McMaster Program for Faculty Development (MacPFD)

Spark Podcast

Official Transcript

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Interviewer: Dr. Teresa Chan
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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):
Alright, everyone, thank you so much for tuning into another episode, I'm really excited to bring you two phenomenal guests in this episode, the first is someone that I think is super inspirational. Dr. Susan Jack, she's a professor in the School of Nursing, and she's been involved in really amazing research, really focusing on qualitative methodologies and how to actually bring those into the forefront of healthcare research, but we're gonna bring her in to actually talk about something that has maybe a little bit of traditions aligned with what she's actually done with her career, but she's actually... If I'm gonna be talking about an extra-curricular program that she's kicked off with the School of Nursing that's called, Reading for Reason as an R-E-A... S-O-N as in School of Nursing, very cunning, right? But she's gonna be talking about the emergence of this book club that they've created for the School of Nursing and the faculty within it to really explore how narratives in basically literature can help us become better teachers and more empathetic providers and researchers when we are actually interacting with the community and the folks around us that we don't quite understand so listen into that great conversation.

Dr. Teresa Chan (02:02):
Secondly, I'm also bringing to you a conversation with a colleague of mine, Dr. Shawn Mondoux, he's also an emerge doc. He, however, is an engineer by training first, and so he has that little metallic ring that he wears on his hand to demonstrate that he is of course a dually certified professional and comes at it with a systems lens to talk to us a little bit about his bent on clinical scholarship and where that belongs in all of the journey that we have for those of us who are clinicians. So thanks so much for tuning into this episode and please listen up 'cause these are two phenomenal guests.

Dr. Teresa Chan (02:41):
Hello everyone, my name is Teresa Chan, and you've met me before, but I have a new friend to introduce to you. This is Dr. Susan Jack, and she's here to tell us about really a cool initiative that she started in the School of Nursing. So Susan, thank you for being here with me. Could you tell us a little bit about what brought about the initiative that you're about to tell us about?

Dr. Susan Jack (03:03):
Great. Super. Well, Dr. Chen, thank you so much for the invitation. And first to start, the initiative is called Reading for a reason, and in its basic form, it is a book club within the School of Nursing at McMaster for faculty and staff, for us to read and learn and reflect about issues, about social justice issues, health equity issues, and really to invest time in learning about individual's experiences of racism and discrimination, and beginning to think about what changes can we make or do we have the power to enact within our academic institutions, and really what brought this...

Dr. Susan Jack (03:49):
I guess what brought this idea along is shortly following the murders of Breonna Taylor and George Floyd, of course, I think globally, there was so much attention and awareness and perhaps even awakening, and myself as a white educated privileged female, personally, I went, I have so much to learn, and I also serve as the president for the nursing network for Violence against Women International, which is an international organization of nurses and midwives who do research and develop policy initiatives in the area to prevent violence against women and children. And so as part of that organization, we said immediately, we need to publish a statement from our organization in support of Black Lives Matter, many of our members around the globe do research looking at women's experiences of violence and recognizing that black women, indigenous women, people of color, experience violence disproportionately compared to other populations, so we knew that this was an important action for our organization to take, but as our board met, we said, issuing a statement is important in recognizing that this is connected to work that we do, but making a statement is not enough, that this then just becomes performative ally-ship, and that's not enough.

Dr. Susan Jack (05:18):
So one of the second steps that we took as a board in the short term, and still not enough, we do recognize, but we said, Well, how do we provide guidance to all of our members, nurses and midwives, most of which are researchers, again, across the globe about actions what are actions that people can immediately begin to take in their lives to learn about discrimination, racism, to take action, and our first few actions in the list that we developed was about reflecting on your own position, your own privilege to learn. And I've started to learn a lot through social media and the influencers that I follow on Twitter, and one of the things that... One of the messages that I was learning through...

Dr. Susan Jack (06:04):
Twitter is that I cannot burden individuals who are black or indigenous to teach me about racism or discrimination, it is my responsibility to take on that labor and to do my own learning. So I thought, okay, one thing I do well is read, and so I'm gonna start reading, but I only learn when people challenge me and question me and force me to reflect and when there's discussion and debate, so I thought, Well, who can I discuss and debate with? And I have two 18-year-old twin boys, and I tried at the dinner table to raise these issues, and so there was some discussion but I thought, No, I need to go with some colleagues.

Dr. Susan Jack (06:48):
I approached Dr. Sandra Carroll, who is vice dean in the Faculty of Health Sciences and a Director of the School of Nursing, to have some time in a faculty meeting to explore if my colleagues, both staff and faculty would be interested in a book club where we could choose books that... And we're focusing on Canadian content books where we could read first person accounts of individuals' lived experiences as individuals of color who are black Canadians or indigenous Canadians, so that was to the start of the initiative.

Dr. Teresa Chan (07:23):
Wow, that sounds so interesting, especially with your background as a qualitative researcher, you're leveraging your strengths to develop something that would be impactful for others, and I'm sure lots of people are really learning from the experience, partly because of your influence, but also partly just from reading alone, I think that you sometimes need that peer pressure to learn something new, to feel comfortable with the discomfort of some of these issues, to not have that negative reaction, that, "Oh, that's not happening in our healthcare system in our country," and yet let's be completely honest for those who are writing about it, sharing those stories, we certainly know that that's actually the truth.

Dr. Teresa Chan (08:02):
And I've recently met with someone in the community who's one of our patient advocates for one of our hospitals, and he's a black gentleman who works in politics actually, and I was like, "Well, I will advocate for you where I can in the healthcare system, so long as you do me the favor and have the table at Queens Park to the same for us."

[laughter]

Dr. Teresa Chan (08:24):
I think that that's where we have to understand the experiences, we have to stop some of our snap judgments because those are driven by previous experiences. I always tell people the strangest thing is that the first black person I met was my pediatrician, and so I think I have a very skewed view of what it means to be a black Canadian, and I have had always the greatest respect for some of my colleagues who are different races. Obviously, I'm on a visible minority myself, although a privileged one in some ways, because especially in the healthcare system, so definitely, it's still important for us to understand the basis of where all of the systemic issues come from and then how they manifest with our patients, with our colleagues, with the people in our lives, I think that's really important.

Dr. Susan Jack (09:15):
I absolutely agree with you, and I'm really struck by even what your comment about judgments, and I think this is really... As we've created the space for staff and faculty to come together, it allows us to sort of look at what implicit biases do we hold, what judgments do we hold, and what impact do those judgments have on our behaviors towards students and by extension, for individuals who still maintain a clinical practice, towards patients. And so in setting up the book club, the other thing that I was really committed to was to try to think about how do we create this as a safe space, because inherently, in inviting staff and faculty, there's hierarchies within academic, within academia, we can't ignore that that academia is set up in a hierarchical structure, and so we really work to say that this is a space where everyone is welcome, and at our first meeting, typically, when you ask people to introduce themselves, the standard introduction is, Hi, my name is whatever, Susan, and here's

my title, and as soon as you state your title, you're stating your position, so I purposefully chose that we wouldn't have that type of introduction at our first meeting, instead everyone was asked to say their name, we know everyone's affiliated with the School of Nursing, and then to share with the team to the group, what's your favorite song? That makes you feel summer, and it's great.

Dr. Susan Jack (10:45):
We actually created a summer playlist of songs, and it's interesting of how much you learn about someone when they tell you what's their favorite summer jam and why... And why they picked that? And in that first hour, I think, Boy, in this one hour, I've learned more about my colleagues than I ever have in my 20 plus years at the School of Nursing. And so we've sought really ways to minimize power within the book club, to create it as a safe space, people were worried "What happens if I don't read the book? Can I still come to the book club?" Of course, everybody's busy, and during this time of COVID-19 and the multiple pressures on faculty and staff, and many of our staff are... And faculty, our mothers and parents, you might not have time to read, but again, the point of coming together and building this community of practice essentially, is for discussion and reflection. We've started a Microsoft Teams group, and it's been great, so we had 27 individuals sign up to the book club, and even using Microsoft Teams, I can see how that's been a nice extension of our monthly meetings, 'cause people now are reading something in the book, then they're posting an article to learn more about it, and I'm going, Oh this is gonna have some secondary benefits of building community, building cohesion, beyond us just learning, reflecting and discussing.

Dr. Teresa Chan (12:09):
Yeah, that's very, very cool. And so I guess thinking ahead to other applications of a similar sort of community, where do you think we could leverage more of this across even our Faculty of Health Sciences, maybe through Program for faculty development, maybe it's through the individual units, such as departments or divisions, having something similar. Do you have any pro tips for people who are trying to pull this off on their own?

Dr. Susan Jack (12:33):
Yeah, I think it's... Any time you start an initiative, I think the first one is to find a champion. So someone needs to ultimately be driving the process and excited and to generate enthusiasm, and in identifying a champion of initiative, I always think too, it's best to do that in collaboration with individuals and so in starting this initiative, the first two people I connected with were two of my dearly esteemed colleagues, Dr. Bernice Downey and Dr. Naomi Thulien, and said, What do you think of this idea? And how do we introduce it to faculty, so that's the first tip, is to find some champions in a group of individuals who are excited and who bring passion and get people enthusiastic about joining and who will have the momentum to keep this going.

Dr. Susan Jack (13:24):
I think one of the issues is that often initiatives start with a lot of excitement, but then all of the other busyness in life occurs and it might wane off after time, so I think if you identify those people who will keep it moving, keep it fresh. Well, some other tips to maybe to have a broad purpose of the book club, but maybe not too many tight rules, we don't have any terms of reference, I think right now, we know that we're focusing on Canadian content, looking at books written by indigenous and black scholars in Canada, about their lived experiences, creating a bit of a schedule and sharing power. So at each meeting, we've determined that different individuals will volunteer to facilitate the discussion through our Microsoft Teams group, different... As people have questions or points that they wanna talk about, then we ask them to post that in the Teams, and the individual who's

gonna facilitate the book club discussion, then has some points to start the discussion. Within the School of Nursing, we're meeting virtually once a month, of course, people are posting on Teams all the time. So those would be some of the tips, and I hope I get a chance to tell you about our first book a little bit, and then that's my next... Some of my next thoughts.

Dr. Teresa Chan (14:45):
Yeah, definitely. So tell us some of the books that you've done so far, or some of the artifacts that you've actually reviewed, so it sounds like you filtered in other humanities into this, but... Yeah, go, go for it.

Dr. Susan Jack (14:58):
Here's our first book.

Dr. Teresa Chan (15:01):
Okay. They Said This Would Be Fun. And it's by...

Dr. Susan Jack (15:04):
It's by Eternity Martis. And Eternity Martis is a woman, her family of origin is, she's mixed, of both South Asian and black, and she writes about though she presents to the world and seen by people in the world as a black woman. And she grew up in Toronto, she went to high school in Toronto and was really excited to start her undergraduate degree at Western University in London. So this book is her memoir of being a black woman on campus at Western in London, and while she contextualize it in her experiences in London at our last Book Club last week, what we all recognized is that what she shared could be the experiences on any university, on university campus. And her story of daily micro-aggressions, of moving to a city, of really the trauma associated with experiencing racism and discrimination in every space that she exhibited. On the bus, being followed in stores, within the classroom, becoming the token black friend amongst young girls, about being a conquest for white boys to have a black girlfriend and...

Dr. Susan Jack (16:26):
So to me, it's... It's heartbreaking to hear what an undergraduate student experiences in really, as she says, and what should have been fun, and you know many people think about that undergraduate experience as I'm going away to university, it's gonna be so much fun, and that wasn't her experience. As a nurse and as a nurse researcher who conducts research, I conduct research in the area of violence against women and how do we prevent intimate partner violence, particularly among young women, what I was particularly struck by in this book is how much trauma she experiences and how many different forms of trauma, so racism and discrimination are forms of trauma, of systemic violence. She experiences physical, emotional and sexual violence in her relationships, and as a nurse, through her writing, I see then that how this trauma manifests in her health, in her behaviors. So she writes about binge drinking, the use of substance, different substances, and you think about substances for many people are the way they manage and cope with stress and with trauma, and then there's the health impacts, the mental health, the physical injuries, chronic pain, anxiety, depression, suicidal ideation. So thinking about those consequences. And there's one really compelling part of the book where she's experiencing significant abdominal pain and she goes to campus health services, and it's a period of time that she describes...

Dr. Susan Jack (18:12):
That's right after Trayvon Martin's death in the United States. And now she's writing about as a black woman on campus in predominantly white spaces that again, that added fear and stress of worrying about will she be harmed in these spaces, and so she has so much abdominal pain and she's ultimately diagnosed with gastritis, and the nurse that's talking to our starts to talk about the connection between binge drinking and stress and gastritis, and...

Dr. Susan Jack (18:45):
That her stress was probably the main cause of gastritis and... So I've got the quote here, so the nurse says to her, "What are you stressed about?" And Eternity Martis doesn't answer, instead, she is a passage where she's reflecting and it's a really short quote, but I think this is really critical for nurses and physicians and other healthcare professionals to think about. Eternity says, "I thought about how I would explain it to her." The nurse in campus health services. "How does someone deal with the kind of stress that comes with feeling unwelcome and unwanted, when your grades are slipping because it's easier to spend hours getting drunk, to forget about how misunderstood and hated you feel in this city and on this campus, how about when your ex is haunting you and you've made yourself a doormat for the men you're seeing and everywhere you go, you're reduced to a body part or a racist joke, or when the only good friend you have, your anchor to home, doesn't understand any of this and is slipping away, and the only time you talk anymore is when night comes? What about when you can't tell if you need CBT to stop thinking that you're going to get assaulted, or if that's actually your new reality?

Dr. Susan Jack (20:01):
"What kind of remedy is there when you're in such a dark place that you're afraid for yourself or of yourself, how doctor should I aim to manage that kind of stress?" And she then just responds to the nurse who's assessing her. "I've just had a hard time adjusting to my second year," and she goes, "And then the nurse didn't ask any questions." So that really leads me to my thoughts around what do we need to do as faculty and clinicians, knowing that so many of us have dual roles, what are the questions we need to ask all of our learners, all of our students, not just about what are your symptoms, do you have abdominal pain, and then to give our common advice of stop drinking, eat better, reduce stress and do self-care. We need to ask some different questions, and I think we need to begin to think about how do we create learning spaces that are informed by the principles of trauma and violence-informed care.

Dr. Teresa Chan (21:03):
Yeah, for sure. One of the things that I started doing on the Black Lives Matter movement really came about was that for people who visibly, either personally identified or I could tell would identify with a certain racial group or even people who had different perspectives on things, I would actually just say, "Look right now is a very tense time, have you encountered any racism or any increased micro-aggression?" And would explore it a little bit. Most of them would say No. And I'd say, "Well, even if it's no, right now, it might not be now all the time, so just know that our emergency department is a safe place if you ever need one," and I think people are pretty appreciative of it, and I think the learners...

Dr. Teresa Chan (21:44):
I think that's where you can impact learners is to do some role modeling like that, and I know that it's not always a safe space, I think I, because of who I am, probably bring some safety to those environments just by being the attending physician that I currently am, and because I'm not

Caucasian for instance, people might actually act differently when I'm around, for instance, and I know that I can't guarantee that there'll always be the same experience, but I think that we can start to role model some of those protocols so that others can start to see that that's a normal procedure that you should read the tenor of the day and make sure with women, it's... Especially with all your research, obviously, it's that they feel that they can tell us that they are a sex worker and not get made fun of in the bathroom, and I've seen that happen during my training, I've pulled colleagues aside and explained...

Dr. Teresa Chan (22:39):
But that's probably not something that we want to make sure that people feel that they can't disclose to us and I've highlighted cases where because that safe space is created, we can get someone out of an abusive situation, and so these are all really important things for us to start teaching about. And so whether that's with our nursing students or OT, PT students, 'cause guess what, on your 17th round of physical therapy, that's when the abuser might not come, and that's when you can get someone out for the first time. And so I think that those are all safe spaces that hopefully we can create that trust and that bond and sensitize people to protocolize some of this safe space creation...

Dr. Teresa Chan (23:20):
As part of what we do. I think that Dr. Bhandari, who's an orthopedic surgeon, has done really cool work with, again, fracture clinic, you see them every two weeks until the fracture is healed. And guess what, on the third or fourth visit, that's when the domestic violence screening tool kicks into high gear. I felt really bad when I read that paper because it meant that all those people usually came through the emergency department and we missed it then, but it could be because someone was there that wasn't there this time, they have a different opportunity for that, and I think it's really great work that we as a system can pick up for each other and make sure we close all the gaps in our system.

Dr. Susan Jack (24:00):
There's so many points you made that I'm so excited to reflect on, I think they're so critical as we look to our healthcare systems, one of them is that for many individuals, the healthcare system is not experienced as a safe place, and I really believe that the majority of nurses, people, nurses, physicians, OT, PTs, go into their field to make a difference to people and to improve their health. But we're not always experienced as a benevolent caregiver by the individuals who seek our services. And I think that really needs to change and we need to understand firstly, how do different individuals, caregivers, families, populations experience our healthcare services? With my researcher brain, I think that's the real richness that qualitative research brings us. For learners, I think it's so important that we increase our content around what is trauma, what are the different forms of trauma, and of course, there's physical trauma for motor vehicle accidents or violent injuries, gunshot wounds, knife wounds, but there's other forms of trauma, there's interpersonal.

Dr. Susan Jack (25:14):
Types of trauma. So child maltreatment, intimate partner violence, elder abuse, there's systemic and social forms of violence, discrimination, racism, living in extreme poverty, experiencing homelessness. For many individuals, being socially and physically distance, the pandemic will be experienced as a trauma, something that people do not have control over and they have no capacity to stop, so trauma is really common, and because it's so common, I mean estimates are that upwards of that 70% of individuals will have experienced one form of trauma in their life, if we just

look at intimate partner violence, upwards of one in three women, those are pretty common events, so how do we support our learners and our clinicians to be...

Dr. Susan Jack (26:02):
To know what trauma is and to be aware of the health effects, and to almost use a universal precautions approach, that you approach everyone in your emergency department. In my work, I work with public health nurses who do home visiting with young mothers, and you approach every home visit with that trauma and violence-informed lens where you understand what trauma is, you understand how trauma influences people's behaviors and the decisions that they make, and importantly how trauma appears, the health impacts. Are all of our learners aware of the red flags, so if someone comes in speaking about increased use of substances, increased use of anxiety, at the back of my mind, I'm thinking, Okay, what might be some traumatic experiences that they've had? So really, I think there is a real need to have greater trauma awareness, and then it's how we do our work, I think so many of our clinical skills, so screening tools, asking people as soon as we see them about very intimate experiences does not create a safe space for all individuals.

Dr. Susan Jack (27:09):
And so you talked about the spaces, and for people to disclose experiences of violence or experiences of substance abuse, they need to trust us, they need to know that the space that they've come into within a healthcare setting is not only physically safe, that they have privacy and confidentiality is maintained, but can they be emotionally safe in that space, is someone going to listen to them, is someone actually gonna take the time to ask them what's their priority concern and listen and validate their experiences.

Dr. Susan Jack (27:41):
I think just saying our name, asking people what their main concern is, taking just a few minutes to listen and validate their experience can create those emotionally safe spaces, and once that occurs, then maybe people will choose to disclose to us what has been happening in their lives but as you said, that may take multiple encounters with different clinicians.

Dr. Teresa Chan (28:02):
Yeah, and I think that if we all step up our game, then we get the chance to... Each one of us get the chance to build that rapport, and just like, you know, not every person you meet is gonna be your best friend, not every clinician that you meet will be the person that you choose to disclose to. And so I think that that's where we need to fold it in that our whole team from the time you hit the circuit, all the way through to rehab specialists, we need to create that space with all those encounters so that just like a misdiagnosis, this is a form of misdiagnosis in my mind, that someone eventually makes the diagnosis, and so if we keep asking and checking up and offering, it's kind of like just 'cause you had a PE last week doesn't mean you have one now, but just 'cause you've had one before it resolved doesn't mean that it can't recur.

Dr. Teresa Chan (28:48):
So I think those are also temporal things that we need to remember is that the incidence of these things that... It's not like it's a one and done kind of thing, it's a recurrent phenomenon that people who experience trauma often for various reasons that are more systemic, experience trauma over and over again because of the life that they have. And so I think it's really important for us to have that discussion with our colleagues that we don't just protocolize it and make it a checklist item, but

rather see it as a key way to operationalize that kindness that we all need to bring into our clinical care.

Dr. Susan Jack (29:23):
I agree, and I think this is absolutely not about check-listing, it's about transforming who we are as clinicians and how we engage with individuals, and every time I do workshops on trauma and violence-informed care. Sometimes I go, do I really need to be teaching and reminding people about the importance of saying, Hi, my name is Susan Jack, providing my name to someone... I'm your registered nurse, putting my title. This is what I'm gonna do today, So people appreciate anticipatory guidance, right. This is what I'm going to do and why.

Dr. Susan Jack (29:56):
And offering choices, and then even asking a few questions, is there anything in your past that might make it difficult today for me to insert this IV line. These small, I guess these small statements of saying your name, giving people choice, asking if there's anything that might be difficult for them. This doesn't take time, and I think this is so foundational to our education as nurses and physicians, yet I'm not sure what happens when we go into practice and we lose some of this. And through some of my research, I hear, "Well, we're too busy, or there's multiple competing pressures," and I think no matter how busy you are, to just do a few minutes of active listening, focus on the patient and the caregiver's needs. That doesn't take a lot of time. And maybe in the end, if we do some of that upfront work of active listening, of validating their experiences, of asking people's permission to touch them, to just telling them what we're going to do and why, explaining why instead of just grabbing someone's arm to do a blood pressure can reduce anxiety. I think if we invest upfront in some of those actions, then maybe sort of down the road, we reduce some of the problems that many clinicians speak about, and which for a lack of a better term, is non-compliance.

Dr. Susan Jack (31:22):
Again, in a lot of my qualitative research.

Dr. Teresa Chan (31:24):
I hate that term...

Dr. Susan Jack (31:25):
I hate the term too...

Dr. Teresa Chan (31:28):
I think what you're saying is that if you explain to someone and treat them like a human being and treat them as a peer, and educate them along the way and are kind to them, that maybe you'll provide that code white that's gonna take half an hour of your time later on. If you de-escalate that's reaction, if you can prevent, that's the best situation. So how can we bring that kindness in because that kindness is gonna cut through the violence that we all know exists. We see it in the headlines all the time, this nurse is punched out by that patient or a family member because... And it breaks my heart because what can we do because this is someone else's worst day of their life, and then on top of that, because we're busy, we haven't spent the time with them, the system is also broken, and that's not to be ignored, but I think that we have to think of ways to systematize some of our own reactions and create that space so that we can de-escalate, 'cause it will be less of a nuisance overall, it will be less of a bother, it will be time saved, if we spend a little bit more time upfront.

Dr. Susan Jack (32:37):
And maybe the place we start too... The systems are challenged and broken in many strengths in the systems, but maybe the place we also start is role modeling with our learners and really exploring also with our learners, our undergraduate nursing students, our graduates, our graduate students across the Faculty of Health Sciences. Our learners at all different levels in medicine, through medical school and through their residencies, what do they experience in their learning context, do they feel emotionally and physically safe in the clinical environment, in the classroom? Because I think as academic, as academics, as researchers, as clinicians, are we creating safe spaces within the university for our learners, and how do we work with our learners to learn from them? What is it like to walk into the School of Nursing? How are they greeted? Is it a welcoming space in the School of Medicine, or in the different departments, who answers the phone, who helps them process different applications, what is their experience there, and so I think we also have some work within the academic setting to do some of that role modeling.

Dr. Susan Jack (33:54):
Yeah, so thinking about all of our learners and as they start a new academic year, even starting the winter term in January 2021, this is a cohort of learners that will have had very different clinical experiences in hospitals, many of their clinical experiences will have been disrupted. All of our learners themselves have been balancing different forms of stress associated with the COVID-19 pandemic, multiple competing priorities.

Dr. Susan Jack (34:24):
So when we think about learners coming into our clinical spaces, coming into our virtual classrooms, I imagine we have a responsibility as faculty to begin to look at what are some of the structures we have in place, our attendance policies, do we need attendance policies? How do we instead support students to want to be engaged in the class, you know what information do we need to know from students if they're not physically in class? I think we need to look at things like what are some of the oppressive structures that we have within our syllabi and revisit those so that when students come to our classrooms physically or clinically or virtually, they feel safe, they feel welcome, they can engage on their own terms, and as we move to Zoom meetings, I think one example would be. I don't think as faculty, we have a right to say that everyone has to turn on their camera, there may be many different reasons why a learner may choose not to turn on their camera within a class, maybe they feel unsafe inviting their faculty or their clinical tutors who inherently hold more power than them into their personal space, maybe they fear how their personal spaces will be judged, so I think there's some learning for faculty here as well to think about how we make students feel safe as well as learners.

Dr. Teresa Chan (35:46):
Yeah, I think that it's just like anything else, you have to make sure that people feel safe. And so I think we also have to prep learners to try to figure out what would be the best space for them to do some of the work. I know that there's some troubleshooting where as the campus opens up, hopefully being able to be on campus and in classrooms and Zooming in, even if we aren't fully going live, maybe there'll be alternatives to offices or spaces where people could actually, with some cleaning procedures and social distancing procedures in order, give them high quality internet, these are all things that we have to consider. And so, yeah, the assumption has to be that there's some other reason and probably systemic reasons, such as you don't have really great bandwidth, there's too many people maybe in your household or in your group being... Or your location using the same internet bandwidth, that's why the... I think you can encourage the video and hopefully people will

be able to do so, but there are definitely associated economic reasons why someone might not have the best internet. There are definitely privileges, and in terms of some people can put on a virtual background and hide what's behind, and some people can't because of the...

Dr. Teresa Chan (37:00):
I mean, I recently had a computer literally last week that I couldn't do a virtual background on, so I know that if the tech's like four years old, it's not good enough, and so these are all things that we have to take into consideration and be sensitive to them as teachers, for our learners, 'cause trauma begins, even in those situations where then people feel that it's fine to bully people into a certain behavior, and then that translates into other parts of their lives, so I think that it's important to have those discussions.

Dr. Susan Jack (37:29):
I agree.

Dr. Teresa Chan (37:31):
Well, thank you so much for a great discussion, we will be definitely looking forward to hearing more and maybe at some point, Susan, I'll challenge you to say, Could we open up your great book club to other faculty maybe in the Faculty of Health Sciences, maybe not immediately but maybe in, some days for them or to have one that's separate from the one that you've created for the School of Nursing, that's for all comers, 'cause I think that there's definitely a desire for that kind of... Thank you so much for your time.

Dr. Susan Jack (38:00):
You're very welcome, and I think that would be an exciting idea, we learn so much when we come together and collaborate and bring different perspectives, and then just to end on a high note, I introduced you to the last book we read, and then just our next book, is called A Mind Spread Out on the Ground by Alicia Elliot. I'm only a few pages in, but experiences of an indigenous Canadian woman and her experiences of growing up in a family with mental health issues, and again, I think there will be a lot for us to reflect on what are the health impacts of trauma and violence and discrimination. Thank you very much. It's been great to chat with you.

Dr. Teresa Chan (38:40):
Alright, thank you so much for being our guest.

Dr. Teresa Chan (38:44):
Wow, that was a really awesome first segment of the MacPFD Spark podcast, and now on to our second segment.

Dr. Teresa Chan (38:57):
Well hello everyone, this is Teresa Chan again, welcome back to our podcast, I'm here again with my colleague Shawn Mondoux, who is an emergency physician, a quality improver, a leader, a scholar, and sometimes a philosopher. And Shawn, I welcome you back to the podcast, and I do wanna just to highlight that you've previously spoken to us a little bit about the slings and arrows of your early careerdom and I think I really am very thankful that you shared us with those scholarly secrets. This time I've come to just actually talk to you about your subject content domain of expertise. Now, I know that at the core of it, you did do your engineering degree before you went over to the light side of medicine. But engineers are a profession in their own right, and you've migrated over here,

so clearly you're someone who likes puzzles and likes to fix things and improve things. And so it's no wonder to me that you would pursue a career and a path of entering into quality improvement. And I'm sorry, could you just tell me a little bit more about what QI or quality improvement is?

Dr. Shawn Mondoux (40:08):
Yeah, no, I can. The little anecdote that brings me from engineering to medicine is an interesting one, I was going through my undergrad, and I was working at a company called Pratt & Whitney who made engines for aircraft, and we were going through this deployment at that time where they were deploying this thing called Lean, and I thought it was the most administrative useless construct. And I said, "Could we just get back to this idea of building engines?" And fast forward now, 10, 12 years, I'm now in medicine, occasionally extolling the virtues of what the Lean paradigms would mean in healthcare and so I've really come full circle on this whole idea. And so when I'm trying to talk about what quality improvement is, really some quality improvement in medicine folks have defined is doing the right thing at the right time to the right patient with the right resourcing behind it.

Dr. Shawn Mondoux (41:04):
So that's kind of buzzy, but really, the whole idea around quality improvement is to take the clinical processes that we have come to live with or come to work in, or come to be parts of as physicians and nurses and healthcare practitioners, and look at those processes with a critical eye and ask ourselves how we get better while keeping really fundamental tenants about patient care and efficiency and cost and effectiveness at heart. It's no different than sometimes what we try to do in evidence-based medicine, it just takes a different lens on the outcomes and the processes by which we get there. I don't know if that makes sense.

Dr. Teresa Chan (41:44):
100%. I think that QI comes from a different tradition, so it uses different terminology for similar things. And I think that at the end of the day, clinical researchers has come at it as knowledge translation, some people have carved it as implementation sites in the US. And QI is probably coming from a tradition of people from the front lines mapping backwards back towards the evidence, and so I definitely see there being this mixing pot of all of those three kind of perspectives in the middle there, and I think that that's probably why a lot of us get a little bit confused. Is this research? Is it QI? Is it QA? Is it Lean? Is it... There's all this jargon that comes from each of those traditions. One of these landmark papers in medical education actually that I'll talk about, is that recently a bunch of people got together and they were coming from two different frames, one frame around feedback and coaching, and one frame of simulation debriefing, because those two things actually emerged separately and in parallel, but actually as a practitioner in the front lines, I'm like, I use my debriefing training all the time in the clinical space. It was very obvious to me, and so they finally got everyone together and wrote this masterful piece about learning conversations and how...

Dr. Teresa Chan (42:56):
Who cares if it's attached to a semantic or if it's in the clinical space, what we're doing is we're having great conversations to help people learn, and I think that what it is, is that you have great techniques that help us up our game with clinical work, and I think that that to me, is at the heart of what KT, QI and IS, implementation science. I gotta name them all as alphabet soup. And in that alphabet soup in the middle I think patients are the ones that benefit the most, right?

Dr. Shawn Mondoux (43:24):
Yeah, and I think where we're going is probably away from this idea. If I was mapping out right now where this whole notion of quality improvement is going, I would say that probably in 10 years, we have this idea of what is improvement sciences, and then underneath that, we have the tool box of what is clinical improvement. And so you could see quite convincingly that... I've been thinking about this for a while, and I'm not sure it'll ever go this way, but I think I would be delighted if it did, whereby hospitals had a group of improvement scientists really from all the different disciplines who they could approach and say, "This is the problem we're having, which one of these groups is the best suited to address this problem?" And you could even see within those groups, that big data, machine learning, AI folks could be part of that spectrum there, 'cause there are some problems that are very well suited to an RCT answering a question around Which device should we use for this, or Which drug should we use for this, or questions that are very well suited to PDSA, model for improvement type interventions.

Dr. Shawn Mondoux (44:36):
How do we ensure that patients get this as part of their method of care, and then there's these great machine learning, AI stories around how do we optimize schedules in order to achieve the best patient flow. And so you can see that these ideas of clinical problems that hospitals are having could go to a group of subcontractors of individuals who have different ways of thinking about solving problems. The old story that, when you have a hammer, everything looks like a nail, is true. I think we've gotten into this idea that when we've trained in a specific specialty, whether it's quality improvement, EBM or anything, that any of the big problems that we're facing could be solved through the methodology that we use, but I think less and less should we be relying on that, and I don't actually think that...

Dr. Shawn Mondoux (45:26):
That will be something that we go to. Ultimately, I think we're gonna look to different groups and different ideas and different methods to solve our problems, and I'm kind of excited about where this is all going, to be honest with you.

Dr. Teresa Chan (45:38):
Yeah, I think that if everyone's working towards the same end, if we can try to figure out how we can money-ball those teams together for optimal pay out especially for our patients. I mean, I think there's probably a secondary gain for all of us academics, right. But I definitely think that at the end of the day, most of the time, people in this space are trying to aim to improve patient care, and so whatever we can do to do that and whatever tools are in our tool box. We probably need hammers. We need nails, we need screwdrivers. We ended everything, and so, yeah, the nails should have a voice too, and that's actually really important, bringing patients and families and advocacy into our structures as opposed to keeping them as a separate entity, so... I think you're on to something there, and I think that it's really interesting because you map it back to what in the academy, Ernest Boyer had written about the four different kinds of scholarship originally. He reconsidered the academy, it was 1990, I believe he published it in. And he had this manifesto from the Carnegie Foundation in the US, and he said there were four kinds of scholarships, scholarship of discovery, scholarship of application, scholarship of integration and scholarship of teaching, and those were his big four.

Dr. Teresa Chan (46:46):
He added on later, scholarship of engagement, which is about the community, I think those are the five bounds of scholarship, and I think QI just like education, just like everything else can hit all of those, you need some people doing the discovery work, you need some people doing that conceptual work sometimes to think of new ideas. Lean methodology doesn't come out of nowhere, but it does have to be developed at some point, and then it needs to be imported, and so that's your scholarship of application and or scholarship of integration, if you're still an artist from another field, and then you need to think about how you can teach it in a rigorous manner. And our EBM folks here at McMaster are famous for how well they've taught the world how to do EBM, which is great evidence-based medicine for those who don't know what those three letters mean. And I think that at the end of it, it's also about bringing it back to our community, so I think it's easy for clinicians to think about the communities as the patient, but also I think the broader community, the people that aren't patients yet are also people that we can impact.

Dr. Teresa Chan (47:47):
And so I really like you thinking about that checklist of different domains that we can think of, and so I think any of that stuff could be great work that you can do.

Dr. Shawn Mondoux (47:58):
Well, what you've just outlined... I know you've told me about this study before, and in fact, I know I've read it before, but it's either slipped into my subconscious or I'd forgotten about it, but it's interesting because we just finished having a discussion here in Canada at the National Emergency medicine around how we're going to think about advancing quality improvement and the domains in which we have expertise. And they're almost directly aligned with this idea of the buckets of scholarship. I 100% agree, and I think we're starting to find those experts within this specific... Even within quality improvement, but within those four or five different buckets, and I think we're kind of poised... I think the downfall of quality improvement scientists would be not to see the value of other sciences as they spring forth and demonstrate their ability to change and augment care. And so I think what I would say to the groups of improvers out there is be married to the end point and not the method by which you get there. Be married to the idea of improving care for patients rather than the tool that gets you to that end point, and I think if we start thinking that way, we're gonna create these great conglomerates of different specialties to address patient care.

Dr. Teresa Chan (49:15):
Yeah, I think the cross-disciplinary work can be really powerful. I think what you're talking about mirrors a lot of the same things have happened in just discovery level scholarship, people have had the quant versus qual, then now people are mixed methods, and I think that the pragmatism of knowing a little bit of both epistemologies has been really powerful for me as a researcher. I don't get to 130 papers without doing a little bit of both because they fuel each other. I live fully in the zone of being pragmatic in that I am beholden to the question and I will use whatever tools I have, and then when I'm trying to improve something I am beholden to the improvement, not so much the tools that I happen to know. But rather I money-ball my teams to bring in people that teach me new things all the time, and if I learn graphical analysis for a study, that's cool, and maybe I'll learn Lean methodology for another time when I need to do something else. So I think that it's about that growth mindset. Again, we talked about it previously, but I truly believe that if you wanna be successful in academia it's about being hungry, about learning more and improving yourself, so there's also that PDSA cycle, that Plan Do Study Act cycle that you can have for yourself.

Dr. Teresa Chan (50:25):
Which is what should I plan to learn? What can I do? What can I study with someone else? And then how can I act on it? And if you actually have that cycle for yourself as a scholar, I think that's where it's really powerful, that's where it can be really exciting for yourself too, because Jon Sherbino... I made a little YouTube video for him that's animated and everything for this, but it's like five minutes, totally worth it, you can check it on our website, I'll put it in the show notes. But he talks about how there's a selection criteria for how to pick your next project, and so he talks about there being something in it for you in terms of remuneration maybe, or it's part of your job. You're hired for it, you kinda have to do it, but that's not enough unless you want to be really burdened with a lot of to-dos. But he says there's two other parts of that framework, kind of a three-point check list, the triangle, as you say, we love triangles in medical education, I don't know if you knew that, but the idea would be that the other corner of the framework is...

Dr. Teresa Chan (51:24):
Is it better for the world? And so is it something that can add and even just a little tiny minuscule droplet kind of way to the fabric of the world and improve it in just a little bit. And in QI work, you definitely hit that cycle all the time, so that's nice, you kind of automatically check that box whenever you're a quality improver. I think. And then the third one is, is there something in it for you to grow? Do you grow your network? Do you grow your skill set? Do you learn something new? Do you find out something you've been dying to find out for a long time? And I think those are the three checkpoints, and if you can check two or three of those boxes, I think you're probably better off to use that as your filter. You don't have to check all three of them all the time, I mean, it's awesome when you do, but you don't have to, so I don't know, that's just another way to think about it. And I think that what's nice about QI and why I'm still drawn to it, even though I largely do my scholarship in other areas, is that I see the benefits of trying to improve the world, I really do see that as a call to arms as a clinician and even as an educator, I think that if we can be improving the world a little bit along the way, it can be awesome.

Dr. Shawn Mondoux (52:25):
I totally agree.

Dr. Teresa Chan (52:27):
Alright, so I think that's all the time we have for today, but thank you so much for exploring with me a little bit. I think I understand quality improvement a little bit more, and I think that we've nerded out on some other stuff, which is awesome. And thanks so much.

Dr. Teresa Chan (52:42):

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.