McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

Episode Number: Pilot
Title of Episode: Pilot | Intro to the Podcast w/ Drs. Chan and Kundi | Interview w/ Dr. Amanda Bell
Producer: Nick Hoskin
Music by: Scott Holmes
Featured Guests: Dr. Teresa Chan and Dr. Anjali Kundi
Interviewer: Dr. Amanda Bell
Date of original release: September 16, 2020

Announcer (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 interests 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 (00:47):

Okay. Hello, everyone. Welcome to the first episode of the McMaster Program for Faculty Development podcast. We're going to call it Mac Spark. So I'm here with one of the other faculty developers, Anjali Kundi who is in Niagara, and she is someone that's been in faculty development actually for arguably longer than me. She started a couple of months before, and she's been doing some great stuff in Niagara for a while. We also have the other part of the threesome that takes care of faculty development in our region would be Dr. Catherine Tong who is out in Waterloo Regional Campus and does great stuff too, and I'll be bringing her on the podcast at some point as well. But Anjali is the one that kind of finally took the skills, and when she came up to me at some point and said, "Can we start a podcast?" And Anjali, do you want to talk a little bit about why we're starting a podcast?

Dr. Anjali Kundi (01:37):

Absolutely. So thanks for the nice introduction there. I think that working in the community can be very isolating and trying to digest or engage in little bits of faculty development as a clinician, as an educator can be tricky. So the podcast has a couple of different goals. One of the goals would be to create that feeling of collegiality to tie us all a little bit closer, to bring us together by learning about each other as faculty members, but also as human beings. So I'm interested in getting to know people. I'm interested in getting to know the strengths that are out in the physicians, in the clinicians, in the people who choose to be involved with the faculty. I think that that's really exciting to build that sense of community.

One of the other goals of the podcast is that Niagara specifically is a regional campus, and if anyone is familiar, that is listening, you know that our geographic area stretches all the way from Fort Erie to Grimsby and you can get almost anywhere you want to be within about 20 to 25 minutes. And so what a great use of time if you're sitting in your car, if you're on your way from one site to another site, if you only have 20 or 30 minutes and you can pop in and check out the Spark Podcast and be enlightened or be entertained or be provoked into thought or action with respect to faculty development. Sometimes it's hard to commit to a webinar. Sometimes it's hard to get to the information you want, and this is something that was meant to be easy and digestible and fun.

Dr. Teresa Chan (03:17):

All right. Excellent. Those are definitely lofty goals. And to be honest, I think that you and Catherine always kind of say, "Well, in the community... You know what? The lack of community is probably a pervasive thing across all the campuses," because McMaster's Faculty Health Sciences is just so darn big. And unfortunately, it's hard for us to break down some of the silos that exist. Right? The nursing school, the rehab school, the people that consider themselves bench researchers, the people that consider themselves clinician educators, they don't run in the same circles. And so I think that we have a pervasive problem across all of FHS that maybe we have lots of little microcosms of people who are communities under themselves, but maybe not that greater sense of community. And I think that's where I'm hoping this podcast will help us get to know each other and get to know some really cool intersection. Just getting to know you, and so I can only imagine what it'll be like when we get to know lots of people across different campuses, or at least hear them in our pocket.

Dr. Anjali Kundi (04:14):

How exciting that that cross-collegiality, those interactions, where do those intersections happen, and what is created in those new sites, in those new pockets? So I think if this podcast can even help or nudge people in that direction, then it's a home run.

Dr. Teresa Chan (04:31):

Yeah. And so hopefully when you hear someone who's inspired you, you can go on the McMaster website and find their email and just send them a quick email to say, "Hey, you inspired me today." That would be great. Right? That's the idea of what we're hoping to do with the Spark Podcast, is that we want to spark inspiration, and also if someone sparked your creativity and you thought of the next great idea because of something they said, guess what? Write down their email, tell them they sparked your creativity.

Dr. Anjali Kundi (04:31):

Absolutely.

Dr. Teresa Chan (04:55):

And if you're looking at something where they have truly touched you in a way that helps you feel like you're a human that can relate to what they've been experiencing and you can spark some joy in someone else, that would be amazing. So just if you can, check it out and see what you can do. And as you hear some really cool things, hopefully, you can actually reach out and intersect with people and make those connections happen. So it's both one part on our end, but it's going to have to come partly from your end as well. And as we link ourselves a little bit better, that'll be amazing.

And I think the other opportunity right now is since we are starting this in the wake of the COVID-19 pandemic, we do want to actually capitalize on the fact that everyone's kind of online now. And so we're going to be headhunting some really cool external speakers too that have new things to say that maybe we don't have the same voices here so that we can understand what the larger world is like. So we'll be introducing some guest speakers once in a while to jazz things up.

Dr. Anjali Kundi (05:53):

Yes. So actually that leads to my next question, Teresa. What can the podcast listener expect when they tune into Spark?

Dr. Teresa Chan (06:01):

All right. So with those Spark podcasts, what we're going to try to do is we're going to bring you stuff that's aligned in our four strategic pillars for McMaster Program for Faculty Development, or as we'll call it MacPFD. So basically, there's four areas that we're trying to develop the content and this is going to be one of the ways that we're going to deliver that content. The four content areas that we're going to explore are being an inspired teacher, being a leader and a great manager, being someone who is in tune with their creativity and humanism, and someone who is interested in upping their game in their scholarly practice.

And so if you think about all the diverse faculty that we have here at our Faculty of Health Sciences, we're trying to hit all the populations out there from the clinician teacher, to the bench researcher, to the person who is a teaching professor. We want to make sure that everyone has some part of the podcast that resonates with them. Maybe not every episode, but definitely overall in the whole podcast, we're hoping that you can claim something. And at the very least, I think it's hopefully going to be just some really cool conversations where you can just listen in on something that you might not have otherwise heard about. We are going to explore different kinds of scholarly practice such as quality improvement or grant writing or... These are all the things that we're going to try to do to make sure that we continue to be inspired.

And every so often, we'll bring new ideas in that you might not have heard about. So things like narrative medicine, we'll explore that. We'll explore some of our musical talents if we can get people that can donate some of their musical talents and to hear what people have been up to. And so we're going to try to do our best to bring different elements into the podcast to connect you as a community. So even if you're tuning in from outside of McMaster and aren't affiliated as a faculty for us, that's okay too because we want you to feel like you're part of our community. A lot of our MacPFD offerings are available to the public who aren't affiliated with McMaster and that's okay because we think that good development should go a long way.

Dr. Anjali Kundi (07:57):

This is so exciting for me. I think this is something that you and I have talked about and sat on and daydreamed, and seeing it come to fruition is really thrilling. I'm proud and just overwhelmed to be able to bring this to faculty. So thanks for getting the seeds planted. I'm so glad that we got a chance to talk today. We'll wrap up this segment for now and thank you so much.

Dr. Teresa Chan (08:21):

All right. Tune in next time for another episode. Bye.

Dr. Anjali Kundi (08:24):

Bye-bye.

Dr. Teresa Chan (08:25):

All right. So we couldn't resist not having a bit of content in this episode. So although it's the launch, we're going to give you a sneak peek of what you can expect going forward in MacPFD Spark. Please tune in for the next couple of minutes to listen in on a conversation between Dr. Anjali Kundi, our regional campus rep who you've just heard speak with me, and she'll be interviewing Dr. Amanda Bell, the Assistant Dean for the Niagara Regional Campus. In this podcast, they talk about her leadership journey and how she became the assistant dean of one of our awesome McMaster University medical school campuses.

Dr. Anjali Kundi (09:07):

Hello and welcome, Spark listeners. My name is Anjali Kundi, and I'm the coordinator of faculty development for the Niagara Regional Campus of McMaster School of Medicine. This month, I am delighted to share a conversation with our regional campus dean, Dr. Amanda Bell. Amanda, thank you so much for being here. I know that you wear many important hats and I'm interested to have our listeners know a little bit about you, your background, and how you found yourself where you are today.

Dr. Amanda Bell (09:37):

Thank you so much for having me here. I'm really excited for today's conversation. So I have been teaching at McMaster for 20 years and I'm a McMaster graduate myself. As I began to do more and more clinical and nonclinical teaching, I had a real interest in the experience of students and helping them to navigate the challenges of medical school and the medical profession as much as possible. And that led me to leadership within the medical program because I figured if I was hearing about challenges and difficulties, I also needed to be of the solution to that. And so I gradually assumed leadership positions within the medical school and at our regional campus and came to the place where I was the director of student affairs at our Niagara Regional Campus and the chair of the student affairs program overall for the MD program.

And something that really struck me in that role was a disconnect that I was seeing between the stories that students were bringing to me about being treated unfairly, being mistreated, having negative experiences during medical school, but not seeing that reflected in the numbers of reports of this mistreatment. And when I was in confidential conversation with students about you've had this challenge, you've experienced this mistreatment, do you want to report it? They gave me a lot of very interesting reasons why they were choosing not to report the experiences that they've had, including things like they didn't want to disappoint me, or they didn't believe it would do any good, or they didn't know if I or the program could handle dealing with a formal complaint or the process to explore that. And so it really struck me that there was this gap that exists of which is that we know there is a high degree of student mistreatment within medical training as a whole, and our institution is not immune to that.

And then the absence of the reporting data on specifics. And if we don't have that specific information about what, where, who, why, we can't do anything concretely to solve the problem. And so that tension got me to an idea that maybe I wanted to dive into research, which was something that I had not ever done before and concurrently my leadership opportunities at the medical school were changing. And I came into the position of regional assistant dean, which was a

big leap for me because it meant leaving most of my clinical world behind and entering into a much more leadership and administratively driven world and figured if I was going to be doing that, I should probably have some depth of understanding of medical education behind me.

And so I began my master's of health science education at the same time that I started as regional assistant dean. And the coming together of all those pieces meant now I was a student again, and I needed a topic to study for my master's thesis. And that led me to the place where I chose to study medical student mistreatment and the decision-making process around reporting for my master's thesis. I was fortunate to receive an educational grant from the Canadian Association of Medical Education, the Wooster Family Grant, which allowed me to pursue this research and the resulting study formed the basis of my master's thesis and has been the foundation for some of the work that I've been doing around student treatment since.

Dr. Anjali Kundi (13:18):

Amazing. It sounds like the work you did in student support really fed quite naturally into this topic.

Dr. Amanda Bell (13:25):

Student support to me is a very natural fit with just my orientation as a small town family physician, and as somebody with interest in medical education. And so I really hold a lot of weight and value to the stories of students and the experiences of students. I often have told them that I might not be... I definitely won't be the smartest preceptor that they encounter, and I'm not going to be able to spout the most recent evidence for every single clinical encounter we see, but I really can help them understand what some of the challenges and wonderful benefits of having a career in medicine look like, and particularly small town family medicine. And to me, their health, their happiness, their wellness, their ability to enter the profession and stay in the profession as healthy and whole individuals is so critical for the long-term survival of our profession.

Dr. Anjali Kundi (14:21):

I completely agree. And I think those students are lucky to have that kind of involvement and that kind of care for their stories and that trust. I know that comes up in your research as well, this idea of trust. I'm interested to know what were some of the findings from the narratives on mistreatment that were most surprising to you?

Dr. Amanda Bell (14:44):

So our study was conducted on a group of 19 current and former medical students at our institution. And what we did was narrative interviews with them, and then some qualitative research based on their interviews about experiences from mistreatment and their decision to report or to not report that mistreatment. And I think the idea of trust is something that came up very strongly and that was surprising to me, but also really reinforced where our energy needs to be. So there is this idea that students are trying to figure out where they belong in the institution, how they can work within this system even when they have negative experiences, even when they're treated poorly. And then if they make the decision to report, can they trust and believe the institution will do something about that? Will they be safe in making that report? Will their report have a demonstrable outcome for other students?

And if they don't see that, what does that mean about their institution? And this sense of mistrust was really wrong. Sometimes it was coming from the student's own experiences of, "I reported and nothing happened, or I didn't feel like it was a safe thing to do." And often, it was from the

experiences of their peers. So hearing stories of upper year students, hearing stories of classmates, knowing reputations that may have proceeded certain preceptors and really being frustrated that to them, it seems that nothing had been done when concerns had been brought up before. And so then this mistrust gets them to a place where they wonder if it's even worth reporting or doing anything about the situation because they're not sure that that is of value.

Dr. Anjali Kundi (16:35):

Right. And I think that's really, really interesting contextually sadly for the time and place that we're living in right now when we see across North America examples of systematic bias, systematic mistreatment, attitudes, and behaviors that are sort of embedded into the architecture of the institution. So thinking about students that experience mistreatment and how that's systematized into the institution, I wonder how your research or you personally feel that that could change.

Dr. Amanda Bell (17:12):

That has been a real struggle or inner conflict for me because I think many of us in the "institution" see the need for change. And there's a whole series of individuals that are like-minded that understand what could happen, what should happen. And then we see the very, very slow pace of institutional change and often understand the reason why the pace of change is slow, is because there are so many layers and these are challenges that are embedded in policy and they're embedded in legacy and in patterns of behavior. So I think to make it feel manageable for me, a lot of what I needed to do initially was make it personal and individual. Rarely do these episodes of mistreatment happen in complete isolation. So what is the role of the bystander? What is the role of people that are witnessing this mistreatment? And are they feeling empowered and safe themselves to speak up in the moment or to bring forward this problematic behavior after the fact?

And that's one of the places where I think some initial attention can be given that we may actually see lead to some change. A group that I think is particularly interesting here is the role of residents because residents are often that bridge between medical students and faculty. They're a little closer in age and in training. They're a little more present in clinical learning environments. Often, they have been through the same experience. So how can we help residents feel empowered themselves to speak up when they're not being treated well, but also to speak up when they see students not being treated well? How do we help students know who is safe to go to and how we then receive that information?

One of the phenomena we saw in the research and the data that came forward was this idea of testing the waters. That often students will say something to a trusted preceptor, to a resident where they're sort of describing the situation and trying to get a feel for whether or not it was problematic or what they should do with it, but they're not actually formally reporting and they don't say to that person, "Now I'm going to tell you about what happened in me because I'm trying to figure out what I should do with it." But that was really what they were doing with that little foray into telling.

And depending on what the response was, it often really shut down whether or not they chose to go further. And the response that they received not infrequently was, "That's just the way it is. You got to put your head down, just keep going. This wasn't personal. Everybody knows that person is a jerk," those sorts of things, and that really made them see the situation differently and kind of stop. So I think we also need to explore that idea of, how do you receive an informal report of mistreatment and how do we help send the message that that was not okay?

And I think we're seeing that more and more in other parts of society. And we're getting to understand that there are behaviors that cannot and should not be tolerated and it is incumbent on all of us to speak up. So very long way of saying that I think a lot of the change can and should be individual. And with a series of changes in individuals in the "institution," the institution then changes. That doesn't remove the onus of the institution to ensure that policies are student-focused. That reporting processes look to the safety and wellbeing of the people that are most vulnerable in reporting. That from the highest levels of leadership, the message is being said and followed that this behavior is not acceptable and will not be tolerated. And that we are supporting our faculty because often, their poor behavior is not that they're bad people, but they're in a bad situation. They may be at a place of burnout. They may be dealing with personal situations. So how are we monitoring the wellness of our faculty? How are we intervening at early levels where someone's behavior starts to seem a bit off before we actually get to a place where they're treating badly?

So I think that it's the institution's job to care for its faculty, as well as its learners and to really practice what they preach because we can have all of the paperwork and public statements made. But if that is not the experience of the people living the policy and living the procedures, then we need to revisit how those are written.

Dr. Anjali Kundi (21:53):

I definitely see the sense in that. And I really like that there's embedded in there a concrete tip, a practical tip for me as a teacher, as a preceptor, as a faculty member to be on the lookout for those opportunities. I think that's really interesting. Is there something else I can do in my role that would support that student in that moment of disclosure?

Dr. Amanda Bell (22:18):

I think the in-the-moment support is really about validating the student's feelings and experiences without feeling that you need to solve the problem or that you need to make a judgment. It's helping that student recognize what you experienced was not okay. And I am strong enough to hold that information and I am willing and ready to connect you with support for you to continue forward in deciding what you want to do with this. But a lot of the time, students are just unsure. Was this even mistreatment? Was it okay? Do I just need to put up with it? Is this going to have negative repercussions down the road? And I think similarly to when patients disclose difficult information to us, they need to believe we're strong enough. We're calm enough, we're together enough, we can hold that information, and we can help them find that next step.

When our students come to us and share a story of something that happened, or we witness something that happened in that moment when we can say, "I saw you being yelled at, that was demeaning." And if you feel confident enough in your own role, and I am going to bring that to my clinical supervisor. I am going to do something about that. If you don't feel that it's okay, the medical school has a number of supports in place for learners. It is just to be there in the moment validating that student's experiences and then saying to them, "Can I connect you with student affairs? Is there somebody you would like to talk to about this? If not right now, I'm available down the road. Happy to listen. Somebody else is available."

No one person has to solve the problem. No one has to be a detective. It doesn't have to be about right and wrong sometimes in the moment. It's just about holding space for that learner to share what for them was a very difficult situation and potentially foundational in how they see themselves in the system.

Dr. Anjali Kundi (24:17):

So this is hard, heavy work at times. I think unpacking these stories of mistreatment can be... it can really bring you down. So I would like to know what keeps you optimistic.

Dr. Amanda Bell (24:31):

You are right. It can get challenging and it is challenging straddling the experiences of the students and hearing that, but also being a faculty member and having colleagues in the faculty that I admire and respect and value and appreciate so much because I really don't believe that there are that many people who are ill-intentioned in what they're doing as faculty. And it can easily turn into a challenge of stories and who is telling the truth. Whereas everybody's experience of this faculty and student is sort of different. I think what gives me hope is seeing the resilience of learners and their ability to persist despite challenges. It's really quite incredible. Seeing the altruism in learners, a lot of the motivations around reporting from their true desire to make the system better for their colleagues and for future learners. Seeing the willingness of faculty to engage with this and sometimes confront their own problematic behavior or the problematic behavior of their colleagues and sort of learn and grow and change. That is really hopeful to me.

And I'm a firm believer that if you want the system to change, you have to be a part of that change. So my voice is small and sometimes feels very small in the big institution. But I know that if I can be speaking about this and feeling confident in saying, "We need to make this change," I find allies. And in finding those allies, then we work together. And gradually, we have a network of people that students know they can come to that are concerned and curious and compassionate about the student experience. And really, it's a little selfish of all of us, but if we want our future colleagues to be okay, if we want them to train in programs that help them be not only skilled physicians but compassionate physicians, engaged physicians, then it's incumbent on us to create that system. Otherwise, our future healthcare is in jeopardy as patients and for our families. And we really want to see the brightness that is possible in the future of the profession. We won't see that if we grind it out of them before they've even finished training.

Dr. Anjali Kundi (26:56):

I completely agree. The best kind of colleague to have is a happy and satisfied colleague. So I can absolutely echo that. You mentioned earlier that this is your first formal foray into research. Just from a personal reflection point of view, how have you found that? What's that journey been like?

Dr. Amanda Bell (27:17):

That has been a really interesting way for me to see myself as a research researcher. I hadn't engaged in research previously, had been quite intimidated by the process, and then started this master's program where now I'm learning about research theory and research methods, which sometimes was interesting and sometimes was overwhelming and sometimes frankly was boring. But then I discovered this qualitative research field that I really hadn't been exposed to before, and it just resonates with me on such a deep level. This idea that we can listen to the stories of people and how much information we can gather from their stories, and that there are systematic ways of analyzing what people tell us to find information. That we can't always put it down to numbers. And I think that that was really a light bulb moment for me also in doing this and going through the rigor of the methods and writing the thesis and defending the thesis and now working on a manuscript for publication coming from that information, I have massive respect for people that are more engaged in research and how much time and energy it takes.

But I see myself as a researcher in some ways. I am involved in one or two other national projects with colleagues from other universities doing some qualitative research on issues in distributed medical education and faculty remuneration in distributed medical education. And I'm able to step forward and say, "You know what? I can handle this qualitative piece. I would be happy to look at the data. I would be happy to do that coding." And that's exciting to me. I cannot claim to be somebody who aspires to have book chapters and long lists of journal articles. I do not see that in my future, but I am no longer intimidated to put forward an idea with like-minded colleagues, or if I hear of a project going on, to insert myself and say, "This is interesting to me and I think I have something to offer."

Dr. Anjali Kundi (29:23):

That is such an inspiring way to phrase it. And I love to hear that. I think that your experience probably parallels what a lot of us feel, that intimidation, that fear, and then the joy that comes with actually doing it and seeing that I am capable. This is part of who I am.

Dr. Amanda Bell (29:38):

It's been a really good lesson in patience and in perseverance. It makes me respect our students at a different level because we talk about this lifelong learning idea. But often, our learning comes in little chunks. It comes in podcasts. It comes in one evening workshops. It comes in weekend conferences, but to really immerse ourselves again in that learning, it was something I was fortunate to be able to do. And I recognized that there were a lot of things that aligned to give me the time and space to be able to pursue formal studies like that. But it also made me dust off a part of my brain that hadn't been used in a very long period of time. And that was hard and it grew new muscles and was frustrating and was exciting to think that even at this middle stage of my career, I could reinvent, I could re-explore, and I could try new things. Some of them have worked, some of them haven't worked, and that's okay too. That's what our students are doing all the time. And we don't always have the chance to put ourselves out there like that.

Dr. Anjali Kundi (30:47):

Agreed, agreed. Amanda, I'm so thankful for your time today. As always, a conversation with you is interesting, it's inspiring, it's exciting, and it's just a really good time for me. So thank you so much. Thanks for sharing your story with our Spark listeners today.

Dr. Amanda Bell (31:03):

Thank you so much for this opportunity. It's been a pleasure.

Dr. Anjali Kundi (31:06):

Okay. Spark listeners, for any resources, all resources, head over to the macpfd.ca website. Stay connected and talk to you soon.

Announcer (31:17):

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.