Hoskin, who's been an amazing asset to our team. Thanks so much, Nick, for all that you do. And also, thank you to Scott Holmes for supplying us the music that you've been listening to. All right. So until next time, this is MacPFD Spark signing off.